Unpacking the HOCS Survey 2018

Jeremy Cass RMIT
Annie Andrews UNSW

ANZSSA Conference
December 2018
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)
As the survey was so comprehensive, the challenge Annie and I had for today’s (30 minute) presentation was what to present given the breadth 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

2017 Counsellor to Student Ratio x Number of Institutions

- 1 : 11,001-12,000
- 1 : 10,001-11,000
- 1 : 9001-10,000
- 1 : 8001-9000
- 1 : 7001 - 8000
- 1 : 6001-7000
- 1 : 5001 - 6000
- 1 : 4001-5000
- 1 : 3001 - 4000
- 1 : < 3000
- N/A
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.
Telephone triage system for screening severity of presentation for clients prior to first assessment

Face-face triage system for screening severity of presentation for clients prior to first assessment

Telephone and face-face triage system for screening severity of presentation for clients prior to first assessment

Urgent appointment options available each day

Walk-in and wait for appointment option

Drop-in /on the day appointments (30 minutes) only bookable on the day

First appointments pre-booked in advance (30 minutes)

Focused session appointments (60 -90 minutes) with follow up limited to phone, email or an additional 30 minute appointment

First appointments pre-booked in advance (60 minutes)

Drop-in appointments (60 minutes) only bookable on the day

First appointments pre-booked in advance (30 minutes)

Online chat in real time (synchronistic) with a counsellor

Flexible modification to session limits for counselling appointments as needed to address the mental health needs of the student

Ongoing counselling appointments limited by service policy

Unlimited ongoing counselling appointments

Focused session appointments (60 -90 minutes) with follow up limited to phone, email or an additional 30 minute appointment

First appointments pre-booked in advance (60 minutes)

Drop-in appointments (60 minutes) only bookable on the day

First appointments pre-booked in advance (30 minutes)

Online chat in real time (synchronistic) with a counsellor

Flexible modification to session limits for counselling appointments as needed to address the mental health needs of the student

Ongoing counselling appointments limited by service policy

Unlimited ongoing counselling appointments

Focused session appointments (60 -90 minutes) with follow up limited to phone, email or an additional 30 minute appointment

First appointments pre-booked in advance (60 minutes)

Drop-in appointments (60 minutes) only bookable on the day

First appointments pre-booked in advance (30 minutes)

Online chat in real time (synchronistic) with a counsellor

Flexible modification to session limits for counselling appointments as needed to address the mental health needs of the student

Ongoing counselling appointments limited by service policy

Unlimited ongoing counselling appointments

Focused session appointments (60 -90 minutes) with follow up limited to phone, email or an additional 30 minute appointment

First appointments pre-booked in advance (60 minutes)

Drop-in appointments (60 minutes) only bookable on the day

First appointments pre-booked in advance (30 minutes)

Online chat in real time (synchronistic) with a counsellor

Flexible modification to session limits for counselling appointments as needed to address the mental health needs of the student

Ongoing counselling appointments limited by service policy

Unlimited ongoing counselling appointments

Focused session appointments (60 -90 minutes) with follow up limited to phone, email or an additional 30 minute appointment

First appointments pre-booked in advance (60 minutes)

Drop-in appointments (60 minutes) only bookable on the day

First appointments pre-booked in advance (30 minutes)

Online chat in real time (synchronistic) with a counsellor

Flexible modification to session limits for counselling appointments as needed to address the mental health needs of the student

Ongoing counselling appointments limited by service policy

Unlimited ongoing counselling appointments

Focused session appointments (60 -90 minutes) with follow up limited to phone, email or an additional 30 minute appointment

First appointments pre-booked in advance (60 minutes)

Drop-in appointments (60 minutes) only bookable on the day

First appointments pre-booked in advance (30 minutes)

Online chat in real time (synchronistic) with a counsellor

Flexible modification to session limits for counselling appointments as needed to address the mental health needs of the student

Ongoing counselling appointments limited by service policy

Unlimited ongoing counselling appointments

Focused session appointments (60 -90 minutes) with follow up limited to phone, email or an additional 30 minute appointment

First appointments pre-booked in advance (60 minutes)

Drop-in appointments (60 minutes) only bookable on the day

First appointments pre-booked in advance (30 minutes)

Online chat in real time (synchronistic) with a counsellor

Flexible modification to session limits for counselling appointments as needed to address the mental health needs of the student

Ongoing counselling appointments limited by service policy

Unlimited ongoing counselling appointments

Focused session appointments (60 -90 minutes) with follow up limited to phone, email or an additional 30 minute appointment

First appointments pre-booked in advance (60 minutes)

Drop-in appointments (60 minutes) only bookable on the day

First appointments pre-booked in advance (30 minutes)

Online chat in real time (synchronistic) with a counsellor

Flexible modification to session limits for counselling appointments as needed to address the mental health needs of the student

Ongoing counselling appointments limited by service policy

Unlimited ongoing counselling appointments

Focused session appointments (60 -90 minutes) with follow up limited to phone, email or an additional 30 minute appointment

First appointments pre-booked in advance (60 minutes)

Drop-in appointments (60 minutes) only bookable on the day

First appointments pre-booked in advance (30 minutes)

Online chat in real time (synchronistic) with a counsellor

Flexible modification to session limits for counselling appointments as needed to address the mental health needs of the student

Ongoing counselling appointments limited by service policy

Unlimited ongoing counselling appointments

Focused session appointments (60 -90 minutes) with follow up limited to phone, email or an additional 30 minute appointment

First appointments pre-booked in advance (60 minutes)

Drop-in appointments (60 minutes) only bookable on the day

First appointments pre-booked in advance (30 minutes)

Online chat in real time (synchronistic) with a counsellor

Flexible modification to session limits for counselling appointments as needed to address the mental health needs of the student

Ongoing counselling appointments limited by service policy

Unlimited ongoing counselling appointments

Focused session appointments (60 -90 minutes) with follow up limited to phone, email or an additional 30 minute appointment

First appointments pre-booked in advance (60 minutes)

Drop-in appointments (60 minutes) only bookable on the day

First appointments pre-booked in advance (30 minutes)

Online chat in real time (synchronistic) with a counsellor

Flexible modification to session limits for counselling appointments as needed to address the mental health needs of the student

Ongoing counselling appointments limited by service policy

Unlimited ongoing counselling appointments

Focused session appointments (60 -90 minutes) with follow up limited to phone, email or an additional 30 minute appointment

First appointments pre-booked in advance (60 minutes)

Drop-in appointments (60 minutes) only bookable on the day

First appointments pre-booked in advance (30 minutes)
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
<table>
<thead>
<tr>
<th>Presenting concern of those in <em>distress/urgent</em></th>
<th>Percentage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>96.88%</td>
<td>31</td>
</tr>
<tr>
<td>Anxiety</td>
<td>87.50%</td>
<td>28</td>
</tr>
<tr>
<td>Academic issues</td>
<td>71.88%</td>
<td>23</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>68.75%</td>
<td>22</td>
</tr>
<tr>
<td>Victim of violence/sexual assault/rape</td>
<td>68.75%</td>
<td>22</td>
</tr>
<tr>
<td>University related issues (course complaints, research supervisor complaints, inappropriate relationship with uni staff member etc)</td>
<td>68.75%</td>
<td>22</td>
</tr>
<tr>
<td>Unexpected illness or death of family member or close friend</td>
<td>68.75%</td>
<td>22</td>
</tr>
<tr>
<td>Relationship issues</td>
<td>62.50%</td>
<td>20</td>
</tr>
<tr>
<td>Psychosis (emerging or acute or low level and chronic)</td>
<td>53.13%</td>
<td>17</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>46.88%</td>
<td>15</td>
</tr>
<tr>
<td>Social isolation</td>
<td>43.75%</td>
<td>14</td>
</tr>
<tr>
<td>Behaviour in class or with other students</td>
<td>37.50%</td>
<td>12</td>
</tr>
<tr>
<td>Finances</td>
<td>25.00%</td>
<td>8</td>
</tr>
<tr>
<td>Childhood abuse</td>
<td>25.00%</td>
<td>8</td>
</tr>
<tr>
<td>Unexpected events in home region (natural disaster, civil unrest, war)</td>
<td>25.00%</td>
<td>8</td>
</tr>
<tr>
<td>Homelessness</td>
<td>25.00%</td>
<td>8</td>
</tr>
<tr>
<td>Childhood sexual assault</td>
<td>18.75%</td>
<td>6</td>
</tr>
<tr>
<td>Legal concerns</td>
<td>15.63%</td>
<td>5</td>
</tr>
<tr>
<td>Physical health issues</td>
<td>15.63%</td>
<td>5</td>
</tr>
<tr>
<td>Unexpected pregnancy</td>
<td>12.50%</td>
<td>4</td>
</tr>
</tbody>
</table>
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?

### Diagram

**increase in demand for counselling x number of institutions**

- greater than 20% increase
- 11 to 20% increase
- 6 to 10% increase
- less than or equal to 5% increase

Number of Institutions

- 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

- I would like to give specific feedback and will email my comments directly: 5%
- I do not have a use for some of the information: 20%
- Other (please specify additional feedback): 25%
- I did not have access to much of the specific data: 50%
- Questions could be culled: 60%
- Helpful in completing my service's annual report: 75%
- Completing the survey - worthwhile exercise and provided a useful reflective tool: 85%
- Provide useful benchmarking information: 90%

percentage of feedback
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