



Counselling Service Annual Report 2018-19



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Introduction

In keeping with the trend of the last 10 years, there was a **significant increase in student demand** for counselling in academic year 2018/19: the number of students presenting for counselling increased from 2,681 in 2017/18 to 2,958 in 2018/19, up 10.3%. Although the 2.3% growth in total Oxford University student numbers was a contributing factor, most of the growth was accounted for by the increased proportion of Oxford students seeking counselling. In 2017/18 11.2 percent of Oxford students sought counselling. In 2018/19 12.1 percent of students sought counselling.

Individual counselling remains the largest element of our provision to students. We believe that, for the majority of students, this is the most effective (including the most cost-effective) intervention. Meeting individually, face-to-face with students enables us to make a rapid and effective assessment of the situation, understanding not only *how* the student is struggling but *why*, and to offer insights, tools and strategies to bring about change in a timely way.

A growing proportion of counselling sessions are taking place on college premises, rather than at the central service located at 3 Worcester Street. In 2017/18, following a successful pilot involving a number of Colleges, we launched the 'on-site counsellor' (OSC) scheme, whereby counsellors from the central service are placed on-site within a college for a half-day or a day each week in term-time. In 2018/19 the number of colleges participating in the OSC scheme increased from 8 to 11, and a number of colleges increased provision from a half-day per week to a full day per week. In total, 386 of the 2,958 students seen for counselling were seen by OSCs. This represents 13% of all students seen.

Because colleges participating in the OSC scheme cover the cost of the on-site provision, we have been able to increase the total amount of counselling provided to students without any increase in our core funding. This has enabled us to maintain our standard of service to students: despite increased numbers of students seeking counselling, both waiting times and average number of sessions were consistent with the previous year.

We are nonetheless very **concerned about resourcing levels.** Average number of sessions remains at an all-time low of 3.1. Our counsellors are seeing an increasing proportion of students just once or twice, as they attempt to reserve sufficient capacity to offer more sessions to those students with the greatest need. Our concern is that, increasingly, we are underserving students at all levels of need. We believe that we are also placing excessive demands on our counsellors, who are working at an unsustainable level of intensity.

In this context, it is especially important to ensure that we are **supporting students to access treatment wherever possible through NHS and other local services.** We are in regular conversation with NHS and other services about how we can best facilitate referrals, and to establish protocols where clients are moving between services.

Alongside individual counselling, we offer a **vibrant and continually developing range of counselling groups and workshops.** These rarely replace the need for individual counselling altogether; most students who participate in groups have had at least one counselling session prior to joining a group or workshop. However, groups and workshops provide an invaluable opportunity to build on what has been achieved in counselling and more and more students are taking advantage of this opportunity. In 2018-19, 13% of students receiving counselling went on to participate in a group or workshop.

In addition to serving students, we provide specialist support and guidance to others in welfare roles within SWSS, and in the university's 59 Departments and 45 Colleges and PPHs.

- We provide clinical supervision for the specialist Mental Health Mentors who work within the Disability Advisory Service (DAS) and for the manager of the Sexual Violence and Harassment Support Service
- Our counsellors support College, Divisional and Departmental staff in a variety of roles, including: named Duty Counsellors throughout the working week; the Link Counsellor Scheme; the On-Site Counsellor Scheme; participation in a wide range of both programmed and ad hoc workshops, seminars, etc.

Staffing and resources

Professional Counselling Staff

In 2018/19 the Counselling Service employed: 12.87 FTE Counsellors (excluding sessional counsellors) and a 0.2 FTE Medical Consultant (Psychiatrist).

The Counselling Service operates under the 'Ethical Framework' of the BACP.

During 2018/19 the service received additional funding to cover the cost of the on-site college counsellors equivalent to 1.2FTE. The service also received funding from the Peer Support which 'bought out' time from counsellors delivering Peer Support training and supervision. The service also received funds from MWBHE as an agreed amount to cover for the work the Head of Counselling did in his role as Chair of MWBHE. These funds were used to employ 5 'Sessional Counsellors' on temporary contracts. At the end of 2018/19 we consolidated this additional funding to create a number of fixed term posts, and carried out a recruitment exercise to fill these.

Streamlined Management

During 2018-19 one of the service Deputy Heads left the service. This allowed for a reconfiguration of the management structure reducing from three Deputy Heads to two, reducing total service management FTEs from 3.4 FTE to 2.8 FTE and allowing savings to be used for more direct counselling hours.

Staff Development

An important focus this year has been on staff development and knowledge sharing. Where appropriate, we have brought in outside experts to train our team. For example, we brought in Gendered Intelligence to provide training in support of our work with Trans, gender diverse and gender questioning clients. This was a substantial commitment by the service not only in terms of training cost but also in terms of staff time: training was offered to all members of the counselling team, as well as mental health mentors from DAS, over a 2 day period. Also, this year, we established new formal and informal mechanisms for sharing expertise between clinicians, for example dedicating 3 staff meetings per term to intensive staff knowledge sharing sessions on individual topics.

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. 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 established, we secured funding to train two further members of staff in 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 2018/19, we had 5 Associate Counsellors who worked with 53 clients, offering an average of 13 sessions per client for a total of 677 sessions.

Students accessing the service

Demand for Counselling

In 2018/19 a total of 2,958 individual students attended counselling, comprising 2,572 students seen at Worcester Street and 386 seen in colleges as part of the On-Site Counsellor (OSC) Scheme. This compares with 2,681 students seen in total in 2017/18, with 2,452 students seen at the central service and 229 students seen in colleges. The proportion of the total Oxford student body accessing counselling rose nearly a full percentage point, from 11.2% of all Oxford students to 12.1% of all Oxford students.

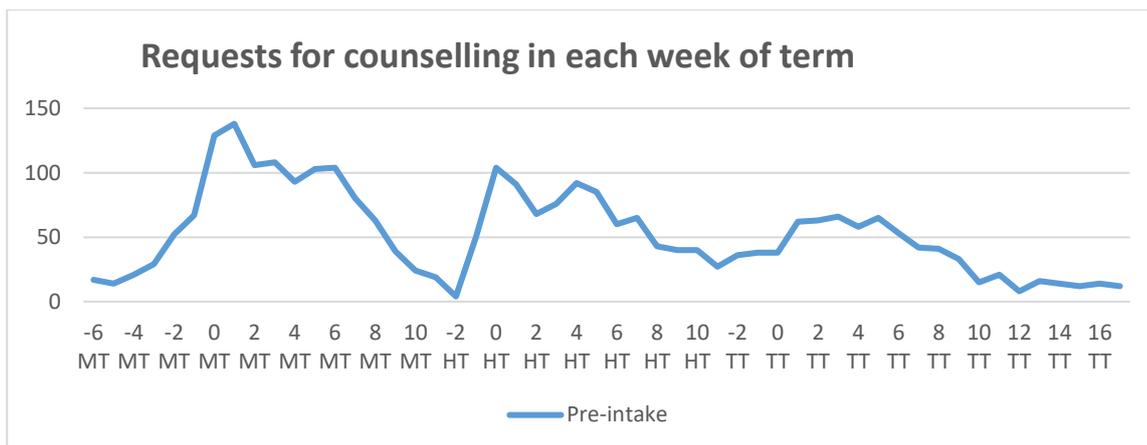


Seasonality & workflow

There have been some changes in the pattern of demand for counselling. With more students resident in Oxford during vacation periods, an increasing number of students are requesting counselling appointments outside term, and in particular in the period just prior to the start of Michaelmas and Hilary terms.

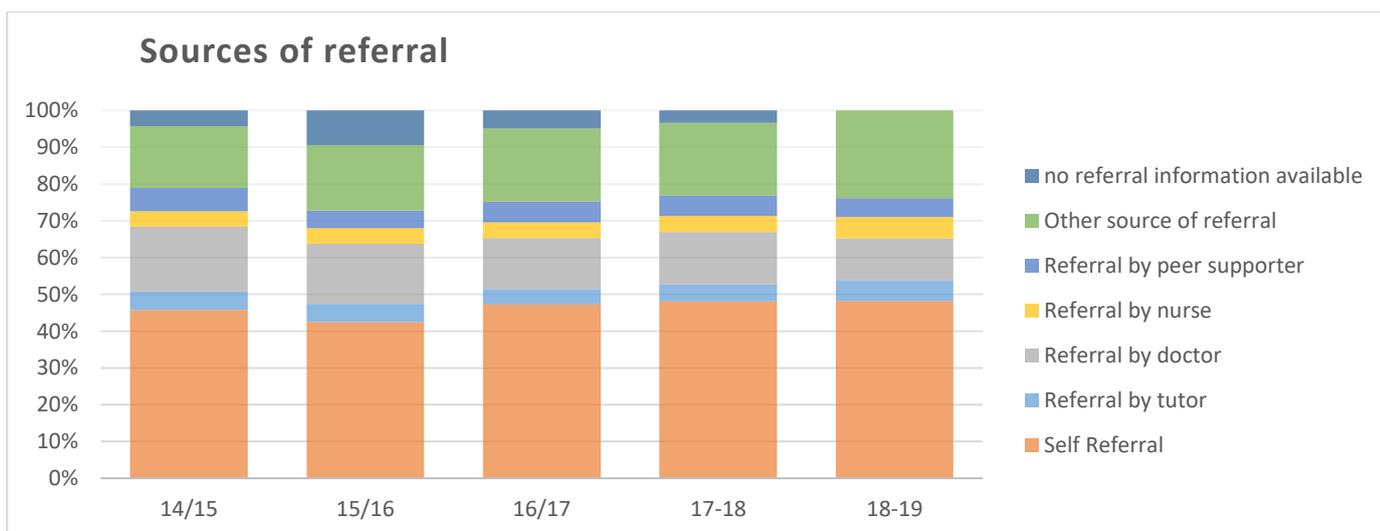
This created some problems in 2018/19, as the service faced substantial demand at points of the year when term-time-only staff had not yet resumed work. We started both Michaelmas and Hilary Terms with a significant backlog of students waiting for appointments, leading to excessive waiting times even at the beginning of term.

At the time of writing, we have addressed this issue by arranging for some term-time-only staff to start work in -2 and -1 week rather than in 0th week. In addition one staff member has moved from a term-time-only contract to a year-round contract.



Referrals

Nearly all students self-refer, but they are given the opportunity to indicate whether they are coming at anyone else’s suggestion and if so whose. An increasing proportion of students tells us that counselling was suggested by someone other than doctor, nurse, tutor or peer supporter (the four referral sources named on the form completed by students). We believe that ‘other’ is accounted for mainly by parents and friends, and will track these referral sources in future years.

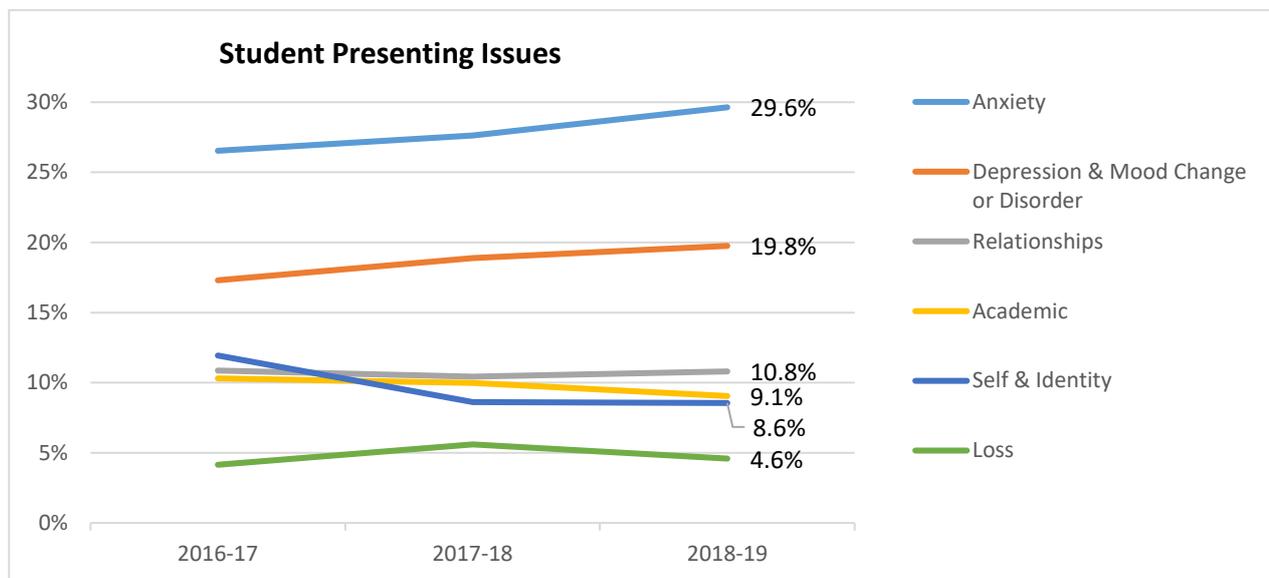


Presenting issues

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 82.4% of cases in the current year. The remaining 17.6% of cases are spread across a further nine categories of the AUCC model.

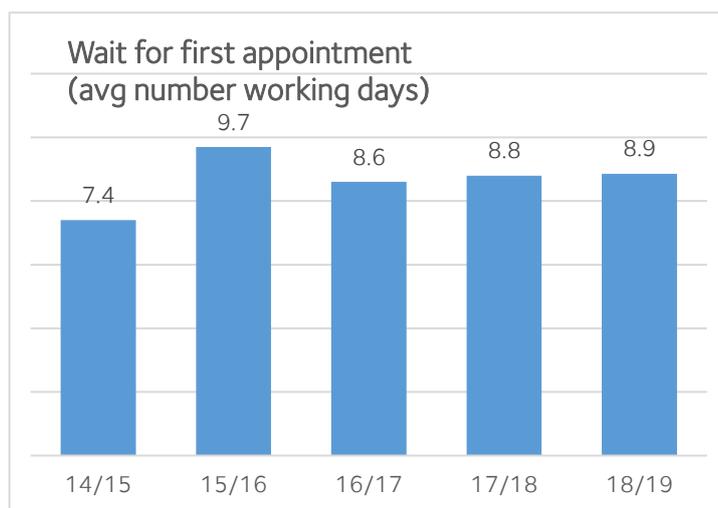
Anxiety, which has always been the largest single category of presenting issue, was identified as the presenting issue for an even greater proportion of students.



Although the AUCC categorisation was a step forward when introduced in 1997, it has significant limitations, and we hope to replace it with a more informative set of categories.

Waiting times

The average waiting time for initial appointments increased slightly in 2018-19, from 8.8 to 8.9 working days. We believe that some of this increase is explained by the seasonality and workflow issue described above. In addition to this, a greater proportion of students are contacting during vacation periods, some weeks before the start of term, wishing to arrange a start-of-term appointment well in advance. Because of the way data is captured, such students appear to have 'waited' for the whole period between requesting the appointment and attending the appointment. In future we will record this information differently.

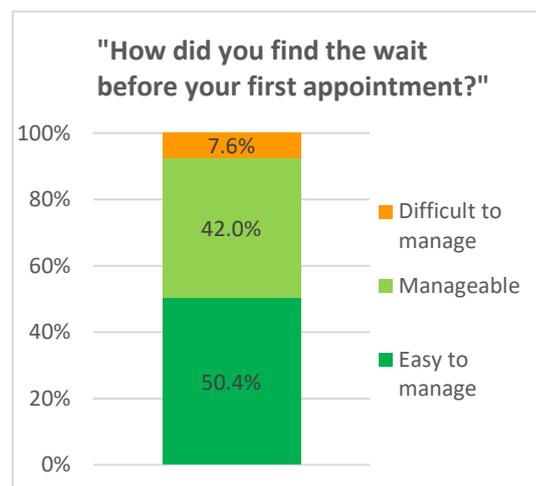
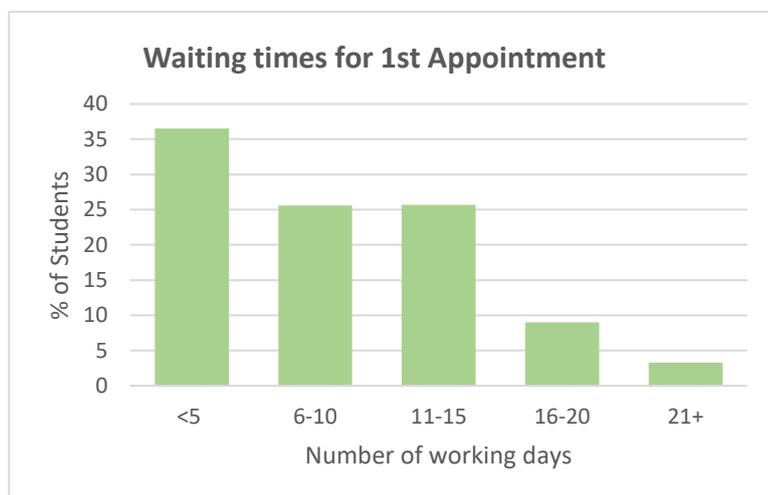


Increasingly, students are giving the service very narrow windows of availability to attend counselling appointments, e.g. specifying that they are only available to attend an appointment in the evening. Such a student might face a wait of weeks even when the next available appointment is a few days away. We have changed the text in the form students complete when making appointments to emphasize the importance of offering as much availability as possible, and hope this will help to prevent this situation arising.

The proportion of students seen within 5 working days decreased slightly from 39.9% in 2017/18 to 36.5%. However, nearly 90% of students were seen within 15 working days of requesting an appointment.

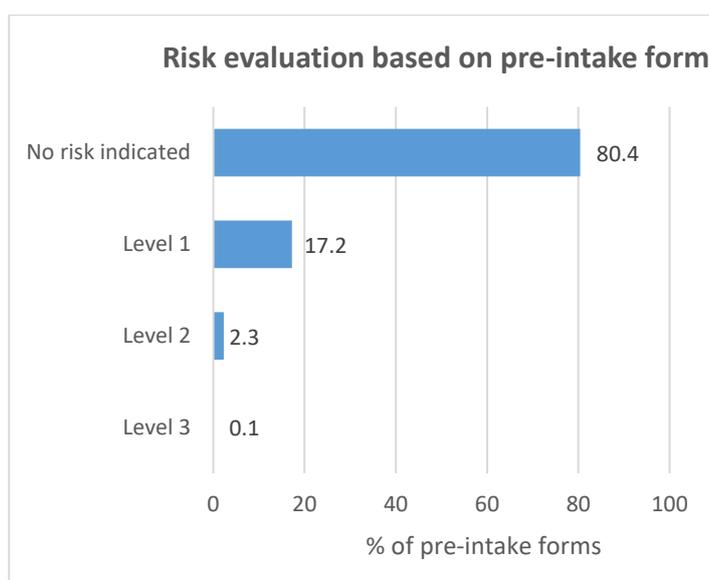
Whilst waiting times depend to some extent on the student’s availability to meet, with academic commitments or vacation periods contributing to longer wait times, the number of students seeking support ahead of MT may be a significant contribution to this.

Although, we would obviously wish students to be seen without delay, a full 92.4% students indicated that they found the way ‘easy to manage’ or ‘manageable’.



Risk

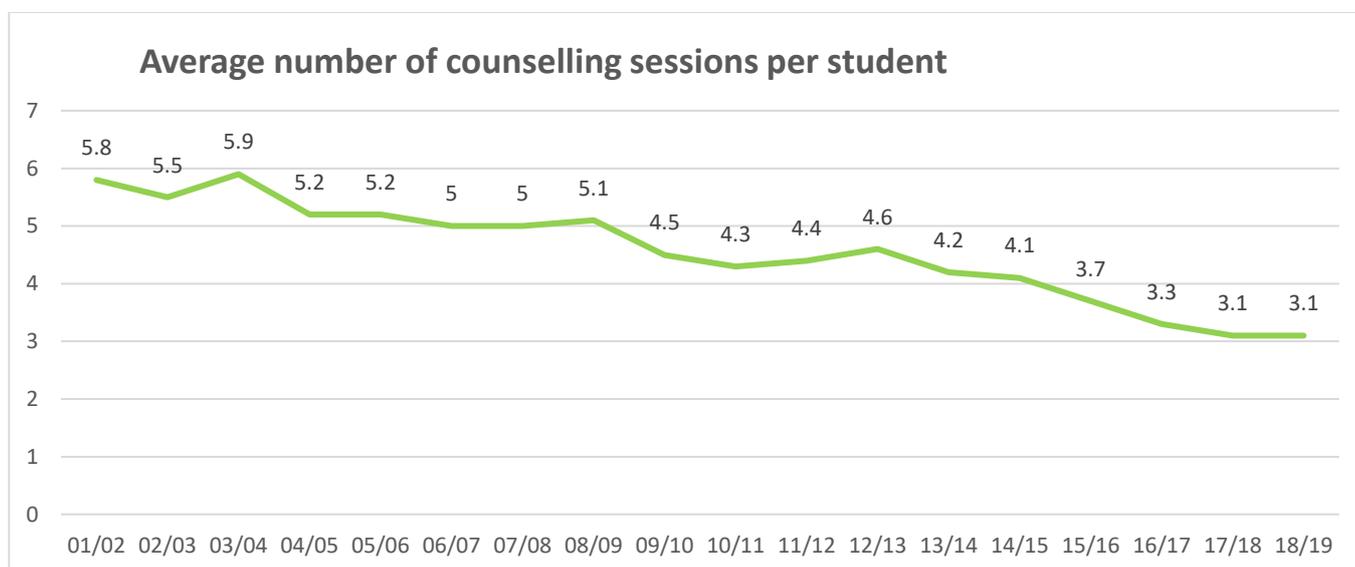
The duty counsellor reviews pre-intake paperwork carefully for an indication that a student may be at risk, as part of the determination of the most appropriate support route for the student, categorising this in the range of 0-3. Students presenting as high and moderate risk are immediately contacted and fast tracked to appropriate medical care. The figures for 18/19 show that 80.4% had no indication or zero risk. 17.9% as low level risk and 2.4% moderate to high risk which needed immediate action.



Individual counselling

Average number of sessions

We are concerned about the long-term erosion in the average number of sessions offered to students. This year, it remained at the same (all-time low) level as last year: 3.1 sessions per student.



It should be noted that the average of 3.1 sessions does not mean all students have 3 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.

Even when the average number of sessions was between 4.5, this model worked extremely well. In effect, it was a form of 'stepped care' whereby the needs of different student groups were differentiated and responded to accordingly. Students who were functioning reasonably well would receive one or two consultation sessions, then be discharged having been made aware of self-help materials, groups or workshops, or other sources of support. This generally left sufficient resource to work in more depth with remaining students. But with average sessions now around 3, some students are sent away prematurely. Even so, there is not sufficient resource to meet the needs of the remaining students.

A further difficulty is that the counselling service is increasingly relied upon to provide support to students who have mental health problems requiring medical treatment within the NHS and/or mentoring within the Disability Advisory Service, but who are struggling to cope while they wait for treatment and support to be put in place. Given significant delays in accessing NHS services, counsellors often have little choice but to remain engaged in providing students with support even where there is no expectation that counselling will provide the resolution of the student's difficulty and other intervention is clearly warranted. During periods of heavy demand on the DAS, there can be significant delays in assigning mentors to students with diagnosed long-term mental health conditions. In this circumstance, counsellors provide 'bridging' support. Even when treatment is being received elsewhere, this is generally focused on the student's medical needs; many require counselling support to manage academic, social and/or practical implications of their mental health difficulties. Other students require counselling support for a decision regarding suspension.

There is increasing evidence that we are now under-serving some students, sending them away without having had adequate time to make secure progress. This is reflected in greater numbers of students returning to the service seeking supplementary sessions. Also, anecdotally, more students than in previous years are seeking support from other sources, e.g. requesting that their colleges fund counselling with private practitioners. This is concerning, not only because of the resulting inequity of provision, but because brief counselling within a university service where there is deep specialist expertise in working with adolescents specifically in a university context is in our view a much more powerful and effective intervention than available alternatives.

The distribution of number of sessions

The distribution of number of sessions is as shown here:

Counselling sessions	2017-18		2018-19	
	Students	%	Students	%
1	790	31.4	770	30.6
2 - 3	1,006	41.6	1,046	41.6
4 - 6	487	19.5	490	19.5
7+	231	8.4	211	8.4

Groups and Workshops

In 2018/19 we offered a programme of 18 Groups and Workshops. This included 10 cross-modality (cognitive-behavioural and psychodynamically informed), structured and semi structured counselling groups, and 8 psychoeducational workshops. This is the largest number of groups and workshops we have offered. Most of our professional staff now contribute to development and delivery of these groups.

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.

Groups	Workshops
CBT for Low Mood	Can't Work Workshop
Anxiety Management Group (ACT-based)	Relaxation Workshop
Mindfulness	Managing Panic
DPhil student open-membership and closed-membership groups	Overcoming Insomnia
Masters student open-agenda group	Finding Your Voice (one-off workshop)
Undergraduate open-agenda group	Perfectionism Workshop
Body Image Group	Exam Anxiety Workshop
Finding Your Voice (multi-session version)	Coping with Doctoral Research

Most groups are offered a number of times during the academic year to accommodate student demand. For the first time in 2018/19 we offered an open-agenda DPhil Student Group in the long vacation, to meet these students' needs at a time when they can otherwise feel very isolated.

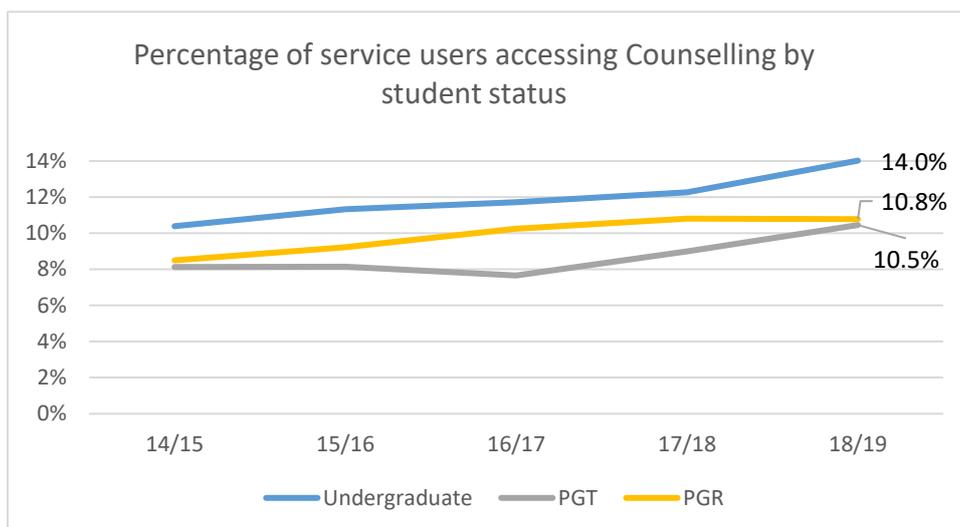
Much thought has been invested into tailoring groups for recurrent presenting problems according to termly variation e.g. exam anxiety workshops at the end of Hilary Term and in early Trinity Term (in preparation for examinations) and staff continue to develop relevant and inspiring themed groups and/or workshops in response to demand and prevalence of a variety of presenting issues.

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.

Demographics

Level of study

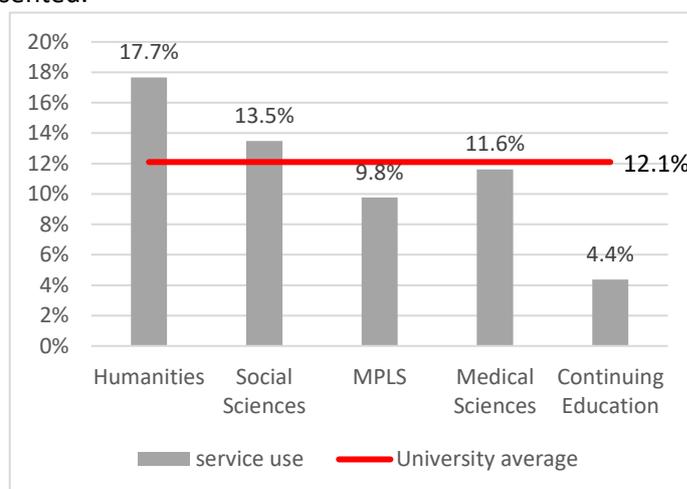
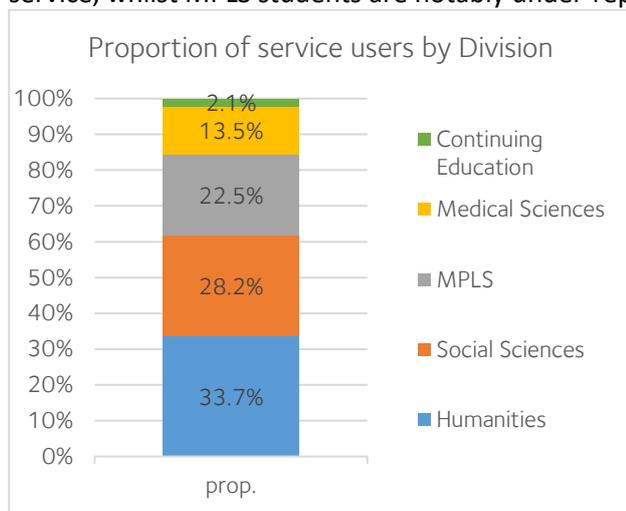
Proportionally a greater percentage of the undergraduate population access the service, 14% compared with 12.1% for the student population as a whole. Amongst graduates, 10.8% of PGR students and 10.5% PGT students access counselling.



On-Site Counselling (OSC) disproportionately attracts demand from undergraduates, so the expansion of OSC is likely to be contributing to this increase. [Note: 71% of students seen by OSCs are undergraduates, whereas at Worcester Street, 50% of students seen are undergraduates.]

Academic Division

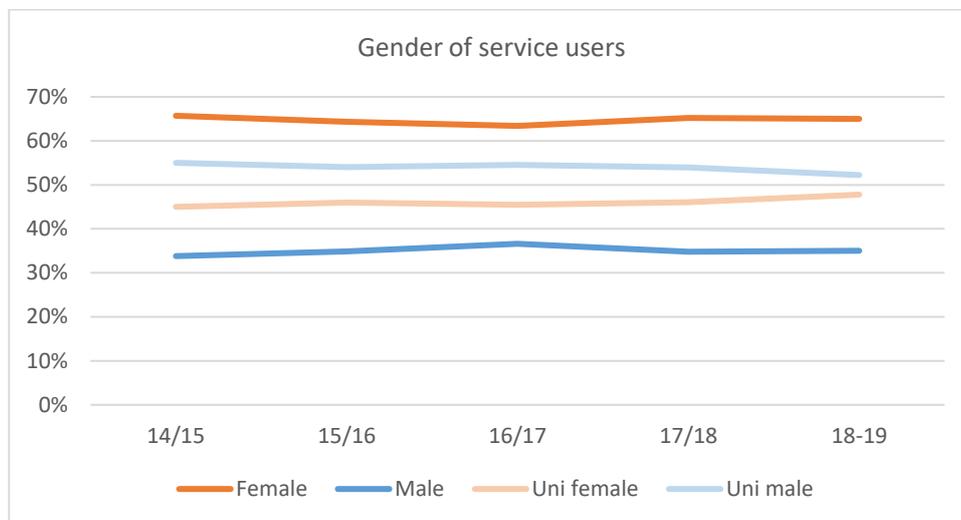
Humanities and Social Sciences students are relatively over-represented amongst users of the counselling service, whilst MPLS students are notably under-represented.



Gender

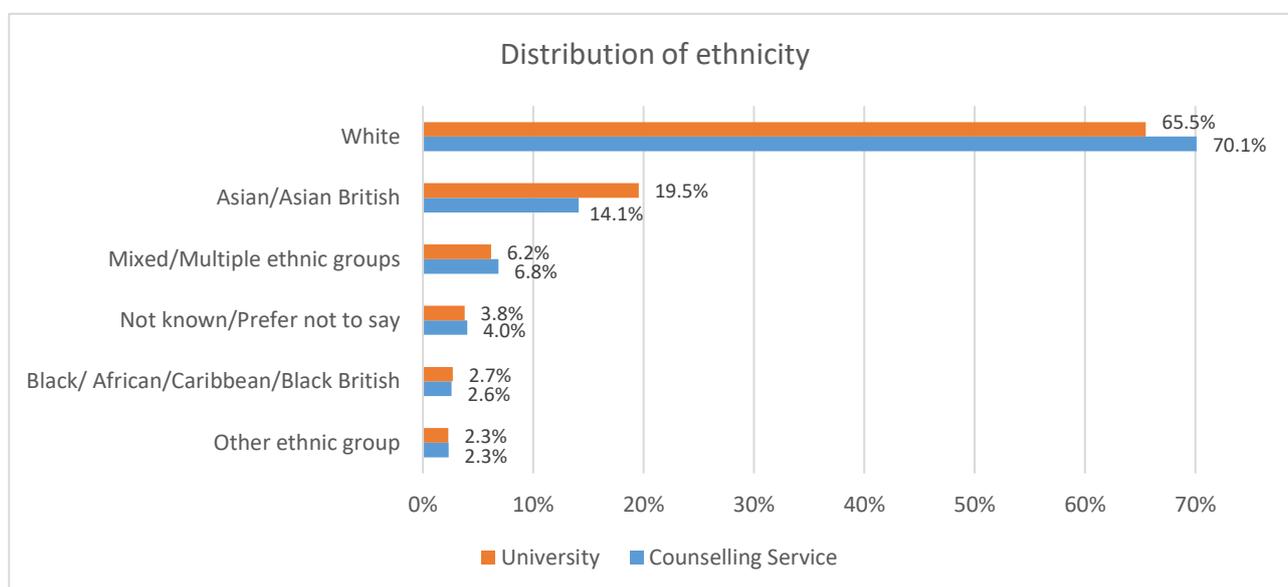
The gender split at the service has remained steady, with 65% female and 35% male users, despite an almost equal representation of male and female students in the total population (48% female and 52% male). Gender representation in our service is in line with services across the HE sector in the UK; however, we are working actively to encourage more male students, and in particular those from science subjects and mathematics, to seek support. The initiatives we have supported to change this imbalance include the Peer Support HEFCE funded PG catalyst project, 'The Good Lad' training workshops, 'Movember' and the student union campaign about men's mental health. The Head of Counselling as well as a male former undergraduate student who had used the counselling service were interviewed on the 'Victoria Derbyshire Programme' on BBC 1 about this subject in August 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 2018/19.]



Ethnicity

Across most ethnic groups the Counselling Service sees a similar proportion of students compared to the general student population, however the proportion of students from China to be slightly lower than might otherwise be expected. This is however an improving figure.



A focus this year has been on Chinese students who make up 8% of the student population, but who are significantly under-represented amongst users of the counselling service. In May/June 2019 Dr Dongsheng Wang, a clinical member of the counselling service at Beijing Normal University, China, came to the service in May/June 2019 on an exchange visit funded via an award from the Equality and Diversity Unit. Dr Wang worked with members of the counselling team to increase awareness and understanding of cultural and psychological issues faced by Chinese students, and to share therapeutic techniques and strategies. Dr Wang also helped the service to strengthen working relationships with Chinese student groups and peer

supporters. This has helped the counselling service in its aim to improve access and support to students from China.

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.

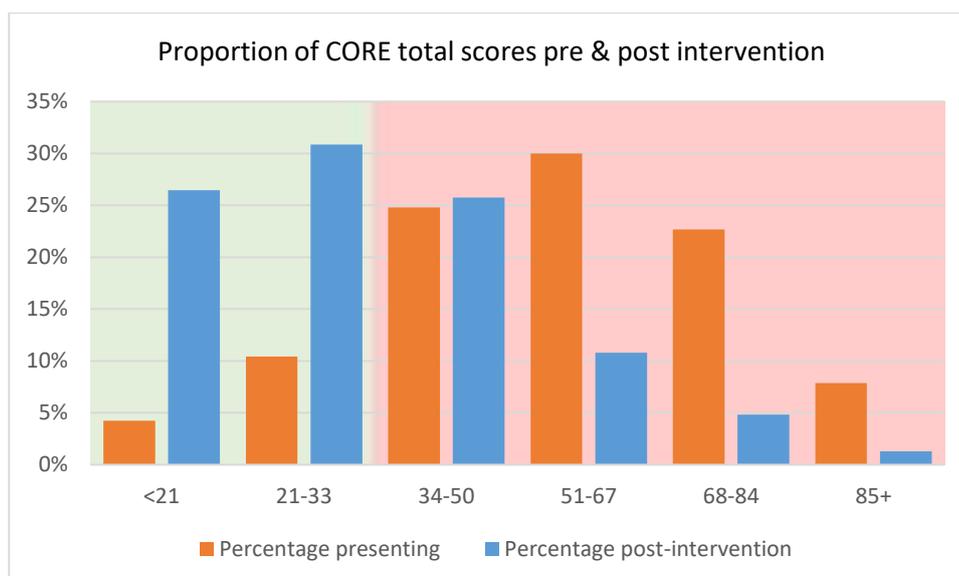
CORE measures psychological distress in four domains: subjective well-being, problems/symptoms, functioning and risk to self or others. It yields a score for each domain and a single overall score. Scores range from 0 to 136, where 0 signifies 'no disturbance' and 136 signifies 'maximum disturbance'. 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

The mean CORE score for students presenting at the start of counselling was 56, whereas the mean score at the conclusion of counselling was 33.8. This shows a mean improvement of 22.2 points. The mean CORE score for the 386 students seen in colleges was 54.3, just below the mean score of those attending the central service. However, there was only a small data set of completed end CORE figures for students seen in colleges. The service will aim to collect a higher number of end CORE for students seen in colleges in future years to give a representative picture of clinical change from pre to post counselling.

	Start mean score	End mean score	Improvement
Wellbeing	8.83	5.36	3.47
Problem	25.62	15.53	10.09
Functioning	19.32	12.04	7.28
Risk	2.20	0.90	1.30
Total	55.97	33.82	22.15

Core Score	Category	Clinical need	Proportion pre intervention	Proportion post intervention
<21	Healthy	Sub-clinical	4.2%	26.5%
21-33	Low distress/disturbance	Sub-clinical	10.4%	30.9%
34-50	Mild distress/disturbance	Clinical	24.8%	25.7%
51-67	Moderate distress/disturbance	Clinical	30.0%	10.8%
68-84	Moderate/severe distress/disturbance	Clinical	22.7%	4.8%
85+	Severe distress/disturbance	Clinical	7.9%	1.3%



The changes from the pre to post CORE score can also be demonstrated in seeing the shift in pre counselling scores of 39.5% scoring as 'Healthy/Low to Mild' levels of distress/disturbance to 83.1% for the same range post counselling. 60.5% of students scored in the 'Moderate to Severe' levels of distress/disturbance and this dropped to 16.9% 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

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 71% response rate (599/844) 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. In 2018/19 they accounted for just 29% of students who had 2 or more sessions.

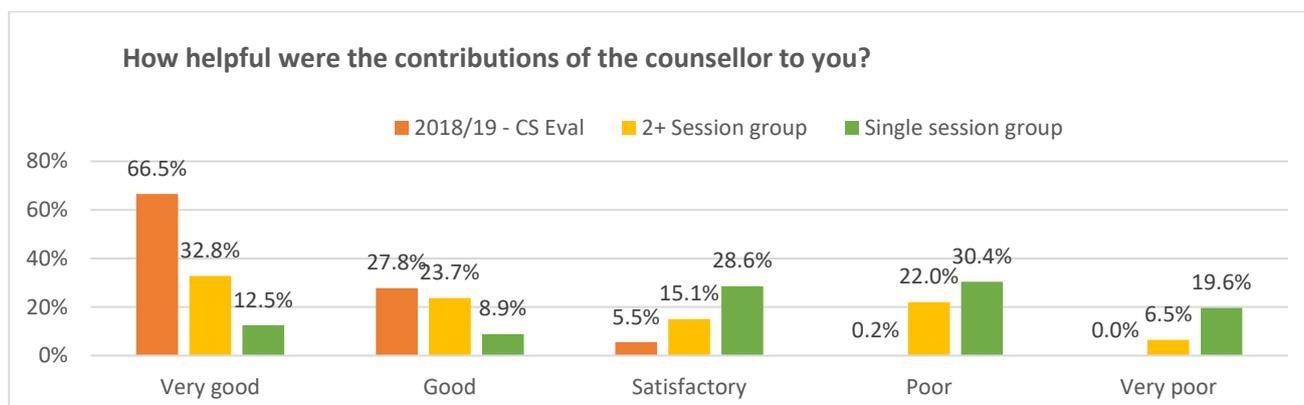
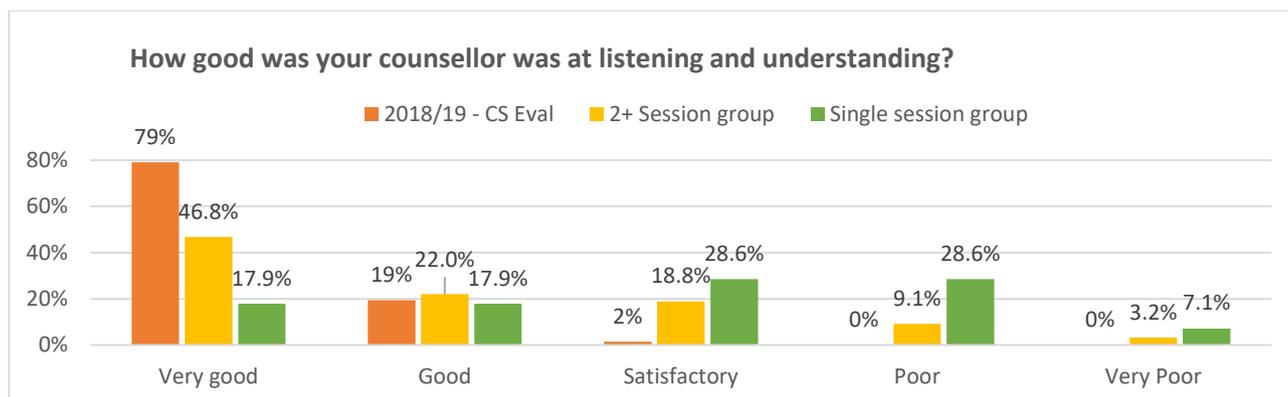
Filling data gaps

It is clearly important that we obtain feedback from other users of our service—those students who have just one session, and those who have 2 or more sessions but not a planned final session. We are considering a number of ways to do this in future. As a first step, we conducted a retrospective survey of students who fell into these categories in 2018/19. Both groups were sent an email invitation to complete an on-line survey. The survey was conducted in December 2019 and January 2020, well into the academic year subsequent to counselling, so it is perhaps unsurprising that response rates were low: in the Single Session group, only 57 of the 523 students contacted responded, yielding a response rate of 11%; in the Two or More Session Group, 187 of the 1,230 students contacted responded, yielding a response rate of 15%. It is possible that students who were unsatisfied with their experiences were more likely to respond.

The aim in future years is to produce a better method to capture feedback from these service users. Perhaps unsurprisingly, the response rates achieved were very low. Results must therefore be treated with caution.

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; 98% said their counsellor was 'good' or 'very good'; 66.5% said their counsellors' contributions were 'very good', rising to 94.1% who said their counsellors' contributions were 'good or very good'. However, results of the other two surveys suggest substantial dissatisfaction. Results for the single-session group were especially negative: only 35% said their counsellor was 'good or very good' at listening and understanding, and only 31.4% rated the contributions of their counsellor as 'good or very good'.

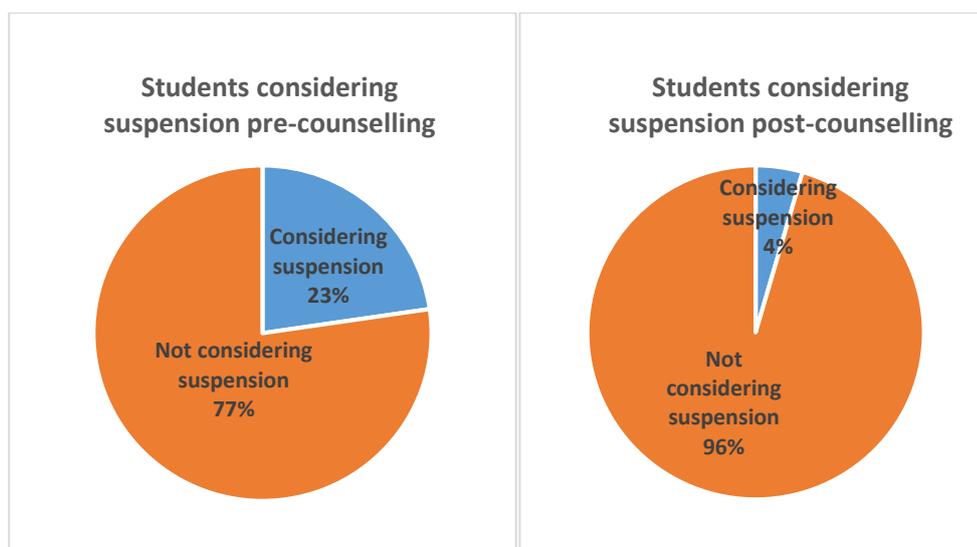


More detailed evidence is available for those students who had a planned final session and completed the CS Survey:

- In rating their overall experience of the counselling service, 67% rated it as 'very good', 28% rated it as 'good' and 5% as satisfactory.
- 86% rated the number of sessions they received as 'about right', 11% rated it as 'too few', 1% as 'too many' and 2% gave no response.
- 22.7% 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 4.5% of students were thinking about suspending or withdrawing.

Impact of counselling on decision to suspend/withdraw

(based on responses to CS Evaluation Survey)



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 3 years with a current total of 11 Colleges retaining a college counsellor. 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 37% (approx. 1/3) of college counsellors offering half day provision and 63% (approx. 2/3) 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, 3 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 counselling at Worcester Street, and also of outcomes. This was not possible in the current academic year.

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 264 new Peer Supporters were trained this year.

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.

Two special Peer Support networks have been established and are functioning well alongside the rest of the programme: Peers of Colour, a network of peer supporters who identify as BAME and make themselves available to students in any college or department specifically seeking support from a BAME peer; and Rainbow Peers, a network of LGBTQ+ peer supporters who are similarly accessible to students in any

college or department. Peer supporters who are part of these networks receive supplementary supervision so that they can respond effectively to the particular issues arising in these roles.

In 2019 Dr. Tim Knowlson took on the role of Peer Support Programme Manager, leading a team of 5 part-time Trainer/Supervisors, all of whom are also members of the counselling team and are qualified counsellors, psychotherapists or psychologists.

In response to the review of the Peer Support Programme completed early in 2018, new ways were developed to engage the Designated Link Persons (DLPs) in colleges and departments. In Michaelmas Term 2018 we held an event for DLPs to meet each other and to help shape the direction of the programme. The event was attended by 15 DLPs and will now be an annual event.

New administrative systems and procedures were introduced, including the AccessPlanit Booking System used by a number of other university departments. This enables the large number of active Peer Supporters to more easily book into supervision sessions, and facilitates more effective tracking of their attendance. Regular supervision is essential to ensure that the Peer Support relationships are safe both for the Peer Supporter and for supported students, so it is important that we can now monitor this accurately.

The Peer Support training has clear relevance to students in other welfare roles (i.e. not only to Peer Supporters). An important focus for the programme has been on adapting the training and making it available to these groups.

- In September 2018, we introduced a Peer Support training tailored to the needs of Junior Deans (covering topics like crisis management, suicide prevention, communication within teams, GDPR and note keeping), training 21 Junior Deans. As some Junior Deans had already completed the standard PS training, there are now between 40 and 50 Junior Deans who have completed the training and attend and attend fortnightly Peer Support supervision.
- We piloted a new 4-hour training for JCR and MCR Welfare Reps, to better equip and support students who take on this often very demanding role, and intend to roll this out in the coming year.

With financial support from HEFCE (now Office for Students/Research England) PG Catalyst Award and the Van Houten Fund, we undertook a major research project to explore the potential for Peer Support amongst graduate students in STEM subjects. Within STEM, the welfare and wellbeing of men is a particular concern: this is a disproportionately vulnerable group with notable reluctance to access support. As part of this project, we developed bespoke Peer Support training for graduate students from STEM subjects and trained 88 graduate students, 51 from the Medical Sciences Division and 3. The project yielded valuable learning about how to engage STEM graduates.

Other service activities

Training Offered

The service continued in providing training sessions to improve awareness, understanding, identify risk, make appropriate referrals and practical strategies to support students in mental distress and difficulties. Seven training sessions were run in academic departments including Law, Geography, Social Sciences, Education and Continuing Education often focussed in supporting the mental health problems of PG students. Over 100 academic departmental staff were trained.

A training session was offered to staff at the Oxford Student Union.

The partnership with CWMT (Charlie Waller Memorial Trust) allowed the service to offer training sessions to identify and support students with mental health difficulties, mainly aimed at for college domestic staff but also administrators, porters and librarians. Six sessions in total were offered by both the Head of Counselling and also Jackie Williams one of the senior trainers from CWMT. In total over 120 college staff were trained.

Dr Ruth Collins facilitated a number of training session 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.

Within the university

One of the Deputy Heads of Service provided substantial input to the Resilience Working Group of the Conference of Colleges Welfare Forum, providing input to the emerging programme of resilience interventions and making specific contributions as follows:

- Attended the 2018 Philadelphia conference of the Academic Resilience Consortium (ARC) in Philadelphia, at which delegates from 250 institutions of higher education and 16 countries exchanged insights and experiences in promoting resilience.
- Gathered a substantial collection of resources on 14 high priority resilience-related topics: Enlightened self-management/self-compassion, Time management, Motivation and procrastination, Priorities/FOMO, Focus and concentration, Stress, Making use of feedback, Perfectionism, Imposter Syndrome, Fixed v. Growth mindset, Coping with setbacks and failures, Strengths and values, Looking after your needs, Building strong relationships, Digital life and digital health, Managing exams and other high-performance situations. These will be made available to the university community via a new website in the coming academic year.
- Collaborated with Computer Science DPhil student Ulrik Lyngs to develop and co-present the innovative Reducing Digital Distraction (ReDD) workshops for undergraduate and graduate students. This was delivered successfully in 4 colleges; the next step is to develop the workshop format so that it can be rolled out on a larger scale and across all colleges.
- Conducted a comprehensive review of apps with particular relevance and usefulness to students and disseminated a list of suggested apps via the counselling service, DAS and college welfare contacts

National and International Contributions

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

- Chair of Heads of University Counselling Services (HUCS). In 2019, led delivery of a HUCS training conference, also open to AMOSSHE members, on 'Duty of Care' (Feb 2019)
- Chair of the MWBHE 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 and hosting a national conference on student wellbeing (March 2019) and secured a new institutional base for MWBHE in Advance HE (previously UUK).
- As representative of HUCS and MWBHE, made several conference presentations and keynote speeches in the UK and China. With counterparts from Cambridge and Edinburgh Universities, he presented a historical view of university counselling at the Association of University and College Counselling Center Directors (AUCCD) Annual Conference in New Orleans (October 2018).

The Head of Counselling **contributed to the founding of the new organisation Chinese/UK University Counselling Association (CUUKA)** and was appointed Co-President of CUUCA Steering Committee, along with Yang Zhenbin from Jilin University. Together with Dr Shidong Wang Director of Oxford Prospects, based at Regent's Park College, the Head of Counselling organised and chaired the first CUUCA conference

held at Merton College (June 2019), attended 30 Chinese and 40 UK counselling/student services delegates, along with members of some Oxford college welfare teams.

The Head of Counselling was a founding member 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. The aims of SCORE are set out in this article: **Barkham, M., Broglia, E., Dufour, G., Fudge, M., Knowles, L., Percy, A., Turner, A., Williams, C., on behalf of SCORE consortium. (2019). Towards an evidence-base for student wellbeing and mental health: Definitions, developmental transitions and data sets. Counselling and Psychotherapy Research: <https://onlinelibrary.wiley.com/doi/full/10.1002/capr.12227>**. Initial results based on data from 6 universities will be published in 2020.

The Head of Counselling took the lead role in writing the section for universities in the updated version of 'Identifying and Preventing Suicide Clusters: a Practical Guide', lead author Professor Keith Hawton, Director of the Centre for Suicide Research at the University of Oxford, Department of Psychiatry, published in September 2019:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf

Forward view

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 further colleges.
- 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, but which has contracted in response to space constraints at 3 Worcester Street.

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 redevelop 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. Particular focus will be to promote awareness and engagement with students from BAME communities, and from the transgender community.

Collaborating for Student Wellbeing

- At the time of writing this report senior members of the Counselling Service and SWSS have been involved in a major exercise joining 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 (OHBC), 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 'step 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 'Steps for Change' 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.

Monitoring

- We will develop more effective instruments to evaluate the substantial volume of single-session 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.