

Unpacking the HOCS Survey 2018

Jeremy Cass RMIT
Annie Andrews UNSW

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Text related to slide 1

- ▶ Unpacking results from the HOCS survey
- ▶ The HOCS survey is a benchmarking exercise of *university* (I'll refer to the term *university* instead of post secondary education provider) counselling services and uses 2017 university and Counselling Service data
- ▶ The survey aims to provide a “State of the Nation” assessment of university counselling services
3rd time that the survey has been conducted since 2009
- ▶ The survey consisted of 142 questions
- ▶ Questions covered a wide range of areas including service operations, demand management strategies, student/client presentations, quality assurance measures and service data
- ▶ some of the questions required quite detailed knowledge and statistics related to the institute's student population as well as a good understanding of their respective counselling service operations
- ▶ HOS from 38 discrete *university* counselling services across Australia and NZ completed the survey. So please keep 38 in mind as we discuss the results.
- ▶ 38 independent universities represents a diverse group of institutes geographically and student population wise
- ▶ Thanks to those in the room who devoted the time to complete this survey
- ▶ A massive thanks to Annie Andrews who created the survey and collated the answers

Introduction

▶ *Seven key areas*

1. Service Head and Counselling Team
2. Service Operations & Types of Student Presentations
3. Demand Management Strategies
4. Quality Assurance, Research & Data collection
5. Changes within Sector
6. Emerging Trends and Actions
7. General feedback about the relevance of this exercise (qualitative comments)

Text related to slide 2

- ▶ As the survey was so comprehensive, the challenge Annie and I had for today's (30 minute) presentation was what to present given the breath of topics and wealth of data collected.
- ▶ In reality, you could spend a week reviewing, discussing and unpacking the answers
- ▶ We are currently in the process of writing up the results for a JANZSSA article in 2019
- ▶ Annie has created a fantastic comprehensive summary document (100+ pages) which we shall distribute to all those who completed the survey late December.
- ▶ For the sake of today's presentation, we are going to present results under 7 headings
 - ▶ Service Head and Counselling Team
 - ▶ Service operations & types of student presentations
 - ▶ Demand management strategies
 - ▶ Quality assurance, research & data collection
 - ▶ Changes within sector
 - ▶ Emerging trends and actions taken to meet these
 - ▶ General feedback about the relevance of this exercise (qualitative comments)

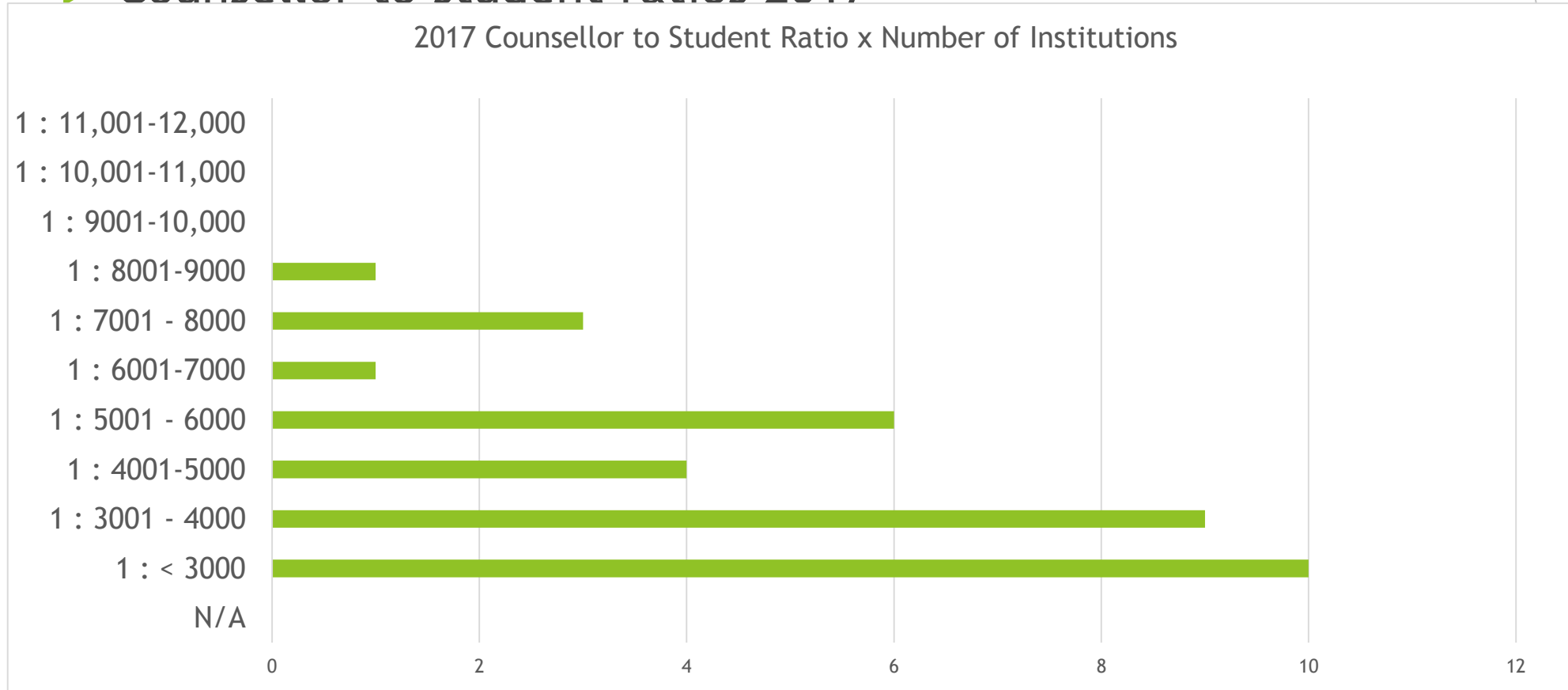
1. Service Head and Counselling Team

▶ *Counselling Service Manager and Team*

- ▶ 63% of managers are psychologists, 18% social workers (also 1 nurse, 1 doctor)
- ▶ 81% of service manager stated their role required professional registration
- ▶ Half of managers have been employed in the sector for more than 10 years
- ▶ Service employees were predominantly psychologists and social workers, with some nurses, OTs, and psychotherapists also represented in the service

1. Service Head and Counselling Team

► Counsellor to student ratios 2017



1. Service Head and Counselling Team

- ▶ 71% said ratios were inadequate, 20% said ratios were adequate and 9% were uncertain
- ▶ 85% believe the ratio should be 1:3000, 12% believe the ratio should be between 1:3000-4000
- ▶ 43% said access to a **psychiatrist** on staff would be beneficial, and 37% said a mental health educator would also be useful
- ▶ 64% of counsellor's time was devoted to regular individual counselling, 11% responding to urgent or crisis presentations, 7% of time consulting with university staff related to a student MH issue, and 15% of time on running workshops or MH promotion

2. Service operations & types of student presentations

▶ *Service operations information*

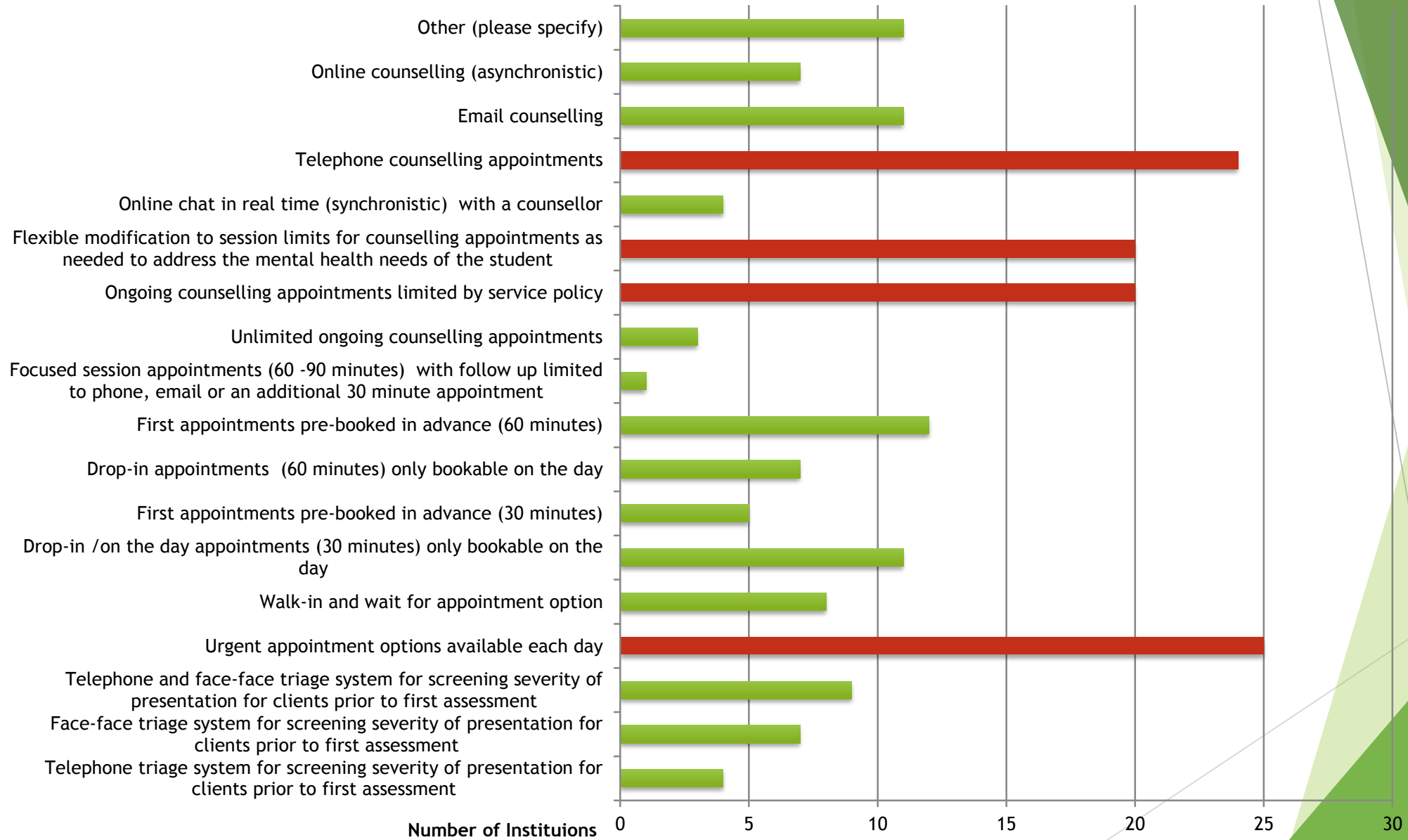
- ▶ 75% reported they offered counsellors at least 1 hour per month individual supervision with a senior team member. 88% reported they offered at least 2 hours per month small group peer supervision. 100% offered ad hoc open-door case discussion with team member as required. Only 16% said they had access to consultations with a psychiatrist.
- ▶ 63% said they offered placement/internships to trainees, most of these being final year psychology students.
- ▶ 78% said their service was located centrally, and 47% said that it was in a discrete location. 72% said the size of the room and sound proofing was adequate.
- ▶ 88% said client records are created and stored electronically.

2. Service operations & types of student presentations

▶ *Service operations information*

- ▶ 28% said they never provided AH services; 34% said occasionally, usually aligned with exam or peak referrals times (8-6 or 9-7); 10% said they had a dedicated afterhours telephone counselling line.
- ▶ 28% offered some form of online counselling, and 38% had some form of self-paced learning materials (e.g., modules)
- ▶ 75% offered Telephone counselling appointments, 78% made urgent appointment options available each day, and 34% offered Email counselling.

Services provided x Number of Institutions



2. Service operations & types of student presentations

- ▶ 22% said they advertised 6 sessions as the upper limit, and 16% advertised 10 sessions as the upper limit. 31% did not advertise a limit.
- ▶ Mean sessions attended per client was between 2.5 and 3.5 each year
- ▶ Presenting issues-
 - ▶ *Students reported:*
 - ▶ Stress
 - ▶ Mental ill health
 - ▶ Relationship issues
 - ▶ Low mood
 - ▶ Academic progress
 - ▶ *Counsellors identified:*
 - ▶ Social anxiety - social isolation
 - ▶ Perfectionism/performance anxiety
 - ▶ Interpersonal difficulties
 - ▶ Procrastination
- ▶ All services reported increases in the complexity and severity of presentations

Presenting concern of those in <i>distress/urgent</i>	Percentage	Frequency
Depression	96.88%	31
Anxiety	87.50%	28
Academic issues	71.88%	23
Personality disorder	68.75%	22
Victim of violence/sexual assault/rape	68.75%	22
University related issues (course complaints, research supervisor complaints, inappropriate relationship with uni staff member etc)	68.75%	22
Unexpected illness or death of family member or close friend	68.75%	22
Relationship issues	62.50%	20
Psychosis (emerging or acute or low level and chronic)	53.13%	17
Bipolar disorder	46.88%	15
Social isolation	43.75%	14
Behaviour in class or with other students	37.50%	12
Finances	25.00%	8
Childhood abuse	25.00%	8
Unexpected events in home region (natural disaster, civil unrest, war)	25.00%	8
Homelessness	25.00%	8
Childhood sexual assault	18.75%	6
Legal concerns	15.63%	5
Physical health issues	15.63%	5
Unexpected pregnancy	12.50%	4

3. Demand management strategies

▶ *Maximise service use of counselling appointments*

- ▶ Average wait time of 7 working days for an initial appointment
- ▶ 77% do not use a screening tools as part of a triage procedure
- ▶ 42% said they offer some form of telephone counselling, 35% said they also offered a Skype or Zoom counselling option
- ▶ While a small number of services offer an after-hours phone service, most advise students via their website to contact the plethora of community telephone services
- ▶ 75% sent an SMS one or two days prior to confirm appointment attendance. 12.5% offered a phone call the day before to confirm appointment.

4. Quality assurance, research, & data collection

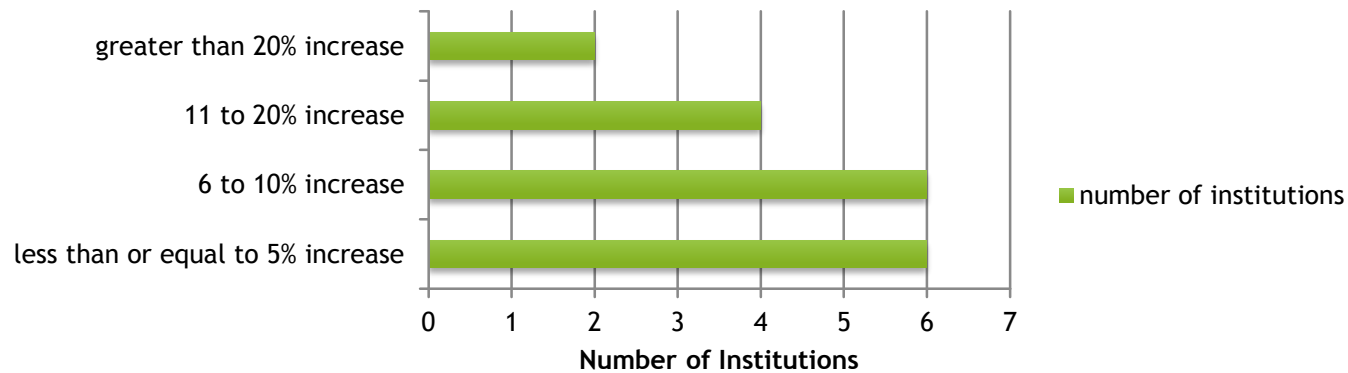
- ▶ Interventions offered - CBT and ACT, with some solution-focussed, narrative, and schema approaches also used.
- ▶ 41% said they didn't use outcome measures in their service, 44% said that measures were used at clinician's discretion, and 16% said use of outcome measures are standard service procedure.
- ▶ There was a general lack of data collected at each institute on risk - self-harm, gaming, gambling, substance use, and eating disorders
- ▶ In addition to this it wasn't easy to extract the data from their CMS even if they had collected it

5. Changes within the sector

► *Institution information*

- Compared to 2016 was there an increase in the demand for counselling in 2017?

increase in demand for counselling x number of institutions



5. Changes within the sector

- ▶ 65% said there was an increase in demand, generally by at least 10%.
- ▶ 38% had an institutional mental health policy/framework/strategy, 44% said they didn't.
- ▶ 89% said there had been no increase in service budgeting aligned with increase in enrolments.

5. Changes within the sector

- ▶ *Fees for counselling service provision*
 - ▶ 97% said they don't charge students to access counselling
 - ▶ However, 6% said they charge students for a non-attendance without formally cancelling, usually \$20 or less
 - ▶ 6% said Fees were charged for services delivered at special request by Faculty or Department
 - ▶ 72% not considering charging students
 - ▶ 35% said that students had access to Medicare-funded services through their affiliated health service

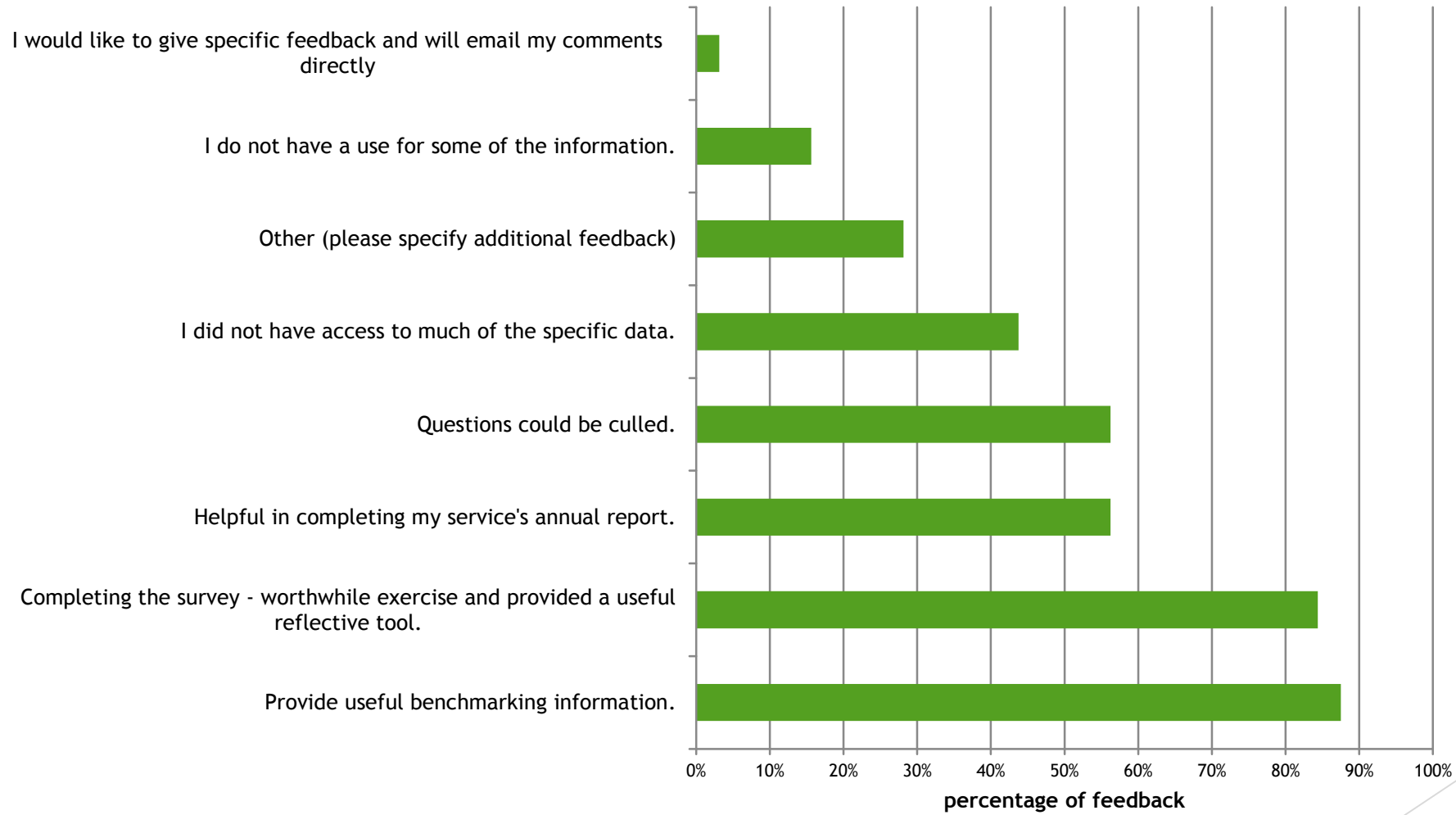
6. Emerging trends

- ▶ *Increases in all of the below:*
 - ▶ students disclosing **sexual harassment, assault, trauma**
 - ▶ clinically risky presentations often requiring **external MH support** and the challenges associated with engaging these services (e.g., CATT)
 - ▶ students presenting with **complex trauma** backgrounds
 - ▶ demand for more services for **LGBTIQ** students
 - ▶ students requiring **case management** due to **significant & complex MH** issues
 - ▶ enrolment from **lower SES** cohort with additional barriers and complex familial issues
 - ▶ **mature students** entering not equipped to manage academic standards
 - ▶ **international students** not coping & often very unwell
 - ▶ **non-counselling university staff** requiring increase in skills to manage MH issues
 - ▶ students accessing counselling with **pre-existing MH diagnoses** from year 1
 - ▶ students with **poor academic progress**
 - ▶ services being delivered **online/electronically**

6. Responses to trends

- ▶ *Responses from services included:*
 - ▶ **Increased training** for counsellors to upskill around BPD and trauma history
 - ▶ Referral options explored further
 - ▶ Online programs created; ran extensive mindfulness workshops
 - ▶ Communicated to senior managers about the need for more resources
 - ▶ Reviewed and **updated policies**; frameworks implemented
 - ▶ Advocated for a Safer Community unit to be established
 - ▶ Experimented with new service delivery options e.g., Skype, after hours
 - ▶ **Increased staff resources around duty work and triage** to manage front end more urgent demand and presentations
 - ▶ Increased liaison with community services, e.g., those with expertise in PTSD
 - ▶ Established an international student program
 - ▶ Increased EFT
 - ▶ Employed a Mandarin speaking psychologist

Value of Survey to HOCS



Unpacking the HOCS Survey 2018

Questions?

“I would like to leave the presentation with a sense of acknowledgement of the increasing complexity in the students presenting to our service; the challenge in managing the increased demand and how this impacts our own wellbeing. I would also hope to hear and be inspired by the innovative ways these issues are being managed at other universities”

Thank you