

**ANZSSA Heads of Counselling Services  
HOCS Benchmarking Survey  
2018 Summary Report**

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**Abstract**

*The ANZSSA Heads of Counselling Services Benchmarking Survey 2018 is the third survey of the Heads of Counselling Services (HOCS) conducted for and by University Counselling Service Managers in collaboration with the Australian and New Zealand Student Services Association Pty Ltd (ANZSSA [www.anzssa.org](http://www.anzssa.org)). This report summarises the 2018 HOCS survey. The primary aims of the survey are to explore benchmarking and identify emerging issues related to counselling services in the post-secondary and higher education sectors by comparing: staffing, administrative processes, service delivery activities, student service users, data generated by the service, and data pertaining to the institution in which each service operates.*

**Introduction**

During 2017 those employed in a role that served as a ‘head of the counselling service’ (HOCS) within universities located within Australia and New Zealand were contacted via email to construct a list of current HOCS. Subsequently, managers of counselling services in post-secondary education in Australia and New Zealand were invited to attend a HOCS conference and planning meeting held over two days at UNSW Sydney, in September 2017.

During the HOCS meeting those assembled discussed the changes, similarities and differences that are evident between university counselling services and the impact on service delivery models. The HOCS Benchmarking Survey conducted in 2013 (Andrews, 2016) was discussed and all were in agreement that the data was now outdated. The assembled HOCS requested that the HOCS Benchmarking Survey be conducted again as early as possible in 2018.

The ANZSSA Heads of Counselling Services Benchmarking Survey 2018 is the third survey of the Heads of Counselling Services (HOCS) conducted for and by University Counselling Service Managers in collaboration with the Australian and New Zealand Student Services Association Pty Ltd (ANZSSA [www.anzssa.org](http://www.anzssa.org)). Earlier HOCS benchmarking surveys were conducted in 2010 and 2013 with reports published in JANZSSA.

The primary aims of the HOCS Benchmarking survey are to explore the similarities and differences, report on best practice and to identify emerging issues and initiatives being undertaken across counselling services in post-secondary education. The survey aims to benchmark staffing and service delivery approaches and identify emerging issues related to counselling services in the post-secondary and higher education sectors. The survey gathers data available to the HOCS and explores: staffing, administrative processes, service delivery activities, student service users, data generated by the service, and data pertaining to the institution in which each service operates.

**Collaborative partnership**

The 2018 HOCS Benchmarking survey was undertaken as a collaborative partnership with contributions from: Gerard Hofmann (Manager Student Academic Services (Counselling) Victoria University of Wellington, New Zealand, and Convenor - ANZSSA Counsellors Special Interest Group - New Zealand), Jeremy Cass (Manager, RMIT Counselling Service, RMIT University, Victoria, Australia and Convenor, ANZSSA Counsellors Special Interest Group, Australia), Dr Sean Murray (Head of Service, Counselling, Disability and Wellbeing Services, Curtin University, Perth, Western Australia) and Annie Andrews (Director, Counselling and Psychological Services, UNSW Sydney, Sydney, Australia, ANZSSA Fellow and Co-editor, JANZSSA).

## **Funding**

This benchmarking exercise was not funded via any grant. The survey construction, distribution, data analysis, report writing and report distribution was supported by pro bono services provided by the lead author, with support from collaborative team colleagues as named. Some 'in kind' support was provided by several universities namely: UNSW Sydney, RMIT and Curtin University and ANZSSA the peak body for student support services in Australia and New Zealand.

## **Survey Instrument used**

The survey was conducted online using an online survey tool (Survey Monkey) used for both prior surveys. The 2018 survey contained 142 questions. The 2018 HOCS Benchmarking Survey was deployed early in 2018 and responders were invited to return their completed surveys prior to 29 March. The date was subsequently extended until end of May 2018. Questions used in the 2018 survey were primarily based on service and institution data collected during 2017 making the surveys easily comparable.

Survey sections:

- Questions 1 to 10:* Counselling Service manager information  
*Questions 11 to 18:* Compensation for additional hours worked and additional hours worked; services reporting to role and functions of those services; proportion of role devoted to service delivery management, clinical supervision, clinical services etc; deputy to role.  
*Questions 19 to 21:* Budget and funding.  
*Questions 22 to 36:* Professional and administrative roles including staff to student ratio and additional services provided by institution that offer student support.  
*Questions 37 to 56:* Information about the institution, enrolment numbers, policies etc.  
*Questions 57 to 76:* Service activity information.  
*Questions 77 to 78:* Use of 'wait' lists or 'unmet demand' lists.  
*Questions 79 to 81:* Use of screening tools.  
*Questions 82 to 84:* Use of telephone and VOIP for counselling service delivery, after hours service provision and 24/7 service provision.  
*Questions 85 to 90:* Strategies used to maximise service delivery.  
*Questions 91 to 93:* Therapeutic alliances, use of outcome measures, use of pre/post assessment/screening tools.  
*Questions 94 to 97:* Use of consumer reference group, methods used to seek feedback and engage service users.  
*Questions 98 to 99:* Service research.  
*Questions 100 to 103:* Fees and service charges.  
*Questions 104 to 107:* Government subsidised mental health services (Medicare etc) Australia only.  
*Questions 108 to 111:* Services provided under MOU.  
*Questions 112 to 139:* Counselling Service activity data.  
*Questions 140 to 141:* Data about students who access counselling services.  
*Question 142:* Survey feedback.

## **Survey distribution**

To establish the distribution channels, existing networks, including the HOCS e-list serve, the list of participants who attended the HOCS Conference held at UNSW Sydney in September 2017, and the ANZSSA member networks were utilised to ensure that the survey reached as many heads of counselling services as possible. Further efforts were made to obtain email contact details for any recently appointed HOCS by directly telephoning all university counselling services without an identified contact person. The HOCS e-list was then updated and became the primary distribution

mechanism for the HOCS Benchmarking Survey. Surveys were sent to members HOCS list serve linking HOCS across the Australian and New Zealand post-secondary sector. Any bounced emails were then identified and efforts were made to distribute to an appropriate alternative at the identified institution. HOCS receiving the email with the information about the survey were also invited to forward to any HOCS colleague who they thought might not be aware of the survey.

To reach HOCS employed at universities and polytechnic colleges in New Zealand the survey invitation and link was sent personally by the ANZSSA Counselling Professional Interest Group coordinator for New Zealand so as to ensure that the local established network was utilised effectively and all NZ HOCS were invited to respond to the survey.

Reminders to complete the survey were sent via the primary distribution e-list and a notice of the extended dead line was also communicated. Any HOCS requesting extra time was assured that the survey would not be closed until they had submitted all their available data. Because of the length of the survey instructions were issued to print the PDF of the survey questions supplied via the email, gather the data and then complete the survey responses. HOCS were instructed that provided the survey questions were answered from the same IP address the survey responses could be paused and returned to at a later time to complete.

### **Ethics approval**

The survey is a benchmarking exercise, conducted periodically and was instigated at the request of members of ANZSSA who manage a counselling service. Participation in the survey was by invitation only and the survey was completed on a voluntary basis. All data, and the analysis of the data, was de-identified prior to analysing, reporting and publishing. Because of these factors institutional ethics approval was not sought for this survey. It is recommended that any subsequent HOCS Benchmarking Survey be deployed with 'ethics approval'.

### **Responses**

Australia hosts forty-three (43) universities<sup>1</sup> and New Zealand offers thirty-six (36) universities<sup>2</sup> and colleges. In total HOCS from thirty-eight (38) institutions responded being comprised of twenty-nine (29) Australian institutions and seven (7) New Zealand institutions and two (2) HOCS from institutions identified as located in both Australia and New Zealand. Two Australian and one New Zealand based responder/s began the survey twice, yielding twenty-seven (27) responders from Australia and six (6) responders from New Zealand. Thus the over all response was forty-two percent (42%) if it is assumed that the survey reached all institutions. However, it is unlikely that the reach was that successful. It is more probable that the survey reached thirty-nine (39) Australian universities plus two (2) vocational education colleges and eight (8) universities in New Zealand. Based on the likely reach of the survey the overall return rate was more probably closer to sixty-seven percent (67%).

### **Questions and responses provided in order of the questions appearance on the survey**

Not all responders provided data for every question. Therefore, the number of responses received varied per question.

#### *Q1 Country in which the participating institution is located*

Prior to accounting for duplicate entries responses were received from thirty-eight universities (38). The responders included Australian universities (29 – 2 duplicate entries) and New Zealand universities (7 – 1 duplicate entry). Two (2) universities identified as being both Australian and New Zealand based.

<sup>1</sup> <https://www.studyinaustralia.gov.au/english/australian-education/universities-and-higher-education/list-of-australian-universities>

<sup>2</sup> <https://www.university-list.net/New-Zealand/universities-1000.htm>

**Q2 Name and contact details of the person completing the survey**

Name and contact details of the person completing the survey has been withheld.

The participating institutions (alphabetical order): Auckland University of Technology; Australian National University; Canberra Institute of Technology; Central Queensland University; Charles Darwin University; Curtin University; Flinders University; Edith Cowan University; Federation University Australia; James Cook University; La Trobe University; Lincoln University; Macquarie University; Massey University (Auckland); Monash University; RMIT UNIVERSITY; Swinburne University; TAFE NSW; The University of Melbourne; University of Adelaide; University of Auckland; University of Newcastle; University of New England; University of Notre Dame Fremantle; University of New South Wales Canberra; University of Queensland; University of South Australia; University of Southern Queensland; University of Sydney; University of Tasmania; UNSW Sydney; Victoria University; Victoria University of Wellington; University of Western Australia.

**Q3 Respondent - Years Employed in Sector**

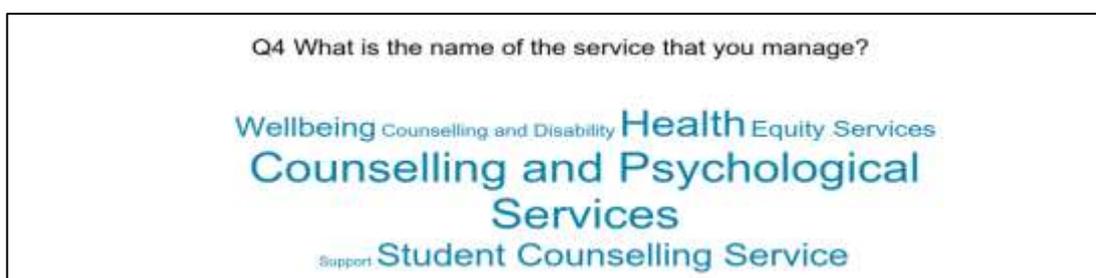
The majority of survey responders had been employed within the post-secondary/higher education sector for at least 6 years or more (71%). These managers identified employment within the sector as: 6-10 years (18.41%); 11-15 years (18.41%); 15-20 years (18.41%); > 20 years (15.78%). A number of managers (n = 11) reported being employed within the sector within the last 4 years. Twenty-nine percent (28.93%) reported being employed in the sector for 0-5 years.



Figure 1

**Q4 Name of portfolio/service**

There was considerable variation within familiar themes. Counselling and Psychological Services was the most popular. The word cloud below provides a flavour of the words used within portfolio naming.



**Q5 Responders professional role**

- Counselling Service Manager (some counselling/clinical role) (41%).

- Counselling Service Manager (some counselling/clinical role) plus manager of one or more other service areas (28.2%).
- Counselling Service Manager (no counselling/clinical role) plus manager of one or more other service areas (10.25%).
- Other specified (10.25%).
- Counselling Service Manager (no counselling/clinical role) (5.12%).
- Senior Counsellor (administrative plus counselling/clinical role) (5.12%).

#### *Q6 Manager Professional background*

Counselling Service managers were: psychologists (63%), social workers (18.4%), university administrators (5.2%), the category 'other' identified as: 'registered counsellor; counsellor; mediator/conflict resolution communications (7.89%), medical practitioner (2.6%) and nurse (2.6%).

#### *Q7 & Q8 Does the role require postgraduate qualifications and professional registration*

The majority of counselling service manager positions required postgraduate qualifications (78.95%) and professional registration (81.58%).

#### *Q9 Extra hours worked beyond (employment) agreement to satisfy the demands of the role*

The majority of managers indicated that they work hours beyond those required by their (employment) agreement in order to satisfy the demands of their role (86.84%).

Few managers reported not working additional hours (13.15%).

#### *Q10 A manager/senior counsellor delegated the responsibility to be contactable for 24/7 for emergency/crisis situations or for emergency support of students*

The majority of institutions reported that a manager/senior counsellor was delegated the responsibility to be contactable 24/7 for emergency/crisis situations or for emergency support of students (60.5%).

The remaining institutions did not provide a manager/senior counsellor to be contactable 24/7 for emergency/crisis situations or for emergency support of students (39.5%).

#### *Q11 Pay or time-in-lieu for additional hours worked*

More than half of the managers were not able to claim payment or time-in lieu for additional hours worked (66.67%).

Only 33.33% of managers reported they could claim payment or time-in-lieu for additional hours worked.

#### *Q12 Average hours of overtime worked*

Slightly less than half (48.48%) of the respondents worked 5 hours or less of 'overtime' per week. A similar percentage worked 6-10 additional hours per week (42.42%) and less than 10% worked and additional 11 hours or more on average (9.09%).

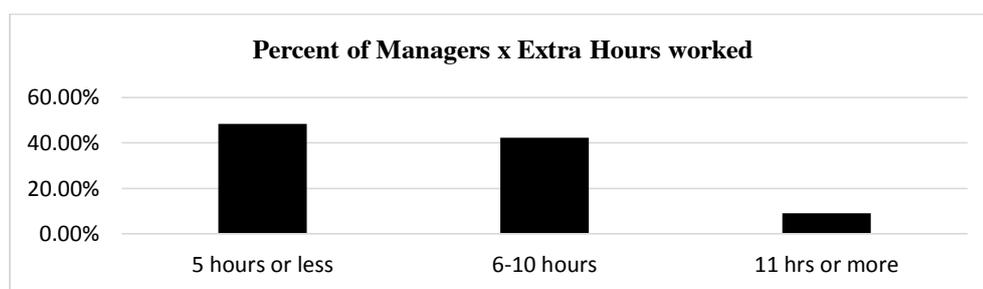


Figure 2

### Q13 Number of additional services/units reporting included in managers portfolio

A number of managers (n=17) focused solely on the counselling service (44.74%). Managers were most often responsible for up to two other services in addition to the counselling service: one additional service (21%); 2 or 3 additional services (26.3%) and 4 additional services (5.3%); one manager held responsibility for more than 5 services.

### Q14 Functions of additional services/units in manager's portfolio

The names of additional services reported as being within in the manager's portfolio give an indication of the types of student services associated via line management with counselling services.

The HOCS portfolios were varied and for those with more than one additional service, included combinations of the following grouped services:

- Administrator/Receptionists service across at least two services
- Administration Counsellor and training coordinator
- Careers and Employment
- Disability Support Service
- National Disability Coordination Officer and ADCET Coordinator Officer
- AccessAbility Services
- Equity Services
- Equity, Diversity and Disability Service
- Student Equal Opportunity
- Equity Contact Officers Network
- LGBTI Ally program
- Health service (GPs and Nurses)
- Triage / Emergency Care (24/7 response to emergency incidents)
- Halls of Residence Wellbeing Advisors
- Student Living Health & Wellbeing Coordinator (based in residences)
- Off-Campus Accommodation
- Health Promotion team
- Chaplaincy Program
- Multi-faith Centre

- International (student) pastoral support
- Wellbeing Services
- Student support coordinators team
- Complaints and Conflict Resolution Support
- Student Financial Support Officer
- Financial literacy and material aid
- Sexual Assault and Harassment project officer
- Mentor Program
- Student Engagement/FUSA - student association

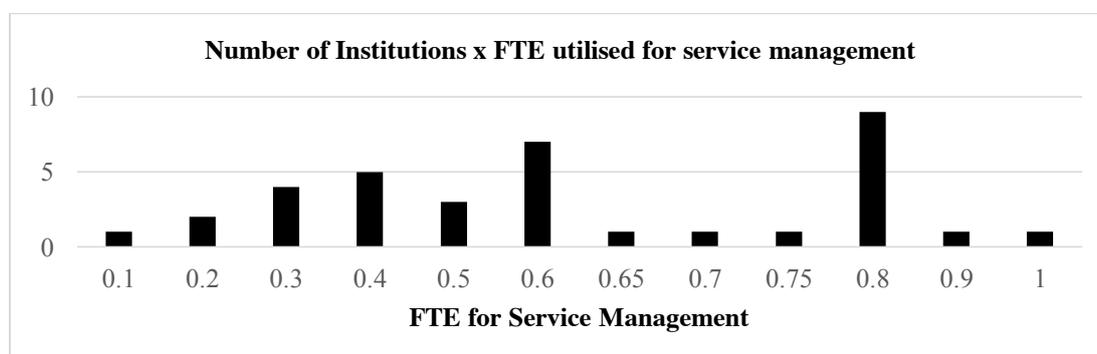
*Q15 Proportion of manager's role focused on service delivery management*

Twenty-one managers reported the proportion of their FTE used for service management was 0.6 – 1 FTE.

FTE 0.6 and FTE 0.8 were the two categories with the most responses gaining seven (7) (i.e. 33.33%) and nine (9) (i.e. 42.85%) responses respectively.

*Table 1*

Estimated FTE used for management of service delivery	Number of Institutions
0.1	1
0.2	2
0.3	4
0.4	5
0.5	3
0.6	7
0.65	1
0.7	1
0.75	1
0.8	9
0.9	1
1	1



*Figure 3*

*Q16 The proportion of manager's FTE used for clinical supervision*

FTE focused on the provision of Clinical supervision was provided by all managers except for N=4.

The FTE allocated by the majority of respondents (62.16%) was FTE 0.1 (N=12) or FTE 0.2 (N=11).

Table 2

FTE Clinical Supervision	Number of Institutions
0	4
0.1	12
0.2	10
0.3	5
0.4	11
0.5	3
0.6	1

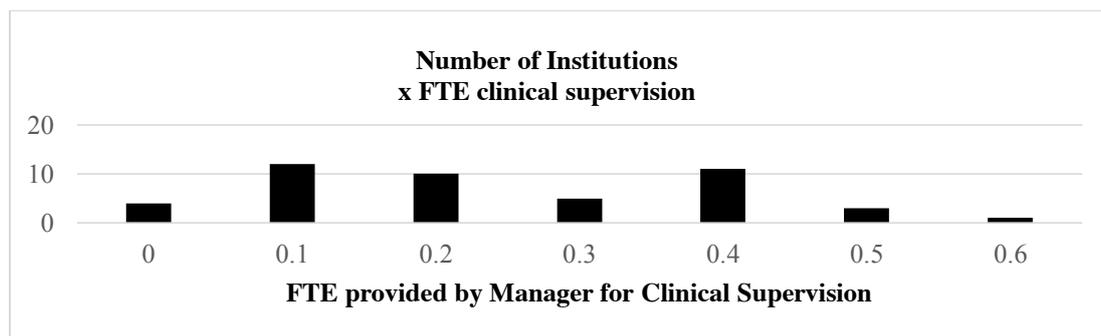


Figure 4

*Q17 Proportion of the manager's FTE allocated to direct service delivery such as counselling students or facilitating workshops or preparing online resources etc*

Four (4) managers did not provide FTE for direct service delivery (counselling students or facilitating workshops or preparing online resources).

Eleven (11) managers (28.94%) dedicated FTE 0.4 of their role FTE to direct service delivery.

Table 3

Manager FTE Direct Service Delivery	Number of Institutions
0	4
0.1	8
0.2	5
0.25	1
0.3	6
0.4	11
0.6	1
0.7	1
0.8	1

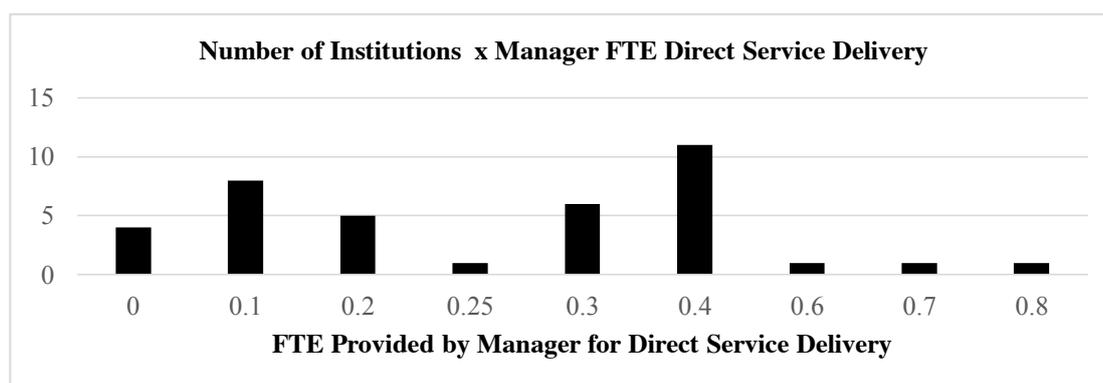


Figure 5

*Q18 Deputy leader identified as support for head of service*

Just over half of the managers (18) had a member of staff who functioned as a deputy manager (52.63%).

The remainder (47.37%) reported that they did not have a staff member who acted as a deputy.

*Q19 Source of operating funds for the counselling service*

During 2017 Counselling Service financial resources were primarily tied to the institution's operating funds.

More than sixty percent (60.53%) of survey respondents reported: Service budget allocated as part of the institution's operating budget allocation - different sources of funding for the institution are not apparent at this level.

Almost forty percent (39.47%) of survey respondents reported: Budget supported by a compulsory student services/amenities fees paid at enrolment.

Over thirty percent (31.58%) of survey respondents reported: Rolling allocation based on previous year's budget (may have adjustment up or down by % imposed on all budget areas).

Over thirteen percent (13.16%) of survey respondents indicated: Government Funds for targeted programs to provided services to students in equity groups have been made available for counselling service activities.

More than ten percent (10.53%) of survey respondents indicated: budget supported by a voluntary student services/amenities fees paid at enrolment; budget allocation based on yearly submissions that are competitive with other services.

Counselling Service resourcing was linked to: None of the above identified funding sources.

Comments about sources of budget listed below demonstrate the, at times, opaque and the frequent complexity of funding models used for counselling services in post-secondary education:

- In the counselling and wellbeing space, funding is as follows: - Operating costs of unit - as part of institution's operating budget allocation - 2FTE Psychologists - as part of institution's operating budget allocation - 1 FTE Psychologist - Higher Education Participation and Partnership Program (HEPPP) – 2 FTE Student Wellbeing Counsellors - Higher Education Participation and Partnership Program - 1 FTE Student Wellbeing Counsellor - Student Services and Amenities Fee (SSAF) - 2 FTE Reception - Higher Education Participation and Partnership Program.

- Combined with student health overall funding for student health comes from student levy, PHO capitation and patient paying for both counselling and health.
- 50% funded by the university 50% self funded (revenue earned from private practitioners).
- Community Service Obligation Funding under Smart and Skilled VET Funding model.
- We are funded entirely by SSAF. My budget is given to me. I'm not consulted with but must maintain the budget for all costs associated with service provision.
- Income generation.
- Some international students' insurance bulk billing.
- I am unsure of funding input.

*Q20 Additional budget allocation as a consequence of increases in overall enrolment*

More than eighty-nine percent (89.47%) of managers reported that the counselling service had not received additional funding in line with increased enrolment.

Over ten percent (10.53%) of managers reported that the counselling service had received additional funding in line with increased enrolment.

Comments about additional funding included two comments indicating the size of funding increased by less than one percent being 0.14 and 0.2 percent respectively.

Another indicated the funding increase was due to a new campus being opened.

*Q21 Given additional funds provided on the basis of increased enrolment numbers, is funding now rolling into 2018*

All services (N=4) that received additional funding due to enrolment increases indicated that the additional funding was now recurrent.

*Q22 Line Management Direct Reports*

The spread of direct reports to the counselling service manager encompassed none to more than 30. The variation between institutions was considerable. There were twenty-two (22) variations in the number of direct reports across thirty (30) responding managers. Three (3) managers reported direct line management for nine (9) staff and another three managers reported direct line management for seventeen (17) staff.

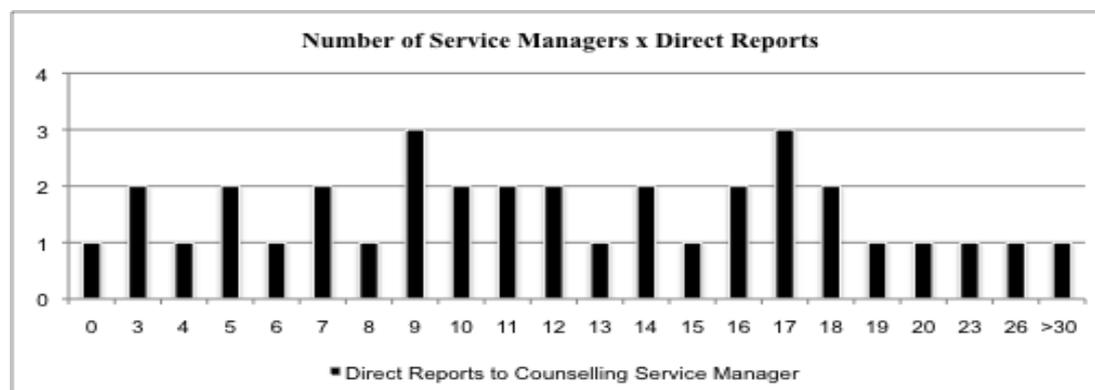


Figure 6

*Q23 Professionals employed within the Counselling Service*

The most frequent responses received were psychologist and psychologist with endorsed specialty

area, social workers and counsellors.

Table 4

Professionals employed within Counselling Services	Percentage of Responses	Number of Responses
Psychologist/s (generalist)	77.14%	27
Psychologists with endorsed specialty areas (via National Registration)	62.86%	22
Social worker/s	62.86%	22
Psychiatrist/s	8.57%	3
Mental health worker/s	8.57%	3
Counsellor (background other than psychologist or social worker)	37.14%	13
Mental health educator/s	5.71%	2
Psychiatric nurse/s	5.71%	2
Nurse/s with experience in health, mental health treatment	8.57%	3
General Practitioners with mental health expertise	2.86%	1
Other (please specify)	25.71%	9

Other category responses specified: Occupational Therapist; Psychotherapists; Educators and Learning Designers; Doctors and nurses located in a Health Service working alongside Counselling Service staff.

*Q24 Number of direct reports to manager role, not engaged in counselling, who undertake administrative or project work within the counselling service (across all campuses).*

Thirteen (13) managers (37.14%) reported having 2 staff providing administrative or project work. Eight (8) managers (22.86%) reported having zero (0) staff engaged in administrative or project work.

Seven (7) managers (20%) reported having one (1) staff member engaged in administrative or project work.

Three (3) managers (8.57%) reported having three (3) staff members engaged in administrative or project work.

Two (2) managers (5.71%) reported having five (5) staff members employed in administrative or project work.

One (1) manager (2.86%) reported having seven (7) staff members employed in administrative or project work.

Table 5

Number employed in non-counselling roles	Percentage of managers	Number of managers
0	22.86%	8
1	20.00%	7
2	37.14%	13
3	8.57%	3
4	2.86%	1
5	5.71%	2
7	2.86%	1

Other Specified:

- All are admin staff who provide a service to all professionals within the combined Centre.
- Wellness co-ordinator.
- 2 part-time reception staff.

*Q25 Established full time effective (FTE) professional staffing load for counselling service provision across all campuses*

Thirty-five (35) different responses for this question were reported. There is considerable variation in the counsellor FTE provided across institutions. The effectiveness of the counsellor FTE in the delivery of individual counselling services arguably has a relationship to the institution’s enrolment numbers. So to enhance understanding of the benchmarking a comparison of the data provided for institution’s enrolment numbers alongside the FTE for counselling staff as reported is provided in Table 6. Missing data is identified as ‘not available’ (N/A).

Table 6

<b>FTE - excluding manager role</b>	<b>Frequency of Response</b>	<b>Institution # 1 Number enrolled March 2017</b>	<b>Institution # 2 Number enrolled March 2017</b>	<b>Institution # 3 Number enrolled March 2017</b>
	1	300-400		
0.9	1	3,000		
1	1	9,507		
1.4	1	N/A		
2	1	6,000		
2.9	1	23,847		
3	2	18,887	26,547	
3.4	1	25,841		
5	3	17,853	21,371	37,788
5.1	1	20,898		
5.2	1	N/A-		
6.8	1	N/A		
7	1	42,208		
7.4	2	23,109	30,767	
7.9	2	26,975	24,891	
8	1	28,000		
8.8	1	52,331		
10	3	23,000	N/A	N/A
10.82	1	51,338		
11.2	1	36,746		
11.6	1	N/A		
11.8	1	70,000		
12	1	67,000		
12.4	1	58,210		
12.6	1	66,928		
13	1	38,000		
13.4	1	40,209		
18	1	73,807		

Excluding the service manager eighteen (18) was the highest FTE for professional staff providing counselling services servicing 73,807 enrolled students. At the other end of the range no additional FTE was provided beyond the counsellor managing the service at one institution where the enrolment was less than 500 students.

Between the bookends of the range for FTE (counsellors) 0 to18 there is considerable variation. Some of that variation could be accounted for by the institution’s enrolment load. Table 7 highlights the FTE variation for different enrolment loads reported by managers across the sector. Three (3) institutions satisfied the International AUCCCD survey benchmark of 1 counsellor to < 3,000 students. Twenty-three (23) institutions satisfied the ANZSSA recommended benchmark of 1

counsellor to 6,000 students when considering additional student support services readily available. More needs to be understood about the factors influencing this variation in resourcing the FTE for counsellor staffing across the sector.

Table 7

Enrolment load low to higher	Counsellor FTE in addition to the manager role	Satisfies the recommended International AUCCCD benchmark for FTE at 1 counsellor to <3,000 enrolled students	Satisfies the recommended ANZSSA benchmark minimum FTE of 1 counsellor to 6,000 enrolled students if multiple other student support services provided
300-400	0	x	✓
3,000	0.9	x	✓
6,000	2	x	✓
9,507	1	x	x
17,853	5	x	✓
18,887	3	x	x
20,898	5.1	x	✓
21,371	5	x	✓
23,000	10	✓	✓
23,109	7.4	x	✓
23,847	2.9	x	x
24,891	7.9	x	✓
25,841	3.4	x	x
26,547	3	x	x
26,975	7.9	x	✓
28,000	8	x	✓
30,767	7.4	x	✓
36,746	11.2	x	✓
37,788	5	x	x
38,000	13	✓	✓
40,209	13.4	✓	✓
42,208	7	x	✓
51,338	10.82	x	✓
52,331	8.8	x	✓
58,210	12.4	x	✓
66,928	12.6	x	✓
67,000	12	x	✓
70,000	11.8	x	✓
73,807	18	x	✓

FTE identified for institutions where enrolment data was not available

N/A	1.4	Not able to be determined	Not able to be determined
N/A	5.2		
N/A	6.8		
N/A	10		
N/A	10		
N/A	11.6		

See also reporting on the counsellor to student ratio in Q26-29.

Three (3) managers reported an FTE of 0 to 1. Enrolments reported for 2 (two) were < 3,000 and the other was <10,000.

Two (2) managers reported counsellor FTE between 1 and 2. Enrolment load reported was N/A and >9,500.

Three (3) managers reported counsellor FTE between 2 and 3. Enrolment loads were 18,887, 23,847 and 26,547.

One (1) manager reported a counsellor FTE between 3 and 3.5. The enrolment load reported was 25,841.

Five (5) managers reported a counsellor FTE between 5 and 5.2. Enrolment loads were reported as N/A, 17,853, 20,898, 21,371 and 37,788.

One (1) manager reported a counsellor FTE of 6.8. Enrolment load data was N/A.

Five (5) managers reported a counsellor FTE between 7 and 7.9. Enrolment loads were reported as 23,109, 24,891, 26,975, 30,767 and 42,208.

Two (2) managers reported counsellor FTE as 8 to 8.8. Enrolment loads reported were 28,000 and 52,331.

Two (2) managers reported counsellor FTE as 10 to 10.82. Enrolment loads reported were 23,000 and 51,338.

Three (3) managers reported counsellor FTE as 11.2 to 11.8. Enrolment loads reported were N/A, 36,746 and 70,000.

Three (3) managers reported counsellor FTE as 12 to 12.6. Enrolment loads reported were 58,210, 66,928 and 67,000.

Two (2) managers reported counsellor FTE as 13 to 13.4. Enrolment loads reported were 38,000 and 40,209.

One (1) manager reported the counsellor FTE as 18. The enrolment load was reported as 73,807.

The range for number of students enrolled at March 2017 is 400 to 73,800.

Six (6) managers reported enrolment data as N/A.

Four (4) managers reported enrolments of <10,000.

Eight (8) managers reported enrolments between 15,000 and 25,000 students.

Five (5) managers reported enrolments between >25,000 to 35,000.

Five (5) managers reported enrolments between >35,000 to 45,000.

Two (2) managers reported enrolments between >45,000 to 55,000.

Five (5) managers reported enrolments of > 55,000.

*Q26 Established administrative and project staffing FTE load is there within your counselling service (inclusive of all campuses)*

The most commonly reported (N=10) staffing for administrative and project staff was 1 FTE.

Six (6) respondents reported 0 FTE for administrative and project work.

Four (4) respondents reported 2 FTE and two (2) respondents reported 3 FTE.

Other respondents reported FTE across a broad range (0.2 FTE - 8 FTE).

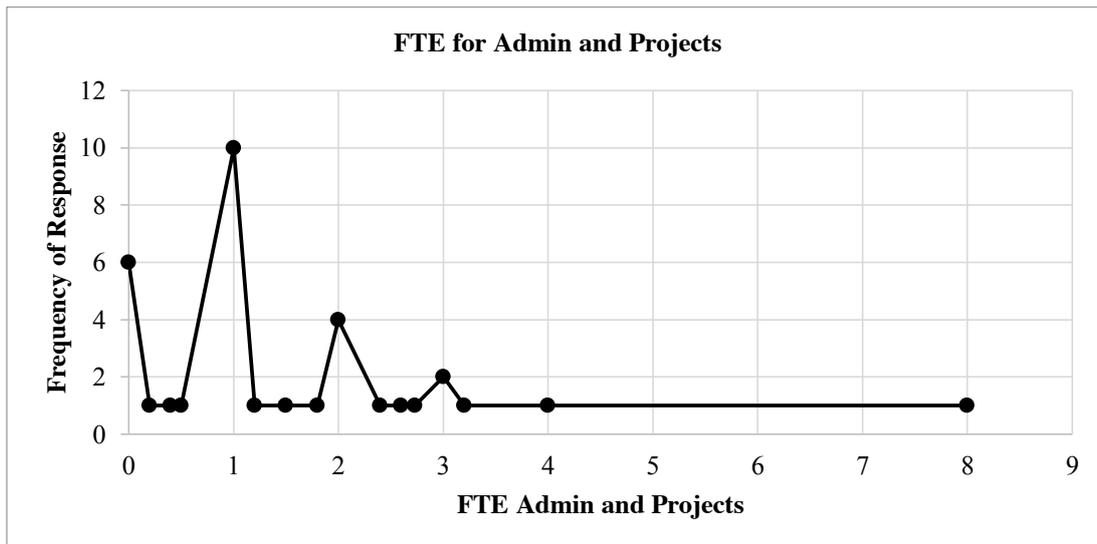


Figure 7

*Q27 Professional staff to student ratio provided by your service for the calendar year of 2016*

Seven (7) respondents reported a professional staff to student ratio of 1 to less than 3,000.

Ten (10) respondents reported a professional staff to student ratio of 1 to 3,001- 4,000.

Six (6) respondents reported a professional staff to student ratio of 1 to 4,001-5,000.

Six (6) respondents reported a professional staff to student ratio of 1 to 5,001-6,000.

One (1) respondent reported a professional staff to student ratio of 1 to 6,001-7,000.

Three (3) respondents reported a professional staff to student ratio of 1 to 7,001-8,000.

Two (2) respondents reported a professional staff to student ratio of 1 to 11,000-12,000.

Three (3) respondents did not provide a professional staff to student ratio.

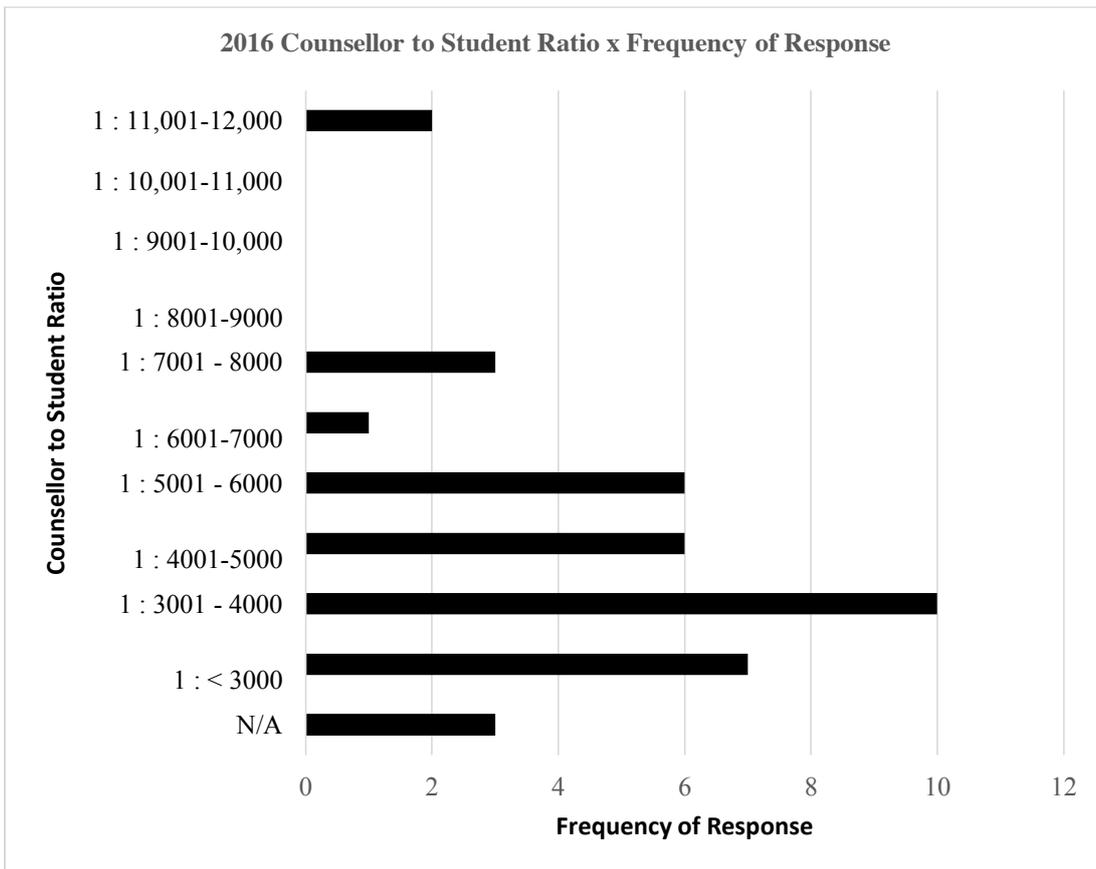


Figure 8

*Q28 Professional staff to student ratio provided by your service for the calendar year of 2017*

Ten (10) respondents reported a professional staff to student ratio of 1to less than 3000.  
 Nine (9) respondents reported a professional staff to student ratio of 1 to 3001- 4000.  
 Six (6) respondents reported a professional staff to student ratio of 1 to 5001- 6000.  
 Four (4) respondents reported a professional staff to student ratio of 1 to 4001 - 5000.  
 Three (3) respondents reported a professional staff to student ratio of 1 to 7001 - 8000.  
 One (1) respondent reported a professional staff to student ratio of 1 to 6001 - 7000.  
 One (1) respondent reported a professional staff to student ratio of 1 to 8001 - 9000.

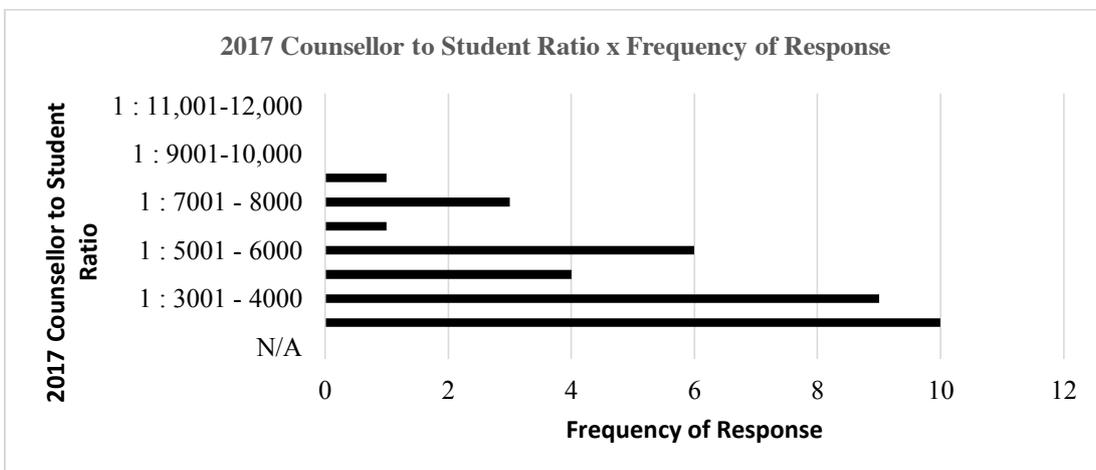


Figure 9

**Q29 Was the staffing to student ratio provided in 2017 considered adequate for the expected/core service delivery**

Twenty-five (25) of responding managers (71.43%) indicated that the staffing to student ratio provided for the counselling service during 2017 was not adequate for expected core service delivery.

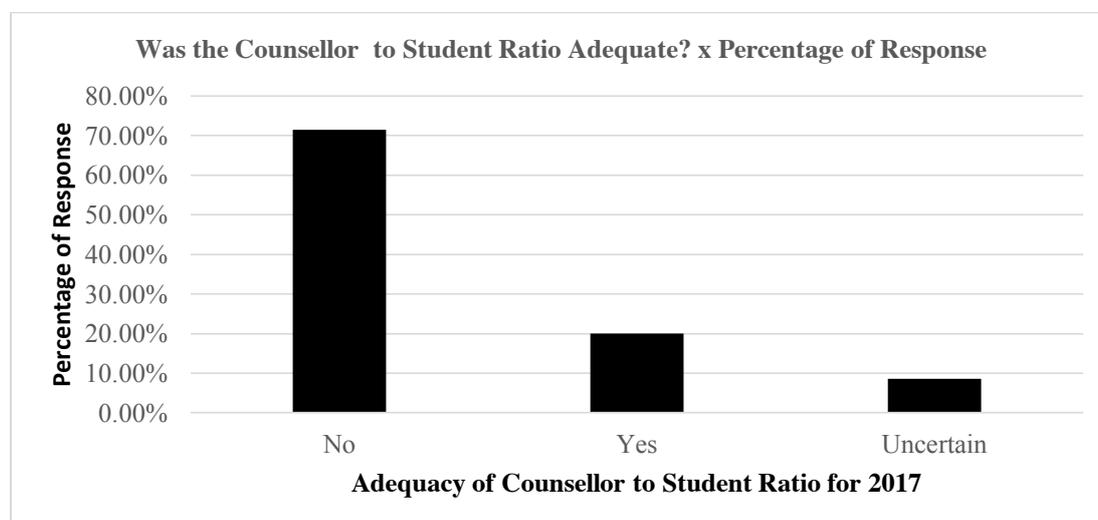


Figure 10

Managers were asked to comment on what they thought would be a reasonable staff to student ratio to address service delivery adequately at their institution. The majority who provided a ratio identified a ratio between 1500-2500 students per staffing FTE.

Table 8

Collapsed groupings	Suggested ratio	Frequency of response
1 counsellor to:	1500-2500	11
	3000-3500	4
	4000-5000	2
	Don't know/Uncertain/ Comment but no figure given	4

**Q30 International benchmarking information from International Association of Counselling Standards (IACS., n.d.) in the Standards for University and College Counselling Services (IACS., 2010, amended 2013 & 2016)**

The 2015-2016 AUCCCD Survey (n.d) reports the professional staff to student ratio across the academic year in universities (both public and private with enrolments ranging from 15,001 to >35,001) as:

*15,001-20,000 = average of 2,139 students to 1 x paid professional staff member  
20,001-25,000 = average 2,402 students to 1 x paid professional staff member  
25,001-30,000 = average 2,567 students to 1 x paid professional staff member  
30,001-35,000 = average 2,471 students to 1 x paid professional staff member  
>35,001 = average 2,624 students to 1 x paid professional staff member.*

The International Association of Counselling Standards (IACS) (n.d.) in the Standards for University and College Counselling Services states on page 13:

*V.C.1. Every effort should be made to maintain minimum staffing ratios in the range of one FTE professional staff member (excluding trainees) for every 1,000-1500 students, depending on services offered and other campus mental health agencies.*

Managers were then asked to choose the professional staff to student ratio they considered adequate

for the Australian/New Zealand tertiary education context.

Twenty-one (21) managers (61.76%) indicated that the staff to student ratio considered ideal for the Australian/New Zealand Higher Education context lay between the values of 1 to 1,500 - 2,500.

One other response:

Unsure - perhaps 1:2000??

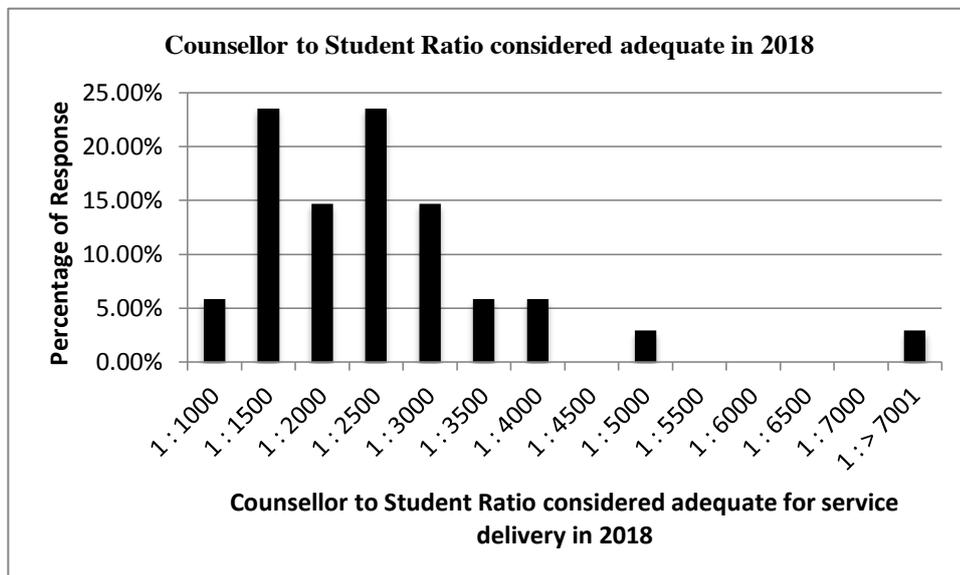


Figure 11

Twenty-nine (29) managers' responses (82.6%) indicated that an adequate staff to student ratio would be equal to or less than 1 to 3,000.

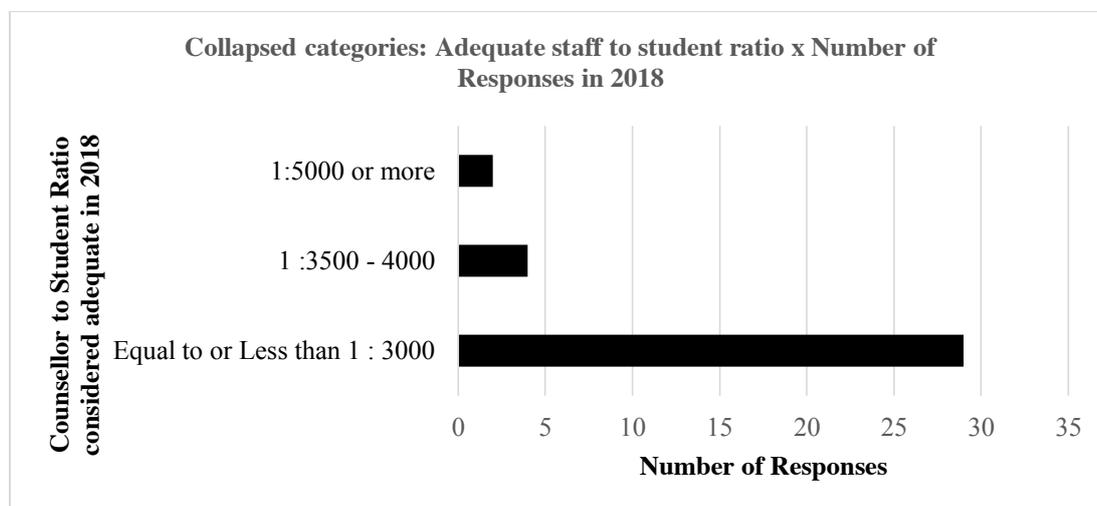


Figure 12

*Q31 Professional staff to student ratio true of the counselling service in manager's institutional context*

The current ratio range for professional staff per student across institutions reported by respondents is 1:1000 to 1 to >7000.

Approximately 15% (15.15%) of respondents reported equally for three different ratios being: 1 to 3500; 1 to 5500; and 1 to >7000.

Table 9

Current Professional staff to Student Ratio	Number of Institutions
1 to 1000	1
1 to 1500	0
1 to 2000	1
1 to 2500	4
1 to 3000	4
1 to 3500	5
1 to 4000	3
1 to 4500	2
1 to 5000	2
1 to 5500	5
1 to 6000	1
1 to 6500	0
1 to 7000	0
1 to > 7001	5

*Q32 Types of professionals that managers would like to add (wish list) or increase FTE representation within their service team*

There were six (6) professional roles most desired as team additions by the respondents: psychologists (generalists); psychologist (with endorsed specialty area); social workers; psychiatrists; mental health educators; mental health workers.

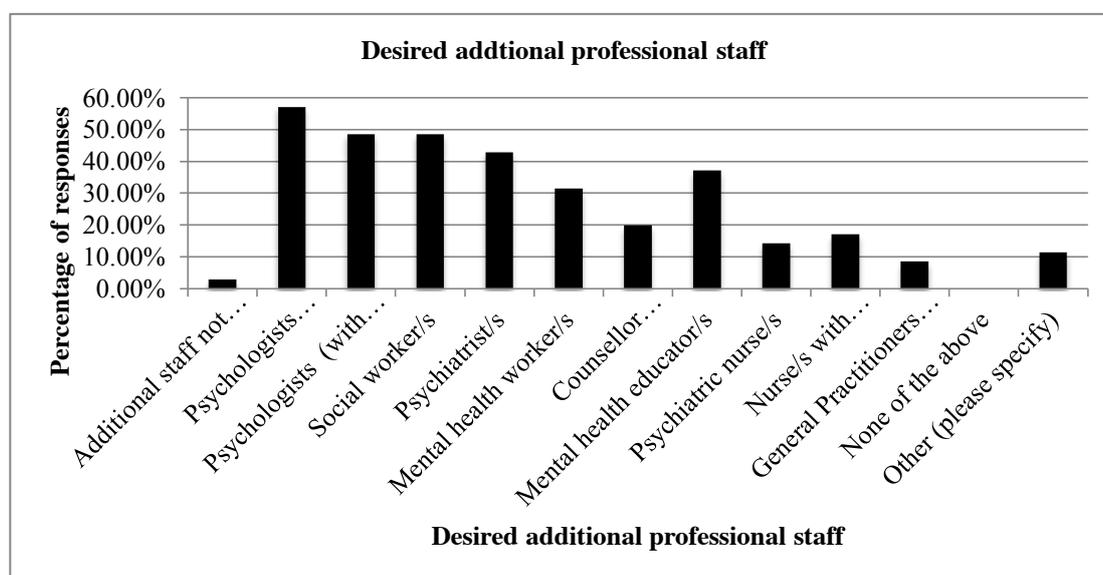


Figure 13

Over half of the managers (57.14%) responded that they would like to add psychologists (generalists) to their team.

Forty-eight percent (48.57%) of managers indicated they wanted to add psychologists (endorsed speciality) and social workers to their team.

Slightly more than forty-two percent (42.86%) of managers indicated that they wanted psychiatrists and approximately thirty-seven percent (37.14%) wanted mental health educators.

Mental health workers were desired by slightly more than thirty-one percent (31.43%) of managers.

**Q33 Percentage of time utilised by service delivery areas:**

Some service delivery areas were common to all respondents (N=33) inclusive of:

- Individual counselling appointments.
- Urgent/emergency appointments.
- Consultation with university staff about specific students of concern.
- Mental health awareness lectures/workshops (to staff or students) including Mental Health First Aid were provided by almost all counselling services (N=30).
- Twenty-nine (29) managers indicated that services included psycho-educational workshops;
- Twenty-six (26) managers offered workshops or presentations in scheduled class time; and Twenty-three (23) indicated that counselling service activities included projects or programs designed to target ALL enrolled students;
- Fewer than twenty (<20) managers reported offering the following: Projects or programs designed to target prospective students (17); and other activities not linked to categories listed above (16).

Managers were not asked to identify the other activities.

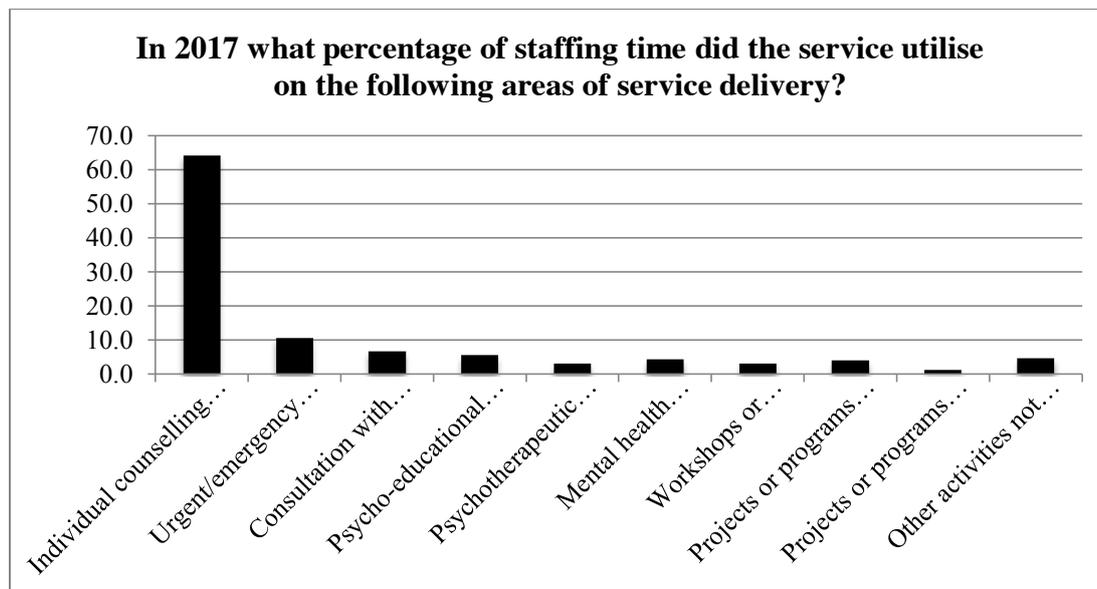


Figure 14

**a) Individual counselling**

Institutional responses aggregated into four groupings (percentage of time utilised on individual counselling) highlight that the majority (72.72%) utilise between sixty (60%) and seventy-nine (79%) percent of service delivery time on individual counselling. Only two (2) institutions (6%) allocated more service delivery time to individual counselling and just seven (7) (21.21%) offered less.

Table 10

Individual counselling	
Number of Responses	Percentage of time
2	80-89
11	70-79
13	60-69
7	50-59

**b) Percentage of staff time utilised by Urgent/Emergency appointments**

The range of responses was two (2) percent to twenty-five (25) percent. The most frequent response was ten (10) percent of staff time provided by twelve (12) managers.

Table 11

Urgent/Emergency Appointments	
Number of Responses	Percentage of time
2	2
1	3
1	4
4	5
2	6
1	7
12	10
5	15
1	18
2	20
1	23
1	25

**c) Percentage of staff time utilised by consultations with staff about students of concern**

The range of responses was one (1) percent to eighteen (18) percent. The most frequent response was five (5) percent of staff time provided by thirteen (13) managers. The second frequent response was ten (10) percent of staff time provided by nine (9) managers.

Table 12

Consultation with university staff about specific students of concern	
Percentage of staff time	Number of Responses
1	2
3	5
4	1
5	13
10	9
11	1
15	1
18	1

**d) Percentage of staff time utilised by psychoeducational workshops**

The range reported was zero (0) to fifteen (15) percent of staff time. The most frequent response was five (5) percent of staff time provided by seventeen (17) managers.

Table 13

Psycho-educational workshops	
Percentage of time	Number of Responses
0	1
1	1
2	1
3	2
4	1
5	17
6	0
7	0
8	1

Psycho-educational workshops	
Percentage of time	Number of Responses
9	0
10	4
11	0
12	0
13	0
14	0
15	1

**e) Percentage of staff time utilised by psychotherapeutic workshops**

The range reported was zero (0) to fifteen (15) percent of staff time.

The most frequent response was zero (0) percent of staff time provided by eight (8) managers.

Table 14

Psychotherapeutic workshops	
Percentage of time	Number of Responses
0	8
1	0
2	3
3	2
4	0
5	6
6	0
7	1
8	0
9	0
10	0
11	0
12	0
13	0
14	0
15	1

**f) Percentage of staff time utilised by mental health awareness**

The range reported was zero (0) to ten (10) percent of staff time.

The most frequent response was five (5) percent of staff time provided by nine (9) managers.

Table 15

Mental Health Awareness	
Percentage of Time	Number of Responses
0	2
1	4
2	5
3	3
4	1
5	9
6	0
7	0
8	1
9	0
10	5

**g) Percentage of staff time utilised by workshops or presentations scheduled within class time**

The range reported was zero (0) to ten (10) percent of staff time.

The most frequent response was five (5) percent of staff time provided by nine (9) managers.

Table 16

<b>Workshops or presentations in scheduled class time</b>	
<b>Percentage of time</b>	<b>Number of Responses</b>
0	3
1	5
2	6
3	1
4	1
5	9
6	0
7	0
8	0
9	0
10	1

**h) Percentage of staff time utilised by projects or programs designed to target ALL enrolled students**

The range reported was zero (0) to ten (10) percent of staff time.

The most frequent response was five (5) percent of staff time provided by eight (8) managers.

Table 17

<b>Projects or programs designed to target ALL enrolled students</b>	
<b>Percentage of Staff Time</b>	<b>Number of Responses</b>
0	2
1	4
2	4
3	1
4	0
5	8
6	0
7	1
8	0
9	0
10	3

**i) Percentage of staff time utilised by projects or programs designed to target prospective students.**

The majority of managers reported utilising no time on programs targeting prospective students.

Table 18

<b>Projects or programs designed to target prospective students</b>	
<b>Percentage of Staff Time</b>	<b>Number of Responses</b>
0	9
1	3
2	2
5	3

**j) Percentage of staff time utilised by activities other than those identified a) to i) above.**

Other activities utilised between zero (0) and twenty-six (26) percent of staff time. The majority of

services utilised between one (1) and five (5) percent of staff time on other activities.

Table 19

Other Activities	
Percentage of Staff Time	Number of Responses
0	5
1	1
2	2
3	2
4	3
5	1
20	1
26	1

*Q34 Are the salaries paid to counselling service staff competitive with other relevant employers?*

The majority of managers (27) believed that the salaries offered within their service were competitive with other relevant employers.

Table 20

Salaries Competitive	
Answer Choices	Number of Institutions
Yes	27
No	5
Don't know	3

*Q35 Student services centrally funded (full or part) and offered separately*

There was a broad range of services additional to the counselling service provided for students by institutions.

Academic skills/information was the additional service most frequently provided by the responding institutions (N=34).

Other popular services offered by almost all the responding institutions included:

- Disability Services (N=32)
- Services for indigenous students (ATSI or Maori or PI) (N=31)
- A dedicated service for international students (N=30)
- Academic advising services (N=30)

The following services were provided by at least nineteen (19) institutions:

- Scholarships Office (N=29)
- Peer Mentoring Services coordination and support (N=29)
- Reasonable educational accommodation adjustments for students with disability or learning difficulties (N=28)
- Careers and Employment Service (combined) (N=27)
- Religious Centre/Chaplaincy (N=26)
- Long stay housing and accommodation services (N=24)
- Transition to university/First Year Experience Coordination/Services (N=24)

- Student Volunteer Programs Coordination/Services (N=23)
- English language support services (N=22)
- Equity Services (N=22)
- Budgeting and financial advice for students on low incomes (N=20)
- IT and online learning software support services (N=20)
- Medical/Health Service (N=20)
- No or low interest loans service (education or living costs) (N=19)

The following services were provided by at least ten (10) institutions:

- Treatment and Assessment Clinic staffed by psychology or social work interns under supervision (part of formal program of studies) (N=15)
- Short stay or urgently needed/emergency housing service (N=13)
- Physiotherapy Service (N=13)
- Retention Programs Coordination/Services (N=13)
- Welfare services (N=12)
- Learning engagement and enhancement services for specific cohorts entering under special access programs (LSES, First in Family etc) (N=12)
- Careers Services (N=10)

The following services were offered by provided by less than nine (9) institutions:

- Case management of students referred to or from specialist external service providers (N=8)
- Psychiatric Services (assessment/medication/treatment/longer term psychotherapy) (N=8)
- Mental Health Educator or support services provided by a psychologist or nurse (N=7)
- Psychological assessment of learning difficulties/disability (offered as separate service) (N=7)
- Employment Services (N=5)
- Dental Service (N=5)
- Psychological assessment of learning difficulties/disability (offered by counselling or disability service) (N=5)
- A dedicated service for international students (includes personal counselling/psychological services) (N=2)

Comments provided (N=2):

- Not sure if that (sic my responses to this question) is totally accurate
- Chaplaincy provided but not funded by University. Medical/Health is part of the Counselling Service

Managers were invited to tick all other student services funded centrally that applied. (See Table 21.)

Table 21

<b>Student services centrally funded (full or part)</b>	<b>Number of Institutions</b>
Academic skills/information literacy services	34
Disability Services - provision of educational adjustments and some support (excluding welfare or counselling support)	32
Services for indigenous students (ATSI or Maori or PI)	31
A dedicated service for international students (does not include personal counselling/psychological services)	30
Academic advising services	30
Scholarships Office	29
Peer Mentoring Services coordination and support	29
Reasonable educational accommodation adjustments for students with disability or learning difficulties	28
Careers and Employment Service (combined)	27
Religious Centre/Chaplaincy	26
Long stay housing and accommodation services	24
Transition to university/First Year Experience Coordination/Services	24
Student Volunteer Programs Coordination/Services	23
English language support services	22
Equity Services	22
Budgeting and financial advice for students on low incomes	20
IT and online learning software support services	20
Medical/Health Service	20
No or low interest loans service (education or living costs)	19
Treatment and Assessment Clinic staffed by psychology or social work interns under supervision (part of formal program of studies)	15
Short stay or urgently needed/emergency housing service	13
Physiotherapy Service	13
Retention Programs Coordination/Services	13
Welfare services	12
Learning engagement and enhancement services for specific cohorts entering under special access programs (LSES, First in Family etc)	12
Careers Services	10
Case management of students referred to or from specialist external service providers	8
Psychiatric Services (assessment/medication/treatment/longer term psychotherapy)	8
Mental Health Educator or support services provided by a psychologist or nurse	7
Psychological assessment of learning difficulties/disability (offered as separate service)	7
Employment Services	5
Dental Service	5
Psychological assessment of learning difficulties/disability (offered by counselling or disability service)	5
A dedicated service for international students (includes personal counselling/psychological services)	2
Other (please specify)	2

*Q36 Identify student services offered as part of counselling service responsibility or activities*

The majority of counselling services offered the following within their model of service delivery. There would appear to be five (5) key foci in service delivery demonstrated by counselling services in higher education in both New Zealand and Australia:

Counselling/psychological services for both local students (N=35) and international students (N=34), and counselling sensitive to the cultural needs of minority and indigenous (ATSI/Maori/PI) students (N=34).

Fewer counselling services offered case management of students referred to specialist services or external service providers (N=18) or Mental Health Educator or support services provided by a psychologist or nurse (N=11).

The responses provided by managers indicated a minority of counselling services providing adjunct services supportive of the student experience.

Table 22

<b>Student services offered as part of counselling service responsibility or activities</b>	
Answer Choices	Number of Institutions
Counselling/psychological services for local students	35
Counselling/psychological services for international students	34
Counselling/psychological services for minority/indigenous students (ATSI/Maori/PI)	34
Case management of students referred to specialist services or external service providers	18
Mental Health Educator or support services provided by a psychologist or nurse	11
Welfare services	7
Peer Mentoring Services (could be coordination or services such as mentor training)	7
Reasonable educational accommodation adjustments for students with disability or learning difficulties	6
Psychiatric Services (assessment/medication/treatment/longer term psychotherapy)	5
Careers counselling	4
Academic skills/information literacy services	4
Other (please specify)	4
Budgeting and financial advice for students on low incomes	3
Psychological assessment of learning difficulties/disability	3
Academic advising services	3
Transition to university/First Year Experience Coordination/Services	3
Retention Programs (could be co-ordination or service provision)	3
Student Volunteer Programs (could be coordination or services)	3
Leadership development programs (could be coordination or services)	3
No interest or low interest loans service	2
Job readiness and employment preparation services	2
Learning engagement and enhancement services for specific cohorts entering under special access programs (LSES, First in Family etc)	2
English language support services	1

Comments provided by a responding manager identified the limits to therapeutic engagement:

*“Longer-term psychotherapy occurs for a small minority where it involves ongoing risk issues and difficulty with engaging other services including crisis service.”*

Another manager noted that the “*case management position has been approved as a new initiative but not yet filled*”.

A manager highlighted the provision of “*Crisis support, secondary consults, staff support (ad hoc when needed), counselling of staff, and offering Workshops (educational and therapeutic)*”.

Another manager identified that “*Educators and Trainers*” were included in the service activities.

*Q37 Enrolment figures recorded at your institution across all campuses for the following cohorts (measured at 31 March 2017)*

Five (5) survey responders did not make data available for this question.

Three (3) responding managers provided enrolment data as less than 10,000 at 31 March 2017.

Two (2) responding managers provided enrolment data as more than 10,000 and not higher than 20,000 at 31 March 2017.

Ten (10) responding managers provided enrolment data as more than 20,000 and not higher than 30,000 at 31 March 2017.

Four (4) responding managers provided enrolment data as more than 30,000 and not higher than 40,000 at 31 March 2017.

Two (2) responding managers provided enrolment data as more than 40,000 and not higher than 50,000 at 31 March 2017.

Three (3) responding managers provided enrolment data as more than 50,000 and not higher than 60,000 31 March 2017.

Three (3) responding managers provided enrolment data as more than 60,000 and not higher than 70,000 31 March 2017.

One (1) responding manager provided enrolment data as more than 70,000 at 31 March 2017.

*Table 23*

<b>Total Enrolment</b>	<b>Number of Institutions</b>
Data not available	5
<10,000	3
>10,000-20,000	2
>20,000-30,000	10
>30,000-40,000	4
>40,000-50,000	2
>50,000-60,000	3
>60,000-70,000	3
>70,000	1

*Q38 Compared to 31 March 2016 enrolment figures, total student enrolment measured at 31 March 2017 decreased, increased or showed little variation?*

Seventeen (17) responding managers reported an increase of enrolment comparing 2016 figures to 2017.

Six (6) responding managers reported a decrease of enrolment comparing 2016 figures to 2017.

Nine (9) responding managers reported little variation of enrolment comparing 2016 figures to 2017.

Table 24

<b>Enrolment changes</b>	<b>Number of Institutions</b>
Decrease	6
Increased enrolment	17
Little variation	9

*Q39 Cohort enrolment data*

Counselling Service managers were asked for data on the cohort enrolments at their institution. The demographics of enrolled cohorts vary considerably across the higher education institutions. These varying demographics can have considerable ramifications for counselling service operational planning. Approximately half of the managers provided data on enrolment totals. Many of the managers identified that it is difficult and for some, impossible, to access their institution's cohort data to guide service delivery planning and to anticipate demand for services. Even on basic cohort numbers many managers reported 'no available data'.

Data provided by managers for the enrolment figures for various cohorts and total number and full-time effective (FTE) are provided below.

The full-time undergraduate coursework student enrolments ranged from N = 3,792 to 48,584.

Table 25

<b>Full-time undergraduate coursework</b>	<b>Number of Institutions</b>
No available data	15
3,500-5,000	2
>5,000-7,000	1
>7,000-10,000	3
>10,000-20,000	5
>20,000-30,000	3
>30,000-40,000	1
>40,000	1

The effective fulltime enrolments (FTE) for full-time undergraduate coursework ranged from N = 4,118-43,636.

Table 26

<b>FTE - Full-time undergraduate coursework</b>	<b>Number of Institutions</b>
No available data	15
3,500-5,000	2
>5,000-7,000	1
>7,000-10,000	3
>10,000-20,000	5
>20,000-30,000	1
>30,000-40,000	1
>40,000	1

For Part-time Undergraduate Coursework the enrolment range reported was N = 2,937 to 14,732.

Table 27

<b>Part-time Undergraduate Coursework</b>	<b>Number of Institutions</b>
No data available	18
>2000-5000	3
>5000-10000	3
>10000-15000	4

FTE Part-time Undergraduate Coursework enrolment: By error this data was not requested in survey.

For full-time postgraduate coursework enrolment the Range reported was N= 815 to 6,500.

Table 28

<b>Full-time postgraduate coursework</b>	<b>Number of Institutions</b>
No data available	16
<1000-2000	5
>2000-5000	5
>5000-8000	4

Enrolment FTE Full-time postgraduate coursework

Range reported was N = 815 to 11,879.

Table 29

<b>FTE Full-time postgraduate coursework</b>	<b>Number of Institutions</b>
No data available	16
<1000-2000	7
>2000-5000	6
>5000-8000	0
>8000	1

Enrolment Part-time Postgraduate Coursework: By error data not requested in Survey

FTE Part-time Postgraduate Coursework Enrolment Range 438-4701

Table 30

<b>FTE Part-time Postgraduate Coursework</b>	<b>Number of Institutions</b>
No data available	19
<2000	8
>2000-6000	2

Full-time postgraduate Research Enrolment Range reported was N = 165 to 2,852.

Table 31

<b>Full-time postgraduate Research</b>	<b>Number of Institutions</b>
No data available	17
<200-500	4
>500-1000	4
>1000-2000	3
>2000	2

FTE Full-time postgraduate Research Enrolment range reported was N = 165 to 3282.

Table 32

<b>FTE Full-time postgraduate Research</b>	<b>Number of Institutions</b>
No data available	17
<200-500	4
>500-1000	3
>1000-2000	4
>2000	2

FTE Part-time postgraduate research students Enrolment range reported was N = 77 to 456.

Table 33

<b>FTE Part-time postgraduate research students</b>	<b>Number of Institutions</b>
No data available	20
<1000	9

#### Q40 International and Local student enrolments all data

Total enrolments reported for international and local students

Table 34

<b>International and Local enrolments</b>	<b>Total Number</b>
International Students (on student visas) - Total head count	168,848
Local students (includes permanent residents) - Total head count	517,779
Total head count	686,627

International Students (on student visas): Range reported was N = 1,000 to 29,477

Table 35

<b>International Students (on student visas)</b>	<b>Number of Institutions</b>
No data available	9
1000-2000	4
>2000-3000	3
>3000-4000	2
>4000-10000	6
>10000-20000	3
>20000-30000	2

Local students (includes permanent residents): Enrolment Range reported N = 2,000 to 44,330.

Table 36

<b>Local students (includes permanent residents)</b>	<b>Number of Institutions</b>
No data available	10
2000-3000	1
>3000-20000	5
>20000-30000	5
>30000-40000	5
>40000	3

Combined responses for cohort enrolled numbers by diversity groupings

Table 37

<b>Student Enrolment - Total Head Count</b>	<b>Total Number</b>
Students who identify as indigenous (e.g. ATSI, Maori, Pacific Islander)	18,328
Students identified as low SES	59,613
Students registered for disability learning provisions	24,062
Students for whom English is not their first language	72,005
Students who moved from a rural area, another city, another state	13,441
Students who are returning to education after more than one year of no study	22,186
Students who are transferring with credit from another institution	14,352

Students who identify as indigenous (e.g. ATSI, Maori, Pacific Islander): Enrolment Range reported was N = 3 to 5,229.

Table 38

<b>Students who identify as indigenous (e.g. ATSI, Maori, Pacific Islander)</b>	<b>Number of Institutions</b>
No data available	12
3-100	1
>100-200	0
>200-300	4
>300-400	2
>400-500	2
>500-600	1
>600-700	0
>700-800	3
>800-900	2
>900-1000	0
>1000-2000	1
>2000-3000	0
>3000-4000	1
>4000	1

Students identified as low SES: Enrolment Range reported was N = 1,200 to 19,370.

Table 39

<b>Students identified as low SES</b>	<b>Number of Institutions</b>
No data available	19
1000-2000	2
>2000-3000	0
>3000-4000	1
>4000-5000	2
>5000-6000	1
>6000-7000	3
>7000-20000	1

Students registered for disability learning provisions: Enrolment Range reported was N = 100 to 2,769.

Table 40

<b>Students registered for disability learning provisions</b>	<b>Number of Institutions</b>
No available data	12
1-100	2
>100-1000	2
>1000-2000	6
>2000-3000	4

Students for whom English is not their first language: Enrolment Range reported was N = 1,000 to 17,606.

Table 41

<b>Students for whom English is not their first language</b>	<b>Number of Institutions</b>
Data not available	14
1000-2000	2
>2000-3000	2
>3000-4000	1
>4000-5000	0
>5000-6000	1
>6000	1

Students who moved from a rural area, another city, another state: Enrolment Range reported was N = 1,000 to 5,592.

Table 42

<b>Students who moved from a rural area, another city, another state</b>	<b>Number of Institutions</b>
Data not available	24
1000-2000	1
>2000-3000	1
>3000-4000	0
>4000-5000	1
>5000	1

Students who are returning to education after more than one year of no study: Enrolment Range reported was N = 371 to 19,288.

Table 43

<b>Students who are returning to education after more than one year of no study</b>	<b>Number of Institutions</b>
No data available	23
<1000	1
>1000-2,000	2
>2000-19,288	1

Students who are transferring with credit from another institution: Enrolment Range reported was N = 859 to 5,070.

Table 44

Students who are transferring with credit from another institution	Number of Institutions
Data not available	22
<1000	1
>1000-2000	1
>2000-3000	1
>3000-4000	0
>4000-5000	1
>5000	1

**Q41 Enrolled Cohort x Gender**

Ten (10) institutions indicated that data was not available.

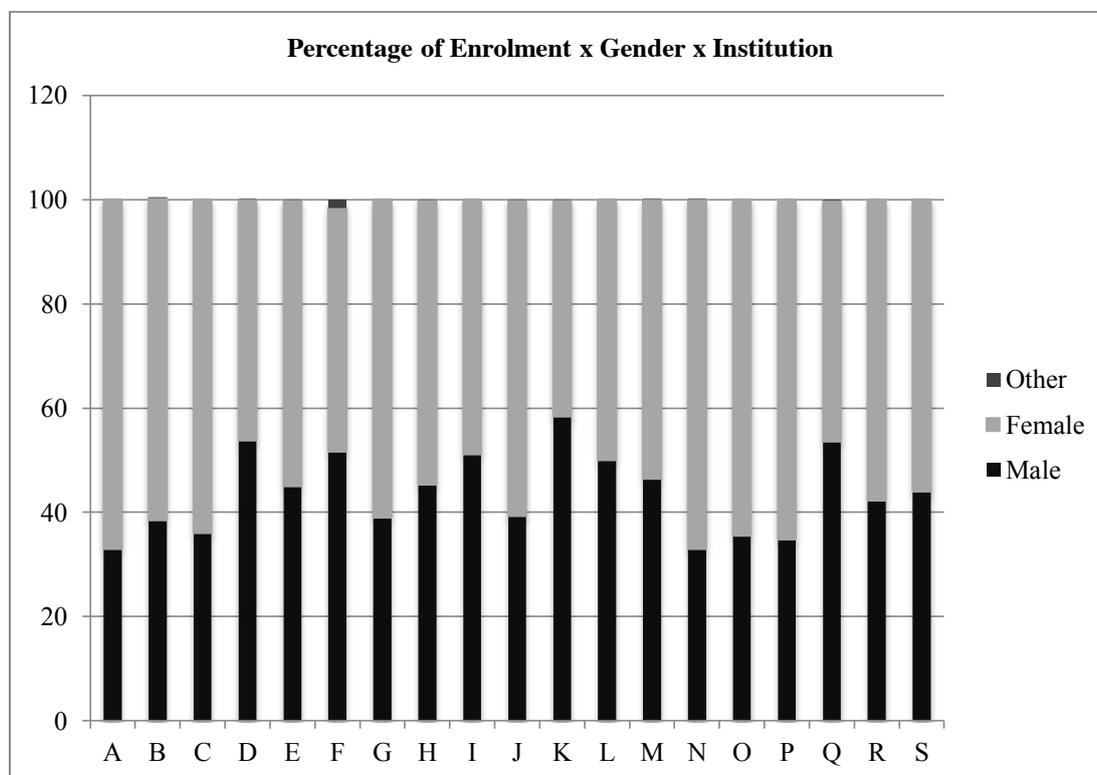


Figure 15

**Q42 Percentage of enrolments:**

a) Students aged less than 18 yrs: Range reported was 0.08% to 6%.

Table 45

Percentage of enrolment under 18 yrs	Number of Institutions
No available data	19
<1%	5
1-2%	2
>2%	3

b) Enrolled students living in halls of residence or colleges on campus or in accommodation associated with your institution: Range reported was 1% to 30%.

Table 46

Percentage of students in on campus residences	Number of Institutions
No available data	18
1-3%	5
>3-6%	4
>6-15%	1
>15-30%	1

c) Enrolled students who are first in their immediate family to attend post-secondary education/university: Range reported was 24.4% to 36%.

Table 47

Enrolled students who are first in their immediate family to attend post-secondary education/university	Number of Institutions
No available data	27
24.40%	1
36%	1

d) Enrolled students who are commencing (first year in program): Range reported was 0.37% to 75%.

Table 48

Enrolled students are commencing (first year in program)	Number of Institutions
No data available	13
<10	1
>10-20	4
>20-30	3
>30-40	3
>40-50	2
>50	2

*Q43 Is your institution primarily known as a public or private college/university?*

The majority of managers (93.9%) worked in a public university.

Table 49

Answer Choices	Number of Institutions
Public	31
Private	2

*Q44 Institution provides learning via flexible/distance and/or on campus classes:*

The majority of institutions (N=38) provided course via flexible delivery and on campus attendance.

Table 50

Learning via flexible/distance and/or on campus classes	Number of Institutions
Flexible delivery/distance options only	2
Blend of flexible delivery, distance and on campus attendance	23
Primarily on campus attendance with some flexible access via use of online teaching environment	15
Other (please specify)	2

Comments provided were not related to the modes of learning and therefore are not included in the report.

*Q45 Operation of 'onshore' campuses*

The range of 'onshore' campuses varied from zero for one institution that only offered online

courses to more than 10 campuses.

Table 51

Operate 'onshore' campuses	Number of Institutions
none - all virtual/remote	1
1	0
2	3
3	9
4	7
5	1
6	4
7	3
8	1
9	0
10	0
>10	2

*Q46 Change in the number of 'on shore' campuses in 2017*

The majority of institutions (N=26) had not changed the number of campuses provided 'onshore' during 2017. Three (3) institutions had increased, and two (2) had decreased the number of 'onshore' campuses.

Table 52

Change in Onshore Campuses	Number of Institutions
No change	26
Increased	3
Decreased	2
Other (please specify)	3

Other specified:

- Though I only manage 1 campus
- Related to 44 - 2 on shore campus with 3 teaching locations
- We have a Sydney "campus" and regional study centres

*Q47 Operation of 'offshore' campuses*

The majority of managers (N=19) reported that offshore enrolments were managed via online course delivery. The number of offshore campuses reported ranged from one (1) reported by eight (8) managers to five (5) reported by one (1) manager.

Table 53

Operation of Off Shore Campuses	Number of Institutions
none - all virtual/remote	19
1	8
2	0
3	1
4	2
5	1
>5	0

*Q48 Change in the number of 'off shore' campuses in 2017*

Almost all managers (N=30) reported no change in the number of offshore campuses during 2017.

Table 54

Change in Number of Off Shore Campuses in 2017	Number of Institutions
No change	30
Increased	1
Decreased	0

*Q49 Delivery of comparable services by the counselling service to all students enrolled with the institution irrespective of where they are studying*

Most managers (N=22) reported that all students were offered comparable services irrespective of campus or enrolment type. Four (4) managers reported that only students attending on-shore campuses receive comparable services. One manager reported under 'other' that all students were offered the comparable service except those in overseas locations. Four managers (N=4) reported that only students attending specific on-shore campuses received comparable services. Two (2) managers reported that only students attending on-shore and specific offshore campuses received comparable services. Under 'Other', one (1) manager stated that the service was primarily accessed in person even though other options were theoretically available. Another manager stated that distance students were provided with Skype counselling sessions only if agreed by the counsellor.

Table 55

Delivery of comparable services	
Answer Choices	Number of Institutions
Yes - all students are offered comparable services irrespective of campus or enrolment type	22
No - students enrolled in only online programs are not currently eligible for the same services	0
No - only students attending on-shore campuses receive comparable services	4
No - only students attending on-shore and specific off-shore campuses receive comparable services	2
No - only students attending specific on-shore campuses receive comparable services	4
Other (please specify)	3

Other specified:

- In theory yes, but in practice access is primarily for in person.
- Though Distance students may not find it as easy to obtain or to attend on-site campus provided counselling. Skype counselling depends on practitioner's preference.
- All students offered the comparable service except those in overseas locations

*Q50 Enrolled students who have access to a service dedicated to the provision of counselling and psychological assistance*

Half of the managers indicated that service delivery was provided to students while they were 'off shore' and an equal number stated that they did not provide services to students while they were 'off shore' due to limitations imposed on psychological practice by country legislation.

Table 56

<b>Enrolled students with access to a service dedicated to the provision of counselling and psychological assistance</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
All enrolled students (including those requesting services while in another country or studying on exchange with another university).	16
Only enrolled students located in the same country as the counselling service due to limitations imposed on psychological practice by country legislation (i.e. excluding those requesting services while in another country).	16
Other (please specify)	1

Other specified:

Though if a student has already received a service in NZ & is then offshore temporarily, we may provide through Skype/Wechat.

*Q51 Does your institution have a comprehensive emergency/critical incident response plan that includes expertise provided by counselling service staff?*

The majority of managers (N=23) reported that their institution had a comprehensive emergency/critical incident plan. Two (2) managers were uncertain and eight (8) reported that their institution did not have a comprehensive emergency/critical incident plan.

Table 57

<b>Comprehensive emergency/critical incident response plan that includes expertise provided by counselling service staff</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	8
Yes	23
Uncertain	2

*Q52 How much confidence do you feel in your institution's preparedness and capacity to respond to a critical event on campus that threatens the safety of one or more persons?*

Almost all managers (N=29) felt moderately (N=18) or very confident (N=11) in their institution's preparedness and capacity to respond to a critical event on campus that threatens the safety of one or more persons.

Table 58

<b>Confidence in institution's preparedness and capacity to respond to a critical event on campus</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Not at all confident	3
Moderately confident	18
Very confident	11

Additional comments further identified that some managers were very aware of preparations made for responses to emergencies and critical incidents with prior events providing clear evidence of preparation and post-event planning for future events. One comment expressed concern that the counselling team whilst part of an emergency response had no visible input to the planning.

Comments:

- There is a plan. It seems to go along okay initially. There isn't visible input from Counselling service re: expertise but there is reliance on counselling support for those impacted.
- We are not practiced in responding to a people safety issue, though we are confident in our capacity to respond to a generic weather/buildings to a related emergency one.

- We have had several significant earthquakes in recent years which have severely damaged uni buildings and closed the uni for periods, well prepared for more
- Crisis management team in place
- Annual scenario practice by high level response team has refined practices and policy over the last decade.

*Q53 Does your institution have a mental health policy/framework/strategy?*

Forty-six percent (46%) of managers reported that their institution had a mental health policy/framework/strategy.

Table 59

Have a mental health policy/framework/strategy	
Answer Choices	Number of Institutions
Yes	12
No	14

Managers were asked to provide a url for the document.

Responses:

- <http://www.anu.edu.au/about/strategic-planning/mental-health-strategy>
- In development based on this framework: <http://unistudentwellbeing.edu.au/framework/>.
- <http://www.flinders.edu.au/ppmanual/student/student-mental-health-wellbeing.cfm>

Other comments:

- Victoria- A health Promoting University 2017 - Victoria Mental Health and Wellbeing Plan 2014-2017.
- Draft at this stage.
- Undertaking this.

*Q54 Is the mental health policy/framework/strategy 'stand-alone'?*

Approximately 50% of managers indicated that the mental health policy/framework/strategy was 'stand-alone'.

Table 60

Mental health policy/framework/strategy is 'stand-alone'	
Answer Choices	Number of Institutions
Yes	12
No	11

Managers were asked to explain the relationship of the mental health policy/framework/strategy to other policies/action plans etc.

Comments:

- N/A
- Still being developed.
- As this is developed, the framework will sit above all other policies across the institution. Yet to be realised in practice!
- There is also a Mental Health and Wellbeing Action Plan.

- Integrated into critical response framework.

*Q55 Is your institution officially a “health promoting university”? (i.e. joined the Healthy Universities Network or joined a Health Promoting University Network and/or signed the Okanagan Charter).*

Approximately 50% of managers reported that their institution was officially a ‘health promoting university’.

Table 61

<b>“health promoting university”</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Yes	12
No	18

*Q56 Is your institution informally adopting a “health promoting university/healthy universities” approach endorsed by senior leadership?*

Approximately 70% of managers reported that their institution was informally adopting a “health promoting university/healthy universities” approach with endorsement from senior leadership.

Table 62

<b>Institution informally adopting a “health promoting university/healthy universities” approach endorsed by senior leadership</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Yes	19
No	12

*Q57 Beyond the provision of 1-1 counselling and psychological services, which of the following areas of activity did the mission, role and functions of your service specifically target in 2017? Tick all that apply.*

Strategies to enhance overall student wellbeing were the most common area of service activity beyond 1-1 counselling and psychological services.

Rated in relation to frequency of response the following seven (7) activities were the focus of at least eighteen (18) services (in addition to 1-1 counselling).

1. Student development - life skills, interpersonal skills, psychological resilience etc
2. Institutional responsiveness to mental health issues
3. Contribution to the management of inappropriate/difficult/challenging student behaviour
4. Safer community interventions
5. Input to student policies and procedures
6. Early identification and intervention for risk of self harm or other harm in the student cohort
7. Contribution to the response to student misconduct complaints

Table 63

<b>Beyond the provision of 1-1 counselling and psychological services - areas of activity did the mission, role and functions of your service specifically target in 2017</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Strategies to enhance overall student well being	27
Student development - life skills, interpersonal skills, psychological resilience etc	25
Institutional responsiveness to mental health issues	24
Contribution to the management of inappropriate/difficult/challenging student behaviour	23
Safer community interventions	20
Input to student policies and procedures	19
Early identification and intervention for risk of self harm or other harm in the student cohort	18
Contribution to the response to student misconduct complaints	18
Enhancing student academic performance	14
Strategies to reduce student attrition/enhance student retention	14
Student experience of campus life	14
Equity and access support for students	12
Recognition and response to diversity in the student population	12
Student Mental Health Institution Strategy	11
Student academic engagement	11
Healthy universities interventions	9
Other (please specify)	1

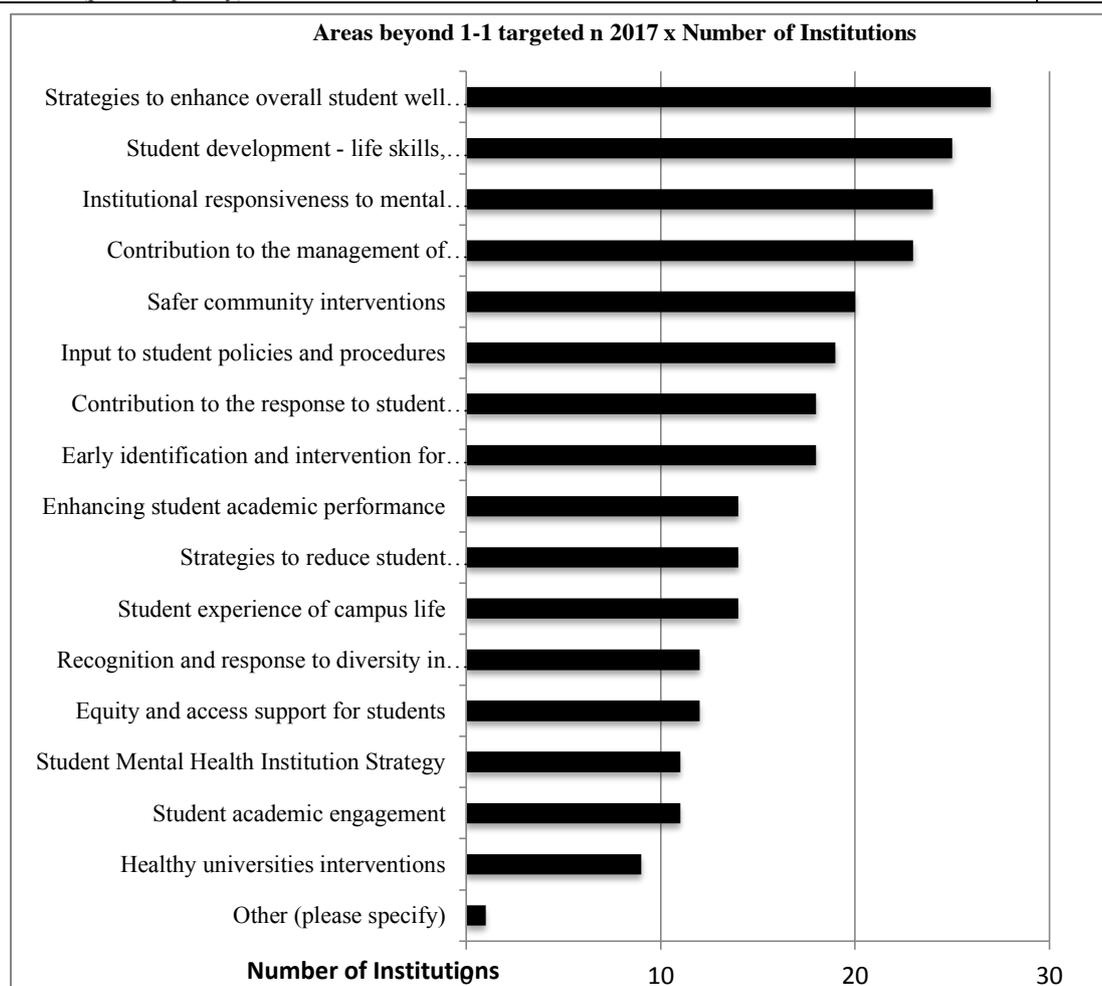


Figure 16

Other specified:

Response to sexual assault within the organisation.

Q58 Which of the following does the service provide? Tick all that apply.

Twelve (12) activities within service provision were nominated by at least eighteen (18) managers.

The twelve most common activities beyond 1-1 services were:

- Consultation on student related issues with institution staff.
- Consultation on student related issues with college or halls of residence staff.
- Training programs for 'residential advisors' in colleges or halls of residence.
- Mental Health First Aid or similar workshop that educates staff or students about mental health/illness, 'at risk' behaviours and self-harm and suicidality.
- Program of psycho-educational workshops.
- Website with student focused resources.
- Faculty requested workshops outside class schedules.
- After hours workshops at colleges or halls of residence.
- Consultation on student related issues with staff in organisations affiliated with your institutions.
- Within curriculum 'guest' lectures.
- Specific programs for different cohort level (undergraduate / postgraduate /research).
- Consultation on student related issues with parents of students.

Table 64

<b>Services provided</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Consultation on student related issues with institution staff	30
Consultation on student related issues with college or halls of residence staff	30
Training programs for 'residential advisors' in colleges or halls of residence	28
Mental Health First Aid or similar workshop that educates staff or students about mental health/illness, 'at risk' behaviours and self-harm and suicidality.	28
Program of psycho-educational workshops	26
Website with student focused resources	26
Faculty requested workshops outside class schedules	23
After hours workshops at colleges or halls of residence	20
Consultation on student related issues with staff in organisations affiliated with your institutions	19
Within curriculum 'guest' lectures	19
Specific programs for different cohort level (undergraduate / postgraduate /research)	18
Consultation on student related issues with parents of students	18
Training programs for students involved in volunteer activities	16
Therapeutically focused group programs	15
Specific orientation program for first year students	13
Specific workshops for advanced year students	11
Consultation on student related issues with staff at other institutions supported via an MOU	9
Peer mentoring programs	7
Courses to promote psychological and/or personal development in an online teaching	7

Services provided	
Answer Choices	Number of Institutions
environment	
Website with interactive capability supporting dynamic engagement with students	7
Programs that aim to educate students on their use of alcohol and other drugs	7
Specific programs for academically at risk students	8
Other (please specify)	5
Programs that target internet overuse, e.g. behaviours related to harmful levels of gambling or gaming via the internet	1

Other activities specified:

- Workshops for staff on Psychological First Aid, Dealing with difficult behaviour of students, mental health and well-being awareness and health promotion events.
- Training Program for Staff: First Response: Student in Distress (Training to equip staff with skills to response to a student who is in distress).
- UWA has a separate Health Promotions Unit that does pro-active education and health promotions work.
- Online treatment programs for students.
- Programs regarding consent and sexual assault.

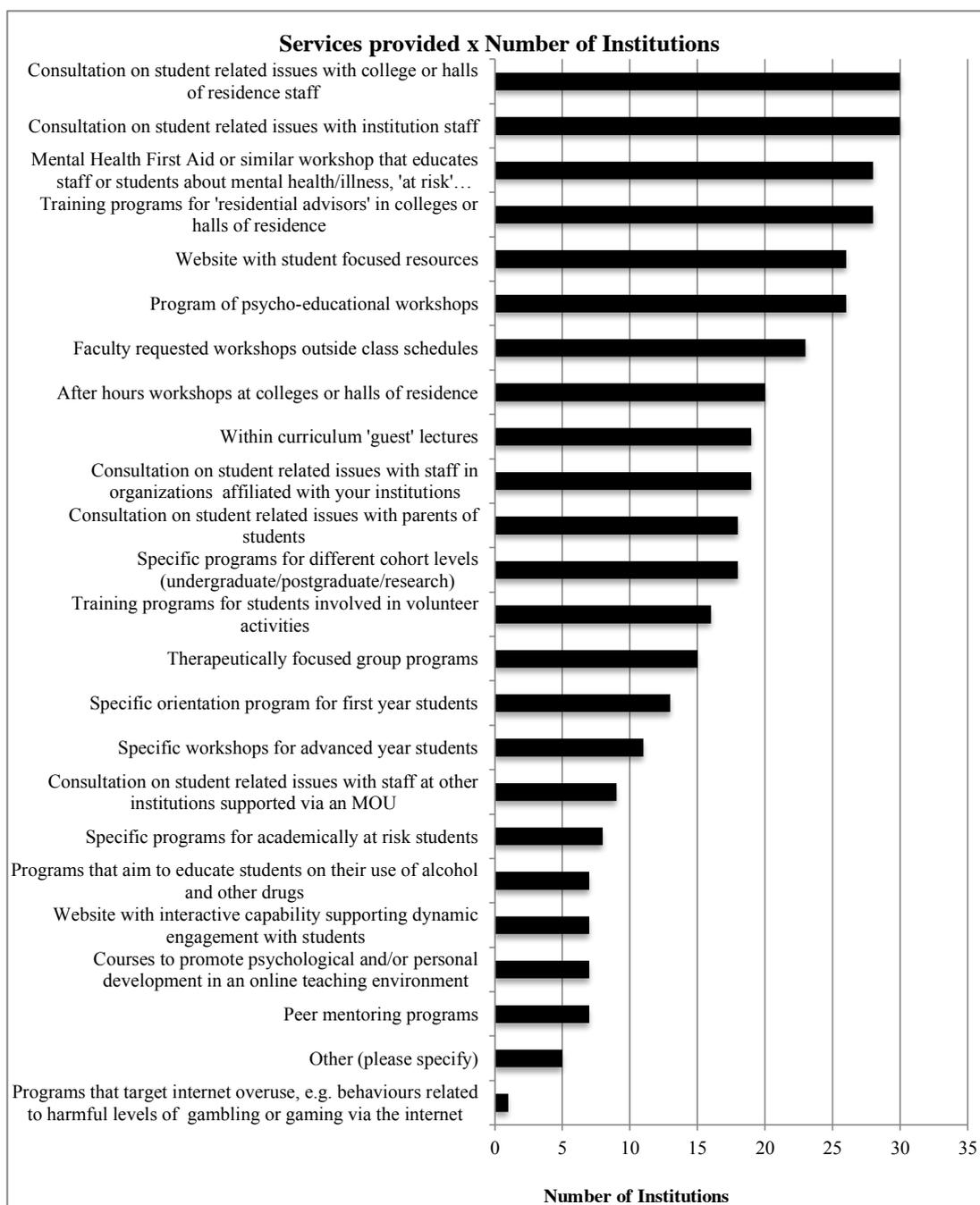


Figure 17

Q59 Which of the following quality assurance activities are conducted on a regular basis? Tick all that apply.

Two (2) quality assurance activities were identified by more than 20 managers. These were:

- Regular review of client needs and emerging student issues.
- Mapping of service strategic goals and operational plans against the institutional strategic plans and relevant key performance target/indicators.

Table 65

Quality Assurance Activities	
Answer Choices	Number of Institutions
Regular review of client needs and emerging student issues	25
Mapping of service strategic goals and operational plans against the institutional strategic plans and relevant key performance target/indicators	21
Regular assessment of service efficacy and achievement	17
Occasional formal service review	17
Regular measurement of client satisfaction	16
Regular review of service values, practices and procedures	15
Regular use of feedback mechanisms	13
Routine use of outcome measures	12
Undertaking research pertinent to service delivery	12
Presentations and/or publications by staff on clinical issues, student needs and emerging issues, service delivery effectiveness and service evaluation	8
Other (please specify)	2
None of the above	0

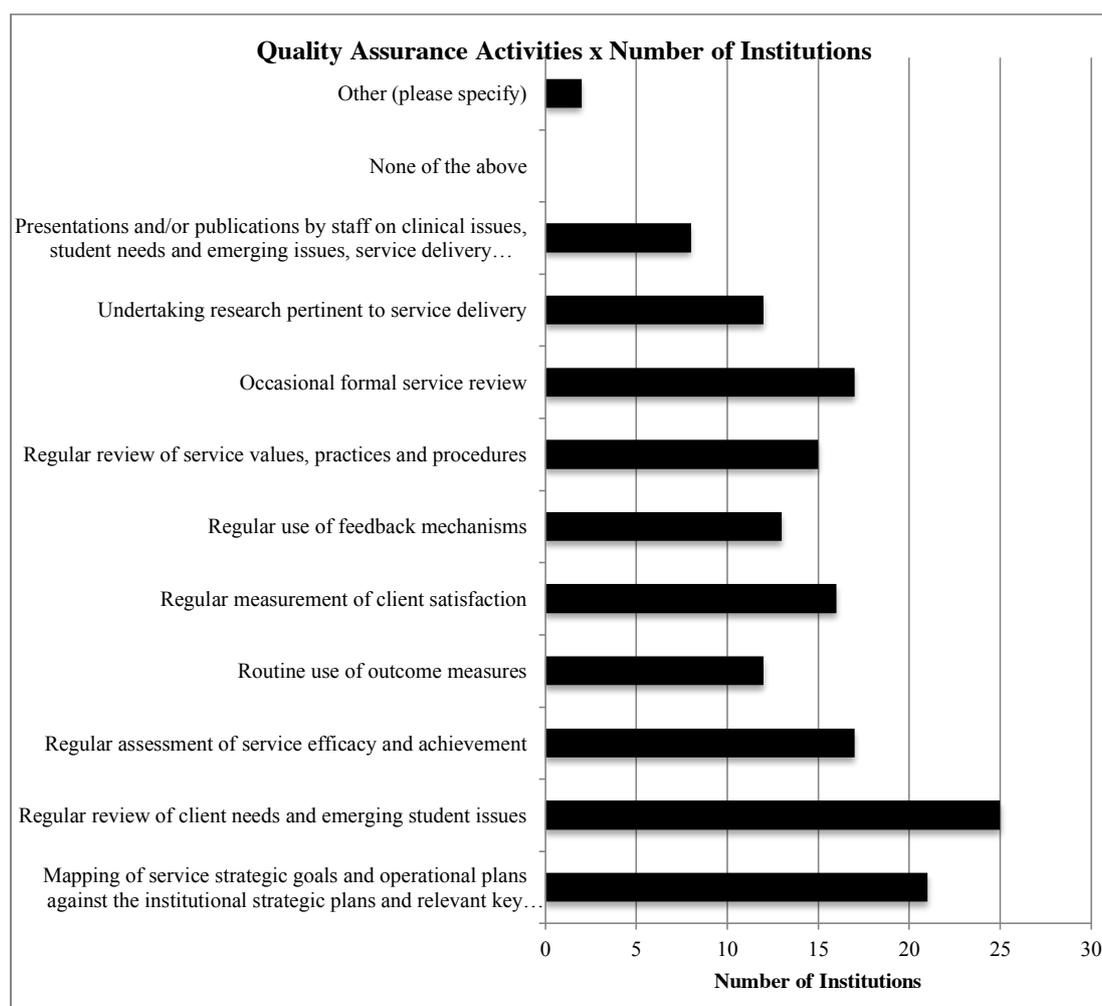


Figure 18

Other specified:

Measurement of client satisfaction, client feedback - once per semester.

Annual client feedback questionnaires.

*Q60 Which of the following clinical supervision/consultations or supervisory activities occur in the service? Tick any that have been utilised by service staff in the preceding 18 months.*

There were four (4) clinical supervision/consultations or supervisory activities identified by at least 20 managers. These were:

- Ad-hoc case discussion with other team member as required.
- Peer consultation at least 2 hours per month (small group).
- Peer consultation with senior team member as needed.
- Individual supervision for at least 1 hour per month (with senior team member).

Table 66

<b>Clinical supervision/consultations or supervisory activities</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Ad-hoc case discussion with other team member as required	32
Peer consultation at least 2 hours per month (small group)	28
Peer consultation with senior team member as needed	28
Individual supervision for at least 1 hour per month (with senior team member)	24
Regular review of caseload with senior team member or senior professional	18
Individual supervision for at least 1 hour per month (with external supervisor)	17
Peer consultation at least 2 hours per month (1-1)	6
Consultation with psychiatrist (group)	5
Other (please specify)	3
Consultation with a psychiatrist (1 on 1)	2

Other specified clinical supervision/consultations or supervisory activities:

- If external supervision occurs (and often does for more experienced team members) this is paid for by the individual.
- Clinical supervision mix dependent on staff's development stage. Have with varied level of experience (HEW 6,7,8 & 9).
- Group clinical supervision from an external provider- 90 min per month.

*Q61 Does the service offer supervised training placements for interns in psychology, social work, mental health etc?*

Close to a third of managers (N=10) indicated that the service 'rarely' or 'never' provided supervised training placements for interns.

Table 67

<b>Supervised training placements for interns</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Regularly	20
Occasionally	2
Rarely	1
Never	9

The intern/s by profession/s were specified as:

- Clinical Psych
- Psychologist – Counsellor
- Social Work, Counselling, Clinical Psychology
- Psychology, Counselling
- Psychology and Social Work
- Counsellors
- Clinical Psychology
- Counselling Psychology, Clinical Psychology, Occasionally 4+2 and 5+1 program placement students
- Master of Psychology (Clinical)

*Q62 Does the service provide opportunities for students to undertake volunteer project work relevant to their degree and career within the service?*

Only three (3) managers indicated that the service provides a formal student volunteer program.

Table 68

<b>Provide opportunities for students to undertake volunteer project work</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Never	17
Occasionally - when a specific student with appropriate skills is matched with a project	7
Rarely	6
Regularly - have a formal student volunteer program	3
Please specify the student volunteer programs provided	9

Specified student volunteer programs provided:

- Exercise and mental health outcome. International student translation.
- Student wellbeing awareness team (SWAT) is supervised by one of our team.
- About to embark on taking a Public Health Student for a project based placement in semester 2.
- Student Minds – mental health awareness and reduction of stigma.
- Mental Health promotion events, supporting social groups targeting equity groups.

*Q63 Does your counselling service offer any DEDICATED programs for students of specific backgrounds? LSES background, first in family to attend, or for students with disability?*

Caution needs to be taken in understanding the responses to this question, as entry of more than one response may not have been possible given feedback received. Dedicated services for LGBTFIQ students was the most common response.

Table 69

<b>DEDICATED programs for students of specific backgrounds</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Students from Low Socio-Economic background	1
Students First in Family to attend uni	0
Students with a disability	2
Indigenous students	2
LGBTFIQ students	6
Students whose first language is not English	1
Students who are under 18 years of age	0
Mature age entry students	2
Students studying in areas that are not traditional for their gender identity	0
Other (please specify)	8

Responses to other specified:

- No we don't offer any dedicated programs.
- Transition support for first year students with identified support needs other than disability
- Nil
- Not dedicated, but ad hoc-ly involved in indigenous; LGBTFIQ; Mature age
- Students considered at-risk (all of the above groups) have access to a targeted transition program.
- Nil
- All programs are open to all students

*Q64 Please indicate which of the following apply to the service accommodation and infrastructure. Tick all that apply.*

All managers indicated that 'Client records are adequately protected and secure'.

The majority of managers reported that:

- The service was 'accessible for students with disabilities'
- 'All client records are created and stored electronically'
- 'Furnishings satisfy comfort and OHS requirements'
- Counselling Service information is 'integrated within the institution's website'
- The service 'uses electronic case management software'
- The service was in a 'central location'
- The service 'has regular access to a suitable room for interactive workshops'
- 'Sound transfer levels adequate to ensure privacy during counselling sessions'
- The service has 'adequate rooms for counselling (size - minimum 13 metres square, light, warmth, cooling and ventilation)'
- 'Staff and students have access to information technology required for service delivery in a contemporary counselling service'
- 'Reception and waiting areas have adequate privacy'

Table 70

<b>Service accommodation and Infrastructure</b>	<b>Number of Institutions</b>
Client records are adequately protected and secure	31
Accessible for students with disabilities	28
All client records are created and stored electronically	28
Furnishings satisfy comfort and OHS requirements	27
Counselling Service information integrated with institutions website	27
The service uses electronic case management software	27
Central location	25
The service has regular access to a suitable room for interactive workshops	23
Sound transfer levels adequate to ensure privacy during counselling sessions	23
Adequate rooms for counselling (size - minimum 13 metres square, light, warmth, cooling and ventilation)	23
Staff and students have access to information technology required for service delivery in a contemporary counselling service	21
Reception and waiting areas have adequate privacy	21
Discrete location	15
A professional library is provided for staff	11
Supervision of staff and interns can be conducted via direct observation and/or audio-video recordings	9
A self help library is provided for students	6
Counselling Service information provided as a stand alone website	5
Additional comments about existing service accommodation	5
None of the above apply	0

Additional comments about existing service accommodation identified issues that managers felt were different to other similar services, or not ideal:

- Would like to have more information on a more modern website e.g. webinars/ workshop info - but we don't have time/technical knowledge; Existing rooms are approx. 12.3sqm; well lit, cooling/heating.
- Electronic/online client statistical database but counselling notes stored separately at this stage.
- Counsellors in our service are all based at different locations so some of the items selected apply to one or more of the counsellors, hence selection of discrete and central location.
- We are about to move to a less central location which is still not ideal but should be more discrete. We are currently in the same building as administration and our rooms have no soundproofing, inadequate ventilation (no windows in 3), and our desks are in a shared open plan area. We do not have case management software but place electronic notes on a secure server. Not ideal, but it is what we have at present. We have no group room and need to book a room somewhere on campus when needed.
- Based in prime student locations and co-located in a 'one stop shop' approach with other student services.

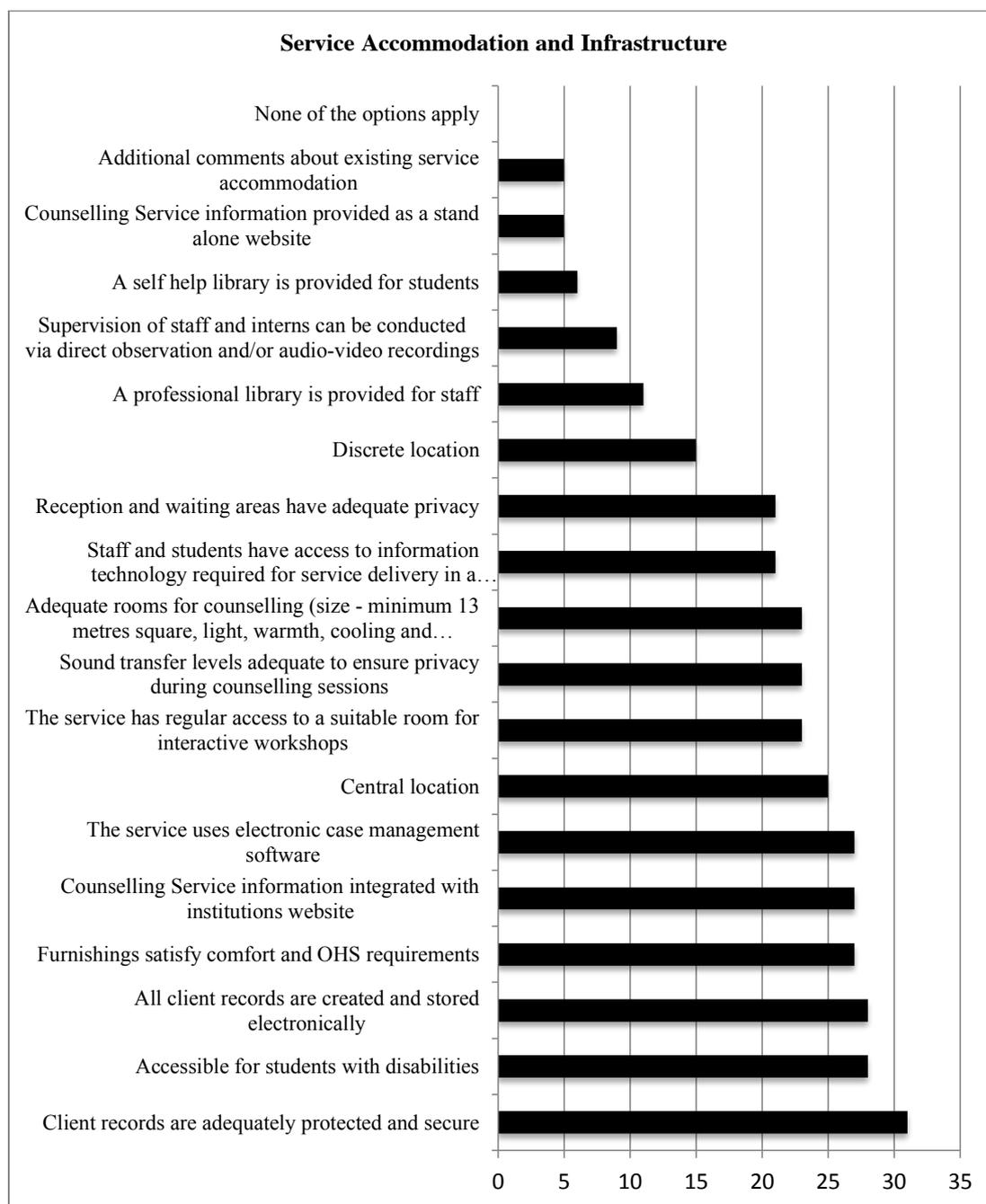


Figure 19

Q65 Which of the following activities has your service conducted in the last 2 years? Tick all that apply.

Twenty six (26) responses were received for ‘Mental Health Awareness Programs/Workshops’ and seven (7) reports were made for ‘a formal for 'credit' course related to mental health and/or psychological literacy and/or psychological flexibility or resilience’.

Table 71

Answer Choices	Number of Institutions
Mental Health Awareness Programs/Workshops	26
A formal for 'credit' course related to mental health and/or psychological literacy and/or psychological flexibility or resilience	7
Other systemic intervention program/s	5
None of the above	4
Anxiety Awareness Screening Day	1
Depression Awareness Screening Day	1
Other (please specify)	8

Other Specified responses:

- We run a variety of workshops & groups related to mental health, but they're not a pure awareness program
- Annual wellbeing symposia National
- Accidental Counsellor
- Drug and Alcohol use screening tool; Meditation workshops
- An informal for 'no credit' course related to mental health and/or psychological literacy and/or psychological flexibility or resilience available on the learning platform (moodle/iLearn)
- Mental Health First Aid Training; R U OK day/Mental Health Week etc
- Unitopia; RU ok day
- RUOK Day; Mental health Week; Australian & NZ University health and Wellbeing Day

*Q66 Have you observed any 'emerging' areas of demand for service delivery in the last 12-18 months.*

Only six (6) managers reported that they did not observe 'emerging' areas of demand for service delivery in the last 12-18 months. Conversely, twenty-six (26) managers reported that they had observed 'emerging' areas of demand for service delivery in the last 12-18 months.

Table 72

Observed 'emerging' areas of demand for service delivery in the last 12-18 months.	
Answer Choices	Number of Institutions
No	6
Yes	26

Specified observations:

- More frequent presentations of risk, trauma and complexity.
- HUGE DEMAND TO DEVELOP MINDFULNESS SKILLS.
- Continued increase in presentations from students with complex needs and underlying personality issues.
- More Mental Health related issues & difficulty of engaging Crisis Mental Health teams.
- Govt is currently running an Enquiry into the adequacy of Mental Health & Addictions. We are providing a submission, as is the University.
- Transgender students services required for hormone treatment pathway

- Difficult Behaviours; Sexual Misconduct.

*Q67 If you answered 'Yes' to the question above: What action have you taken so far to respond to these emerging areas?*

Managers reported many actions taken in response to the 'emerging issues':

- Attempted to provide a service. Communicated / advocated to managers about need for more resources.
- Online programs, extensive mindfulness workshops.
- Increased service hours dedicated to urgent response by senior counsellors.  
Increased training opportunities for counsellors in interventions to suit BPD and ACE history.  
Referral options explored.
- Endeavouring to target groups & workshops to either manage or help prevent onset.  
However, at times, we have limited attendees!  
Limited to no success in engaging Mental Health Services.
- Entered into partnership with local hospital to run a pilot trans-affirmative care pilot project.
- Specialised training and consultation.  
Formation of a specific sexual misconduct support unit.
- Developed a Mental Health Basic Program run 2-3 times per semester.  
ALERT Training.
- Used recruitment to employ appropriate clinicians.  
Set up a Support Group.
- Updating of staff response protocols, policies, awareness raising and more training for counsellors and other responding staff.
- Training and specialised supervision provided for Counselling Team on working with clients who have experienced trauma, specifically domestic violence and/or sexual violence.  
Review of existing policy and development on new Student Critical Incident Policy.  
Advocacy officer appointed at the University.  
Advocating for a Safer Community Unit to be established to manage behavioural misconduct complaints that cause psychological harm/or involve bullying/harassment/assault.
- Specialised training for counsellors.  
Developed facts sheet specific to university.  
Participant in advisory group.  
Workshops for student residents.
- Some initial service delivery - telephone &/or Zoom/Skype.  
Currently a project is in place to address this need and increase service and practitioner capacity in this space.
- Involved in their orientation days and short workshops ad hoc.  
No funds available for specific programs or targeted staffing.
- We have increased our staffing specifically in Duty / Triage response - so we can manage the flow of students into the service and the interactions with and referrals to other supports.

- Education ie MHFA and MHFA for the Suicidal Person.  
Increased liaison with community services, in particular those with expertise in PTSD  
MOU with Headspace at bigger campus to support referral of students.
- Business case to ensure Counselling levels are sustained.
- More clinics.
- Establish an international student program.
- Delivered some training to groups of staff (but still too ad-hoc).  
Developed some resources for staff.  
Refined a case management plan template.  
Working alongside the Respect. Now. Always project officer re: training options and resource development.  
Input given to relevant Committees responding to student progression matters.
- Developed student workshops, presented training to other student services staff, reviewed online information including access to self help tools.
- Attempting to build closer connections with Graduate Research Office.
- 1) Restructured our service delivery model to increase access to on the day appointments (these are only made available on the day or for the next day)  
2) Employed a Mandarin speaking psychologist  
3) Employed more clinical psychologists.
- Put a case to the service Director for increased FTE (not yet responded to)  
Written of concern for the welfare of staff having to manage these clients with minimal safety support in place (no medical clinical on site, no psychiatrist on site) and seeing distressed clients in between booked appointments and during lunch breaks.
- Increased marketing to make students and staff aware we are not a crisis service.
- Social anxiety - blogs and online resources.
- Frameworks created.

*Q68 Does your service provide counselling and psychological services beyond usual business hours available Mon-Fri (9 -5)?*

Managers most frequently (N=9) reported providing after-hours counselling and psychological services 'by arrangement'.

Table 73

<b>Provide counselling and psychological services beyond usual business hours available Mon-Fri (9 -5)</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Yes - Occasionally by arrangement before 9am after 5pm on Mon-Fri only.	11
Yes – Face-to-Face Services are provided 9-5 Mon-Fri and a dedicated after hours telephone counselling service provides extended hours coverage outside of business hours.	3
Never	9
Yes - Routinely during the whole of the year the service is open for extended hours before 9 am and after 5 pm Mon-Fri only.	1

<b>Provide counselling and psychological services beyond usual business hours available Mon-Fri (9 -5)</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Yes - The service provides a 24/7 service including extended hours Mon-Fri and a dedicated after-hours telephone counselling service.	1
Yes - During peak demand periods the service is open for extended hours before 9 am and after 5 pm Mon-Fri only	0
Yes - Routinely during teaching weeks the service is open for extended hours before 9 am and after 5 pm Mon-Fri only.	0
Yes - Routinely the service is open for extended hours Mon-Fri and also some hours on Sat and Sun.	0

Other specified responses show that services do provide some flexibility for students beyond 9-5 service delivery hours:

- 8-5 at St Lucia campus. 10-6 at a Herston campus. 8-4 at Gatton Campus.
- We are open one late night until 7 pm
- We open on Saturdays over the exam periods
- Emergencies; critical incident management and hospitalizations
- 8-6 throughout the year, Mon-Fri
- In response to crisis or critical incident, for one or two week duration. Service has utilised University EAP provider for afterhours and weekend support.
- Between Feb and Nov the service is open 9am till 6pm on Tuesday, Wednesday and Thursday. 9am -5pm for all the rest of the time.
- Extended hours from 5:00 - 7:00 pm Tuesday and Wednesdays.

*Q69 Does your service provide counselling and psychological services on Saturday or Sunday?*

Provision of counselling and psychological services on Saturday or Sunday was not offered by more than one (1) service only an occasional basis. Twenty-five (25) managers recorded that services on Saturday or Sunday were not offered.

Table 74

<b>Counselling and psychological services on Saturday or Sunday</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Never	25
Yes - Occasionally	1
Yes - Routinely during teaching weeks only	0
Yes - Routinely during the whole of the academic year	0

Other responses

- Unless called out by Accommodation service in emergency.
- Saturday clinic during exam times only
- During exam periods we are open on Saturdays
- In response to a Student Critical Incident part of the management plan was to check in with the at risk student over the weekend.
- After hours phone/text crisis support

- Usually only in response to critical incidents.

*Q70 Which of the following does your service provide in an online/website environment for student and university community access? Tick all that apply.*

All managers reported online/website environment service provision. The majority (N=32) identified use of a Static website with service information, tip sheets and brochures (N=24) and self-paced learning materials (N=12). Only nine (9) managers indicated the provision of online counselling.

Table 75

<b>Service online/website environment</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Static website with service information	32
Tip sheets and brochures	24
Self paced learning materials	12
Online counselling	9
'Q and A' posting/response	4
Online chat/forum options	2
None of the above	0

Other specified responses:

- Skype counselling. Trying to post webinars online, but have limited skill & technical support to do so.
- Online counselling via video conferencing only, not email.
- Online booking facilities
- Have an online treatment program + referral is completed via an online screening form.
- We have an online forum at discrete times of the year in a module that includes other services' forums as well (eg Careers). We have some self-paced learning materials within the module.
- Student Health and Wellbeing Blog

*Q71 Commuter students who travel considerable distances to attend campus can experience a reduced opportunity to utilise student services and may have difficulty attending for needed counselling. Does your service address this need for service provision in any particular way?*

Only six (6) managers indicated that commuter students were not catered for by the service they managed. A number of managers (N=14) indicated that commuter students were catered for routinely and eleven (11) identified that commuter students were offered services occasionally following specific request. Telephone and Zoom or Skype services were identified in 'other' responses.

Table 76

<b>Services that cater for commuter students</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Yes - routinely during the whole of the academic year	14
Occasionally on specific request	11
Not at all	6
Yes - during teaching weeks only	1
Not applicable - provide distance education only	0

Other specified responses:

- Counselling service is provided over the phone.
- Set appointment later in the day, remote counselling (phone, etc)
- Telephone appointment
- We offer Skype appointments
- Telephone and online video counselling available, appointments after hours be arrangement, online self-help resources.
- Zoom (Virtual Face to Face) and phone sessions are offered to all students
- Online counselling via Skype, phone or email  
After hours Skype drop in  
Occasional webinars
- Appointments outside business hours
- We offer telephone counselling sessions + an online treatment program which is available 24/7 over a 5 week period with email or telephone consults with a psychologist.
- Phone consultations are offered as well as regular email check ins
- Will conduct phone and Skype-based counselling during normal business hours
- Offer phone counselling
- We provide phone and Skype counselling for students living away from campus, attending placements, etc.
- Can access counselling service via phone/online or in person by arrangement after or before hours. Usually in response to a specific need or critical incident. Counsellors may attend an alternative site to offer services by arrangement.
- We can use Zoom for appointments if it is deemed suitable
- Outreach to other campuses  
Skype and Phone counselling  
Regional and remote contract counsellors
- Extended hours, after hours crisis support, phone and online counselling
- Face to face counselling provided through the EAP provider for students on placement in regional and remote locations, on a case-by-case basis.

*Q72 Part time students frequently attend class outside of business hours. Does your service provide any services that specifically address the needs of these part time students?*

Approximately 43% of managers indicated that services suited to part-time student needs are provided. The remaining 57% of managers did not offer services that specifically addressed the needs of part-time students.

Table 77

Services offered that suit part-time students	
Answer Choices	Number of Institutions
No	17
Yes	13

Other specified responses:

- We are open till 6pm 4 days a week

- Skype - a/a
- After Hours counselling telephone services is available out of hours.
- After Hours appointments by arrangement, telephone and video counselling available, online self-help resources.
- Zoom (Virtual Face to Face) and phone sessions are offered to all students.
- Online counselling via Skype, phone or email  
After hours Skype drop in  
Occasional webinars
- Appointments outside business hours
- We offer telephone counselling sessions + an online treatment program which is available 24/7 over a 5 week period with email or telephone consults with a psychologist.
- Phone consultations are offered as well as regular email check ins
- Will conduct phone and Skype-based counselling during normal business hours
- After hours crisis line
- Phone after hours by arrangement or asynchronous email therapy - <http://www.utas.edu.au/students/shw/counselling/online>
- We have 5pm appointments three days per week
- Extended hours, after hours crisis support, phone and online counselling
- 24/7 phone counselling  
Online counselling

*Q73 Which types of counselling appointments does your counselling service provide? Tick any that apply.*

Twenty-five (25) responses identified 'urgent appointment options available each day' and twenty-four (24) responses identified 'telephone counselling appointments'. Twenty (20) respondents 'limited ongoing counselling appointments by service policy' and 'flexible modification to session limits for counselling appointments as needed to address the mental health needs of the student' by twenty (20) managers. Twelve (12) managers indicated that 'first appointments (60 minutes) could be pre-booked in advance'.

Table 78

Types of counselling appointments provided	
Answer Choices	Number of Institutions
Urgent appointment options available each day	25
Telephone counselling appointments	24
Ongoing counselling appointments limited by service policy	20
Flexible modification to session limits for counselling appointments as needed to address the mental health needs of the student	20
First appointments pre-booked in advance (60 minutes)	12
Drop-in /on the day appointments (30 minutes) only bookable on the day	11
Email counselling	11
Telephone and face-face triage system for screening severity of presentation for clients prior to first assessment	9
Walk-in and wait for appointment option	8

<b>Types of counselling appointments provided</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Drop-in appointments (60 minutes) only bookable on the day	7
Face-face triage system for screening severity of presentation for clients prior to first assessment	7
Online counselling (asynchronistic)	7
First appointments pre-booked in advance (30 minutes)	5
Telephone triage system for screening severity of presentation for clients prior to first assessment	4
Online chat in real time (synchronistic) with a counsellor	4
Unlimited ongoing counselling appointments	3
Focused session appointments (60 -90 minutes) with follow up limited to phone, email or an additional 30 minute appointment	1
Other (please specify)	11

Other specified responses:

- V/C counselling
- Email Triage questionnaire for screening risk prior to 1st assessment. 30 minute appts for Impaired Performance/Aegrotats leading up to/during exam periods
- Online video conferencing counselling appointments
- ZOOM (Virtual face to face)
- Online treatment program;  
3 free for all students then (up to 10 more on MHCP)
- Skype-based counselling
- Triage of acute students by medical staff and then managed until counselling apt available
- Use WebEx to offer students counselling via the internet when attendance at a campus is not possible
- We have urgent appointments only for the counsellor within our team who only sees students within the residential system. We set aside 2 hours admin at the end of each day that can be used for emergencies as needed. We do not offer "email" counselling but will respond to short information requests via the secure counselling queue in AskUNE. We offer asynchronistic chat via online forums from time to time.
- Initial Consultations for new clients are 45 minutes (15 minutes pre-screening, 30 minutes with Counsellor). These include some triage and immediate service delivery if applicable, and they are booked on the day or can book for the next day. These can be followed by up to 6 Return appointments of 1 hour each.
- Skype counselling

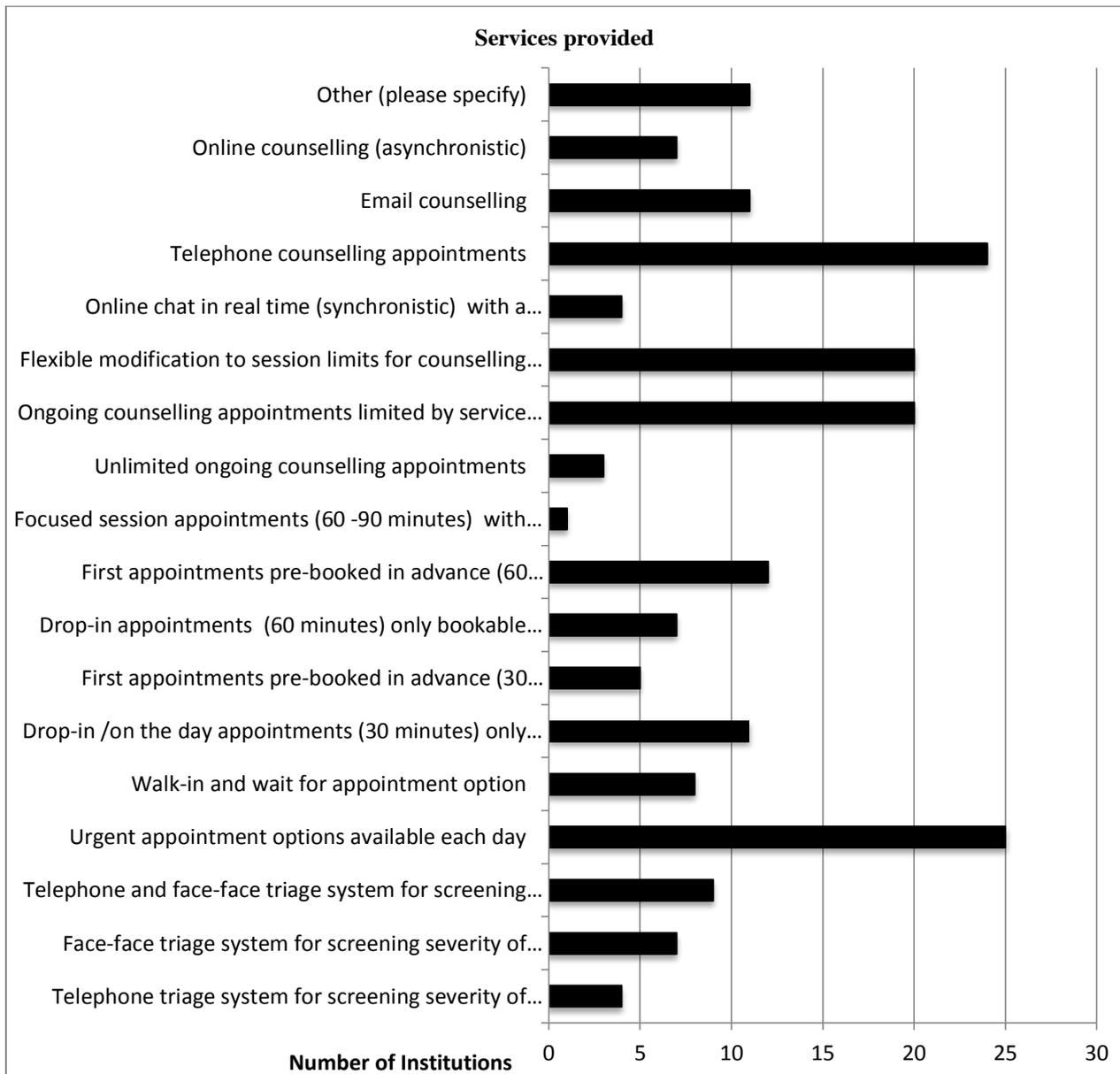


Figure 20

*Q74 What is the advertised upper limit of counselling appointments that a student/client can access in each year in your service?*

Range for ‘session limits advertised for counselling’ was ‘no limit’ to 13 sessions/appointments. Ten (10) managers identified no advertised limit to counselling appointments. Seven (7) managers identified six (6) appointments as the advertised limit.

Table 79

Advertised limit of counselling appointments	
Number of appointments	Number of Institutions
No limit identified	10
6 appointments	7
8 appointments	1
10 appointments	5
12 appointments	1
13 appointments	1
Other	7

Specific Responses:

- 6 per semester
- Has been 10, but I would prefer that we removed that advertising & it was determined by practitioner/client need; following consult with Manager to go over 10. Manage that limit by encouraging students to participate in groups. Usual averages are 3-4 per person.
- No limit advertised, but in practice 6-10.
- Extended to 9 if pre-approved by manager - on a case by case basis
- 5-6 but on an individual basis. International can see private unlimited on insurance
- Each client usually has one initial consultation and up to 6 returns. If more than 3 initial consultations are initiated in one year then the Senior Counsellor would follow up with the client.
- 4 sessions per study period - advertised as a brief intervention service

*Q75 The 2015 -2016 AUCCCD survey reports the mean number of counselling appointments utilised per student attending the university or college counselling service ranged from 4.64-6.07. In 2017, what was the mean number of appointments utilised by the clients within the counselling service that you manage?*

The range for the average number of sessions utilised by clients was 1.5 to >17. The most common ‘average number of sessions’ was 2.5 identified by ten (10) managers.

Table 80

Mean number of appointments utilised by the clients	
Average number of Sessions	Number of Institutions
1.5	1
2	1
2.5	10
3	6
3.5	6
4	1
4.5	1
5	3
5.5	1
8	1
>17	1

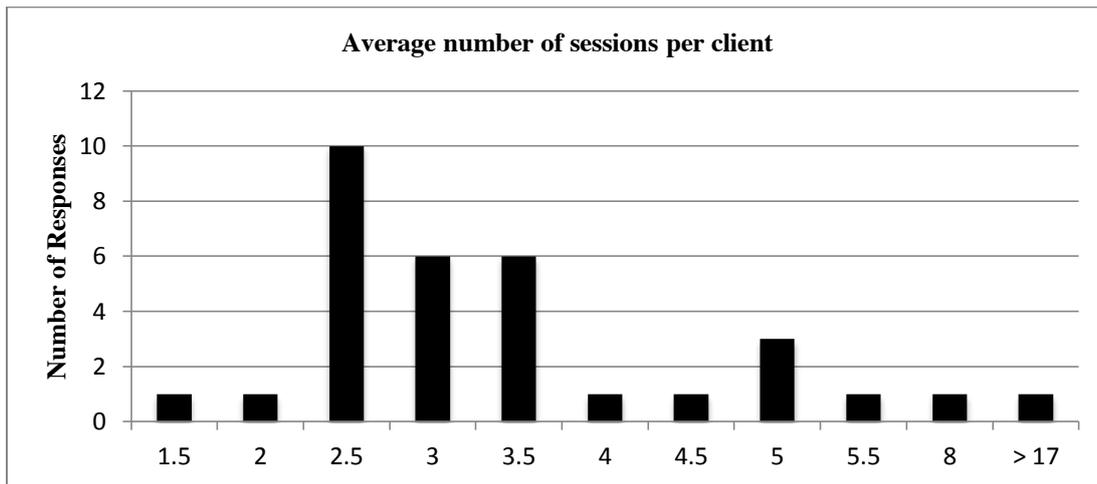


Figure 21

Q76 Does the service utilise a waiting list or unmet demand list?

Almost forty-one (41) percent of managers indicated that they utilised a ‘wait list or unmet demand list’. The remaining fifty-nine (59) percent did not utilise a ‘wait list or unmet demand list’.

Table 81

Use wait list/unmet demand list	
Answer Choices	Number of Institutions
No	19
Yes	13

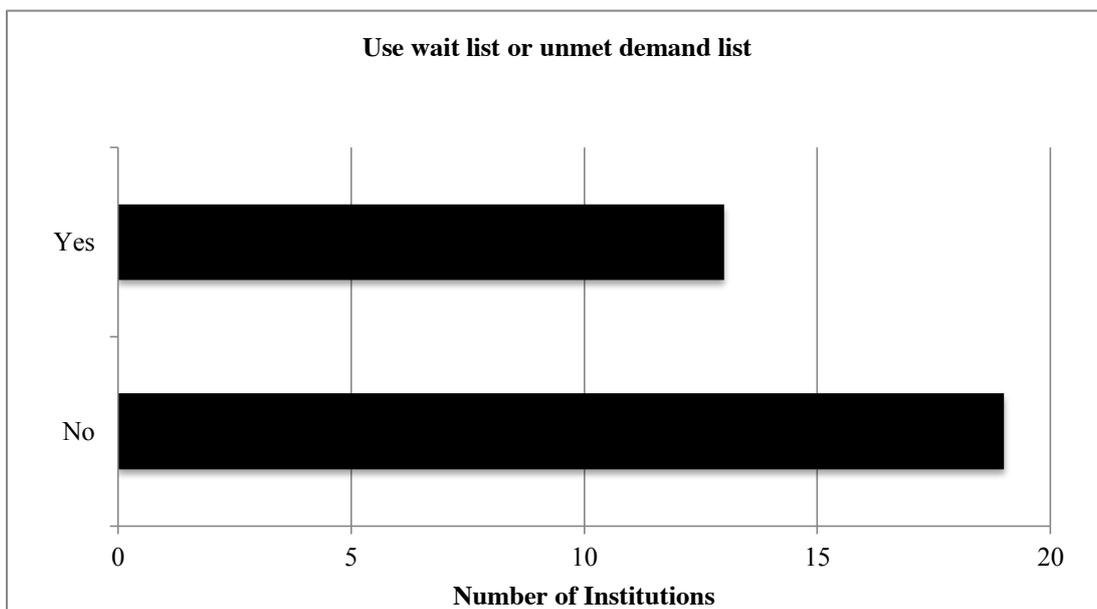


Figure 22

Q77 Are students registered on the wait list or unmet demand list offered appointments as available due to cancellations?

All managers utilising a waitlist/unmet demand list offered appointments released by cancellations.

Table 82

<b>Students registered on the wait list or unmet demand list offered appointments as available due to cancellations</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	0
Yes	12
Not applicable - wait list/unmet demand list not utilised	1

*Q78 Does the service use a screening tool to assess severity of psychological distress prior to placement on wait list/unmet demand list?*

Only two (2) of twelve (12) managers used a screening tool to assess severity of psychological distress prior to placement on a wait list/unmet demand list.

Table 83

<b>Use of screening tool to assess severity of psychological distress prior to placement on wait list/unmet demand list</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	10
Yes	2
Not applicable - wait list/unmet demand list not utilised	1

Specific Response:

- Only for our drop-in appointments

*Q79 Does your service utilise a psychological distress screening tool such as the Kessler 10.*

Four (4) of twelve (12) managers identified the use of a psychological distress screening tool within the service.

Table 84

<b>Use a psychological distress screening tool</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Yes	4
No	8

Specific Responses:

- Celesthealth
- Kessler 10
- K10 / DASS at discretion of practitioner
- DSM-V screening tool + extra questions
- We do not use these as a screening tool prior to first appt. but use them within appointments as needed. - eg K-10, DASS, BDI
- DASS 21 but only as part of the initial consultation

*Q80 If a screening tool is used does the service have a policy/procedure that guides service delivery when the screening tool scores indicate acute psychological distress and an immediate appointment is not available? e.g. the student is to be followed up with a phone consultation within 24 - 48 hours (i.e. within 2 working days)?*

Table 85

<b>Policy/procedure that guides service delivery when the screening tool scores indicate acute psychological distress and an immediate appointment is not available</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	2
Yes	5
Not applicable - do not use screening tools	6

Specific Responses:

- Clients who are deemed as suicidal will be seen in an emergency appointment
- We have developed a triage form that all students complete at first contact or if in crisis
- K10 / DASS used at the start of first appointment with counsellor not as a screening tool to facilitate appointment.
- If the K-10 or other tool (eg DASS), or the clinical interview itself indicate high distress, and if there are also indicators of risk of harm to self or other, then another appt. is offered to the student asap after the appt. in which the distress has been flagged.

*Q81 Does the service request that each student complete a substantial screening tool prior to or at the first scheduled appointment?*

Eleven (11) of thirteen (13) managers (>84%) indicated that a screening tool was not used prior to or at the first scheduled appointment.

Table 86

<b>Use of screening tool prior to or at the first scheduled appointment</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	11
Yes	2

Specific Responses:

- <https://secure.mq.edu.au/wellbeing/view.php?id=18298>
- DASS 21 and also our own Health and Wellbeing Survey

*Q82 Does your service offer a telephone or VOIP (e.g. SKYPE or VOOM) counselling service?*

Managers indicated that use of telephone and VOIP counselling was offered by the service. Only seven (7) managers indicated that neither was offered.

Table 87

<b>Offer a telephone or VOIP counselling service?</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	7
Yes - telephone counselling service	13
Yes - a VOIP counselling service	11

*Q83 Please briefly explain the options for after hours mental health services available to the students of your institution. Include external community services to which students are referred by your service website or phone message.*

Managers identified many options for students to use when needing after hours support for mental health.

Responses provided:

- CDU has an external Support Line for after-hours telephone support to students (provided by Life Line)
- MH crisis services. Phone help lines. Residential students have on-call student RA. Online services eg. Beyond Blue.
- 24-hour crisis services Agency Contact:  
Life threatening emergencies (police/fire/ambulance) 000  
Police (non-emergency) 131 444  
Sexual Assault Resource Centre +61 8 9340 1828  
Alcohol and Drug Information Service +61 8 9442 5000  
1800 198 024 (Free call for regional WA)  
Healthdirect 1800 022 222
- NSW Health Mental Health Line 1800 011 511  
Life Line 13 11 14  
Suicide Call Back Service 1300 659 467  
Kids Help Line 1800 55 1800  
The Salvation Army Hope Line 1300 467 354  
Mensline Australia 1300 789 978  
Veterans Line 1800 011 046  
Beyond-blue 1300 22 4636
- Students are referred to Lifeline; Crisis Care; Youthline; eheadspace; ED
- Public Health Crisis Mental Health teams or local Accident & Medical Centres.  
We include Mental Health Foundation/Lifeline/Youthline/ Anxiety NZ phone numbers on triage questionnaires.
- Crisis service at local hospital  
Several 24/7 phone counselling services nationally provided
- After hours phone message directs to lifeline or 000
- After Hours telephone counselling service provided by university.  
After Hours telephone line provided externally e.g. Life Line, Suicide Call back Service  
Mental Health Triage
- There is an answer phone that is answered by a nurse after hours and all urgent mental health issues are referred to Community Mental Health Services.
- Some after hours counselling appointments available. Also referred to the ACT Health Crisis Assessment and Treatment Service, Lifeline and Beyond Blue telephone helpline.
- In case of an emergency please contact 000 or go to your nearest emergency department.  
For 24hr crisis support please phone Lifeline on 13 11 14.  
To access other support services phone Beyond Blue on 1300 22 4636 or access the Beyond Blue website <https://www.beyondblue.org.au/get-support/get-immediate-support>
- After-hours Crisis Support line between 5pm to 9am weekdays, and 24 hours over the weekends and public holidays. Phone or text chat options available.  
Skype Drop in (no appointment) 8pm - 9pm twice a week.  
Website directs to external services such as Lifeline, MH Advice Line and 000
- After hours student help line (BUPA)  
Lifeline  
Emergency Services/Hospital

- Mental Health Triage- State Government service  
Lifeline  
Hospitals
- Use of community services such as Lifeline, Beyond Blue, Suicide Call back service, Respect, etc. The University also has an after hours student hotline to triage low-mid level inquiries and refer to services in community if needed.
- 24/7 care line (managed by external provider with Uni staff on call for consultation).  
- Lifeline, beyond blue, mental health line + emergency services + sexual assault counselling services are used.
- If you are in distress or require immediate assistance, please call the ACT Mental Health Crisis Assessment and Treatment Team (CATT) on 6205 1065 or 1800 629 354 or contact Lifeline on 13 11 14. If it is an emergency, please call 000.
- List of local emergency psychiatric services and online services.
- Emergency dept or mental health acute line
- After Hours crisis line- phone or SMS support
- Lifeline or 000
- We direct students to local, state and national mental health support services, numbers and web sites. We direct students to the 24/7 mental health support line in their state as needed. We do this via our webpage, as a footer in our emails, and via our urgent help webpage, and a Safety App for students. For students in our area, we direct them to the local hospital and community services.
- Community mental health, telephone helplines
- Lifeline  
Mental Health Hot line (Government)  
Local Hospital and CAT support (where applicable)
- No after hours counselling provided. Students referred to local hospitals, lifeline, suicide call back line etc.
- The only after hours services available are the local hospital or crisis lines.
- If your situation is urgent, please consider the Mental Health Triage 24 hour service on 13 14 65, Lifeline on 13 11 14 or the Beyondblue helpline on 1300 22 4636.  
Both Lifeline and Beyondblue have online text chat support options as well:  
<https://www.lifeline.org.au/>  
<https://www.beyondblue.org.au/get-support/get-immediate-support>
- After hours telephone counselling provided by the institute  
Multiple options available privately and publicly throughout Melbourne city and metropolitan area
- After hours crisis responses services currently provided by University Crisis line.  
Also emergency mental health services utilised.
- 24/7 phone counselling provided by external provider of the university's EAP.

*Q84 Does the counselling service provide counselling options that are routinely available 24/7?*

Only nine (9) counselling services provide counselling options routinely available 24/7.

Table 88

Counselling available 24/7	
Answer Choices	Number of Institutions
No	22
Yes	9

Some managers elaborated on what services are provided 24/7 and who provides these 24/7 service/s:

- The Crisis Support Line provides those services.
- Only external community NGOs & mental health services - see previous answer
- Yes - telephone counselling is provided 24/7. 9-5pm provided by the counsellors at the service.
- Afterhours provide by third party provider (Converge)
- Newcastle provides an afterhours crisis support phone line between 5pm to 9am weekdays, and 24 hours over the weekends and public holidays.  
Student Residents have After-hours Duty Officers however these are somewhat more similar to security with focus on support rather than counselling or welfare.
- After hours student help line (BUPA). Lifeline. Emergency Services/Hospital
- 5 week online treatment program (uniWellbeing) delivered by CAPS staff in partnership with the eCentreClinic
- National  
Ambulance: 000  
Police: 000  
Lifeline (24 hrs): 13 11 14  
Suicide Prevention & Crisis Intervention (24hrs) 1300 363 622  
Kids Help Line (under 25yrs) on 1800 55 1800  
Suicide Callback Service 1300 659 467  
Grief Support (24 hr assistance) on (02) 9489 6644 or 1800 642 066  
Domestic Violence Crisis Line (emergency accommodation, crisis counselling, & referral) on 1800 656 463  
1800-RESPECT : 1800 737 732  
Mentalhealthonline - Lists national and state mental health crisis service details.
- NSW  
NSW Rape Crisis Centre: 1800 424 017  
NSW Mental Health Line: 24 hr service (to connect you with the right care) 1800 011 511  
Alcohol and Drug Information Service (24 hour assistance) on (02) 9361 8000
- Armidale  
Call 000 for Emergencies  
Armidale Police Station (02) 6771 0699  
Armidale Sexual Assault Service (02) 6776 9655 (BH) (02) 6776 9500 (AH)  
UNE Safety & Security (24hrs) (02) 6773 2099  
Armidale Hospital 24 hr Accident & Emergency (02) 6776 9622
- Community mental health help lines
- Telephone after hours
- As previous - University Crisis line answering UniSA out of hours crisis line phone and text

- See previous answer

*Q85 Which of the following strategies does your service employ to minimise "no shows" for scheduled appointments? Tick all that apply.*

Most managers (N=24) reported using SMS to confirm appointments one or two days prior. Email reminders were also utilised.

Table 89

<b>Strategies to minimise "no shows" for scheduled appointments</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
SMS prior one or two days before to confirm appointment	24
Apply an administrative fee or charge/fine for non attendance	6
Phone call the day before to confirm appointment	4
None of the above	5
Other (please specify)	5

Other specified responses:

- Deal with on a case-by-case basis for students who have a history of no shows (i.e. limiting future access to the service).
- Confirmation email to student of the appointment details.  
DNA policy - limits to service for chronic non-attendees.
- Email sent if can't reach by phone
- Email in addition to SMS
- Email reminder

*Q86 Does the service routinely provide students with information on alternate options for seeking counselling and psychological services and mental health treatment? e.g. from alternative on campus service/s offering welfare support, from a private psychologist, community health centre etc.*

Table 90

<b>Alternative options for seeking counselling and psychological services</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	3
Yes	28

If yes, managers were asked to please detail when and how this information is provided. Responses:

- Provided in writing during an appointment; will make referral if necessary.
- Online, in person, in handouts. Refer to private providers, Headspace. The other private provider on-campus with which the University has a service agreement with and will expand the service provided to students through.
- Depending on the presentation the referral will be to an appropriate community support eg SARC, Holyoake etc
- Provided via brochure and/or email and via website.
- Flyers handed out during triage and also flyers on the counters of other reception areas
- On triage questionnaire - phone numbers for community services & phone lines

- Brochure provided to all students after initial appointment made
- In session or via phone with our concierge staff
- Referring back to GP for Mental Health Plan with a Private Psychologist or other speciality service e.g. eating disorder clinic, CASA, etc.
- We provide information on external agencies and providers
- If required by the student after being assessed by a counsellor.
- At the time of the appointment students are often encouraged to consult their GP for a referral to a Psychologist under a MHCP.  
Information in initial email after appointment booked refers to:  
In case of an emergency please contact 000 or go to your nearest emergency department.  
For 24hr crisis support please phone Lifeline on 13 11 14.  
To access other support services phone Beyond Blue on 1300 22 4636 or access the Beyond Blue website <https://www.beyondblue.org.au/get-support/get-immediate-support>
- Student Support Advisors are first point of contact and will discuss all counselling options. Approx 50% of students seen by SSA are referred to UON counselling.
- Due to the brief nature of the service offered, external referrals to GP's for Mental Health Care Plans are made seeking referral to external psychologists for longer-term therapeutic intervention.
- Range of external service providing Mental Health support- eg Headspace or private psychology
- Brochure while student waits for appointment, particularly if appointment is at least 1 week away. During session with counsellor if appropriate.
- If the student does not respond to intake call - the list of alternative support options is provided via email.
- This information is provided based on the client's needs and circumstances. This is often discussed face to face
- As needed within the appointment, or after via a follow-up email, via our webpages, via our online tip sheets, etc.
- Given options at time of appointment (if none available). Website info.
- This is provided as part of the initial consultation. Information also available on the website
- At intake and assessment
- Depending on complexity and severity at first session or close to 6 sessions referral options are provided for external psychological support
- GP referral, link in with other community services

*Q87 Is the counselling service able to respond to all requests for counselling appointments within two working weeks all year round?*

More than half (53%) of the responses identified that 'the counselling service was able to respond to all requests for counselling appointments within two working weeks all year round'.

Table 91

<b>Service able to respond to all requests for counselling appointments within two working weeks all year round</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	15
Yes	17

Managers were asked to describe any specific strategies utilized to follow up students who request an appointment and are not able to be seen within 14 days.

Responses:

- Encourage them to keep presenting. Often we can get new clients in within a few days to a week at most. The ongoing appointments / accessibility is hardest and in busy times can include a wait of 5-6 weeks. We counter that with an increase of on-the-day appointments with all counsellors but this is not ideal.
- Not during the busy times. It may stretch to 3 weeks
- Option for a phone triage conducted by senior counsellor. Option for a 'single' 60 min appt with senior counsellor.
- Students are advised during triage that they may have to wait for an appointment and they should go to their GP or ED if things escalate before their scheduled appointment
- Risk prioritised for urgent clients to be placed into a duty counselling slot asap. If risk is less, but wait is longer, clients are encouraged to attend groups to assist with delay in receiving an individual appt.
- Put on wait list for cancellations. Offered very brief counselling as an alternative (1 to 2 sessions only)
- Cancellation List.
- Academic Liaison Officers may check in with students to follow up while they are waiting. Recommend that student consult with GP and accesses external services.
- Student will be seen by Student Support Advisors within 1-3 days however wait for initial counselling appointments vary 2-5 weeks.
- Brief initial appointments offered and priority appointments kept open for emergent cases.
- If students indicate urgency or concern about having to wait for an appointment we would offer initial support through our Duty Staff to assess and support appropriately and they can fill in an online triage form to help in this process. We also offer same day appointments to manage more concerning presentations and study adjustments that are more time critical.
- Use of no show appointments
- Note - all students are contacted within 2 working days for initial telephone assessment (up to 30mins). Wait until 1st in person (face:face) appt can be 2-4 weeks at peak times, however, alternate options are accessible in the interim.
- Our triage service is available all day Monday – Friday. This is a first come first served basis. If the appts are already full for the day or the student is unavailable, the student is offered a 30min consultation on a different day
- Students are placed on a cancellation list

- Alternative means of talking with counsellors are emphasised (phone, online etc) but not always acceptable to students. This means they have to wait longer for a preferred face to face. Wait times can be up to a month with a preferred counsellor.
- Initial consultations only released on the day or for the next day. Return appointments are available in consultation with the Counsellor and client.
- All students provided with an initial phone intervention. Students directed to online resources whilst they wait.
- none
- Where able

*Q88 Please specify the average wait time for a first appointment or the delay encountered to provide a first consultation after initial request.*

Responses: Range one (1) day to one (1) month.

- Approx. 2 days.
- If the student makes it clear it is necessary sooner rather than later, we find a way to prioritise around a week or 2 and this is helped if there is another advocate (eg. residential). If not, in the busy period a wait is regularly longer than a month if they do not access book-on-day.
- 3-10 days
- Not known as no wait list utilised.
- In general within 2 weeks; during peak (mid April-start of exams; Oct-start of exams) 3-4 weeks
- Varies at different times of the year.  
Currently 3-4 weeks
- 1 day for our duty counsellor to six weeks for routine non urgent initial assessment
- Between same day and 14 days (calendar). Average 4.4 days.
- Average time is 5 days. However can increase to 10-14 during peak periods
- 5 days
- 2-3 days
- 5 working days. 10 working days in peak periods.
- On the day - 1 week for appointment with SSA
- 1 week
- Approximately 2- 3 weeks
- Usually 2 weeks with general services, with individual practitioners what work part-time it can increase to 3 weeks.
- Less than 8 days
- Up to one week
- 3 days
- One week

- 1-2 days for a triage /30min appt. For ongoing counselling post triage, during peak time of university, this can take up to 7 days for the first hour long counselling appt is available
- We can usually respond to a request within 2 weeks, but it increases to 3 weeks during peak times. We try to manage this via a wait/cancellation list where possible, or will offer more short consultations during peak times.
- Peak periods 10 working days. All other times within 5 working days
- 2 weeks
- Approximately 2-4 weeks.
- Initial consultations only released on the day or for the next day. If miss out on the day students try again the next morning from 9am.
- Low period 1 week. High period 2-3 weeks
- All initial enquiries provided with a response within 24-48 hours by phone. Average wait time is 2-4 weeks for first appointment.
- 8 working days
- 2-3 weeks at peak periods
- One to two days depending on the time of semester and demand of service
- One day

*Q89 Does your counselling service offer internship placements (e.g. psychology or social work) that extend capacity for service provision?*

Only four (4) managers indicated that internships/placements were offered. However the 'other responses' suggest that additional FTE is provided for many services via internships and placements.

Table 92

<b>Offer internship placements</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Yes	4
No	14

If yes please indicate the additional FTE per annum that these placements add to the service capacity.

Responses:

- If total uptake, it would be an additional 0.2FTE.
- Varies and restricted by capacity to accommodate (room) for intern. At best FTE 0.4 achieved but option not available every semester.
- Between 1.6FTE-2.4FTE depending availability of supervisors and offices.
- 0.4, FTE of a counsellor & of a Psychologist in training. However, not in Centre all year, and can only take a certain (lower) level of risk.
- 0.4
- 2.5
- 0.16

- 0.2
- 0.4FTE
- 1.0
- 0.8
- Between 1.0 to 2.0 FTE.
- 7 interns x 0.4 (2 days each for 10 months).
- Adds 1.2 FTE.

*Q90 Has your institution established roles that support a Safer Community (teams) approach?*

Only one (1) manager responded that the institution had established roles that support a Safer Community (teams) approach.

Table 93

<b>Established roles that support a Safer Community (teams) approach</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Yes	1
No	14

Managers were asked to indicate how the Safer Community approach has impacted on the roles, responsibilities and expectations of the counselling service.

Responses:

- Don't know sorry.
- It has had very little impact as the Safer community team understands our limits to confidentiality.
- A work in progress.
- Don't know what this is?
- Manager convenes the risk assessment and advisory committee (threat management).
- We have developed a specific service, Speak Up, that manages this. Counselling work closely around psychological support for students in this situation, support during interviews and student misconduct investigations and secondary consultation. Counselling Manager also provides clinical supervision to Speak Up Staff.
- More involvement in consultations to staff about how to manage specific student issues. Involvement of Head of Counselling in Behavioural Risk Assessment Team process and related duties.
- Currently putting a business case together to establish a Safer Community Unit.
- We have employed a specialist sexual assault counsellor ie someone with a specialised background in counselling, training and supporting victims of assault and harassment. We also have an expectation that all staff record data relating to sexual harassment and assault in a specific format and spreadsheet. All staff have undertaken First Respondent training - but I note this would be considered standard training ordinarily anyway.
- Most of the safer community activities undertaken by Manager Student Equity and Wellbeing, impact on counselling service staff has been minimal to consultation with Manager.

- The Safer community officers and CAPS work together in managing difficult/ challenging students that are often in the background of a mental health difficulty. Referrals received by our service apart from those students who self refer are largely from Safer Community.
- We liaised with the Safety Project Office in HR who developed Emergency Management plans and a Safety App - HR took on board input from our Team. Roles, responsibilities and expectations of our Service have not really changed. We also do not have capacity to respond to matters 24/7.
- Still early days for our institution in establishing a regular meeting of these stakeholders. Initial impact has been around improved tracking of incidents and behaviours of concern across the institution. Stakeholders are starting to agree on combined tools to achieve this and develop associated policy and procedures that better address. This will assist counsellors and being able to respond less ad hoc and more consistently.
- The Safer Community approach works well at our institution as they take care of non-counselling issues to do with safety, misbehaviour, harassment, sexual assault etc. They refer to Counselling appropriately if there are counselling or mental health concerns. Very occasionally we may be asked to accompany them to an incident where there is a clear mental health emergency impacting on the behaviour or situation.
- Close collaboration between Counselling and Safer Community teams fast track referrals to Counselling.
- Contracted Sexual Assault Counsellor @ 0.2.
- Work closely with SCU staff and they with counselling. This has greatly reduced inappropriate referrals to counselling by security staff and provides significantly better (safer) outcomes for students and the university community as a whole.

*Q91 Which of the following psychological/psychotherapeutic orientations are utilised by professional staff working 1-1 or in workshop formats? Tick all that apply.*

Managers indicated that CBT, Behavioural and Solution Focused approaches are the most utilised therapeutic frameworks/orientations, followed by Narrative, Schema, Eclectic and Interpersonal Psychotherapy, Psychodynamic, Integrative and Developmental. DBT and Motivational Interviewing were among the other approaches mentioned in additional psychotherapy frameworks used within student counselling services.

Table 94

<b>Psychological/psychotherapeutic orientations are utilised by professional staff</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Cognitive - Behavioural (e.g. CBT)	32
Behavioural (e.g. ACT)	31
Solution-focused	30
Narrative	20
Schema focused	20
Eclectic	18
Interpersonal Psychotherapy	14
Psychodynamic	14
Integrative	13
Developmental	11
Other (please specify)	7

Other therapeutic frameworks were identified:

- MBT, DBT (I know that could fit in CBT), motivational interviewing
- Primarily CBT and ACT (behavioural)
- DBT
- EMDR
- DBT
- Motivational Interviewing
- Mentalisation
- EMDR, and trauma-focussed approaches.
- Sandplay.

*Q92 Are service practitioners routinely using a client outcome measure (e.g. OQ 45.2 or ORS/SRS scales)?*

Few managers (N=5) reported the use of client outcome measures as standard service procedure. Fourteen (14) reported that use of client outcome measures did occur but at the counsellor’s choice. Thirteen (13) managers reported that none of the counsellors used client outcome measures. Measures used include the OQ45, the Rosenberg (in sessions 1, 3 and 6), the ORS/SRS and the K10 and DASS as being trialled as pre and post tests.

Table 95

Answer Choices	Number of Institutions
Yes - use of outcome measures are standard service procedure	5
Yes - some but not all - use of a client outcome measure is counsellor's choice	14
None of the counsellors use a client outcome measure	13

Specified outcome measure/s being used:

- OQ45 & Rosenberg in session 1,3 and 6
- OQ 45.2 TA
- Yes, only during one week each semester SRS scale
- Trialling the use of the DASS21 at one campus with intention to adopt across all sites.
- K-10 and DASS (Pre and post)
- ORS/SRS but only 1-2 counsellors would occasionally use these
- ORS/SRS

*Q93 Does the service utilise the CCAPS as a pre/post assessment screen? Reference: <http://ccmh.psu.edu/ccaps-instruments/>*

Only one (1) manager reported using the CCAPS as a pre/post assessment screen.

Table 96

Utilise the CCAPS as a pre/post assessment screen	
Answer Choices	Number of Institutions
No	30
Yes	1

Managers using CCAPS were asked to state how the CCAPS is delivered. E.G. within Point and Click or Titanium software or other (please specify).

Response provided:

- Upon arrival at first appointment through an internal database (SMP).

*Q94 Does your service utilise a 'consumer or student reference group' to inform and guide service delivery?*

The majority of managers (N=25) did not use a consumer or student reference group. Seven (7) managers reported utilising a 'consumer or student reference group' to inform and guide service delivery.

Table 97

Use of a 'consumer or student reference group' to inform and guide service delivery	
Answer Choices	Number of Institutions
No	25
Yes	7

Managers using a student reference or consumer group were asked to specify how students were recruited.

The following responses were provided:

- Though the students association does provide feedback generically to the University.
- via student rep groups on campus plus student wellbeing team members
- But this is currently being explored.
- Students who are on the Council of the Student Association are sometimes invited to provide input into service improvements. Students can also be recruited via social media produced by the Student Association and the institution.
- Drug, Alcohol and other Addiction service utilise regular focus groups and tend to recruit via student residents
- The University has a Student Advisory Committee with a combination of student representatives nominated by Faculty, self-nomination and Student Association. Mental Health and availability of services features in the agenda of the bi-yearly forums.
- Somewhat - student representatives attend a student services feedback meeting, which sometimes informs counselling service.
- No, but we are planning to implement in 2018.
- We have a number of students on a number of different groups that can provide feedback and inform service delivery. These groups are the Mental Health Promotion and Strategy Working Group, Mental Health Consultant's Group and the Health Ninja's, the later two are run via the Health Promotion Coordinator's office, separate to Counselling.
- Surveys

*Q95 Does the service employ other methods of seeking student/stakeholder input to service delivery planning?*

The majority of managers (N=20) use other methods than those identified in Q94 to seek student/stakeholder feedback. The responses indicate that stakeholder consultation and consumer feedback is a high priority for heads of counselling services. Surveys, focus groups, regular meetings with student groups and Faculty members, formal Work Integrated Learning (WIL) activities, Students as Partners initiatives and formal student partnership models are all identified as are partnerships with the residential college communities.

Table 98

<b>Other methods used to seek student/stakeholder input to service delivery planning</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	11
Yes	20

Managers were asked to describe the methods used and comment on benefits/lack of value inherent in the approach. The following responses were provided:

- Annual survey across one regular month. Ad-hoc discussion with student body.
- Feedback surveys
- Students involved in WIL or Students as Partners in some of the service activities
- Individual feedback during /post sessions
- Regular surveys and focus groups held
- Focus groups - student interest sought through social media posts and student union
- Looking at developing a formal student partnership model  
Student satisfaction survey run twice a year. Consultation from Queer Peer Mentors.
- We meet regularly with AUSA - the Student Body
- Student will sit on some advisory groups e.e. Psychological Health Working Group, Health Promotion Working Group and Sexual Misconduct Working Group
- Occasional student satisfaction surveys. Student Representative Council feedback
- NPS
- Meetings with student body / doctors
- For services delivered to students living in the on-campus residential system, we consult with Heads of Colleges, as well as student leaders re: their needs. We also consult with the Students' Association on campus, and liaise with other student support service staff to gauge what needs they are seeing. We are also guided by ad hoc client feedback.
- Send out the client feedback questionnaire annually - only permitted to send this survey out once a year by senior management.
- Client surveys
- Some consultation through key committees (eg the Student Experience Committee), which has student and staff reps.  
Consultation with student union reps on an annual basis.  
User surveys  
All methods provide some helpful feedback but often unrealistic expectations expressed.
- Our Faculties are stakeholders and they input into our performance in meetings for as student services twice a year
- Direct consultation with Student Association (Guild) board
- Consultation with Student Association and student council. Internal intranet.
- Regular meetings with student organisation and faculty stakeholders

*Q96 How frequently does your service conduct a 'client satisfaction' survey?*

The majority of managers reported using client satisfaction surveys. Only two (2) responders stated

that they had not ever used a client satisfaction survey. The most common frequency for deploying a client satisfaction survey was 'once a year' (N=11). Eighteen (18) managers used client satisfaction surveys less frequently (occasionally, for strategic planning/review process, every 2,3, or 5 years).

Table 99

Client satisfaction survey	
Answer Choices	Number of Institutions
Yes once a year	11
Occasionally - institution has restrictions on number of student surveys conducted	7
Yes every three to five years	5
Yes for specific purposes (strategic planning, review process etc)	5
Yes every two years	1
Not ever	2

*Q97 Please describe any other routine feedback, evaluation or quality measures used by your service.*

Managers were asked to comment on other routine feedback, evaluation or quality measures used within their service. The following ten (10) responses were received:

- There are flyers at reception that students can complete voluntary
- We conduct the survey twice a year.
- Regular evaluation of service usage statistics.
- Student are sent evaluation surveys after initial, 3 and 5th session, however student do not regular complete them. This needs to be reviewed and updated.
- N/A
- Feedback sought through the University's Student Feedback mechanisms.
- Net promoter score telephone interviews by random selection.
- See answer to Q 94. We also routinely ask our clients within any given appointment if their needs are being met. We also collect workshop evaluation forms.
- We run a client satisfaction survey twice a year for all clients who come in May and October. All workshop participants also fill out satisfaction feedback surveys.
- Survey

*Q98 Has your service or institution conducted any research on student mental health or student well-being between 2015-2017?*

Managers were asked to identify any research conducted on student mental health or student wellbeing between 2015 and 2017. Seven (7) managers reported relevant research in this time frame.

Table 100

Conducted any research on student mental health or student well-being between 2015-2017	
Answer Choices	Number of Institutions
Yes	7
No	6
Not applicable	19

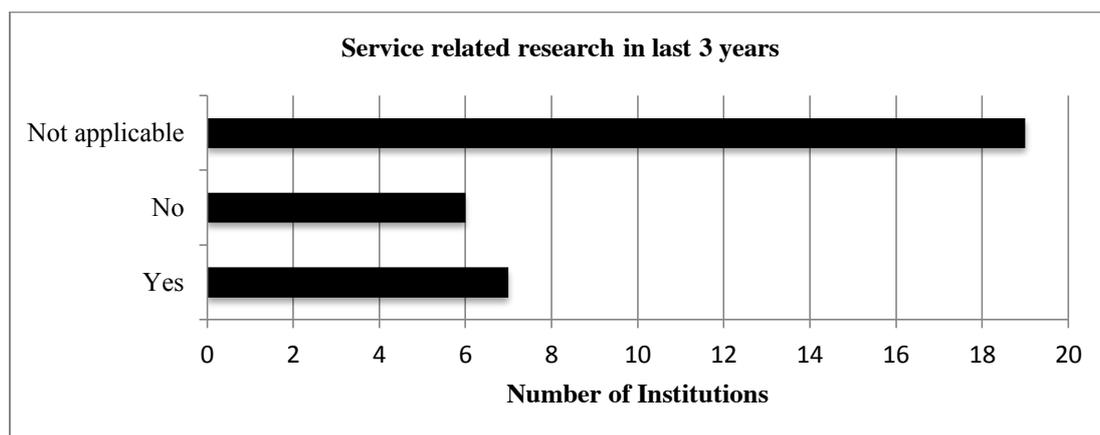


Figure 23

**Q99** Is there a research report or publication that can be accessed by other Heads of Counselling Services?

Nine (9) responses were received:

1. **Sydney Uni:** Student preparedness for University Survey. Report Available. philomena.renner@sydney.edu.au
2. **UTAS:** Specific to preparation programs - Emotional labour demands in enabling education: A qualitative exploration of the unique challenges and protective factors. Student Success, Vol 9 Issue 1, Feb 2018. Colin.Clark@utas.edu.au
3. **UNE:** evaluated the needs of students on the Autism Spectrum, and evaluated a peer mentoring program delivered in 2015. The results of this have been written up but are just being finalised for publication. Also published an article on the sexual health needs of students. asteven2@une.edu.au
4. **Macquarie Uni:** UniFIT - combining psycho-ed with exercise sessions UniWellbeing - online treatment program. No report ben.wilkes@mq.edu.au
5. **UON:** Student Health Lifestyle Survey (conducted every 2 years) Student Feedback on UON (conducted every 2 years) Commencing Student Survey SSAF Student Survey. jacqueline.olley@hotmail.com
6. **CQU:** Current research project being undertaken by Queensland Centre for Domestic Violence and CQU to explore students experiences of sexual harassment and assault. (Will share findings with the group once reported). No Report. b.mackay@cqu.edu.au
7. **LaTrobeUni:** Joint project currently underway between Counselling, Post Graduation Research School and Student Advocacy looking at wellbeing and mental health issues with our Post Graduate students. No Report. L.DuPlooy@latrobe.edu.au
8. **Victoria University Wellington NZ:** have conducted annual survey of all students' emotional wellbeing using the WHO 5 wellbeing measure for the past five years. No Report. gerard.hoffman@vuw.ac.nz
9. **Melbourne Uni:** Health Information Survey was run in 2017 by the Health Promotion Coordinator. The Centre for Study of Higher Education has run a large 8 Faculty student wellbeing survey. Report available. orania@unimelb.edu.au

**Q100** During 2017 has your service directly charged a fee to any student for counselling and psychological services

One (1) manager indicated that a fee had been charged for counselling and psychological services. The majority (N=31) stated that no fee had been charged for counselling and psychological services.

Table 101

<b>Charged a fee to any student for counselling and psychological services</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	31
Yes	1

The manager\* reporting a fee charge gave the following detail:

Domestic students charged \$8 and SS insurance for international

\* NZ institution

*Q101 Type of Fees charged. Please tick all categories below that apply to the counselling service activities.*

The majority of managers (N=28) indicated that no fees were charged for services. One (1) response was received for 'fees charged for 1-1 services. Two responses were received for each of the following:

- Fees charged for cancellation or 'no show' appointments
- Fees charged for services delivered at special request by Faculty or Department
- Fees charged for services delivered to students enrolled with independent entity related to the institution

One (1) response was received for: fees charged for services delivered under a formal MOU.

Table 102

<b>Fees charged</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No fees charged	28
Fees charged for 1-1 services	1
Fees charged for cancellation or 'no show' appointments	2
Fees charged for services delivered at special request by Faculty or Department	2
Fees charged for services delivered to students enrolled with independent entity related to the institution	2
Fees charged for services delivered under a formal MOU	1
Fees charged for group services	0
Fees charged for additional services delivered as part of curriculum	0
Not Applicable	1
Other (please specify)	2

Other fees specified were:

- Fee charged to Staff for MHFA training
- This would be for something on top of what is usually provided to all, e.g. a special extra MHFA workshop just for their students

*Q102 If fees are charged please tick any category of fee below that is applicable.*

Various fees were being charged. See Table 103.

Table 103

<b>Fees charged detail</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
A cancellation or no show fee of less than \$20	3
A cancellation or no show fee of more than \$20	1
A token fee for service of less than \$10	1
A cost recovery fee of between \$30 and \$90	1
Full fee charged based on professional association recommended rate	1
Staff using the counselling services to access 1-1 psychological services are charged as per health insurance/Medicare schedule as applicable	1
Faculties are charged for specific requested services such as leadership workshops for specific student cohorts, within curriculum lectures, workshops delivered to specific student cohorts etc	1
Fees are charged but none in the options listed above	1
A university subsidized fee of less than \$30	0
A university subsidized fee of more than \$30	0
A student association subsidised fee of less than \$30	0
A student association subsidised fee of more than \$30	0
A cost recovery fee of more than \$90	0
Full fee charged based on your services/institutions fee scale	0
Not applicable	13
Other (please specify)	1

Other types of fees charged:

- Fees could be charged for something that is beyond the usual offering and happens very rarely, e.g. a Department or School asks for an extra 2 day MHFA training program just for their students, we would charge for that.

*Q103 With regards to service fees which of the following options are currently under consideration?*

The majority of managers (N=23) were not considering a fee introduction. Four (4) managers were considering charging a cancellation or ‘no show’ fee. One (1) manager was considering charging for requested services by Faculties, private residential colleges, institution associated entities. Three (3) managers indicated that fees were under consideration. The responses are detailed below and include charging under Medicare, outsourcing and using a blended model. Charging for training delivered is also mentioned.

Table 104

<b>Fees under consideration</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
Not considering any fee introduction	23
Considering a small cancellation or no show fee	4
Considering charging for requested services by Faculties, private residential colleges, institution associated entities	1
Considering token fee	0
Considering a subsidized fee	0
Considering a cost recovery fee	0
Considering professional association recommended fee	0
None of the above	3
Other (please specify)	3

Other responses:

- In early discussion. Looking at Medicare model. Outsourcing services to make it more 'cost-effective' is being blended at the moment.
- Fee for training i.e. MHFA, Residential Assistants training
- We already charge for services beyond an orientation briefing to residential colleges, and also on something beyond the normal delivery for Faculties.

*Q104 Medicare options: Please tick any of the following that apply:*

The majority of managers (N=22) reported that no salaried counsellors use Medicare options to charge students. Seventeen (17) managers indicated that 'some' or 'many' students likely to be eligible for psychological treatment under Medicare funded options are referred to their general practitioner or the general practitioners in the university health'. One (1) response indicated that it was service policy to refer students likely to be eligible for psychological services under Medicare to be 'referred to their general practitioner or the general practitioners in the university health service'. One (1) response indicated that 'students are referred to service professional staff under the Medicare funded options by their general practitioners and these students are bulk billed only'. One (1) other response indicated that 'independently practicing psychologists with Medicare rebate options have rooms within the service and are the only practitioners charging fees within this service'. Three (3) responses provided additional information. See 'other responses' below.

*Table 105*

Medicare rebate use	
Answer Choices	Number of Institutions
No salaried professional staff are utilising Medicare options to charge students within this service	22
Some students likely to be eligible for psychological treatment under Medicare funded options are referred to their general practitioner or the general practitioners in the university health service	12
Many students likely to be eligible for psychological treatment under Medicare funded options are referred to their general practitioner or the general practitioners in the university health service	5
It is service policy that ALL students likely to be eligible for psychological treatment under Medicare funded options are referred to their general practitioner or the general practitioners in the university health service	1
Students are referred to service professional staff under the Medicare funded options by their general practitioners and these students are bulk billed only	1
Salaried professionals within the service are billing students under the Medicare options with the Medicare rebate signed over to the service	1
Independently practicing psychologists with Medicare rebate options have rooms within the service and are the only practitioners charging fees within this service	1
Students are referred to service professional staff under the Medicare funded options by their general practitioners and these students are charged the amount funded under Medicare plus an additional amount	0
Other (please specify)	3

Other responses:

- The private provider is in the same building but not in our service. They are bulk-billing with students.
- Independently practicing psychologists with Medicare rebate options have rooms managed by the Health Service. NewAccess coaching is provided on campus one day a week using a room located in the Health Service.

- My understanding is that if we are salaried staff, funded by the Gov't to provide psychological services, that it is then not possible to also get Medicare funding - as this is deemed "double dipping".

*Q105 Does the service currently provide any counselling and psychological services (1-1 or in group) to students via Medicare bulk billed options?*

The majority of managers (N=24) responded that services were not provided to students under Medicare bulk-billing. Three (3) managers responded that services were currently provided to students under Medicare bulk-billing.

Table 106

<b>Current use of Medicare bulk-billing</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	24
Yes	3

*Q106 Is your service actively considering providing students with direct access to bulk bill services under Medicare items?*

Four (4) managers indicated that they were 'actively considering providing students with direct access to bulk bill services under Medicare items'.

Table 107

<b>Service actively considering providing students with direct access to bulk bill services under Medicare items</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	22
Yes	4

Managers were asked to explain the model they are considering for providing access to Medicare funded services. The following three (3) comments were received:

- Our service isn't. Our managers are indicating they are.
- Already do this. First 3 outside of Medicare and then to GP for MHCP ax.
- Contractor Medicare Psychology

*Q107 Are students able to have access to private psychologists or social workers who bulk bill under Medicare items via another university provided service such as a medical service?*

Nine (9) responses were received in the affirmative indicating that students were able to have access to private psychologists or social workers who bulk bill under Medicare items via another university provided service such as a medical service. The majority of responses (N=17) indicated that students were **not** able to have access to private psychologists or social workers who bulk bill under Medicare items via another university provided service such as a medical service.

Table 108

<b>Students able to have access to private psychologists or social workers who bulk bill under Medicare items via another university provided service such as a medical service</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	17
Yes	9

Managers were asked to explain the model they are considering for providing access to Medicare funded services. The following comments were received:

- Our previously owned University medical centre has been outsourced to a private provider. They are on campus and provide access for bulk-billing psychs in that service.

- Via Mental Health Nurse in Health Service and via psychologists working out of rooms provided by the Health Service/University.
- Psychology Clinic
- The University Health Service has bulk-billing psychologist.
- Not under Medicare, but we do pay for sessions at the intern clinical psychology clinic for students to attend up to 13 sessions in a year.
- GP's will refer students to external psychologists who bulk bill
- If a GP within our Uni Medical Centre chooses to refer a student to a private practitioner who bulk bills, then the student may wish to take up that option.
- University Health Service (UHS)

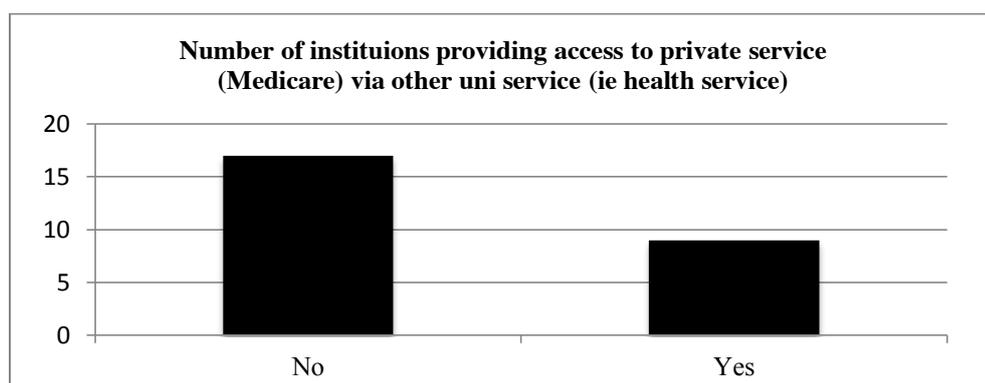


Figure 24

*Q108 Does your service provide counselling and psychological services to students enrolled at another institution under a formal MOU agreement?*

The majority of managers (N=23) replied that the service did not provide counselling and psychological services to students enrolled at another institution under a formal MOU agreement. Eight (8) managers responded that the service did provide counselling and psychological services to students enrolled at another institution under a formal MOU agreement.

Table 109

<b>Provide counselling and psychological services to students enrolled at another institution under a formal MOU agreement</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	23
Yes	8

Managers were asked to detail if the MOU arrangement was primarily cost recovery or if there was a built in profit margin. Most indicated cost recovery. The following comments were received:

- Primarily cost recovery.
- Cost recovery
- Small profit margin
- No recovery cost
- We can provide services to ANU student who are enrolled in Joint Medical program
- Cost recovery

- Built in profit margin

*Q109 Does your service charge other areas of your institution for services delivered that go beyond your core services? e.g. mental health awareness training for staff, leadership programs for elite students etc.*

Seven (7) managers indicated that the service did service charge other areas of the institution for services delivered that go beyond your core services. The majority (N=25) indicated that the service did not charge other areas of the institution for services delivered that go beyond your core services.

Table 110

<b>Charge other areas of your institution for services delivered that go beyond your core services</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	25
Yes	7

*Q110 Does your service undertake any pro bono service delivery for an institution affiliated with your institution?*

Eight (8) responses indicated that the service did undertake pro bono service delivery for an affiliated institution. The majority (N=24) were ‘no’ responses.

Table 111

<b>Service undertakes pro bono service delivery for an affiliated institution</b>	
<b>Answer Choices</b>	<b>Number of Institutions</b>
No	24
Yes	8

*Q111 Does your service offer provision for 'outsourced' options for counselling or psychological services via private practitioners (who on arrangement will invoice your service) to students who are undertaking an academic program placement or workplace internship etc, in overseas, rural or regional locations?*

Eleven (11) responses indicated that ‘occasionally’ (N=6) or ‘regularly’ (N=5) the service offered 'outsourced' options for counselling or psychological services via private practitioners (who on arrangement will invoice the service) to students who are undertaking an academic program placement or workplace internship etc, in overseas, rural or regional locations. The majority of responses (N=21) indicated that such provision was ‘not ever’ available.

Table 112

<b>Provide 'outsourced' options for counselling or psychological services via private practitioners (who on arrangement will invoice your service) to students who are undertaking an academic program placement or workplace internship etc, in overseas, rural or regional locations</b>	
<b>Response</b>	<b>Number of Institutions</b>
Not ever	21
Occasionally if no other option available	6
Regularly as part of routine service delivery	5

*Q112 How many students in total were eligible to receive services from the counselling service at your institution in 2017?*

In 2017 the number of students, who were eligible to receive services from the twenty-nine counselling services at responding institutions that provided data, was N=888,166.

The range of responses across the twenty-nine (29) institutions = ~400 to 67,000. The number of students entitled to access the counselling service most commonly identified (N=9) was >20,000-

30,000.

Table 113

Students eligible to receive services from counselling service in 2017	Number of Institutions
N/A	2
<500-10,000	3
>10,000-20,000	4
>20,000-30,000	9
>30,000-40,000	6
>40,000-50,000	1
>50,000-60,000	3
>60,000-<70,000	3

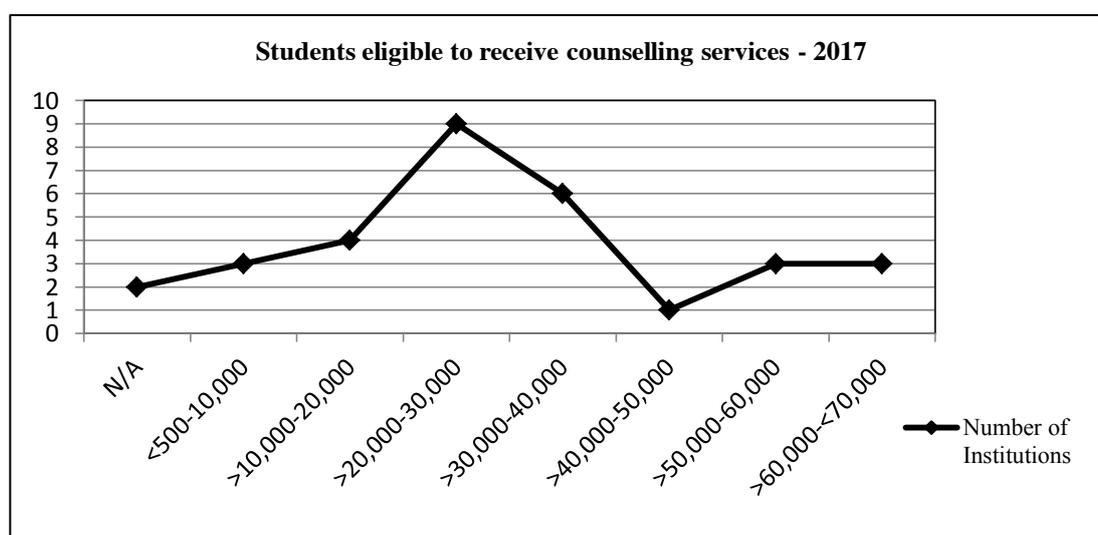


Figure 25

*Q113 What percentage of students who were eligible for 1-1 counselling services actually accessed 1-1 services in 2017?*

Four (4) responders indicated this data was not available.

The range of responses from the twenty-seven (27) managers that returned specified percentages varied from 2.5% to 70%. (See comments on \* and \*\* below).

Ten (10) responses indicated the percentage of eligible students accessing the 1-1 counselling services during 2017 was between 2.5% and 5%. A further six (6) responses returned percentages between >5-10%. Seven (7) responses reported percentages between >10%-15%. Two (2) responses reported percentages between >20-30%. One (1) response reported 35%, which the responder declared, was 'inferred' and one (1) reported a percentage of 70%. See \* and \*\* below for further comment.

Table 114

Percentage of eligible students access 1-1 counselling -2017	Number of Institutions
N/A	4
>2%-3%	1
>3%-4%	4
>4%-5%	5
>5%-6%	0
>6%-7%	1
>7%-8%	4
>8%-9%	0
>9%-10%	1
>10%-11%	1
>11%-12%	2
>12%-13%	1
>13%-14%	1
>14%-15%	2
>20%-30%	2
35%*	1
70%**	1

\*A single response of 35% was declared as ‘inferred’ by the responding manager.

\*\*Given the enormous difference from all other responses it is plausible that the 70% figure was either an entry error or a calculation error. This response was further investigated and then recalculated using data, and a statement provided by the same responder in Q112 resulting in a new figure of 7.89%. If allocated to the >7-8% category in Table 114 (above) the total number of institutions within this response range would be N=5.

*Q114 What percentage of students participated in all programs, workshops etc (other than individual 1-1 counselling) during 2017?*

The majority of responders (N=21) indicated that this data was not available (N/A). The percentage of students that participated in all programs, workshops etc (other than individual 1-1 counselling) during 2017 ranged from 0.3% to 24.4%. Seven (7) responses were received for categories between <1% to 5%. A single response (1) was received for each of the following categories: >5% to 10%, >10% to 15% and >15% to 25%.

Table 115

Students attending group and other programs - 2017	
Percentage of enrolled students	Number of Institutions
N/A	21
0-1	3
>1 to 3	2
>3 to 5	2
>5 to 10	1
>10 to 15	1
>15 to 25	1

*Q115 Across service delivery sites (e.g. campuses) how many 1-1 occasions of service did students utilise in 2017?*

The range of responses for number of 1-1 occasions of service delivered in 2017 varied from <1,000 to >10,500. The most common number of 1-1 occasions of service reported for the ~5,000-5,600 category (N=5). The second most common category reported was ~2,300-2,500 (N=4).

Three (3) responses were received for the ~6,100-6,900 category. There was one (1) response for category <1,000 and two (2) responses for each of the following categories: ~1,200-1,300; ~3,000 - <4,000; ~7,000-7,700; ~8,500-9,000 and >10,500.

Table 116

Occasions of service	
Number of 1-1 occasions of service	Number of Responses
<1,000	1
~1,200-1,300	2
~2,300-2,500	4
~3,000 - <4,000	2
~5,000-5,600	5
~6,100-6,900	3
~7,000-7,700	2
~8,500-9,000	2
>10,500	2

The number of 1-1 occasions of service delivered is likely impacted by the counsellor FTE for the service. To explore the relationship between Service FTE, 1-1 occasions of service and enrolment size the data was interrogated and matched for the relevant questions.

Data in Table 117 shows the related data for 31 responders (institutions) ordered by: Service FTE / Enrolment cohort size / Occasions of Service.

To show another comparative view Table 118 shows the same data ordered by: Enrolment cohort size / Service FTE / Occasions of Service.

The highest number of 1-1 occasions of service (N=10,844\*) was reported by an institution with fewer enrolled students, eight (8) fewer FTE than the next highest reported (N=10,779\*\*) 1-1 occasions of service delivered at an institution with approximately 10,000 more enrolled students. The third highest reported 1-1 occasions of service (N=8,952) was delivered by 1.8 FTE more than the service with the highest reported occasions of service.

However, this comparison fails to establish an understanding of service efficiency without comparing severity of student mental health at presentation, the number of 1-1 occasions of service utilised per student, the policy for referral and related action, the focus on early intervention versus remedial interventions and containment of symptoms prior to referral for those with severe and very severe symptom presentation. These comparisons are beyond the scope of this survey and report.

Table 117

Institution #	Service FTE	Occasions of service	Enrolment cohort size
A	18	10,779**	63,406
B	13.4	6,839	40,000
C	13	~7,000	38,000
D	12.6	8,500	66,928
E	12.4	N/A	37,531
F	12	N/A	67,000
G	11.8	8,952***	60,000
H	11.2	N/A	36,746
I	10	10,844*	51,338
J	10	6,800	23,000
K	10	N/A	N/A
L	8.8	4,861	52,331
M	8	5,492	30,767
N	7.9	3,532	26,975

Institution #	Service FTE	Occasions of service	Enrolment cohort size
O	7.9	7,640	22,736
P	7.4	5,601	23,109
Q	7	5,152	44,208
R	6.8	5,589	24,000
S	5.2 + 1.2 locums in peak	6,081	27,000
T	5.1	2,457	12,000
U	5	2,561	31,114
V	5	2,332	30,000
W	5	N/A	16,950
X	3.4	2,717	9,093
Y	3	1,240	18,887
Z	3	1,311	2,480
AA	2.9	2,521	23,847
BB	2	958	6,000
CC	1.4	N/A	N/A
DD	1	N/A	19,000
EE	0.9	N/A	3,000

Table 118 Enrolment cohort size, with the identified Service FTE and the Occasions of Service as provided by 31 responders (institutions).

Enrolment cohort size	Service FTE	Occasions of service
67,000	12	N/A
66,928	12.6	8,500
63,406	18	10,779**
60,000	11.8	8,952***
52,331	8.8	4,861
51,338	10	10,844*
44,208	7	5,152
40,000	13.4	6,839
38,000	13	~7,000
37,531	12.4	N/A
36,746	11.2	N/A
31,114	5	2,561
30,767	8	5,492
30,000	5	2,332
27,000	5.2 + 1.2 locums in peak	6,081
26,975	7.9	3,532
24,000	6.8	5,589
23,847	2.9	2,521
23,109	7.4	5,601
23,000	10	6,800
22,736	7.9	7,640
19,000	1	N/A
18,887	3	1,240
16,950	5	N/A
12,000	5.1	2,457
9,093	3.4	2,717
6,000	2	958

Enrolment cohort size	Service FTE	Occasions of service
3,000	0.9	N/A
2,480	3	1,311
N/A	10	N/A
N/A	1.4	N/A

### Q116 Average occasions of service in 2017

Data was provided by 22 of the 32 responding institutions.

Range varied from 1.6 to 4.9 occasions of service. For twenty (20) institutions the average number of occasions of service sat within the range of 2-4 occasions of service. There were only two outliers to this range. One institution reported an average of 4.9 and another bookended at the other extreme with 1.6 occasions of service.

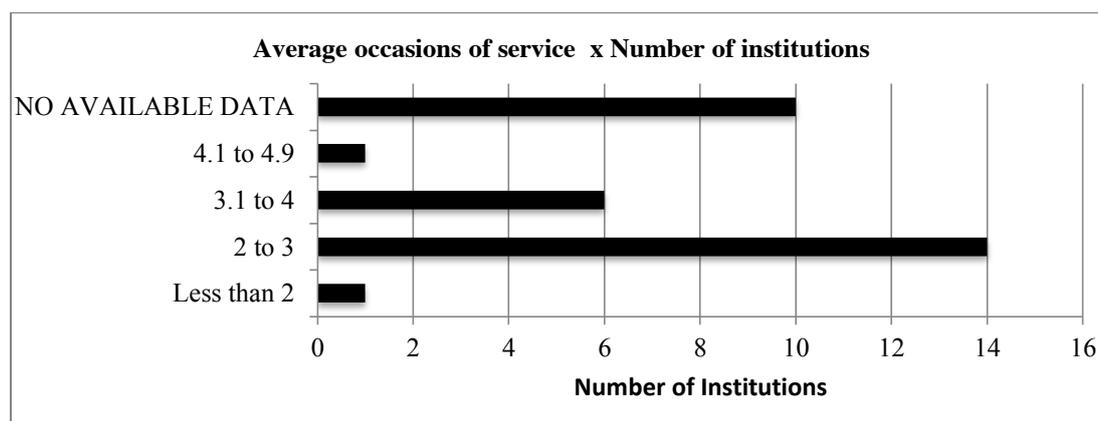


Figure 26

### Q117 What was the percentage of 'no shows' for counselling appointments during 2017?

The range of responses for the percentage of 'no shows' for counselling appointments during 2017 was 2 to 21.4%. Specific responses from 16 institutions show that the most common percentage of appointments considered 'no show' was 8% (N=5). (See Table 119.) Nine (9) responses reported 'no show' percentages of 6%-10%. Four (4) responses indicated 'no shows' to 5% or less. Fifteen (15) responses of 'no available data' were received. (See Figure 26.)

Table 119

No Shows to 1-1 counselling appointments	
Number of institutions	Percentage of appointments that were "No Shows"
1	2%
1	3%
2	5%
1	7.2%
5	8%
2	9%
1	10%
1	11.1%
1	14%
1	21.4%

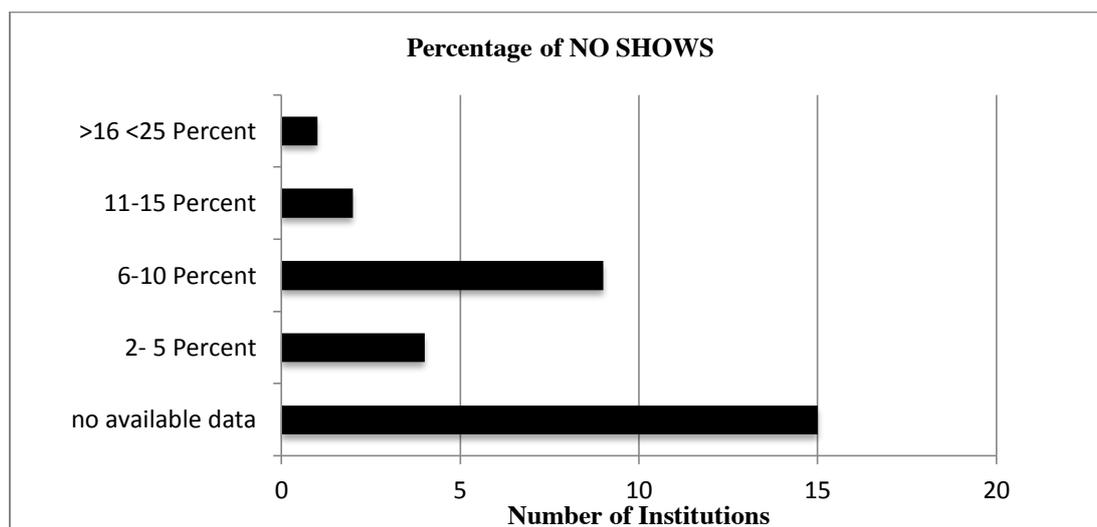


Figure 27

**Q118 Percentage of students presenting for a single consult.**

Nineteen (19) institutions indicated ‘no available data’ for the percentage of students presenting for a single consult. The reported single consult percentage range was 7.5 - 67%.

Specific responses from 12 institutions show seven (7) responses falling within 35% to 50% for single consults.

Table 120

Single consultations	
Number of responses	Percentage of single consults
1	7.5%
1	10%
1	19.7%
3	35%
1	38.2%
1	42%
1	45%
1	50%
1	57%
1	67%

**Q119 Which five of the following were within the most prevalent presenting issues identified by service clients during 2017? Tick five only.**

Thirty-two (32) responses were received for the five (5) most prevalent presenting issues identified by service clients during 2017. Table 116 provides the detail of all the responses.

The five (5) most identified presenting issues in order of prevalence were:

- Stress
- Mental ill-health: acute or chronic
- Relationship issues
- Academic progress
- Low mood

Table 121 - The top 5 presenting issues appear in italics.

<b>Presenting Issues - 2017</b>	<b>Percentage of Institutions</b>
<b>Stress</b>	<b>96.88%</b>
<i>Mental ill-health: acute or chronic (DSM diagnostic category includes depression and anxiety)</i>	<i>81.25%</i>
<i>Relationship issues</i>	<i>71.88%</i>
<i>Academic Progress</i>	<i>68.75%</i>
<i>Low mood</i>	<i>68.75%</i>
Avoidance issues (procrastination)	25.00%
Adjustment issues	25.00%
Other (please specify)	21.88%
Performance anxiety	21.88%
Loss of motivation	18.75%
Welfare needs (financial hardship, accommodation/homelessness etc)	6.25%
Administrative issues	0.00%

*Q120 Issues regularly identified by counsellors in their assessment of students who attend for counselling/psychological services*

Thirty-two (32) responses were received and issues identified by counsellors in their assessment of students are shown in Figure 28.

Concerns with 93-55% selection:

- Social anxiety - social isolation
- Perfectionism - negatively impacting on academic achievement
- Panic attack
- Interpersonal conflict
- Performance anxiety
- Inadequate interpersonal skills to establish significant friendships
- Too little personal motivation to support academic progression
- Asperger's Syndrome/Autism Spectrum disorder
- Personality Disorder
- Sexuality issues
- Domestic violence

Concerns with 50-44% selection:

- Sexual assault/rape
- Gender identity issues
- Inadequate skills to be a successful independent learner
- Harassment/Stalking behaviour
- Unclear career goals

Concerns with less than 40% selection:

- Psychosis

- Inadequate skills to support independent living
- Other (please specify)
- Paranoia
- Unplanned pregnancy
- Gambling problems

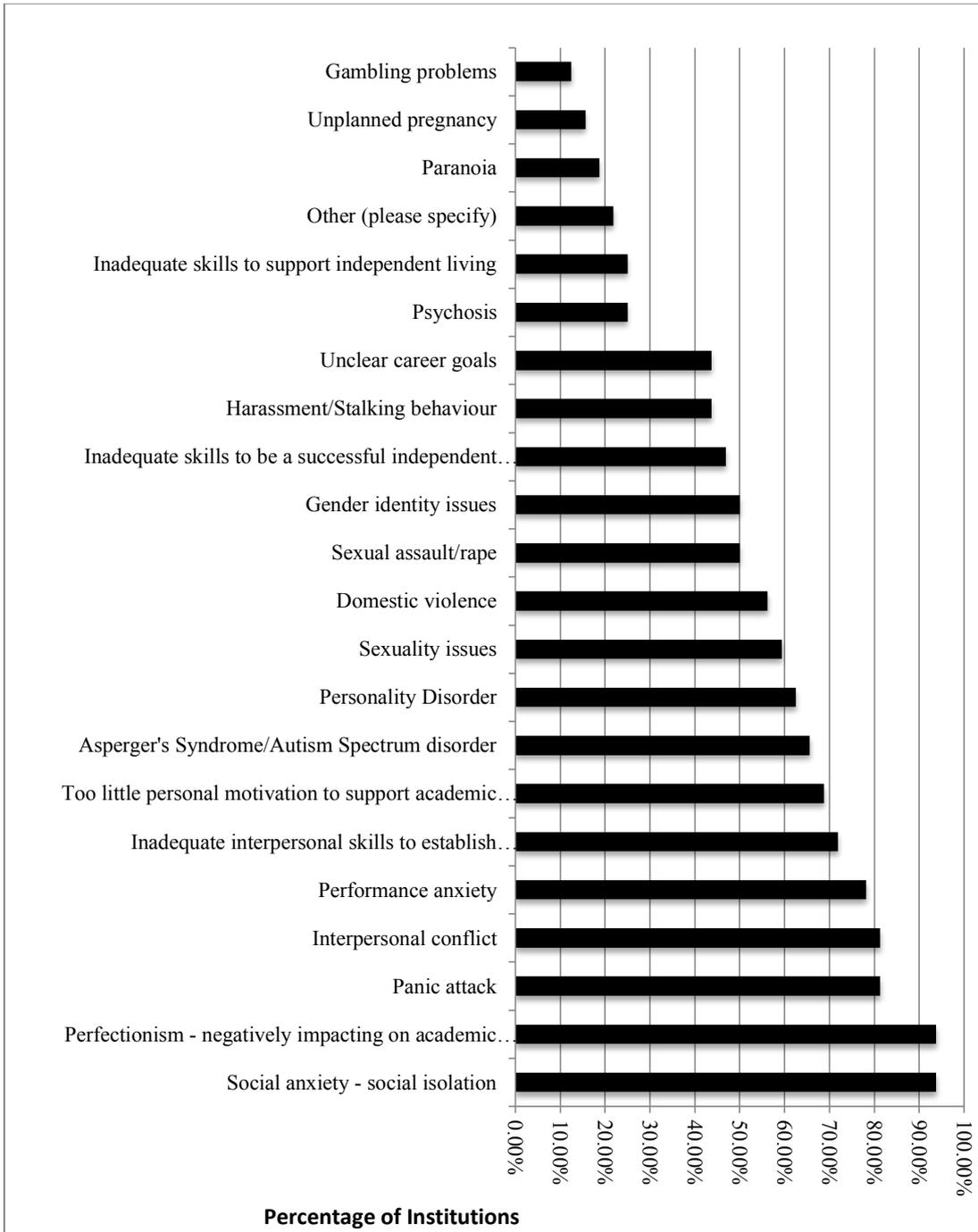


Figure 28

Q121 What percentage of service clients were referred as per the following categories?

Referred to community mental health team for urgent assessment

Nine (9) responses were received. The range of responses was 2-15%.

Four (4) responses were 5% or below and four (4) responses were between 10% -15%.

Table 122

<b>Referred to community mental health team for urgent assessment</b>	
<b>Number of responses</b>	<b>Percentage of referrals</b>
1	2%
2	3%
1	5%
1	7%
2	10%
2	15%

### **Referred to hospital casualty/emergency service**

Seven (7) responses were received. The response range was 1-10%.

Five (5) responses were for 2% or less and two (2) responses were received for 10%.

Table 123

<b>Referred to hospital casualty/emergency service</b>	
<b>Number of responses</b>	<b>Percentage of referrals</b>
3	1%
2	2%
2	10%

### **Referred to GP for services provided via government funded health services or private health insurance at first screening/assessment**

Nine (9) responses were received. The response range was 1-25%. Four (4) responses were for 2% or less. Three (3) responses were received for 10% or higher.

Table 124

<b>Referred to GP for services provided via government funded health services or private health insurance at first screening/assessment</b>	
<b>Number of responses</b>	<b>Percentage of referrals</b>
2	1%
2	2%
1	10%
1	20%
1	25%

### **Referred to GP for services provided via government funded health services or private health insurance after service session limit reached**

Four (4) responses were received. The response range was 4-20%. One (1) response was received for 4%. Two (2) responses were received for 15% and one (1) for 20%.

Table 125

<b>Referred to GP for services provided via government funded health services or private health insurance after service session limit reached</b>	
<b>Number of responses</b>	<b>Percentage of referrals</b>
1	4%
2	15%
1	20%

### **Referred to GP for services provided via government funded health services or private health insurance because of need for specific expertise for ongoing treatment**

Seven (7) responses were received. The response range was 1-30%.

Five (5) responses were 5% or less. One (1) response was received for each of 15% and 30%.

Table 126

<b>Referred to GP for services provided via government funded health services or private health insurance because of need for specific expertise for on going treatment</b>	
<b>Number of responses</b>	<b>Percentage of referrals</b>
1	1%
1	4%
3	5%
1	15%
1	30%

**Referred to GP for referral to psychiatric services (government funded or private health insurance)**

Six (6) responses were received. The response range was 1-30%. A single response (1) was received for each of the following referral percentages: 1%, 3%, 5%, 6%, 10%, and 30%.

Table 127

<b>Referred to GP for referral to psychiatric services (government funded or private health insurance)</b>	
<b>Number of responses</b>	<b>Percentage of referrals</b>
1	1%
1	3%
1	5%
1	6%
1	10%
1	30%

**Referred to GP for referral to other allied health service provider**

Five (5) responses were received. The response range was 1-5%. Two (2) responses were for 1% and 5% and one (1) for 3%.

Table 128

<b>Referred to GP for referral to other allied health service provider</b>	
<b>Number of responses</b>	<b>Percentage of referrals</b>
2	1%
1	3%
2	5%

**Referred directly to psychologist in private practice**

Six (6) responses were received. The response range was 2-40%. Two (2) responses were received for 5% and a single (1) response for each of the following percentages: 2%, 15%, 20% and 40%.

Table 129

<b>Referred directly to psychologist in private practice</b>	
<b>Number of responses</b>	<b>Percentage of referrals</b>
1	2%
2	5%
1	15%
1	20%
1	40%

**Referred directly to other allied health service provider**

Six (6) responses were received. The response range was 1-10%.

Two (2) responses were received for 2% and a single response for each of the following percentages: 1%, 4%, 5%, and 10%.

Table 130

Referred directly to other allied health service provider	
Number of responses	Percentage of referrals
1	1%
2	2%
1	4%
1	5%
1	10%

**Referred to university based psychology school clinic**

Three (3) responses were received. The response range was 1-20%. A single response was received for each of the following percentages: 1%, 8% and 20%.

Table 131

Referred directly to other allied health service provider	
Number of responses	Percentage of referrals
1	1%
1	8%
1	20%

**Referred to other area of university (e.g. academic advisor, Course coordinator, student advisory centre)**

Twelve responses reported 0%. Eight (8) responses were received for percentages above 0%. The response range was 0-20%. A single response was received for each of the following percentages: 1%, 8% and 20%.

Table 132

Referred to other area of university	
Number of responses	Percentage of referrals
12	0%
1	1%
1	10%
3	20%
1	23%
1	30%
1	60%

*Q122 What percentage of students who accessed counselling and psychological services at your institution in 2017 were in need of urgent attention because of concern about personal safety or the safety of others (suicidal intent, domestic violence, stalker, psychosis etc)?*

Thirty (30) responses were received and sixteen (16) of those responses provided data. Six (6) responses indicated that 5-10% of the students who accessed counselling and psychological services in 2017 were in need of urgent attention because of concern about personal safety or the safety of others. Four (4) responses indicated a percentage of less than 5% and three (3) responses identified 11-20% of the students, who accessed counselling and psychological services in 2017, were in need of urgent attention because of concern about personal safety or the safety of others.

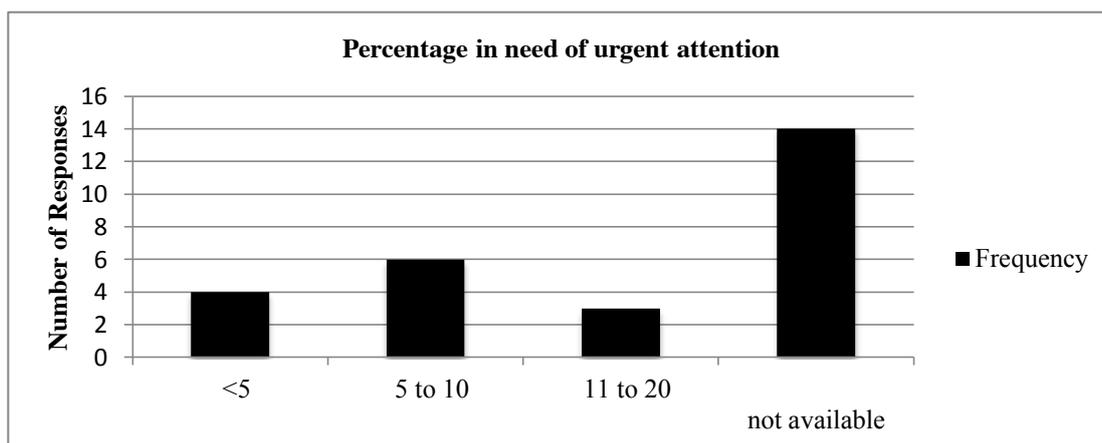


Figure 29

Q123 In 2017, which of the following factors were identified as significant contributors to the level of psychological distress in those that presented for urgent attention?

Table 133

Factors contributing to students' psychological distress	Number of responses	Percentage of responses
Depression	31	96.88%
Anxiety	28	87.50%
Academic issues	23	71.88%
Personality disorder	22	68.75%
Victim of violence/sexual assault/rape	22	68.75%
University related issues (course complaints, research supervisor complaints, inappropriate relationship with uni staff member etc)	22	68.75%
Unexpected illness or death of family member or close friend	22	68.75%
Relationship issues	20	62.50%
Psychosis (emerging or acute or low level and chronic)	17	53.13%
Bipolar disorder	15	46.88%
Social isolation	14	43.75%
Behaviour in class or with other students	12	37.50%
Childhood abuse	8	25.00%
Finances	8	25.00%
Homelessness	8	25.00%
Unexpected events in home region (natural disaster, civil unrest, war)	8	25.00%
Childhood sexual assault	6	18.75%
Legal concerns	5	15.63%
Physical health issues	5	15.63%
Unexpected pregnancy	4	12.50%
Other (please specify)	0	0.00%

The top 10 presenting issues across all the responding institutions follow in rank order:

Issues rated by more than 70% of responders in rank order:

- Depression,
- Anxiety
- Academic issues

Issues rated by 65-70% of responders all equally rated (68.75%):

- Personality Disorder

- Victim of violence/sexual assault/rape
- University related issues
- Unexpected illness or death of family member or close friend

Issues rated by 45-64% of responders in rank order:

- Relationship issues
- Psychosis
- Bipolar disorder

*Q124 Does your institution have any way of knowing how many students enrolled at the institution died by suicide in 2017?*

Less than 22% of responding institutions had a way of knowing how many students died by suicide in 2017.

*Table 134*

<b>Institution knows how many students died by suicide in 2017</b>	<b>Number of responses</b>	<b>Percentage of responses</b>
Don't know	13	40.63%
No	12	37.50%
Yes	7	21.88%
If Yes, please give the known number of students who died by suicide.	7	

Seven (7) institutions provided data on the number of student deaths by suicide in 2017:

One (1) institution reported 7 student deaths by suicide.

One (1) institution reported 5 student deaths by suicide.

Two (2) institutions reported 2 student deaths by suicide.

Three (3) institutions reported 1 student death by suicide.

*Q125 Do you know of any students who were clients of your service died by suicide in 2017?*

Eleven (11) managers (34.4%) responded that they knew of students who were clients of their service who died by suicide in 2017. The majority of managers (65.6%) responded that they did not know of any students who were clients of their service died by suicide in 2017.

*Table 135*

<b>Do you know of any students who were clients of your service died by suicide in 2017?</b>		
<b>Answer Choices</b>	<b>Percentage of Responses</b>	<b>Number of Responses</b>
No	65.63%	21
Yes	34.38%	11
If Yes, please give the known number of students that were a client of the service and who died by suicide.		11

Eleven (11) responses elaborated as requested on the number of students who were clients of the service who died by suicide in 2017. Seven (7) responses recorded that one (1) student who had been a client of the service died by suicide in 2017. One (1) response was recorded for zero (0) and one (1) response was received for both N/A and 'none were clients (past or current)'.

Table 136

Number of students who were clients of your service died by suicide in 2017	Number of Responses
0	1
1	7
2	1
N/A	1
None were clients (past or current)	1

*Q126 During 2017 did your service collect data on the number of service clients who acknowledge past or current suicide gestures or attempts?*

The majority of institutions did not collect data on past or current suicide gestures or attempts from presenting students.

Table 137

Institution collected data (2017) on students who acknowledged past or current suicide gestures or attempts	Number of responses	Percentage of responses
No	24	75.00%
Yes	8	25.00%
If YES please specify the known number (not the percent) of students who identified a history of suicide gestures or attempts	6	

Six (6) comments added by respondents providing additional data on the number of students who identified a history of suicide gestures or attempts in 2017.

Comments:

- 95 and this relates to current, not historical so the number would be higher
- 34
- 987
- Approx 120 - only reported if it was presenting problem
- 625
- 42

*Q127 What percentage of service clients during 2017 were assessed by the counsellors as being 'at risk' for self-harm or suicide?*

Eighteen (18) institutions reported that data was not available.

Nine (9) institutions provided data. Four (4) responses reported 2-5% of students were assessed by the counsellors as being 'at risk' for self-harm or suicide. Two (2) responses identified >5-7%, and there were single responses (1) for 10%, 14% and 20%.

Table 138

Service clients assessed by the counsellors as being 'at risk' for self-harm or suicide in 2017	
Number of Responses	Percentage assessed as at risk
18	Data not available
1	20%
1	14%
1	10%
2	>5 to 7%
4	2 to 5%

*Q128 During 2017 did your service collect data on the number of students who presented with alcohol or other drug overuse or abuse behaviours?*

The majority of responses (N=20) did not collect data on Alcohol and Other Drugs (AOD) use. Twelve (12) responses reported that AOD data was collected.

Table 139

Collected data on AOD use	Percentage of responses	Number of responses
No	62.50%	20
Yes	37.50%	12
If Yes, please give the known number (not percent) of students who were understood to be overusing or abusing alcohol or other drugs.		11

Of the twelve (12) institutions that reported collecting information on AOD use, eight (8) institutions provided further data on the number of presenting students that reported AOD use. The range of responses varied from 0.16 to 345. Specific responses were: 0.16, 0.27, 1, 16, 17, 26, 100-120 and 345.

*Q129 During 2017 did your service collect data on the number of students attending your service who presented with self-harming behaviour (cutting, burning, self flagellation etc)?*

The majority (N=22) reported not collecting data on self-harming behaviour.

Table 140

Collected data on self-harming behaviour	Percentage of responses	Number of responses
No	68.75%	22
Yes	31.25%	10
If Yes, please give the known number (not percent) of students who were understood to be self-harming.		9

Nine (9) of the ten (10) managers that reported collecting data on self-harming behaviour provided further information. Seven (7) managers reporting on self-harming behaviour also provided further data on the 'known number' (not percentage). The range of responses varied from N = 0.9 to N=180. The specific responses were: 0.9, 1, 2, 8, approx 60, 76 and 180.

*Q130 During 2017 did your service collect data on the number of students who presented to the service with internet overuse or online gaming problems?*

Over 90% of managers reported that data on internet overuse was not collect. Only three (3) responses were in the affirmative. Only two (2) provided further detail. One (1) reported that one (1) student was recorded as presenting with internet overuse issues. Another reported 0 presentations.

*Q131 During 2017 did your service collect data on the number of students who presented to the service with eating disorders or disturbed eating?*

Seventy-three percent of responses indicated that they did not collect data on the number of students presenting with eating disorders or disturbed eating. Of those collecting data (N=8), six (6) managers provided data on the number of students presenting with eating disorders or disturbed eating. The range was 1 to 100. Single responses were reported for: 1, 2, 3, 32 and two (2) responses indicated 100 students presented with eating disorders or disturbed eating.

*Q132 During 2017 did your service model of practice encourage professional staff to apply a formal diagnosis as part of the assessment or treatment process?*

Seventy-five (75) percent of managers indicated that there was no firm practice of giving formal diagnosis and that recording a diagnosis was left to the discretion of the professional and the

context of the professional relationship and treatment needs or disability provision needs. Twenty-five (25) percent of responses indicated that formal diagnosis is not part of the assessment and treatment process because of the concern about the impact of the diagnostic label on student future career or insurance options etc.

Table 141

Formal diagnosis applied?	Percentage of responses	Number of responses
No - formal diagnosis is not part of the assessment and treatment process because of the concern about the impact of the diagnostic label on student future career or insurance options etc.	25%	8
No firm practice of giving formal diagnosis - left to the discretion of the professional and the context of the professional relationship and treatment needs or disability provision needs.	75%	24

Six (6) respondents skipped this question.

*Q133 During 2017, what percentage of service clients had mental health presentations that would have warranted a diagnosis using DSM 5 or ICD-10 criteria?*

Only four (4) institutions provided a percentage response. Specific responses provided were: 25%, 60% (x 2) and another stated that anecdotally 75% would have warranted a diagnosis using DSM 5 or ICD-10 criteria.

*Q134 During 2017 what percentage of students presenting to the service had impairment so severe that your professional staff would have encouraged enrolment withdrawal for a medical leave period?*

Only six (6) institutions were able to draw on data for this question. Responses ranged between less than 1% to 23%. Specific responses provided were: less than 1%, 2%, 3%, 5%, 10% and 23%.

*Q135 During 2017, what percentage of students presenting to the service were so impaired that they could only continue with their enrolment with regular (at least fortnightly) on-going support/treatment?*

Only five (5) institutions were able to draw on data. All responses were 5% or less. Specific responses provided were: < 1%, 3%, 4% and 5% (x 2).

*Q136 In 2017, what percentage of the clients attending the service were hospitalised for treatment of mental illness episodes or for containment of self harm or suicide intent?*

Only six (6) institutions were able to draw on data. All responses were less than 10%. The percentages provided were: 0.5%, 2%, 4%, 5% (x 2), and 6%.

*Q137 In 2017, what percentage of clients attending the service had mental health concerns and severe stress due to academic progress concerns (academic suspension/exclusion, excessive academic performance expectations, academic failure, fear of failure, negative impact of perfectionism, performance anxiety etc)?*

Only five (5) institutions were able to draw on data. The responses were 9.5%, 15%, 20%, 34% and 60%.

*Q138 Was there an increase in demand for counselling in 2017 compared to 2016.*

More than 60% of institutions reported an increase in demand for counselling in 2017 compared to 2016. The percentage increase varied from less than or equal to 5% to greater than 20%.

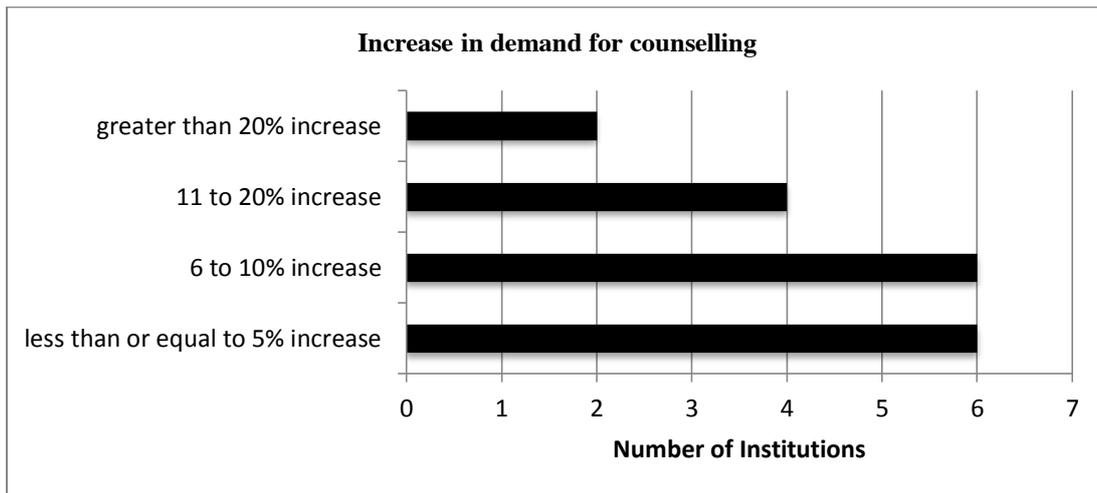


Figure 30

### Q139 Students No Show to workshops

Responses reported variation from more than 50% to approximately 5% of 'student no shows' following registration for a workshop.

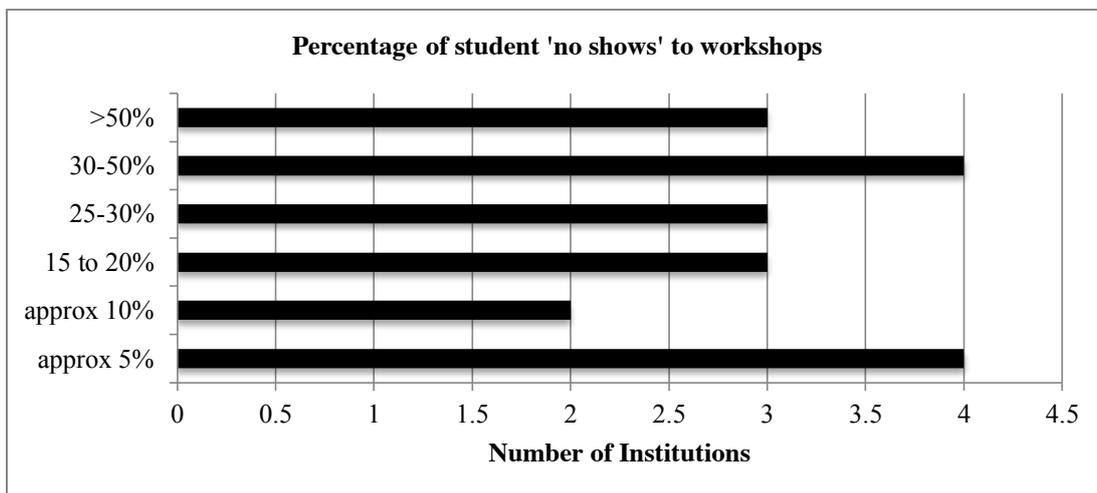


Figure 31

**Q140** *In the USA, Canada, Australia and New Zealand heads of counselling services have been reporting over the last decade a steady increase in the complexity and severity of student mental health presentations along with an increase in the proportion of students affected. Indicate level of agreement with this statement.*

All of the thirty-two (32) responses agreed or strongly agreed with the statement. Eighteen managers (56.25%) agreed and indicated that service data provided some support for the statement: 'In the USA, Canada, Australia and New Zealand heads of counselling services have been reporting over the last decade a steady increase in the complexity and severity of student mental health presentations along with an increase in the proportion of students affected.' Six (6) managers, (18.75%), 'strongly agreed' and indicated that 'multiple sources of hard data' supported the statement. Others (6.25%) agreed and indicated that there was 'considerable hard data sampled across a number of services'. A further six (6) managers (18.75%) agreed but had no hard data to support the claim.

Table 142

Answer choices	Percentage of responses	Number of responses
Do not agree - students have always presented with serious and complex issues. Reported changes are due to other factors such as societal awareness of mental health/illness and increased staff expertise leading to more appropriate diagnosis and treatment plans.	0.00%	0
Agree but no hard data- Professional staff report a greater proportion of caseload with complex presentation and significant mental health issues. NO hard data for this beyond professional staff reports.	18.75%	6
Agree - some support provided by service data - Our service data reflects increasing severity and complexity of presentation by students attending the service. Increases in the proportion of students with more severe and complex mental health issues cannot be validated due to limits imposed by service resources.	56.25%	18
Agree - considerable hard data sampled across a number of services - Our service data reflects increasing severity and complexity of presentation by students attending the service. Increases in the proportion of students with more severe and complex mental health issues is also indicated based on data from counselling services, disability services and health services available to our students.	6.25%	2
Strongly agree - multiple sources of hard data - Institution wide student 'well-being' surveys and mental health awareness programs indicate that mental health concerns within the student population is significant and possibly at proportions higher than expected in the general population. Our service data reflects increasing severity and complexity in student presentations. Increases in the proportion of students with more severe and complex mental health issues is also indicated based on presentations to counselling services, disability services and health services available to students.	18.75%	6

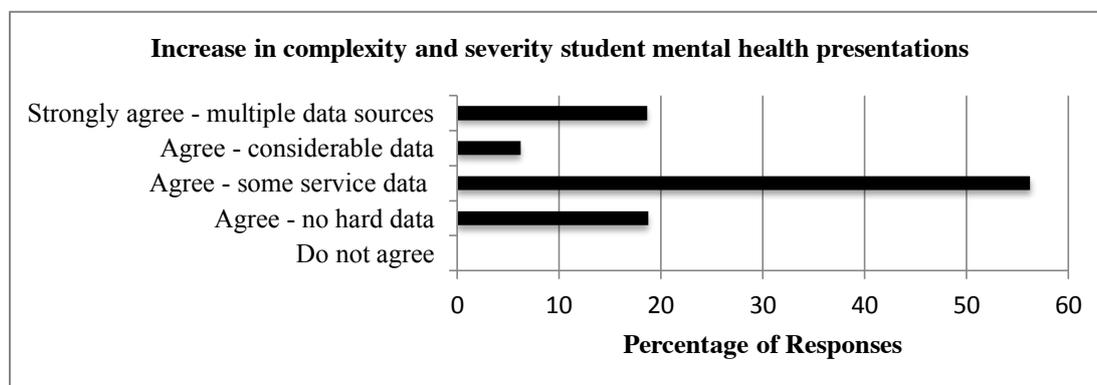


Figure 32

**Q141 Cohort characteristics of those attending counselling services**

Very scant data for cohort characteristics other than gender.

More females than males utilise counselling services. The only exception was for an institution reporting a 65% male enrolment. Figure 32 shows the reported gender differences for nineteen (19) institutions linked to managers who were able to provide this data for the survey.

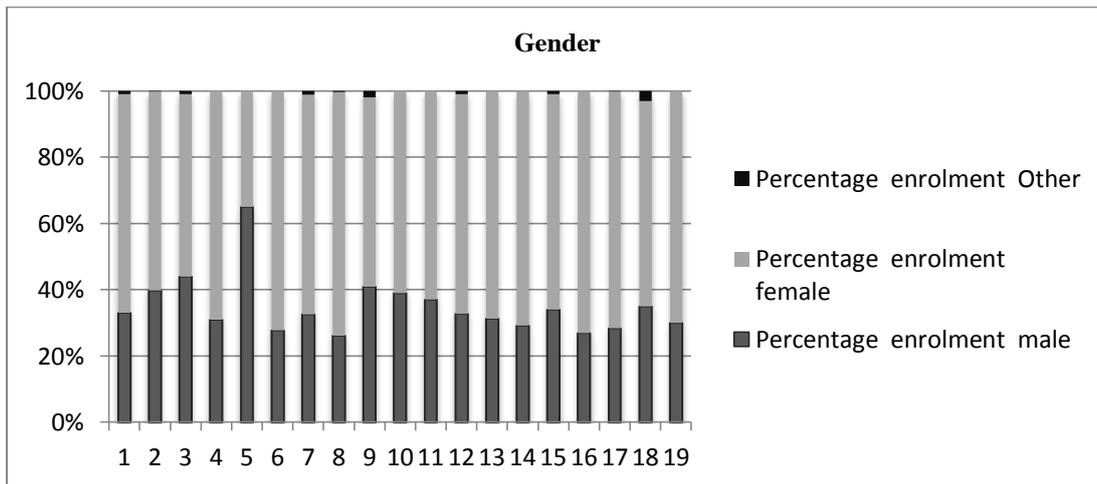


Figure 33

**Q 142 Value of completing the survey to heads of service**

The heads of service valued the benchmarking survey. The survey is considered useful as: a benchmarking tool; assisting with preparation for the annual report; and for identifying data to be gathered in the coming year. Feedback identified an omission in the survey questions concerning the gathering of cohort enrolment data. Feedback also indicated that the survey could be shortened and it was suggested that any questions that gathered similar be identified and eliminated. Some of the requested data was difficult or impossible for the manager to access.

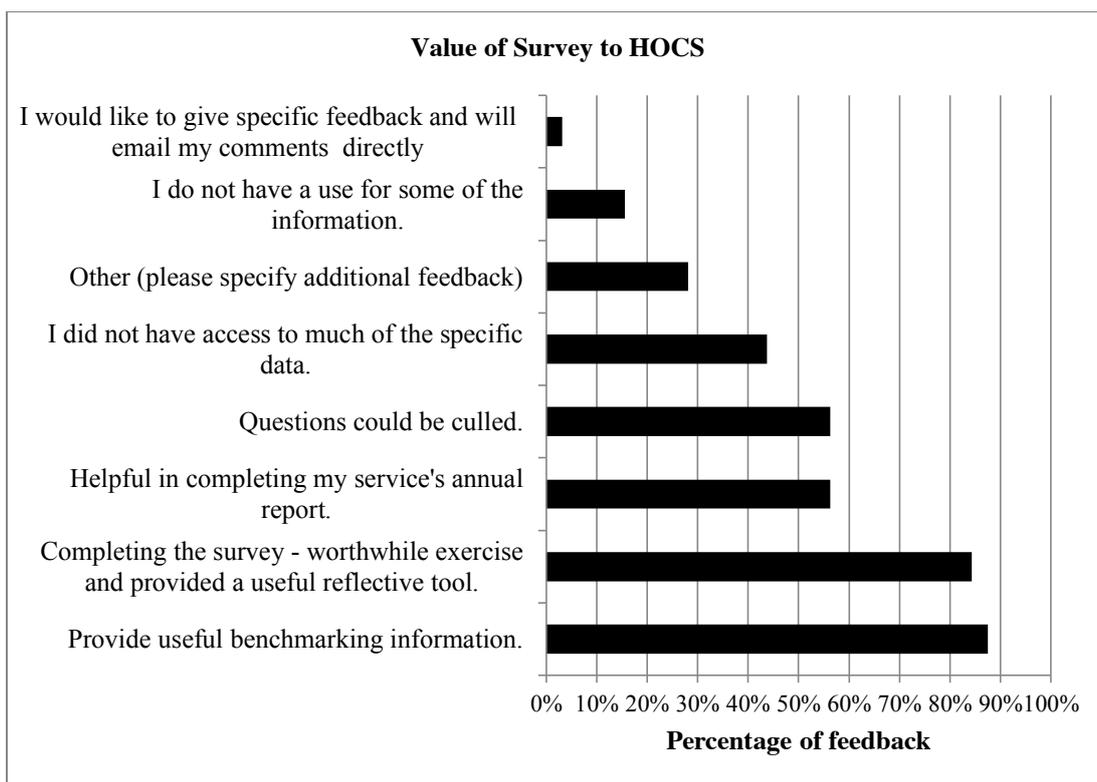


Figure 34

Specific feedback is copied below. Only detail (e.g. campus locations) that could be used to identify the respondent has been removed.

- Thanks. Be good to get the report :)

- Yes too long, but pointed out gaps in our data collection, as the questions are in much greater depth than we collect. Often our data was aggregated - so not able to answer without an accompanying comment - therefore N/A was a frequent response.
- Also, requesting stats from the university as a whole, meant that it was aggregated across the 3 campuses, but if compared to our staffing - it would look woefully inadequate. That's why!
- Finally, an ability to go to a particular page number would be helpful, when going back later to provide some data!
- The survey was very long and time consuming trying to chase up information that we do not have access to within the counselling service.
- Some of the instructions did not seem to work, e.g. 'N/A' was rejected sometimes despite the instruction so I had to go back and re-do the answers with zeros.
- Also question on telephone or VOIP service did not offer an option to tick both.
- This has been a valuable exercise and provided me with insights and ideas about additional data our service can be collecting.
- Thank you for putting together - it has made me look at some of the current data we are collecting.
- Also in terms of headcount enrolments there was not space for including enabling programs (we have a headcount of 379 in preparatory programs) or non-award (we have a headcount of 1194) mainly in study abroad programs.
- Very helpful in identifying areas we need to work on.
- Some questions were repeated. The survey did not ask for Part-time undergraduate coursework total FTE. It also did not ask for Part-time postgraduate coursework.
- We offer Skype and phone counselling, but I could only click one or the other.
- Some sections would not proceed if N/A was typed into the box, so I had to leave it blank (i.e. did not want non-numerical data).
- The survey made me realise how much we do not get to do in our Service.
- Some issues with submission - stopped at question 115, would only allow me to submit 0 Value, not N/A so this slowed me down considerably.

**References:**

- Andrews, A., (2016) ANZSSA Heads of Counselling Services Benchmarking Survey 2013 Summary Report. *Journal of the Australian and New Zealand Student Services Association*: Number 47, April 2016, 96-104.
- International Association of Counselling Services Inc. (IACS) (n.d.) IACS *Statement regarding recommended staff to student ratios*. Retrieved February 2019 from <http://www.iacsinc.org/staff-to-student-ratios.html>
- International Association of Counseling Services, Inc. (IACS) (n.d.) *Standards for University and College Counseling Services*. Revised October 10, 2010; Amended November 8, 2014; Sec. IV. Amended October 22, 2016. Retrieved February 2019 from [https://0201.nccdn.net/4\\_2/000/000/053/0e8/2017-STANDARDS-10-5-17.pdf](https://0201.nccdn.net/4_2/000/000/053/0e8/2017-STANDARDS-10-5-17.pdf)
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