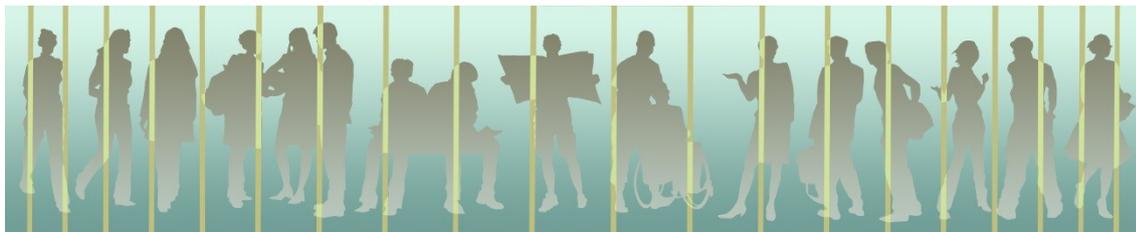




THE UNIVERSITY *of* EDINBURGH

Student Counselling Service

Annual Report 2014-15



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The Report

This annual report was produced in December 2016 and covers the academic session from August 2014 to July 2015. In order to give an up-to-date picture, we also report on key issues beyond August 2015. The report is written in a new format this year, conforming to the Student Support Services Quality Assurance Framework Service Value Assessment.

Executive Summary

Rising Demand

- During 2014-15 the Service saw an overall increase in referrals of 13.4%. This represents a total increase of 114% over a five year period.
- Over the year 2056 students had one or more sessions with a counsellor.
- By the end of December Semester 1 in 2015-16 the Service was experiencing an additional 48% increase in referrals.

Increased resources

- A further increase to our budget allowed for additional counselling hours to be offered – 13% more appointments in 2014-15, delivered by extending the availability of evening appointments in the Main Library.
- During the summer of 2015 our Moray House premises were redeveloped adding an additional two counselling rooms and refurbishing the office, waiting area and accessible toilet facilities.

Groups and workshops

- Our programme of presentation/workshops continues to attract greater student participation.
- There were 761 attendances at group events, an increase of 28.5%
- The programme has been extended for 2014-15 and rebranded **Skills for Life and Learning** with new workshops being developed.

Innovation

- Online Registration: throughout 2014-15 phase 1 of our online registration project was in operation. From July 2015 phase 2 was introduced, enhancing the efficiency of the registration process for students.
- During 2014-15 our website has been enhanced with more online resources available to students.

Key Priorities

- Our key priorities for 2014-15 were achieved

Challenges

- With increasing demand being projected over the next two to three years, the Service will require significantly enhanced resources both in staff and estate terms to meet current KPIs while maintaining an effective service.

Student Counselling Service

Service Value Assessment: Academic year 2014/15

Submitted by Ronnie Millar, Director

7.12.15

1 Fit with Strategic Plan goals

1.1 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 secondary objective of the Service is to enhance and encourage the emotional well-being and mental health of University of Edinburgh students and those who support them. Our goal is to deliver an efficient and timely service that is of world-class quality. In furthering these aims and objectives 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.

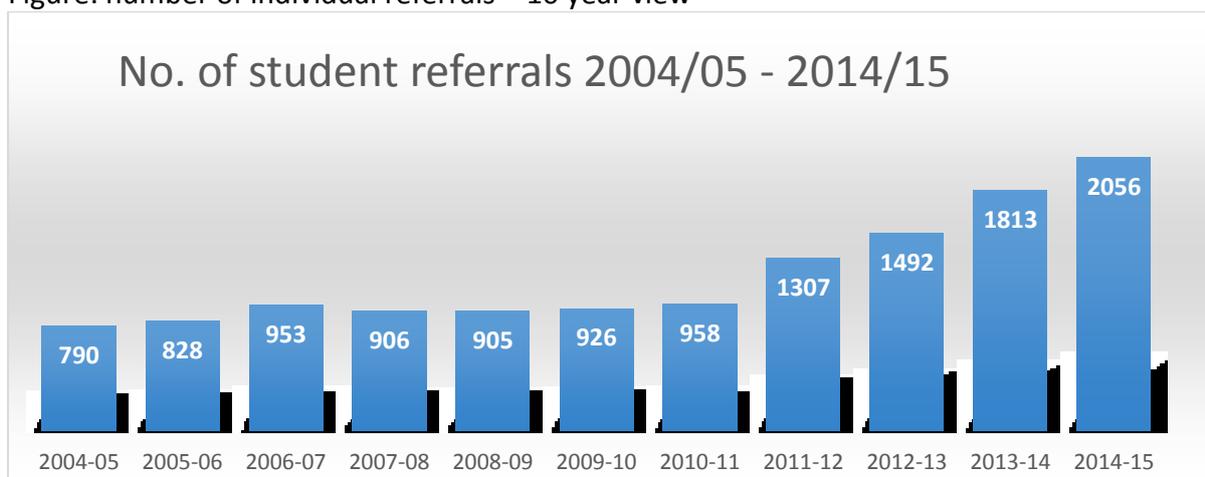
Strategy	Goal/Objective/Themes	Evidence
University Strategic Plan 2012-2015	Excellence in education	By guiding and supporting students through their degree programmes (see below) and by embedding graduate attributes and employability (see below)
	Excellence in Research	Research partnership with Northumbria University (see below)
	Excellence in Innovation	Increasing our international profile Increasing impact on health and wellbeing (see below)
	People	Outstanding performance and contribution of staff; developing their knowledge, capabilities and skills
	Infrastructure	Modern efficient and stimulating working environment, optimising use of space
	Outstanding Student Experience	Service provision, outcomes, satisfaction and support for staff consultation and training Cohesive, inclusion and individualised approach to enhancing the student experience Promote student health, wellbeing and safety Counsellor in training opportunities for students

USG aims	Providing a high-quality service to the University community Further developing and sustaining a responsive service culture Pursuing continuous improvement of the Service.	See Report below
SES Strategic Framework 15-18	Responding to students as individuals, meeting needs, reaching goals, enhancing skills - developments having most impact on improving student experience - exceptional value for money - a talent for continual improvement - efficiently meeting budget targets	See Report below

2 Service Usage Figures

2.1 In 2014-15 2,056 students were seen by the Service, an increase of 13.4% over the previous year. In addition the Service recorded 761 attendances at group activities facilitated by the Service. Table 1 In the past five years overall usage of the service (for individual and group events) has increased by 165%.

Figure: number of individual referrals – 10 year view



2.2 Additional resources in 2014-15 allowed us to extend the availability of evening appointments from the start of the semester one to the end of semester two, with additional sessional counsellors being employed. This allowed us to increase our capacity for counselling sessions by an additional 12.7%. Table 2 The average number of counselling

sessions per student is 3.9, and our failed appointment rate is 8%, well below the sector average.

2.3 Thirteen students used email counselling, including three online distance learners.

2.4 We have enquiries to the service on a daily basis from students, parents and staff seeking information, advice and support from the service. These amount to c.500 contacts per year.

2.5 There is virtually no change in the proportion of female to male students using the Service for individual counselling (70% to 30%) Table 3. Men continued to be under represented, a feature of counselling service across the sector and mental health services in the country as a whole.

2.6 There was a slight increase in the proportion of undergraduate students using the Service (68%), but this is reflected in the proportion of undergraduates in the University last year (65.5%) Table 4a. Of Postgraduate users there was virtually no change in the proportion of PGT to PGR students, again in proportion to the university postgraduate population as a whole. Table 4b

2.7 There was no change in the overall proportion of international students using the Service. In comparison with the overall student profile, a higher proportion of EU students used the Service. Table 5

2.8 402 students who had disclosed disabilities used the service, i.e.12% of the total population of students disclosing disabilities to the University, a slight reduction on the previous year. Table 6 There was little variation in the nature of disabilities disclosed by these students. The breakdown shows that more disabled students have mental health problems than those disclosing mental health conditions as disabilities. Table 7

2.9 There was a noticeable increase in students hearing about the service from their School, via Student Support Teams. Table 8 This is likely to have been a result of the ongoing training being delivered to Student Support Teams, and improved communication e.g. website development <http://www.ed.ac.uk/staff-students/students>

2.10 2014-15 was the first year of our Student Mental Health Coordinator being in post. The SMHC has increased our capacity for rapid psychological and risk assessment, as well as offering short term support for students with acute, complex or enduring mental health conditions, and coordinating care with other student services or NHS/Community resources. The SMHC delivered 236 sessions for assessment or support. Table 9

2.11 The main issues presented by student at assessment remain consistently anxiety, depression, academic issues, relationship problems and issues around self and identity. These are common to those reported by other university counselling services. However there was a sharp rise in the proportion of students experiencing anxiety (30%). Table 10

2.12 The severity of the mental health problems experienced by students presenting to the

Service is increasing. Table 11 Only 3% of students presented in a population where their issues required attention but were having a limited, though negative, impact on their lives.

2.13 As reported in last year's annual report, the psychoeducational workshop programme was further developed and rebranded for 2014-15. New workshops were offered, and attendance increased by 33%. Table 12

3 Innovations and Successes

3.1 "Skills for Life and Learning", our psychoeducational workshop programme was further developed. New workshops were offered, advertised on My Ed and Learn, and the programme was available on a fortnightly basis during the course of both semesters.

Programme additions were:

- Mind the (Confidence) Gap: Self-Esteem and Assertiveness
- Finding your feet at University
- It Takes Time to Make Time (time management)
- Feel the Fear and Do It Anyway: Anxiety Management
- Nobody's Perfect: When Your Best is Good Enough
- Taking the Panic out of Presentations.

3.2 Following on the success of piloting the provision of evening appointments in 2013-14, this provision was extended by having more counsellors working in the evening.

3.3 We developed a resource bank of APPs and Ted Talks in for students.

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

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

3.4 As a result of the ongoing work of the Student Mental Health Strategy Group, the Service piloted a bespoke version of Scotland's Mental Health First Aid training programme to student support teams in both CHSS and CSE. This was delivered by the SMHC and outside consultants MHScot. The pilots were reviewed and have informed the ongoing proposals for training as part of the Strategy being developed.

3.5 During 2014-15 our research partnership with Northumbria University produced three papers:

- i. Murray, A.L., McKenzie, K., Murray, K.R., Richelieu, M. "Do close supportive relationships moderate the effect of depressive symptoms on suicidal ideation?" British Journal of Guidance and Counselling 2015
- ii. Murray, A.L., McKenzie, K., Murray, K.R., Richelieu, M. "The effectiveness of university counselling for students with academic issues" Counselling and Psychotherapy Research 2015
- iii. Murray, A.L., McKenzie, K., Murray, K.R., Richelieu, M. "An analysis of the effectiveness of university counselling services" British Journal of Guidance and Counselling 2015

3.6 The Service is the lead link with BigWhiteWall. Additional funding from SEP was provided in year, and donations to the Service were put towards additional BWW student memberships.

https://www.bigwhitewall.com/landingpages/landingv3.aspx?ReturnUrl=%2f#.VmRz_mcnw7U

4 New ways of working

4.1 **Online registration** During the course of 2014 15 phase 1 of our online registration project was in operation: Students could download our registration form and questionnaire from our website and email these back to us. Phase 2 was launched in July 2015. Students can register online, enhancing the efficiency of the process for students and our administrators. Since the launch of phase 2, 97% of students are choosing to register online, with only 3% opting to register by calling into our main office and completing paper forms by hand.

4.2 **Website Development** During 2014-15 our website was enhanced by:

- Downloadable relaxation exercises linked to our Stress booklet (technological upgrade, accessible to all students and at no cost, replacing cds, saving on cd production costs) <http://www.ed.ac.uk/student-counselling/self-help/relaxation-exercises>
- Enhanced linked support information for the activities listed in “What’s on for your mental health”
http://www.ed.ac.uk/files/atoms/files//whats_on_for_mental_health_2015-16_sem1.pdf

5 User communications and feedback

5.1 The **Service Evaluation** was completed by 40% of student users. The survey shows a continued high level of student satisfaction with their experience of the service. Table 13

- More students are satisfied with Service publicity (95%).
- 21% reported that the waiting time between their initial appointment and for their first counselling appointment was “too long”. However, of those participating in the survey only 10% reported waiting more than 4 weeks (cf response times below). This suggests that almost half of this dissatisfaction is based on student expectation that a wait of up to 4 weeks is too long.
- For comparison, Psychological services via the NHS in Edinburgh (apart from the specialist eating disorders centre) are failing to meet the Government’s HEAT target of 18 weeks from referral to the start of treatment. There are few free counselling centres available in the voluntary sector. The largest of the local low cost voluntary sector counselling services (PF Counselling Service in Morningside) has a waiting time of up to 12 weeks for assessment and then up to a further 12 weeks for a first counselling appointment thereafter.

5.2 The **International Student Barometer** shows continuous improvement in student satisfaction with the Service.

ISB Survey wave	Summer 2012	Autumn 2013	Autumn 2014
Support satisfaction Student Counselling	86%	87.6%	91.4%

5.3 Edinburgh Student Experience Survey Student satisfaction with the Service on the ESES survey for 2014 went from 66% to 63%. The Vice Principal for Learning and Teaching described variations of up to 3% as within range of 'noise'. 63% is the number of students rating the service as 'good' or 'very good'. Of the open text comments 70% were very positive about their experience of the service, but 68% of dissatisfaction was on the number of sessions available.

5.4 Evaluation of the Presentation/Workshop programme and 'Paws against Stress' Table 14 shows consistently high levels of satisfaction and impact. The workshop programme attracts a higher proportion of international and PG students.

6 Service reputation

6.1 The Service has been a BACP Accredited Service since March 2006. BACP Service Accreditation 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)

No action was required or recommended by the BACP in the past year. The process for reaccreditation is under way and is due for submission by March 2016.

6.2 The Service also follows 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.

6.3 During 2014 the Director continued to be consulted by BACP on the development of the Competency Framework for Counsellors in HE and FE as part of the project's Expert Reference Group.

6.4 In 2014 the Director joined the Executive Committee of HUCS, and continues to be actively involved in HUCSS.

6.5 In November 2014 the Director attended the Annual Conference of the AUCCCD in Chicago. This allowed the University to be represented on a world stage for the sharing of best practice and innovation. The Director attended the conference again in October 2015, which has resulted in the possibilities of presenting at the 2016 conference and writing for the Journal of College Student Psychotherapy.

6.7 During 2014-15 SCS staff took part in meetings with international visitors from Kosovo, the Czech Republic and Ireland interested in student support, and we hosted a visit from counsellors at the University of Bristol interested in our crisis response approach and the work of the SMHC.

6.8 The Service continues to take the lead in offering our training events to the HE student counselling sector in Scotland.

7 Analysis of Service monitoring and achievement of service levels

7.1 The Service KPIs are related to the student experience and are:

- Response times
- Student evaluations: Service Evaluation, ESES and ISB (see above)
- Effectiveness/impact – CORE outcomes
- Effectiveness/impact - CIAO survey

7.2 **Response times** Since 2013-14 we have measured our response times in terms of the time taken between a referral and the offering of an initial assessment appointment, and subsequently the time taken from the initial assessment to the offer of a counselling appointment. Table 15 Appointments are only offered to students at times when they have said they are available, and meeting any other preferences for counsellor or location.

7.3 Over two years we have offered 96% of students an initial appointment within 2 weeks.

7.4 In 2014-15 we offered 81% of students a counselling appointment within 4 weeks, down from 91% in 2013-14. This can be attributed to

- Overall increase in demand of 13.4%
- Funding for a 1.0 FTE counsellor post was held back, as we had no further estate capacity for the work to be carried out
- There was a particularly large increase in referrals during semester 2
- There was an increase in the number of students referring during June and July who chose not to make themselves available for appointments until the end of the vacation period

7.5 **CORE** The Service uses 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 in other university counselling services.

7.6 CORE at Assessment

See Table 11. The pattern is of increasing numbers of students presenting in a clinical population i.e. with significant psychological dysfunction, and a growing proportion of students in a population at risk of serious self-harm or suicide. This reflects on the severity of the problems with which students present to the service, which are not too dissimilar from the levels of presenting problems and distress seen in NHS Primary Care services.

7.7 CORE Outcome measures

Year	2010-11	2011-12	2012-13	2013-14	2014-15
Overall Recovery and improvement	64%	73%	66%	68%	68%

There is no current valid benchmark on CORE outcomes. However a comparable figure is that of recovery and improvement in NHS primary care in England and Wales which showed a recovery and improvement rate of 60% for 2013-14 (RCP/NAPT report).

7.8 **CIAO** Results show that the Service consistently achieves a high impact, above the UK national survey, with a significant increase in the outcome for academic work last year.

Table 16

8 Income generation

Income generated was as follows:

- Vet School - Counselling provision at Easter Bush £6847
Non-managerial supervision for Student Support Team £400
- NHS Shetland – Clinical Supervision £450
- Clinical Supervision (counsellors in training) £562.50
- Income from Training Day £950
- Fee for Data Protection Subject Access requests £100
- Donations £1337.26

Total income £10,646.76

9 Partnerships

9.1 SES services

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. Both services collaborate in the publication ‘Helping Distressed Students’. Administrators from both services staff our joint reception area, and SCS provide reception cover for students meeting with SDS Dyslexia tutors at Moray House. Collaborate on the <i>Living with Dyslexia</i> workshop
Chaplaincy	Students are referred both to and from the Chaplaincy, and both services collaborate in the provision of Mindfulness sessions.
Institute for Academic Development	Students are referred both form and to IAD for Study Development Advice and SCS contributes to PGCAP sessions.

Academic Affairs and Student Administrations	SCS provided bespoke training on student mental health to both services.
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9.2 Other University services

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 collaborated with NHS and CCST for support programmes for students and SCS contributes to other EUSA training events e.g. Peer Support and PALS
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.
International Office	Students are referred both to and from the International Office, and SCS liaises with Study Abroad coordinators as required. SCS also participates in induction events for international students.
Centre for Sport and Exercise	SCS signposts students for consultation and support to the SPA programme, particularly for students with mild to moderate depression. SCS also contributed to the development of the Healthy university student health questionnaire.
Student Experience Project	SCS participated in welcome events with SEP Induction team.

9.3 Partnership in Welfare Support or Development

Welfare Consultative Group	Attended by the Director
Mental Health Sub Group – Student Disability Committee	Chaired by the Director, and attended by an Assistant Director and the SMHC
Student Mental Health Strategy Group	Director and SMHC are members
SES communications working group	Assistant Director participated
UMHAN	SMHC is a member

9.4 Partnership with Schools and Colleges

Colleges and Schools	SCS offers consultation and advice to Student Support teams concerned for their students and liaises with SSTs for evidence of special circumstances. SCS provide Student Mental Health training for staff. During 2014-15 8 sessions of SMH
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	<p>training were delivered to the following schools: Social & Political Science, History Classics & Archaeology, Literatures, Languages & Cultures, Law, Divinity and the Vet School. SCS also piloted bespoke Mental Health First Aid training with MHScot to CHSS and CSE. Participants to all student mental health training include Personal Tutors, SSOs, and administrative staff with front line roles.</p>
<p>College of Medicine and Veterinary Medicine</p> <p>Medical School</p> <p>Royal (Dick) Veterinary School – Service Level Agreement</p>	<p>SCS contributed to:</p> <p>Medical School Peer Mentor Training Providing new training on Breaking Bad News for Dental Institute</p> <p>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, and non-managerial supervision for the Student Support Team</p>
Office of Lifelong Learning	<p>SCS provides a workshop and participates in the induction session of the ‘Moving On’ programme (Widening Access). In 2014-15 SCS developed contact for the SSO at OLL and Duty manager consultation.</p>

9.4 External Partnerships

University Health Centre	<p>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. AD meets with Senior Partner at UHC for regular liaison.</p>
NHS Lothian	<p>SMHC has developed liaison with MHAS, Ballenden House, Cullen Centre and Primary Care Services. SCS Liaison with NHS Lothian has brought the 6 week Stress Control Course on campus during semester 2.</p>
Ten for Ten	<p>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.</p>

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.
Big White Wall	SCS is the lead service for the University with BWW. The BWW project was funded for 2014-15 by SEP. A Second report was conducted.
Canine Concern Scotland Trust	SCS and CCST collaborate on the Paws Against Stress events
Northumbria University	Research partnership

10 Benchmarking

10.1 The **BACPUC** survey offers a comparison with 62 HEIs including 14 Russell Group Universities. SCS would be included in the category of large services. Useful benchmarks are the proportion of high intensity and low intensity work, the failed appointment rate, and the average number of counselling sessions per student.

BACP UC Survey	Large HE services	SCS
High Intensity/Low Intensity	81%/19%	77%/23%
Failed appointment rate	24%	8%
Ave. sessions per student	3-4	3.9

10.2 Russell Group benchmark 2014-15

	University size	Number of students seen	Number of counsellors (FTE)	All students per FTE	% students using service
Edinburgh	35250	2056	12	2938	5.8
Russell Group Average	23923	1630	8.1	2953	6.8

11 Staff Development Activity

11.1 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. BACP Accredited Counsellors are required to undertake 30 hours CPD per year, and our training policy supports this.

11.2 Activities for 2014-15 included

- Service Training Day on Social Media and Neuropsychology
- Service represented at BACP UC Day Conference in Leeds

11.3 Once a month counsellors have an opportunity to meet in small groups to discuss clinical issues. All counsellors have clinical supervision to a minimum of 1.5 hours per month

as a professional requirement, and regular case load management support. The Service held two review mornings (September and January) and a review day in May. These provide an opportunity for staff to reflect on the work of the service, consider policy and procedures and share best practice.

11.4 The support offered to our counsellors in training is an example of best practice as recommended by BACP. We had four trainees in 2014-15.

12 Risk analysis

12.1 If the Service was not delivered successfully, then ultimately the risks for both users and the University are:

- Risk to students' safety
- Risk to students' academic failure/retention
- Risk of students' deterioration of mental health problems which could ultimately lead to both of the above
- Risk of diminishing the student experience and student satisfaction
- Consequent reputational, compliance and financial risk to the University

12.2 Counselling in HE settings is increasingly informed and framed by concerns about duty of care. Professionally, counsellors in HE are encouraged to be mindful of their duty of care to work safely with suicidal students, and to work to discharge an enhanced duty of care to more vulnerable groups e.g. international students and students with a disability or special needs. The scope of counselling services in HE has shifted to include more mental health and preventative work, reflecting a wider intake of students with mental health vulnerabilities. The Service works primarily, but not exclusively, with a relatively high-risk client group. Students are engaged in making a major life transition, from adolescence to young adulthood, and are expected to achieve their desired life goals while facing major financial (and sometimes relationship) pressure from their peers and family of origin.

12.3 In view of the changing student client profile (severity and risk) described above, the Service's triage approach pre-and post- initial assessment, ensures that students in crisis or at risk are seen promptly. The Service liaises with SSTs and Residence Life, GPs, MHAS and Primary Care services as appropriate.

12.4 From the CIAO survey for 2014-15, 251 students described counselling as being a very important, or the most significant, support in helping them stay at University. At a minimum estimate, counselling saved the University £2,259,000 from potential loss of fees and SFC funding.

12.5 The University's risk policy and risk appetite identify as a priority the need to avoid reputational, compliance and financial risk. Risk of reputational damage could arise from expectations of the student-University contract, the moral duty to provide professional support, and from the recommendations of the RCP Report on Student Mental Wellbeing 2011 and the UUK Good practice Guidelines 2014:

- The RCP reported that nearly all HEIs offer counselling services to students. The Healthy universities initiative promotes the University as being seen not only as a place of education but also as a resource for promoting health and wellbeing in

students, staff and the wider community. The Report recommended that systems for student support such as counselling be maintained and when possible expanded.

- Universities UK Student Mental Wellbeing in Higher Education Good Practice Guide recommends that to ensure that services are adequately resourced and working effectively the operation and capacity of services should be regularly assessed in relation to demand and effectiveness.
- It further recommends mental health advisers together with counselling services can play a central role in the coordination of care provision for students and can offer direct advice and support to troubled and vulnerable students with mental disorders. SCS provides counselling, mental health advice and support, and training.

12.6 In all that the Service delivers, through brief therapy, psychoeducation, and support for staff, it increases student performance, improves retention, promotes resilience, reduces stress, builds employability skills and above all helps keep students safe.

13 Summarise Key issues raised and key priorities for the coming year

13.1 The ongoing key issue for the Service is to consider how to continue to deliver a high quality service to increase demand within ongoing space and financial constraints (included in SSSQAF's recommendations in the 2013-14 annual report). As described above during 2014-15 the service did this by:

- Securing funding for extending evening appointments
- Increasing resource capacity by 12.7%
- Developing matched care options through *Skills for Life and Learning* and online support
- Online registration, using technology to improve student access and a significant efficiency saving for our administration team
- We continue to maintain an effective service, on a reducing average number of sessions, while maintaining recovery and improvement rates

13.2 As a result of our ongoing service review process, innovations introduced in 2015-16 seek to more effectively target our resources:

- Review of our initial assessment process, ensuring greater clarity and consistency and signposting students for whom short term counselling is not the most appropriate intervention to other sources of support
- Introducing an evidence based review at the third counselling session, with a view to improving clinical outcomes and delivering the service according to need
- Introducing an Equitable Access Policy aimed at managing student expectation, and allowing the service to see as many students as possible during peak demand times

13.3 Additional funding has allowed for the redevelopment of our rooms at Moray House, refurbishing the office, waiting area and accessible toilet facilities and adding an additional counselling room, making five counselling rooms in total. These were opened at the start of semester 1 2015. This has resolved the estate issue described above and has allowed us to make use of the additional counselling resource held back last year. Efficiency savings for

2015-16 meant that counselling staff who left the Service at the end of 2014-15 were not replaced until November 2015, with the consequent impact of lengthening waiting times.

13.4 However, demand continues to outstretch capacity. In the first semester of 2015-16 to date the Service has experienced an unprecedented rise in demand of 55%. This is likely to be as a result of

- improving access (online registration)
- enhanced awareness and reputation of the Service
- ongoing national trend of increasing demand on mental health services in general and university counselling services in particular

13.5 The challenge for the coming year remains the same: how to continue to deliver a high quality service to increasing demand, while meeting the expectations of enhancing the student experience and improving student satisfaction. Our priority over the past two years has been to reduce waiting times, in view of the importance of early intervention. The impact of further budgetary pressures risks longer waiting times, and pressure on the estate limits the possibilities of further group events. Alternative models of service delivery inevitably mean further limiting the extent to which professional support is offered to students.

13.6 The priorities for the Service are:

- to maintain the delivery of effective, efficient, timely, professional counselling.
- to maximise the matched care approach, encouraging students to access all available opportunities identified at assessment and appropriate for their needs, putting support plans in place at assessment, which may include counselling.
- to secure additional resources, to maximise the space that the proposed new premises for the Staff Counselling Service (Moray House Porters' Lodge) will make available for the Counselling Service as a whole
- to deliver the training developed as part of the Student Mental Health Strategy
- to secure ongoing funding for Big White Wall

Ronnie Millar
Director, Counselling Service
7th December 2015

Appendix 1 - Tables

Table 1: Number of students seen by the Service

Year	Student body	Attending individual sessions	% of student body attending for counselling	Attending group events	Total % of student body using SCS
2010-11	28,974	958	3.3%	104	3.5%
2011-12	31,335	1307	4.1%	50	4.3%
2012-13	32,868	1504	4.5%	403	5.8%
2013-14	33,110	1813	5.4%	592	7.2%
2014-15	35,258	2056	5.8%	761	8%

Table 2: Number of sessions

Academic year	total sessions	Ave. no. of sessions
2010-11	4183	5.4
2011-12	6615	5.0
2012-13	7300	5.0
2013-14	9913	4.1
2014-15	11173	3.9

Table 3: Gender

Year	Female	Male
2012-13	1054 (71%)	439 (29%)
2013-14	1271 (71%)	508 (29%)
2014-15	1433 (70%)	623 (30%)

Table 4a: Undergraduate/Postgraduate ratio

Year	UG	PG
2012-13	63%	37%
2013-14	63%	37%
2014-15	68%	32%

Table 4b: PGT/PGR ration of PG users

Year	PGT	PGR
2012-13	60%	40%
2013-14	60%	40%
2014-15	61%	39%

Table 5: International students

Year	International	EU	UK
2011-12	23%	19%	58%
2012-13	25%	20%	55%
2013-14	25%	20%	55%

Table 6: Students presenting to SCS with disclosed disabilities

Year	Students presenting With disabilities
2012-13	24% (357)
2013-14	23% (420)
2014-15	20% (402)

Table 7: Breakdown of listed disabilities disclosed by service users

Disability	2012-13	2013-14	2014-15
Autistic disorder	0.5%	0.5%	0.5%
Blind/partial sight	-		0.5%
Deaf/partial hearing	0.5%	0.5%	0.5%
Learning difficulty	11%	9%	9%
Mental health	6%	5.5%	5%
Multiple disabilities	0.5%	0.5%	0.5%
No disability	76%	77%	80%
Other disability	1%	1%	1%
Unseen disability	4%	5%	2.5%
Wheelchair mobility	0.5	1%	0.5%

Table 8: Sources of referrals

Referred by	2012-13	2013-14	2014-15
Accommodation	0.5%	0.5%	0.5%
Advice Place	7%	6%	4.5%
Disability Service	1%	1%	1%
Friend	11%	10%	12%
GP	18%	17%	16%
Leaflets	4%	3.5%	3%
Not known	5.5%	6%	3%
School/PT/SSO	18%	19%	26%
Self	3%	4%	3%
Website	29%	30%	28%
Other	3%	3%	3%

Table 9: Referrals to SMHC 2014-15

	No. students	No. sessions attended
SMHC assessment	16	43
SMHC session	56	148
SMHC walk-in	18	45

Table 10: Presenting issues (% of clients seen)

Presenting issue	2012-13	2013-14	2014-15
Abuse	2.5%	4%	3%
Academic	12%	12%	10%
Addictive behaviours	1%	1%	1%
Anxiety	24%	23%	30%
Depression and mood change or disorder	20%	19%	19%
Eating disorders	2%	2%	2%
Loss	8%	8%	7%
Other mental health conditions	2%	1%	2%
Physical health	1.5%	2.5%	2%
Relationships	10%	12%	10%
Self-harm	1%	1%	1.5%
Self and identity	12.5%	10%	9%
Sexual issues	0.5%	0.5%	0.5%
Transitions	2.5%	3%	3%
Welfare and employment	0.5%	1%	-

Table 11: CORE at Assessment 5 year view

Year	No of students' data sets	Students in a Clinical population	Clinical %	Students in a Non-clinical population	Non-clinical %	Risk %
2010-11	813	598	73.6%	215	26.4%	35.1%
2011-12	1014	789	77.8%	225	22.2%	37.1%
2012-13	967	723	74.8%	244	25.2%	38%
2013-14	1428	1139	79.8%	289	20.2%	37.3%
2014-15	1635	1327	81.1%	308	18.9%	39%

Table 12: Presentation-workshops attendance

Presentation-workshop	2013-14	2014-15
Exam success	10	9
Anxiety Management		44
Finding your feet at university		6

How to get on with people	17	21
I'll start tomorrow	40	21
It takes time to make time	10	21
Mind the confidence gap	11	21
Nobody's perfect		28
Taking the panic out of presentations		13
The feel good factor	27	15
Under pressure	13	24
Total Attendance	128	170

Table 13 Evaluation survey summary

Evaluation survey	12-13	13-14	14-15
% of students responding	28%	41%	40%
Satisfaction with Service (re reception and waiting areas, interaction with staff, accessibility and discreetness)	99%	99%	99%
Satisfaction with service publicity	72%	88%	95%
% of students reporting waiting time for initial appointment as "too long"	15%	9%	8%
% of students reporting waiting time for counselling as "too long"	41%	15%	21%

Table 14 Evaluation of **Workshop programme** and **Paws Against Stress**

Evaluation	Workshops 2013-14	Workshops 2014-15	Paws against Stress 2014-15
Attendances	131	237	578
Gender	61% f 39% m	72% f 26% m	81% f 19% m
UK/International	35% UK 64% Int	27% UK 68% Int	n/a n/a
UG/PG	47% UG 53% PG	46% UG 52% PG	75% UG 25% PG
SCS users	38%	42%	13%
had no other contact with SCS	62%	53%	87%
Satisfaction outcomes: <ul style="list-style-type: none"> • Content • Presentation style 	96% 97%	96% 97%	Satisfaction outcome: 97% felt less stressed having attended 98% Would recommend the event to others

<ul style="list-style-type: none"> • Would recommend SCS events • Know where to access further help 	86%	93%	
	96%	93%	

Table 15: Response times

	Ref – IA		IA to counselling	
	13-14	14-15	13-14	14-15
1 week	79%	79%	47%	37%
2 weeks	17%	17%	23%	25%
3 weeks	2%	1.5%	13%	13%
4 weeks	0.5%	1%	8%	6%
4+ weeks	1.5%	1.5%	9%	19%

Table 16 CIAO summary 2014-15

Question	Not at all	To a limited extent	One of many factors	An important factor	The most significant factor	Total finding counselling helpful	SCS 2013-14	SCS 2012-13	CIAO National survey
“To what extent would you say that counselling ...”									
helped you to stay at university?	6%	12%	35%	41%	6%	82%	82%	88%	81%
helped you do better in your academic work?	4%	18%	31%	41%	6%	82%	75%	81%	79%
improved your overall experience of university?	2%	9%	27%	53%	9%	89%	87%	86%	83%
helped you develop skills that might be useful in obtaining future employment?*	2%	11%	17%	42%	28%	87%	85%	83%	78%

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

Appendix 2 Acronyms

AUCCCD	- Association for University and College Counseling Center Directors
BACP	- British Association for Counselling and Psychotherapy
BACP UC	- BACP Universities and Colleges
CCST	- Canine Concern Scotland Trust
CHSS	- College of Humanities and Social Science
CIAO	- Counselling Impact on Academic Outcomes
CORE	- Clinical Outcomes Routine Evaluation
CSE	- College of Science and Engineering
ESES	- Edinburgh Student Evaluation Survey
HUCS	- Heads of University Counselling Services
HUCSS	- Heads of University Counselling Services Scotland
IAD	- Institute for Academic Development
MHAS	- Mental Health Assessment Service (Royal Edinburgh Hospital)
NAPT	- National Audit of Psychological Therapies
PALS	- Peer Assisted Learning Scheme
PT	- Personal Tutor
RCP	- Royal College of Psychiatrists
SCS	- Student Counselling Service
SDS	- Student Disability Service
SEP	- Student Experience Project
SMHC	- Student mental Health Coordinator
SPA	- Support for Physical Activity
SSO	- Student Support Officer
UMHAN	- University Mental Health Advisers Network
USG	- University Secretary's Group
VTO	- Veterinary Training Organisation