



# **Counselling Service Annual Report 2019-20**



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## Introduction

As a result of the Covid pandemic, both the pattern of demand for Counselling Services, and the way in which we configured ourselves to respond to that demand shifted dramatically. For this reason, the 'story' in this Report is in two parts: a 'Pre-Covid story' relating to the period from the start of the academic year to mid-March 2020; and a 'Covid story' of the remainder of the academic year.

In keeping with previous years' Annual Reports, most of the statistics shared in this Report are for the academic year as a whole. Because of the discontinuity introduced by Covid, these annual figures mask some significant differences between the pre-Covid and Covid periods. Where possible, we have provided separate pre-Covid and Covid statistics, but we wish to acknowledge some gaps.

### Pre-Covid (September – March)

Based on the Pre-Covid period, **growth in student demand for counselling may be slowing somewhat.** Following three years of extremely rapid growth in demand (17.7% in 2016/7, 9.5% in 2017/8 and 10.3% in 2018/19), the number of students seeking counselling was up 5.0% compared to the equivalent period last year. It was nonetheless challenging to accommodate this growth in numbers within current resources. This was reflected, over this period, in further erosion of average number of sessions per student, increased waiting times and staff working at an unsustainable level of intensity.

**We continued to expand the OSC ('On-Site Counsellor') scheme.** Three colleges joined the scheme, bringing the number of participating colleges from 11 to 14. In addition, 3 colleges expanded OSC provision, moving from having a counsellor on site for one half-day per week to a full day per week. Because colleges cover the cost of OSCs, expanding this provision enabled us to grow total counselling provision—i.e., central counselling plus OSC--within current resources.

**We established a closer working relationship with the NHS,** and in particular with the Talking Space Plus (TSP) service and are now referring more students for structured, protocol-based CBT treatments for anxiety, depression and some other conditions. Most students referred to TSP receive computerised self-help, sometimes with telephone support. This is very helpful to some students as an element of provision, but in our experience rarely eliminates the need for counselling. While we are committed to making the fullest possible use of this referral pathway, we expect it will play a limited role in helping us to manage high levels of demand.

**We pursued a range of initiatives to help students deal with specific life challenges** potentially affecting mental health. A notable success has been development of the Reducing Digital Distraction (ReDD) Workshops in collaboration with the Department of Computer Science. The ReDD workshops break new ground: students achieve new insight into their own relationships with their digital devices, and they leave the workshop having implemented significant changes. We were awarded a grant from the Van Houten Fund to further develop the workshops and take them to a wider student audience in the coming academic year.

### Covid (April – August)

Covid brought new challenges. The first of these was coping with the **extreme volatility of student demand**, including a period of collapsed demand during the first national lockdown and dramatically resurgent demand as we entered the summer months.

We maintain a smaller complement of staff in the summer months when most students are away from Oxford. In the past, eligibility for on-line counselling was limited to students who were unable to attend in-person appointments due to suspension or because of the demands of their course—e.g., fieldwork, year abroad students. Students who were simply at home for the vacation were not eligible for on-line

counselling. As a result, our client population was substantially smaller in vacation periods. **In response to clear student need, we changed our policy on eligibility for on-line counselling, opening it to all graduate and undergraduate students** irrespective of where they were currently residing.

We changed the way we deliver our services to support students in radically altered circumstances. This included **moving the full range of provision on-line**. Within 10 days of lockdown, we were successfully delivering all individual counselling via video call, voice call or text exchange. By the start of Trinity Term, our groups and workshops were delivered via on-line platforms.

**We developed a wide range of resources**, including short articles and podcasts, to support students grappling with challenges arising from the pandemic. To achieve the broadest possible impact, these 'Coronavirus Welfare Advice' articles and podcasts were released via the Oxford University [student news feed](#). They were also gathered on a [Coronavirus Welfare Advice hub](#) accessible via our Student Welfare and Support Services and Counselling Service webpages

Articles include:

- Normalising Your Emotions During This Time
- Can't Work?
- Being an Adult at Home
- Making the Most of Online Counselling
- Why Write in a Journal?
- A Story About Positive Mindset
- Facing Loss in the Class of 2020
- LGBT+ At Home
- Importance of Compassion and Gratitude in Times of Crisis and Beyond
- Your Digital Life During Lockdown
- Locked Down, Not Locked In

Podcasts include:

- Advice for 2020 Finalists
- Journaling for Wellbeing
- Your Digital Life During Lockdown

To accomplish this **our staff worked exceptionally hard, often in difficult circumstances**. We recognise that the majority of university staff have had to adopt to new and challenging ways of working, and have found the Covid period difficult. However, the psychological pressures on staff doing what even in normal times is a psychologically taxing work were exceptional. Conducting five hours or more per day of on-line counselling proved exhausting, and in some cases debilitating. In many cases this had to be managed alongside the caring responsibility for children, parents or others. We wish to highlight the exceptional commitment and contributions of our staff.

### Black Lives Matter

We have worked hard in recent years to increase the diversity of our counselling team. Until this academic year we had mixed-race and other counsellors who identify as BAME but not specifically black counsellors. Following the recent Black Lives Matter Campaign and the letter of response from the Vice Chancellor and Heads of House we committed to introduce black counsellors into the service. **Two black counsellors joined our team in August 2020**. These new counsellors are involved in all aspects of the service, offering counselling to the general student population, while also accommodating requests from students who wish

to see black counsellors. In addition, we developed a register of black and BAME counsellors available to work with Oxford students on a private basis, to be included within our private counsellors list.

**We committed to engaging all of our staff with in-depth training** in working with issues of race, and black issues in particular, in the counselling process—training which will take place in 2021.

Meanwhile, to help black and BAME students to feel confident about approaching the Counselling Service and making use of the whole professional clinical team, **we placed the following message prominently on our website:**

*“At the University Counselling Service, we strive to be anti-racist. This means that, in addition to having cultural competence, our counsellors acknowledge the reality of racism and racist oppression in our society, and recognise the impact of racism on mental health. We are working to ensure that every student, including students of colour, feels welcome in our service. We will do our best to listen openly and non-defensively, and to provide effective emotional and psychological support.”*

## Staffing and resources

### Professional Counselling Staff

This was an important year in terms of consolidation of staff. Last year, we had a number of positions vacant and were highly dependent on sessional counsellors to meet student demand. In July 2019 we conducted a recruitment exercise which enabled us to bring some of these counsellors into the team on permanent or fixed term contracts, and to integrate them more fully into the counselling team.

In 2019/20 the Counselling Service employed: 13.83 FTE Counsellors (excluding sessional counsellors) and a 0.2 FTE Medical Consultant (Psychiatrist). The cost of 12.63 FTEs was covered by our core funding. We have funded an additional 1.2 FTEs via the On-Site Counsellor (OSC) programme: because the cost of employing OSCs is covered by colleges, this enables us to fund additional counselling within the central service. Finally, we have received some funding from the Peer Support Programme which ‘bought out’ time from counsellors delivering Peer Support training and supervision.

The Counselling Service operates under the ‘Ethical Framework’ of the BACP.

### Staff Development

In general, we are committed to a ‘generalist’ model: we expect all counsellors to be competent to work with the full range of presenting issues.

Many of our staff have deep expertise in working with specific presenting issues and/or in offering particular treatment approaches. To cite just a few examples, we have staff who have previously worked in NHS Specialist services including: Acute Psychiatry, Early Intervention in Psychosis, Trauma, Forensic Psychiatry, Learning Disabilities, Memory Service, Eating Disorders, Child and Adolescent Mental Health, ADHD, Substance Abuse and Primary Care. Our staff have specialist qualifications in: Cognitive Behavioural Therapy (CBT), Dialectical Behaviour therapy (DBT), Acceptance and Commitment Therapy (ACT), Compassion-Focused Therapy (CFT), Transactional Analysis, and many other established therapies.

To derive full benefit from the range of skills held within the team, we regard it as essential that we have effective mechanisms to share expertise between clinicians, so that individual clinical strengths become team strengths. In this academic year, we dedicated 3 staff meetings per term to intensive staff knowledge sharing sessions on individual topics; in addition to this, staff contributed to our growing collection of

internal publications. When we shifted to on-line delivery of counselling in March 2020, we strongly encouraged staff to engage with BACP-provided and other training to support effective on-line working. We dedicated two of our staff meetings to knowledge sharing in this area.

Since 2015, we have offered a small amount of 'specialist' intervention in the Counselling Service 'Trauma Clinic', offering the evidence-based therapy EMDR to students presenting with post-traumatic symptoms following a single, clearly-defined traumatic event. In response to increasing demand for this provision, and in anticipation of further increase now that the Sexual Harassment and Violence Support Service (SHVSS) is increasingly well-established, we have funded two further members of our counselling team to complete substantial three-part training to deliver EMDR.

### Associate Programme

For more than 25 years, the service has had an Associate Counsellor programme offering supervised clinical placements to counsellors completing graduate-level qualifications in Psychodynamic Counselling, Counselling Psychology and Cognitive Behavioural Therapy. This scheme has had substantial benefits to the Service because Associates augment our capacity to offer longer-term counselling to students, with limited commitment of resource.

In 2019/20, we hosted 8 Associate Counsellors who worked with 86 clients, offering an average of 10.5 sessions per client for a total of 900 sessions.

The Associate Programme has additional strategic importance for us because it enables us to develop a pool of counsellors whose intensive apprenticeship with us means that they have the very specialised skills to work effectively in our context. Over the years, many of our professional staff joined us in the first instance as Associates. Currently 17 members of our professional staff have at some point in their counselling careers worked with us as Associates.

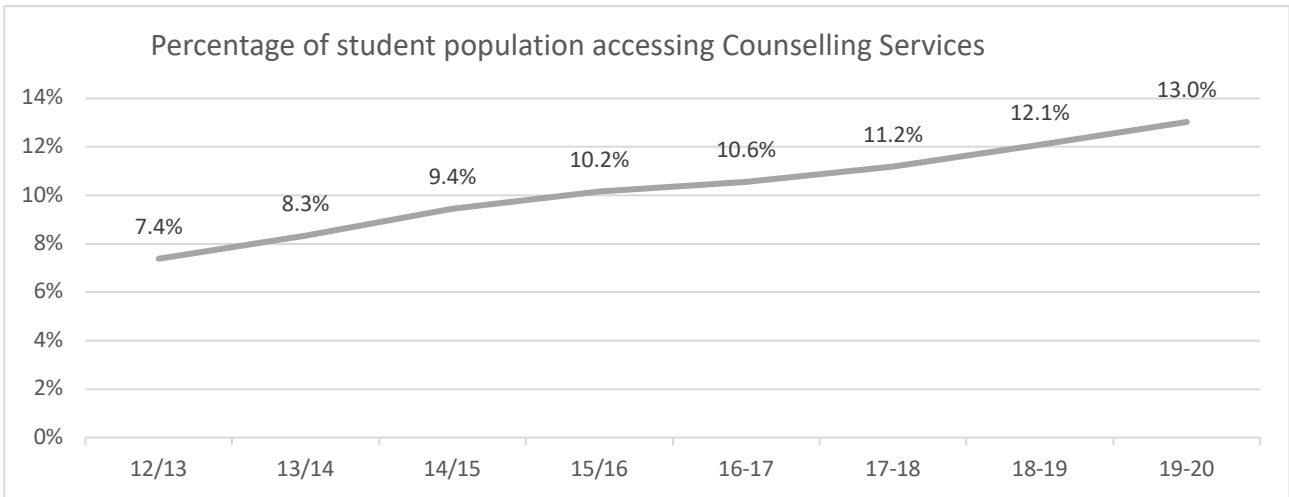
It should be noted that the current Associate programme is considerably smaller than just a few years ago. This is primarily because of the limitations of the building at 3 Worcester Street. With counselling rooms used to full capacity during the working week by our professional staff, we have been able to offer consulting room space to Associates only in the evenings and on Saturdays. For many of those seeking training placements, working evenings/weekends is not manageable because of childcare or other commitments. If in future we had additional space available for Associates to work during normal business hours, there would be significant opportunity to expand the Associate programme, restoring and perhaps exceeding historic levels.

## Students accessing the service

### Demand for Counselling

For the first time, in 2019/20, the number of students seeking counselling exceeded 3,000. A total of 3,195 individual students attended counselling, comprising 2,694 students seen at Worcester Street and 501 seen in colleges as part of the On-Site Counsellor (OSC) Scheme. This compares with a total of 2,958 students seen in 2018/19, of whom 2,572 were seen at the central service and 386 in colleges.

In 2019/20 13% of Oxford students sought counselling compared with 12.1% in 2018/19.

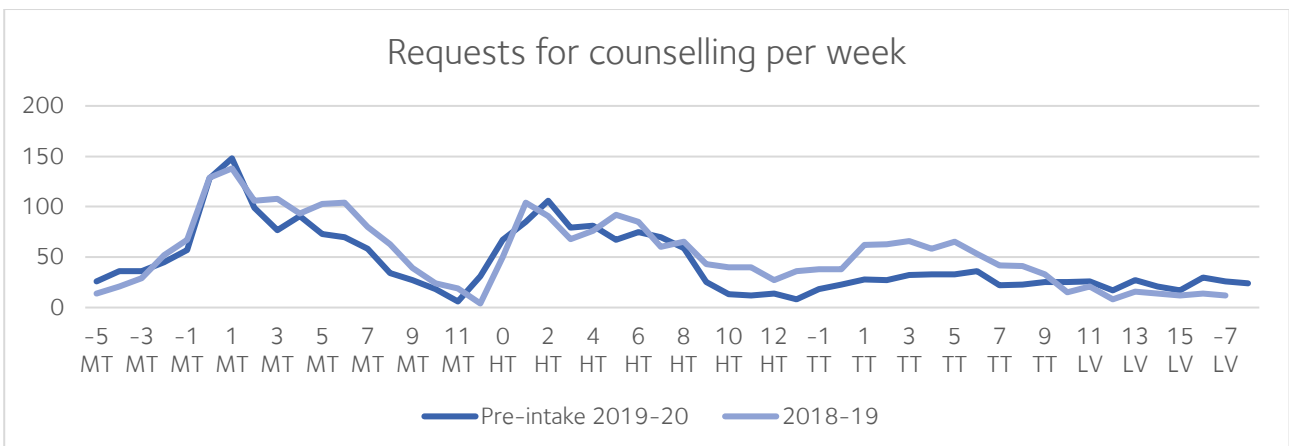


### Seasonality & workflow

Pre-Covid, requests for counselling followed a broadly similar seasonal pattern to 2018-19. Demand dropped significantly from 23 March onwards and began to rise again towards the end of Trinity Term. This rise continued into the Long Vac and into Michaelmas Term 2020.

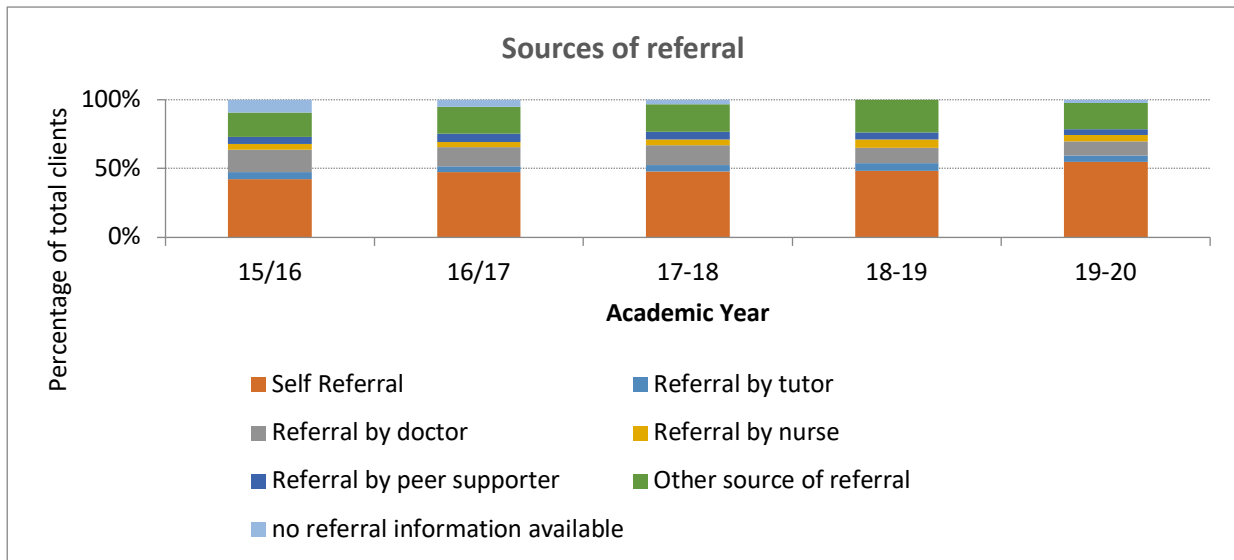
The sudden drop in demand during the Easter vacation and start of Trinity term was observed across the HE sector nationally and also in NHS mental health services. One explanation is that many undergraduate students with mild/moderate difficulties had returned home and could receive appropriate support and reassurance from family and friends. However, those students who did contact the service were experiencing more of the moderate/severe level of difficulties, often with difficult family situations or more severe and longer term mental health problems.

Entering the summer period, demand rose well above normal levels. During the first four weeks of the summer vacation, demand was up 86% versus last year. For the summer vacation period as a whole, demand was up 41% versus last year. It is important to note that this could only happen because we had taken the decision to extend eligibility for counselling to all students, irrespective of whether they were physically present here in Oxford. However, we believe that it also reflects the increase in student distress and dysfunction as the pandemic continued, creating longer term detrimental effects on mental health and wellbeing.



## Referrals

Referral routes have remained largely stable with most students self-referring. 'Other' may include parents, friends or Common Room welfare reps. It should be noted that the percentage of referrals coming from College Doctors has dropped to 10.3% in 19/20 from just under 17% in 15/16.



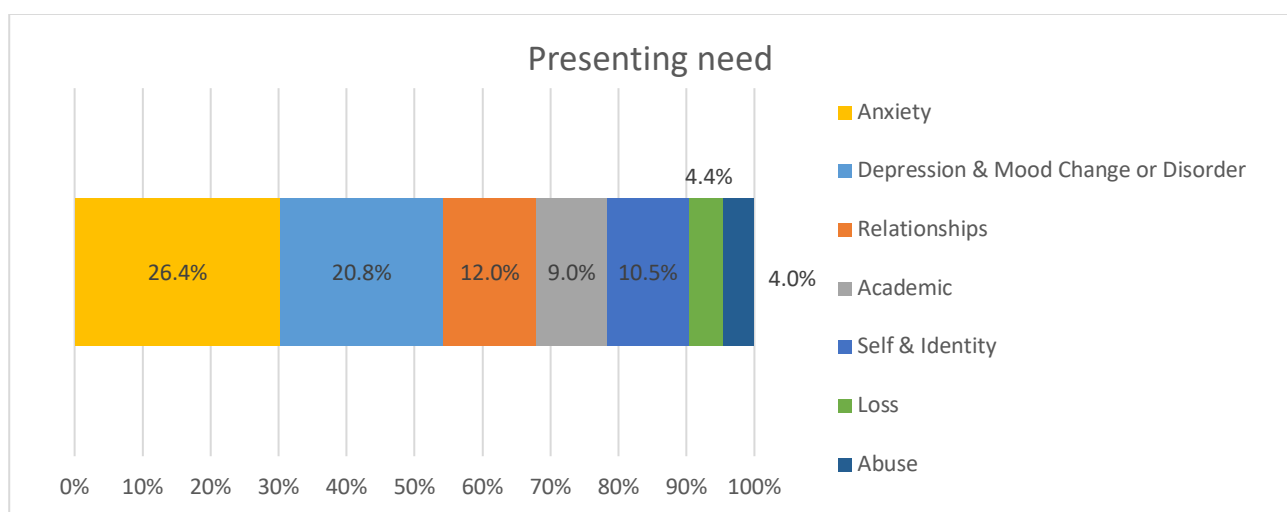


## Presenting issues

In 1997, the Association for University and College Counselling Services (AUCC) introduced a system to categorize the problems with which clients present to university and college services. The AUCC categories make it possible to compare data between services, and to aggregate data from many services to identify trends in the sector as a whole.

Presenting issues fall under 15 general headings. However, the majority of students present with issues falling under just 6 of these: Anxiety, Depression & Mood Change or Disorder, Relationships, Academic, Self & Identity, and Loss. These 6 categories accounted for 83% of cases in 2019/20. The remaining 17.6% of cases are spread across a further nine categories of the AUCC model, with a slight increase in students presenting about abuse (4% in 2019/20).

Anxiety remains largest single category of presenting issue, but at a lower percentage than in 2018/19 (29.6%). There were some small changes in the other categories.



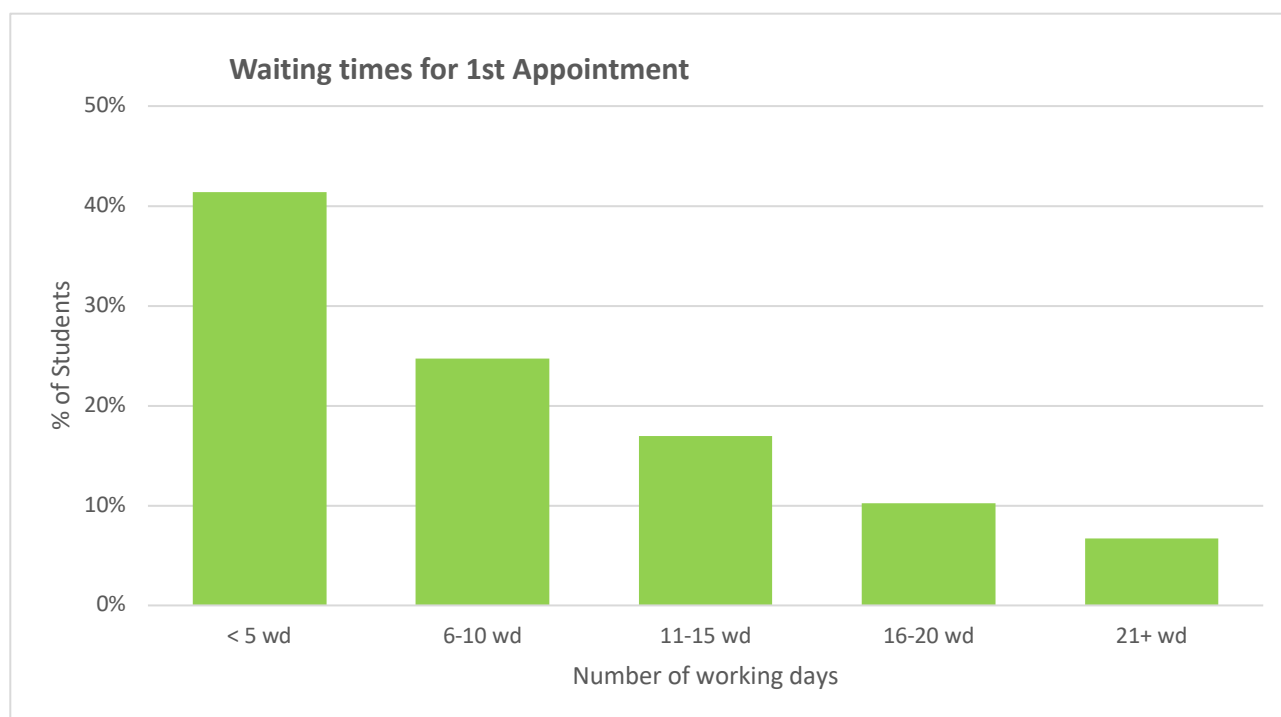
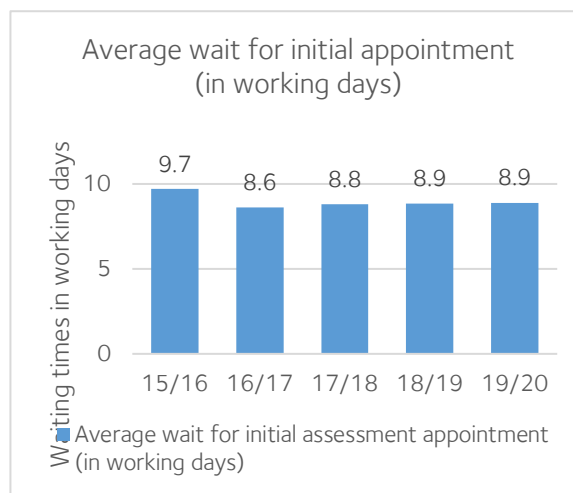
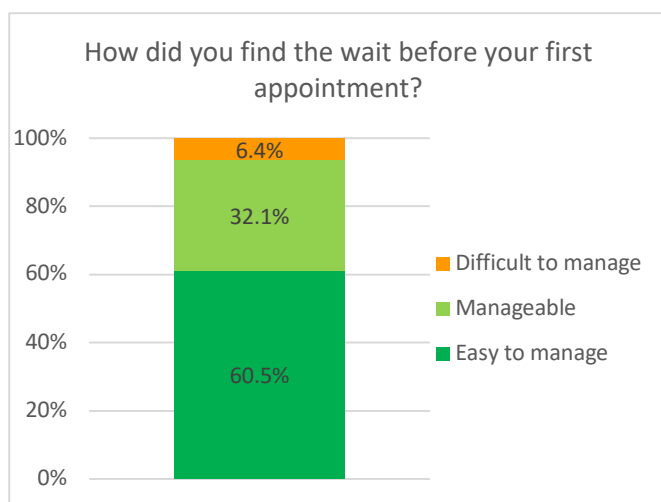
## Waiting times

The average waiting time for initial appointments has remained unchanged at 8.9 working days. Over 40% of students were seen in fewer than 5 working days (an increase on 2018/19 from 36.5%). 83% of students were seen within 15 working days.

However, beneath the average of 8.9 there are two separate stories: one for the Pre-Covid period, and one for the Covid period. In response to high levels of demand in Michaelmas and Hilary Terms, waiting times were well above the average of 8.9, peaking at 16 working days at the end of Michaelmas Term. Sharply reduced demand for appointments in Trinity Term resulted in very short waiting times for appointments, bringing the annual average waiting times down.

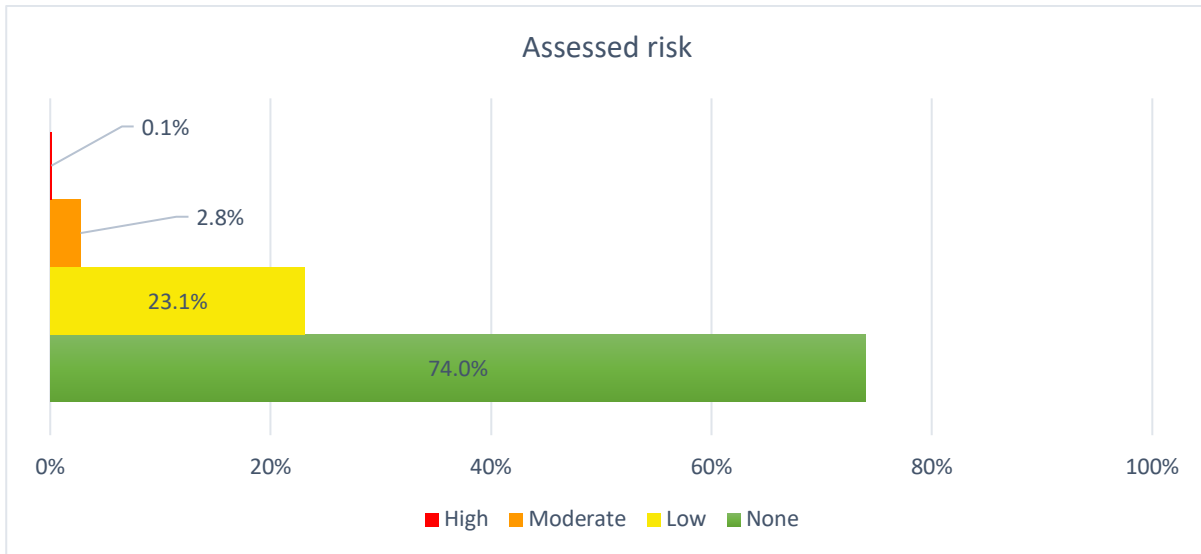
Waiting times like those experienced in Michaelmas and Hilary Terms are particularly problematic for undergraduate students who return home in the vacation periods. Unless waiting times are closely managed it means that some undergraduates risk having to wait until the following term to be seen. The service has always made efforts to offer every undergraduate student a counselling appointment before the end of week 8 who request counselling before the end of week 6. To some extent we can mitigate this effect by prioritising undergraduate students ahead of postgraduate students as we approach the vacation periods, but it is still a cause for real concern. Unfortunately, long waits will soon be the norm if counselling resource is not increased.

Notwithstanding the long waiting times for some, a consistent 92% students indicated that they found the way 'easy to manage' or 'manageable'.



### Risk

The duty counsellor reviews pre-intake paperwork carefully for an indication that a student may be at risk, as part of the determination of the most appropriate support route for the student, categorising this in the range of 0-3. Students presenting as high and moderate risk are immediately contacted and fast tracked to appropriate medical care. The risk profile is slightly different in 19/20 with an increase in Low risk (17.9% in 2018/19) and corresponding reduction in zero risk clients. Students with moderate to high risk (2.9%) needed immediate action.

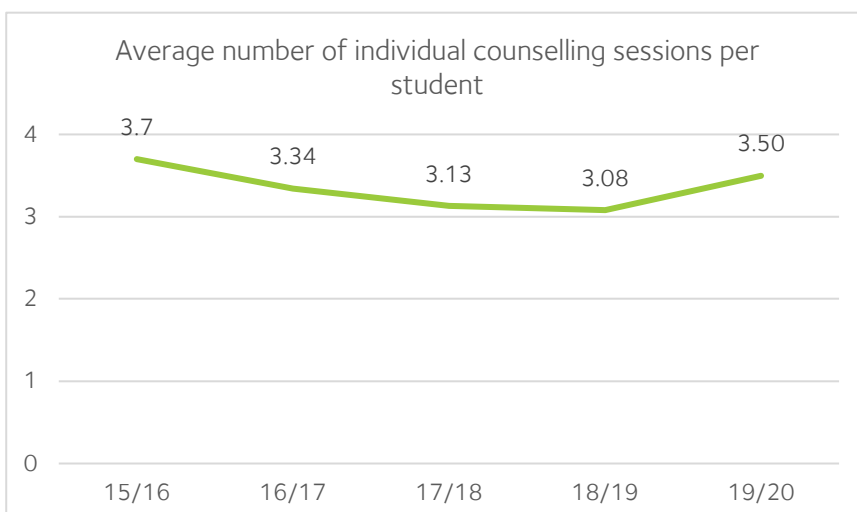


## Individual counselling

### Average number of sessions

The average number of sessions increased slightly in 2019/20 to 3.5. It should be noted that the average of 3.5 sessions does not mean all students have 3.5 sessions. There is significant variation in the length of engagement, and we regard this as a great strength of the service. Rather than imposing a 'one-size-fits-all' approach, we give our professional counsellors freedom to make clinical judgments about the length of their engagement with each individual student, consistent with the need to manage their allocated caseload. This means counsellors can give more time to individuals whose issues are complex and/or who are dealing with complicated life situations such that they require support over a more extended period.

The distribution of sessions has also changed this year, with fewer students receiving just one session and more students having 4-6 or 7+ sessions. This increase in average number of sessions is attributable to Covid, and specifically to the fact that during the first Covid lockdown period the number of students requesting appointments was temporarily well below normal. The Counselling Service took the decision to allow counsellors to respond to student need by engaging over a slightly longer period. This was also due to the fact, reported earlier, that many students working with counsellors during the lockdown period were experiencing a higher level of distress, and had much reduced access to social and other support.



## The distribution of number of sessions

The distribution of number of sessions is as shown here:

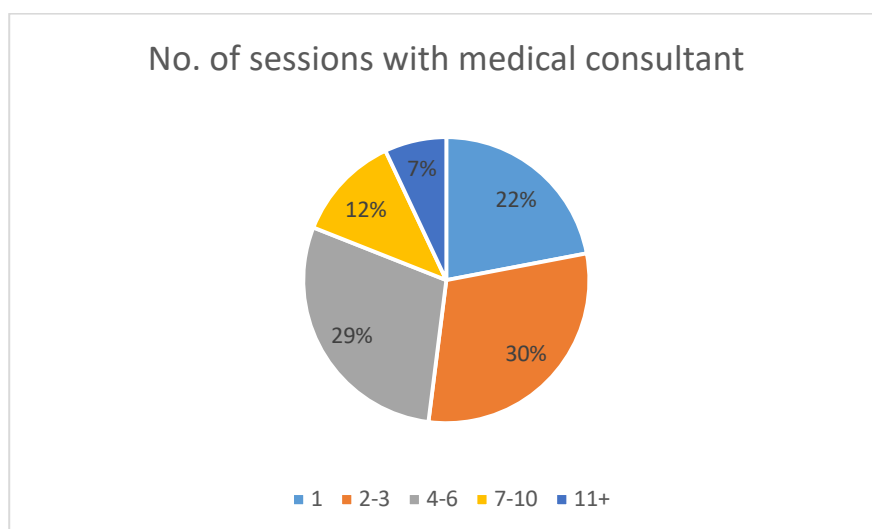
Counselling sessions	2017-18		2018-19		2019-20	
	Students	%	Students	%	Students	%
1	790	31.4	770	30.6	615	27.9
2 - 3	1,006	41.6	1,046	41.6	868	39.3
4 - 6	487	19.5	490	19.5	471	21.4
7+	231	8.4	211	8.4	252	11.4

## Medical consultations

As noted above, the service employs a medical consultant (psychiatrist), whose remit is to provide consultation to the team and, on a limited basis, to students. In the event that a counsellor has some doubt about how most appropriately to help and support a student, the counsellor can consult informally with our medical consultant. In some cases, the counsellor feels that it would be helpful for a student to meet with the medical consultant so that he can offer an opinion as to whether referral to NHS secondary services is appropriate. It is not the role of our medical consultant to treat mental health problems of students, but to advise on the most appropriate course of action, i.e. to hold and work with the student within our service or to advise the student's GP to make a psychiatric referral.

In the past, this model has served very well. However with NHS services under significant strain in recent years, and many students facing very long waiting periods to access NHS psychiatric services, our medical consultant is under pressure to 'hold' students over much more extended periods.

In academic year 2019/20, our medical consultant saw 132 students for psychiatric consultations. This is roughly in line with numbers in the two preceding years: 140 students in 2017/18 and 138 students in 2018/19. Of the 132 students seen in 2019/20, the number of sessions was distributed as follows:



This is an unsustainable workload considering that our medical consultant works in our service on a 0.2FTE basis. There is clear need for more resource in this area.

## Groups and Workshops

In 2019/20 we offered a combined program of 17 Groups and Workshops during term time. This included 10 cross-modality (cognitive-behavioural and psychodynamically informed), structured and semi structured counselling groups, and 7 psychoeducational workshops. A large proportion of our professional staff (16) now contribute to the development and facilitate the delivery of groups and workshops. In Trinity Term, we shifted delivery of all groups and workshops on-line.

Overall, 357 students participated in Groups and Workshops. Approximately 13% of students who attend one or more counselling sessions go on to participate in a Group or Workshop.

### Workshops

Workshops	MT19 (F2F) attended	HT20 (F2F) attended	TT20 (Online) attended
Can't Work	10	21	21
Insomnia	8	14	12
Panic 1	4	12	6
Panic 2	7		
Relaxation 1	4	8	10
Relaxation 2		3	
Exam Anxiety		6	
Perfectionism	6	6	6
<b>Totals</b>	<b>39</b>	<b>70</b>	<b>55</b>

Cumulative attendance at Termly Workshops 2019/20; cumulative attendee total = 164

### Groups

Groups	MT19 (F2F) attended	HT20 (F2F) attended	TT20 (Online) attended
Anxiety	41	23	29
Body Image	24	42	12
Compassion	22	46	9*
DPhil	50	62	51
Finding your Voice	18	35	No group
Low Mood	39	16	29
Masters	No group	63	No group
Mindfulness	60	84	66
Undergraduate	38	38	40

Cumulative attendance at Termly Groups 2019/20; cumulative attendee total = 937

\*group ended prematurely due to early maternity leave for staff member

Most groups are offered a number of times during the academic year to accommodate student demand. Much thought has been invested into tailoring groups for recurrent presenting problems according to termly variation e.g. exam anxiety workshops at the end of Hilary Term and in early Trinity Term (in

preparation for examinations) and staff continue to develop relevant and inspiring themed groups and/or workshops in response to demand and prevalence of a variety of presenting issues. In the coming year, 2020/21, we are planning to deliver some additional groups (online) including Mindfulness for Life, Students of Colour, Managing Strong Emotions and a series of 'Coping with Covid' support related, psychoeducational, mini-groups and workshops.

More robust protocols have been put in place this year for standardized data collection. In addition to the subjective feedback forms we have used historically we will introduce measures such as CORE 34 and other diagnostic inventories. This will enable us to evaluate group effectiveness more rigorously in future. Given the move over to online groups and workshops provision during 2019/20, we will look to separately examining outcome stats from face to face and online provision. Subjectively, group facilitators concluded that overall, online provision did not affect the attendance and outcome rates during this period. And in some cases attendance and engagement was improved in the online provision possibly due to more flexibility in attending from home (less cancellations, DNA's due to reduced commuting) and feeling less exposed when participating online than in person. Equally, some feedback suggested that for some attendees, the informality of being in ones' own accommodation alongside technological issues with participating on online platforms (screens freezing, time delays etc.) prevented some participants from engaging optimally.

## On-Site Counsellor (OSC) Programme

### Overview

The Counsellor-on-site (College Counselling) Scheme was launched in 2017/18 in response to students and staff in many colleges expressing a strong desire for students to access counselling in colleges. The scheme has expanded over the past 4 years with a current total of 14 Colleges retaining a college counsellor. During 2019/20, a further 3 Colleges joined the scheme. Counsellors are present in colleges as a satellite provision with college counsellors making counselling available on college premises for up to one day per week with 6 college counsellors offering half day provision and 8 offering full day provision. The scheme delivers individual, brief therapeutic interventions alongside welfare team support and liaison and provision of relevant, themed workshops as required.

The college counsellor remains employed by the central service; management and clinical supervision is provided within the central service and counsellors are insured under university policy. Our central case management system (Titanium) is used remotely by counsellors on college sites to maintain the highest standards in confidentiality for student records, with remote access currently being rolled out across all college sites this academic year.

The scheme has helped the central service in providing additional space for counselling at a time when there is no further space available within SWSS and which would otherwise make increased provision impossible.

### Benefits

Benefits of the scheme include the following:

- Having an on-site counsellor produces an immediate and substantial increase in total counselling resource available to students. It has obvious benefits to students of colleges with OSCs in place, but also benefits students across the collegiate university: when students see OSCs this relieves pressure on the central service.

- Enables the central service to increase provision despite the tight space constraints that preclude offering more counselling hours at Worcester Street
- Having an on-site counsellor may make counselling feel more accessible to some students. There is evidence that some students—predominantly undergraduates, especially first-years—regard making an appointment with the central service as a daunting step, and these students may delay seeking help to their detriment. For these students, having an on-site counsellor who is a familiar face within the college and whom they can meet in the familiar college setting may encourage earlier help-seeking.
- The college counsellor becomes available as a resource to senior members and staff with welfare roles who may be concerned about how best to support a student. (Currently, this role is played by the designated ‘link counsellor’ at the central service, but because the link counsellor is less familiar to those in college he/she tends to be used less in this capacity.)
- The on-site counsellor contributes one workshop in college each term, on a topic which is responsive to student concerns. This helps to maintain the counsellor’s visibility in college and also ensures regular provision of high-quality input for students. (Some examples of workshops offered by college counsellors this term: “Mental health: what it is and how to keep it”, “How much stress is too much stress”, “Writing for Wellbeing”, “Enlightened Self-Management”.)

### Future expectations

We expect that the scheme will continue to expand. At the time of writing, 4 further colleges have joined the scheme and a number of participating colleges have increased their commitment to OSCs from a half-day/week to a full day/week. We have had expressions of interest from other colleges. Our intention is to ensure that growth is managed at a steady pace: it is important that we do not deplete the central service by moving resources too quickly into colleges. We are confident that we have managed the process to this point without any compromise to our quality of service.

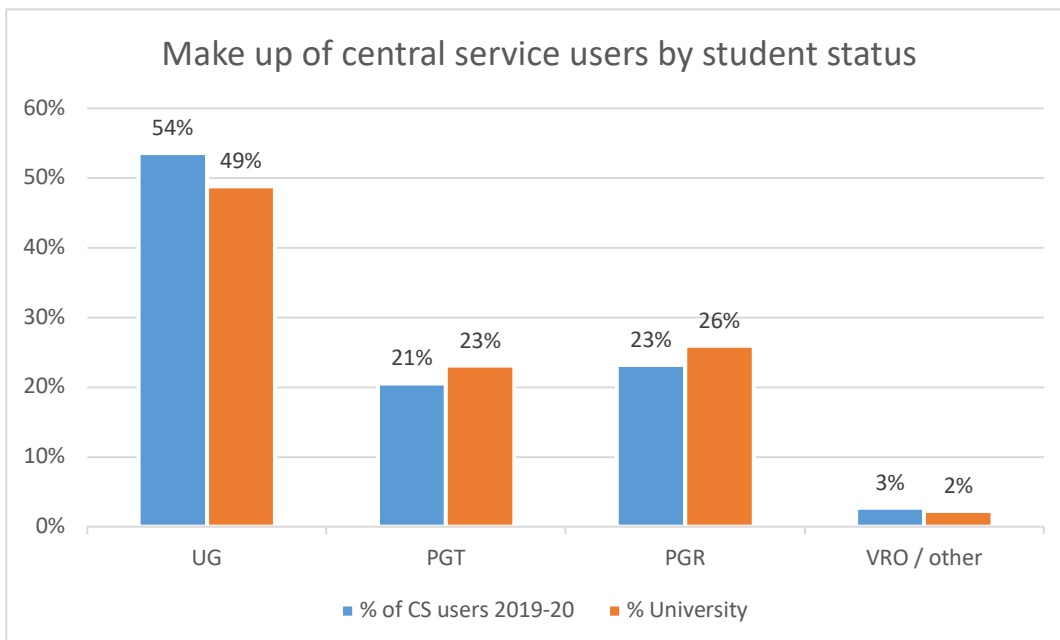
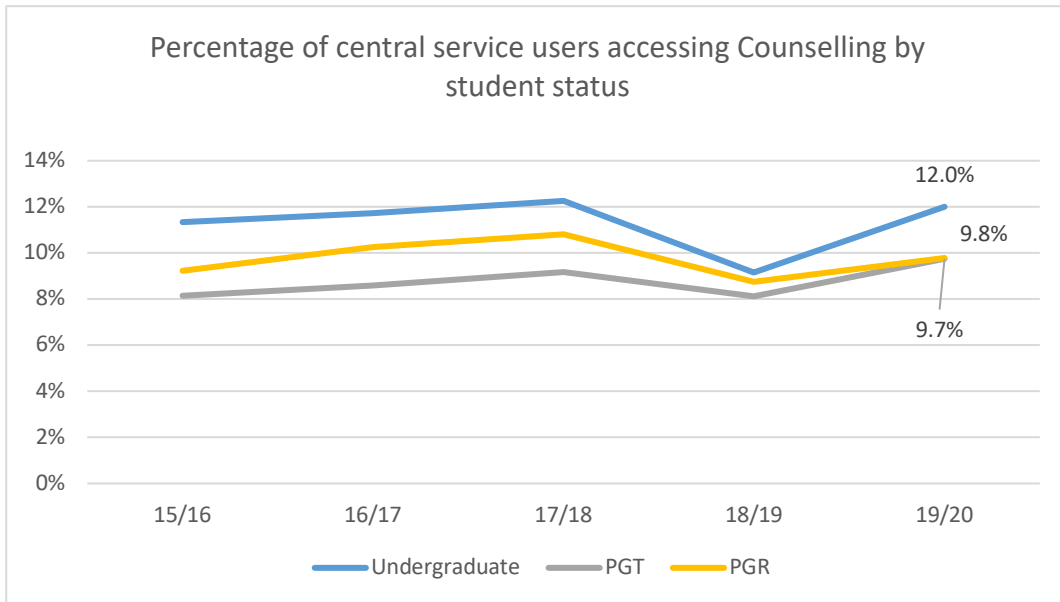
In future we hope to be able to generate data to support more detailed comparison of students’ use of OSCs and use of the Central Counselling Service (CS) at Worcester Street, and also of outcomes. This was not possible in the current academic year where we had a disruptive alteration to provision due to moving online mid academic year.

## Demographics

Demographic data is shown for students who access central service (10.9% of total the student body).

### Level of study

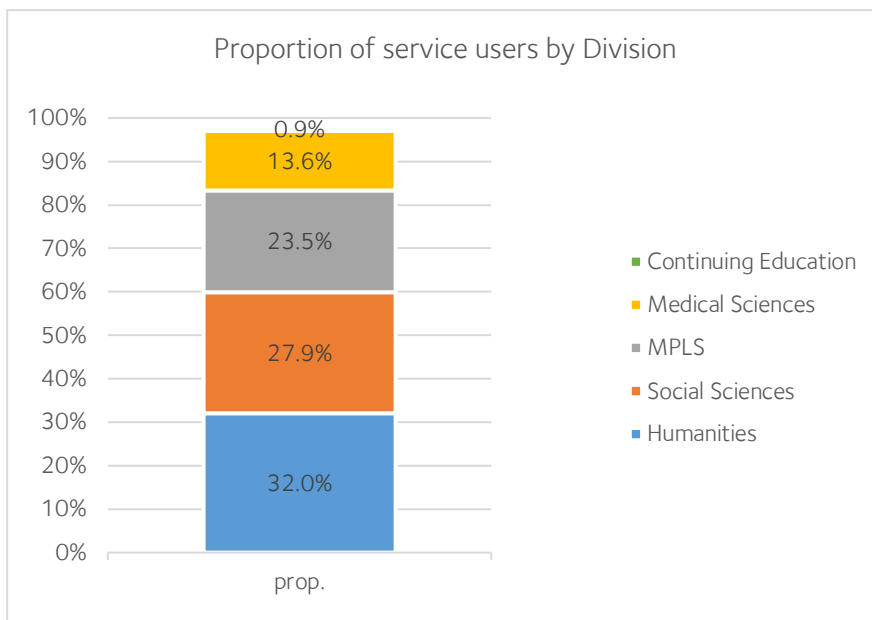
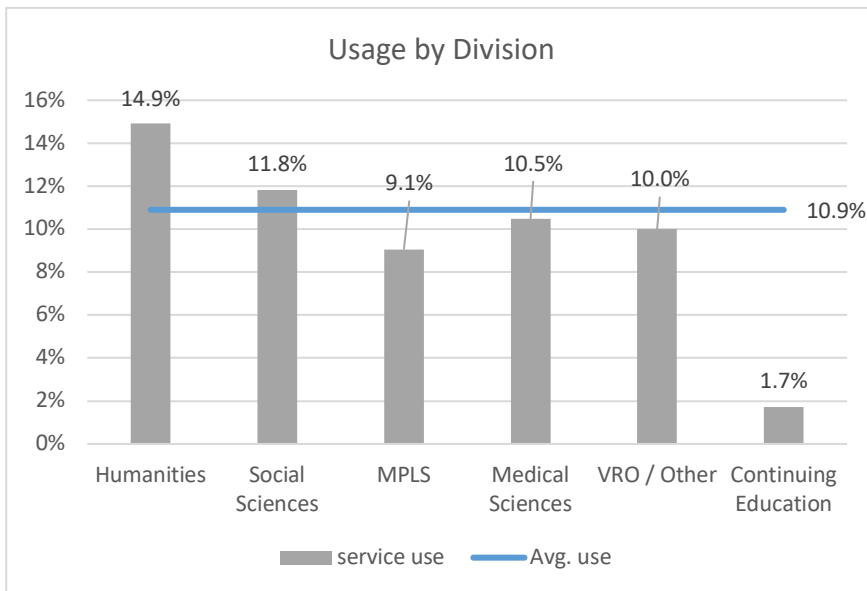
As for many years, a higher proportion of Undergraduate students than Postgraduate students access counselling.





## Academic Division

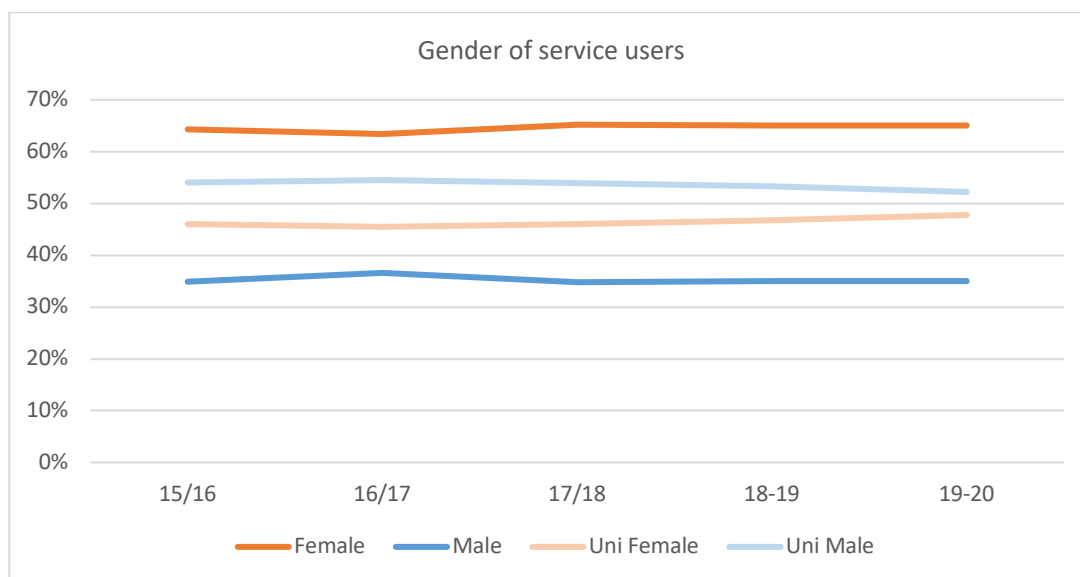
The pattern of participation in counselling by Academic Division is unchanged versus last year. Students within the Humanities and Social Sciences are over-represented amongst users of the Counselling Service, whilst students in MPLS are notably under-represented. These graphs show students who used the central service.



## Gender

The gender split at the service has remained steady, with 65% female and 35% male users, despite an almost equal representation of male and female students in the total population (48% female and 52% male in Dec 2019).

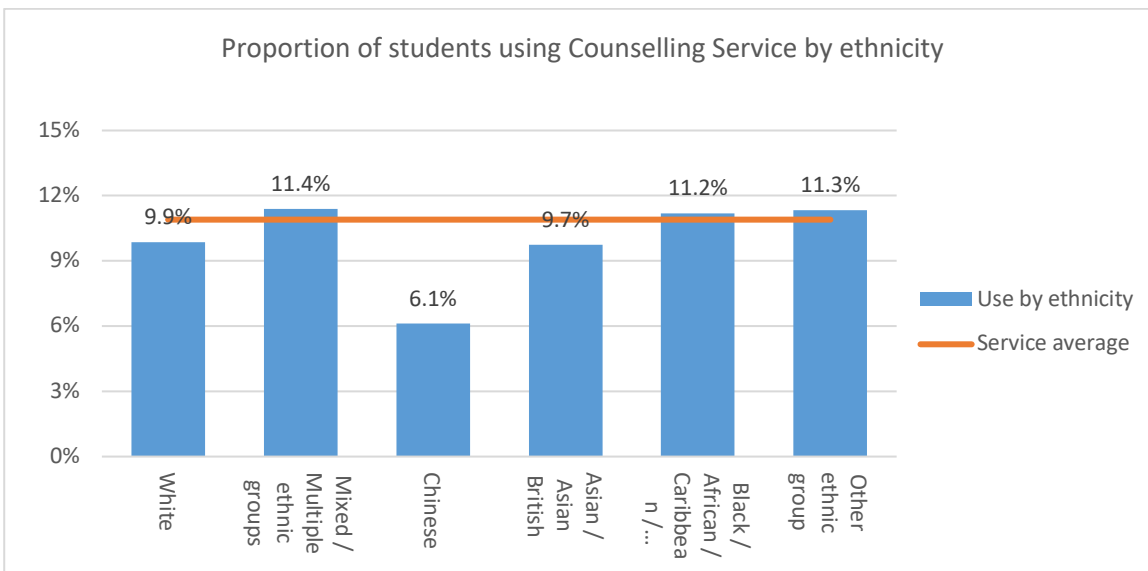
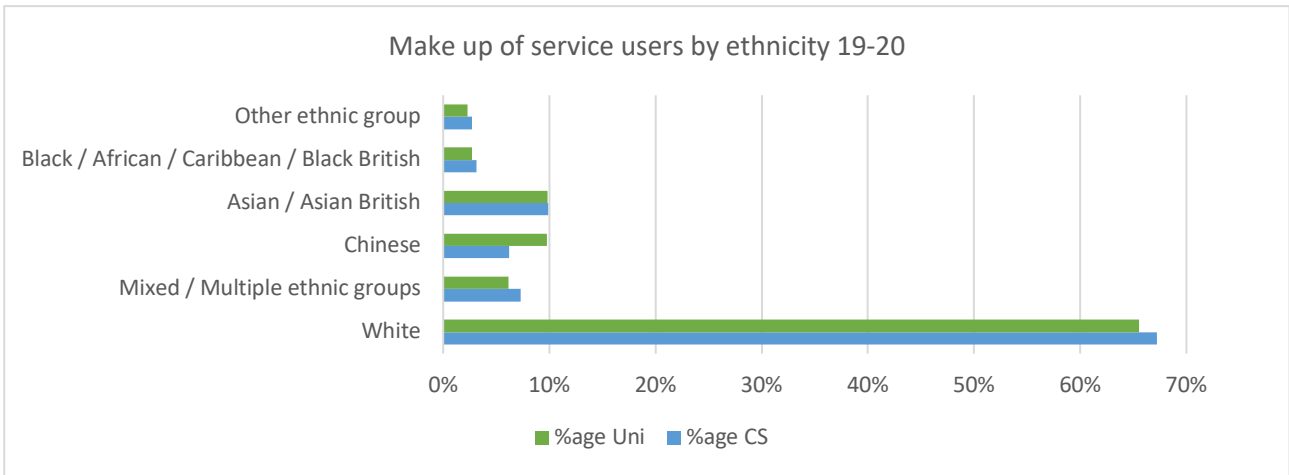
[Note: The above statistics on gender come from the central university database, and do not reflect the increasing number of transgender, non-binary and gender questioning service users. These students represented around 1% of students attending counselling in 2019/20.]



## Ethnicity

The Counselling Service sees most ethnic groups of students roughly in proportion to their representation in the general student population. Only Chinese students are significantly under-represented amongst counselling clients. After efforts made by the Counselling Service in previous years to increase service usage by Chinese students which did have some success bringing the percentage of Chinese students accessing the service up to 8% of service users, this has since dropped back. One possible reason for this was that when Chinese students returned home they made use of support provided in their own country and family support.

Black students are not statistically under-represented amongst counselling clients. However, in the context of Black Lives Matter, it feels important to emphasise that this does *not* mean that Black students are adequately served. In view of the challenges experienced by many of these students we might expect a higher-than-average proportion of them to seek counselling. That fact that this is not the case is of concern. It is our hope that, with a more ethnically diverse counselling team and a concerted effort to engage with black students in new ways, their representation amongst counselling clients will increase.



## Clinical Outcomes

### What is CORE?

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

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

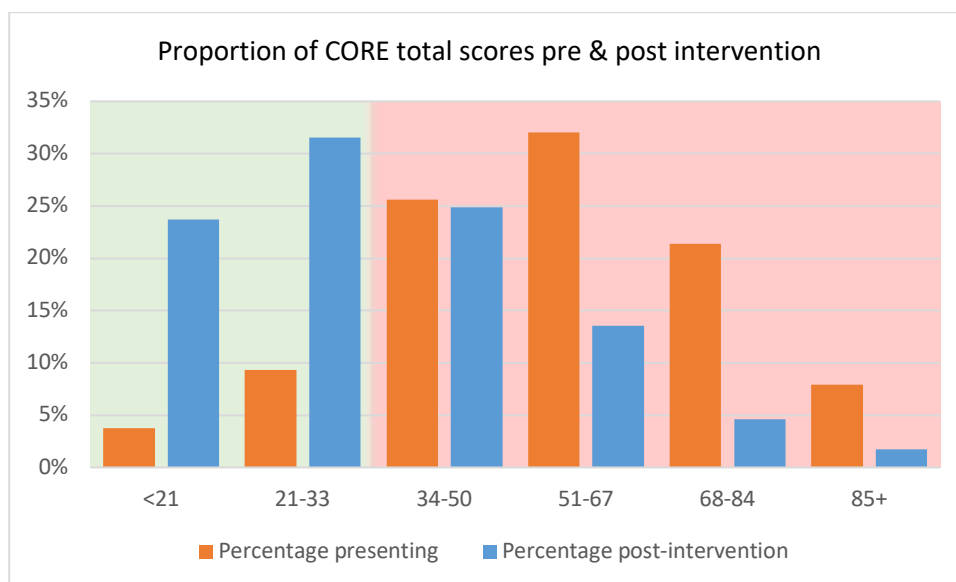
CORE measures psychological distress in four domains: subjective well-being, problems/symptoms, functioning and risk to self or others. It yields a score for each domain and a single overall score. Scores range from 0 to 136, where 0 signifies 'no disturbance' and 136 signifies 'maximum disturbance'. Scores below 34 suggest a low (sub-clinical) level of distress. Scores above 34 reflect clinically significant disturbance. CORE enables us to monitor the severity of the symptoms with which our students present for counselling. It also allows us to measure the effectiveness of our work by comparing students' pre-treatment and post-treatment CORE scores.

## Results

For all students the mean CORE score for students presenting at the start of counselling was 56, whereas the mean score at the conclusion of counselling was 34. This shows a mean improvement of 22 points (a similar pattern to 2018-19).

	Start mean score	End mean score	Improvement
Wellbeing	8.91	5.49	3.42
Problem	25.94	15.75	10.19
Functioning	19.39	12.45	6.94
Risk	2.09	0.94	1.15
Total	56.33	34.63	21.70

Core Score	Category	Clinical need	Proportion pre intervention	Proportion post intervention
<21	Healthy	Sub-clinical	3.7%	23.7%
21-33	Low distress/disturbance	Sub-clinical	9.3%	31.5%
34-50	Mild distress/disturbance	Clinical	25.6%	24.9%
51-67	Moderate distress/disturbance	Clinical	32.1%	13.6%
68-84	Moderate/severe distress/disturbance	Clinical	21.4%	4.6%
85+	Severe distress/disturbance	Clinical	7.9%	1.7%



The changes from the pre to post CORE score can also be demonstrated in seeing the shift in pre counselling scores of 38.6% scoring as 'Healthy/Low to Mild' levels of distress/disturbance to 80% for the same range post counselling. 61% of students scored in the 'Moderate to Severe' levels of distress/disturbance and this dropped to 19% post counselling.

The CORE measurement will continued to be used at the Counselling Service to gather long term data and also to be aligned with the SCORE Consortium research project, reported elsewhere in this document.

## Service feedback

### Feedback in the words of students

*"I don't know where to start writing this. You advised me that having some structure during lockdown was really important for me. By far the most important element of structure was my meetings with you—the one time in the week when I could rely on getting some perspective and clarity, and feel some hope and optimism about getting through this. I can't thank you enough. Truly, you have been amazing!"*

*"Thank you so much for everything. I'm leaving university a stronger person, and even though the world is kind of a scary place right now, I feel optimistic that I'll be okay"*

*"I just wanted to write and say thank you for the counselling sessions, and to let you know that I got through my exams with no difficulties at all—everyone was amazed at how calm I was! The university Counselling Service was wonderful, and I now feel that I can cope with anything!"*

*"I would like to thank you again for all your help in our sessions this year. When I first met with you I was mentally in a very low and unsettling place, probably the worst I have experienced, in fact. Then lockdown happened and, in the depths of depression and anxiety, it seemed almost impossible to see beyond the negativity. It amazes me, as I sit down to write this, to realize what a very long way I have come, despite all the ways coronavirus made it harder! Thanks for continuing to work with me, putting up with the rubbish Wi-Fi, and helping me to get through. Thanks to you, I feel I have my life back again."*

*"When I was home over the summer in a less than ideal family situation, my counsellor talked to me on the phone via teams and I typed in my responses into the Teams chat feature. While I did this, I told my family that I was using Netflix Party, and was watching a movie with friends and chatting with them. It also turned out to be an excellent explanation for when I started crying."*

*"Just a quick note to say I just filled in the feedback which the Counselling Service sent me, but it felt as though a whole bunch of drag-down menus and tick-boxes weren't really sufficient for expressing how grateful I am to you, and how much of a difference the counselling has made in my own life. I figured you knew this already, but thought I'd tell you again! Thanks in particular for your help over the period while I was working up in Oxford during the pandemic - now that I've had a few days to breath back at home I can reflect on how important the support I received during this time was."*

*"Thank you so much again for everything over the last few months. You've truly been such a great support and I'd have been lost without your listening and help. I'm very grateful, and so glad I got in touch when I did."*

*"I just wanted to say thank you again for your working with me this past term. Though very much still a work in progress, I feel I've made strides in dealing with my stress, anxiety, and perhaps most surprising and gratifying - with feeling my feelings. I'm working my way through the books and have been reflecting a lot on my own upbringing more and more. That said, perhaps one of the most valuable lessons you taught me this past term is that mental health - like sport - requires a lot of practice. Like any other skill, it's something that becomes easier and more natural the more it's done. I've been trying to keep this in mind in trying to avoid avoiding difficult or distressing thoughts, and in being more kind to myself, particularly in these crazy times."*

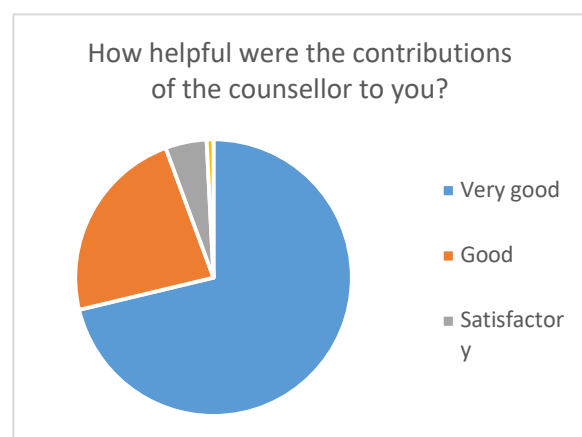
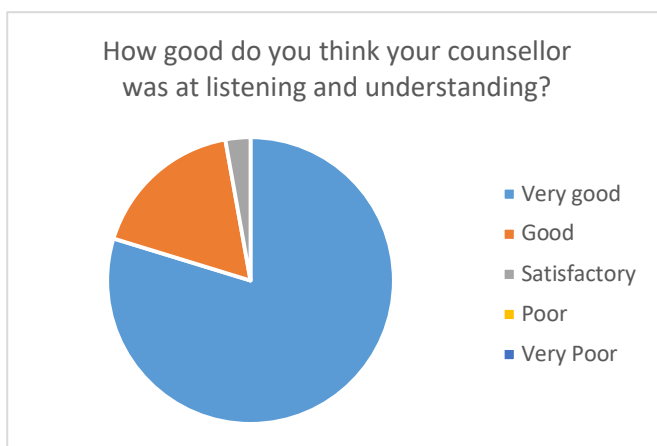
*"I found the counselling very helpful and would have really struggled without it. It helped me feel supported and gave me a vocabulary for what I was experiencing. I felt far less alone and less crazy. I valued our discussions and the balance between questions exploring my issues and suggestions was extremely effective. I really only have positive things to say--it helped me immensely."*

## Counselling Service survey

The Counselling Service routine solicits feedback via a survey given to students attending two or more sessions upon completion of counselling. This year we had a 392 responses from students who had a planned final session. Over time, however, fewer students are being offered planned final sessions. It is increasingly common for counsellor and client to agree to 'see how it goes' and get back in touch when it would be useful to meet again. As a result, the population completing the routine CS survey is a diminishing proportion of total service users.

## Survey Results

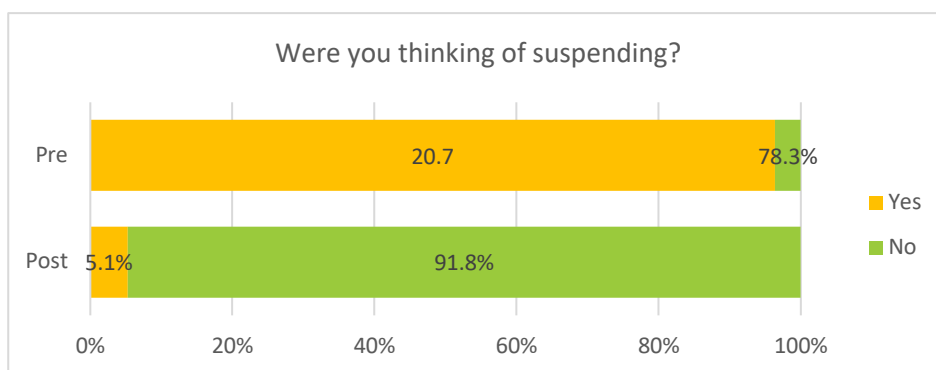
Students responding to the main CS survey expressed high levels of satisfaction: 79% said their counsellor was 'very good' at listening and understanding; 96% said their counsellor was 'good' or 'very good'; 70% said their counsellors' contributions were 'very good', rising to 93% who said their counsellors' contributions were 'good or very good'.



More detailed evidence is available for those students who had a planned final session and completed the CS Survey:

- In rating their overall experience of the Counselling Service, 71% rated it as 'very good', 22% rated it as 'good' and 4% as satisfactory.
- 84% rated the number of sessions they received as 'about right', 12% rated it as 'too few', less than 1% as 'too many'.
- 20% of students indicated that when they first came to counselling, they were "thinking about suspending or withdrawing from the university"; at the end of counselling only 5% of students were thinking about suspending or withdrawing.

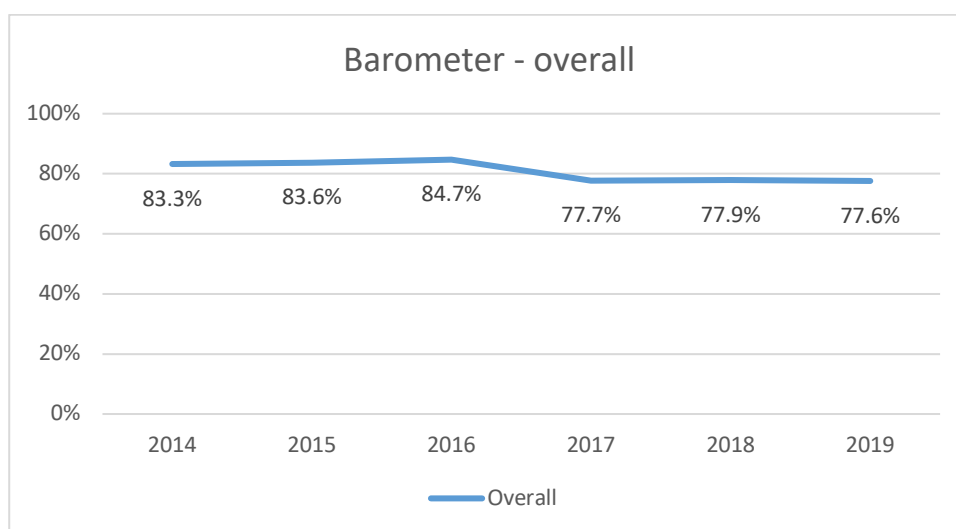
**Impact of counselling on decision to suspend/withdraw**  
(based on responses to CS Evaluation Survey)



### International Student Barometer

The university contributes to the Student Barometer in late November each year to survey PT and FT students with some exclusions. This, along with the NSS survey, seeks the views of students that are comparable with other HEIs. In 2019 there was an overall response rate of 28%.

The following data covers the % satisfied for the Counselling Service. Note that the data may be skewed by the fact that students who did not use the service may responded to questions related to the service.<sup>1</sup> Satisfaction is remaining steady at 77%. According to this measure PGR and PGT students were more satisfied than UG.



### Peer Support Programme

Peer Supporters are undergraduate and graduate students of the University who are thoroughly trained and supported to provide front-line welfare support. Most colleges and a growing number of departments now participate in the Peer Support Programme, which has been established for nearly 30 years. A total of 143 new Peer Supporters were trained this year. This was a significant drop on previous years, as all the trainings in TT20 were postponed until MT 20 when the training sessions had been adapted to take place online.

<sup>1</sup> 794 responses to this question.

Peer Support Training consists of 8 three-hour sessions and continues through regular supervision after the structured training has ended. Skills learned through training include being a good listener, helping others to feel more comfortable with social, academic and personal relationships and managing and communicating about sensitive issues. In training, an emphasis is placed on the listener learning his or her limits within a listening situation, and when best to refer on the person whom they are supporting. Through training, the students become aware of information about support, counselling and medical services so that these are readily available to students who speak to them. We also explore the welfare network within colleges in order to ensure the peer supporters understand where best to direct their peers, when an internal referral is needed.

### Peer Support Team

Training and supervision is delivered by a team who are all counsellors, psychotherapists or psychologists.

### Technology

The Peer Support Programme started using a new Booking System called AccessPlanIt (used elsewhere at Oxord) for managing supervision bookings online, allowing students a self-service portal. The Programme also started using a new CRM.

### Peer Support Supervisions including Peers of Colour and Rainbow Peers

Supervisions moved online during the pandemic. PoC and Rainbow Peers receive additional supervision as students who identify as BAME or LGBTQ+ respectively. Oxford students are encouraged to contact Peers of Colour and Rainbow Peers by the Peer Support Email Address and arrange speak to any Peer Supporter belonging to these groups. These Peer Supporters attend two further supervision sessions per term to discuss themes and concerns regarding: Race, Identity, Society, Sexuality, Sexual identity, and the university environment more generally.

### Junior Dean Training and Supervisions

The Peer Support Programme Junior Dean community is between 40 and 50 students, they attend fortnightly supervision, four times a term. Two successful Junior Dean trainings were carried out in 2019/20 and feedback was extremely positive.

The training is 30 hours including topics on: GDPR, Note keeping, Active listening, Suicide prevention, Crisis management, Communication within teams, Boundaries and using assertiveness, Junior Dean contracts and job descriptions.

Junior Dean Training	Applied	Trained	Hours
Summer	27	23	30
Christmas	6	6	30
<b>TOTALS</b>	<b>33</b>	<b>29</b>	<b>60</b>

### Peer Support Programme Membership 2019-20

<u>Colleges</u>		
Balliol	Magdalen	St Peter's
Brasenose JCR & HCR	Mansfield JCR & MCR	Somerville
Christ Church	New College JCR & MCR	Trinity JCR & MCR
Corpus Christi	Oriel JCR & MCR	University
	Pembroke JCR & MCR	Wadham



Exeter JCR & MCR Green Templeton College Harris-Manchester Jesus Keble JCR & MCR Kellogg Lady Margaret Hall JCR & MCR Lincoln JCR & MCR Linacre	Regent's Park St Anne's JCR & MCR St Antony's St Catherine's JCR & MCR St Cross St Edmund Hall JCR & MCR St Hilda's JCR & MCR St Hugh's JCR & MCR St John's JCR & MCR	Wolfson Worcester JCR & MCR <b><u>Departments</u></b> Said Business School Nuffield Department of Population Health
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## HEFCE/ Van Houten Fund Peer Support Training Project for Post Graduate Students

The Peer Support Programme successfully received a total of £60,000 to run a bespoke Peer Support Training targeting key postgraduate student groups from STEM subjects. This was part of a larger project that involved 17 universities worth £1.5m. The Oxford project was a joint venture between HEFCE (now OFS) and our Van Houten Fund, it was supervised by Vitae. The "University of Oxford Peer Support Programme project" was organised into a research gathering phase (lit review, focus groups and departmental visits); a configuration phase where training materials were created / edited and trainings planned; finally it was delivered to 88 students. The final report (from March 2020) can be found at <https://re.ukri.org/research/postgraduate-researchers/> .

Key findings were:

- Students wanted to vocalise concerns about PGR welfare and wellbeing, but this did not translate into recruitment as a Peer Supporter. This may reflect a discrepancy between individual transitory experiences and more macro societal issues/ concerns. We need greater clarity by what is meant by welfare and wellbeing for individuals, departments, institutions and societally.
- Targeting STEM subjects was very successful, which included 6 PGRs from Engineering.
- Incorporating and establishing this project in departments was challenging, as welfare has traditionally been present and embedded in colleges for a longer period of time. It seems that welfare is more fragmented and less defined in departments and departmental roles.
- To enhance departmental buy-in, the project included creating a guide for academic Supervisors regarding the training contend and demands, including total time commitments. This seemed to help those wanting to sign up to the training and increased approval from Supervisors.
- Divisional buy-in and recruitment is essential.
- Targeting men in STEM subjects remains imperative, as they may be least likely to access support and face many welfare and wellbeing challenges. More females were recruited across 3 divisions which the exception of the Social Sciences Division where there was a greater number of males participating in the project.
- This project has raised further questions around the Peer Support Training process and content. To help PGR access to the training, the time of day, length of training and timing within term/ academic year are important issues to consider. The training in the summer was particularly popular with positive feedback and was also well attended.

The Peer Support Programme Manager and the Head of Counselling were also involved in a project with the Department of Psychiatry which explored and measured a brief Peer Support National Training for young people during the global pandemic. Several meetings were attended between Student Welfare and Support Services, the department of Psychiatry and a third party organisation who would deliver the

training. Discussions involved issues such as assessment, risk management, applicable content, follow-up and training delivery. Our contributions helped to adapt the content and delivery of training.

## Other service activities

### Training Offered within the Collegiate University

The service continued to provide training sessions to improve awareness, understanding, identify risk, make appropriate referrals and practical strategies to support students in mental distress and difficulties. Several training sessions were run for college staff and academic departments focussed on supporting the mental health problems of students. A series of training sessions were arranged with Medical Sciences Division to train all PG supervisors in mental health awareness and skills to support students in distress and over 100 staff from this Division took part in the training sessions.

The service continued to work in partnership with CWMT (Charlie Waller Memorial Trust), although some of the training sessions that had been arranged had to be cancelled due to the pandemic. The service continues to promote the E-Learning package from CWMT for all academic and non-academic staff to support students with mental health problems <http://learning.cwmt.org.uk>.

An experienced colleague facilitated a number of training sessions for staff at the Examination Schools and also members of college welfare teams in how to support student experiencing anxiety and panic attacks, often associated with exams.

### National and International Contributions

Two colleagues produced a video covering issues for teaching staff and pupils on transition, typical academic and social pressures on students, and ways students can be helped to survive and thrive. This was in place of a presentation due to take place at the Study Higher conference that was arranged for March 2020. Study Higher is a grouping set up by Buckinghamshire New University, Oxford Brookes University and the University of Oxford to offer targeted outreach for young people in Berkshire, Buckinghamshire, Oxfordshire and Swindon, in schools and areas who traditionally are less likely to access higher education, providing resources, mentoring and information and support for their schools and teachers.

Another colleague delivered a one day Mindfulness in Higher Education workshop in March 2020. This was aimed at educators, welfare staff to deliver mindfulness-based training to students in further and higher education settings.

Our medical consultant oversaw the bibliotherapy/scriptotherapy section of the Bodleian exhibition on Robert Burton's *Anatomy of Melancholy* and its connection to modern mental health treatments.

Three colleagues gave presentations on Workings of University Counselling Services, Institutional Anxiety, Peer Support, Dealing with Exam Anxiety and Panic and Supporting Students in Distress to a learning cohort of 50 counsellors and student welfare staff from different Chinese Universities in September 2019.

The Head of Counselling has been fully **engaged with the current national and international debate** on issues of student mental health and wellbeing. Key activities have included:

- Presenting a lecture called 'Thriving and Surviving: issues of mental health and wellbeing for academic researchers' at the European Planetary Science Congress, September 2019 Geneva, Switzerland.
- Continued membership of the SCORE (Student Counselling Outcome Research and Evidence) Consortium, established to develop a large scale national data set to analyse effectiveness of embedded university Counselling Services, using standard clinical evaluation tools.

- Continued as Chair of MWBHE (Mental Wellbeing in Higher Education / Advance HE) group of experts from with professional organisations engaged in front line support of students and staff, including: AMOSSHE, RCPsych, HUCS, BACP-UC, UMHAN, NUS, and Nightline. Key achievements included organising a series of on-line workshops on supporting student mental health during Covid and the importance of anti-racism in the work of student mental health.
- Continued as a member of the Universities UK strategic working group on mental health for university staff and students, helping developing national policy and initiatives.
- During late December 2019 was a keynote speaker at two international conferences on student mental health at Xian and Jilin Universities as well as making presentations at several other Chinese universities and the Beijing Institute of Psychiatry. He also co-pressed at the first CUUKA (Chinese and UK University Counselling Association) meeting held in China.
- Presented lectures and talks at several national conferences on the theme of student mental health, covering such issues as 'Institutional Anxiety', 'Persecutory Perfectionism', 'The effectiveness of brief counselling', 'Counselling and Emotional Empowerment'. He was a key speaker at the national Nightline conference to celebrate its 50<sup>th</sup> Anniversary in April 2020.

## Forward view

### Covid

At the time of writing this report much of the focus of the service, and for the foreseeable future, will be to adapt our provision to meet the changes in demand as well as the issues and mental health problems which have affected students both in the short and longer term. We are committed to making full use of what we have learned during Covid to strengthen and improve the service in the future.

We will provide more on-line groups and workshops, and further experiment with models for offering this. At the time of writing, the service has successfully delivered workshops for up to 50 students at a time.

At some point, the return to face-to-face working will be possible, however, we cannot assume that students or staff will be best-served by a complete return to our old working model. Some students will continue to value on-line provision and we would be looking to provide a 'blended' model of provision. This would also have the benefit of easing some of the pressure on rooms and space at the Counselling Service. It is anticipated that students will expect year-round on-line counselling to continue and not revert to the previous model where outside term time only resident students (mostly postgraduates) accessed counselling.

### Staffing and Provision

The expertise and commitment of the clinical staff team is the major asset of the Counselling Service. Retention of counsellors remains a priority, particularly considering the sustainability of a high caseload turnover within a brief intervention model.

We will seek support to expand the role of our Medical Consultant/Psychiatrist. Currently our Medical Consultant is employed only one day per week. This is not sufficient to meet the needs of the service at present. The consultant reviews students who are of concern but who are not yet supported NHS psychiatric services, and plays a crucial role in managing the boundary between the work of the Counselling Service and that of NHS services. This ensures that the Service is not drawn into treatment students who would be more appropriately seen within the health service.

We will work with stakeholders in the collegiate university with the aim of securing increased resources for the service. Only with additional resources can we offer a level of clinical provision which is adequate to students' real needs, while also meeting the increased level of expectation from the institution of what the service can realistically deliver.

We will continue to develop and expand the On-Site Counsellor programme, extending its reach to other colleges who request this provision.

We will explore potential to expand the Associate Programme which historically made a much larger contribution to the capacity of the service, and in particular the capacity for longer-term work.

### Equality and Diversity

We will continue our commitment to provide staff training and development to enhance the skills, knowledge and awareness to effectively support students from a wide range of diverse backgrounds.

We will aim to further expand the diversity of the clinical staff team wherever possible.

We will continue to review and update our website to ensure that it is as welcoming as possible, and to encourage greater engagement and usage of the service by students with a wide range of diverse backgrounds.

### Collaborating for Student Wellbeing

Senior members of the Counselling Service and SWSS will continue to engage with representatives from IAPT / Talking Space, other local NHS mental health services, Counselling and Wellbeing services from Oxford Brookes University, the Oxford Health Biomedical Research Centre (OHBRC), Oxford NUS, the College Doctors Association to:

- Improve the referral pathways for students and communications with IAPT / Talking Space for those students who would benefit from the NHS 'stepped care' model of treatment with the possibility of protocol CBT for anxiety and depression.
- Support development of a specialist mental health treatment service for those students who would benefit from timely specialist secondary treatment but currently face very long waiting times for NHS specialist secondary services. These would include students with serious eating disorders, ADHD, Bi-polar Disorder and Emotionally Unstable Personality Disorder.

In response to the Mental Health Charter (OfS / Student Minds 2019) and other major policy initiatives in the HE sector such as the UUK upgraded 'Stepchange' strategy document, we will review policy, procedure and practice of the Counselling Service to ensure that we are fully aligned. It will be essential that there is a 'whole institution approach'; however, we believe the expertise of the Counselling Service will enable us to play a valuable role.

### Training for University and College Staff

In collaboration with the DAS and other university services, we will develop a formal training programme to support student mental health and wellbeing. Emphasis will be on promoting awareness, and supporting development of skills for staff to more effectively support students throughout the collegiate university.

We will continue to work in partnership with the Charlie Waller Memorial Trust (CWMT) to develop specific training packages for all academic and non-academic staff. We look to provide more focussed training sessions on such issues as self-harm, eating disorders and suicide prevention.

## Monitoring

We would like to improve the capacity of the Counselling Service to access and analyse data and use this to inform both broad strategy and day-to-day management decision making.

We will develop more effective instruments to evaluate the substantial volume of brief work done by the Service, and also to capture feedback from students who have further sessions but lose touch with the Service.

We will continue to develop the Titanium clinical case management system to ensure we are getting the best use from the data and using it optimally to support service management.