University Counselling Services in Australia and New Zealand: Activities, Changes, and Challenges

Helen M Stallman
Schools of Medicine and Pharmacy, The University of Queensland

The high prevalence of stress and psychological distress in university students highlights the need for adequate support services to enable students to achieve their goals. This study aimed to describe counselling services available to university students in Australia and New Zealand and to benchmark them against international services. Participants were five Australian and three New Zealand Counselling Services. Results showed that counselling services are using a variety of formats and e-technologies to deliver services to students, but are hampered by limited resources compared with their international counterparts. These include very high counsellor student ratios, lower average number of consultations per student, and lower mental health qualifications of counsellors. This has even greater implications in the context of higher education reform in Australia that may further widen the gap between needs of students and available counselling services. Inadequate counselling support can negatively impact on students, universities, and the community through lost potential.

Key words: benchmarking; student counselling; university students.

What is already known on this topic
1. There is a high prevalence of mental health problems in university students.
2. University counselling services play a major role in supporting students with academic and mental health problems.
3. Limited resources and increasing students with mental health needs impact on service provision.

What this paper adds
1. Australian and NZ counselling services have high counsellor: student ratios.
2. Compared with the US, Australian students have fewer counselling consultations on average.
3. Systematic and comprehensive reviews of counselling services in Australia and New Zealand is important in understanding and meeting the challenges of supporting university students.

Being a university student in the 21st century is stressful, with 60% of students reporting clinical levels of stress (Stallman & Hurst, 2010). Up to 83% of Australian university students report elevated levels of psychological distress that is consistent with results found internationally. The American College Health Association (2007) for example, found that 94% of students feel overwhelmed by everything they have to do and 44% feel so depressed that they had difficulty functioning. Those at greatest risk for levels of distress indicative of mental health problems are those in the 18–34 age range (Stallman, 2010). This is also the age of onset for many psychological disorders. It is also the age range targeted by the Australian government to increase the proportion of students who gain a bachelor degree from 32% to 40% in the next 15 years (Australian Government, 2009). The proposed increase in students from low socioeconomic groups to 20% of undergraduate enrolments may further increase the proportion of at-risk students attending university in Australia because of additional needs for academic and personal support (Australian Government, 2009).

Counselling services provide a range of services to assist students to make the most of their experiences and help them manage academic and personal problems. Students perceive university counselling services to have a number of benefits over community services for students, including cost, convenience, and ease of access and knowledge of student issues (Jackson & Connelley, 2009). These services are critical for many students in being able to meet the demands of study and achieve their goals. Students who attend counselling are more likely to remain at university than students who do not make use of this service (Turner & Berry, 2000), while a majority of clients (76%) of a student counselling service found counselling beneficial in deciding whether to remain at university or not (Jackson & Connelley, 2009). Counselling services in Australia, however, suffer from extraordinarily high counsellor to student ratios: 1:4,957 (Downs, 2008). This is in contrast to the International Association of Counseling Services (2000) that recommends one full-time equivalent professional staff member to every 1,000–1,500 students. This would have an obvious impact on the capacity of services to meet the needs of students. For example, waiting times in excess of 5 days were experienced by 50% of students accessing an Australian counselling service (Jackson & Connelley, 2009).
The International Association of Counseling Services has published annual surveys of Counselling service directors in the USA to monitor national trends in counselling services since 1981. This provides counselling centre staff, higher education administrators, and the broader community of the contemporary clinical, organisational, and ethical environments faced by student counselling services. This has enabled, for example, identification of the increase in students on psychiatric medication from 9% in 1994 to 25% in 2009. Limited published data are available on services in Australia and New Zealand, which means that data from the USA are often referenced, which may not generalise to the Australian context.

Research Aims
The primary aim of this study was to describe current trends in counselling services in Australia and New Zealand. A secondary aim was to benchmark the results with the North American (Gallagher, 2009) data to better understand the local and international context of issues facing university students. The North American data comes from an annual survey of US and Canadian university and college counselling services.

Method
Participants
Five Australian and three New Zealand universities participated in this survey, representing response rates of 13.2% and 37.5%, respectively. Although these are fairly low response rates, they are higher than those from North American surveys (e.g., the 2009 survey had a response rate of about 6.8%). The Australian universities comprise approximately 18% of all Australian university students. All participating Australian universities were public and included Go8, Innovative Research Universities Australia, and Australian Technology Network universities from both urban and regional areas. The surveys were either completed by the Head of the Counselling Services or with the counselling service teams. The average number of campuses of participating universities was 3.25 (range = 1–6) with an average 20,946.25 students enrolled at each university (range = 13,000–30,000).

Measure
The Australian and New Zealand University Counselling Services Survey 2009 was based on the annual National Survey of Counseling Center Directors survey in the USA (e.g., Gallagher, 2009). Questions were altered where necessary to fit the Australian and New Zealand contexts. The survey contains five sections. The first includes six demographics questions about the Head of the Counselling Service, which is the recommended person to complete the survey. The second contains three general questions about the university. The third section contains 33 questions about the counselling services which is followed by 7 questions in section 4 that relate to counselling service staff. The final section contains 10 questions that relate to counselling service clients.

Procedure
This study received ethics approval by the Queensland University of Technology Human Research Ethics committee. All Heads of Australian and New Zealand Counselling Services were sent a copy of the Australian and New Zealand Counselling Services Survey 2009 and were invited to complete it using 2009 data from their service. A reminder email was sent one month after the initial mail-out to encourage participation.

Results
Table 1 provides a summary of the key findings from this study.

Counselling Services
All Australian and most New Zealand counselling services in this study offered free counselling services to students. Of the New Zealand services that charged a fee, one was for international students ($40) and the other was a minimal payment of $10 per student per session. One university received third-party payments. No Australian universities offered services under the Medicare Better Access Scheme.

The ratio of counsellors to students was 1 to 4,340, which is considerably higher than the 1:1,527. Counselling positions remained relatively unchanged in 2009 with only one service reporting a loss of two positions and one service reporting a gain of 5. Similar to the USA, 37.5% of services had a limit on the number of client counselling sessions allowed per year. Of those that did set a limit on the number of sessions, these ranged from 5 to 12 sessions. The remainder (62.5%) did not have a limit policy, but promoted their service as a short-term counselling service and relied on counsellors to make responsible decisions about how long a student was seen. No services included in this...
survey reported seeing students indefinitely for as long as was necessary to resolve the students’ presenting issues. The average number of sessions per client was 2.90 ($SD = 0.39$). There is no significant difference in average number of client sessions between universities who have a formal limit on the number of sessions a client is seen for and those that do not ($F(1, 4) = 4.80, p = .31$). “No shows” on average account for 12.50% ($SD = 9.24$; range = 0–25%). One of the universities with a low rate of “no shows” reported sending reminder text messages to clients.

In contrast to the USA (41%), none of the universities reported conducting pre-assessment before assigning clients to counsellors. Half of services never or rarely generate a Diagnostic and Statistical Manual of Mental Disorders 4th edition (DSM-IV) type diagnosis on clients which is similar to the USA’s 55% (American Psychiatric Association, 2000). Of those that do (50%), all report doing it for only a small percentage of clients, in contrast to the USA where 45% of universities generate a diagnosis on at least half of all clients.

About half of services (57.1%) reported their primary theoretical orientation as being eclectic which is similar to the USA’s 51%. Two each nominated solution focused and Cognitive Behavioural Therapy (CBT) and one nominated narrative. In contrast to the USA, none of the services reported a primarily psychodynamic or developmental orientation.

Services reported using a range of counselling formats to help clients. These include individual counselling (87.5% of universities), phone counselling (62.5%), faculty requested workshops (62.5%), consultations with faculty staff (62.5%), email counselling (50%), within-curriculum lectures (50%), psychological assessments (50%), and group counselling (25%). Other services listed by universities include e-student news and training student leaders.

All services had a webpage that provided information about services available through the Counselling Service with an average of one hit for every two enrolled students. The majority also provided information on psychological issues, tip sheets, links to online therapy websites, and links to other information websites. Half of the services also had a blackboard unit. All services reported having email contact with clients and all said that they would respond by email to an email requesting a schedule change. Some would use email to respond to an email from a client about a personal crisis (37.5%), while more would respond by email to a non-client about a personal crisis (50%), although at times most would respond in another way (75%). The majority (87.5%) reported using email counselling.

The majority of counselling time was spent on personal counselling with the average percentage of service time being 51.86% ($SD = 29.99$). Others included relationship issues (14.25%), academic issues (12.54%), psychiatric issues (9.82%), developmental issues (3.93%), and career issues (3.39%). The time spent on issues such as careers may differ between universities depending upon whether there is a separate service for careers counselling. No services offered depression or anxiety screening days, and only one was involved in alcohol education at their university.

All universities reported evaluating their services, with majority (87.5%) using student satisfaction questionnaires. One quarter of services used pre- and post-workshop evaluations using psychometrically valid instruments. One service reported using outcome measures for all students who attend the service, and one service reported using peer assessment to evaluate service effectiveness.

Only one service offered appointments at non-traditional hours, opening several nights a week. Similarly, one service had the manager respond to after hours or weekend call for mental health emergencies, with this considered part of their clinical responsibility. Other universities handled emergencies by referring callers to community emergency services or contracted to a local emergency service without a fee to the university. Only one university had on-campus psychiatric services which allowed for four consultations per week. Perceptions of adequacy of psychiatric consultations varied across universities with 28.6% feeling they were inadequate, 42.9% identifying that more were needed, and 28.6% feeling the current situation was adequate.

There is a growing debate internationally about whether certain students should be mandated to attend counselling if there is concern that their psychological well-being may impact on the institution or other students. The majority of participants in this sample (75%) felt ambivalent about the idea of mandated referrals of students to services but believe that some students could be helped. Twenty-five per cent were opposed to mandated referrals. Half of services did not accept mandated referrals, 12.5% accepted them for assessment only, and 37.5% accepted them for assessment and counselling.

Counselling services participate in a range of activities in addition to direct student counselling to contribute to retention efforts at their university. In order of the proportion of services reporting these activities, they included interventions for at-risk students (87.5%), first year orientation (75%), workshops on retention-related topics (75%), organise peer mentoring programs (62.5%), teaching a first year seminar/adjustment to university course (50%), committee work (37.5%), consultation and outreach (37.5%), collaborate with student affairs staff (87.5%), research/data collection for university (25%), and career education (25%).

The primary administrative concerns reported by heads of services included finding appropriate referral sources for students needing long-term help (75%), balancing the varying demands for counsellor’s services (62.5%), the growing demand for services without an appropriate increase in resources (62.5%), obtaining necessary technical support (62.5%), staff motivation (50%), administrative issues relating to students with severe psychological problems (50%), and obtaining adequate psychiatric support for clients (50%).

Consistent with the North American survey (Gallagher, 2009), 87.5% of heads of counselling services in this sample report a trend over the past 5 years in greater numbers of students presenting with serious psychological problems. A range of problems associated with this trend were identified, including insufficient staff being available at peak times, staff burnout concerns, the need to end some cases prematurely, and a decreased focus on students with normal developmental concerns. Services identified a number of actions taken to assist in meeting the increase in students with serious mental health issues which included increased training for staff in working with difficult cases,
increased training with faculty staff to help them respond to students with in trouble and make appropriate referrals, and providing psycho-educational materials on their web sites.

While no participants reported having a lawsuit filed against their service in 2009, there are increased concerns at most universities (75%) about liability risks relating to suicidal students.

Counselling Services Staff

The majority (80%) of Australian heads of counselling services in this study were born in Australia, whereas the New Zealand heads were either born in New Zealand or the UK. The majority were female (85.7%) and were social workers, counselling psychologists, professional counsellors, or student personnel administrators. The majority of heads had a Masters level qualification (85.7%) and on average, they had 12.0 years (SD = 5.20; range = 4–18) of experience working in student counselling and in addition to their other duties had an average client 5.54 hr (SD = 4.73) each week.

Female counsellors outnumber male counsellors by a factor of 5. The most common educational level of counsellors was a Bachelor degree (41.25%), followed by Masters degree (36.25%). The most common qualification of counsellors was either a Bachelor of Psychology (16.3%) or Bachelor of Social Work degree (13.8%). Only one counsellor from the participating universities had a doctoral degree, and for 10.0% of counsellors the highest level of qualification was a certificate or diploma. The proportion of counsellors from each discipline were Psychology (36.3%), Counselling (26.3%), Social work (25.0%), Clinical Psychology (7.5%), and welfare (2.5%). Two counsellors (2.5%) had Masters Degrees outside of a counselling-related field, one was education and one was unspecified.

The majority of services (87.5%) reported systematically evaluating professional staff. All but one used a university wide format. Most evaluations (62.5%) were based on job descriptions and annual goals for each staff member. Only one service based the evaluation on client outcome data.

Counselling Services Clients

On average, 5.2% (range = 1–10) of enrolled students accessed counselling in 2009. While few on average participated in group workshops or classroom presentations (2.7%), more (5.4%) had contact with counsellors in other contexts such as orientation.

In addition to the overall perceived increase in severe psychological problems in students over the past 5 years, more than half of heads of services also noted increases in the following problems: learning disabilities (62.5%) and clients in crises (75%). While these two are similar to US perceptions, they also noted increases in psychiatric medication issues, self-injury, illicit drug use, alcohol abuse, eating disorders, and sexual assault concerns on campus that were not noted widely in this sample.

Heads of counselling services in this study estimated that around 8.43% of students had mental health impairments so severe that they were unable to remain at university or could only do so with ongoing psychological or psychiatric assistance. As this was just an estimate there was a range of variability ranging from 2% to 30%. It was estimated that a further 36.36% had periods of severe distress but could be treated successfully with available resources. Approximately, 20.7% of counselling services clients were thought to be taking psychiatric medication. About 5.38% of clients were referred for psychiatric evaluation in 2009. 7.9% were referred to external practitioners and on average, 7 students at each university were hospitalised for psychological reasons (Range = 0–25). An average of .63 enrolled students completed suicide in 2009 at participating universities; none was a client of the university’s counselling service.

Discussion

Counselling services in Australia and New Zealand play a central role in supporting students through their university studies. This study aimed to provide an overview of contemporary trends and clinical and organisational environments faced by student counselling services in Australia and New Zealand counselling services and to benchmark that against services internationally. The majority of services in this study provided interventions to assist students at high risk of attrition. However, their capacity to meet the current and future demands may be significantly hampered by limited resources. These include:

• The ratio of counsellors to students in this sample (1:4,340) is well in excess of that recommended by the International Student Counsellors Association (1:1,500; 2,000) and those found in the US (1:527; Gallagher, 2009). They are however, consistent with previous Australian data (1:4957; Downs, 2008). This may account for the relatively low number of average sessions for students in Australia and New Zealand compared with the US (2.9 vs 6.2).

• The International Association of Counseling Services (2000) recommends that student counsellors have a minimum qualification of a Master’s degree from the disciplines such as counselling psychology, clinical psychology, counsellor education, psychiatry, or social work. While the majority of heads of counselling services have this level of qualifications, the increasing levels of severe psychological problems and increases in students presenting in crisis, poses a challenge with only 37.5% of counsellors at participating having a minimum of Master’s level qualifications. Counsellor qualifications and brevity of contact with students may account for the relatively low use of DSM-IV diagnoses in Australian and New Zealand counselling services, with none generating a diagnosis on at least half of all clients compared with the US 45%.

• While students, like the general public (Andrews, Henderson, & Hall, 2001), are most likely to visit their GP for mental health problems, student counselling services provide another gateway to mental health services, with students consulting counsellors more frequently than the general population (Stallman, in press). High prevalence rates of psychological problems and associated disability, high counsellor student ratios and brevity of average student contact with counselling services necessitates the need for adequate referral options. This is supported by Jackson and
Connelley’s (2009) findings that 67% of clients of a university counselling service still reported elevated levels of psychological distress at follow-up. The majority of participants agreed that greater access to psychiatric services and long-term referral sources were needed. Counselling services can play an important role in engaging university students in discussions around help-seeking and making links with health services if they have appropriate and adequate referral options.

Counselling services report a range of strategies to efficiently provide services to students. These include minimising “no shows” through reminder SMS reminders, making use of multiple formats such as phone counselling, workshops, email counselling, lectures, and providing online resources for students. The most common focus of evaluation of services was on student satisfaction. As there is significant evidence that satisfaction is important in service provision, but it does not equate to positive treatment outcomes (e.g. Jackson & Connelley, 2009), it is important that counselling services in Australia and New Zealand incorporate client outcomes to evaluate effectiveness.

Perceived increases in severe psychological problems over the past 5 years is similar to perceptions in North America (Gallagher, 2009). However there were some interesting contrasts between perceptions of change by heads of Australian and New Zealand counselling services compared to their American counterparts. There was an absence of widespread perceived increases in students experiencing problems with psychiatric medication issues, self-injury, drug and alcohol problems, eating disorders and on campus sexual assaults. This is similar to other counselling service data showing that the key problems faced by Australian university students are anxiety/stress, depression, academic, and relationship problems (Jackson & Connelley, 2009; Ryan, Shochet, & Stallman, 2010) and the focus of many web-based resources on Australian counselling services WebPages.

Limitations

One of the challenges of achieving a national understanding of the activities and challenges faced by university counselling services is the willingness of services to participate in research. The response rate for this survey was relatively low, particularly from Australian services, but it is much higher than the annual North American survey indicating that response rates are problematic internationally. Caution is therefore needed in generalising the findings to all Australian and New Zealand Counselling Services and these results should be interpreted as preliminary.

The similar ratios of counsellor to student ratios to unpublished Australian data (e.g., Downs, 2008; Jackson & Connelley, 2009) provides some indication that the sample may be fairly representative Australian and New Zealand counselling services at least in some areas. This survey also included universities from the Go8, IRUA, and NGU types of Australian universities and with all but one having multiple campuses. Subsequent surveys need to focus on engaging a higher proportion of Counselling Services to enable Australia and New Zealand to develop a longitudinal understanding of trends in Counselling Services.

Conclusion

This survey provides a preliminary picture of counselling services for Australian and New Zealand university students. It shows that counselling services are using a variety of formats and e-technologies to deliver services to students but are hampered by limited resources compared with their international counterparts. This could impact on their capacity to meet student needs, even more so in the future with changes that accompany higher education reform in Australia. Inadequate counselling support could increase attrition rates which impacts on students, universities, and the community through loss of potential.

References


