University & College
Counselling

For counsellors and psychotherapists in further and higher education

Roots exposed

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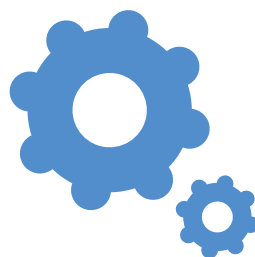Disentangling mental health and suicide in higher education settings

+ **Distinctions and visibilities**
Labelling mental health

Mental Health Charter
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Eating disorders
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BACP & DIVISIONAL NEWS, PLUS NON-BACP NEWS

From the Editor

Rick Hughes
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We rightly talk about student mental health a lot, yet often this gets subsumed into, or consumed by, labelling; losing the essence of human experiencing. And while the focus is predominantly on student mental health, what about those who have daily contact with them – academic staff and those in student support? Pulling these strands together, I'm delighted to introduce **Dr Heather Sutherland** who attempts to disentangle student mental health and student suicide, fuelled by her own very personal experience and the tragic loss of her brother to suicide.

While the debate surrounding the pros and cons of medicalising mental health will continue, and may confuse the picture, what does offer clarity is a wider 'whole-institution' approach which helps to create the positive environment, mindset and commitment required. Responding to this admirably, **Jen Hope** shares with us the revised Mental Health Charter from the Association of Colleges.

Having signposted students in the past to Beat, the eating disorders charity, I'm pleased to hear from **Tom Quinn** who explains how to spot the signs of students with eating disorders and how best to support them.

Grateful thanks to **Emma Wingate** who shines a light on the University of the West of England (Bristol) in her Profile piece, and calls for an increase in emotional intelligence to combat the lost development caused by the COVID-19 pandemic.

The BACP-UC Executive Committee continues to work hard for, and on behalf of, UC members, so I'm pleased to share updates from our Chair, **Louise Knowles**, HUCS's **Jane Harris**, and the special interest leads, **Afra Turner** and **Ayan Ali**.

Chipping in with their reliably fascinating perspectives, three cheers to columnists **Sarah Hinds** and **Eleanor Hayeswood**. And I'm delighted to welcome a new columnist, **Jo Levy**, Head of Mental Health and Counselling, Outreach and Training at King's College London, who writes about belonging and unbelonging.

I'm keen that we can inspire and encourage our next generation of counsellors, championing and supporting their training, development and career pathways.[1] So, we've also started a new Student Guest Column, and in this issue, we hear from **Olivia Bays** who writes about her experience of counselling training at Birkbeck, University of London.

And, as always, thank you to our wonderful illustrator **Gareth Cowlin** who picks up on a clever analogy to illustrate student anxiety.

I hope you enjoy this issue! ∎

REFERENCE

1. Hughes R. (Ed.) Counselling pathways – developing your career. Monmouth: PCCS Books; 2024.

News & resources

A summary of current issues and opportunities in our sector

University of Bristol loses appeal in Abrahart case

The University of Bristol lost its appeal in February 2024 against a County Court judgment that it had breached requirements under the Equality Act 2010, in failing to make reasonable adjustments for an oral presentation by Natasha Abrahart, an undergraduate student, who died by suicide on the day of her test.[1]

The court upheld the earlier judgment and awarded £50,000 damages. In addition, the court considered the issue of whether the university had been in breach of a duty of care towards Natasha. The judge declined to rule on this issue, on the basis that discrimination law could not be simply mapped across onto a different branch of law, namely negligence law, and that to rule on this question would require a retrial in what had been a lengthy legal examination of the complex issues concerned.[2]

With thanks to Peter Jenkins for this news item – **peter.jenkins@alumni. manchester.ac.uk**

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2. University of Bristol v Abrahart & EHRC [2024] EWHC 299 (KB). [Online.] https://tinyurl.com/ yyf5ze7p (accessed 25 March 2024).

BABY LOSS

Addressing parental grief

BACP fully supports the new voluntary baby loss certificate scheme, recently launched by the UK Government.

The scheme offers those who experience a loss of a baby before 24 weeks' gestation, a certificate to formally recognise the devastating impact. Babies stillborn before 24 weeks do not need to be officially registered, leaving some parents feeling ignored. The new certificates, which are not compulsory, will be official but not legal documents.

Jo Holmes, our Children, Young People and Families Lead, welcomed the scheme: 'This is a huge step forward in acknowledging such traumatic loss. The pain of losing a baby before 24 weeks is often made even worse for bereaved parents because there is no formal recognition of their baby and their experience.

'It's also important to recognise the loss of a baby in pregnancy effects not only the mother; it impacts the wider family too. These certificates will help bereaved parents feel supported through their grief, acknowledging their pain and ensuring they feel heard.

'We hope this acknowledgment of the trauma experienced will provide a degree of comfort to parents and encourage those who need more support to seek the help of a qualified counsellor.'

The Government launched the new scheme in response to *The Independent Pregnancy Loss Review* as part of its wider long-term plan for women's health, the Women's Health Strategy. The new scheme is being introduced in England and Wales only. People in Scotland can already apply to have their loss recorded in the *Memorial Book of Pregnancy and Baby Loss Prior to 24 weeks* (also known as *The Memorial Book*), and receive a certificate of inclusion in the book.

➲ **www.gov.uk/request-baby-loss-certificate**

GPIA UPDATE

Recent updates to our Good Practice in Action (GPiA) resources

Our GPiA resources help you implement the BACP *Ethical Framework* in your practice and are regularly reviewed by member-led focus groups and experts in the field. Recent updates have been made to the following resources:

PDF document updates
GPiA 064: *Introduction to Supervision (public version)*
GPiA 073: *Accountability and Candour within the Counselling Professions*
GPiA 078: *Fitness to Practise in the Counselling Professions*
GPiA 101: *Race, Religion and Belief within the Counselling Professions*

Word document updates
GPiA 026: *Counselling Children and Young People in School Contexts in Scotland*
GPiA 043: *Supervision within the Counselling Professions*
GPiA 066: *What Do We Mean by Records and Record Keeping within the Counselling Professions*

➲ You can view the full list of our GPiA resources at: **www.bacp.co.uk/gpia**

UNIVERSITY MENTAL HEALTH DAY

Counselling gives students the space to reflect and grow

This University Mental Health Day, 14 March 2024, we highlighted the need for investment in embedded counselling services at universities, and emphasised the important role and skills of counsellors who provide these services.

Our latest Mindometer survey of our members found that more than one in three therapists (34%) reported an increase in the number of enquiries/referrals from students in further and higher education.

The survey also found:
- 64% of therapists working with students reported on an increase in students presenting with depression
- Two thirds (66%) of therapists working with students reported on an increase in students presenting with generalised anxiety
- Nearly two thirds (65%) of therapists working with students reported on an increase in students presenting with ADHD.

Students face a number of changes and challenges in their lives – whether that's being away from their home and family for the first time, understanding their own identity, balancing studies and work, or coping with their financial situation. While many students cope well and thrive in their university lives, some will need additional professional support.

Organised by Student Minds and University Mental Health Advisory Network (UMHAN), the University Mental Health Day aimed to get the nation talking about student mental health and working together to make mental health a university-wide priority.

Choice and access

This year, we emphasised the importance of universities and colleges investing in employing qualified and registered counsellors and psychotherapists, to ensure there is choice and access to therapy for students.

Jane Harris, Chair of HUCS, said 'We've been seeing year-on-year increases in students approaching university counselling and mental health services for psychological support for over two decades in the UK. Behind these statistics is a complicated matrix of economic, cultural, political, societal, environmental and medical factors, expressed through an infinite and unique array of individual, relational and social stories. In some instances, complex loss and trauma profiles lead to prolonged clinical severity of symptoms, which can mean students struggle to function day to day. Others approach counselling experiencing a confusing mix of panic, fear, insecurity and isolation, often a response to navigating multiple sudden life changes without familiar support networks.

Untangle the threads

'Experienced, skilled and robust counsellors can untangle the threads, and guide the most helpful course of action in both instances. Sometimes this is an explicit "mental health" intervention, sometimes the task is weighted to broader insight-based personal development, itself protective of good mental health. Either way, the evidence is clear that counselling and psychotherapy are making a significant contribution to the health and success of our university communities, and we celebrate the increasing recognition of this, and linked investment made to date by universities and the Office for Students.'

Louise Knowles, Chair of UC, said 'Counsellors working within higher education in-house counselling services are well-trained to offer a caring and meaningful relationship to struggling students. It's within this confidential and trusting relationship that students have space to reflect and grow into independent and autonomous learners. We know, from our own research findings, that students attending these counselling services are more likely to stay engaged in their studies and flourish.

'Given the continued rise in demand and complexity, it's critical that colleges and universities continue to invest in high quality services. These staff have the skills, expertise, knowledge and understanding to meet the psychological needs of individual students. They also are well placed to support and advise staff and, where appropriate, to work effectively with other services including NHS mental health provision.' ∎
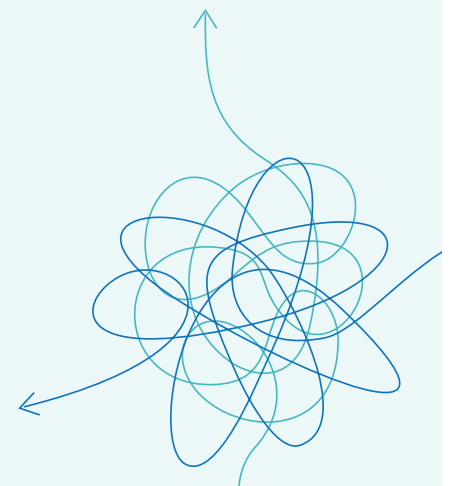
Notes from
the Chair

These are certainly very interesting and challenging times for counselling and therapy services in further and higher education settings. Concerns about student mental health continue to be in the news. Demand for our services grows at record levels, yet funding for most further and higher education services is being squeezed as the financial position of so many institutions are under scrutiny. We are also all following the process of the important legal case, Bristol University v Abrahart,[1] with its focus on universities' duty of care. Peter Jenkins' note in the News section of this journal gives the latest summary on this (p4). We must also continue to have meaningful conversations, leaving aside preconceived ideas, as so powerfully argued by Dr Heather Sunderland in her article from her own experiences in this issue (pp10–15).

The response to all of this can end up feeling like a perfect storm with the message, 'Make sure our services are of the highest quality and effectiveness with risk managed expertly, but do this without more resources'. We have an important role in all of this to keep re-iterating the importance of investing in qualified and experienced practitioners.

Against this background, we need to ensure we make the best use of our collective data to inform what we do. We have been involved in sector-wide work to try to standardise how presenting issues are recorded. This is the first step that will allow us to collate and compare our data to help us have the widest understanding of what we

are all doing to meet the needs of our clients who can present with a very wide range of issues.

I am pleased that our division's relationship with other divisions, and BACP staff and Board is developing very positively. I am grateful to BACP staff for the support they are giving our division. We are also focusing on our membership, with the aim of increasing accessibility and diversity. I am still very aware that we do not have sufficient involvement from colleagues based in colleges. Any ideas for how we could improve access would be very welcome. I also want to ensure that our division, and the wider profession, are engaged in sector-wide issues. I am therefore pleased that I have had several productive meetings with representatives from Universities Mental Health Advisers Network (UMHAM) (**www.umhan.com**).

Finally, I and the rest of the Executive Committee are genuinely committed to involving more people in this work. If you are reading this and want to know more about what we are doing or just meet for an online cuppa to give me your views, please do email me via my email address below.

In the meantime, I wish you all a restful and rejuvenating summer. ◼

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Notes from
Research SIG

In the March 2024 issue of *University & College Counselling*, Michael Pearson, Head of the Student Counselling Service at the University of Bristol, shared his seven tips to a better student mental health service.[1] The first stated the importance of collecting and analysing data. To quote Michael, 'If you're not collecting and analysing data, you're oblivious to what's happening and what's around the corner. This doesn't mean good work can't happen without it, but good data mean better services and,in turn, better interventions. Understanding trends in presenting issues, for example, allows us to prioritise resources and respond to client needs'.[1]

Collecting and analysing data from routine clinical practice is considered 'good practice', and supports universities to gain deeper insights into the mental health and wellbeing needs of their students, endorsed by the University Mental Health Charter.[2] But for many clinicians working in further and higher education institutions, there are barriers to achieving this ideal.

The Student Counselling Outcomes Research and Evaluation (SCORE) consortium was originally developed to help practitioners and services to begin such an enterprise despite some of the barriers encountered. At the recent Mental Wellbeing in Higher Education (MWBHE) Conference (15 May 2024), members of the consortium delivered a workshop examining some of the challenges to using, collecting and analysing data. Preliminary findings from the Student Mental Health Assessments Reflections and Experiences (SHARE) project, from students who have completed a battery of measures, acknowledges a gap in understanding the acceptance of such measures, especially within marginalised groups such as men and minority ethnic students.*

These findings inspire a wider discussion looking to find ways to capture the views of staff and practitioners using measures, and their views on their students' experiences. Participating in conference workshops, online forums and various research platforms, generates recommendations for university support services that aim to refine such measures, improving the quality of student mental health data and insights derived about student wellbeing. There is also the potential to guide staff training in measures usage, and the effective development of mental health interventions for students.

The SCORE Minimum Data Set (MDS) project similarly seeks to develop a data standard employed across the sector to strengthen cross-sector analyses, and aid in the development of a national database of student wellbeing data. SCORE has worked on streamlining the old Association for University and College Counselling (AUCC) Categorisation of Client Concerns[3] to incorporate new student categories of concern in line with other countries such as the USA.[4] In addition, SCORE are updating the Counselling Impact on Academic Outcomes (CIAO) questionnaire, which looks at the perceived impact of problems, and counselling, on academic experiences.[5]

Following a recent publication in 2023,[6] we are working on revisions to the questionnaire, using student feedback for qualitative validation, and welcome practitioner views and involvement.

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*This article was written before the conference and so before the research findings had been published. More information about SHARE can be found at: **https://tinyurl.com/3jxdnrca**

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For more information about the studies reported above, please visit: **https://sites.google.com/sheffield.ac.uk/share/home** and: **https://score-consortium.sites.sheffield.ac.uk** or contact Emma Broglia via email at: **e.l.broglia@sheffield.ac.uk** or Twitter/X at: **@ConsortiumScore**

Notes from
HUCS

Student counselling as a mental health intervention:
Are we sleepwalking into an identity crisis?

In a recent UC Executive Committee planning meeting, we returned to the theme of what is driving the ongoing growth in demand for psychological services in universities; how we understand the needs of students both individually and at a population level, and how we then apply this knowledge to the task of conceptualising, organising and communicating our work. We found ourselves, yet again, engaging with the complexities at both the boundary and heart of student counselling, notably in relation to the ongoing medicalisation of student distress, and the increasing invitation to frame and define our work within the associated arenas of mental health and illness.

While there is no question that the art and science of talking therapies are a cornerstone of effective mental health care, and a transformative medium that can facilitate greater emotional and psychological wellness, it does seem important to stop and ask if mental illness, and mental health, are the only, or most useful, organising principles to frame the work of university counselling?

In many ways, the drift to talking about student counselling as a mental health intervention that responds to and manages risk, reduces symptoms, increases functioning and brings about significant and reliable clinical change, makes complete sense as a response to the socio-cultural imperatives of the past two decades. As growing numbers of students have sought support for emotional difficulties, the dominant conceptual framework used to define and express this phenomenon has been that of a child, adolescent and adult mental health crisis.

Following this, it has made strategic and operational sense to explain, promote and secure support for our work in terms of mental health and illness. And of course, in some instances, it is both a relief and necessary enabler to understand psychological suffering through the medium of a psychiatric diagnosis, and ensuing access to evidence-based treatments. For many, however, the function and implications of diagnosis are less welcome and more complex, as the Power Threat Meaning Framework captures so eloquently.[1]

The question emerged through the UC Executive Committee conversation of whether we may – through framing and expressing our work in terms of symptom measurement and management, triage protocols,

risk assessment and hierarchies of distress – inadvertently lose sight of the essential and necessary depth and breadth of what is achievable in counselling? If we manage the demands on services through systems of prioritisation based on notions of mental ill health, will we eclipse the needs of those struggling with less measurable dilemmas of selfhood, internal and relational conflict, and identity formation?

Worryingly, is there an approaching danger that this drift will inadvertently drive a requirement for students to ensure there are adequate layers of anxiety disorder, depression, trauma or dissociation, and an amplification of symptomology in order to be granted access? Is there a further risk that the drift to medicalisation may narrow our focus and scope to the point of foreclosing opportunities to work at the existential edge of student problems and experience?

The pressing questions seem to be: Do we need to critically examine the implications of embracing the medical model in student counselling and psychological services? Do we dare to speak more loudly about the importance of offering therapeutic consultations to troubled, hurt, lost and confused young and not-so-young adults, and encourage students to seek our help in the quest to develop insight and courage in the face of life's problems and losses – irrespective of PHQ-9 and GAD-7 scores?

The UC Executive Committee would love to hear your views — please do email me at:
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Notes from
Staff Counselling

While summer is approaching fast, we are still in a busy academic year for college and university staff, and the hard-working counselling services that serve them. The Staff Counselling Special Interest Group (SIG) has seen high demand for counselling and a range of presenting issues. Naturally, clients often discuss their work in our counselling services, either as the presenting issue or a contributing factor.

Dr Heather Sutherland's article *Distinctions and Visibilities* in this issue (pp10-15) highlights the multiple strains on academic staff in HE, and the need for this to be recognised and managed.

It's a relief when I hear clients describe having a supportive team and enjoyable work – it makes a huge difference when clients are dealing with difficulties. It is concerning when that isn't the case and counsellors can feel helpless doing one-to-one client work that doesn't address the root causes at work.

New large-scale research with over 46,000 UK participants by the University of Oxford's Wellbeing Research Centre examined many workplace wellbeing initiatives.[1] It joins the increasing calls for organisations to change the workplace and not only the worker e.g. more flexibility and resources, better management practices and job design. In-house counsellors in FE and HE hear directly from clients about their struggles at work in detail. With confidentiality in mind, I wonder about counselling's role in influencing better work practices and wellbeing interventions in the future, if we have the ear of HR and senior leaders. ■

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Distinctions and visibilities

Martin Sutherland was an individual who was musically-gifted, intimidatingly-intelligent and perpetually hopeful that humans could be better. However, he also suffered much mental distress across his early adulthood, this being what is believed to be the cornerstone element to his death by suicide[1] on 15 December 2011.* Martin was, and remains, my brother. Though there is much complexity in his life and death to appreciate (the space here insufficient to relay), important for what I'd like to talk about here is that at the time of his death, Martin was on a deferral from a second undergraduate honours-degree study programme, having previously experienced what might be described as 'turbulent student experiences' at both undergraduate and postgraduate levels. Martin's UK Higher Education (UKHE) experiences (witnessed most acutely by my parents) have become key to my ensuing work[2] and provide a key lens through which I write here.

Following the initial shockwave after any significant relationship is lost/altered beyond usual recognition via suicide, there can manifest (across time) a myriad of responses, depending entirely upon individual circumstances and grief navigations. My own has involved gravitation back toward education (including self-learning/reflection) and academic research. Having already completed a PhD and a Postdoctoral Fellowship, I realised my strength(s) lay not in running marathons and skydiving for 'mental health awareness' and/or fundraising purposes. Rather, my agency in suicide bereavement has taken the form of reading and writing – with an aim of pooling together different knowledges, underpinned

by a hope of illuminating learnings able to contribute something meaningful from Martin's experiences and departure. I have engaged in much reflection on existing literature and research, and have revisited my own (UKHE) experiences in tandem with talking with others and listening to their stories. In light of my 'lived(ing) experience(s)' as a suicide-bereaved sister, a student and a UKHE staff member, there are certain areas I regard as in real need of review, deeper consideration and clearer articulation in reference to this issue.

Subsequent to the personal across-years devouring of all genres and manners of mental health (experience)-related information, I was offered a scholarship to conduct a second PhD, charged with identifying and forming my own focus within a larger project focused on the labelled issue of 'student mental health'[3] (SMH). While completing the final months of this work, I also took on a research role within a project examining intersections of mental health and workloads/work intensification in the experiences of UKHE academics who identify as female.[4] My purpose here is not to relay the detail of these projects - that may be for another day - but rather to reflect and to comment on my own perspectives and appraisals regarding the topic that is 'mental health in current UKHE'.

The numbers are clear – recorded rates of undergraduate students' mental health difficulties in the UK have been rising[5] and show no signs of abating.[6] Student demand for university mental health support services continues to grow,[7] and the citing of mental difficulty as a primary reason for students to consider leaving their studies has been noted.[8] Yet, and without belittling or diminishing the very real,

Dr Heather Sutherland shares a personal reflection on 'mental health' as a labelled issue of concern in UK higher education institutions

felt experience of mental pain at individual level, SMH does now at times present as somewhat of a topic-of-the-moment label as much as concrete descriptor. There is an accompanying aura of 'oh we know what that is' to the collocation, that it is a grouping of words with automatically assumed and *known* meaning attached. However, if we both pause and consider more deeply the current state of the issue in the context of a longer timeline of development[9], it becomes clear that the term 'SMH', (which often seems to position the issue as a fixed, unchanging entity), is actually far from clear and definitive. This, in turn, has important implications in reference to determining how SMH could/should be approached at the present time.

> **there is a real need to consciously delineate 'student mental health' and 'student suicide'**

Disentangling 'student mental health' and 'student suicide'

I entered my PhD programme feeling some uneasiness about, and having questions regarding, certain public narratives on SMH. For instance, read closely, current public SMH storying can present as actually being about suicide prevention (especially given often employed references to 'crisis'). There is a blurriness between the two issues that is problematic, even (arguably) to the extent that persisting stigma regarding suicide more generally is (however unintentionally) made visible rather than countered through the way UKHE SMH is publicly storied.

Reductionist media coverage, lacking in nuance, appears more often than not to insinuate direct links between suicide and university experience(s). Institution and sector-wide initiatives are put forth[10,11,12] but close examination of these can lead to a reading of them in which a key part of their purpose appears to be UKHE-institutional avoidance/limiting of negative publicity, and/or business-related repercussions should a student take their own life. Overall, however implicitly, signposted is UKHE sector/institutional fear of suicide.

The SMH public-circulating conversations are thus to me not always helpful, progressive, or importantly hopeful because they do not always seem actually to be about SMH – they instead point more to avoidance of 'the dreaded thing'. This is not said flippantly. I am entirely in agreement with the evasion wish – there are inadequate words to express the awfulness of a suicide's overall impact[13], so its avoidance is absolutely something to aim and work for – but from an experience-viewpoint, to my mind, there is a real need to consciously delineate 'student mental health' and 'student suicide'. Put plainly, they are not the same thing, yet common narratives seem to encourage us to regard them as inextricable. Yes, there can be tragic interlinking[14] and it is essential to address these cases carefully and thoroughly. And yes, there is a need to address both, but to have a *dominant* focus (however unintended) on the latter, subsuming the nuances of

the former into the discussions, results in a lack of enabling of students' agency in reference to their mental selves in their *everyday* lives.

With such an imbalance, there results limited development and subsequent provision of aiding artefacts and relationships to promote students' own mental literacy and skills *between* 'I'm fine' and 'crisis'. Also risked is contribution to the development of an 'air of normality' regarding crisis experiences in university settings, raising concerns that *all* engaged in UKHE might be learning to anticipate, (even live in constant dread of), experiencing intense distress, either their own or that of others, within UK academia. And, more broadly as well as importantly, in light of UKHE having an important role to play in the shaping of overall future citizens and society, the dominant public-narrative framings contribute to perpetuation of misunderstanding in reference to mental health and distress (overlooking and under-appreciating the varied range of mental (ill) health experiences that can be had and lived with) *as well as* suicide in general.

> **there cannot be 'student mental health' without 'academic staff mental health'**

As someone who through experience has come to realise I will not complete a day when I am free from thinking about suicide in some capacity, I do think there are steps that need to be taken to really *specify* careful definitions and actions in reference to SMH and university-context suicide. This is necessary in order to facilitate respect, proactive vigilance and concern in universities, whilst preventing all within their walls from harmful preoccupations that may serve more to stagnate or worsen the issue overall.

Defining 'student mental health'

Delving further into this 'parameters issue', also important is that there is at present a dominance of particular ways of understanding and approaching SMH. Arguably, there is a hierarchy hiding in plain sight within the language-label of SMH itself – the 'student' falls second to 'mental health'. This has important implications – UKHE institutions, however unwittingly, retain focus on and are guided by an approach to SMH starting from 'health and illness' (definitions and terminologies)[9] rather than the *'education specific-ness'* of their existence. The result of foregrounding a health and illness as opposed to an education-specific understanding/approach to SMH has led to the dominance of (implicit) deficit[15,16] and individualising emphases[17] in reference to SMH. Correspondingly, there is also a dominance of certain

ways of researching and learning about it - there is a noticeable lack of qualitative research[18] and as a result frequently overlooked is student personal agency,[19] as well as the interplay between that agency and the structures (university; societal facets) involved in issues relating to SMH.

Consequently, what we might assume constitutes SMH (and how therefore we think universities should support it) could at present be described as problematic. For example, given the recent context of COVID-19[20] and the cost-of-living crisis[21], alongside the already rapid and continuing diversification of 'the student body',[22,23,24] there is necessity to amplify the position of social and relational factors in both defining and aiding SMH. We must be reminded that students are not just students – they are people (first) who happen to have assumed the role of 'student' for a short time in their lives. Thus, without increasing attempts to generate and gather in-depth information regarding students' *own* understandings, and reflections on SMH as situated in the context of their wider lives, knowledge in reference to the issue will be lacking and/or incomplete (leading to a continuing mismatch between real need and the support offerings proffered by UKHE institutions).

No 'student mental health' without academic staff (mental health)

The issue of who defines (or gets to define) SMH, leads to what I regard as a further identifiable incompleteness in this topic area. Let me open this aspect by saying a coin has two sides; one does not exist without the other. SMH is rightly requiring of attention. As previously stated, student distress is being experienced and felt acutely; research, actions and initiatives are being conducted as attempts to address the problem. Yet, whilst the weight of focus on students is appropriate, what is overlooked are academic staff members' experiences and perspectives *in relation* to SMH.

I say this not to dismiss or minimise students' experiences, to quieten their voices; I say this from a perspective appraising issues of mental health, distress and wellbeing as *inter*dependent (as opposed to independent). Students are not students alone – their role/position is *relationally* understood, in connection with/opposition to parallel others: tutor/ lecturer/supervisor/teacher etc. Just as siblings often come to know/define who they are (or parts of their identity at least) based on what their counterpart is or

is not[25,26], students recognise their role/experience in a university because of the people who teach/guide/supervise them. In reference to SMH, then, without including/permitting voice to the academic staff members who are very much on the 'student frontline', neglected are key actors in the issue and the conversations held/actions taken to tackle the issue are incomplete.

The 'academic staff-member experience', particularly in relation to SMH, is both underappreciated and misunderstood. What working in academia entails remains relatively invisible to those outside universities, open to varied imaginings, and there is a persisting (now unhelpful) mythology regarding what actually constitutes the role 'academic'. For many, the traditional image of the ivory tower academic whose sole responsibilities are to read, think and impart knowledge endures. Demystification of what an academic *needs/has* to be now, and correspondingly of how pastoral care is now a core work issue for academic staff members themselves, would perhaps provide a vital and helpful nuance to aid understanding and action in reference to SMH.

Much work of modern UKHE academics is hidden; academic roles/responsibilities have over recent years become extremely multifaceted. There is not space here to delve into how neoliberalism, with its emphases on individualism[27] and the marketisation of education[23] has come to impact (in large part negatively[28]) upon academic staff members, suffice it to say that tasks and responsibilities of academics have proliferated extensively, with metrics and monitoring across multiple areas of their work omnipresent and, indeed, (emotionally) pressurising.[29] For many UKHE academic staff members, insecurity and precarity in their employment are significant issues requiring navigation.[30,31]

Alongside these broader (negatively-impactful) changes to the sector, notable is that, though built on foundational notions of rationality, universities have (had to) become increasingly emotional places for all who enter. I do not say this implying this is a 'bad thing' – emotions are human and humans *are* emotional[32,33] – but as emotions have grown as currency[34] in society more generally, so universities and thus their academic staff members are increasingly having to work emotionally[35]. However, within institutions, this 'emotional labour'[36] for academics appears not to be sufficiently acknowledged as, in fact, work – as is inbuilt in therapeutic professions (via required supervision sessions etc.). Support for academic staff members in their pastoral duties is necessary, yet remains on the whole formally inadequate (if available at all), subject more to self-sourcing via whatever

personal channels are available to an individual. Expectations and assumptions that academic staff members have the personal capacity, abilities, and resources to properly care for, support and ultimately carry students' stories of mental difficulty and distress without appropriate formalised avenues of support for themselves abound. It should perhaps be unsurprising, then, that increasingly coming to the fore are academic staff members themselves struggling[37,29], (many to the point of exiting academia), as the unacknowledged and unsupported everyday emotional labour vital in their relationships with students, layered onto the already-existing immense demands/targets across multiple other fronts, becomes simply too much.

Ultimately, it is crucial that under-pressure, emotionally taxed academic staff are afforded sufficient space in current SMH publicly-circulating conversations; this is important given what Brewster et al. describe as 'the intrinsic interconnection between staff and student wellbeing.'[38] Put simply, without sector/institutional listening and support, academic staff members, many experiencing their own (mental) deteriorations and suffering[39], cannot (be expected to) support students experiencing difficulties, or aid a turnaround in the rates of recorded student distress – there cannot be 'student mental health' without 'academic staff mental health'.

With both staff and students appearing to express increasing amounts of mental struggle and distress in university environments, we should perhaps seek to consider and examine the experiences of both groups in tandem, not separately grouped and positioned in opposition. From my perspective, there is a need to retreat somewhat from the categorisation of 'student' and 'academic staff' as separate entities in reference to mental health and distress, in order to comprehensively understand and respond to, simply, 'university mental health' (UMH) in general.

Closing thoughts

It is not lost on me that since my brother's death in 2011, the visibility of 'mental health', 'mental illness', 'wellbeing' etc., even 'suicide', in public circulation and particularly in relation to narratives of SMH has sharpened massively. This remains something I generally feel positive about. Similarly, that universities are certainly aware that mental health support should at least feature alongside their academic aid provisions is a welcome development. There are good intentions. The caveat to these recent changes, however, is that in the swiftness of growth, dominant UKHE sector and institutional approaches to identifying and 'knowing' UMH have produced an overarching way of thinking and talking about it that could ultimately present as counterproductive. The fluidity and diversity (across time) of mental health in all its forms still present as things difficult for university settings on the whole to grasp and respond to. Thus, there persists a lack of appreciation for how UMH elements may shift and interconnect differently over time and in connection with individuals' broader life circumstances.

Lastly, one of the big things I have had to contend with and learn to do as a result of losing my brother to suicide is live not just with but in enduring uncertainty. I could perhaps claim an *inkling* as to the why of Martin's final action but I will never know *definitively.* This jars at times, but it also creates openness, to alternative readings, different sources of information and ideas, particularly relating to mental health-related topics and experiences. For instance, it matters not to me from where (which school of thought) research comes so long as the intention of the work is to genuinely prompt conversation and effort to make things better for those who experience/ are experiencing suffering and distress. Applied more broadly to the issue at hand here, fierce dichotomies in discussions and decision making in the name of SMH/UMH need to be proactively challenged if not removed. No single (academic) discipline[40], (or even approach *within* single disciplines[41]), dispenses certainty of direction and action in and for these

issues. Subject-authority spats, power-over-definition wranglings and defending positions are not priorities, and certainly do not mentally healthier students, academic staff and universities make. Ultimately, the priority is a person in a university context *not* experiencing mental suffering; being inclusive and affording equal space and voice to all manners of mental health/distress knowledge and experience in order to ascertain how they might facilitate this should be the central focus. ∎

*Martin's death received a formal 'Open Verdict' coroner's ruling; the manner of death and what I knew/ learned of his mental states over the years, however, led to my own identification of it as his having taken his own life. As recorded by ONS, in 2018, the 'standard of proof', ie 'the level of evidence needed by coroners to conclude whether a death was caused by suicide' was changed from 'beyond all reasonable doubt', to 'on the balance of probabilities'.[1] This may have impacted the verdict given for Martin's death had this stood in 2011.

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Association of Colleges (AoC)

Mental Health Charter

Jen Hope highlights the crucial role of the Association of Colleges in championing student mental health support and announces the relaunch of their Mental Health Charter

Further education colleges are anchor institutions of their local community, educating and training 1.6 million people each year, including 608,000 young people. As well as delivering a vast range of qualifications, they hold responsibilities which are crucial to ensuring communities thrive, providing holistic support, a safe space, and when needed, critical intervention to ensure the welfare and wellbeing of their staff and students.

The latter is more important than ever. The national picture of our mental health and wellbeing is rather stark. A report published by NHS England in 2023, *Mental Health of Children and Young People in England 2023*,[1] found that 20.3% of eight to 16-year-olds had a probable mental disorder in 2023. Among 17 to 19-year-olds, the proportion was 23.3%, while in 20 to 25-year-olds, it was 21.7%. Mind also released new research on Time to Talk Day in February 2024,[2] revealing nearly two-thirds of people surveyed in the UK (64%) say they 'put a brave face on' to avoid talking about their mental health. The tactic of bottling up is highest amongst younger people; 69% of 16 to 24-year-olds and 72% of 25 to 34-year-olds. Just under a quarter (24%) of respondents said that their mental health has worsened as a result of not speaking up, showing the importance of having early, open and honest conversations.

We're also cognisant of the priority to address declining mental health and wellbeing in our college workforce. While colleges are increasing investment in training, and providing enhanced wellbeing support for staff, there is evidence of an emerging crisis. The 2023 Association of Colleges (AoC) *Mental Health Survey*[3] reports that 62% of colleges have seen a slight or significant increase in staff accessing mental health and wellbeing services. When asked what has likely influenced the increase in number of staff accessing support services, colleges pointed to a recurrence of an existing mental health condition (81%) and workload (78%) as the top two causes, significantly above COVID-19 (60%) and the cost-of-living crisis (58%).

Addressing the scale of the challenge

There is no doubting the severity and impact of mental health issues across the education sector, and the urgency to address these issues. Positive steps have been taken by the Department for Education (DfE), which have been supported by AoC. These include:

- Robert Halfon MP appointed the first Further Education Student Support Champion, Polly Harrow (Assistant Principal - Safeguarding and Inclusion, Kirklees College), to advise on student mental health and wellbeing, special educational needs and disabilities and careers, driving a strategic approach to informing and improving experience of students
- The DfE committed a senior mental health lead training grant[4] to eligible schools and colleges to cover the cost of training, supporting a whole-college approach to mental health from 2021 to 2024
- The DfE commissioned Anna Freud to develop a digital resource hub[5] for school and college senior mental health leads.

These steps, however, do not this address the scale of the challenge facing our colleges. It is critical in a general election year that we use our collective voice to articulate and evidence the need for equitable and sustainable funding for colleges, a partnership approach between education and health, and a commitment to ongoing research into the lived experience of staff and students to inform emerging pedagogy and practice.

At AoC, we value opportunities to work with our members to create new resources and drive forward changes which enhance the impact of our sector. We are particularly grateful for the time and commitment from college leaders and senior mental health leads, to work in partnership with us to review and update our Mental Health Charter, developing new content and constructing a framework to support colleges with this priority area of work.

The Charter plays an important role to support local strategy and national system change. Within the redesign of the Charter, it was imperative to align with existing legislation and sector accountabilities to ensure colleges can embed whole-college mental health strategies meaningfully. The introduction of good practice principles and standards supports a consistent, strategic approach across the sector, encouraging visible accountability and enabling demonstrable impact. From this base, we can build a national body of evidence that articulates the

> " ... 62% of colleges have seen a slight or significant increase in staff accessing mental health and wellbeing services "

current level of need in our college communities, and the true cost of prevention, intervention and postvention support.

Together, we can collectively use this evidence to inform future policies and influence future funding decisions.

A Charter underpinned by good practice principles and standards

So, what does the new Charter look like? The original 11 principles remain but are now embedded across four themes that make up the new Mental Health Charter framework, each underpinned by good practice principles and standards.

1. **Leadership and ethos**: Through authentic leadership, model and champion an inclusive culture that meets the needs of the college community. Embed a consistent and co-ordinated whole-college approach to mental health through effective governance and leadership, that ensures wellbeing permeates all aspects of college life

2. **Support for students:** Foster a physically and psychologically safe and welcoming environment that promotes wellbeing and proactively supports students' mental health throughout their learning journey

3. **Workplace wellbeing:** Nurture a culture that supports and invests in people and their wellbeing and create an exceptional working environment where colleagues feel valued, supported and can thrive

4. **Evidence and impact:** Deliver and develop services, policies and strategies which are responsive to research and evidence of lived experience and community need. Provide transparent accountability through consistent and effective mechanisms, regular evaluation and reporting, and ensure there is a partnership approach to college activity.

Each theme is clearly linked to the relevant DfE principles of a whole-college approach to mental health, and supplementary guidance on how to use the Charter framework will be provided. Colleges are required to formally demonstrate their support of the new Charter, embracing and affirming their commitment to prioritise the mental health and wellbeing of their college communities.

We're pleased that our Government have recognised the importance and impact of this work, with former Minister for Skills, Apprenticeships and Higher Education, Robert Halfon, sharing that he is '...delighted to see that the AoC has launched this vital new

Charter, and I want to thank everyone in our brilliant further education sector for their work to safeguard the mental health and wellbeing of staff and students. Mental health in education is now taken incredibly seriously across the board, and this new Charter builds on the support we have offered to colleges, schools and universities to appoint mental health leads, provide funding where it's needed and change the conversation on mental health.'

Supporting students throughout their learning journey and creating safe and healthy work environments is a priority for all in education. The Charter provides a foundation as well as a framework for consistent, whole-organisational approaches that places people at the centre of policy and strategy. There is clearly much more to be done, and the Charter is but one tool to be used to inform our work in this area. As always, our sector is rising to the challenge and together, we are making a difference. ■

➲ The full Charter can be found online at:
https://tinyurl.com/mwujdwr5

➲ For further information, and to sign up to the Charter, please email: **mentalhealthcharter@aoc.co.uk**

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Association of Colleges (AoC): a spotlight

AoC is the national voice for further education, sixth-form, tertiary and specialist colleges in England. We are a not-for-profit membership organisation established in 1996 by colleges, for colleges. Our members make up more than 90% of the sector, educating and training 1.6 million people each year.

As a membership body, we influence the Government and local and national policy makers to create an environment for strong and sustainable colleges at the heart of the economy, and provide high quality professional support, advice and intelligence to meet the needs of every member. Throughout everything we do, we champion and enhance the reputation of colleges, leaders, staff and students.

Unsurprisingly, our values reflect a strong passion for colleges and their students, as well as an ambition to empower staff to deliver the best possible services to our members. At our core, we are member-focused, collaborative, ambitious, accountable, knowledgeable and inclusive.

Our work is multifaceted, and AoC is made up of many different teams and functions. We work with many organisations both inside and outside of the FE sector, run Government-funded projects, and produce and host three sector awards a year. We also organise dozens of sector-focused conferences, engage with key stakeholders such as the Department for Education and Ofsted, and offer specialised communications and marketing support to colleges. We also have teams who commission and produce research, work to provide local and regional support to colleges, an employment advice service, good governance

and recruitment support. Our AoC Sport offer leads the development of sport and physical activity in post-16 education, and our mental health and EDI teams push for systemic change throughout FE.

Our campaigning and influencing work is at the heart of everything we do. Through our campaigns, strategy groups, consultations, events and direct lobbying, AoC has an excellent track record of influencing policy makers. We are working towards a strong, sustainable sector which is secure for years to come. Our policy priorities are set by members through the AoC board, national policy groups and our close engagement with colleges throughout the year.

We have worked hard to develop and nurture positive relationships with ministers, MPs, key government departments, industries and unions. We have also built strong relationships and fed into the work of think tanks, employer bodies and research organisations to widen our reach and improve the intelligence we can provide.

We know that we are stronger together and that is why we also work in partnership with other sector bodies, and seek common ground to build our influencing work.

Colleges transform lives and communities. We know that but there is still significant work to do to make sure that everybody else does. That is why over the last few years, we have strengthened our public-facing work, including our media and lobbying activities. As a sector, through our collective action with campaigns such as Colleges Week and Mind the Skills Gap, we really are changing the conversation.

We also have a range of national strategy groups covering each of our priority areas which form the basis of our policy development. More than half of all members, including all regions and types of colleges, are represented on these. The groups report regularly into AoC's board to maintain that vital strategic oversight.

We also run short-term task and finish groups focused on specific policy areas, such as international work, equality and diversity, and technology. Alongside our groups, members have regular opportunities to engage in policy development through discussions at regional networks, our conferences and events, and via formal and informal consultations. Members can also feed into AoC's campaigns and responses to Government.

Eating disorders at university or college

Tom Quinn of Beat, the eating disorder charity, explains how to spot the signs of students with eating disorders and how best to support them

You've likely heard the saying that being a student is the best time of a person's life. This belief has a truth to it – meeting new friends, gaining more independence, studying something new and moving away from home can be incredibly exciting. But starting college or university is a huge life change which also comes with pressure. In fact, higher education can be the perfect storm for an eating disorder developing or an existing eating disorder getting worse.

Why can eating disorders develop at college or university?

Eating disorders are complex mental illnesses that affect 1.25 million people across the UK. While they affect people of all ages, we know from the people we support that starting university or college is a common time for eating disorders to emerge. For instance, last year, the *Mental Health of Children and Young People in England 2023* report[1] revealed that one in eight of 17 to 19-year-olds had an eating disorder. As a mental health professional or member of a student support team, you could be one of the first people to spot that a student is struggling.

Imagine you've just started university far away from your friends and family. You're suddenly making your own meals in front of flatmates who you don't know very well, feeling pressured to make life-long friendships, and are struggling to adjust to a new way of studying. These are just a few changes which can feel very overwhelming for somebody with an eating disorder.

For those who are in recovery, they might feel uncertain about telling their flatmates, friends and course leaders about their illness. Transferring eating disorder care to a new GP practice can also be difficult, as they will have a different team in charge of their treatment. For those vulnerable to developing an eating disorder, harmful eating disorder behaviours can become a way of coping with the stress and isolation of higher education.

Eating disorders are complex, and it's important to remember that there are many reasons aside from college or university which can contribute to an eating disorder developing. For instance, genetics, grief, abuse, perfectionism, body image issues and stress are just some of the other factors that can lead to disordered eating behaviours. But living away from home for the first time and gaining more independence can certainly have a huge impact.

Spotting the signs

Since university and college students can be at a higher risk of developing an eating disorder, it's crucial to keep an eye out for any signs and symptoms. Some common signs can include:

- **Seeming more irritable or struggling to concentrate:** You or your colleagues might spot a change in the quality of a student's work or notice that they seem less able to concentrate. It's common for people with eating disorders to struggle to sleep, which can have a huge impact on their ability to function day to day. If the student is struggling to get enough nutrients or food in their diet, this will also impact their energy levels as not enough fuel will be reaching their brain
- **Changes in attendance or behaviour:** If a student frequently arrives late, struggles to turn up to classes or has suddenly lost interest in studying, this can signify that something is wrong. The people we support often say they struggled to keep up with their studying and social life when they were unwell, because eating disorder thoughts and behaviours tended to occupy most of their time and energy
- **Perfectionism:** While falling behind in class could be a sign that somebody is struggling, every person is different, and becoming increasingly perfectionistic or focused on work could also raise alarm bells. Some people with an eating disorder feel driven to meet very high standards or goals, for instance with their diet or fitness routine, which can also occur in other areas of their life like schoolwork
- **Fixating on exercise or diet**: If you're supporting a student who mentions a newfound focus on exercise or diet, for instance exercising even in extreme weather or prioritising a food plan over seeing loved ones, this is often a warning sign of disordered eating
- **Anxious during mealtimes:** Seeming uncomfortable and nervous when eating in front of others is a common sign of an eating disorder. Friends of a student with an eating disorder might notice that they disappear during meals, take a long time to eat their food or say that they have already eaten
- **Low confidence or low self-esteem:** You might notice that a student seems more self-conscious than usual, that they're less confident in class or struggle to engage with lessons as they usually would.

There's a misconception that eating disorders always cause extreme weight loss, but people of all sizes and

weights can be affected by these serious mental illnesses. Physical signs (for instance, changes in weight, circulation issues or stomach pain) can occur in some cases.

In general, you're much more likely to spot the psychological and behavioural signs of an eating disorder.

How can eating disorders impact a student's life?

Eating disorders can have a very negative impact on a person's life. Students often have high goals set for their academic years, but if they become unwell with an eating disorder, this can compromise their ability to function and cope as they usually would. The people we support often say that when they were most unwell, their eating disorder overshadowed the other areas of their life, including studying, enjoying time with loved ones and planning for the future.

How can I help a student I'm worried about?

It can feel daunting to raise concerns with a student you're worried about. The important thing to remember is that the sooner somebody accesses eating disorder treatment, the better their chances of making a full recovery. If you feel that something isn't right, it's crucial to gently raise this with your student at the earliest opportunity and help them

to seek support. This might mean helping them to contact their local eating disorder service, their GP, or the support team within their college or university.

> **Eating disorders can have a very negative impact on a person's life**

It's common for people with eating disorders to try to hide their behaviours or to not realise how unwell they are. With this in mind, when you first speak to a student about your concerns, they might say that nothing is wrong. We recommend that you keep checking in with them as it can take time for people to recognise that they need support.

When you're reaching out to a student for the first time, we advise:

- **Reading about eating disorders beforehand:** There are many different types of eating disorders with different signs and symptoms, so doing some research beforehand can help you feel more confident when approaching a student
- **Choosing a quiet time and place:** For instance, after a lesson rather than just before a class or meal. This can help people feel able to open up about what they're going through and to feel reassured that you will take the time to support them
- **Avoiding pointing out any specifics:** This can make people feel backed into a corner. For

instance, saying 'I've noticed you haven't seemed yourself over the last few weeks, is anything wrong?' is a better approach than listing specific behaviours or habits you've noticed. Keeping things more general can encourage young people to speak freely about what's on their mind

- **Avoiding any diet talk:** Talking about weight, body image, food or exercise can be incredibly triggering for people affected by eating disorders. If you notice this topic coming up in your classes, we'd recommend gently changing the topic
- **Asking what you can do to help:** Experiencing issues with food or exercise can be incredibly scary, and often people are reluctant to speak to others about what they're going through. Knowing that an adult they trust is there to listen to them and help them reach out for support can feel like a relief
- **Acknowledging that they are not to blame:** People with eating disorders can feel like it's their fault that they're unwell or guilty that they need support from others. But these are serious mental illnesses that nobody should feel ashamed for experiencing

If you're still concerned about the health of the student after speaking to them, it's crucial to raise this with a professional, in line with the guidance provided by your university or college. For instance, many organisations have an experience and wellbeing officer who can help to signpost to specialist support and to ensure that the student is safe.

Helping students who are in recovery

The health of students comes before anything else, and some people with eating disorders might need time away from education, or adjustments to deadlines or projects, to ensure they can focus on their wellbeing. If one of your students is currently in treatment for an eating disorder, it's important to work together with other members of your team and keep up to date with healthcare information, to ensure the student is being supported as much as possible.

Most young people are treated in the community and continue to go to college or university throughout their treatment, but in some cases they might need hospital treatment. Plans should be in place to reintegrate them back into studying when they are feeling well enough to return. Your organisation will have guidelines to help put this plan into place in a supportive and manageable way. Recovery is always possible, and some people find that the motivation of being well enough to continue with studies can help during their treatment.

Accessing training

At Beat, we provide quality training for university staff including our Bridging the Gap course. This is an eight-hour interactive training session, delivered over Zoom or in person by clinicians who are experts in eating disorders. Bridging the Gap is designed to help anybody who works with students, including teaching staff, student union officers, student counsellors, hall representatives and student wellbeing teams.

During the course, you'll learn more about the challenges that students with eating disorders face, and how the university environment can contribute to an eating disorder developing. You'll hear about the many different warning signs of an eating disorder, how to become more confident when approaching someone you're concerned about, and how to assess whether a student is well enough to study. There are also plenty of group discussions and opportunities to ask questions.

It's common for mental health issues to arise during further education, but the positive thing is that support is available. We'd recommend checking out the eating disorder training and resources that your university or college offers, whether that's through Beat or another organisation, so that you can continue to offer brilliant help to your students. ■

➡ You can find out more here:
www.beateatingdisorders.org.uk/training-events/find-training/training-for-university-staff

If you're worried about your own or someone else's health, you can contact Beat, the UK's eating disorder charity on 0808 801 0677 or **www.beateatingdisorders.org.uk**

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ABOUT THE AUTHOR

Tom Quinn is Director of External Affairs at Beat, the UK's eating disorder charity, leading relationships with Governments, policy makers and stakeholders across the UK to help ensure that people with eating disorders can access quality support.

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Ponderings of a counsellor
A room of my own (with a plant)

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While working as a university counsellor, I've experienced many different spaces to work in. The familiar and generic shared counselling room – painted neutrally and containing two chairs, a table with tissues, a clock, a lamp and a rug. There have been rooms booked in libraries or other parts of the campus separate from the main counselling service; sterile rooms in wellbeing hubs with mental health posters on the walls; a medical room with a curtained bed and a plastic skeleton; a tiny smelly room which eventually had yellow and black hazard tape over the entrance; a pompous room with wooden oak university furniture, academic books and a view over a lake; an attic room with a resident wasp's nest; and generic university rooms booked for counselling – where sometimes I have had to ask an academic or student to leave while I quickly tidied up and arranged the tissues and clock.

I once had a room of my own with my name on the door. I could decorate it in my own way with pictures, books, objects and plants, and could develop an ongoing, deepening relationship with the space.

Why does the space in which we counsel matter? Should we be able to counsel anywhere? I've found that different services and different managers have had varied answers to these questions, and different ideas on the importance of the space in which counselling takes place. In a university focused on productivity and efficiency, our spaces can get reduced to generalisations and abstractions without personality, voice or presence.

I've often requested a consistent room to work in. One which I can decorate and make my own. This has felt important yet often hard to explain to management. The status given by a name on the door didn't matter to me, other than indicating that I was somehow in control of the space. When I had a room of my own, I intentionally focused on creating and maintaining the space and sense of place. Clients commented on the homely, friendly or calm feeling in the room. I was able to create a container for the work.

If we think of the space in which we counsel as an ecology. Eco, from the Greek word *oikos*, means home. There is some value in creating a home-like space; as a place where client's, on a soul level, can experience 'home'. As Thomas Moore wrote, 'home is an emotional state, a place in the imagination where feelings of security, belonging, placement, family, protection, memory and personal history abide.'[1] Clients might need to enter these internal imaginal spaces in counselling, and a space which communicates care and depth can allow for this.

Creating a space located in our place has value and as we move about between generic multi-functional spaces, the spirit of place – the genius loci – can go unheard.

Something which has contributed to the experience of the spaces I've worked has been the presence of live plants. There appears to me to be something symbolic about the need for plants in the counselling room. If I think of the counselling room as a *temenos*, a set-aside special place, it becomes something more than a functional arena in which to work. The familiar theory of Maslow's hierarchy of needs tells us that our environment matters to us in a fundamental way, and plants can be part of the ecology of the space.

In recent years, I've found it harder to keep live plants in the counselling room as hot-desking and hubs become

more common. This is partly due to the practical reason of who looks after them. Who remembers to water them or take them home in the breaks? Plastic plants can visually replace the real thing but are not the same.

People have an innate need for connection and a relationship with the natural world, and this has become more widely accepted in recent years. Eric Fromm described love of the natural world using the term 'biophilia' in his book, *The Anatomy of Human Destructiveness*.[2] The term came into use again in the 1980s by a biologist who had an idea that our love of the natural world was rooted in genetics.[3]

These and other theories have led people to think about biophilic design. Kellert, who wrote about the use of nature in design, suggested that one of the most important factors in improving a space is the use of natural materials, including indoor plants.[4] In a broader sense, people are beginning to recognise the importance of incorporating the natural world into university campuses, and how this impacts student wellbeing.[5]

The loss of live plants seems to say something about our relationship with, and disconnection from, the natural world. As we pursue efficiency and productivity, some universities have adopted lean business models and ideas about lean office management – the emphasis on 'lean'. This calls for spaces to be smooth, frictionless and stripped of unnecessary decorations, allowing them to flexibly accommodate different functions within the same area. In a wellbeing hub, we can theoretically move seamlessly between a careers' interview, a counselling session, a Disabled Students' Allowance (DSA) form filling meeting or a talk about housing.

When I look at the images of wellbeing and counselling services on university websites, I mostly see clean, corporate spaces. Some theories suggest that this helps us focus better and avoid distraction, but research into the relative benefits of green versus lean office space questioned how the 'lean' philosophy had influenced a wide range of organisational spaces, concluding that 'Sometimes less is just less.'[6] This study showed that spaces enriched by plants and art improve the productivity and wellbeing of the person using the space.

A 2023 study on the effects of indoor plants on office workers also concluded that having plants in the office made it more attractive to workers, leading to them feeling more able to return to the office after the COVID-19 pandemic.[7]

A counselling room doesn't exist in isolation, and says something about the organisation and society in which it sits. In her paper about the sociological impact of hot desking in offices, Alison Hurst uses a metaphor of vagrancy to highlight consequences of the loss of ownership of space.[8] Our homelessness in workspaces resonates with, and adds to a sense of dislocation in and with the world. This to me brings back the importance of the 'temenos' and 'home' qualities of the counselling room.

It's well known that the suppression of our connection with nature makes us unhappy and unwell.[9] If we forget to include the natural world in our spaces, it impacts everyone.

Tending to a plant takes time, which we often don't have in university counselling services. In the past, I've given plants to students to look after to help them have a sense of relationship, to connect and care for something outside themselves and see growth occur. If we don't have time to tend to our own plants, something is going awry.

As we move further into a time when we work virtually, and don't have a counselling room at all, I wonder how we can we hold onto the importance of space? How does it impact the client if they sit holding a device in a small halls of residence room among washing, takeaway packaging and dirty mugs, after they've struggled to get out of their room for a few days? I've spoken to students who have stood outside in the rain, sat in cars or walked along busy roads to get some space to talk. Some just had to cancel due to no suitable space to go to.

Perhaps there is a need to push back and encourage our services to re-think space and the way in which it is used; how the spaces in which we offer counselling communicate our relationship of care towards clients. This might bring back the possibility of re-connection to our sense of place, and the ability to have and care for the life of the plant, the planet, ourselves and the students. ■

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Sarah Hinds is a BACP accredited counsellor, workshop facilitator and musician. She runs an outdoor counselling and personal development centre in Derbyshire and works as a skills tutor on a humanistic integrative counselling degree course. **https://sarahhinds6.wixsite.com/the-garden**

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Embracing difference, self and other:

Belonging and unbelonging - an intersectional approach

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I am delighted and feel privileged to be given the opportunity to take up some space in this journal, and introduce myself and my areas of interest, as I take over the column vacated by Michael Pearson. As others have clearly highlighted, this is a hard act to follow – and I have my dear colleague and friend Dr Afra Turner to thank for persuading me to take courage, embrace the moment and write this piece.

I have been working in the sector a while now, over 20 years, so some of you may know me or know of me! So, a little bit about me...

I am Jo Levy, I identify as gender queer, use they/them pronouns, work as a psychodynamic therapist, supervisor and trainer as Head of Mental Health and Counselling, Outreach and Training in the Counselling and Mental Health Support Service at King's College London (King's). I am also a clinician, recently turned newbie researcher, as I embark on a Professional Doctorate at Essex University in the School of Psychoanalytic and Psychosocial Studies.

My area of interest and research is intersectionality in mental health. I am researching: What are the experiences of gender and sexuality diverse therapists who work in university counselling services? How may this impact and link to the psychosocial assumptions made around clinical matching?

I also work freelance as a therapist, supervisor and trainer. My work is driven by the importance of intersectionality and how this impacts equality, diversity and inclusion (EDI), both at work and in my world. In terms of what else is important to me, both professionally and personally, I have amazing family and close friends, and a love of nature and health. I am one of those cold and wild swimmers who cannot help but share my endorphins! I love good strong black coffee and I practise Iyengar yoga. I cycle when I can, to work and everywhere else that does not need a train or plane; I love the sun, blue skies, travel and trees.

So that's me and what I would love to bring to this column are the hot topics that drive me and those around me in the sector.

We are living in a changing world and the changes are also being experienced in the HE sectors in which we work. At King's, this mostly feels a positive force; as we celebrate the work we have done university-wide towards achieving the University Mental Health Charter Award.[1] Key to this work and ongoing recommendation is the focus and understanding of intersectionality in student mental health, and how this informs best clinical practice as well as research. We still have a lot to do, and this will inform some of the writing I will share in this and future columns.

Conference on working with intersectionality

The focus of King's recent conference, hosted by the Counselling and Mental Health Support Service on 2 November 2023, was 'Working with Intersectionality in Student Mental Health' – this connects closely with the work of Dr Michael Priestley et al on belonging and loneliness, and how this impacts student mental health.[2] This was just one, but a key area of, discussion, which linked to the other topics covering connection, understanding and acceptance of ourselves and others; the importance of holding the student at the centre of the work we do; and co-creating and co-researching.

The theme of identity and belonging or 'unbelonging' seemed to resonate and emerge as a central piece in each area.

What is belonging?

According to the U-belong website **(www.u-belong.uk)**, a third of university students report feeling lonely. Students often describe belonging as the opposite of loneliness. Loneliness is, by definition, a negative experience in itself, and U-belong has identified it as a main cause of mental ill health in students. As such, loneliness in university students is a major concern.

Social identity influences our sense of belonging and the U-belong project **(www.u-belong.uk)** aims to understand the broad diversity of student experience, and how this shapes differences in the experience of loneliness and belonging.

Going to university is a time of significant transition and adjustment, when students hope to form social connections and build relationships with peers, faculty and staff to enhance their feelings of support and social integration. However, many students struggle to make these connections and feel a heightened sense of 'unbelonging' and disconnect, with an increased sense of loneliness and isolation.[3]

A sense of belonging has been described as a subjective feeling of security and support, which allows people to bring forth their true authentic selves, and feel welcomed and celebrated so they can thrive, contribute and see themselves reflected in the culture.[4,5]

Belonging is a fundamental human need that predicts mental, physical, social, economic and behavioural outcomes.[6] It directly influences students' engagement in learning and is critical for overall mental wellbeing, academic success, retention, social integration, inclusivity and well-rounded development.[7]

Marginalised and minoritised students, with heightened minority stress, may experience 'othering' and be made to feel as if they do not belong.[8]

Why belonging requires intentionality

Structural marginalisation is perhaps the most difficult type of marginalisation to recognise due to the assumption that our structures and institutions are neutral.[1] At the heart of marginalisation is

'difference'. This difference is socially constructed, and intertwined with dominance and subordination.[9]

Anyone who identifies differently from the normative groups is considered 'other' and pushed out to the margins. It is hard for people who possess the identities that are considered the norm to be aware of those on the margins, because of the position and perspective that the normative privilege provides.[10]

Marginalisation: a barrier to belonging

Marginalisation, discrimination and bias all disadvantage people through exclusion, or by intentionally or unintentionally making it harder to access essential resources (economic, political etc). When students are marginalised, they are denied access to several dimensions of society, including economic security, social engagement and inclusion. This lack of access also makes it more difficult to have a sense of belonging.

Intersectionality and marginalisation

Recognising the intersectionality of identities is essential for effectively combating marginalisation, and working toward equitable and inclusive environments. Both intersectionality and marginalisation draw attention to the role of social structures and systems in perpetuating inequality. Discrimination and disadvantage are not merely the result of individual bias, but are often deeply embedded in societal norms, policies and institutions. The intersecting effects of identities such as race, gender identity and sexuality, religion, disability, age and language can create overlapping systems of discrimination or disadvantage, and may produce inequities that are more than the sum of individual risk factors.[11]

Marginalisation is not just additive but can be multiplicative. A member of multiple marginalised groups can face greater levels of discrimination and disadvantage. For instance, a disabled person who is also black and queer, may face unique challenges not experienced by someone with just one of those identities. The intensity of oppression, discrimination and bias are heightened by the effects of intersectionality.[12] Strategies to improve a sense of belonging for both staff and students at university are better informed by using an intersectional prism.

> **Anyone who identifies differently from the normative groups is considered 'other' and pushed out to the margins**

We all hold multiple identities and selves, and belong or 'unbelong' in varying degrees, in different ways and in different contexts. How do we, and our students, navigate this at university? And what do we, as counselling and mental health service providers, need to do to ensure we make these spaces accessible, equitable, safe and inclusive?

I aim to explore and address some aspects of these questions in the next few articles – so stay tuned and if you have any suggestions or questions, please contact me by email at: **jo.levy@kcl.ac.uk** ■

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Jo Levy (they/them) is a psychodynamic therapist, supervisor and trainer, and Head of Mental Health and Counselling, Outreach and Training, Counselling and Mental Health Support Service at King's College London.

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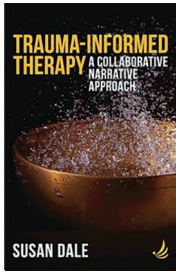
Trauma-Informed Therapy: a collaborative narrative approach

Susan Dale
PCCS Books 2024

ISBN 9781915220417

There is something of a saturated market in books on trauma and trauma-informed approaches, so I approached this book with curiosity about what it might add to the extensive existing lexicon. Dale's highly personal, compassionate and knowledgeable writing immediately captured my attention, and it was a deeply moving and informative read. She sets out her objectives as: encourage a reflection on the reader's practice; understand more about the effects of trauma; understand more about narrative collaborative approaches to therapy and research; see trauma-informed counselling in action; learn from both clients and practitioners about their experiences of trauma, and develop your own framework for working with clients who are trauma-experienced. These are ambitious aims and I was impressed by how effectively the book met them.

The great strength of the book is the authenticity of the author's voice, and the clients and fellow therapists, all of whom are trauma-experienced, who contributed their stories and the outcomes of their research. They wrote with deep understanding; how trauma had impacted them, and how different collaborative and creative approaches brought about healing.

Dale explores a number of different approaches, giving examples to enable the reader to consider what might be most effective in lessening the impact of the trauma in their, and their clients, lives. This collaborative endeavour, of client and counsellor working in partnership to bring about positive change, was inspirational. The breadth of approaches covered was impressive, from trauma-focused cognitive behaviour therapy (TF-CBT) and eye movement desensitisation and reprocessing (EMDR), to narrative therapy and internal family systems (IFS), it was a fascinating exploration of a wide variety of approaches, what aspects of trauma they focus on and how they fit with different presentations.

It felt immediately relevant to working with students, who often present with either historical or recent trauma. The limitations of the book for counsellors in universities and colleges could be the absence of the organisational context, which we know impacts the work. There is also the holy grail of finding an intervention that is effective within a brief model. With many, particularly HE settings, moving to a single session or one-at-a-time model, this book does not address this specifically. However, I would still highly recommend it as a beautifully written, thought-provoking and informative book. I would consider it helpful for both new and experienced therapists. ■

Jane Darougar,
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Send us your suggestions

Would you like to write a review of a book which has impacted significantly on your work as a therapist?

➜ Contact **ucc.editorial@bacp.co.uk** with suggestions of titles you'd like to see reviewed here.

Book Review

Reflections
of an associate counsellor

Eleanor Hayeswood
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We're now in Trinity term, the third and final term at Oxford University, bringing with it the end of the academic year. It's just one of many endings as I finish up my Master of Studies (MSt) lectures, rounding off four years of study at Oxford including my Postgraduate Certificate and Diploma.

Over the last few years, I've written thousands of words, encompassing everything from reflective essays and case studies to client notes. My placement atthe Oxford University Counselling Service has brought to life the things that I've learned, and my clients have each been an important part of my time here in their own unique way. They've ranged from those taking their first steps into the strange world of adulthood, arriving at Oxford holding anxiety and excitement in equal measure, to master's students who stayed only for a brief interlude, bringing their loneliness to the room with them. Then there have been those completing a DPhil, beset with the challenges of navigating supervisory relationships, the joys of a breakthrough, and the monumental task of maintaining motivation as life rumbles on around them.

The therapeutic hours spent with my clients have taught me just as

much as those with my supervisors and tutors. They've expanded and contracted to hold all sorts of things, from the mundane to the seemingly miraculous. I've witnessed the rawness of love and rage; fierce intelligence and determination; death and the deepest of loss; the longing to live in a differently gendered body and be loved all the same; desire in its most vulnerable form, expressed first in hushed tones, only to be later delighted in; and the question of what it feels like to be at home in yourself. I've been privileged to share in each of my client's unique exploration of what it means to be young in the world today.

All of these moments have required something unique that theory alone cannot teach. It's a quality made up of feeling rather than thinking, imagining rather than knowing, and accompanying rather than leading. It's the ability to intuit the shape and strength of an emotion as it emerges, the pace at which it might like to be known, and the moment at which it might be returned to its rightful owner. It's the ability to sit with the most difficult of states, namely, uncertainty.

Uncertainty comes up time and again in this work, most often for me in the moments before meeting a new client, where my own sense of the unknown meets theirs at the threshold of the room. When I first started out, it used to carry a heart of anxiety, but as time has gone on, it's thankfully settled into something softer, more curious. There will always be moments, of course, when uncertainty in the work can feel unbearable, especially in contexts of risk. This kind should never be held alone, and I'm grateful for the wider holding of supervisors and clinical groups that have contained my own clinical experiences of this kind. The most important thing I've learned about this state of being is that, be it unbearable or exciting in nature, it's fluid, and can pass or change as quickly as it comes.

We've all been forced to sit with uncertainty these last few years, none more so than the students we work with. Undergraduates finishing this year, started university during the height of the pandemic and are graduating against a backdrop of intense geopolitical, economic and social unrest. Looking ahead, we're likely set for further domestic change, with the impending 2024 UK election poised possibly to bring a Labour majority into power.

> ❝
> ## It's the ability to sit with the most difficult of states, namely, uncertainty
> ❞

What might this mean for students of the future? There's the opportunity of a new chapter for student mental health, with proposed policy promising 8,500 additional NHS mental health staff, and that every young person will have access to a 'specialist mental health professional' at school.[1] Each community could also benefit from a mental health hub for 11 to 24-year-olds.[1] These promises would be steps in the right direction, which could lay the foundations of improved mental health for young people arriving at university in the years to come. Yet as the old saying goes, seeing is believing, and we can only speculate on the future until words such as these step off the page and become the reality of action.

Whatever the election brings, it feels as though we're in the midst of a greater collective ending, beyond those to come in the consulting room at the end of the academic year. Times are hard and change is undoubtedly in the air. As we move through this uncertain time, it's essential that we create a greater sense of connection in our networks and maintain awareness of the interwoven nature of the issues we work with. Ultimately, it's not just counselling that students need. Good mental health requires a holistic approach that accounts for the psychological security afforded by a liveable planet; housing and economic stability; good health care; a sense of individual empowerment and dignity; and collective purpose. In the same way that we wouldn't start reading a book at the end, it's not enough to simply treat symptoms without returning to the beginning, the cause, that set the whole story in motion.

As I move beyond my training, I'm sure I'll continue to grapple with the broader cause-and-effect dichotomies that exist both in the consulting room and outside of it. On a personal level, I'm excited at the new beginning wrapped up in this ending, and the sense of change in my own life. There's just the small matter of my MSt thesis between me and my freedom. As with my clients, I'm trusting the process and holding the tenuous hope, as we all do, that it will all work out one way or another. Even if it doesn't, I can rely on the thing I love most about this work: that interpretation and imagination know no end, and continuously grant us the grace to find a new beginning. ■

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The art of juggling

Counselling training during and after the pandemic

Newly qualified **Olivia Bays** reflects on her three-year master's course in psychodynamic psychotherapy

I got the email a week before Christmas. I almost missed it, despite waiting anxiously for its contents. Here at last was confirmation. I had passed my master's course in psychodynamic psychotherapy; I was qualified.

Already I could feel myself mentally jumping ahead to the next set of tasks – applying for a change in my BACP registration, graduation, building up my hours, applying for jobs, working towards BACP accreditation, and possible future career paths to work towards.

'Take some time to recognise the achievement', said my supervisor and placement manager. 'Don't just move on to the next stage; give yourself a chance to reflect on what it took to get here.' I noticed my impatience, an unwillingness to pause.

Taking the plunge
In the summer of 2020, a brief reprieve from life in lockdown, the third year of my part-time counselling diploma course at the local adult education centre had just been cancelled. Life had flipped upside down but I was desperate to carry on what I'd started. I wasn't sure where I was going exactly, but I knew I wanted to keep moving. If that door was shut for now, I'd have to find another. As a mature student with a young family and a job, I'd previously ruled out travelling to study, but in this strange new world, everything was online for the time being, which opened up new possibilities for me. I liked the look of the postgraduate master's course at Birkbeck, University of London - its breadth and rigour, its focus on the psychosocial.

It would be challenging given I wasn't coming from a background in psychology, the course director cautioned in my interview. It felt like a leap in the dark, a scary but exhilarating prospect. I was ready. Then in autumn 2021 came lockdown number two and, new to me this time, home schooling.

> ❝ Don't just move on to the next stage; give yourself a chance to reflect on what it took to get here ❞

Looking back that first year seems like a fever dream – I had a four-year-old, a two-year-old, and a job. What was I thinking? In our bubble, my husband, my mum and I juggled childcare between us. I attended lectures online in my bedroom, the noise drifting up from downstairs. My toddler often yelled outside the door, wanting me all the more for not being available on course days. My attention splintered as I tried to focus on studying, homeschooling, work meetings, domestic chores or scrolling the news obsessively. There was no separation between the different aspects of life – it was all mediated through the same screen, in the same room. I felt under siege, struggling to switch between roles against a much bigger backdrop of a global pandemic that I was fortunate enough to be shielded from, safe at home with my family. But studying also gave me a lifeline to hold onto

– hard as it was to carve out the time to attend lectures, read papers and write essays, it was an escape from a difficult reality, a new world opening up as my existing one shrank.

One of the toughest things I found about studying online was finishing a class with the sense that once I left the meeting, I was on my own. Navigating difficult subjects or disagreements in group work was never going to be easy, but the sense of being alone at the end to reflect on what I'd said or not said, what I'd missed or messed up, the gap between how I saw myself and how I was perceived by others was deeply challenging. It was mitigated by sharing and hearing that others were also finding it tough, and by a common understanding that we were all going through something at the same time, teachers and students alike.

Shifting gears
If that first year was shaped by COVID-19, each of us suspended on screen in our little Teams boxes, the second felt much more immersive. A full day on campus, finally a chance to meet each other outside the classroom. It was also punctuated by strike action at the university as union members protested against pension changes, pay and working conditions. We were learning about systems psychodynamic theory and reflecting on unconscious organisational processes within a wider institution at odds with many of its teaching staff. I joined the picket line when my tutor was striking, and went to classes held by non-union lecturers, and wasn't sure I was ever in the right place. How far should what was happening in the

outer world impinge on the inner one of the classroom, and vice versa? Here was the psychosocial bumping up against the intrapsychic right in front of me. This emphasis throughout on the wider social context in which we lived and worked, both in terms of assigned reading and class discussion, meant that we could not avoid confronting topics of prejudice, inequality and discrimination. I began with the belief that I already felt quite comfortable with the idea of sitting with and exploring difference. The experience revealed that to be – at least in part – a comforting fiction. I think I know myself much better now; an invaluable part of the process.

The second year also meant our turn to participate in a group relations conference – normally held in person over a three-day period, ours was online thanks to COVID-19 restrictions during the planning stage. Part of me felt relieved to be spared the intensity of doing it 'in real life' but also disappointed to have missed out on the embodied version of this unique experience. The course focus on group and organisational dynamics, and the effect they can have on you as an individual, was sometimes painful and uncomfortable, sometimes exhilarating and enlightening – occasionally all at the same time.

The third year brought another shift, the syllabus now feeling more business-like in its focus on clinical concepts, and developing a sense of our own style as practitioners. The promise of life post-study loomed on the horizon as we worked towards our anticipated ending. I didn't want to finish my final case study, aware of my unwillingness to let go of my training. It had been my focus for so long, while also keeping me cocooned in studenthood. Was I ready to graduate to practitioner status? To make my own decisions about what to do next?

From the classroom to the consulting room

I had begun my clinical placement at Anglia Ruskin University's Counselling and Wellbeing Service during my second year, in November 2021. Everything was online – my interview and subsequent training, my first clients. I hadn't been to the university campus, hadn't met any of the team in person. I worried that I was short-changing the students I saw. I'm sure I would have felt that anxiety regardless, but working online at the beginning certainly heightened it. Despite wanting to work in a university setting, I had been apprehensive about the parallel process of working with a student population while being a student

myself. Being able to talk about my imposter syndrome and fears of how clients might view me, with both my supervisor and personal therapist, helped me to settle in to the work, accepting the uncertainty that came with it, rather than fighting against it.

By the following summer, things had opened up, and I was able to see clients face to face. It was a strangely quiet campus, with only occasional traces of the bustling place it must have been before. Despite the subdued atmosphere, I was thrilled. The shift from interacting online to being in the same room as my client felt palpable, just as I had experienced with my own therapist. It also gave me the chance to meet colleagues, which really helped me to feel part of a bigger team. Whether students chose to use the service in person or online, almost everyone referred in some way to the loneliness of an enforced lockdown, of not knowing the people they lived alongside, of struggling with the sensation that they had missed out on their idealised student experience, and the anxiety that accompanied a return to campus and social interaction. I felt it too – both as a student and a trainee counsellor.

There's something hugely appealing about working with clients during a transitional period of life.

> **My attention splintered as I tried to focus on studying, homeschooling, work meetings, domestic chores or scrolling the news obsessively**

University can represent a liminal state, moving in and out of adulthood, experimenting and exploring both internally and the world outside, the chance to build something on your own. And for mature students like me, it might mean a whole new phase of life opening up. In the Counselling and Wellbeing Service, it feels like infinitely varied work and a privilege to be invited into others' lives in this period, on the cusp between past and future, to sit with them in their stories. Some clients come with presenting issues related to aspects of student life. Others have questions about their identities, difficulties with family dynamics, painful trauma, grief and loss, the challenges of building a new life in an unfamiliar culture, and much more.

Looking back, looking forward

From regular check-ins with my line manager to being included in staff meetings and training sessions, I have felt part of a team throughout my placement, encouraged and supported and able to benefit from others' insight and advice when I've had questions or felt unsure. I imagine this period must have been a very different experience for the senior members of the team, especially given the additional pressures COVID-19 brought and funding constraints in HE, but from my perspective the Counselling and Wellbeing Service has been incredible – expanding the range of options offered to students, while also managing waiting lists and risk levels and supporting staff. It has been especially inspiring to see how committed they are to tackling sexual violence – from supporting students who have suffered harm to running training sessions across the university to raise awareness.

Completing this course has been one of the hardest things I've done, and I don't think that's solely due to the wider global context nor my own personal circumstances. Navigating the different roles of student, client and counsellor in different contexts simultaneously can be bewildering. Sometimes it felt like I was chasing my own tail, struggling futilely to think from each perspective at once. But it has also been endlessly interesting, illuminating and a huge gift to have a chance to begin again, to study a subject that encourages me to look inside and out, to feel challenged and expanded by the demands and rewards of this discipline.

Writing this feels exciting – the once long-distant future is now here, and I'm still not sure yet what it holds. That's OK.

If there is one thing I've got better at over the last three years, it's sitting with uncertainty. ∎

ABOUT THE AUTHOR

Olivia Bays is a newly qualified counsellor, having recently completed her MSc in Psychodynamic Psychotherapy at Birkbeck, University of London. She is currently working as a locum student counsellor, and volunteers for Cruse as a bereavement support volunteer. When not studying psychotherapy, she works as an editor and writer. **olivia.bays@gmail.com**

Profile

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Emma Wingate Senior Wellbeing Practitioner (Counselling), University of the West of England (UWE Bristol)

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Above Seafood on the Isle of Wight 2023

Q How and why did you decide to become a counsellor?

I studied documentary photography for my degree but I always maintained my interest in psychology which I loved at A-level. After a while working in photography, I considered doing a master's in art therapy. When I was looking at courses, I found a counselling course that seemed to bring together helping people in a creative way, and from there I was hooked!

Q What was your experience of counselling training like?

I was 25 when I started training, working full-time to pay for it and from a working-class family, so in some ways I felt the impact of those differences a lot; but I already had a degree and I'm a white cisgender woman, so in other ways I essentially looked and sounded like people expect (ed?) a counsellor to be. At the time, I was surprised how much ageism I faced. It always seemed very obvious to me that age does not equal maturity or self-awareness, and if you flip it round, it's clear to see the ageism for what it is. I realise now that many pre-middle-age trainees experience this, and I find it really interesting because I think it plays into this idea of the counsellor as a wise older person, even though it's our ability to be with people in distress without trying to fix it, or joining them in it, that matters.

Q Tell us about your career pathway

I was really well supported on my first placement at Cardiff University with great training and supervision, and I just fell in love with working around this transition in education. I left my full-time non-counselling work to get a range of experiences; working in an NHS Talking Therapies (formerly known as IAPT) service, and some long-term work in addiction support, which was great. But soon, I wanted to have just one job again so when a wellbeing role came up at a small university, I went for it. They effectively wanted someone to do

counselling work but they hadn't advertised for that directly. I negotiated putting counsellor into the job title, and hence I set up a service and spent five years there. It was a good lesson about being assertive and to ask for things when you believe in them! I loved getting to know the community and growing the service there.

Eventually, I was really keen to work as part of a larger team again, which is why I applied to be part of the multi-disciplinary team at UWE Bristol in 2020. I also did my supervision training a few years ago and have a small private practice, providing supervision to senior leaders in education. It's a good change of pace to the short-term university work, and feels like a chance to help students by supporting the adults, who lead their schools and colleges.

Above On the beach

Q What book has most inspired you?

Staring at the Sun - Overcoming the Terror of Death by Irvin D. Yalom was one of the books that stood out for me quite early on in my career.[1] My Dad died just before my training started so it helped me on a personal level, and it also solidified my interest in working existentially; helping to make sense of our place in the world – accepting our hopes, fears and uncertainties are all aspects that I find relevant to working within education. Focusing on the present to help find meaning in our lives and work, can be very effective when working short term too.

Q Tell us about your current role and where you work

I'm currently a Senior Wellbeing Practitioner (Counselling) but I have colleagues who have varied professional qualifications such as in social work and occupational therapy, which provides a really rich learning environment. In counselling, we use the one-at-a-time (OAAT) model with a triage assessment first. The work is very fast paced. I am totally focused on my clients when I am with them, then they leave, I write my notes and then I have to let them go.

I'm still working out what that means for my notes process (to write more or write less?). My supervision has also had to change, which now takes a much more systemic view, as I'm often talking about themes that come up in the work and context, with less about individual clients.

Q How do you practise self-care?

I have a young family at home so time is at a premium. I try to make sure I carve out a bit of time each day that is for me. Sometimes, that is as simple as listening to music on the way to work, not podcasts (which I also love, but feels a bit like using the work bits of my brain). I had an injury a few years ago that means I still live with chronic pain so movement is my friend, I stretch at my desk and get up and walk around as much as possible. I enjoy good food and spend as much time at the beach as I can because it's good for my soul. When I can, I go to gigs, exhibitions and theatre as much as possible.

I also joined a book club about a year ago and it's been such a joy to read things that other people have suggested. I get so much more out of the books knowing I will have a conversation about them at the end. The accountability of a group also helps me make time to read something that isn't work related!

Q What makes UWE Bristol unique or special for you?

It is full of wonderful people! I've met so many passionate people here doing excellent work. The university feels a bit like the city of Bristol; you go to different parts of it and each feels like a little village, distinct in its own atmosphere but always friendly and usually creative. The leadership team places a high value on wellbeing for students and staff, and I feel like we are heading in the right direction on these things.

Q What current challenges do you face?

Like in most large organisations, there is a very strong pull towards 'doing mode', trying to make sure everyone gets the most out of every single
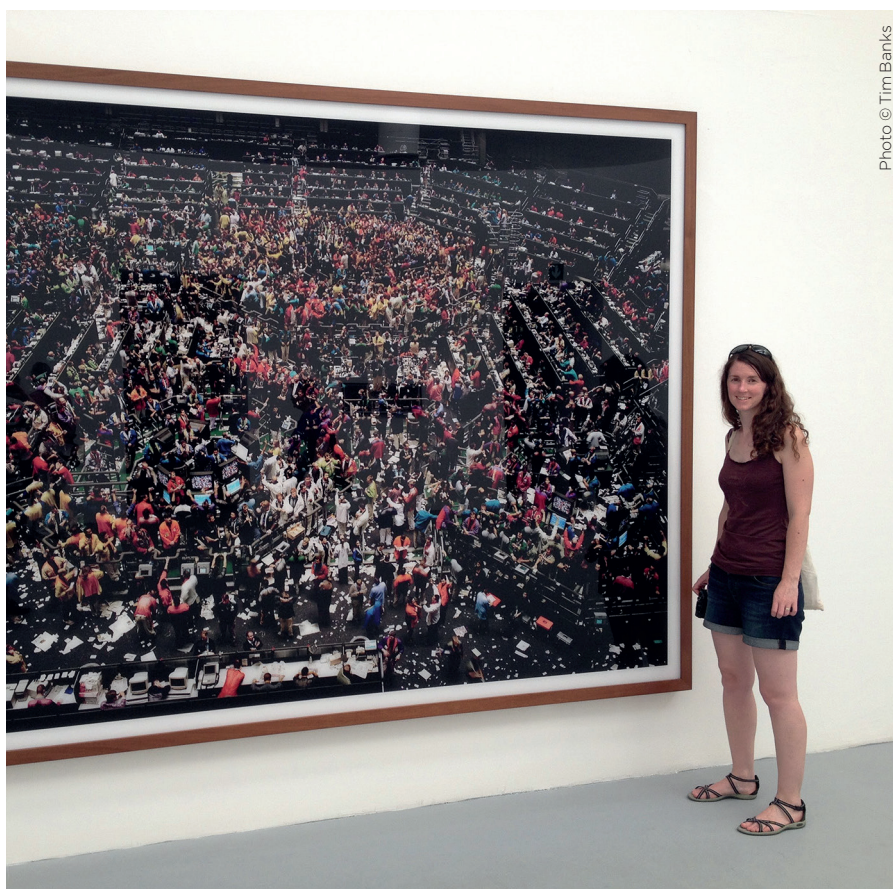
Photo © Tim Banks

Above Seeing Gursky's Chicago Mercantile Exchange. Installation at the 2015 Venice Art Biennale

moment. The challenge I find with this mindset is that I wonder what happens to the things that cannot easily be measured or 'achieved'. I see it in students sometimes when they are so focused on achieving well in their degree, they lose contact with the other activities that bring them joy and make life meaningful, the very things that help them cope when things are tough. Organisationally and especially in the OAAT model, I find I need to remind myself that the power of being with someone, helping them to find their own answers and solutions, is much more powerful than any amount of advice or signposting I could give (although these clearly have their place too). The quality listening is also what students are asking for. When I question what their best hopes are for engaging in support, the most common reply is that someone will listen to them, without judgment. It sounds simple but it isn't, it's fundamental.

Where do you see new opportunities for student counselling in the future?

Post-COVID-19, I think there are opportunities to help develop emotional intelligence. I think we are already seeing the impact of the lost developmental (or maintenance) opportunities for social skills, because everyone was cooped up at home. It also feels to me like there is an opportunity in our culture right now to help men work out what they want masculinity to mean, and address some of the baggage that contributes to poor mental health outcomes for men.

What are your hopes and fears for the future of student counselling?

A hope is that we are able to continue contributing to counselling research generally, but also making space for student counselling to be seen as a legitimate specialism. There are specific challenges that students face because they are in university, but with the chronic lack of services outside universities (we have spent a lot of time trying to resist the invitation to become a mini-NHS), it would be nice to see the focus move back onto what makes our work with students distinct from counselling in other settings. A fear is that increasing polarisation in society is going to make it harder for us to hear each other, both between practitioners and clients but also between colleagues, I hope not but that is my fear.

What do you see yourself doing in five years' time?

I would love to be involved in some practice-based research. I like the idea of collaborating across teams for this, I just need to find the right project. I am increasingly drawn to more systemic ways of thinking so I might do some training in that area as well.

Tell us something about yourself that most people don't know

The first time I went skydiving, I ended up doing it twice in one day because I enjoyed it so much! ∎

➡ To get in touch with Emma, please email her at **emma.wingate@uwe.ac.uk**
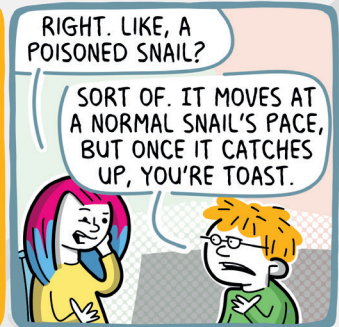
REFERENCE

1. Yalom ID. Staring at the sun - overcoming the terror of death. San Francisco: Jossey-Bass; 2009.

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STUDENT STORIES

GARETHCOWLIN@GMAIL.COM

Panel 1: MY STUDENT SUPPORT TUTOR TOLD ME ABOUT A SNAIL. / GO ON...

Panel 2: THE GIST OF IT WAS THIS...

Panel 3: YOU CAN HAVE £15 MILLION POUNDS, BUT THE CATCH IS THAT THERE'S THIS SNAIL FOLLOWING YOU, AND IF IT TOUCHES YOU, YOU DIE.

Panel 4: RIGHT. LIKE, A POISONED SNAIL? / SORT OF. IT MOVES AT A NORMAL SNAIL'S PACE, BUT ONCE IT CATCHES UP, YOU'RE TOAST.

Panel 5: WOULD YOU T-TAKE THE MONEY? / SURE! IT'S £15 MILLION! I'D OUTRUN IT, I'D TRAVEL TO AUSTRALIA OR SOMEWHERE FAR AWAY.

Panel 6: "I'D HAVE A FEW YEARS BEFORE IT CAUGHT UP, THEN I'D JUST MOVE ON." / URRRR!

Panel 7: BUT, IT LOOKS LIKE A NORMAL SNAIL. ANY SNAIL YOU SAW COULD BE THE SNAIL. BY THE TIME YOU NOTICE, IT'LL BE TOO LATE!

Panel 8: IT'S NOT, LIKE, BRIGHT RED OR ANYTHING? / NOPE, JUST A NORMAL SNAIL. / FIG.1

THEN I DON'T KNOW. I WOULDN'T BE ABLE TO RELAX, I PROBABLY WOULDN'T EVEN BE ABLE TO SLEEP.

I'D HATE TO LIVE MY LIFE LIKE THAT, EVEN FOR £15 MILLION. I'D BE SO ANXIOUS ALL THE TIME.

ALTHOUGH, I DO FEEL SORRY FOR THE SNAIL, NOT BEING ABLE TO MAKE FRIENDS.

THAT WASN'T THE POINT I WAS TRYING TO MAKE.

REGARDLESS, I THINK THAT SNAIL SHOULD HAVE SOME COUNSELLING TOO.

FOOTNOTES AND FURTHER READING

ANXIETY CAN BE DESCRIBED IN MANY WAYS, BUT SOMETIMES THE SNAIL ANALOGY SEEMS TO FIT. DEPENDING ON THE STUDENT, OF COURSE; THE DISCOMBOBULATING FEELING THAT 'SOMETHING' IS BEARING DOWN ON YOU, BE IT SOCIETAL PRESSURE, DEADLINES OR A MOLLUSC. FURTHER INFORMATION CAN BE FOUND AT WWW.MIND.ORG.UK
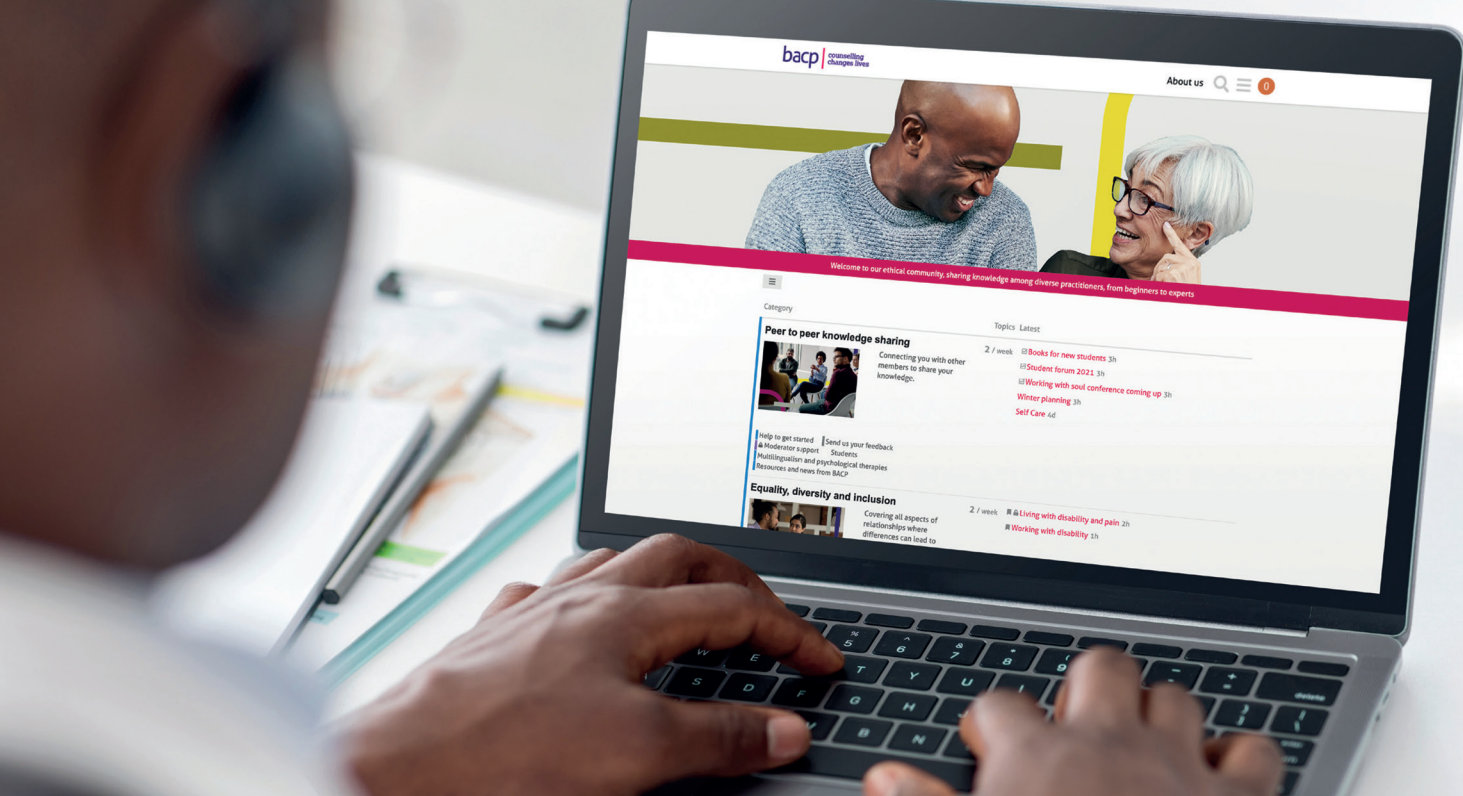
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