**Student Counsellor Magazine**

**September 2021**

**Text Only Edition**

**A Note from Freya, NCS Interim CEO**

It is my absolute pleasure to welcome you to the third issue of our student magazine.

I love the fact that you could be anywhere reading this and may not have even heard about the National Counselling Society (NCS) before! We created this magazine because we wanted all students, not just our members, to have access to resources and articles to help enhance knowledge and learning.

There is so much you can take from this magazine, whether you are at the start of your counselling or psychotherapy journey, nearing the end of your studies or you are already qualified. There is a whole host of information and you will also find freebies throughout including: access to a free course, a book giveaway, CPD, supervision and client logs.

Thanks so much to the individuals who have taken the time to share their personal experiences with us and to the organisations who have generously provided information and resources.

Please do get in touch with Elaine (comms@nationalcounsellingsociety.org), our wonderful Comms Manager, if you would like to contribute to future magazines or if there is anything specific you would like to see in future issues.

If you haven't had a chance to look at our previous magazines you can find them on our website [here](https://nationalcounsellingsociety.org/student-membership) (scroll to the bottom

of the page).

Take care and best wishes,

Freya

[**Read the last edition of Student Counsellor Magazine here**](http://cm.nationalcounsellingsociety.org/books/tmep)

**Want to receive future editions?**

We'll send them straight to your inbox.

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[**Sign up**](https://email.nationalcounsellingsociety.org/h/r/31D89A37B6577C532540EF23F30FEDED)

**NCS Student Membership**

- Affordable membership costs & reduced fees for students.

- Access to a directory of discounted supervision and/or personal counselling for student counsellors.

- Monthly digital magazine that members can contribute to.

- Discounts on insurance.

- Student members of the Society can apply for a TOTUM card.

- 20% discount on titles from PCCS Books, Routledge’s products, and Jessica Kingsley Publishers' books.

- 30% discount on selected titles with SAGE.

- Free online CPD courses available to members.

...and much more!

[**Find out more**](https://nationalcounsellingsociety.org/student-membership)

**Student Member of NCS Looking for a Placement?**

[Check the members' area for our list of placement providers](https://nationalcounsellingsociety.org/members/placements-for-students)

**Would you like to contribute to the next issue of Student Counsellor Magazine?**

**We're accepting article submissions from student counsellors on:**

- Your placement experiences

- Your experience as an NCS Student Member

- Your specialist subject(s) of interest

- Books you would recommend to other student counsellors

Please email any submissions to comms@nationalcounsellingsociety.org for a chance to be featured in the next magazine!

**Looking for a way to organise your CPD, Supervision, and Client Hours?**

Download our log templates below!

[**CPD log**](https://nationalcounsellingsociety.org/assets/uploads/docs/CPD-Record-Development-Plan-Fillable.pdf)

[**Supervision log**](https://nationalcounsellingsociety.org/assets/uploads/docs/cs/Record-of-Supervision.pdf)

[**Client hours log**](https://nationalcounsellingsociety.org/assets/uploads/docs/Client-Hours-Log.pdf)

**Podcast with Counselling Tutor**

In this special edition of the Counselling Tutor Podcast, Rory Lees-Oakes interviews two members of the National Counselling Society – Freya Bottomley (Interim Chief Executive during Chief Executive Meg Moss' maternity leave) and Jyles Robillard Day (Head of Engagement and Development).

[**Listen here**](https://counsellingtutor.com/qa-with-the-national-counselling-society/)

**Special Interview with Privacy4**

In this video, National Counselling Society CEO Meg Moss interviews Cath Knibbs & Gary Hibberd from Privacy4, to discuss how the organisation came together and to answer common question topics relating to confidentiality, including: GDPR, ICO registration, keeping case notes, email encryption, privacy notices and more.

[**Watch the video**](https://www.youtube.com/watch?v=RCFzkplxkmE)

**Update from the Northern Ireland Committee**

**With thanks to David Keenan, Chair of the Northern Ireland Committee.**

I hope that this article finds you safe and healthy.

It is a pleasure that I get to write these few lines as a means to introduce the NCS membership to the Northern Ireland Sub Committee. Currently we are in our forming process. In 2020 NCS discussed the importance of membership being a way to bring counsellors and therapist closer together to abridge the isolation of working in such a demanding field. With COVID and the difficult times facing us all, NCS fortunately saw the need for a more collegial structure to address the particular needs of members in Northern Ireland counselling some of the most traumatised and socio-economically stressed areas in the UK.

We are a small committee working directly with the Society. Our aims are to:

1. Increase awareness of NCS in the workplace as a viable and recognised accreditation process. Many members are finding difficulties in gaining employment with NCS accreditation. NCS works tirelessly to address these issues with employers.

2. To more effectively and directly support members working with issues specific to the Northern Irish Troubles; PTSD complexity and Intergenerational trauma. In Northern Ireland counsellors want appropriate; affordable and specifically local access to Continued Professional Development. NCS is committed to addressing that need. Recently a questionnaire was circulated to local members to garnish what you want and how NCS can support.

3. It is of utmost importance that NCS belongs to the membership. The Northern Irish committee is a pilot scheme that is hoped will be replicated in the 4 home countries and regions. The aim is to immediately supportive and responsive to the issues that members face locally. With Healthcare & Mental Health being a devolved issue to Stormont; a local presence will better represent local lobbying and education.

The Northern Ireland Committee is a small group of Fellow; Senior Accredited; Accredited and student members who meet quarterly. Albeit with COVID we meet virtually, we hope to have regular meetings, seminars, workshops and networking meetings so we can further exciting opportunities to develop professional services to the communities across the country. We welcome interest from all NCS members working in Northern Ireland. If you would like more information or to volunteer, please contact:**jyles@the-ncs.org**

The Committee recognises the amazing work all you do under such exceptional circumstances. Please keep safe and remember self-care.

**David Keenan, Chair**

**What is the Accredited Register?**

The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. They are an independent body, accountable to the UK Parliament.

They oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England.

They review the regulators’ performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

The Authority also sets standards for organisations that hold registers for those who work in unregulated health and care occupations and accredits the registers of those organisations that meet the Authority’s standards.

There are three things that organisations must show in order to be eligible to apply to have their Registers Accredited by the Authority:

* They must hold a register for people in health and care occupations that are not regulated by the state.
* They must demonstrate to us that they are focussed on public protection.
* They must be able to afford the accreditation fee.

The Authority deliberately set the bar for accreditation high, at the level of good practice, so that gaining accreditation is a significant achievement and registers are proud to display the Accredited Register Quality Mark.

[**Read more about the Accredited Register Programme.**](http://www.professionalstandards.org.uk/accredited-registers)

[**Read the Accredited Register 2015 Report.**](https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/accredited-registers/reports/accredited-registers-report-2015.pdf?sfvrsn=2)

The National Counselling Society’s register is accredited by the Accredited Register programme and this means that our organisation meets all eleven of the Authority’s standards which include being committed to public protection, risk management, education and training, governance, providing information, managing complaints and managing the register effectively.

The Society in turn sets standards for our registrants, which include committing to codes of conduct, competence and ethical frameworks and meeting entry level education requirements. Our Register sets requirements for registrants’ personal behaviour, technical competence and, where relevant, business practice.

This means that when clients choose a counsellor from an Accredited Register, they have the assurance that the counsellor has met the high standards required to be listed on the register.

**My Placement Experience**

With thanks to Rachel Huyton (NCS Student Member), for sharing her placement experience.

“Even though I am not right next to you I am here”.

I am now in my final year of study and currently halfway through my placement. I have been lucky enough to be accepted to work within a Substance Misuse Department so have been able to work online successfully with clients for a few months now.

It has been a learning curve because although I work at a mental health crisis house, the whole concept is different with regard to boundaries, approach and time management.

I have an excellent and genuine supervisor and supportive peers within the placement, and it really feels like a family that are working together so we can all reach our end goals.

One of the main areas I have focussed on is the development of an authentic and therapeutic relationship so although I am not actually face to face with clients, I aim to not let this be an issue and strive to ensure that each client feels able to share and be heard.

Within my current work I utilise mindfulness and guided meditation to enhance relaxation and lessen stress and anxiety. I have to admit as I am usually used to doing this face to face, I was not sure if this would be something I could introduce in my placement settings but having introduced my clients to this new concept, I am relieved to say that they fully embrace it and are excelling in their own techniques.

I suppose what I have learnt so far is that although face to face work is preferable and particularly addressing the current situation, where people are forced to use social media in a different way, it is still possible to build strong trusting relationships via the force of technology.

I have my own set of rules, always be on time, always listen and be open, don’t rush and take notes so that each session is captured, and significant information can be shared and remembered.

One particular session I recently held was precious as I felt that the client although we were apart, was able to share internal emotions in connection to family bereavement via the reading of a letter she had written to a deceased parent. I was really proud of her for being able to dig deep and share this but also felt a real connection of trust and empathy.

To close, I continually understand the importance of being heard and holding someone in a safe space. It is so important to have time for one another.

**What is CPD?**

CPD stands for Continuing Professional Development, and is a term used across many different industries to describe ongoing learning that contributes to an individual’s knowledge and skills, thereby enhancing their ability to perform within their vocation.

The National Counselling Society defines CPD for our members as ‘a range of learning activities through which professional counsellors grow and develop throughout their careers to ensure that they retain their ability to practise safely, ethically and legally within their evolving scope of practice’.

**What are CPD events?**

Seminars, conferences, and training workshops are all different types of CPD events. These events will involve an element of demonstration or explanation of certain topics by those who are considered highly experienced within their field. Workshops have the added benefit of being able to put some of your new-found skills into practice and gain valuable feedback from your tutor and fellow students.

**Why is it important to attend CPD events?**

Attendance at events gives you the opportunity to engage in real-time with the material you are being presented. You can ask questions, you are exposed to the questions that others are asking, and subsequently benefit from the additional information that is provided in the answering of those questions.

Many counsellors work in private practice, which means that they often work alone or in small groups of other practitioners who may not themselves be counsellors. Attending CPD events gives counsellors the opportunity to network and meet other likeminded practitioners with whom they can forge relationships that outlast the event itself.

The Society believes that it is important that practitioners undertake a range of different types of CPD, to include attending events as well as reading, learning online, and writing articles to name but a few examples. Each method of learning has its own unique benefits, and only through variety can practitioners ensure a balanced and comprehensive enhancement of their knowledge and skills.

**Where can I find out about CPD events near me?**

The National Counselling Society runs a comprehensive and varied program of CPD events across the UK and online. Members of the Society can access the CPD calendar online through the Members’ Area of our website.

There are also events run on a more local scale by training providers, charities, other practitioners, and organisations set up specifically to hold conferences or seminars. You can find out about these events by, for example, subscribing to newsletters, using the internet to search for events in your area, or joining counselling-related social media groups or forums.

**Book Recommendations from CPCAB**

**Counselling Skills and Studies - 2nd Edition** - by Fiona Ballantine Dykes, Traci Postings, Alexis de Winter (CPCAB) and Dr Anthony Crouch (CPCAB)

Counselling Skills and Studies is a book for anyone wanting to learn counselling skills or embarking on their first stage of training to be a counsellor. Written by Fiona Ballantine Dykes, CPCAB's Alexis de Winter and Traci Postings, with an introduction by CPCAB founder Anthony Crouch, this practical guide will provide readers with the ideal ‘way-in’, showing them what helping, and counselling is all about.

This edition includes detailed discussion of key theories, has a new chapter on self-care, and is fully up to date with the occupational and professional standards and ethical frameworks.

Packed full of practical activities and written in a supportive conversational style, this book is essential reading for anyone wanting to learn counselling skills or embarking on their first stage of training to be a counsellor.

**A Student’s Guide to Therapeutic Counselling** - by Kelly Budd (CPCAB), Sandra McKeever, Traci Postings and Heather Price (CPCAB)

This book will be an ideal support text for students on courses such as the Level 4 Diploma in Therapeutic Counselling, or similar practitioner level training and includes chapters on finding a placement, seeking personal counselling, and how to integrate your theoretical model into your real-world counselling practice. This highly practical book is a comprehensive training guide based around 7 core processes of practitioner development. It offers a firm foundation of knowledge and skills, looks at practice issues, helps with study, and also answers the most common questions students have when training.

**Special Offer for CPCAB tutors and students!**

CPCAB are delighted that SAGE is offering a 25% discount on this book, exclusively for CPCAB tutors and students.

Just add code **UKCPCAB25** at checkout on SAGE's website, [www.sagepub.co.uk](http://www.sagepub.co.uk).

Alternatively, order by phoning 0207 324 8703.

**Great Expectations: Unhappiness in the Midst of Plenty**

**With thanks to Ros Letellier (NCS Student Member) for sharing this piece.**

Like most, if not all, student counsellors, I signed up for a course because I want to help people be happier in their lives. Even before the stress, anxiety and grief wrought for many by a global pandemic, it wasn’t hard to see a growing demand for therapeutic services, in western society at least. Last night I was watching an old re-run of a programme from around 2012, and one of the characters says: “I know, I know, it’s the 21st century – everything’s harder.” It struck a chord with me because, as someone who has experienced almost an equal amount of the previous century and this, I can absolutely see what he means. Life does, to me, seem harder – and perhaps that’s because I wasn’t an adult for long in the pre 2000s so I can’t compare perspectives like for like – but it feels as though the bar has been set higher on pretty much everything –careers, parenting, physical appearance, lifestyle, leisure, even mental health.

The other day, I was explaining to my daughter how lucky we are to be living in a developed country in the modern age with reasonable life expectancy and freedoms. She’s not enjoying school at the moment, so I was offering her a comparison with a) the life of a peasant in the Middle Ages and b) the life of a girl under a misogynistic totalitarian regime. (Yup, I’m that kind of parent). By historical standards, and even current standards in many parts of the world, we’ve got it good. For the vast majority of us, our basic needs as per Maslow are covered to a great extent – we’ve gone from a country that survived largely on subsistence farming up until the 1900s to one where (pandemic stockpiling aside) we have overflowing supermarket shelves stocking a stunning array of produce from across the globe. Pre-pandemic, when travel was still allowed, we had budget airlines to take us places our ancestors could only ever have dreamed of. We have entertainment and leisure options coming out of our ears. Modern telecommunications allow us to stay connected to family and friends no matter how far flung they are. We have employment rights. We have universal education up to the age of 18. We have health care.

Yet so many of us are not happy, and worse, studies show that our young people are less and less happy. So why should this be? I’m sure there are many answers to this question, and the particular cocktail of factors will be different for each individual, but I’m also sure that this ‘raising of the bar’ is part of it. Aspirational ideals are thrust upon us wherever we look. Maslow’s hierarchy of needs has been co-opted by the marketing and advertising industry to manipulate us into purchasing our way to happiness - a hedonic treadmill that we know never ends. And it’s not only big business that’s trying to sell us the unattainable dream of perfection, it’s our own friends and families, carefully curating their public-facing image, their ‘personal brand’ on social media, so that at least from the outside it looks as though they’ve got it all. We all do it: photos of our new extension/ loft conversion/ fitted kitchen. Pore-less, wrinkle-free selfies. Happy, smiling children. Memes about accepting yourself/ being kind/ manifesting your destiny showing how balanced and/or ‘woke’ we are. We don’t share the worries about the debt we’re not sure we can afford, don’t mention the beauty filter we used, or the tantrum our kids had 10 minutes later, or the fact that we really needed a reminder today to be kind to ourselves because in actuality a budgerigar of doubt and criticism was pecking relentlessly at our self-esteem.

Then there’s the ‘careers’ bar, a particularly interesting one for me at the moment as I ponder my future, studying for a career change but still at a stage where I am unsure if I am equal to the task. I have been in deep contemplation of career for the past couple of months, trying to work out what I want and what’s important to me – how much of my motivation comes from conditions of worth, what is really congruent for me… whose approval and/or respect I am sub-consciously seeking. It’s been a surprisingly (to me) difficult and mentally challenging process that has thrown up alternately feelings of inadequacy, hope, paralysis, grief, shame, pride (often wounded, sometimes inflated), and perhaps increasingly, acceptance.

In a world where, as I write, thousands are still dying from COVID-19 and other major tragedies occur daily, to feel so consumed with my own relatively petty concerns feels indulgent, selfish and out of touch. But it does feel like a big deal to me. Going back to where I started – with the quote ‘it’s the 21st century, everything’s harder’ – I can’t help but reflect on the prevailing societal standards and intrinsic beliefs that are contributing to making this such a mental challenge. I’m 44, pretty resilient and have a ton of life experience to help me gain perspective. But what about our young people? How do they perceive this pressure to achieve, to be better, better, best?

Is life harder in 21st century? The boomers might disagree. A medieval peasant would definitely disagree. But it’s tough in different a way. When you have to focus on survival life is tough, brutal and ugly, but even when you live in relative comfort – as most of us in the developed world do, we can feel thwarted, incomplete and unworthy. My learning as a student counsellor is that mental discomfort doesn’t always come from something big and traumatic. More frequently, it is simply the result of the accumulated stresses, strains and disappointments of everyday life, and the niggling sense that we’re just not good enough in a world that deliberately engineers those feelings so that we will work harder and spend more.

**Have I found the placement or** **has the placement found me?**

**With thanks to Giedre Dian (NCS Student Member) for sharing her placement experience.**

I have learnt that the pathway for placements is unique and individual. That things happen for a reason. That we can apply for what we want, but usually we get what we need. How meaningful and rich is that? I fully agree, and as someone wisely said: ‘when the student is ready, the universe brings the master’.

In general, I like to plan and would define myself as an organised person, especially in a professional capacity. Therefore, I would follow the saying “failing to prepare is preparing to fail”.

I started looking for placements in year two, which I now realise was definitely too early. With the benefit of hindsight, I would say year three is actually the ideal time, but I have learnt that each individual has his own time to find the right placement. Or, I should say that the placement has the right time to find the student counsellor.

I was one of the last in my group to secure a placement. It was so important to me that it was right. My only criteria was locality, I was looking for a local placement. Firstly, because I wanted to give back to my local community and secondly, I did not want to spend more time travelling than delivering sessions. I have learnt that a placement process has its own pacing (completely different from what we students want, which is obviously to find it quickly and be sorted/ready to start). But as I discovered, things happen without a sense of urgency, there are lots of details to be followed up and processes to go through. I could say that a placement process is as challenging as finding a job. I even took the opportunity to discuss my placement in my own personal therapy and would very much recommend this. It was an opportunity to explore my own pacing, my expectations, and my own timings. It is very important to say that all our group secured placements, because I believe this is important when sometimes negative thoughts crept into our minds.

And so, then comes the short listing, the interview day, the score system and finally the answer. With all of that comes preparation, especially if you dare to apply for those specialists’ services that surely will take you on a training program. But before that, here are some suggestions with regards to preparing for specialist services. Read the theorists, think about the approaches and the resources available, discuss it in your personal therapy. Make notes, create mind maps, perform internet searches, case studies, reading, and ponder your own reflections. After all, you learn, you learn more, you target your learning until you feel ready for the interview. By this point you feel calmer, because you have prepared for the interview

You are keen to start the training, you are keen to start the placement, to exchange, to see your peers and to meet your supervisor, someone who will be there for you, with a resilience you aim, with the experience you are going to get one day and all seems better and safer. In addition, some placements offer a peer group to check good practice, share experiences and above all, to support each other. You are almost halfway through your last year and you want to practice, but without your 100 hours, you cannot be qualified. But, when the training is finished and the clients are allocated, you can finally start. You have arrived at the top of the mountain, and you can see the horizon.

Now is the time to be there for your clients. To gather all the embedded training, knowledge and skills you have gained and just be with your client, actively listening to them, creating a mutual feeling of trust and getting on with the most important thing in the counselling and psychotherapeutic area: the therapeutic relationship, that will enable the client to open up, to talk, to reflect, to heal and to move on. That is the best place to be, facing your client and with all possibilities this may bring. Trusting, trusting in your own self, that you can do it.

**Stronger Brain Activity After Writing on Paper Than on Tablet or Smartphone**

A study of Japanese university students and recent graduates has revealed that writing on physical paper can lead to more brain activity when remembering the information an hour later. Researchers say that the unique, complex, spatial and tactile information associated with writing by hand on physical paper is likely what leads to improved memory.

“Actually, paper is more advanced and useful compared to electronic documents because paper contains more one-of-a-kind information for stronger memory recall,” said Professor Kuniyoshi L. Sakai, a neuroscientist at the University of Tokyo and corresponding author of the research recently published in Frontiers in Behavioral Neuroscience. The research was completed with collaborators from the NTT Data Institute of Management Consulting.

Contrary to the popular belief that digital tools increase efficiency, volunteers who used paper completed the note-taking task about 25% faster than those who used digital tablets or smartphones.

Although volunteers wrote by hand both with pen and paper or stylus and digital tablet, researchers say paper notebooks contain more complex spatial information than digital paper. Physical paper allows for tangible permanence, irregular strokes, and uneven shape, like folded corners. In contrast, digital paper is uniform, has no fixed position when scrolling, and disappears when you close the app.

In the study, a total of 48 volunteers read a fictional conversation between characters discussing their plans for two months in the near future, including 14 different class times, assignment due dates and personal appointments. Researchers per-formed pre-test analyses to ensure that the volunteers, all 18-29 years old and recruited from university campuses or NTT offices, were equally sorted into three groups based on memory skills, personal preference for digital or analogue methods, gender, age and other aspects.

Volunteers then recorded the fictional schedule using a paper datebook and pen, a calendar app on a digital tablet and a stylus, or a calendar app on a large smartphone and a touch-screen keyboard. There was no time limit and volunteers were asked to record the fictional events in the same way as they would for their real-life schedules, without spending extra time to memorise the schedule.

After one hour, including a break and an interference task to distract them from thinking about the calendar, volunteers answered a range of simple (When is the assignment due?) and complex (Which is the earlier due date for the assignments?) multiple choice questions to test their memory of the schedule.

While they completed the test, volunteers were inside a magnetic resonance imaging (MRI) scanner, which measures blood flow around the brain. This is a technique called functional MRI (fMRI), and increased blood flow observed in a specific region of the brain is a sign of increased neuronal activity in that area.

Participants who used a paper datebook filled in the calendar within about 11 minutes. Tablet users took 14 minutes and smartphone users took about 16 minutes. Volunteers who used analogue methods in their personal life were just as slow at using the devices as volunteers who regularly use digital tools, so researchers are confident that the difference in speed was related to memorisation or associated encoding in the brain, not just differences in the habitual use of the tools.

Volunteers who used analogue methods scored better than other volunteers only on simple test questions. However, researchers say that the brain activation data revealed significant differences.

Volunteers who used paper had more brain activity in areas associated with language, imaginary visualisation, and in the hippocampus — an area known to be important for memory and navigation. Researchers say that the activation of the hippocampus indicates that analogue methods contain richer spatial details that can be recalled and navigated in the mind’s eye.

“Digital tools have uniform scrolling up and down and standardised arrangement of text and picture size, like on a webpage. But if you remember a physical textbook printed on paper, you can close your eyes and visualise the photo one-third of the way down on the left-side page, as well as the notes you added in the bottom margin,” Sakai explained.

Researchers say that personalising digital documents by highlighting, underlining, circling, drawing arrows, handwriting color-coded notes in the margins, adding virtual sticky notes, or other types of unique mark-ups can mimic analogue-style spatial enrichment that may enhance memory.

Although they have no data from younger volunteers, researchers suspect that the difference in brain activation between analogue and digital methods is likely to be stronger in younger people.

“High school students’ brains are still developing and are so much more sensitive than adult brains,” said Sakai.

Although the current research focused on learning and memorisation, the researchers encourage using paper for creative pursuits as well.

“It is reasonable that one’s creativity will likely become more fruitful if prior knowledge is stored with stronger learning and more precisely retrieved from memory. For art, composing music, or other creative works, I would emphasise the use of paper instead of digital methods,” said Sakai.

**With thanks to** [**neurosciencenews**](https://neurosciencenews.com/hand-writing-brain-activity-18069/)**.**

**Story of COVID's mental health impact**

Data scientists have analysed 94 million tweets from the first months of the pandemic to track COVID-19's effect on mental health in NSW, Australia.

Twitter has long provided a short, sharp take on the community's fears, anxieties and experiences. Now, data scientists have analysed 94 million tweets from the first months of the pandemic to track COVID-19's effect on mental health in NSW.

The research team used machine learning to develop a model able to capture data indicating depression, stress, anxiety and suicidal thoughts among users of the social media platform. The aim was to tap into popular technology to help public health experts identify changes in community levels of depression over time.

The World Health Organisation highlighted early in 2020 that the pandemic would likely have a negative impact on mental health, with the disease affecting many facets of life including work, health and relationships.

Researchers from the University of Technology Sydney (UTS) and the University of Essex, UK, developed their novel classification model to tease out the psychological impact of COVID-19 outbreaks and government policies such as lockdowns.

While Australia has been less affected by COVID-19 than other countries around the globe, the results show the first wave of cases and the resulting lockdown still had a profound impact on mental health in the community.

"Social media provides a real-time snapshot of the thoughts, feelings and activities of people's daily lives. Every tweet signals a user's state of mind and emotional wellbeing at that moment," says co-author Professor Guandong Xu, from the UTS School of Computer Science.

"Aggregation of these digital traces makes it possible to monitor mental health at a large-scale, which has become a new, growing area of interest in public health and health care research.

"Identifying community depression dynamics can help governments and policymakers better understand the psychological impacts of policy decisions, and identify communities that may require increased public health support," he says.

The researchers captured and analysed data from 94 million tweets posted by social media users in 128 local government areas in New South Wales between 1 January and 22 May 2020.

The machine-learning based depression detection model classified the content of tweets according to topic, emotion—including the use of emojis—and recognised symptoms of depression such as fatigue, weight loss, feelings of worthlessness and suicidal ideation.

The model revealed a significant jump in depression levels at the start of the COVID-19 outbreak in New South Wales, around 8 March, reaching a peak on 26 March 2020 that coincided with the highest number of recorded cases.

Government measures such as the state lockdown on 31 March appeared to slightly increase depression levels, although easing lockdown did not reduce depression.

While local government areas measured different levels of depression, these were not closely linked to outbreaks.

The researchers also found that during lockdown more than 40% of Twitter users increased the time they spent on the platform.

The paper, Detecting Community Depression Dynamics Due to COVID-19 Pandemic in Australia, is published in IEEE Transactions on Computational Social Systems.

**With thanks to** [**medicalxpress.com**](https://medicalxpress.com/news/2021-02-story-covid-mental-health-impact.html)**.**

**Student Perspectives on Improving Mental Health Support Services at University**

**With thanks to Wiley Online Library. You can access the full paper with its resources** [**here**](https://onlinelibrary.wiley.com/doi/full/10.1002/capr.12391)**.**

**Introduction**

University counselling services have a long tradition dating back to the late 1940s. Significant developments across the higher education sector in recent years have required these services to re-evaluate and redesign the structure and delivery of their provision in order to meet the changing needs of a growing and increasingly diverse student population. Whilst university counselling services vary according to type and size of institution and student demographic, their role and function now typically entail the provision of a breadth of support options, including bespoke, time-limited, individual and group student counselling both in person and online; prevention and outreach; consultation to faculty and staff; and risk assessment and management. As a result, university counselling services have expanded to encompass a range of mental health teams and practitioners, including university mental health advisors, student well-being consultants and disability services. Moreover, these student mental health services are further complemented by student support services, which provide practical support that may impact on student mental health, but which is not their primary function, such as student finance services, accommodation services and academic advisory services.

The data available suggests that short-term embedded counselling at university is clinically effective, with 56% of students reporting reliable and clinical improvement following a course of short-term counselling. Moreover, university counselling can demonstrably benefit academic performance and retention, with 67% of students that present to counselling services with academic issues experiencing reliable improvement and 81% of students reporting that counselling helped them to remain in higher education. However, there can be significant variation in outcomes between different practitioners and services, with some evidence that counselling and psychotherapy can be ineffective or harmful in certain circumstances. It has been estimated that approximately 3%–10% of service-users experience a deterioration in symptomology, which has been linked to the potential for retraumatisation, breakdown in the therapeutic relationship, delays in readiness to change, or long-term dependency. To be effective, university mental health services must be safe, accessible to all, appropriately resourced, relevant to local context, and well governed.

Demand for university mental health services has significantly increased in recent years. Indicatively, between 2012 and 2017, 61% of UK university counselling services reported a 25% increase in demand, as well as more complex cases. This increase has been attributed to a combination of factors, including increasing numbers of students experiencing psychological distress, changes to student demographic and cuts to public mental health services resulting in increasing demand from students with long-term and complex needs, increasing student awareness of mental health difficulties and services and increasing use of professional support for a growing range of everyday academic and social stressors. This increasing demand and complexity of need has outpaced funding and resource allocation in higher education. The subsequent challenges for maintaining effective embedded counselling services with fewer resources to a growing and diversifying student population have been well documented. Moreover, notwithstanding this significant increase in demand, it has been estimated that up to 75% of students experiencing psychological distress do not access professional services.

Against this backdrop, university mental health services are increasingly positioned within a whole university approach. Positing ‘that isolated interventions or services are inadequate to address the multifactorial challenge of multiple mental health determinants and consequences’, ‘a whole university approach means not only providing well-resourced mental health services and interventions, but taking a multi-stranded approach which recognises that all aspects of university life can support and promote mental health and wellbeing’. The University Mental Health Charter outlines principles of good practice to operationalise a whole university approach, wherein mental health support services and interventions form one dimension. Currently under pilot, the Charter will ultimately provide a voluntary award to recognise and reward UK universities that demonstrate effective university-wide approaches to improving mental health and well-being outcomes for the whole university community.

The Charter highlights co-production through student voice and participation as an enabling strategy to ensure that student mental health services and initiatives are attuned to the lived experience, context and changing needs of the diverse student body. To date however, few studies have examined student perspectives and proposals regarding current challenges and changes to university support service provision. Analysing large-scale student consultation data from Student Minds University Mental Health Charter Roadtrip, this paper aims to contribute to the Charter's evidence base and inform its ongoing development by elucidating students’ perspectives on improving mental health support services at university.

**Materials and Methods**

**Design and Setting**

Data are taken from six student co-creation panels discussing student mental health and support services, each comprising students from multiple institutions during the Student Minds University Mental Health Charter Roadtrip. Panels were hosted in Scotland (University of Strathclyde), London (University of Arts), the West Midlands (University of Staffordshire), Wales (University of Cardiff) and Northern Ireland (University of Ulster).

Panel activity employed a problem-based creative ideation ‘future retrospective’ strategy, which asked students to imagine what the ideal approach to student mental health and well-being support would be in 30 years, and how this ‘ideal approach’ would differ from current service structure and provision. The activity aimed to mobilise creative, collaborative, and constructive student solutions to current challenges unconstrained by ‘current possibilities’. Facilitation prompts were informed by a scoping review outlining relevant themes and gaps in the literature.

**Participants**

Panels ranged in size from 7–17, with 73 participants in total. Participants were recruited by Student Minds through an extensive network of national and local stakeholders. Participants were all current undergraduate or postgraduate students or Student Union officers, with and without lived experience of mental health difficulties, from a range of institutions, disciplines, ages, gender and nationalities. There were no exclusionary criteria for participation. Each panel lasted approximately 30–40 minutes, providing a total of 225 minutes, and was audio-recorded and transcribed. Participants provided informed consent for their data to be used in the development of the Charter and production of associated documentation. Ethical approval was granted by the University of Derby Arts Humanities and Education Ethics Committee.

**Analysis**

Two reviewers initially coded the transcripts separately, before conferring to iteratively review similarities and differences in coding structure and synthesise emergent themes. Befitting the tenets of co-production, transcripts were thematically analysed using a grounded theoretical approach wherein conceptual codes and categories inductively emerged from the data to ensure that the recommendations were grounded in student voice and experience. Open, axial, and selective coding was applied to generate and sub-categorise the main themes into current support service conditions, recommended actions, and the envisioned outcome in the ideal university.

**Results**

Taken together, the student co-creation panels generated approximately four hours of rich and dense data interrogating challenges and changes to student support. Three main themes emerged from the data: mental health services, mental health culture, and university culture and environment. This paper exclusively presents the findings from the university mental health services theme to elucidate students' perceptions and recommendations for improving the structure and delivery of embedded mental health services at UK universities. It is critical to note that students’ conceptualisation of changes to services was indissociably framed alongside wider changes to the university culture and environment. Throughout, panels emphasised the importance of engendering a proactive and preventative mental health culture at university that would facilitate early identification and supportive pastoral staff–student relationships, alongside structural changes to existing academic, social, and financial risks to the mental health and well-being of the whole student community.

The university mental health services theme was sub-thematised into service access, strategy and delivery. Each sub-theme was further categorised into current support service conditions and recommended actions. This paper presents each of these sub-themes in turn. The findings are subsequently contextualised alongside existing research literature.

**Service Accessibility and Availability**

Student panels highlighted service accessibility and availability as a critical challenge that compromises university mental health services. In particular, students identified structural, psychological, and physical barriers to service access.

Structural barriers pertained to service capacity limitations and waiting times. All panels noted delays for service access, and the negative implications of being ‘shoved on a waiting list and expected to have to deal with it’ for symptomology, safety, and future help-seeking. Panels attributed service waiting times both to increasing student demand and disclosure, and ‘really under-funded and over-stretched’ service provision. ‘The problem is just the volume and access to appointments’; ‘mental health services are so overwhelmed by the quantity of referrals coming through’. Increasing demand was attributed both to ‘more people actually recognising and admitting mental health problems’, and structural academic, social, and financial pressures within the university environment. Panels highlighted that capacity limitations result in ‘a reactive not proactive’ service approach that requires individuals to declare, identify, and navigate support during difficult times, leaving many unidentified and unsupported.

Psychological barriers included student unawareness of services and the stigma of accessing mental health services at university. Panels identified a lack of service awareness or understanding among students as both a practical and psychological barrier to accessing support. ‘A lot of people still don't know what's available and what is there’. Support services ‘have all these things and then people just don't know about them’. ‘Fear of the unknown’ and stigma were identified as further barriers to support. ‘Students are resistant to accessing services because of stigma’; ‘people walk past and go, "Oh Jesus, they're waiting for Student Support. Oh God."’.

Physical barriers included service opening hours and location. Panels noted that term-time office-hour availability was ill-aligned to the needs of the student population ‘because it's usually later in the evening that students actually require the help, not necessarily during the day’. Normal working hours were perceived to be especially inaccessible for particular student courses and demographics, namely students with caring responsibilities, students on placement, and postgraduate students outside term-time.

Service location and design were perceived to exacerbate unawareness and stigmatisation of services. Four panels described service sites as ‘hidden and daunting’, creating both a practical and psychological barrier to access. ‘The problem is that you know that these places exist, but you have no idea where they are [so] … it's completely unused’. ‘Hidden away’ services were also perceived to compound expectational uncertainties and anxieties when accessing support, and ostensibly informed perceptions regarding the approachability of services and practitioners. Some students perceived service staff to be intimidating and lack understanding or empathy towards current student challenges. ‘There's no one there that's personable … They're all scary people who are going to tell you, "You've got mental health difficulties"’. Equally however, overtly public and visible services where ‘everyone can walk past and see exactly that you're waiting for student support’ were identified by other panellists to be ‘inappropriate’ and accentuate feelings of scrutiny and shame.

**Recommendations from the Student Panels**

Four proposals were suggested by the student panels to ‘create more access points, but also remove barriers to access’. In particular, panels recommended institutional investment in additional services and practitioners; increased digital service accessibility; additional supplementary support before, between, and after service contact; and additional service outreach and publicity.

First, panels recommended institutional investment in a variety of additional in-house mental health services, such as counselling, psychological therapies, a university GP surgery, and/or a crisis service. Additional professional services and staff were perceived as imperative to both mitigate disproportionate service supply and demand, and support a wider range of specific and complex student mental health difficulties. Panels highlighted that ‘people feel more understood if it's within the university, because they can probably get more tailored advice for students, as opposed to services outside’, whilst ‘you don't actually have to be referred on’ which can improve speed and clarity of access. Panels emphasised that services should be ‘funded properly’, with an ‘adequate level of staff to cope with the influx of students’, ‘available at all times of day’ and with ‘no waiting list’. It was recommended that institutions should protect university funds for mental health services to deliver 24/7 on-site face-to-face professional support all year around, with opportunities for intensive long-term counselling in-house, where appropriate. To eliminate wait times, it was suggested that university mental health services maintain drop-in assessments to allow at-risk students to be ‘seen immediately’ and referred to on-site services as appropriate.

Second, panels recommended increased digital service accessibility through apps, online booking, text and social media. Panels noted that digital platforms could support timely, anonymous and personalised service accessibility, streamline different access points, and facilitate efficient data sharing between relevant services. Students proposed a self-referral ‘online booking system [that is] quick and easy to use’, ‘integrating access points to different wellbeing services’, whilst ‘mak[ing] it more accessible for anyone to use it anytime’ to ‘give 24/7 access to students’. Moreover, ‘because it's anonymous … it makes it a lot easier for people to come forward without fear of stigma’. Digital accessibility can ‘allow the individual to have the autonomy that they are asking for services that they think they need’, and provide flexibility for ‘different communities with different characteristics’. Students emphasised that support services should ‘not replace human interaction with technological and digital access’, because ‘having everything online is not going to be accessible for everyone’. Rather, because ‘different people want to access services in different ways’, service referral and access pathways should be varied and diverse.

Third, panels recommended, to mitigate the detrimental impact of mental health service wait times and capacity limitations, additional access to supplementary support before, during, and after service contact. Proposals for support prior to service contact included ‘simplifying the form’ and ‘supporting drop-in sessions to help with writing forms’. Students proposed better signposting to non-professional interim support between disclosure and appointments such as self-help materials, psycho-educational resources, or peer support groups. ‘Someone can support that student until they actually get to the final stage’ of accessing professional support. Students also recommended clear and sensitive service communication regarding anticipated waiting timeframes and referral procedures, to ensure that students ‘feel listened to, they feel accepted, even if they are not getting to that end point yet’. Proposals for post-appointment support included offering follow-up contact at different timeframes to monitor recovery, alongside a streamlined service for timely re-referral if necessary.

Fourth, panels recommended more effective service publicity and outreach. Panels discussed the importance of proactive and ongoing awareness-raising of support services and procedures to promote early help-seeking. Recommendations included ‘effective marketing’, ‘more advertising, more campaigns, more posters’, so that ‘students are aware of the opportunities that are available and the resources that are open to them’. Panels suggested that publicising referral routes could help to alleviate expectational uncertainty and promote a cultural shift towards increased disclosure, de-stigmatisation, and help-seeking. Panels also endorsed information-based content to improve student literacy and clarity around the types of support available ‘to explain more what help actually looks like’ and that ‘a therapist cannot solve it all for you, you do have to do the work as well’. To increase student engagement with services, panels advocated active student co-creation of resources, such as ‘creating an online resource pack, collaboratively with the union, university, and other local charities and providers’.

Students also proposed that ‘increasing the visibility of where the support services are’ can have both practical and psychological benefits for student help-seeking.

**"It's so important that in an ideal university there would be Student Support in the central hub. It needs to be private, but that initial drop-in needs to be happening somewhere really open [where] you know exactly where to go."**

**Service Policy and Strategy**

The absence of a coherent policy strategy was raised as an additional barrier to efficient and effective university mental health and support services. Panels identified a fragmentation of support, inconsistency between providers, and lack of procedural clarity among students and academic staff.

First, panels highlighted a lack of coordination and communication both within and between university services, and with external providers. Students emphasised the distressing implications of ineffective data sharing between services, resulting in multiple case formulations, conflicting support plans, and multiple referrals with additional wait times. ‘What often happens is a student will go and have conversations with each of those different services and keep repeating the same story’ because ‘it takes six weeks to transfer your records’. This duplication of ‘funding, time and effort’ was identified as inefficient and exacerbating student confusion and unawareness of service procedures; ‘there's so much going on, it's like where do you even go or send someone to’ with some students falling through the gaps between services. Students also identified existing service data collection methods as a practical and psychological barrier; ‘if you have gone through a severe period of poor mental health, you don't want to be worrying about paperwork’.

Second, panels identified inconsistency and incontinuity between institutional support procedures. ‘There doesn't seem to be one uniform thing’ meaning ‘there's no way to easily navigate that system because everything is completely different’. Students also identified inconsistencies within and between academic departments and student mental health and support services that compromise academic adjustments for extenuating circumstances.

Third, panels identified a lack of procedural and role clarity. Panels noted that service fragmentation, inconsistency, and duplication left students confused about which service to access, when, and how, and uncertain about ‘the limitations of each staff member and what they can and can't provide for you’. ‘I've tried looking it up on the website and I don't know where I'm meant to go, and I'm confused as to who I'm meant to speak to’. Panels noted that lack of clear specification and differentiation between mental health and well-being support can obfuscate roles and service responsibilities, which exacerbate student expectational disjuncture regarding an appropriate level of support. ‘Well-being is used as a bit of a buzz word and there's maybe not always an understanding of what our different services do’. Academic staff were reported to be equally confused about their role in supporting students; they ‘don't have an understanding of student mental health’ to provide consistent and appropriate support, and ‘don't even know where to send students’, often advising all students to seek counselling irrespective of individual circumstance or context ‘because they have no idea where you're meant to go’. This can lead to frustration, further delays, and discourage future help-seeking; ‘you go to counselling, you're put on a six-week waiting list’ ‘and they're like, “well, you're just stressed, everyone at uni is stressed, you don't really need to be here”’.

**Recommendations from the Student Panels**

Four recommendations emerged from the panels to deliver coordinated and cohesive support: namely, institutional leadership and prioritisation; centralised triage mechanisms; consistent and comprehensive data collection and sharing; and student co-production.

First, panels advocated institutional prioritisation of mental health and well-being, with high-level leadership commitment to coordinate an effective, coherent, and cohesive policy strategy. Panels emphasised that this strategy should provide an overarching framework with clear policies, procedures, training, and resources for all staff regarding the support services available and procedures for accessing them, to ‘be able to tell students exactly how and what to do and what the service is rather than just being like, “Oh, go to counselling”’. Panels underscored the strategic connection with educational outcomes, emphasising that ‘universities can be the one to lead that change, because this essentially is preparing people for the future’.

Second, panels consistently recommended a streamlined referral system to ensure that students can access suitable mental health support in an appropriate timeframe through ‘a central system that's university wide but specific to the needs of [individual] students’. Recommendations included a central ‘one stop shop’ for needs-based assessment to facilitate ‘joined up support’ and centralised data sharing.

"**Services would be condensed so there is one central appointment contact as opposed to one for each service. Instead of being bounced around from service to service, you can go in and speak to one person and be directed to where you need to be, with the support of a centralised case management system."**

Panels proposed that a centralised system could ensure ‘consistent information and support’ where all services would have ‘access to the same information and the same data’, with students ‘only having to make disclosures once and the systems would be there, and the processes would be in place for that to then go across the university’. Information management would support ‘internal communication’ and coordination between faculties and support services, and between institutional and external support, ‘collaborating with the NHS and other support services within the community’. Two of the panels emphasised the advantages of dual GP registration at home and university to improve continuity of primary care.

Third, students advocated the use of comprehensive data analytics to understand individual support needs and improve systemic service delivery. Accurate data were deemed important in ‘work[ing] out what the best way to help you is’, and ‘tracking what services the students are using and then using that to inform what the university is doing’. It was recommended that these data should be contextualised against educational data metrics to proactively identify students at risk. Electronic scanning of attendance was identified as a particularly illuminative indicator of both well-being and academic performance, given that attendance is ‘the first thing that will go if you're going downhill with a mental health issue and it's something that could be picked up so quickly’.

Fourth, students emphasised the importance of active student engagement, consultation, and co-production at every stage of service strategy. Student voice and experience were deemed imperative to ensure that service provision is ‘not what the university thinks students need, but what they really feel the key issue is for them and providing services to match that’. Panellists recommended formalised student representation on regular staff–student liaison committee meetings and ‘well-being partnership meetings’ where ‘students feed in their experiences [to] … the university well-being strategy, which is jointly made between the SU, the university, service providers but also students directly’. Panels also recommended large-scale student consultation ‘surveys to really identify what the issues are’ and then ‘closing the feedback loop for students’ to demonstrate institutional commitment to student well-being and that ‘responses to mental health are evidence based’.

**Service Delivery and Practice**

Panels identified further challenges to service delivery and practice within university services, perceiving a ‘one size fits all’ approach, characterised by universal delivery, generic signposting, and lack of adaptability to individual needs. Panels emphasised the distinctiveness and diversity of the student population and the specificity of different service needs and barriers. Four recommendations emerged: namely, well-being support for different levels of need, culturally sensitive support, subject-specific support, and diversification of support options.

**Recommendations from the Student Panels**

First, panels recommended provision of additional well-being support as a proactive and preventative strategy to meet the needs of the whole student population, reduce demand for university counselling services, and destigmatise support access. Students perceived that:

"**You only approach mental health services if you're at a crisis point. That's the only kind of help that our counselling is able and equipped to deal with. Whereas actually mental health and well-being comes at a much lower level than that. Before you get to crisis level, there should be a lot more to prevent stuff** **[because] mental health needs to be maintained rather than just cured."**

Recommendations included a social recreational ‘hub where it is about chilling for your mental health’ with canine therapy, games and crafts, refreshments, and service information. However, other panellists raised concerns that well-being support is inappropriate for specific mental health needs; ‘“do some colouring or some yoga, or we could talk to dogs?” And it's like, cool, but that's not going to deal with very complex mental health problems’.

Second, panels underscored the necessity of ‘culturally sensitive support’ tailored to the specific needs of certain groups, either through additional training, more diverse recruitment, or specifically targeted services for under-represented groups (e.g. international, male, mature, Black Asian and Minority Ethnic [BAME] and/or Lesbian Gay Bisexual and Transgender [LGBTQ+] student groups). Panels especially emphasised the importance of multi-lingual staff, and additional support during transitions where certain student groups may disproportionally experience mental health challenges.

Third, panels highlighted the importance of support ‘tailored to different degrees’. Given that different courses have different student cohorts and groups, ‘all going through different things’ with ‘different sets of needs and requirements [and] different kinds of stress and expectations’, support ‘needs to be tailored for the students in the specific schools’. Panels agreed that:

"**In an ideal world if each individual school within a university … have a staff member who is trained in mental health and specialises in the mental health of that field [because] if you go to Student Support and you're trying to talk to someone who's not from your field, they don't really understand and empathise why you're so stressed that your pipette is jammed."**

In particular, panels expressed a demand for services catered for the specific challenges of ‘profession subjects with placements’ such as nursing, medicine, pharmacy and social work. Students recommended that subject-specific support should be provided both in academic departments and support services.

Fourth, panels identified the importance of ‘personalising the approach for different students’ and offering a diverse variety of support on ‘different platforms’. Hence, in addition to digital opportunities to streamline access, students advocated e-therapy and ‘different modes of contact’ where ‘the counselling itself can take place over email, instant messenger, text, skype, or in person’.

**Discussion**

This paper identified student priorities to improve the accessibility and effectiveness of embedded university mental health support services. In particular, panels advocated a clear, coordinated, and strategic approach to delivering accessible student services that respond to the diverse needs of the student body. Strikingly, these proposals centred on improving existing service access and delivery rather than innovating new service provision and were situated alongside wider structural issues. Indeed, student recommendations were indissociably framed alongside holistic structural and cultural change within the university environment. Students’ recommendations largely aligned with the University Mental Health Charter and a whole university approach.

Consistent with existing literature, student panels identified practical and psychological barriers to accessing mental health support services, including long wait times, unsuitable opening hours, inappropriate location, unawareness of services, and stigma. Where longer wait times have been negatively associated both with treatment outcomes and attendance, these findings ostensibly reaffirm the importance of streamlining triage procedures. The recurrence of stigma and lack of service awareness raise critical questions about the effectiveness of awareness-raising campaigns. The panel recommendations indicate that services should work more closely with the student body to co-design effective communication strategies and outreach activities.

Consistent with adopting a whole university approach, student panels advocated clear leadership, strategy, and policy to enable cohesiveness of support. Corroborating national student surveys, panels emphasised leadership responsibility to make mental health a strategic priority, allocate sufficient resources, and coordinate services across a whole university approach. In the absence of coordinated strategy and policy, panels identified that fragmentation and inconsistency of information between services and staff can create gaps and/or delays that put students at risk and deter help-seeking. Panels echoed recommendations that universities should ensure cohesion, collaboration, and coordination between different services, to ensure effective signposting, triage, and data sharing between support services. Panels also echoed sectoral concerns regarding the fragmentation of public and university mental health service provision and recommendations for dual GP registration.

Student panels mirrored University UK recommendations that services should be evidenced and grounded in an audit of need through consultation with the student body. The absence of consistent and reliable data in and across university mental health services has been previously documented, with Broglia, Millings and Barkham finding that approximately a third of sampled counselling services did not use a validated outcome measure. This can create difficulties in comparing outcomes, informing service development, demonstrating effectiveness, and building evidence to support bids for institutional funding. Finally, panels consolidated recommendations to align learning analytics with student well-being to coordinate proactive and data-driven policies.

Consistent with Charter recommendations, students identified the importance of diverse delivery and access to respond to the needs of the student population. Existing research has identified that a perceived lack of diversity and cultural competency among counselling practitioners is a barrier for BAME, LGBTQ+ and international students. Furthermore, given that approximately 92% of students approaching counselling services experience academic problems and approximately 56% of academic staff have been approached by students for mental health support, staff training to deliver subject-specific support may be particularly impactful. Whilst panels recommended additional well-being services, concerns have been raised across the sector about the suitability and evidence base of these services that may conflate different levels of need, place clinical resources under strain, and reduce capacity for coping.

Preliminary evidence has indicated that e-therapy can be effective in reducing student stress, anxiety, and depression. The findings echo evidence that students value the privacy, accessibility, and anonymity of online therapy, with preliminary evidence indicating that 32% of adolescents prefer online therapy to traditional face-to-face support. Furthermore, Broglia, Millings and Barkham found that guided use of a mobile well-being app alongside face-to-face counselling is feasible, acceptable, and more effective in reducing the clinical severity of anxiety compared to counselling alone. Thus, e-therapy may provide an appropriate supplement to existing services and support recommendations for additional interim support.

This paper illuminates student expectations, perspectives, and recommendations regarding the design and delivery of student mental health services. The findings demonstrate that the University Mental Health Charter recommendations closely align with the student voice and perspective. The findings also offer specific strategic recommendations to meet these principles. However, where the Charter acknowledges the implementation of its principles ‘is likely to be very different’ for each institution which adopts it, services should seek to engage the local student perspective to ensure that provision is attuned to students’ needs. Furthermore, drawing on large-scale student consultation data, the findings improve knowledge in the field with potential implications for sector wide development.

**Strengths and Limitations**

The national data set is a particular strength of this paper, although the student sample is relatively small and self-selective. The commitment to co-production is another strength, which ensures that recommendations are relevant to student experience. However, students may not perceive or experience salient issues for other stakeholders. For example, despite evidence of increasing demand for counselling services among academic staff, increasing caseloads for university counsellors, and student attrition, these issues were scarcely acknowledged by student panels. Moreover, the student perception may not represent current conditions and can be distorted by emotional and cognitive recall biases. At times, panels also demonstrated unclear or inconsistent understandings of mental health, mental well-being and mental illness, which resulted in some conceptual inconsistency around support needs. This was encapsulated by conflated perceptions of counselling services and crisis teams, whereby some students described stress as a ‘crisis’, whilst service procedures determine crisis as an immediate and severe risk of harm to oneself or others. Future research could therefore triangulate the findings with clinical evidence and support dialogue between academic and university support staff.

**Conclusion**

This paper presented student perspectives and proposals regarding the access, strategy, and design of student mental health and well-being support services across UK universities. Taken together, the student panels generated recommendations to establish a clear, coordinated, and strategic approach to delivering accessible and inclusive student mental health support services that respond to diverse student need. Students emphasised the importance of streamlining support services to address barriers to accessing and receiving support. Student recommendations for university mental health services were indissociably framed alongside changes to the wider university culture and environment. The findings largely affirm that the principles of good practice within the University Mental Health Charter align with the student voice and can provide specificity to institutions on how to respond to students’ mental health needs.

**To read the full paper, including references, click** [**here**](https://onlinelibrary.wiley.com/doi/full/10.1002/capr.12391)**.**

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