special article

Psychiatric Bulletin (2008), **32**, 187–188. doi: 10.1192/pb.bp.107.017970

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Psychiatric supervision of student university counsellors: a specialist registrar's perspective

The University of Greenwich located in south-east London has a diverse student population from more than a hundred countries that comprises a community of approximately 4000. To support its students the university has a confidential individual counselling service and I was given the opportunity to provide psychiatric supervision to three permanent counsellors over the 2006/2007 academic year.

Student mental health

The student counselling services have reported a rise in the severity of mental health problems presenting in students (Association for University and College Counselling, 2002). Andrews *et al* (2006) revealed that of previously symptom-free students, 9% had become depressed and 20% had become anxious at a clinically significant level. On the other hand, Rickinson (1997) demonstrated a significant reduction in levels of psychological distress in students who used a counselling service in contrast with a parallel control sample of equally distressed students who did not and showed no significant change in distress levels. In their report into the mental health of UK students, the Royal College of Psychiatrists (2003) reported that the students present more mental health symptoms than age-matched control groups and hence an adequately resourced university counselling service was encouraged.

Counselling for students in the UK is coordinated by the British Association of Counselling and Psychotherapy; Heads of University Counselling Services, a special interest group of the Association for University and College Counselling have developed a website on student counselling (www.student.counselling.co.uk) where they provide information about the support available. Listed on the website are emotional and psychological problems encountered by students using the counselling services (Box 1). Any of the presenting difficulties can result in or develop from mental illness.

Box 1. Emotional and psychological problems reported by students (as found at www.student.counselling.co.uk)

- anxieties about aspects of study including exams and presentations
- general stress and anxiety
- depression
- relationship difficulties
- eating problems
- bereavement and parental separation
- loneliness and homesickness
- lack of self-confidence or low self-esteem
- managing transitions
- making difficult decisions
- traumatic experiences including rape, assault and abuse
- difficulties with alcohol and/or drugs
- issues around sex and sexuality
- self-injury
- suicidal thoughts
- anger management
- worries about appearance

Counsellors

The counselling service at the University of Greenwich is spread across three campuses with associates and trainee counsellors at each. Together they see on average 430–500 students per academic year. Sessions with students are typically short-term (1–8 weeks) but longer-term counselling is also available. Students can self-refer to counselling but some are referred to by their tutors or department heads owing to poor academic results or psychological problems. The service aims to provide quick support to students, taking into account their academic demands, deadlines and term dates. Counsellors refer students to the National Health Service when medical assessment and/or treatment are necessary, but students are encouraged to seek medical attention themselves when their mental health problems appear severe.

The counsellors I supervised have experience in psychodynamic and cognitive–behavioural therapy, but they have not had any formal training in psychiatry. They reported seeing an increase in the number of students with mental health issues and those diagnosed with mental health problems.

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Author's perspective

As a supervisor, I did not attend sessions with students but had meetings with the counsellors on average once a fortnight. These were informal in nature, with no set agenda and flexible in duration. Typically each counsellor took turns to discuss one to three students and my responsibility was to provide information on mental health diagnosis and treatment. I would also advise on the mental health symptoms to look out for; for example, the topics we thus covered included the features of mania and hypomania, biological features of depression and ICD–10 classification of personality disorders. Names of medications were often unfamiliar to the counsellors and we went through the commonly used psychotropics and their side-effects. On some occasions I recommended the counsellors to gather more information to rule out or diagnose a mental illness and I would sometimes suggest that the counsellor contact, with the student's permission, their general practitioner. I was also available to be contacted outside of the supervision time in case of acute concerns and on one occasion this resulted in bringing forward a supervision session when disturbing suicidal thoughts were disclosed to a counsellor.

In general, I found the impromptu tutorials enjoyable and of great benefit to the counsellors but perhaps organising a timetable beforehand might have allowed more topics to be covered.

I learned that for some students attempting to complete a degree could easily contribute to distressing and varied psychopathology. A few had to repeat a year or more and entered into a viscous cycle where their mental health symptoms hampered their progress. Fortunately, the counsellors were skilled and able to support the vast majority of students without any further referral.

Feedback

After the completion of the 1-year supervision, I asked the counsellors for their feedback. Their impressions were very positive and what they particularly appreciated was the time to present case work without feeling judged. The insight gained from information on various mental health conditions and strategies, and reassurance as to their work gave them more confidence supporting students and allowed them to focus better. When asked about what they would have liked to be done differently by the supervisor they mentioned more information on diagnosis and the effects of a treatment. One counsellor explained that when some students described their medication, they expected her to understand its effect. Overall, both the counsellors and myself felt the supervision to be valuable and productive.

Conclusions

The sessions with student counsellors gave me an insight into a population that up to that time I had infrequently come across (at the time I was a specialist registrar in old age psychiatry) and allowed me to develop supervision skills. On their part, the counsellors appreciated the chance to discuss concerns with a mental health professional. I would recommend any such professional wishing to engage in this kind of work to contact the student counselling service of their local higher education institution. Those working in early intervention services may be particularly interested as the counselling service can be the first point of contact for students with onset of psychiatric symptoms.

Declaration of interest

None.

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https://doi.org/10.1192/pb.bp.107.017970 Published online by Cambridge University Press