

University Counselling Services in Scotland: Challenges and Perspectives.

Heads of University Counselling Services:
Scotland Group (January 2019)

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EXECUTIVE SUMMARY

This report sets out to provide an overview of the work of Scottish Higher Education counselling services. We make particular reference to the Scottish context, including how increased rates of mental health disability disclosure (Equality Commission Submission to Scottish Parliament 2017/2018), increased rates of self-injurious behaviours (The Scottish Health Survey, 2015) and ongoing high demand for student counselling have been managed by Heads of University Counselling Services in Scotland. We will show that, in line with wider national trends, there has been a sharp increase in the number of students requesting counselling and experiencing mental health crisis at universities, in Scotland in the past decade. We will demonstrate how Scottish University counselling services have responded to these demands by broadening support provision and devising internal systems to assess and manage risk, whilst also seeking improved onward referral routes. We also make recommendations for the future of University Counselling Services in Scotland.

BACKGROUND OF HEADS OF UNIVERSITY COUNSELLING SERVICES SCOTLAND

Heads of University Counselling Services Scotland (HUCS Scotland) is an affiliated group of the Heads of University Counselling Services (HUCS) a Special Interest Group (SIG) of the *British Association for Counselling and Psychotherapy Universities and Colleges Division (BACP UC)* and is currently made up of 15 Heads of Service, or Lead Counsellors, from Scottish HEI Counselling Services. All members are highly experienced clinicians who lead (or are part of) multi-disciplinary teams who formulate and implement tailored one to one counselling interventions, deliver preventative programmes, liaise with statutory services, and provide consultation to university colleagues. HUCSS provides a forum in which leaders of HE counselling services can share information, concerns and trends in counselling in HE within the distinctive Scottish context. A representative from HUCSS attends meetings of the Scottish Government Cross Party Group on Mental Health. HUCSS also collaborates with student services organisations such as Association of Managers of Student Services in Higher Education (*AMOSSHE*), *Heads of University Counselling Services (HUCS UK)*, *The Disability Practitioners Network*, *University Mental Health Advisers Network* and *Mental Wellbeing in Higher Education Working Group (MWBHE)* on issues relating to student mental health.

1. INTRODUCTION

Almost a decade ago the Heads of University Counselling Services Scotland (HUCSS) produced *Helping Students to a Greater Degree (2009)*, a significant report which recognised the increasing demands being placed on Scottish university counselling services. Since then the topic of student mental health has received much attention as the numbers of students requesting counselling from their universities continues to grow (Broglia et al., 2018). This surge in demand has not been limited to Scotland but has been demonstrated to be UK wide. Multiple theories have been put forward explain this, and include claims that ‘helicopter parenting’ has resulted in neurotic millennials and ‘overburdened college campuses’ (Odenweller et al., 2014), that social media use is resulting in declining wellbeing (Kross et al., 2015) or that a greater awareness of services and stigma reduction campaigns, such as See Me in Scotland, has made it easier for students to ask for help (See Me So Far Report, 2005). While the exact cause remains unclear, we do know that approximately 50% of Scottish young people are now entering higher education (Scottish Government, 2003) and that the median age of university students overlaps with the lowest wellbeing scores (per age group) in Scotland (Scottish Health Survey, 2015).

We can conclude therefore that there are increased rates of mental illness in our young people, that many of these young people are attending our universities. As managers of University Counselling Services we have a duty to respond to this.

2. OVERVIEW

The emergence of increased rates of suicide and mental ill health in our student populations has been examined by The Higher Education Policy Institute - *The Invisible Problem, Improving Students Mental Health* (Brown, 2016), Universities UK - *Student Mental Wellbeing in Higher Education* (2015) and the Institute for Public Policy Research - *Not by Degrees* (Thorley, 2017). The NUS has surveyed students and found high levels of mental distress in student populations both in Scotland (Silently Stressed, 2010) and in the UK as a whole (NUS, Mental health poll 2015).

In addition to this there have been regular reports in the UK and Scottish press on the topic of student mental health. This includes articles with headlines such as ‘Top of the list of student demands: not lower fees, but more counselling’ (*The Guardian*, May 2015), ‘47% increase in students seeking help for mental ill-health’ (*The Herald*, May 2016) ‘University mental health services under strain as demand rises by 50%’ (*The Guardian*, Sept 2016). Most recently the BBC reported on the ‘High rise in students in Scotland seeking mental health support’ (*BBC*, October 2018). Using figures obtained by FOI requests they demonstrated that number of university students in Scotland seeking support for mental health issues has increased by two thirds in the past 5 years. This rapid increase in demand has been tracked closely by the HUCSS group, and a breakdown of service use figures for the past 10 years, along with percentage increases, can be found on table 5 of this report. HUCSS members believe that they have been responsive to this shift in demand for counselling, juggling their resources to reach as many students as possible and innovating novel approaches to promote and maintain positive wellbeing on campus. Despite this, demand for counselling continues to grow. We therefore welcome the Scottish Government’s recent pledge to invest in student

mental health (The Scottish Government, September 2018) and the work of Universities UK, among others, to improve partnership working between Universities, Health and Voluntary sectors.

3. EFFECTIVENESS OF UNIVERSITY COUNSELLING SERVICES

It is now widely acknowledged that embedded University Counselling Services are an effective means of ameliorating mental distress. Connell et al. (2008) used data from seven UK student counselling services to determine that a high percentage of students attending counselling (who completed counselling/had a planned ending) showed a reliable and clinically significant improvement. In fact, the authors demonstrated that student counselling service client outcomes were consistent with those found in NHS psychotherapy services. A number of other studies have supported these claims, Murray et al. (2016) for example, analysed information on therapeutic outcome measures [Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM)] for 305 individuals attending a large Scottish university counselling service and found that there was a statistically significant improvement in outcome scores following counselling intervention. Additionally, of those who began with a score in the clinical range, 49% showed a clinically significant change. In addition to evidence of student counselling reducing clinical distress, other studies have demonstrated how embedded counselling provision helps students to achieve their academic and personal goals. In 2012 a study carried out by the British Association for Counselling and Psychotherapy, of which HUCS Scotland is an affiliated special interest group, researchers analysed data from over 5,000 students from 65 different universities and FE colleges across England, Scotland and Wales and found that 75% of students who completed counselling found that counselling; helped them *'stay at university or college, improved their academic achievement, improved their overall experience of being a student and helped them develop employability skills'* (Wallace, 2012). Embedded counselling provision helps the institution to reduce clinical distress in its student populations, while also helping the institution to achieve its strategic goals by improving student retention and academic progression (McKenzie, 2015) and also enhancing student resilience, personal development and the overall student experience (Wallace, 2014). We believe that the role of University Counselling Services in treating psychological distress and promoting wellbeing on Scottish University Campuses and has never been more crucial.

4. ROLE OF GOVERNMENT

The Scottish Government have stated their ambitions for Scottish University and College campuses to be *'transformative places where students not only achieve academically but flourish, and where their well-being is supported and nurtured.'* (The Scottish Government, Scottish Funding Council Letter for Guidance, April 2018) The current administration has acknowledged that University *'students face unique challenges, stresses and difficulties which can contribute to mental health issues'* (The Herald, 2016) and in recent months have announced their intentions to make significant investment into student mental health which will take the form of continued commitment to the NUS Think Positive Project, and in investment in additional counsellors in HE and FE.

4.1 THINK POSITIVE

Over the past six years the Government has funded *Think Positive* a student mental health project run by NUS Scotland. Think Positive aims to ‘improve student mental wellbeing and tackle the stigma attached to mental ill health’. The project’s activities are actioned through *Student Mental Health Agreements*, a series of commitments (individually tailored by each university) which aim to cover both strategic and practical plans to improve how the University and students’ association work together to improve the mental wellbeing of their student body. Since its inception the *Think Positive* project has been widely supported by HUCSS, whose members often work very closely with Student Associations (on behalf of the university) in the development and implementation of Mental Health Agreements. Unfortunately our experience of Think Positive impact is that it can be highly variable. To date the success of a University’s Mental Health Agreements has perhaps been too dependent on endorsement from sabbatical officers, who are only ever employed on a temporary basis. In reality this means that excellent work, and positive momentum, can disappear as sabbatical officer’s tenure finishes. We strongly support the Scottish Funding Council’s recent recommendation that institutions ‘actively “own” the commitments within their mental health strategy and put in place governance procedures to ensure that these commitments are monitored, progressed and achieved’ (The Scottish Funding Council Outcome Agreement Guidance November 2018).

Current grant funding by the Scottish Government for the NUS Think Positive initiative is on a 3 year cycle has been is as follows (figures obtained following FOI request, Sept 2017) (Table 1).

Cycle	Year	Funding
1	2011-12	£27,000
1	2012-13	£57,313
1	2013-14	£58,068
2	2015-16	£36,469
2	2016-17	£33,647
2	2017-18	£30,283
	Total	£242,780

Table 1. Scottish Government Funding for Think Positive Project.

In March of this year the Scottish Government confirmed their commitment to Think Positive by pledging an additional £250,000 funding to NUS Scotland to support Think Positive for a further 3 years. HUCSS hope to be able to continue to work with the NUS to ensure that Think Positive is delivered in a way that meets the needs of Scottish students, and that the campaigns, resources and training programmes stay in place long after individual sabbatical officers have moved on.

4.2 ADDITIONAL MENTAL HEALTH COUNSELLORS

The First Minister, in her Programme for Government announced plans to fund 80 additional mental health counsellors in colleges and universities over the next three years. This pledge has been warmly welcomed by the Heads of University Counselling Services in Scotland. As have the recommendations made by the Scottish Funding Council to government that a Student Mental Health working group be established (to oversee progress in MH, as is required by the SFC's Outcome Agreements. Furthermore, we strongly support the Scottish Government's plans to improve the mechanisms of recording the mental health (and its impact) on Scottish University students. We believe that as experts in mental health in university settings The Heads of University Counselling Services Scotland should be considered a key stakeholder in this process and consulted and involved accordingly.

5. SCOTTISH TRENDS

5.1 ACTIVITIES

Owing to the diversity in local priorities, student populations and geographical locations there is inevitable variation in the range of activities that each University Counselling Service provides. All HUCSS member services provide psychological assessments, and tailored one to one counselling interventions, to at risk and distressed students. As embedded services we are also involved in the creation of mental health strategies, policies and action plans, delivery of training to frontline staff in mental health awareness, the management of critical incidents and case management of complex cases (which may involve close partnership working with external services such as the police, social work and psychiatry). These activities are summarised in Figure 1.

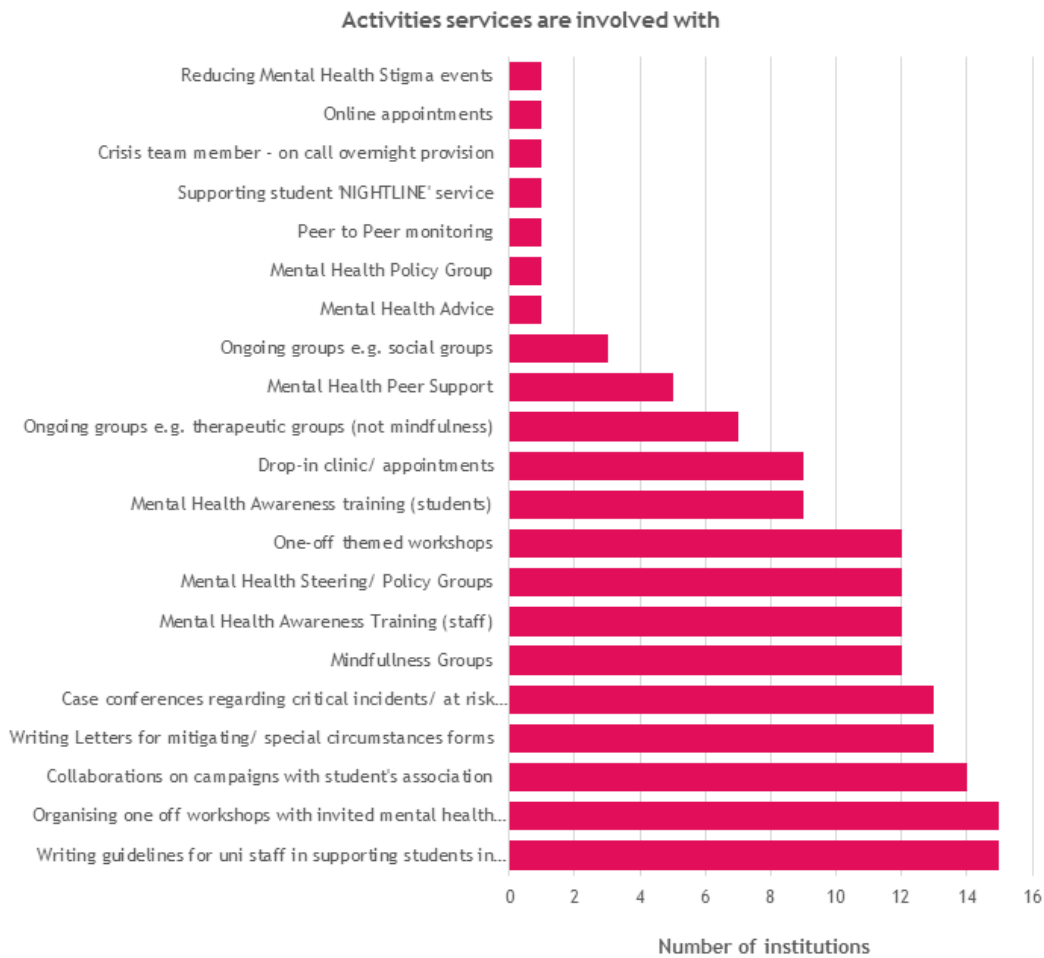


Figure 1. Range of internal activities

Most University Counselling Services in Scotland also offer a range of therapeutic modalities including person-centred counselling and cognitive behavioural therapy. Some services have expanded this offering to include Solution Focused Brief Therapy (SFBT), Eye Movement Desensitisation and Reprocessing (EMDR), Emotion Focused Therapy, Psychodynamic Psychotherapy and mindfulness-based interventions (Annual HUCS Survey, 2017). Table 2 breaks down our activities into three main groupings; universal preventative and focused.

Universal (whole university community)	Preventative (whole student community)	Focused (students requesting counselling/support)
Bespoke staff training to help university staff identify and support students in distress.	Wellbeing seminars and workshops e.g. mental health awareness training workshops for staff/students	Individual Counselling (Person Centred, CBT, Solution focused, Psychodynamic, EFT, EMDR)
Responding to critical incidents e.g. student at risk of self-harm or suicide.	Collaboration with Student Unions on stigma reduction/wellbeing campaigns	Triage and mental health assessment including referral to external services where appropriate.
Membership of fitness to study, fitness to practice groups.	Embedded programmes in academic courses.	Online support e.g. online counselling, Big White Wall, Living Life to the Full.
Membership of mental health steering, policy groups.	Self-help information and online resources.	Clinical groups e.g. overcoming depression, managing anxiety, mindfulness based groups.
Peer-mentoring programmes	Exercise referral schemes	One off psychoeducational workshops e.g. overcoming procrastination

Table 2. Scottish University Counselling Services Activities

5.2 RATIOS, COUNSELLORS TO STUDENTS

Whilst it is not the purpose of this paper to speculate about individual service provision, it is important to note the overall numbers of counsellors and psychotherapists employed within Scottish Institutions and the variation between the ratios between Institutions. This is shown in Table 3 below.

<i>Institution</i>	Counsellors: total student population
<i>University of Edinburgh</i>	1:2581
<i>Royal Conservatoire of Scotland</i>	1:1123
<i>Queen Margaret University</i>	1:5000
<i>The Glasgow School of Art</i>	1:1614
<i>University of Aberdeen</i>	1:2498
<i>Heriot Watt University</i>	1:2264
<i>Abertay University</i>	1:1710
<i>Glasgow Caledonian University</i>	1:4839
<i>Robert Gordon University</i>	1:8799
<i>University of the West of Scotland</i>	1:6013
<i>University of Glasgow</i>	1:2049
<i>University of the Highlands and Islands</i>	1:2606
<i>University of Dundee</i>	1:6800
<i>University of St Andrews</i>	1:3254
<i>Edinburgh Napier University</i>	1:6364

Table 3. Ratio of counsellors/psychotherapists to students, per institution

5.3 MENTAL HEALTH DISCLOSURES

More students studying at Scottish universities than ever are declaring a mental health condition to their University. HESA figures show that students disclosing mental health conditions now account for 15 percent of all student disability disclosures in Scotland - at 2,910, up from 7.7 per cent in 2009/10 (making it the second biggest disclosure category) (Universities Scotland submission to Equalities and Human Rights Committee (2015). This means that in period between 2009 (the time of the publication of *Helping Students to a Greater Degree*) and 2014 there has been a 170% increase in the number of students disclosing a mental health condition in Scotland. The number of students in Scotland requiring

support/adjustments for mental health disability therefore nearly tripled in this five year period (Table 4).

Year	2009	2014	% Increase
Total students	151,000	183,000	21%
Disabled	13900 (9.2%)	19200 (10.5%)	38%
Mental Health Disability	1070 (0.7%)	2910 (1.6%)	171%

Table 4. Numbers of students studying in Scotland, including numbers of disability and mental health disability disclosures.

Trends would suggest that this is likely to be an under-representation of the actual numbers of university students living with mental illness or distress as many students choose not to formally disclose mental health concerns to their University. Furthermore, data limitations (students who have ‘two or more conditions’ one of which is a mental health condition are not being counted in the overall mental health disability figures) means that the actual number of mental health disclosures is likely to be higher than reported. Furthermore, the Scottish Funding Council recently reported that mental health impacts on outcomes of students more than any other disability type (The Scottish Funding Council, 2018). We can therefore conclude that there has been a significant increase in the number of students in Scotland who are formally communicating to their Universities that they have a mental health condition, and Scottish Universities have an obligation to respond to this with support and adjustments (Equality Act, 2010)

5.4 MENTAL HEALTH ADVISORS AND MENTORS

Many Scottish Universities are now employing mental health advisors and mentors in order to support students whose mental ill health is impacting on their ability to attend study, or function in day to day living. Figure 2 below shows the number of Scottish Institutions currently employing mental health advisors and mental health mentors. There is currently a high degree of variation within the sector regarding the role, qualifications and funding (in many cases it is through DSA) of these staff members.

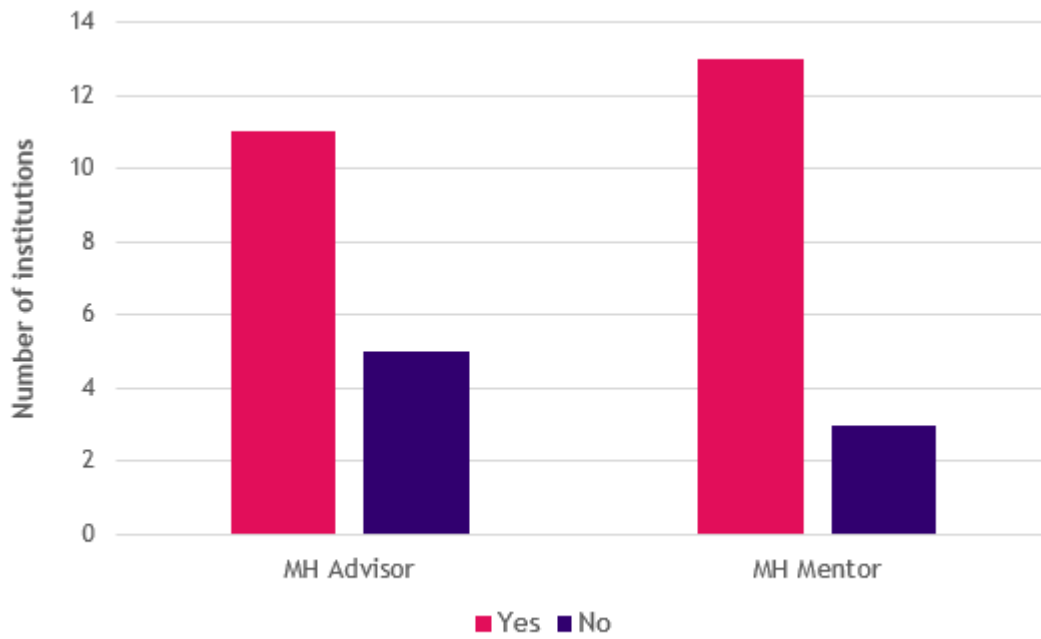


Figure 2. Number of institutions who employ specialist mental health advisors/mentors.

5.5 INCREASE IN DEMAND FOR COUNSELLING SERVICES

With this background of increased disclosures, it is not surprising that university counselling services in Scotland have witnessed soaring demand for their services in the past 9 years (Table 5). In fact, at many Scottish Universities the increased demand for counselling outstrips the increase in formal mental health disclosures.

Institution	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	% change (increase)
University of Glasgow	513	694	901	1145	1333	1653	1866	2093	2330	354%
University of West of Scotland	110	154	182	233	246	237	250	309	250	127%
Heriot Watt University	225	265	320	396	416	442	515	653	763	239%
University of Aberdeen	380	496	569	645	650	634	657	758	890	134%
University of St Andrews	613	669	776	918	938	856	736	733	992	62%
University of Edinburgh	905	926	958	1307	1492	1778	2053	2863	3002	232%
University of Dundee	410	429	470	573	595	638	711	712	824	200%
Abertay University	204	184	232	278	312	334	356	358	369	80%
Queen Margaret University	200	206	207	210	224	228	N/A	N/A	380	90%
Glasgow Caledonian University	300	335	283	306	395	494	564	629	661	120%
University of Highlands and Islands	138	137	157	121	122	164	191	208	273	98%
Edinburgh Napier University	268	237	198	231	291	336	347	460	442	60%
Glasgow School of Art	123	159	215	152	152	138	207	287	302	146%
Royal Conservatoire of Scotland	44	45	53	50	58	59	91	95	92	110%
Robert Gordon University	Not available	Not available	Not available	Not available	Not available	Not available	340	346	347	2%
Total number of students	**3	** 4936	**5521	**6559	** 7224	**7991	*8927	*10521	11957	170%

Table 5. Numbers of Students requesting counselling 2008/09 – 2016/17

* data from QMU 2014-2016 unavailable ** data from Robert Gordon 2008-2014 unavailable.

The variation in service use across the Scottish HE sector may be attributable, at least in part, to the diversity in the student populations. Glasgow, Edinburgh and St Andrews universities for example have a high proportion of international and non-local 'home' students. International students are known to be particularly susceptible to culture shock, loneliness, social isolation and anxiety while at university and non-local 'home' students may have difficulties setting up informal (friends, peers, classmates) or formal (e.g. adult mental health services) support networks.

It is now well known that university students can face unique barriers in establishing consistent mental health support. Examples of distressed students waiting more than a semester for psychological therapy with their local health board only to be unable to engage with services because they have returned to their home address for Christmas or Summer breaks, are unfortunately too common. We know that even students who can anticipate that they will require mental health support while at university (e.g. for an ongoing mood or eating disorder) often tell us that they are unable to get a referral to psychiatric services unless they have moved in to their new (university) area, and formally registered with a G.P. This process can result in unnecessary delays, breaks in treatment and a lack of continuity of care which puts some of our most vulnerable students at risk. Furthermore, it puts extra pressure on limited university resources. We hope to be able to work with the Scottish Government and the NHS on improved referral routes so that our students receive the wrap round care that they deserve.

5.6 PRESENTING PROBLEMS

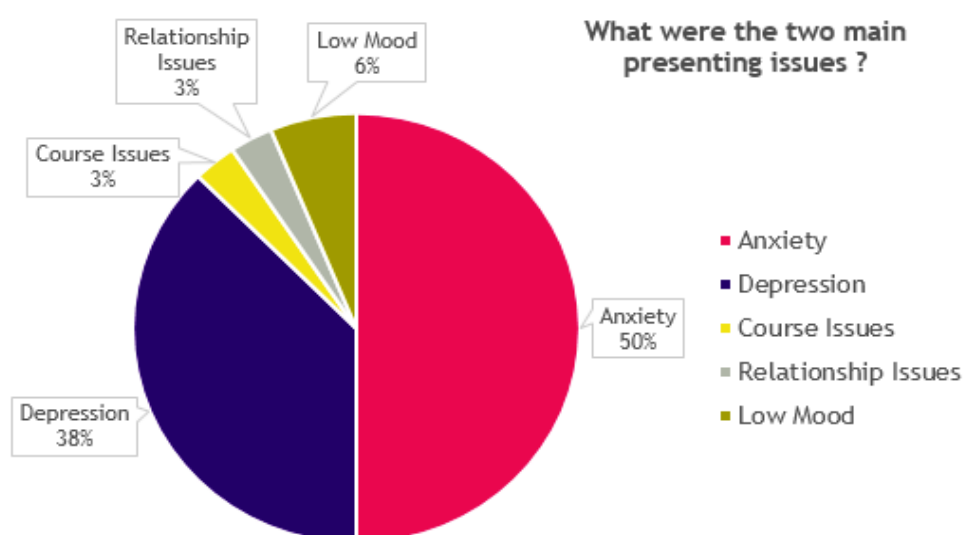


Figure 3. The two main presenting issues recorded by universities counselling services

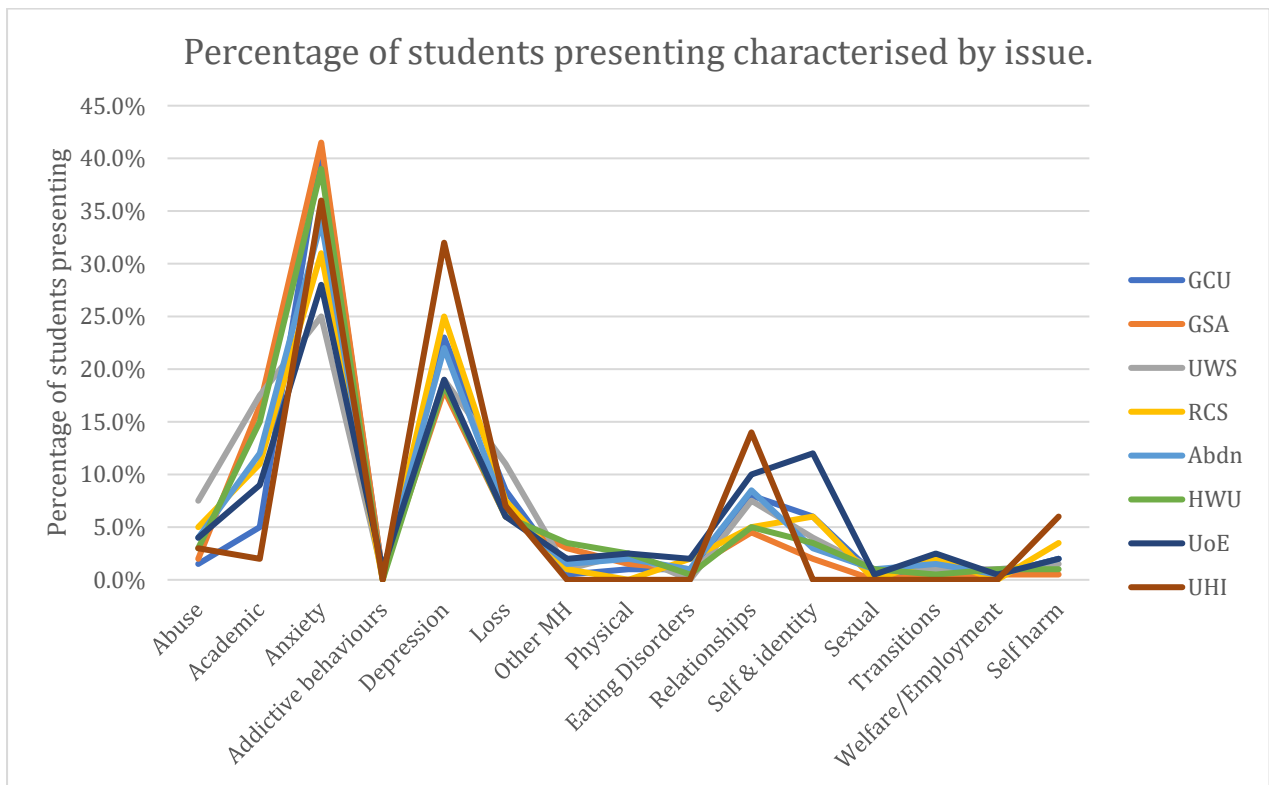


Figure 4. Percentages of students presenting categorised by issue

Scottish HUCS data shows that Depression and Anxiety have remained the main presenting issues at University Counselling Services for over 15 years. Data collated during the Scottish Health Survey (2015) also shows that anxiety and depression are major mental health concerns within the wider Scottish population. In fact anxiety (in women) and depression (in men) can be seen to have significantly increased in Scotland in recent years (Scottish Health Survey, 2015). Furthermore, a new age-related difference in presentation (where a high proportion of the 16-24 age group reported experiencing symptoms of anxiety) suggests that we will continue to see high, and growing, numbers of young people presenting to university counselling services with anxiety and associated conditions.

5.7 SELF - HARM AND SUICIDE

According to the Scottish Health Survey the incidence of self-harming in Scotland is also increasing year on year. In 2014/2015 combined, 7% of adults said they had deliberately self-harmed at some point or points in their life. This represents a significant increase compared to levels reported in 2012/2013 (5%) and in earlier years of the survey (2% in 2010/2011, 3% in 2008/2009) (Table 6)

Year	Proportion of adults self reporting as deliberately self harming
2008/09	3%
2010/11	2%
2012/13	5%
2014/15	7%

Table 6. Self-reported deliberate self-harming rates Scotland (2008-2015) (Source: Scottish Health Survey, 2015)

The latest figures from the Scottish Heads of Counselling Annual Survey (2016-2017) show that between 6% and 12.2% of students accessing counselling services in Scotland are either actively self-harming/suicidal or at risk of self-harm or suicide (based on scores in self-reported outcome measures). While there are issues with comparing these two data sets, we can conjecture that the rates of suicidality and self-harming is increasing in both students attending university counselling services, and also in the wider Scottish population.

Every university has a duty of care for these students, often the most vulnerable in our communities. Heads of University Counselling Services are often charged with managing complex and high risk case-loads, while attempting to make referrals to appropriate external services. When reporting on Student Mental Health the Royal College of Psychiatrists commended the work of Student Counselling Services, while also warning of the risks of University services being '*overstretched and under-resourced*' (RCP report 2011). We fully support the Scottish Governments intentions to develop a system by which to systematically assess, measure and record student wellbeing, and its impacts on student outcomes and hope to collaborate with them in these efforts.

5.8 REFERRAL ROUTES

Our survey results show that only 5 counselling services out of 15 respondents were (at the time of survey) able to make direct referrals in to Community Mental Health Teams for at risk students (e.g. students experiencing a first episode psychosis). We see no reason why all University counselling services in Scotland should not be able to make referrals in to Early Intervention Teams.

5.9 SUICIDE

Occasionally and tragically, mental illness and distress while at university can result in student suicide. According to data held on The Scottish Suicide Information Database (ScotSID) of the 4,464 cases of suicide in Scotland between 2009 and 2015 students accounted for 3.1% of this total with 140 student suicide deaths. This makes student deaths by suicide the fourth largest group (figure 5).

Table 3: Deaths caused by probable suicide¹ by employment status² – 16-64 year olds, Scotland, 2009-15

Employment Status	Number	%
Employees, apprentices, armed forces - non-officer ranks	2,537	56.1
Self-employed, without employees	226	5.0
Managers, superintendents, armed forces - officers	187	4.1
Students	140	3.1
Self-employed, with employees	83	1.8
Foremen	55	1.2
Independent means, no occupation, disabled	1,298	28.7
Total	4,523	100.0
Unknown	3	-

Source: NRS

¹ ScotSID cohort excludes <5 year olds. Cohort is based on old WHO coding rules to ensure consistency across 2009-15.

² Employment status codes derived from [NRS socio-economic code list](#):

Figure 5. The Scottish Suicide Database (Source: The Scottish Suicide Information Database)

Every single student suicide is a tragedy that will impact on the whole university community. Table 7 summarises HUCSS responses when questioned on the perceived frequency of various aspects of student risk (a comparison between 2015/16 with 2016/17). We can see that a large proportion of our members felt that 'crises', and 'waiting list pressure' and 'self-injury' had increased over the recent 12 month period.

	Less Frequent	Stayed the same	More Frequent
<i>Crises</i>	0	4	12
<i>Self-injury</i>	1	6	9
<i>Sexual assault</i>	0	14	2
<i>Eating disorder</i>	0	11	5
<i>Waiting list pressure</i>	0	4	12
<i>Incident in residence</i>	0	10	6

Table 7. Occurrences of incidents of a critical nature

5.10 STUDENTS AT RISK

As managers and lead counsellors of University counselling services we remain mindful of the impact of carrying large numbers of ‘at risk’ student clients will have on our counselling staff. All Scottish Universities record a ‘severity rating’ and risk assessment for students accessing the counselling services, however to date there is no single comprehensive tool which we all employ. One University, who use the Patient Health Questionnaire (PHQ - 9) reported that 17% of all students who referred themselves for counselling self-disclosed to be at risk (by identifying as having had ‘Thoughts that you would be better off dead or of hurting yourself in some way’ nearly every day in the 2 weeks prior to their referral). Another service found that their ‘at risk’ referrals, as characterised by AUCC severity codes 6 and 7 (see table 8 below), accounted for 20% of their total number of clients.

No. on scale	Scale category	Definition of scale
0	very mild	client concern presents only minor difficulty
1	mild	concern is contained, not effecting other parts of life and impact is not unusual
2	moderate	a difficult situation is being dealt with but at emotional cost, or when there is considerable distress but functioning is ok
3	moderately severe	evidence of distress and functioning affected
4	Severe	loss of sense of control; coping to some extent but at great emotional cost
5	very severe	functioning significantly affected; a sense of holding things together only with great difficulty; very distressed and fearful; may have suicidal thought
6	Extremely severe	functioning with extreme difficulty; desperate; highly distressed and anxious, may be acting out and have loss of hope or sense of unreality; may include suicidal thought.
7	Incapacitating	distraught; unstable; functionality; overwhelmed; suicidal thought and intent evident.

Table 8. AUCC Severity of Problems Source: British Association for Counselling and Psychotherapy

6. SUMMARY AND RECOMMENDATIONS

The Heads of University Counselling Services in Scotland are committed to improving the mental health and wellbeing of students studying at Scottish HE institutions. We seek to do so in collaboration with our partners in Government, University, Counselling and Health sectors. We have summarised below the areas we recommend are addressed as a priority.

- We welcome the recent government pledge to increase the number of professionally qualified mental health counsellors within colleges and universities. We call on Government to involve The HUCSS group as a key stakeholder in the implementation of this pledge.
- We call on Government to facilitate *a systematic national strategy to improve the quality of data* on the mental health and wellbeing of students. This would include improved mechanisms for mental health disability recording and the development, and application, of *a quality indicator profile in mental health* which will be relevant to all populations, including students.
- We call on Government to improve the continuity of healthcare treatment among students (e.g. the development of a digital NHS Student Health Passport as outlined in IPPR report).
- We call on Government to develop *a digital tool to support young people with eating disorders* (as described in the Scottish Mental Health Strategy) and to offer this tool to university counsellors to promote/use with students.
- We call on Government *to roll out computerised CBT within NHS 24* (as described in the Scottish Mental Health Strategy) and to ensure that the content of this C-CBT is relevant and appealing to University Students (examples of good practice in this area includes The Big White Wall).
- We call on Government to facilitate *a joined up working between university support services and local primary care and mental health services* so as to improve access to psychological services. We recommend that all University Counselling Services are supported in making direct referrals to early intervention or crisis teams. We believe that this will reduce rates of in-patient hospital admittance, self-harming and student suicide.
- We call on Government to show *continued support and investment for projects with a direct relevance to students* with emphasis placed on the development of tools, training and on-line resources in collaboration with the sector which can be embedded, and maintained beyond the tenure of individual Student Association sabbatical officers (examples of good practice in this area include the work of the Charlie Waller Memorial Trust who have developed free mental health e-learning aimed at all university staff, and a website and forum for students experiencing depression - *Students against Depression*).

7. REFERENCES

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