Volume 12 Issue 01
March 2024

# University & College Counselling

For counsellors and psychotherapists in further and higher education

## On being able

Equality, diversity and inclusion for those with different abilities

+ **Communication difficulties**
Creative support

**Students and alcohol**
Navigating a drinking culture

**Managing disabilities**
Lived experience

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## BACP & DIVISIONAL NEWS, PLUS NON-BACP NEWS




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BACP Universities & Colleges has a number of sub-committees and special interest groups with lively networks and relevant activities. In addition to the Chairs of these groups, the Executive Committee has other members who further the work of BACP Universities & Colleges. All committee members welcome enquiries from members of other interested parties.

**Privacy**
In our author guidelines, we set out how we will help protect the privacy and confidentiality of any personal information used.

# From the Editor




**Rick Hughes**
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I've had high-pitch deafness since birth, probably because I was born three months premature. I've never been able to hear certain birds. A shame, yes, but then I've never known what I have never heard. Is this an impairment or a disability? I don't label, but I often disclose, occasionally with the inevitable response; 'what?'

Lots of people have impairments, both physical and mental. And yet society often frames this as a disability or inability. What we might lack in one department, we often gain in another. Even if there's no apparent 'gain', we all have equal value and worth.

As such, I'm delighted to introduce **Vanessa Edworthy** who writes an inspiring article about her work as a counsellor at Treloar's School and College in Hampshire, and how she creatively supports students with communication difficulties. Her ways of working may help those of us in further and higher education, as we have all experienced students with communication challenges.

Grateful thanks also to **Elaine Davies** who writes about her own lived experience of 'disabilities' and tussles with how able-people describe and engage with those less able. Importantly, she touches on the issue of societal judgments which seem to focus more on the 'can't' rather than the 'can'.

As a trainee journalist, **Jodie Wood** interviews a student who has suffered from alcohol difficulties as a perceived result of the drinking culture of Freshers' Week. Her story has ramifications about the wider drinking culture for students and young people.

I'm pleased to feature in our Profile piece **Safaa Ramadan**, Head of Student Wellbeing and Counselling at Hult International Business School. I think you'll enjoy her fascinating career journey and cross-cultural insight into student counselling.

Our new BACP-UC division Chair, **Louise Knowles** starts her Chair's Report which, going forward, will communicate further plans and developments for the division. Thanks also to **Afra Turner** for her regular piece championing the importance and value of research. It's great to hear from **Jane Harris** and all the work that's going on within the very active and supportive HUCS community.

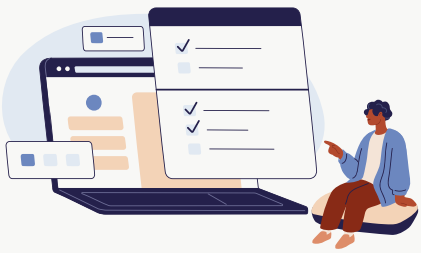
As ever, our regular columnists, **Sarah Hinds** and **Michael Pearson** chip in with wonderful insight and perspectives. This is Michael's last column for us as he rightly prioritises new family commitments.

And finally, thanks to our brilliant illustrator **Gareth Cowlin** who presents a clever insight into the challenges experienced by students with anxiety.

I hope you enjoy this issue! ■

# News & resources

A summary of current issues and opportunities in our sector



**YOUGOV RESEARCH**

## Counselling changes lives: results from our annual Public Perceptions Survey

Ninety-five per cent of people who've had counselling or psychotherapy think it's important it should be accessible to everyone who wants it, our research has found. The figure is from our annual Public Perceptions Survey, and was released for World Mental Health Day on 10 October 2023.*

Our research also found that 92% of people who've had counselling or psychotherapy agree it's a good idea to seek it for a problem before it gets out of hand. The survey of more than 5,000 UK adults, which was carried out with YouGov, also found that 82% of people who've had counselling or psychotherapy agree people might be happier if they talked to a counsellor or psychotherapist about their problems. Seventy-seven per cent of people who've had counselling or psychotherapy would be likely to recommend it to someone who had emotional difficulties or a mental health problem, the research also found.

**All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 5,333 adults. Fieldwork was undertaken between 9 to 22 February 2023. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 16 and over).*

**PERSONAL DEVELOPMENT DAY (PPD)**

## Work on your race and culture core competency

This PDD will help you to widen your knowledge and awareness of race and culture as a universal aspect of self and all clients, while acknowledging the centrality of concern for working effectively with clients of diverse heritage, such as people of African, African-Caribbean, South Asian and East Asian descent, as well as multiracial clients.

Presenter, Mamood Ahmad is a therapist, author, trainer and founder of The Anti-Discrimination Foundation (TADF) (**www.tadf.co.uk**). He has extensive experience of client advocacy, client perspectives of therapy, intersectional and racial-cultural client work, diversity standards, research and race-based group work. He specialises in developing standards for training in diversity, intersectionality and anti-discrimination practice.

The three 45-minute sessions will take place over the course of a morning, each followed by Q&A and will be organised as follows:

**Session 1:** Introducing core concepts and challenges, and situating your own collective and intersectional position

**Session 2:** Reflecting on your own racial-cultural context, racial-cultural identity and attitudes towards the social construct of race

**Session 3:** Asking why core competence is essential and what it takes to be core competent, while acknowledging the continuous process of learning.

The core competence framework, which was developed under the TADF collaboration, will be introduced to help situate your learning.

The PDD will take place online on Thursday 28 March 2024, and costs £35 for BACP members and £70 for non-members.

You can book your place by visiting: **www.bacp.co.uk/events/opdd280324-online-professional-development-day-race-and-culture-core-competency-are-you-ready**

EDI COALITION TOOLKIT

# The EDI Coalition toolkit: equality, diversity and inclusion

The Coalition for Inclusion and Anti-Oppressive Practice is a collaborative and cross-industry group, aiming to commission and deploy toolkits to support the development of skills, knowledge and understanding for delivering inclusive counselling and psychotherapy training. The Coalition focuses on promoting inclusive and anti-oppressive professional training, as part of a greater vision to address further barriers to inclusive practice, particularly in relation to supporting racially and ethnically minoritised communities.

The Coalition is chaired by Place2Be and, as well as BACP, includes: Association of Christians in Counselling and Linked Professions (ACC), Association of Child Psychotherapists (ACP), British Association of Art Therapists (BAAT), Counselling and Psychotherapy Central Awarding Body (CPCAB), Muslim Counsellor and Psychotherapist Network (MCAPN), National Counselling and Psychotherapy Society (NCPS), Psychotherapists and Counsellors for Social Responsibility (PCSR) and the UK Council for Psychotherapy (UKCP).

Following a consultation with trainers and training providers, held in February 2021, the Coalition agreed to commission and deploy a toolkit that would support institutions, training programmes and individual tutors to develop their skills and understanding when working inclusively and with diversity. The first toolkit, *Race is complicated: a toolkit for psychological therapies training*, has been launched by the Coalition. The interactive PDF aims to demonstrate core ideas and suggestions for best practice, and endeavours to support those involved with psychological therapy training to be more comfortable in managing and working within racial and cultural diversity.

> *Race is complicated: a toolkit for psychological therapies training* has been launched...

Authors Danielle Osajivbe-Williams and Marcelline Menyié, who are integrative counsellors and psychotherapists, and founders of the Routes Therapeutic Consultancy, drew on tried and tested theories and practices to offer up-to-date guidance, rooted in the modern world.

We recently held an event which offered in-depth guidance and support on how to apply the toolkit in practice for trainers and training providers of counselling and psychotherapy training courses. You can access the recording of the event for free via our on-demand service by visiting: **www.bacp.co.uk/events-and-resources/bacp-events/on-demand-services**

Download the toolkit at: **www.bacp.co.uk/media/18883/the-edi-coalition-toolkit.pdf**

**WEBCAST**

# Working with assessing risk linked to harmful sexual behaviours

Whatever the setting, in the course of your counselling work, clients may disclose issues ranging from having downloaded child sexual abuse images, share fantasies or fears about sexually abusing a child, or perhaps share a fear that they may go on to abuse linked to their own sexual trauma.

This online event will offer counselling practitioners the opportunity to hear from the experts, to work from a place free from judgment, and to safely explore risk within the therapeutic context.

This online event will begin at 9.30am on Thursday 21 March 2024 and conclude at approximately 1.00pm.

## Learning outcomes

- How to work safely and effectively when harmful sexual thoughts and behaviours are shared through therapeutic work, this is inclusive of with children and young people and adults
- Working with risk when intrusive thoughts are shared in therapy
- A sound understanding of safeguarding, the law and knowing when to refer on
- Gain a basic understanding of technology assisted harmful sexual behaviours and the impact this has on children and young people and on others
- Guidance on best practice when working with clients who have been charged with sex offences
- An understanding of specialist services available to support this work.

## On-demand booking

After the event has finished, you'll have access to the on-demand service for three months until Friday 21 June 2024.

For more information and to book a place, please visit: **www.bacp.co.uk/events/ww210324-working-with-harmful-sexual-behaviours-2024**

**CYBER RISKS**

# How to protect against cyber risks

Many practitioners in the counselling professions are concerned about the cyber risk to confidential client data. But we often don't know how to enhance our cybersecurity skills. In a member blog, *Staying Safe in a Digital Era*, Alexandra JS Fouracres, a cybersecurity consultant, who runs her own coaching and mentoring practice, encourages us to get cyber savvy. She also offers some tips, such as setting up multiple barriers to protect our online conversations, data and systems.

To read Alexandra's blog, visit: **www.bacp.co.uk/news/news-from-bacp/blogs/2023/9-november-staying-safe-in-a-digital-era**

**GPIA UPDATE**

# We've updated our Good Practice in Action (GPiA) resources

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

**GPiA 014:** Managing confidentiality within the counselling professions

**GPiA 030:** Safeguarding vulnerable adults within the counselling professions in England and Wales

**GPiA 032:** Supervision within the counselling professions in England, Northern Ireland and Wales

**GPiA 040:** Social media, digital technology and the counselling professions

**GPiA 047:** Working online

**GPiA 083:** Writing reports for the courts and giving evidence in court in the context of the counselling professions in England and Wales

**GPiA 088:** Self-care for the counselling professions

**GPiA 091:** Working with interpreters in the counselling professions

**GPiA 099:** Workloads in the counselling professions

**GPiA 109:** Workload in the context of the counselling professions.

Find the full list of resources on our website at: **www.bacp.co.uk/events-and-resources/ethics-and-standards/good-practice-in-action**

# Notes from Research SIG

Listening to and thinking about students' experiences are at the heart of university and college counselling work. Similarly, ensuring that we are evidence-informed is part of counselling best practice. We know research has consistently confirmed that marginalisation, discrimination, and harassment negatively impact the mental health and wellbeing of minority student groups.[1]

Moreover, global majority* students, disabled, LGBTQ+, international, working-class and postgraduate students continue to experience practical and cultural barriers to social integration and belonging at university.[2]

Risk factors are increased by social exclusion and loneliness, so it was timely that at the King's College London, Counselling and Mental Health Support Service Conference, 'Working with Intersectionality in Student Mental Health' (November 2023), Dr Michael Priestly presented findings from co-produced research, collected during the development of the University Mental Health Charter.[3] The data highlighted the challenges for marginalised students, as well as demonstrated the benefits of co-production in terms of increasing social inclusivity and belonging for student communities.[4]

Co-production is a research method that ensures students (and staff) perspectives and proposals form part of disseminated information and recommendations for good practice, and serve our educational communities to realise our ambition for progress and improvement in student and staff mental health.[3]

If you have any experiences, thoughts or concerns, please email me at: **afra.turner@kcl.ac.uk** ■

** 'Global majority' is a collective term for non-white people of indigenous, African, Asian, Latin American descent, who constitute approximately 85% of the global population.*

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## REFERENCES

**1.** Arday J. Understanding mental health: what are the issues for black and ethnic minority students at university? Social Sciences 2018; 7(10): 196–219. doi:10.3390/socsci7100196

**2.** Dickinson J. 2019. Only the lonely: loneliness, student activities and mental wellbeing at University. [Online.] https://wonkhe.com/wp-content/wonkhe-uploads/2019/03/Only-the-lonely-8-Page_v2-003.pdf (accessed 21 December 2023).

**3.** Hughes G, Spanner L. The university mental health charter. Leeds: Student Minds [Online.] www.studentminds.org.uk/uploads/3/7/8/4/3784584/191208_umhc_artwork.pdf (accessed 21 December 2023).

**4.** Priestley M, Hall A, Wilbraham SJ, Mistry V, Hughes G, Spanner L. Student perceptions and proposals for promoting wellbeing through social relationships at university. Journal of Further and Higher Education 2022; 46(9): 1243–1256, DOI: 10.1080/0309877X.2022.2061844

# **Notes from** the Chair

For my first Chair's report, I will start by offering a brief introduction to who I am.

I am a UKCP registered psychotherapist and have more than 25 years of working in the public, non-profit and independent sectors. I would describe my professional journey as a non-traditional one. I left school at 16 with few qualifications and started my working life as a youth worker, working in some of the most deprived areas of Sheffield and Manchester. Having come out in the early 1980s, I was profoundly influenced by the AIDS crisis, and subsequently worked in sexual health advice. I decided to return to education, and at the age of 28, graduated with an MA in Gestalt Psychotherapy.

For over 10 years, I have been Head of the University of Sheffield's Mental Health, Counselling and Therapies Service. I have also been active across the HE sector, with a particular focus on embedding research into clinical services as a means of achieving the best outcomes for students. Both my professional and personal life is underpinned by my values and commitment to equality and anti-oppressive practice.

As I take up this position, I am both excited at the opportunities, and also slightly daunted by the challenges it will present me with, given the environment we are operating within.

Working in our sector with all its complexities, coping with change has had to become second nature to us all. Universities and colleges are facing tough financial times. We are also under a governmental and media spotlight in respect of student mental health, and more recently, sexual violence. We have seen the introduction of the University Mental Health Charter[1] and its influence on the whole university approach. In turn, expectations of our counselling and therapy services, and the resources we have to deliver those services, are shifting, leading to widespread changes. In many ways, this underpins the importance of a strong, effective and active UC division.

> Universities and colleges are facing tough financial times

As we take on these challenges, I want us to be up for change but also be clear about our core values, our 'red lines'. I am committed to increasing access to services but this must be done without compromising our professionalism, effectiveness and our identity. So for me, the most important aspects of our work should be about collaboration, and everything we do to be underpinned by research to assess its effectiveness.

As a division, I want us to be seen by regional and national bodies as the place to go to for expert opinion and constructive advice in relation to counselling and therapy services in colleges and universities. I want us to be appreciated for our willingness and openness to collaborate, adding value to debates and being constructive and curious. I would like to see us proactively engaging with Office for Students (OFS), Universities UK (UUK), University Mental Health Advisers Network (UMHAM) and Student Minds, amongst others, and I will be working with the Executive Committee to develop and implement a strategy for stakeholder engagement.

Further to this, I would also like us to engage positively and constructively with the University Mental Health Charter.[1] The Charter positively acknowledges the work and role that counselling services can play in higher education institutions. The Charter's principles of good practice offer our services an opportunity to engage in a process, bringing our clinical expertise and regard for sound clinical governance to the forefront. If you are not fully aware of the Mental Health Charter and its principles of good practice, I would encourage you to familiarise yourself with it.

As a division, we have been impacted by further changes within BACP, and the Executive Committee and I are looking forward to meeting and getting to know the BACP's new CEO. I would like to extend a warm welcome to Phil James.

I am very pleased that we have welcomed new people into the special interest groups, including, and in particular, HUCS. I know Jane Harris has been undertaking some really positive work with HUCS, so a big thanks to Jane for the work she is doing here. I also know that Jane has been doing some really positive work with the Higher Education Mental Health Implementation Taskforce,[2] and Jane's work here has been really helpful in ensuring the Executive Committee is up to speed with how this work is progressing.

I am working with Kirsten Amis to try to raise the focus on colleges and college membership, and I'd like to acknowledge Ayan Ali's hard work towards improving the numbers in the staff counselling special interest group. Given the focus of staff wellbeing, I hope we can grow our membership so that we can again play an active and positive role in contributing to this agenda and debate. Afra Turner continues to remind us of the need to positively engage in research in order for it to remain active and relevant to the current agenda. Please step forward if you want to be involved. We need you and your input to ensure our division is effective, active and most importantly, meets and reflects your needs.

Finally, as your new Chair, I look forward to contributing my experience and connections across the sector. I am interested in how as a division we can look outwards, support diversity and encourage inclusion, and how we can positively influence the wider decision makers about the unique contribution our profession can make to the higher education sector. Please contact the division if you would like to take an active role in our future development. You can reach us via email at **bacp@bacp.co.uk**

**Louise Knowles**
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## REFERENCES

**1.** Student Minds. University mental health charter. [Online.] https://hub.studentminds.org.uk/university-mental-health-charter/ (accessed 22 December 2023).

**2.** Gov.UK. Higher education mental health implementation taskforce. Gov.UK; 2023. [Online.] www.gov.uk/government/groups/higher-education-mental-health-implementation-taskforce (accessed 22 December 2023).

# Mental Wellbeing in HE Conference 2024: Better than rocket science! 'Futureproofing' student and staff wellbeing

Delivered in collaboration with the Mental Wellbeing in HE Expert Group (MWBHE), the Mental Wellbeing in HE Conference will address issues of mental wellbeing across all aspects of higher education. It is designed for practitioners by practitioners, where you will learn about the most recent developments in student and staff mental health and wellbeing. There are two main 'strands' within this conference: one for academic staff, covering teaching and research (embedding mental health in the curriculum, wellness in programme design, assessment etc.), and one for student support/mental health professionals.

The conference, taking place in Leeds on 15 May 2024, will have the following sub-themes, and contributors will be asked to identify which sub-theme their submission supports:

- effective collaborative working in student support across services, departments and teams
- curriculum-based wellbeing
- innovative outreach and collaborative working
- staff training and support
- staff wellbeing.

Find out more information about this event at: **www.advance-he.ac.uk/programmes-events/conferences/mental-wellbeing-2024**

# Notes from HUCS

The Heads of University Counselling Services (HUCS) membership and professional network is important in so many respects. It provides an easy mechanism for quick, real time check-ins on emerging trends, candid comparison of what is working (or not) and collegial peer support in times of difficulty. Comparing patterns in student counselling registration rates, waiting times, training and CPD recommendations, and how we may be implementing new policy recommendations, are just some examples of how we support each other within HUCS. The network has the additional opportunity to think collectively about what we need as a sector, and to share the insights developed from participation in HUCS meetings, national forums and committees. We are then able to bring back relevant updates, in a way that we hope is useful, and fosters dialogue and development.

As Chair of HUCS, I have been privileged to be invited to join a number of networks, committees and more recently, the Department for Education's Higher Education Mental Health Implementation Taskforce,[1] which is operating from October 2023 to May 2024, Chaired by Edward Peck, the Office for Students appointed Student Support Champion.

The taskforce will build on existing best practice to ensure that guidance and key initiatives in student mental health are implemented in full, with clear measures for identifying progress. Students and their parents and families should have the confidence that students will feel safe in their higher education setting, and be able to access the right support to help meet whatever challenges they may face.[1]

The four main areas of work for the taskforce are as follows:

1. Develop a plan for better identification of students in need of mental health support and a clear user journey for accessing that support
2. Support the adoption of common principles and baselines for approaches across providers, including through Charter memberships
3. Develop a 'Student Commitment' for more sensitive student-facing policies, procedures and communications in the sector
4. Support sector engagement with the national review of students' suicides in higher education, and explore methods for achieving greater timeliness and transparency on suicide data.[1]

As a sector commitment to improving the emotional, psychological and mental health of students, the focus of the taskforce is welcome, and a clear signal to Higher Education Institutions (HEIs) that there is no room for complacency in this area of work. Equally welcome is the focus on articulating more clearly what can be reasonably expected from university staff in relation to mental health interventions, relative to NHS primary and secondary mental health services — a point echoed by the Office for Students (OfS) funded action learning set (ALS) project,[2] which is tasked with close analysis of how to improve partnership working between universities and the NHS. The OfS end-of-year report prioritised the need for greater clarity of expectation for students, university staff and NHS services on how we co-ordinate our work.[3] The taskforce minutes and interim reports can be found on the website[1] and a final report is due in May 2024.

At this stage, I thought it would be useful to flag the following interim recommendations for consideration by counselling teams, who are well placed to share the insights of detailed work with the students in a way that will support our universities and sector to implement the taskforce recommendations.

## Identification of students in need of mental health support

In addition to interest in the use of data analytics, the taskforce recognises that each university considers how students who may be at risk of poor mental health, are identified and responded to. Counselling teams, with decades of working with students who are struggling, are particularly well placed to share their knowledge and insights, and help to develop meaningful systems and processes. Equally, our teams are able to differentiate transitory distress, and where students are experiencing healthy emotional responses to normal life events, from more enduring, concerning levels of distress and disturbance that are significantly impacting functioning. In both instances, clinical knowledge and experience are invaluable in determining the course and degree of action, or indeed, where it is most appropriate not to act. For colleagues in disability advisory and mental health practitioner roles, there is likely to be renewed focus on encouraging pre-arrival information sharing and support planning for new first-year students.

## Support the adoption of common principles and baselines for approaches across providers, including through Charter memberships

In many respects, counselling teams represent best practice as our training, qualification and accreditation standards act as an agreed minimum at the point of role creation and employment, while the requirements of ongoing accreditation, such as CPD support quality assurance. The high level of practice sharing and culture of mutual learning in our networks, and tradition of supervision, ensure we learn from each other. Within HUCS, there

is tremendous sharing of detailed learning in relation to our service delivery models, as counselling services have certainly had to be agile and flexible in our working models over the past 20 years, developing alternative triage, assessment and contracting models. The Centre for Collegiate Mental Health at Penn State (**https://ccmh.psu.edu**) has conducted some particularly insightful research in this area, and I recommend the published annual reports and Clinical Load Index[4] as invaluable references and tools.

Returning to the remit of the taskforce, to support the adoption of common principles and baselines of approaches across providers, complementing the benefits of membership of the University Mental Health Charter Programme, this is an area where applying psychological understanding of student support needs can be so useful; for example, incorporating what we know of the conditions that foster psychological security, a sense of belonging and mattering, and the development of trust within the baseline principles of all student support interactions, and of course, as the prerequisites to success in learning.

## Develop a 'Student Commitment' for more sensitive student-facing policies, procedures and communications in the sector

The focus on student commitment notes the importance of good practice in relation to policies, procedures and communications. The compassionate communications thread draws attention to instances of overly mechanistic, legalistic or bureaucratic wording in university communications, which may unnecessarily contribute to poor student experience. Equal attention is being paid to the timing and means of communications, in a way that limits the likelihood of students receiving difficult news in relation to assessment, fitness to study, academic misconduct or complaints in a manner that may exacerbate existing mental health difficulties, or leave students with no recourse to support, for example over weekends and vacations. Again, linking to practices that are common currently in counselling, it has been interesting to consider the potential application of the SPIKES model[5] for communicating bad news – widely known and used in healthcare, with potential application in other settings.

The SPIKES model acknowledges the need to:

- consider the context, setting and means of communication, including privacy and confidentiality
- assess the patient's understanding of the information being conveyed and note the emotional impact; to ensure the patient is able and willing to receive the information and adjust the level of detail according to their wishes
- provide clear knowledge and information in language that is accessible and confirm understanding; to behave and respond with empathy, noting the patient's feelings, and give time to process and respond
- summarise and provide opportunities for questions and clarification, and details of what will happen next.

University counselling and mental health teams, once more, will have a valuable contribution in the development of campus-based compassionate communications and wrap-around support for students receiving difficult decisions.

## Support sector engagement with the national review of students' suicides in higher education, and explore methods for achieving greater timeliness and transparency on suicide data

The fourth area of work for the taskforce engages with the difficult subject of student deaths by suicide, and the creation of a national database and associated research project that will seek to identify potential themes or trends to support greater understanding of student deaths, and possible mitigations of potential risk. The National Confidential Inquiry into Suicide and Safety in Mental Health, (**https://sites.manchester.ac.uk/ncish**) are conducting the work, and bring extensive experience, sensitivity and expertise. The details are being defined, at this stage I would like to invite colleagues to welcome this research, and to be reassured that the focus is on learning, understanding and supporting our sector. As counsellors, we work closely with students who are struggling to find a reason to live, students who have recently lost friends, course mates and housemates to suicide, and the many staff bereft following tragic deaths. At these times, we find ourselves carrying a significant emotional load and rely on our own supervision, colleagues, managers and extended support networks, in which HUCS and the wider Universities and Colleges division play such a valuable role.

I'll update on the taskforce later this year. In the meantime, I welcome feedback on how your teams and institutions are implementing the recommendations. ■

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## REFERENCES

**1.** Gov.UK. Higher education mental health implementation taskforce. Gov.UK; 2023. www.gov.uk/government/groups/higher-education-mental-health-implementation-taskforce

**2.** Office for Students. Student mental health: higher education and NHS joined-up working. Office for Students; 2023. www.officeforstudents.org.uk/publications/student-mental-health-higher-education-and-nhs-joined-up-working/

**3.** Office for Students. Working better together to support student mental health. Office for Students; 2023. www.officeforstudents.org.uk/media/49499c81-ac0e-4ec5-80d0-842ce876ac74/insights-on-joined-up-working-to-support-student-mental-health_nous.pdf

**4.** Penn State Student Affairs. Clinical Load Index. [Online.] https://ccmh.shinyapps.io/CLI-app/ (accessed 12 January 2024).

**5.** Baile W, Buckman R, Lenzi R, Glober G, Beale E, Kudelka A. SPIKES—A six-step protocol for delivering bad news: application to the patient with cancer. The Oncologist 2000; 5(4): 302–311. https://doi.org/10.1634/theoncologist.5-4-302

**RESEARCH**

# Student mental health problems have almost tripled, study finds

## Around one in six undergraduates now report experiencing mental health challenges

Reported mental health problems among university students have almost tripled in recent years, new analysis suggests.

Between the 2016/17 and 2022/23 academic years, the share of undergraduate students at universities across the UK who said they had experienced mental health difficulties rose from 6% to 16%, meaning around one in six now report such challenges.

The analysis, by the Policy Institute at King's College London, and the Centre for Transforming Access and Student Outcomes in Higher Education (TASO), found a significant part of this increase occurred in the last 12 months, a period during which the cost-of-living crisis intensified.

Indeed, among students considering dropping out of university, the proportion citing financial distress as the main reason has risen from 3.5% to 8% between 2022 and 2023.

However, the general upward trend in mental health problems predates both the rise in inflation and the COVID-19 pandemic, the researchers say, indicating other factors are also likely at play.

Students are still around 25 percentage points more likely to select mental health as the primary motivation for wanting to drop out, compared with any other explanation, making it by far the most common reason given.

The analysis – which draws on a dataset of 82,682 respondents over seven years – shows experiences of mental health among undergraduates are deeply unequal, with some groups much more affected than others.

### Gender and sexual orientation

Looking at averages across the period covered by the data, female students (12%) are more than twice as likely as male students (5%) to say they have been affected by poor mental health, but non-binary students (42%) are more likely still.

And experiences differ considerably by students' sexual orientation: bisexual people (28%) have the highest average levels of mental health difficulties among LGBTQ groups across the data, while gay men (14%) have the lowest – although this is still greater than the level seen among straight people (7%).

However, looking over time, gay men and lesbians are experiencing a rise in mental health difficulties at three times the rate of straight people, and bisexual and asexual people at around double the rate.

When it comes to gender identity, trans people (30%) are more than twice as likely to experience mental health difficulties during their studies, than those who identify with the gender they were assigned at birth (12%), a difference which is statistically significant.

Yet the researchers say there is potentially reason for cautious optimism, as between 2021 and 2023 reported mental health difficulties among trans people fell from 40% to 25% in 2023 – although more data are needed to confirm this trend.

### Ethnicity

Across the dataset, white students (12%) have on average worse mental health than their peers from other ethnicities, and these differences are significantly greater than all other ethnicities except for Black Caribbean (10%) and Black Other students (10%), who report mental ill-health at comparable levels. However, those with a 'mixed' ethnicity (12%) are nearly exactly as likely to have mental health difficulties as white students.

### Education and family background

Undergraduates who attended state schools (15%) have on average worse mental health than their peers who attended private school (11%) – a difference that is statistically significant.

Meanwhile, students from areas where more people attend university have on average fewer mental health challenges than those from areas where fewer or few students go on to university.

Yet the picture is more mixed when it comes to parental education. Students whose parents did not attend university have better mental health outcomes than students whose mother was the only parent to attend, but worse outcomes than those with either a father or both parents who attended university.

### Paid work and source of income

The research finds a gradual increase in the rate at which students experience mental health difficulties

as they engage in more paid work during term time.

But while this difference is statistically significant, the analysis shows this relationship is smaller than many of the others reported, and is not meaningful in practical terms.

However, there is a more meaningful difference by source of income, with students who get most of their money through either a maintenance loan or grant, or paid work, more likely to have mental health difficulties than those on scholarships or with family support.

Given students receiving scholarships are often those from the lowest-income backgrounds, and those whose families provide most of their income tend to be the most affluent, the researchers say this suggests scholarships may have a positive effect on students' mental health.

The analysis makes use of data for seven years, 2016/17 to 2022/23, taken from the Student Academic Experience Survey, developed by Advance HE and the Higher Education Policy Institute. The sample for this period consists of 82,682 full-time undergraduates studying in the UK and has been weighted to maximise representation of the undergraduate student population.

Michael Sanders, Professor of Public Policy at the Policy Institute, King's College London, and author of the study, said:

'Using a large dataset, collected over a long period, we are able to shine a light on a troubling trend of undergraduate mental health challenges almost tripling in the last seven years, and on patterns across student demographics. It's clear the experiences of mental ill-health among students are deeply unequal, and exist along much the same lines as in society at large, with those from the most disadvantaged backgrounds or who often face discrimination being most likely in general to report struggles with their mental health. The findings suggest further action should be taken to prevent mental health difficulties arising wherever possible, and that services are adequately resourced to support students quickly when they need help.'

Dr Omar Khan, Chief Executive Officer of the Centre for Transforming Access and Student Outcomes in Higher Education (TASO), said:

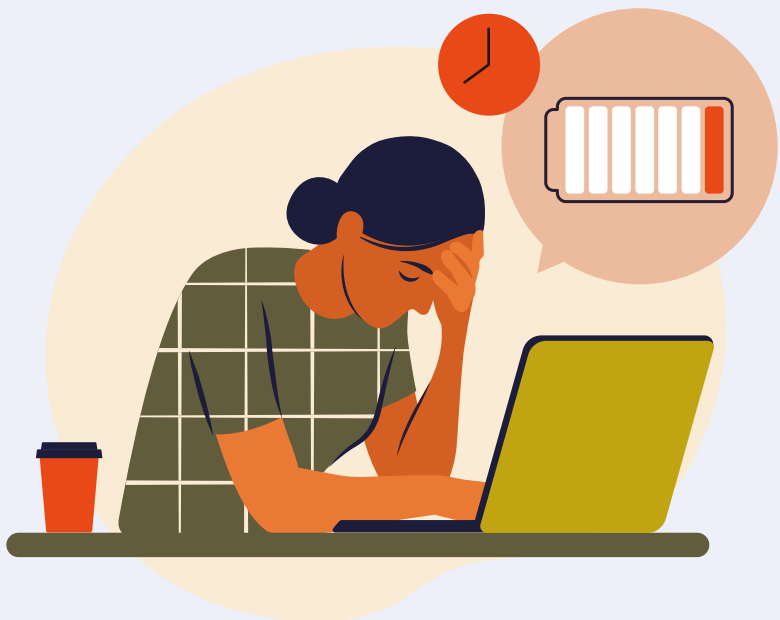
'This report highlights the persistent and widespread mental health challenges faced by students. While COVID-19 and the cost-of-living crisis have clearly exacerbated such challenges, the upward trend is not new. We're working with the higher education sector to better understand what works to improve mental health outcomes for all students.'

Read the full report, *Student mental health in 2023: who is struggling and how the situation is changing*, available at **www.kcl.ac.uk/policy-institute/assets/student-mental-health-in-2023.pdf**

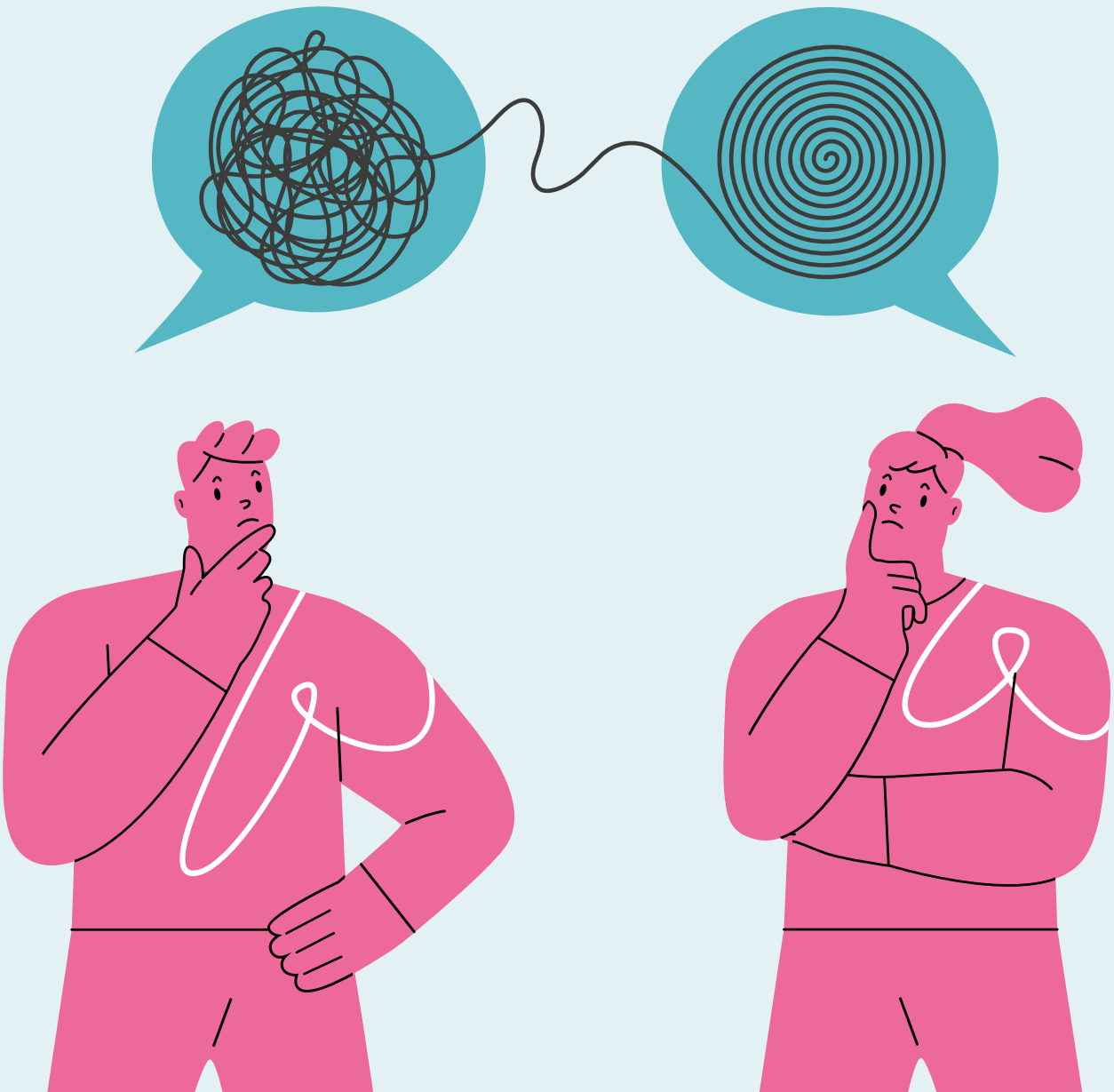
## About the SAES dataset

The Student Academic Experiences Survey (SAES) was designed and developed in partnership between Advance HE and the Higher Education Policy Institute (HEPI), with online panel interviews independently conducted by Savanta and Torfac. Student mental health data exist for seven waves of the SAES, starting from 2016/17 and continuing to the most recent academic year. In that time, 82,682 respondents can be found in the data, of which 8,625 are identified as having a mental health difficulty. The sample is not necessarily representative of the student population, as some groups are more likely to respond than others. The data are weighted based on gender, ethnicity, domicile and year of study of students in the university population, but it is not possible to weight based on characteristics that are not routinely collected by the Higher Education Statistics Agency. ■

(Source: **www.kcl.ac.uk/news/student-mental-health-problems-have-almost-tripled-study-finds**)



# Actions speak louder than words: counselling clients with communication difficulties



**Vanessa Edworthy** shares the innovative approach taken at Treloar's School and College in Hampshire to provide counselling for students with communication difficulties

'People always interrupt me and think I don't understand' is something I hear from many young people with verbal communication difficulties. I reflect on the enormous daily challenges and how exhausting it can be for them. Clients describe how people make assumptions about what they want to say, or hurry conversation along to hide their own embarrassment, leaving them feeling patronised and dismissed on a daily basis by others thinking that their physical difficulties reflect mental capacity. Clients tell me how they do not want to be changed to 'fit in' to society, and yet they often feel that they have to.

Each client comes with their own story and individual ways of expressing it, but all seem to have something in common: feeling repeatedly misunderstood, silenced and excluded by society. Detailed accounts express how the deep pain of not belonging drenches them with a deeper ongoing isolation. Upon leaving the education environment and going out into the world for the first time, many disabled young people find it impossible to find a counsellor, not because the availability isn't there, but they are being told that practitioners do not feel able to meet their needs. This prevents those managing complex health challenges from accessing much needed mental health support; potentially compounding an already existing feeling of being a burden on society.

## Societal influences

The past has failed to accurately capture much of the disabled experience as it was ignored and silenced for centuries. In the mid-1800s, the medical model of disability began to replace the moralistic and religious model, but the world of psychology still regarded disability as something to fix or cure, influencing the views of leading scholars, politicians and researchers.[1] The social model of disability created by disabled people describes how we socially create disadvantage, and widespread oppression experienced by those having (or who are perceived as having) impairments.[2] Literature claims society moved away from the medical model of disability in the 1980s, replacing it with the social model of disability,[3] thus abandoning assumptions that a person's primary problem is their disability. In consideration of this, together with witnessing how technology has progressed and, in knowing how hard clients have worked to use a communication method that works for them, why then do those with communication difficulties still experience such a huge disadvantage when seeking support? In 2001, Vic Finkelstein criticised the social model of disability on the following basis, which I wholeheartedly agree with: '(i) the social interpretation of disability does not provide an 'explanation' of disability, and (ii) disabled people are not the subject matter of the social interpretation of disability'.[4]

> I remember how I first felt working with a client I couldn't understand and panic set in!

It is easy to see the detrimental flaws of relying upon such socially manufactured ideas, which are then considered pillars of truth, generalising and minimalising disabled people's experiences. Isn't therapy supposed to be about the subjective experience?

## Therapy or invisibility?

Treloar's School and College offers around 170 students, aged four to 25 years, a specialist environment where learning takes place alongside therapy and care. Our students are physically disabled with complex needs. Mainstream schools and colleges cannot provide the support they need to achieve their goals.

Since before COVID-19, high numbers of individuals contact Treloar's each year seeking private arrangements for therapy, due to not being able to find a counsellor locally. People who hadn't given up searching for support after being rejected over and over again. This problem is also evidenced in Birmingham, by Catherine Jackson in her article in the May 2023 edition of *Therapy Today*, describing how a client finally found a therapist, having been turned down by 160 individual therapists![5] People are

trying to tell us there's a problem, so we can begin to imagine how far reaching this could be. Listening to so many disabled young people, I am left wondering about the impact of my own profession and possible contributions to the continued invisible stigma and disablement of young adults. How might our profession be preventing people from accessing an ordinary therapeutic relationship?

## Working with communication barriers

Over the past 15 years working as a school and college counsellor primarily in mainstream education, I have had the privilege of working with many young people who face a vast range of language, cognitive and/or communication challenges. These include clients who have stammers, or where English is not their first language and those who have acute or chronic medical conditions impacting vocal cords and restricting bodily movement. Individuals have found creative ways of communication using signals or hand gestures such as waving, pointing and giving a 'thumbs up' or 'high fives'. Some clients come to counselling using a variety of different machines and software called augmentative and alternative communication (AAC) devices, using their eyes or limited available movement to select words and phrases on a digital screen. Some very clever and bespoke tech! I remember feeling extremely intimidated when I first came across it.

Core training teaches us the importance of non-verbal body language nuances, and managing the basic practical elements of a session, but what if a client requests a variable session slot, due to their attendance being dependent on their communication facilitator being available? Having a third-party present during sessions could be considered unethical, as we have learnt from our training. Also, what happens when the counsellor struggles to use everyday technology and the client turns up with an AAC? What happens when the session regularly takes longer than the generic 50 minutes due to their disability or personal needs? These are all questions I wish I knew to ask when I was in training. Of course, we work these things out as we go, but perhaps discussing potential barriers with disabled clients earlier on in initial training, would increase confidence, and positively impact those early sessions for the client.

> Individuals have found creative ways of communication using signals or hand gestures...

**Talking mats**

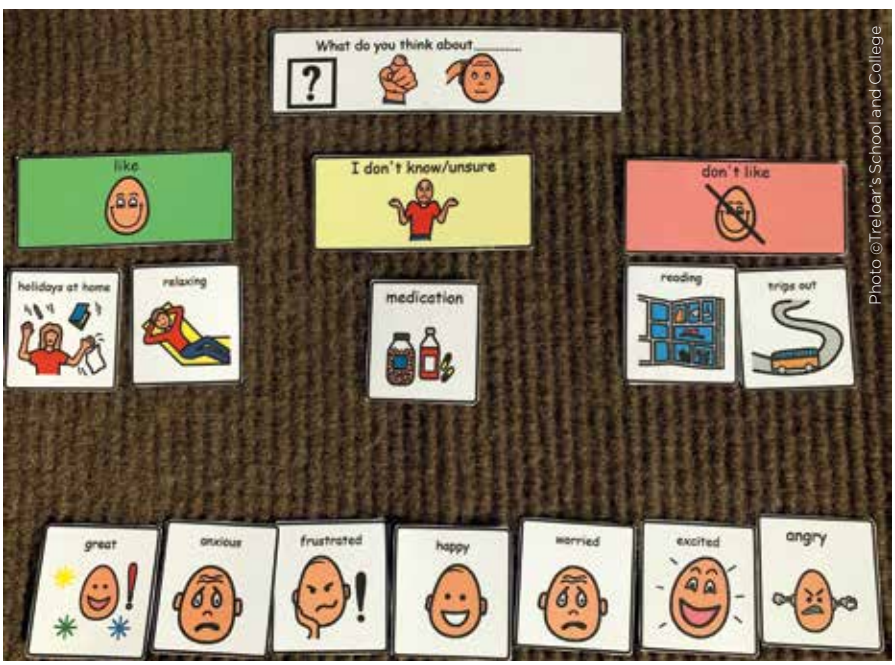



Photo ©Treloar's School and College

## Visibility in the therapy space

I remember how I first felt working with a client I couldn't understand and panic set in! I would say to myself, 'What if I make things worse for them?' and, 'What if I can NEVER understand them?' I realised through clinical supervision that some of this was coming from the client; their fear of not being understood, feeling like a burden on the counsellor. I also became aware of my own underlying expectations and not feeling skilled enough, which was causing potential blocks to the already challenging communication process. Examining previously unexplored biases, assumptions and fears with my supervisor meant I could put all this aside, and focus on the person in front of me in the room. The realisation then came... this is fundamentally no different from other client work, I just needed to remain flexible, non-judgmental and willing to learn.

At Treloar's, these are some of the things considered:

- it's OK to be scared of technology and asking the client is OK; many enjoy sharing how they use it
- feeling afraid of getting it wrong is normal. Talking openly with the client in session conveys vulnerability
- time goes really fast and it generally takes longer for the communication

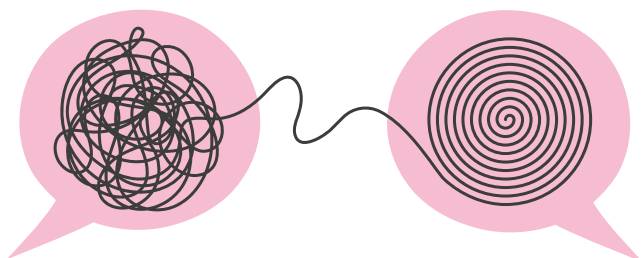
Photo @Treloar's School and College

process, so allowing extra time when assessing, planning and reviewing helps take the pressure off both parties
- having communication difficulties can be utterly physically and emotionally draining. Some days may be better than others. Attendance may be impacted and breaks may be needed
- taking ownership of learning more about a client's disability out of session can save the client time and/or energy in session, and help them to feel valued
- you don't need to be an expert – have patience with yourself, feeling helpless is commonplace
- when a third party needs to attend (either a translator, interpreter or communication facilitator), it's useful (if not essential) to draw up a boundaries contract before therapy starts
- room space is a common issue, especially in older buildings, and you may need to get creative! I have two fold-up chairs in my office, which can be stowed away to allow for wheelchair space when needed
- inclusivity is deemed the priority, where our counsellors look to accommodate in every way possible before declining a referral.

We know working within an educational environment doesn't necessarily come with the same pressures as private practice; there may be financial implications for things like needing extra time when working with a disabled client. Mel Halacre states that 'before offering or starting therapy, these valid concerns should be brought to supervision. Finances are an issue for many disabled clients too. Some therapists offer reduced rate slots for lower income clients, and perhaps additional time could be similarly accommodated.'[6]

Consideration of inclusivity (and its importance) early on helps preserve the therapy space, so that potential clients are not weighed down thinking about these things during the work. However, if accommodating a person's needs feels too challenging, I find it useful to talk about it in supervision for problem solving. Sometimes, when I feel I am going above and beyond to accommodate a disabled client, I remind myself that they have likely had to work double-fold to make contact and get here – it is not a level playing field.

We know counsellors are legally required to provide any reasonable adjustments necessary, which enable disabled individuals access to counselling. Increasing discussion around what these practical changes might look like, and what the potential implications of making such changes could be, seem vital. Including these conversations, and also disability equality training as part of the initial qualification route, might make it less taboo and help open up better access to psychological support services for our disabled community. ■




## ABOUT THE AUTHOR

**Vanessa Edworthy** MBACP (Snr Accred) is Head of Counselling at Treloar's School and College in Alton, Hampshire – a day and boarding provision for students aged five to 25 years old who have a disability. Vanessa is currently studying a masters at University of Northampton, and is an experienced supervisor, trainer and manager, having worked in education for 21 years.

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## REFERENCES


**1.** Retief M, Letšosa R. Models of disability: a brief overview. HTS Teologiese Studies/ Theological Studies 2018; 74(1): a4738. https://doi.org/10.4102/hts.v74i1.4738

**2.** Goodley D, Lawthom R. Disability and psychology: critical introductions and reflections. New York: Palgrave Macmillan; 2006.

**3.** Campbell J, Oliver M. Disability politics: understanding our past, changing our future. London: Routledge; 2013.

**4.** Finklestein M. The social model of disability repossessed. [Online.] https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/finkelstein-soc-mod-repossessed.pdf (accessed 5 September 2023).

**5.** Jackson C. The big issue: access all areas. BACP Therapy Today 2023; May: 18–22. www.bacp.co.uk/bacp-journals/therapy-today/2023/may-2023/

**6.** Halacre M. Working with disability across the counselling professions. [Online.] www.bacp.co.uk/media/10780/bacp-working-with-disability-gpacp007-feb-21.pdf (accessed 8 September 2023).

# Navigating a *drinking culture* at university

Trainee journalist **Jodie Wood** interviews a student who, because of the drinking culture during Freshers' Week, struggled to cope with longer-term alcohol misuse

## When fun turns to addiction

Over 11,000 young people were treated for addictions in 2020, 41% of whom were treated for alcohol addiction, according to a UK Government study in 2023.[1] In the same report, the most common vulnerability reported by young people starting treatment was early onset of substance use (73%), which means the young person started using substances before the age of 15.

But when does a fun, social activity such as drinking become an addiction?

Alcohol is deep rooted into British society, especially in the university environment. In a report covering alcohol and drug use of students in the UK during 2022, Students Organising for Sustainability (SOS) found that 81% of students believed that drinking alcohol was a huge part of being at university, with over half of them drinking more than once a week.[2]

The Global Burden of Disease found that alcohol consumption was the leading cause of health problems for those aged between 15 and 24. In 2018 alone, 35,000 16 to 24-year-olds were admitted to hospital as a result of alcohol.[3]

With many Freshers' Week events involving alcohol, a drinking culture encourages new students to go out drinking every night for an entire week, sometimes for longer depending on the period given to Freshers' Week. This can develop into a routine which can get out of control and develop into longer-term problem drinking. Freshers' Week is the most influential week when starting university. It is when Freshers discover their new homes, make friends, and begin their academic journey to get their degree. Going out clubbing, or excessive social drinking, every day for a week can set the tone for the rest of their university experience.

## Alcohol from day one

Student Jane Doe (pseudonym), who has chosen to stay anonymous for this interview, was diagnosed with alcoholic use disorder during her first year at university, due to the heavy drinking culture.

Jane explains: 'I didn't have a problem with alcohol before university.' After seeking counselling to help with mental health issues, Jane's therapy sessions helped her realise that she could have an issue with alcohol. This was an eye-opening experience for her, as she did not think she had a problem when it came to drinking.

'My therapist asked me, "how much alcohol do you drink?" so I told her, and she went "that's not normal". I was like "no, but I'm a student", and she was like, "yes, but that's not a normal amount".'

## Peer pressure

Although this was a shock to Jane, 10% of students across the UK are thought to have a dependency on alcohol, of which 11% are classed as 'dangerous drinkers'.[4] With the excessive use of social media, there is an immense pressure on students to join in with a drinking culture. It is heavily encouraged that students go out and drink a lot when they go to university, especially when this is influenced and encouraged by peers. It feels like the institutions collude with this culture as a way for new students to come together, socialise and settle in. It is difficult for students who don't drink or don't enjoy drinking, as Freshers' events are heavily oriented around club nights and drinking alcohol.

Jane felt like she wasn't taken seriously when she talked about her drinking issue. She found that peers pressured her to keep drinking, even when she didn't want to. She says: 'People will ask why I don't drink any more, then they will try make me do shots with them, when I've already told them I have a drinking problem.'

> "I'd drink so much I didn't know how to function the next day; I'd be that ill"

The University of Stirling found that four in five of their students have experienced some form of pressure from their friends to drink alcohol.[5]

Jane warns: 'When you're drinking with everyone else it doesn't seem like a problem. It's not something I thought was an issue until it was pointed out. If I was a 40-year-old woman, drinking as much as I am, people would call me an alcoholic, like, oh, she's a mess.'

During her first year at university, Jane said that she would go out drinking at least two to three times a week, which she said was considered normal by her peers. Seeing her friends drinking similar amounts to her, made her believe that she didn't have a problem with alcohol.'You forget at the time that alcohol is a depressant because it makes you feel so good.'

## 'Hangxiety'

Jane said that the worst part of her drinking issues was the aftermath. The term 'hangxiety' is used to describe the anxiety a person experiences after a night out, typically when they are hungover, which makes them question everything they did the night before. It also describes the anxiety after 'blacking-out' on a night out, when people wake up with no memory of the previous night's events.

Jane explained: 'I'd drink so much I didn't know how to function the next day; I'd be that ill. It would be half past one in the afternoon, and I'd still be too ill to go into university for my lectures or seminars.'

Excessive drinking meant that Jane often felt too ill to go into university, resulting in her missing many lectures which affected her grades and her relationships with academic staff. Her course was heavily skills-based so her absence significantly impacted her ability to develop these skills.

Even though she was taking a lot of time off university, her tutors and peers did not know the extent of her sickness. It wasn't until her second year at university that Jane felt comfortable talking about her alcohol problem. As a result, during that second year, Jane was able to re-develop her skills, improve her relationships with her tutors, and, for the first time, thrive on her course. She also spoke out about her problem to other people and, by doing so, she claimed to have had an overwhelming amount of support and love from friends and those on her course.

## Mental health impact

However, it's not just physical health that alcohol addiction effects. Jane said her mental health declined dramatically after she started drinking. She highlights: 'It just made me 10-times worse mentally.'

Jane said that her friends would inform her of the previous night's dramas the morning after, which would make her feel extremely apologetic and guilty. She felt alcohol was changing her as a person and didn't reflect her true self. Regretfully she explains: 'I would make a lot of bad decisions when I was drinking. I didn't realise this until the next morning, when I would find out I had hurt a lot of people.'

With the wide availability of, and access to, vapes and e-cigarettes, the younger generation are introduced early to an addictive substance, and subsequent addictive behaviour. Alcohol misuse in young people also has a strong connection with drug

abuse. In a recent report, one in five adults, aged between 16 and 24, were found to have used illegal drugs.[6] Young people have been known to partake in heavier drug abuse and nicotine use, due to the accessibility to it. Although drinking problems have actually decreased in young people, drug and nicotine addictions have rapidly increased.[7] Statistics on young people who become addicted, collectively conclude that young people who are suffering from mental health problems would rather use a substance than speak to a professional. Nine in 10 young people with substance abuse disorders did not get treatment in 2018.[7]

> I didn't have a problem with alcohol before university

## Drinking to forget

Jane cautions: 'You're not drinking for fun; you're drinking to forget whatever was going wrong in the first place. Everyone kind of laughs it off because you're a student, but it is a serious issue.'

To help her through the journey to address her problem, Jane benefitted from the support of her closest friends and flat mates. Having confided in them about her problem drinking, she found their support crucial during that problematic time in her life.

University and Colleges Admissions Service (UCAS) found that nearly 50% of first-year students do not talk about their mental health problems to professionals.[8] The same report claimed that there has been a staggering 450% increase in mental health problems in students over the last decade.[8] Research carried out by *The Guardian* also showed that 44.7% of students admitted to using drugs and alcohol to help cope with their mental health issues.[9]

Jane warns: 'When it no longer feels fun, that's when you know you've got an issue.' She said that people assumed that her excessive drinking was just because she was a student, but she knew there was more to it than just going out for fun with her friends. She understood that her issue lay deeper than just being a student or casually drinking. She managed to find help through her friends and has managed to improve the state of her problem and has become a lot healthier and happier.

She concludes: 'I know myself now and that's the most important thing.' ■


### ABOUT THE AUTHOR

**Jodie Wood** is studying magazine journalism at the University of Lincoln. While she writes articles for publication, she's heavily influenced by photography. She has been developing her skills in art photography and hopes to turn this into a career in photojournalism.

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### REFERENCES


**1.** Office for Health Improvement and Disparities. National Statistics. Young people's substance misuse treatment statistics 2021 to 2022: report. London: Gov.UK; 2023. www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-statistics-2021-to-2022/young-peoples-substance-misuse-treatment-statistics-2021-to-2022-report#

**2.** Students Organising for Sustainability. 2021-22 report on Students, Alcohol and Drugs launched. SOS-UK 2022; 10 August. [Online.] www.sos-uk.org/post/2021-22-report-on-students-alcohol-and-drugs-launched# (accessed 21 November 2023).

**3.** National Institute on Alcohol Abuse and Alcoholism. Alcohol and young adults ages 18 to 25. [Online.] www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics/alcohol-and-young-adults-ages-18-25

**4.** MacKey B. Student drinking statistics UK. [Blog.] Rehab4addiction.co.uk 2021; 19 July. www.rehab4addiction.co.uk/blog/student-drinking-statistics-uk (accessed 21 November 2023).

**5.** University of Stirling. Study sheds light on peer pressure and alcohol consumption. Stirling: University of Stirling; 2018. [Online.] www.stir.ac.uk/news/2018/08/study-sheds-light-on-peer-pressure-and-alcohol-consumption/#:~:text=A%20pilot%20study%20has%20revealed,from%20friends%20to%20consume%20alcohol (accessed 24 November 2023).

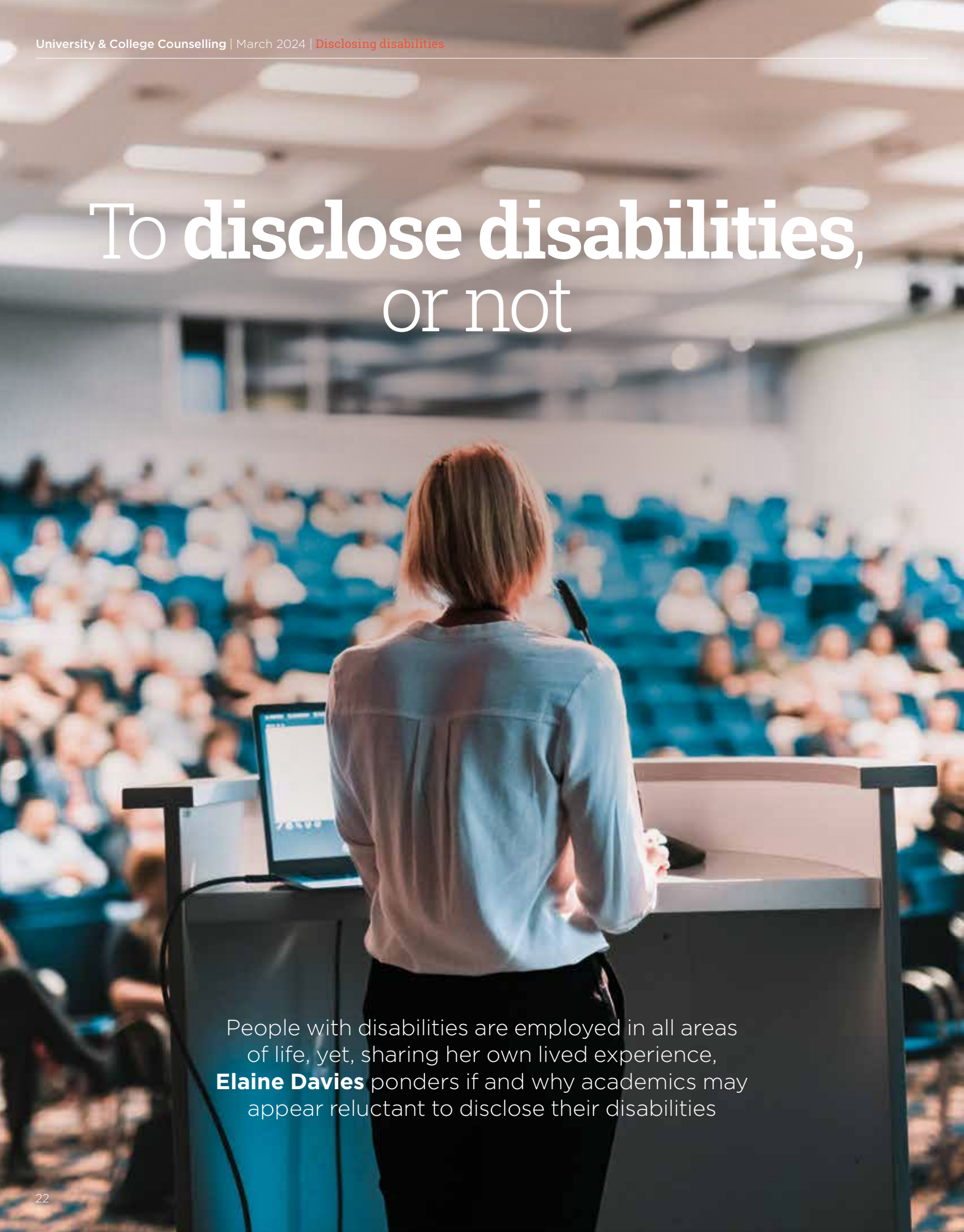
**6.** Office for National Statistics. Drug misuse in England and Wales: year ending June 2022. Office for National Statistics; 2022. www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingjune2022

**7.** Strizek J, Uhl A, Schaub M, Malischnig D. Alcohol and cigarette use among adolescents and young adults in Austria from 2004-2020: Patterns of change and associations with socioeconomic variables 2021; 18(24): 13080 https://doi.org/10.3390/ijerph182413080

**8.** UCAS. 450% increase in student mental health declarations over last decade but progress still needed to address declarations stigma. [Online.] www.ucas.com/corporate/news-and-key-documents/news/450-increase-student-mental-health-declarations-over-last-decade-progress-still-needed-address (accessed 24 November 2023).

**9.** Weale S. Levels of distress and illness among students in UK 'alarmingly high'. The Guardian 2019; 19 May. www.theguardian.com/education/2019/mar/05/levels-of-distress-and-illness-among-students-in-uk-alarmingly-high (accessed 21 November 2023).

# To **disclose disabilities**, or not



People with disabilities are employed in all areas of life, yet, sharing her own lived experience, **Elaine Davies** ponders if and why academics may appear reluctant to disclose their disabilities

## Lived experience

Empathy cannot always replace lived experience; people who have been through something know the nuances of dealing with it. By claiming to understand what people are going through, we sometimes hurt them by offering misguided solutions. We cannot always judge people who have been through different experiences in life by the same standards that we judge ourselves.'[1]

In this article, I share my own lived experience of tussling with the challenges of not disclosing or disclosing my disabilities. In doing so, I'm aware that this might strike a sensitive chord with readers with whom this resonates, in which case, please take care and seek the support that's right for you.

## Background

I am a white, cis-gendered, heterosexual, divorced 62-year-old Welsh woman with pronouns of she and her. I would say I have undiagnosed dyslexia, am going slightly deaf and am losing eyesight with age. After an accident three-and-a-half years ago, I now have chronic pain with very poor mobility in both my legs. I have just recovered from a serious spinal infection, and have been waiting more than three years for a hip and knee replacement. Don't write me off yet! Let me continue!

> The word 'disability' is a socially constructed term. It exists because humans agree it exists

I qualified as a counsellor in 1996, spent years in the NHS, and worked in many counselling and psychotherapy training institutions across Wales and England. Currently, I work for two days in private practice counselling, and supervise counsellors and cognitive behavioural therapy (CBT) therapists. I work three days a week teaching and supervising trainees studying CBT. I am accredited with BACP and BABCP as a therapist, supervisor and trainer. I describe myself as a progressive social injustice campaigner who likes to focus on anti-racism, class, poverty and disability.

## Legislation

Under the Equality Act 2010, I am considered disabled.[2] This Act is an important piece of legislation, but I find it is not referred to as often as it could be. In the Act, the definition descriptors for disability are, 'a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on one's ability to undertake normal activities.'[2] It can be cognitive, developmental, intellectual, mental, physical or sensory. A disability may be from birth, short-term or lifelong. Non-visible disabilities might be unseen by others, or seen by those with a trained eye, knowledge or experience of the disability. Some examples could be eating disorders, obsessive compulsive disorders, hearing loss, or diabetes.

## Seen and not seen

Not everyone wants to talk about or disclose their disabilities, and some prefer the term 'non-visible' to 'invisible', so as not to erase the legitimacy of the disability. Visible disabilities might be obvious to another; for example, I walk to the side and require a walking frame. Another example is involuntary shaking of body parts, as may be associated with Parkinsons; it may be visible but unless diagnosed, it could be anything. Other examples include sensory impairments, neurodivergence, cardiovascular disease and chronic fatigue syndrome, to name a few. Therefore, disabilities can be visible or invisible, or both. They can have a formal diagnosis or not. If not, it seems it is harder to gain the understanding of others, with disabled people having to go to many lengths to show long-term and substantial adverse effects to daily life. Even if there is a formal diagnosis, the person with the disability does not have to disclose. Some will choose to reveal it in different ways, such as wearing a lanyard or carrying a badge associated with the disability, or they may have another person, such as interpreter, care worker or note taker accompany them for different forms of support.

## Social constructionism

The word 'disability' is a socially constructed term. It exists because humans agree it exists. It is believed because non-abled persons do experience barriers

and challenges that abled persons do not. Not all disabled persons agree with, or like, the term 'disability', while some do. Here are some alternative terms; non-abled-bodied, people with disabilities, people who are Deaf, or the Deaf community (the D is capital for identity), people who use a wheelchair. Never use 'normal' or 'whole', and consider your tone of voice, body position, and never talk to the person concerned rather than to the person accompanying them. This happened to me most recently in a medical appointment where the practitioner talked to the accompanying person. In my writing, I wish to cause no offence in language used, I am still learning even though some words I choose, and use, are about me.

Some of my disability would be considered as a recurring or fluctuating condition, and yet I do anticipate a full recovery with an artificial hip and knee replacement. I previously had a left hip replacement in 2010 and fully recovered after 14 weeks. My hearing and eyesight may or may not improve, either with the use of aids or in other ways. I have limited authority of life changing and birth disabilities, and I am not an expert on disabilities. However, my intention is to stand shoulder to shoulder with all individuals, whether they have chosen to disclose or not disclose their temporary or permanent disability, and are trying to seek, or remain, in employment. My current interest is the non-disclosure of disabilities in academia for the academic professional.

> Not all disabled persons agree with, or like, the term 'disability', while some do

## Staff wellbeing

University life is often envied. It comes with privilege, prestige, flexible working, research opportunities, presenting at conferences, support with life-long training, and is often described as a boundaryless career.

Like in all workplaces, staff wellbeing is part of an institution's duty of care to their employees. In the university workplace, the public perception and the academic experience are showing up with different statistics. While the reporting of student's disabilities is growing, the reporting of academics who disclose disabilities is decreasing.[3]

Academics are like the rest of society with disabilities of dyslexia, dyspraxia, attention deficit hyperactivity disorder (ADHD), mental health issues, gynaecological issues, wheelchair users, deaf and blind, amputees, cerebral palsy, multiple sclerosis, myalgic encephalomyelitis or chronic fatigue syndrome (ME/CFS), migraines, eating disorders, cancer (whether active or in remission), cardiac and respiratory problems, diabetes, to name but a few. University academics, like others, are prone to heart attacks, strokes, burnout, stress and, sadly, suicide. However, what we find is that either there are fewer academics in the workplace with these disabilities, or they are not disclosing their disabilities,[3] so that data are not being collected. Either way, it would be useful for further exploration and understanding.

It is not clear why academics may wish their own disabilities to remain hidden. Health is a subjective experience and, of course, each to their own regarding when, how and to whom they will and will not disclose their disabilities. I can only follow the small amount of literature available, my own experience, and the current trend to talk about academics and disabilities; hence, why I wanted to put my own experience in this journal to open the dialogue and start the conversation.

It was only when I couldn't hide my restricted mobility, pain and depression, together with a hospital admission, that I became more open with my manager and colleagues. Before counselling, I was nursing, and I think it was easy for me to believe that my body was letting me down. It took me time to accept this part of myself. In the same way I believed, through my faulty thinking, that others would not accept me. I was very frightened of losing my job and my income. I also found it very hard to say the words, 'I'm not coping'. I believed societal negative talk that I heard in other places, for example, 'got life easy', 'scrounger', 'gaming the system', 'doesn't look sick', 'exaggerating the pain', and so on. However, I was met with no judgments, rather I received empathy and support. I was referred to human resources, and offered personal therapy and regular meetings with my manager. I still find it difficult to share with students and my own clients, even though part of my work is teaching core elements of psychotherapy like authenticity, empathy, congruence, and non-judgment. I spend time in supervision reflecting on my own reluctance to disclose. It fits with the trend that people who are disabled are viewed through the lens of non-disabled beliefs that typical abilities are superior.

## Competing with able-bodied people

I try to compete with time frames, equal workloads and meetings, aiming to prove that I am fit for work. Even though I am unable to sit for long periods without pain, I am afraid of being 'othered'; another social concept where people with impairments are perceived as totally opposite to what is acceptable in society. I find it hard to negotiate my disabilities, for I am fearful of being judged, or labelled lazy or, even worse, perceived as not being up to the job. My career progression, believing my own negative view of self, has stagnated over the last three years.

I can work remotely but find myself overcompensating gratitude (sometimes at the most inappropriate times), forgetting that I continue to do the exact same job as my colleagues, even though I am not in the physical space. Remote working itself comes with challenges; sometimes technical problems, becoming invisible and excluded, unsuitable small screens, technology breaking down and so on. Remote working is both helpful and unhelpful, finding it harder to de-plug, and struggling with loneliness, loss of collaboration and miscommunication. However, if I couldn't work from home, I would have to go 'off sick' or leave employment, which would have a significant impact on me and the organisation.

## Social model

It is impossible to talk about disabilities without talking about 'ableism', which does exist as with all prejudice. Here, social prejudice is more aligned with the medical model where it is perceived that disabilities can be fixed, or that there is some way the body can be altered, repaired or renewed. Disability campaigners, in the UK and overseas, have been trying to upend the medical model and introduce the social model[4], coined by Oliver in 1983, a disabled sociology professor who stated that 'inability' arises from social conditions, with the dominant discourse coming from abled persons.[5,6] In another way, disability is not the person's fault but a collective failure of society. Other models are of interest too, including the combination of medical and social models called the affirmative model, which seeks to embrace disabling conditions as part of the human experience, focusing less on barriers and more on the perceptions of disabilities.[6] I have taken these ideas to my own therapy extensively, and I continue to reflect on how I view myself through these different models. I also explore how others view, and accept or don't accept me, in the same way.

Going forward, I want to conduct further research; there is some research about academics disclosing their disabilities but not enough to completely understand the nuances.[7] I would like to create safe places to discuss, with more senior persons, the systematic processes and practices that often reflect the abled person's position, which require the disabled people to navigate.

I have just joined my own University Carers and Disability Network. Universities are increasingly hosting conferences on the subject of disability, including Coventry University, which will be holding their Disability Sport Conference in June 2024.

Conducting research and writing about academics and their disabilities, disclosed and non-disclosed, give people like me in the psychological training of others, the opportunity to keep asking why we do or don't disclose our disabilities, and if we do, is there a cost to disclosure? ■

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### REFERENCES

**1.** Subramaniam A. Why lived experience matters. The limits of empathy. [Blog.] Psychology Today 2021; 29 September. www.psychologytoday.com/us/blog/parenting-neuroscience-perspective/202109/why-lived-experience-matters

**2.** Government Equalities Office. Definition of disability under the Act Gov.UK; nd. https://assets.publishing.service.gov.uk/media/5d52e5c6e5274a42cf2ebb91/Definition_of_disablity_under_the_Act__1_.pdf

**3.** Brown N. Leigh J.S. (Eds.) Ableism in academia: theorising experiences of disabilities and chronic illness in higher education. London: UCL Press; 2020.

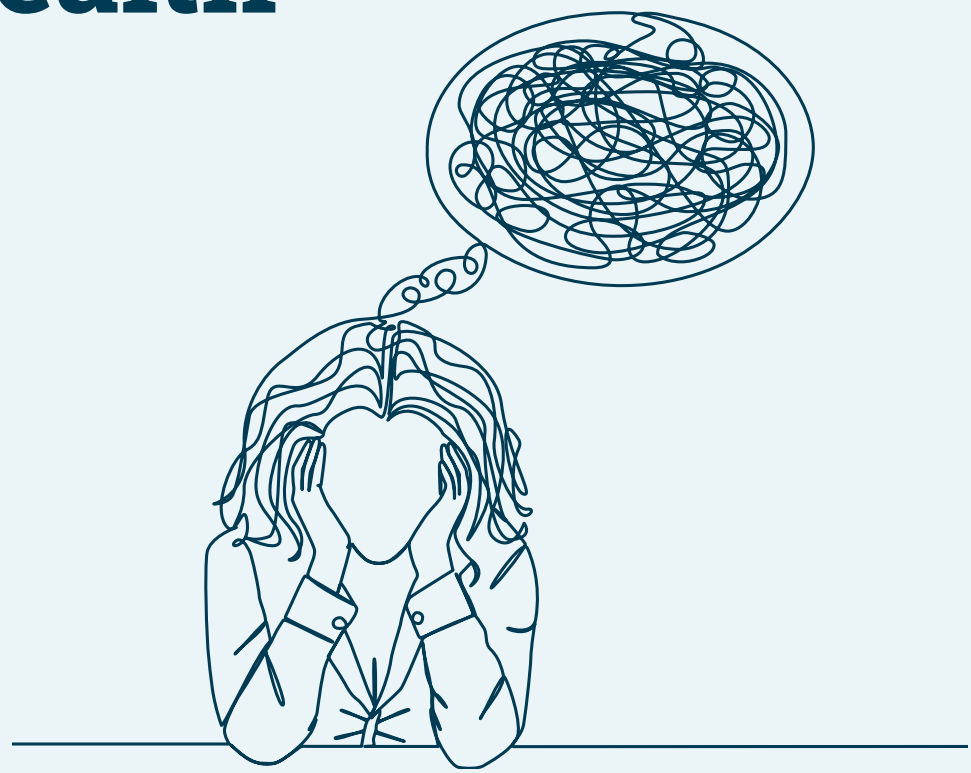
**4.** Scope. Social model of disability. www.scope.org.uk/about-us/social-model-of-disability/

**5.** Oliver M. A sociology of disability or a disablist sociology? In: Barton L. (ed). Disability and society: emerging issues and insights. London: Routledge; 2018 (pp18–42).

**6.** Zaks Z. Changing the medical model of disability to normalisation model of disability: clarifying the past to create a new direction. Disability & Society 2023. DOI: 10.1080/09687599.2023.2255926

**7.** Williams J, Mavin S. Impairment effects as a career boundary: a case study of disabled academics. Studies in Higher Education 2015; 40(1): 123–141.

# **Seven** steps to a better student **mental health** service



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I've worked in the mental health field for over 15 years. As part of that, I've been a practising psychotherapist, and managed mental health services across the Midlands and the South West. Reviewing the latest research, I've funnelled learning into this column for over a year and a half. While it's been an absolute delight to contribute to this journal, it's time to move on. I'm happy to say that my husband and I are approaching a period of adoption leave, and I'll need all the time I can get. With that said, I'd like to amalgamate everything I've learnt, together with the newest research, into this, my final column. It's with pleasure I present my seven steps for better student mental health services:

## 1) Collect and analyse comprehensive data

The data we gather in services are vital. 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.

Improving equality data will help you understand who is and isn't accessing your services by comparing it with your institution, and local area's demographic. We also need to understand the impact of what we are doing; ultimately, is it working? Use evidenced monitoring and evaluation tools to achieve this.

Part of collecting comprehensive data is the regular review of recent research. Evidence-led research does this work for us, in that it investigates the views and experiences of the clients we are working with, often in high numbers and to a high quality. We're doing our clients an injustice if we're not reading this valuable information.

## 2) Improve preventative interventions

Once you have a whole heap of data and knowledge, use these to inform preventative interventions. Young people, for example, have seen a huge increase in anxiety and social anxiety presentation over recent years. For services that have paid attention to this, it's given them a heads-up. Preparedness and prevention are paramount in better supporting students and reducing demands on services. Early intervention frees up more skilled and resource-intensive treatments, such as psychotherapy.

Part of prevention is improving access to services. Now you've gathered rich equality data, you can shape your service to represent the demographic of your service users through means such as well-matched recruitment, targeted interventions and anti-discrimination approaches. Individuals and groups, such as gender [1], have unique needs that can be approached in unique ways.

Socialisation was one of the biggest recurring preventative factors I saw in literature over the past two years. Socialisation is a modifying trait, or emotional regulator, which allows young people in particular to self-manage their mental health.[2] As online studying and presence increase, so too has the comfort with online relationships, which in turn worsens in-person socialisation skills.[3] More initiatives to increase and improve in-person communities which develop socialisation skills will develop protective factors for students.

> "You'll never get it exactly right for everyone; but try"

There are also some exciting and well-evidenced online interventions that can act as preventative measures to mental health decline.[4] These are not replacements for counselling or psychotherapy, but can reduce the demands on services and increase their effectiveness if later used.

## 3) Invest more into staff

You've started to improve your preventative activities, so now you can focus on staff. With short-term work, and a fixed age group, presentation issues and needs change rapidly every year. Expecting staff to simply cope with that immense amount of change is not enough.

Invest in high quality training, that is at an advanced level for your skilled staff. Use the incredible data you've now collected to inform what training is needed in your service. Provide continual professional development (CPD), which will enhance their practice and ability to support students. This includes quality training around themes of equality, diversity and inclusion, to understand the diverse needs of students through allyship,[5] language and understanding their phenomenological world.[6]

Wellbeing should also be a thread through your service. It's never been so important. As mental health self-declarations increase, so too does the strain on staff. Strains on the system increase the pressure on those within. The demands of short-term work, for example, will stretch staff. It might be inevitable to work in this way currently, so take your time to listen to staff and find out what they need to carry out their work and to be happier. Yoga or mindfulness sessions may help improve wellbeing but will not create lasting change. Give autonomy where you can, reduce stress levels and create a sense of community for those who want it. You'll never get it exactly right for everyone; but try.

## 4) Target more frequently occurring presentations

After you've improved your data, you can see what's happening in and around your service, and you've invested in staff, you should now know where to target interventions that support the most common and more complex presentations. There are clear needs in different sectors and regions if you look closely enough at the data you hold.

We already know that critical transitions, for example, can be hugely impactful on everyone. And we know all students experience

times of significant transition. First-year students are the most vulnerable to such transitions, particularly international students.[7] Students are also vulnerable to significant anxiety and social anxiety, and this continues to grow.[8] All education institutions should have programmes supporting skills that tackle anxiety, such as socialisation skills.

Perfectionism is a particular challenge within higher education, as well as other educational settings. It is mostly a socially prescribed issue,[9] so can emerge in all environments. Remember that perfectionism, like many coined terms, points to underlying issues such as obsessive, anxiety and stress disorders. Self-regulation, or emotional dysregulation, is another facet of these common presentations. And what supports regulation? Positive relationships and socialisation. As well as socialisation programmes, consider regulation approaches, such as the challenge versus the threat model, to develop students' abilities to self-regulate emotions and anxiety.[10]

## 5) Improve efficiency and effectiveness

The word 'efficiency' might make the hairs on your neck stand up, particularly in the mental health field. However, it is an inevitable factor that can determine the success of mental health services. An inefficient and ineffective service will not last and will not continue to get funded. It's as simple as that. There's a strain between efficiency, such as seeing more clients and reducing waiting times, and effectiveness, such as long-lasting impact and client satisfaction. This is a tightrope that must be walked and rebalanced continuously. You'll also find that efficiency may clash with staff wellbeing, hence the importance to get the balance right. This balance is never-ending; don't expect to address the balance once to be done. You'll be fine-tuning this for the rest of your service's lifetime!

## 6) Continuously update risk response processes

Risk assessment is ongoing and proactive, that's the whole point. Services have a role in observing and understanding their client group and what challenges they are likely to encounter in any given environment. For example, there's plenty of evidence identifying that first-year students may present with more risk,[11] due to emerging mental health issues and critical transitions. Other factors that can cause significant disruptions in a student's life include changing courses and academic disruption,[12] financial stress, rapid and unpredictable events, bereavement of a caregiver and identity crisis.[2]

> You'll be fine-tuning this for the rest of your service's lifetime!

Self-harm, loss of control,[12] depression,[13] poor sleep, isolation,[11] hopelessness, trauma and abuse background, and suicidal ideation in the past week to a year,[14] are also factors that services might observe. More complexity will likely emerge when we intersect these factors with the experiences of marginalised groups.

In September 2022, the National Institute for Health and Care Excellence (NICE) issued direct guidance to mental health practitioners (which would include counsellors and psychotherapists working in colleges and universities) against the use of risk assessment tools and scales[16]. They state:

Do not use risk assessment tools and scales to predict suicide or repetition of self-harm (1.6.1)

Do not use risk assessment tools and scales to determine who should and should not be offered treatment or who should be discharged (1.6.2)[16]

The guidance is unequivocal against the use of such measures to predict the likelihood of suicide by risk factors alone. There are, however, some brilliant, evidenced and up-to-date models such as the ideation-to-action model which is growing in its use, and I suspect it will be more widespread in the future. What underpins this model is information gathering, and momentum observation. The three key areas observed within this are perceived burdensomeness, low belonging/social alienation and acquired capability.[15] This is an ongoing formulation approach that doesn't try to predict or stratify risk as per NICE guidelines[16], but helps the practitioner to understand the client's present needs and how to support psychological and physical safety.

## 7) Create better pathways with, and into, other services, particularly the NHS

Every serious incident or root-cause analysis I have completed identifies that not enough information was shared between services and colleagues, and yet we are still incredibly nervous about doing this. This is particularly relevant for counselling services. But we're talking about preventing harm, or indeed death. So, build internal and external information sharing pathways that serve to protect your clients as soon as possible.

Finally, you need to use the services out there to reduce the strain on yours. This takes negotiation and often service level agreements to ensure we have functional and fast referral pathways into the services we need most. Key ones that could support your service are eating disorder, personality disorder/emotional regulation,

psychosis, bereavement and sexual violence support pathways.

Thank you to everyone who has read my column, and continues to contribute to this important field. Whilst I'll be busy, please don't hesitate to get in touch if you want to know more about the points above. ■

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## REFERENCES

**1.** Buizza C, Cela H, Costa A, Ghilardi A. Coping strategies and mental health in a sample of students accessing a university counselling service. Counselling and Psychotherapy Research 2022; 658–666.

**2.** Malak-Akgün B, Üzar-Özçetin Y. Aydin A. Association between resilience, self-esteem and suicide probability among university students in Turkey. Perspective in Psychiatric Care 2022; 58(4): 2524–2533. https://doi.org/10.1111/ppc.13089

**3.** Fraenza C. The role of social influence in anxiety and the imposter phenomenon. Online Learning 2016; 20: 1–14. doi: 10.24059/olj.v20i2.618.

**4.** Schmidt N, Capron D, Raines A, Allan N. Randomized clinical trial evaluating the efficacy of a brief intervention targeting anxiety sensitivity cognitive concerns. Journal of Consulting and Clinical Psychology 2014; 82(6) 1023–1033. https://doi.org/10.1037/a0036651

**5.** Tarundeep K, Jain N. Relationship between imposter phenomenon and personality traits: A Study on undergraduate students. Journal of Positive School Psychology 2022; 6 (11): 734–746.

**6.** Smith L, Shin R, Officer L. Moving counselling forward on LGB and transgender issues: speaking queerly on discourses and microaggressions. The Counselling Psychologist 2012; 40(3): 400.

**7.** Zapf M. Cross-cultural transitions and wellness: dealing with culture shock. International Journal for the Advancement of Counselling 1991; 14: 105–119. https://doi.org/10.1007/BF00117730

**8.** Jefferies P, Ungar M. Social anxiety in young people: A prevalence study in seven countries. PLoS One 2020; 17;15 (9): 1–18.

**9.** Holden C, Wright L, Herring A, Sims P. Imposter syndrome among first- and continuing-generation college students: The roles of perfectionism and stress. Journal of College Student Retention: Research, Theory & Practice 2021; 0(0): 1–15. https://doi org/10.1177/15210251211019379.

**10.** Chen L, Qu L. The effects of challenge and threat states on coping flexibility: evidence from framing and exemplar priming. Anxiety, Stress & Coping 2023; 36(2): 163–183. https://doi.org/10.1080/10615806.2022.2059472.

**11.** Benjet C, Borges G, Miah S, Albor Y, Gutiérrez-García R, Zavala Berbena A, Guzmán R, Vargas-Contreras E. Hermosillo de la Torre A. Hernández Uribe P, Quevedo G, Covarrubias Díaz A, Martínez Ruiz S, Valdés-García K., Martínez Jerez A., Mortier, P. One-year incidence, predictors, and accuracy of prediction of suicidal thoughts and behaviors from the first to second year of university. Depression and Anxiety 2022; 39(12): 727–740. https://doi.org/10.1002/da.23278.

**12.** Sharp J. Theiler S. A review of psychological distress among university students: pervasiveness, implications and potential points of intervention. International Journal for the Advancement of Counselling 2018; 40: 193–212. https://doi.org/10.1007/s10447-018-9321-7.

**13.** Dunn L. Alexander S, Howard A. Social support and end-of-semester depression, burnout, and adjustment in students making the transition to university. Infant and Child Development 2022; 31(6): e2349. https://doi.org/10.1002/icd.2349.

**14.** Asarnow J. Mehlum L. Practitioner review: treatment for suicidal and self-harming adolescents – advances in suicide prevention care. Journal of Child Psychology and Psychiatry 2019; 60(10): 1046–1054. https://doi.org/10.1111/jcpp.131.

**15.** Preece D, Kiekens G, Boyes M, Mortier P, Nock M, Kessler R, Bruffaerts R, Hasking P. Acquired capability for suicide among Belgian and Australian University students: Psychometric properties of the German capability for suicide questionnaire and a test of the interpersonal theory of suicide. Suicide and Life-Threatening Behavior 2021; 51(3): 403–415. https://doi.org/10.1111/sltb.12721

**16.** National Institute for Health and Care Excellence (NICE). Self-harm: assessment, management and preventing recurrence. [Online.] 2022. www.nice.org.uk/guidance/ng225/chapter/Recommendations (accessed 22 January 2024).

## From the Editor

As Michael closes his last column, I'd like to thank him for his excellent perspectives over the last few years. He has tapped into fascinating topics with his unique blend of writing, thinking and insight. I know we'd all want to wish him and his family the very best for the future. Thank you, Michael!

## Calling new Columnists

While Michael might be a tough act to follow, I put the challenge out there! If anyone would like to be considered as a new regular columnist for this journal, please get in touch with the editor with your ideas, at **ucc.editorial@bacp.co.uk**

# Ponderings of a counselling tutor

## The pond

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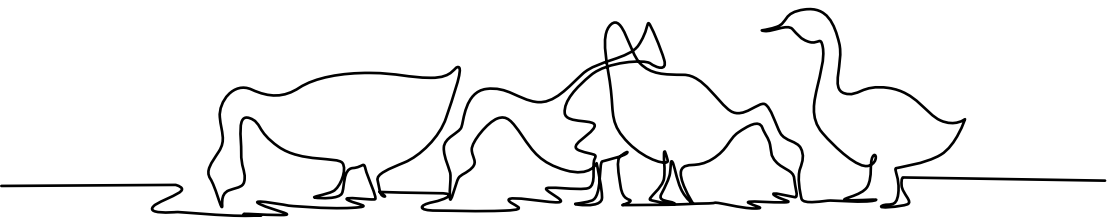

Over the past year, I've been reflecting on how working as a university counsellor for over 20 years has influenced my practice. I left University counselling at the end of April 2022 and have been re-shaping and re-discovering how I work since then. I often reflect on how my own skills have been impacted by the sector in which I worked.

By the time I left university counselling there was little time for story, creativity or metaphor so it was interesting to see what emerged when I began to write a story about university counselling starting with 'Once upon a time…'.

Once upon a time, there was a blue tufted duck. It arrived in a pond called 'Universitee' and mostly inhabited a small pond called 'UCS' which meant 'uncanny carefree souls', or so it thought.

As a naïve and enthusiastic young water bird, it believed wholeheartedly in the authenticity of duck life — in the creation of a healthy thriving pond environment in which all ducks could equally swim free and find their flock, sit solitary on the bank if need be and have room to be themselves.

Blue tufted duck liked to dive deep into the water, to play and explore, and to meet 'stewdent' ducks at depth. It didn't matter if they were on the surface, a bit bedraggled or swimming madly in the wrong direction. Blue tufted duck loved to swim alongside the stewdent ducks, accompanying them on their journey into adult duck life.

Other water birds who inhabited the uncanny carefree soul tributary had their own individual duckness and accompanied the stewdent ducks in different ways. Swimming with some freedom, meeting to discuss how best to help, helping each other, having cups of pond weed tea, sometimes writing about the nature of pond life and sometimes travelling to other ponds to share their stories and knowledge.

If stewdent ducks had a broken wing or lost their flight path, this was attended to as part of the condition of being a duck. Within UCS were smaller ponds where water birds met one to one for help. The environment of these little ponds mattered and was also attended to. The water was cleared, attempts were made to keep the air clean and to keep out unexpected crocodiles.

Blue tufted duck kind of liked the pond called 'Universitee', and over many years they tried out a few more. The first pond wasn't idyllic. Sometimes the helper water birds flocked in unhelpful groups and disagreed in unhelpful ways with how best to help the stewdent ducks, but it was good enough.

As blue tufted duck moved from one pond to the next, they began to feel a bit like a polar bear swimming from one melting iceberg to the next. The Universitee pond environment was changing, and so was the pond of uncanny carefree souls.

First of all, the water birds mostly stayed the same but the UCS pond got tidied up by the land owners of the Universitee pond. The UCS pond now had to look like the Universitee pond. Stewdent ducks could no longer swim about freely. As helper water birds accompanied stewdents on their journeys, there was an expectation that the journey now had to lead to staying in the pond, finishing the defined swimming patterns and then leaving for a successful adult duck life outside the pond. This was as defined by the pond owner's rules, which were now pinned tidily as a 'pond statement' on the bank.

Stewdent ducks could now only attend the one-to-one ponds for a limited amount of visits. Any more and some suspicion arose about the inherent strength of the stewdent and helper water birds. Stewdent ducks should be independent, strong and focused, not soft and unique, and melting like the snowflakes which fell on the pond in the winter. Helper water birds were advised not to help for too long, just in case the stewdent ducks got too dependent and forgot how to swim on their own.

Blue tufted duck wasn't happy about this and defiantly kept trying to accompany the stewdent ducks on their journey into adult duck life

in whatever shape this took, whether or not it meant staying in this particular pond. But pond life was changing and blue tufted duck began to feel a bit out place. A duck out of water, or a bit like the ugly duckling. 'You're too slow!', 'you're set in your old duck ways', 'you need to change with the times!' shouted the new rangers on the UCS pond who came from successful giant ponds, where all the ducks had corporate coloured feathers and swam in the same direction.

The helper water birds continued to gather to discuss how best to help the stewdent ducks, based on their different ideas about helping, which were based on the thinking and sayings of older birds from differing flocks. The owners of the pond were somewhat concerned about this as they preferred to base what was seen as helpful for stewdents on the 'pond statement' and the overriding Universitee pond dream. Only ways of helping which fitted this were seen as suitable for pond life. Soon some lanes were created for swimming in, up and down, in nice neat rows.

Extra rules were pinned beneath the 'pond statement' to make things clear.

'No deep diving, only keep to the shallows, no risk taking, no messing about, no sitting on the bank, keep to the correct lane, don't listen to the old ducks and definitely no sitting around idly drinking pond weed tea. Solutions and success are what we all need. '

Blue tufted duck, although much less naïve, much more canny and much older, still believed in the authenticity of duck life. In the creation of a healthy thriving pond environment in which all ducks could equally swim free and find their flock or sit solitary on the bank if need be. They fought for this, even when other ducks told them not to bother or to keep their feathered head out of the firing line. One day, blue tufted duck and their friends got shot, but that's another story. Most of them survived to swim in a few more ponds but some didn't.

Swimming in the UCS pond became hard work. It was all clogged up with strange algae which kept growing and choking everything. The pond was also packed full with stewdent ducks and other new kinds of helping birds. Many stewdent ducks arrived in the Universitee pond with already broken wings. They were dishevelled, disorientated and full of bullet wounds. They sometimes needed a safe harbour to wait and lick their wounds and older ducks to help them learn to navigate but were sent down the lanes to meet the helper birds. There was a new sign on the UCS pond gate:

'One meeting at a time. Go and help yourself. Go and be a super successful high-flying duck. Make sure you look after yourself and ps. If you come back for more help then maybe you're not the right king of duck for this Universitee pond.'

Helper water birds no longer had safe and clean little ponds to meet in. Some shared a pond, some could meet on a little island with no shade and no nice flowers, an island which you booked for a one-off meeting with no time to check for crocodiles. Some started to meet through a magic mirror where the stewdent and helper ducks could be anywhere.

Blue tufted duck felt very upset by the state of things in the pond but still they carried on. They had become very good at doing a limited number of things. One of these was assessing the state of stewdent ducks very quickly, whilst simultaneously hearing how they'd got lost and trying to point them to shore and quickly teach them some basic pond navigation skills. They became adept at sitting calmly with deeply wounded ducks with dog bites and badly mended broken legs from when they were ducklings. Giving what support they could but having to send them back to the pond knowing that they couldn't really help and there were few safe harbours to stop and mend in.

More and more stewdent ducks crowded the pond, swimming up and down the rows and waiting in holding pens. All the ducks began to look the same, they went by in a fast haze.

Blue tufted duck learnt to make the most of each encounter but often knowing it wasn't enough. They were getting tired. They were forgetting how to deep dive and how to play in the water. Other ducks commented on the brightness of their blue tuft, but blue tufted duck felt like they were fading away.

Finally a strong tide arrived in the pond pulling this way and that, the pond rangers joined forces with owners of the pond and instigated that all ducks must conform. A new sign arrived saying:

'We are now called The Well Duck Service and all water birds are now grey-legged geese.'

There was no discussion. Ducks had to keep on swimming and remain graceful, while their little legs frantically paddled under the surface. All ducks who weren't grey-legged geese already had to go and get themselves changed and come back with a certificate of compliance. They had to get their wings clipped and agree to conform to the lanes.

Blue tufted duck wanted to fight this but felt too tired. Other ducks reminded them of the comforts and securities of pond life, of which there were some, but at the last minute they saw the sun reflected on the pond surface and looked up to the sky. They remembered they had wings and began to run across the water flapping, launching across the lanes. Splashing and making a mess, they flew away into the spring sky. ■


## ABOUT THE AUTHOR

**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.

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# Profile

**Safaa Ramadan**
Head of Student Wellbeing and Counselling Europe, Middle East, and Africa (EMEA)
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**Q How and why did you decide to become a counsellor?**

Definitely the exception versus the rule but I decided that I wanted to be a counsellor at the age of 18, and every day I'm grateful as I really do enjoy my job. However, I remember at 18 looking around at the mental health domain/services available and noticed that none of the counsellors looked like me. And I started to think, if they didn't look like me or at least similar to me, then how would they understand my frame of reference? Now as a qualified counsellor, I know that you don't need to necessarily look like your clients nor have gone through the same experiences to understand their frame of reference – but I still wanted to give clients, the choice of seeing a counsellor who looked similar to them, and could perhaps understand them without the need for so many words. Plus, I stand by the idea that representation always matters.

**Q What was your experience of counselling training like?**

Anyone that describes their counselling training as easy is most likely lying. One of my best friends who I met on my training course and I used to describe the experience as the best and worst years of your life – the sentiment is still true to this today. You're balancing the demands of the course including classes, assignments, reading course material etc with a placement, personal therapy and supervision, alongside life – because life doesn't press pause while you're training to be a counsellor.

Plus, you're immersing yourself into a brand new world. Much of my course was experiential and so many classes were designed in a way that almost mirrored the therapeutic space. Which on paper is fantastic but as someone who thrives on structure, I didn't like it. What do you mean, my professor is going to sit down with us in a circle and not say anything? Why are we even sitting in a circle? Why is the class not starting? Why are we having a conversation about silence at least once a month? It was designed to teach you to

Photo ©Safaa Ramadan

**Safaa in Sri Lanka**

live in the uncertainty and to practise non-directive therapy. It taught me congruence, unconditional positive regard and empathy – which as a counsellor, who's foundation is person-centred therapy, it worked!

### Q What would you tell someone who wants to become a counsellor?

Lori Gottlieb writes in her book, *Maybe you Should Talk To Someone*, 'Of all my credentials as a therapist, the most significant is that I'm a card-carrying member of the human race'.[1] I would tell future counsellors to never forget that. You don't need to have all of the answers nor should you, despite there being an unrealistic expectation that you should. So, hold on to your humanity, it's what makes you a good therapist. It's your ability to make another person feel accepted without judgment, and your ability to empathise, so that the person sitting in front of you feels less alone, that will make you a therapist that people want to keep going back to.

### Q What book has most inspired you?

*Tuesdays with Morrie* by Mitch Albom.[2]

Mitch Albom goes back to visit his professor years after he's graduated from college every Tuesday to have his professor once again impart some wisdom about love, forgiveness, death, and fundamentally, the meaning of life. I read the book in one sitting during a layover and honestly couldn't put it down. Almost 10 years later from the first time, I picked it up and I still grab it whenever I need a little reminder to find the joy in the little things that life offers us – such as a barista knowing your coffee order, blue skies, running into a friend on the street, or a person you've been on a couple dates with remembering your favourite film!

### Q How did you get into student counselling?

I was a student myself when I began seriously considering student counselling. I was finishing my masters in psychotherapy and counselling, and I remember getting excited about the future whenever I read a job description or person specification for a role at a university or college – probably one of the few times that someone has got excited about a job description, but there was just something about the possibility.

Now, I don't think you have to be around the same age as students in order to work with them therapeutically; but at the time, I was, and that possibility and opportunity excited me. Especially as when I told my career advisor at 18 years old that I wanted to be a psychotherapist, they told me that it was unlikely that I'll be able to do it before the age of 30 – I turn 30 this year and have been practising now for the majority of my 20s. I don't think they were trying to discourage me or get me to change my mind, but rather, to lower my expectations; however, that expectation setting was the first time that I learnt about the image that people had of counsellors. So, when it came to me applying for jobs, I reflected on how much of a rarity it would be to have a

counsellor who was around the same age as you; and perhaps how nice that would be for students. Maybe you wouldn't have to explain certain subtleties as much and someone would just get it without an explanation — for instance, my students never had to explain why they needed or wanted to show me a meme or a TikTok to better share their story, or explain to me the nuances of modern dating (I still think we should be banning ghosting and 'situationships' though). So, to answer the question, I got into student counselling because the possibility of stepping out of the supposed status quo excited me.

### Tell us about your current role and where you work

I'm the Head of Student Wellbeing and Counselling for the London and Dubai campuses at Hult International Business School, which is a global university with campuses in Boston, San Francisco, London and Dubai. In my current role, I've been able to create the perfect combination (at least for me) of one-to-one work with students, which soothes my soul; whilst being able to build a department that advocates for students, creates initiatives, implements polices, delivers psycho-education workshops, and provides students with de-stressing wellbeing events.

Given its global nature, Hult is an incredibly unique place to work, and it's because of its uniqueness that I've been able to create a role for myself that really energises me, and a department in my opinion that is truly student centric.

### What do you love most about your current role?

Slight cliché but clichés are a cliché for a reason. I really love the feeling of having made a difference in someone else's life; there's truly nothing like the feeling you get when a client comes into the session and has had the difficult conversation that they never thought they could, or has done something that they thought was completely out of their comfort zone. Martin Seligman believes that having a sense of meaning gives you greater life satisfaction and working with my clients one-to-one really does give me a sense of meaning, which in turn activates my happiness trifecta.[3]

### How do you practise self-care?

Emily and Amelia Nagoski in their book, *Burnout: the secret to solving the stress cycle*, write about seven different ways to 'complete the stress cycle and de-stress'.[4] So, in my day-to-day (especially after a stressful day at work), I will always try to:

1. Move my body
2. Breathe
3. Talk to people
4. Get creative
5. Cry
6. Laugh
7. Receive affection.

Through adopting at least one, if not more, of these each day, I can really look after my mental and physical health, and can really feel the stress leave my body. Plus, it serves as a great mental checklist for days when I'm feeling overwhelmed; I can quickly go through and check whether any of the seven have been implemented today.

### What are your interests when you are not working?

Travelling for sure! There's something about heading to the airport, getting on a plane, and then exploring a new city or country; it's escapism for the mind and body, and overall, a huge method of self-care for me. I have my day-to-day self-care that I've shared earlier, but it coincides with pressing pause every now and again (or ideally every six weeks) from supporting the mental health of my students and my team, and instead prioritising my own and only my own. Plus, if it was up to me, I would love to be a travelling therapist; seeing the world and still seeing my clients; I mean how amazing would it be to have your view be a beautiful Sri Lankan sunset, or to start your day with pain au chocolat from a French bakery (this I do in London too, but you get my point).

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

If I had a magic wand, I would love to be splitting my time between counselling and pursuing research within the mental health domain. Personally, I think there's a lot of research opportunities within the mental health domain that could really benefit clients, not only in the UK but all over the world, and I would love to be a part of that.

Currently at Hult we've developed a holistic style of support where there is cross-departmental collaboration and information sharing (with confidentiality limits of course), as students move through their academic journey, but I recognise that other counselling departments in UK universities work differently. So, I'm curious about the direction in which counselling within higher education is heading.

Additionally, I would love to research how to further challenge the stigma attached to mental health within certain cultures to ensure that individuals get the support that they need. Over the years, I've worked in countries outside of the UK including Sudan, Sri Lanka and now the UAE; and so, I've heard the stigma first hand and wondered, is it using non-western vocabulary? Is it increased psychoeducation and normalisation of the existence of mental health? Is it increased funding? Or is there something else that could be done to ensure that mental health services are available and accessible without judgment. ■

To get in touch with Safaa, please email her at: **safaa.ramadan@hult.edu**

## REFERENCES

**1.** Gottlieb L. Maybe you should talk to someone. Boston: Houghton Mifflin; 2019.

**2.** Albom M. Tuesdays with Morrie: an old man, a young man, and life's greatest lesson. London: Sphere; 2017.

**3.** Seligman M. PERMA and the building blocks of well-being. The Journal of Positive Psychology 2018; 13(4): 333–335.

**4.** Nagoski E, Nagoski A. Burnout: the secret to solving the stress cycle. London: Vermilion; 2019.

# STUDENT STORIES

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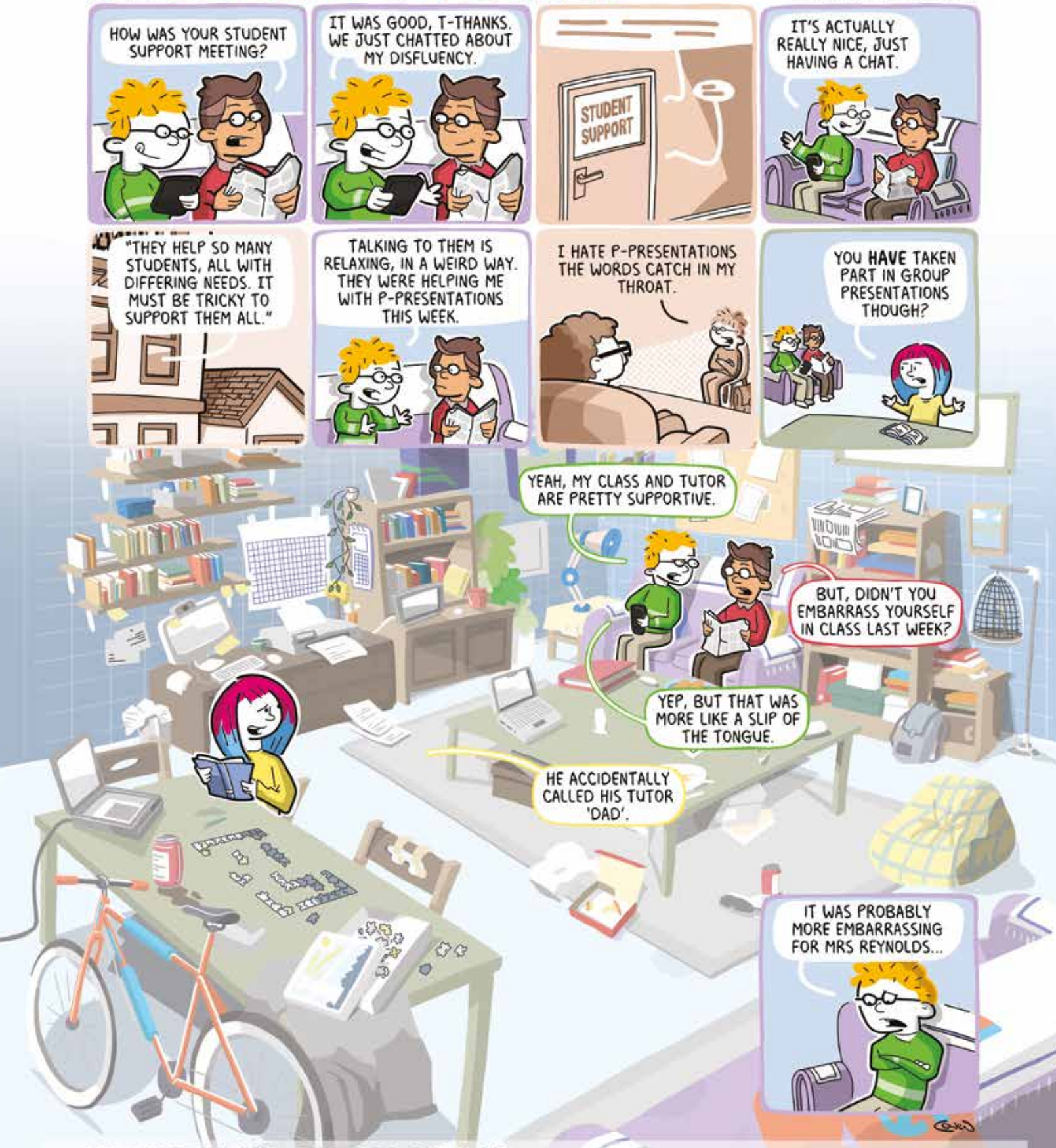


## FOOTNOTES AND FURTHER READING

PRESENTATIONS ARE AN IMPORTANT PART OF UNIVERSITY LIFE, AS THEY ENCOURAGE COLLABORATIVE LEARNING. HOWEVER, THEY CAN BE A SOURCE OF ANXIETY FOR MANY STUDENTS. THROUGH COOPERATION WITH STUDENT SUPPORT, THERE'S A RANGE OF ALTERNATIVE PRESENTATION METHODS AVAILABLE TO THE LEARNER, WHICH ARE DESIGNED TO SUPPORT AN ANXIOUS OR DISFLUENT STUDENT. FURTHER EXTERNAL SUPPORT AND ADVICE IS AVAILABLE AT WWW.ANXIETYUK.ORG.UK

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