

**Perceptions of the Student Counselling Service
at NUI, Galway**

Summary

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Introduction

It is accepted within the field of university counselling, that counselling services need to go beyond providing therapeutic services for a relatively small group of students to playing a more proactive and developmental role (HUCS, 2002a). Counselling is part of a whole range of initiatives and services that exist to enhance the attractiveness of a university to potential students and to support and retain those already attending. Counselling services can provide support and consultancy for staff, teaching, provision of workshops, and policy development in addition to their core function of providing counselling services.

The Student Counselling Service in NUI, Galway is part of the Student Services team. It offers a free service to students and defines its role as “*to assist students of all abilities who have a serious difficulty in their life at University and in doing so reduce the risk of student drop-out*” (Student Services, 2005). The types of service activities that are provided comprise:

- Short term individual support for distressed students
- Longer term support for students generally at risk of dropping out, or of self-harm or self-destructive behaviour
- Initial assessment appointments and emergency appointments
- Long term or short term group work.

The service’s development mandate also requires it to work with Faculties, academic staff, CELT and others to enhance learning support, to support students at risk and to help University staff make the appropriate support service referrals.

One of the recommendations of quality review process of Student Services (2004) suggests the setting up of facilitated informal ‘issue groups’ involving staff and students to identify reasons for the latter’s expressed lack of confidence in the Counselling Service. In response, Student Services questioned this perception but agreed that, if there was such deterioration in confidence, this should be addressed. In recent years, various research projects have looked at the Counselling Service in the context of other Student Services but the diverse aims, methodology and sampling of the studies makes comparison of findings problematic.

Previous Studies

Canavan (1999) reported a high level of awareness of individual Student Services; highest for the Health Unit at 95.2%, with lower levels for the Chaplaincy service at 84% and the Counselling Service at 78%. The satisfaction ratings were also high at 90% for Health Unit; 71.7% for the Counselling Service and 71% for the Chaplaincy.

The Quality Office of NUI, Galway commissioned research among full time students in 2001, 2003 and 2005 identifying and tracking changes in students’ perceptions of, and satisfaction with the services offered by the University. Over the 3 waves of the surveys, there is a tendency towards an increase in the percentage of respondents who report that they have dealt with the Counselling Service (4% to 8%). The surveys report satisfaction ratings, out of a maximum of 7, from those students in the sample who had experienced the different services, leading to a very small sample size in

some responses. Given that caveat, the ratings for different services for the years 2003 and 2005 are presented in Table 1 below.

Table 1: Rated overall satisfaction (out of 7) with services by students with direct experience of services in NUI, Galway (adapted from IMS, 2005)

Service	2003	2005
Health Unit	4.99	5.22
Careers service	n/a	5.25
Student counsellors	5.65	5.43
Disability support service	n/a	5.45
Faculty office	5.17	5.58
Fees/Grants, Examinations	5.01	5.77
Chaplaincy	6.65	5.95

In a qualitative study which included three focus groups with 24 students, few admitted to using the Counselling Service, but those that did were said to be impressed with it: *“I’ve actually been to the counsellors. They were excellent, brilliant – they really helped me”* (IMS, 2002).

Students’ awareness of and perceptions of the Counselling Services were also considered in a survey conducted in 2004 (Devaney, 2005). Among the findings in terms of awareness of, use of, and extent of referral among students, were that the Counselling Service was one of the least utilised by the respondents, and attracted a relatively low level of awareness.

Table 2: College services awareness, use and extent of referral among students in NUI, Galway (adapted from Devaney, 2005)

Service	% Not Aware	% Aware of, but have not used it	% Have used it	% Have referred somebody
Health Promotion	40.9	45.7	11.8	7.2
Disability	31.0	53.2	2.4	3.1
Sports Programme	28.3	31.5	37.8	30.2
Chaplaincy	23.0	57.9	15.9	15.9
Counselling	20.5	65.4	11.0	18.9
Careers Advisory	16.8	44.0	36.8	42.5
Health Centre	13.4	30.7	53.5	55.1

Service Users

A profile of the students who utilised the NUI, Galway Student Counselling Services in the academic year 2004-2005 was drawn up for the purposes of the current study. The student counselling data were provided by the Student Counselling Service and the student population data from the University website (www.nuigalway.ie).

The percentage of the student population who used the Counselling Service in the period September 2004 – May 2005 was 3.8%, of whom 71% were female. Thus, 2.8% of male students and 4.4% of female students had contact with the Counselling Service during the academic year 2004/5.

Table 3: Comparison of counselling clients with University student body

	University Students (%)	Counselling Clients (%)
Gender		
Male	39	29
Female	61	71
University Career		
Undergraduate	73	78
Postgraduate	20	14
Faculty		
Arts	49	56
Commerce	11	7
Science	16	24
Engineering	9	6
Law	6	3
Medicine & Health Sciences	9	3
Nationality		
Irish	90	94
EU	1.5	3.4
US	6.5	1.6
Other International	2.0	1.0

Thus, female students, undergraduates, students from the Faculties of Arts and Science and Irish students are over-represented as clients of the counselling service. Data on mature student status were not routinely collected within the Counselling Service during this period.

Methodology

This study comprises two parts; a cross sectional survey of students and a series of interviews with University staff. All data collection was undertaken between March and May 2006.

Staff Interviews: The qualitative component of the current study involved the gathering of the views and perspectives of 16 members of the management, academic and administrative sections of the University, as nominated by the steering committee. The interview schedule focussed on perceptions of the role and operation of the Counselling Service in NUI, Galway, experience of referring students to the service, suggestions for the future of the service and barriers to the implementation of developments. The interviewees were also asked how the University staff viewed the Counselling Service and what initiatives might make the service more effective. Interviews lasted c.30 minutes and were conducted by a single researcher. Confidentiality and anonymity were guaranteed. Two opted not to have their interview recorded; all other interviews were recorded and transcribed.

Student Survey: The desired sample was estimated to be 30 female and 30 male students from each of 1st year, final year and post-graduates from each Faculty. The International Students Office and the Disability Office also distributed questionnaires to students registered with their services. Students were surveyed by means of a self-administered questionnaire that was designed to provide the following information:

- The relative level of awareness of Student Services
- Sources of information used
- Perceived sources of help for a range of problems
- Perceptions about the usefulness of counselling in general
- Awareness of the types of counselling available
- Perceptions about the extent to which fellow students are well informed about and their opinion of the Counselling Service in NUI, Galway
- Barriers to using the Counselling Service in NUI, Galway
- Suggestions for improvements to the service

With the agreement of lecturers, students were accessed at the start or the end of teaching times. Data were also collected through direct contact with individual students on campus.

Findings from the interviews with staff

In total 16 stakeholders were interviewed. There was a single pair with whom a joint interview was conducted, but for all of the others, the interview was conducted on a one-to-one basis. Interviewees included members of the University Management Team, Faculty Deans, Student Services personnel, Course Directors, Student's Union and Administrative staff. The collated responses of the interviewees are presented descriptively below under the sub-titles; quality of service, role of the service, access to the service, referring students, information, barriers to service use, making the service more effective and the Counselling Service in the future.

Quality of the Service

Interviewees perceived the service offered to the students by the Counselling Service to be of a very high quality:

“the counsellors themselves and I will say this without any reservations, all of the counsellors are highly thought of and highly spoken of...” (Participant 14)

One interviewee referred to the high rating that the service repeatedly achieved in student satisfaction surveys as evidence of this standard of quality.

Students who had used the Counselling Services were also perceived by the staff to view the service positively:

“I think students who use the service think it's great. Any student who doesn't, doesn't have much of an attitude towards it, either negative or positive but a lot of people would know it is there if they ever need it.” (Participant 1)

Most commonly, interviewees considered that other University staff felt positively towards the Counselling Service although several felt that it would not be an issue about which many staff would give much thought:

“I don't know ... if it's high on staff awareness of what's available. I think the awareness of the health unit and this kind of thing would be much higher ... people wouldn't consider Counselling Service, I don't think, if you didn't have to deal ... ” (Participant 2)

Two interviewees stated that staff may believe that the counsellors had ‘an easy number’ within the University (Participants 3 & 8).

Role of the Service

Interviewees identified the role of the Counselling Service in NUI, Galway as providing assistance, support, help and advice. The University was characterised as:

“a very hard place; it can be a very technical place, a very structured place” (Participant 3)

Several interviewees discussed the role of the service in relation to providing support to enable students to cope with, and remain in, college:

“help them to work through those problems and to be able to continue with a normal college life” (Participant 1)

with the service identified as a component of a retention strategy. This support was considered, by one interviewee, as being of particular importance to students who have entered college through the Access routes:

“and many of those would have come into college with what you might say is baggage ... (needing) to talk about, things that need to be resolved, issues, personal, family type issues ... to allow them to progress through college and achieve the goals for which they came here” (Participant 14).

Two interviewees raised the possibility that some students abuse the Counselling Services. Evidence was offered about *“a percentage of students who say they are stressed, just playing the system”* and these students were said to be *“chancing their arm”*, particularly around exam time (Participant 5).

Several interviewees discussed the impact of the mature students on the services and the consensus was that they were heavy users of the service. However, views diverged as to how this should be construed. Some interviewees who raised this issue considered that if the University is recruiting non standard students, then they have to be dealt with as they present:

“mature students bring with them a lifetime of problems as it is, if you are eighteen or nineteen, you only have eighteen or nineteen years worth of problems as it is. But if you’re forty or fifty, you’ve forty or fifty years worth of problems. Mature students have no problems at all accessing the service because it is a great service and they see it as so” (Participant 1)

while others suggest that their use of the service might be inappropriate:

“I think, perhaps, there are students coming into it, particularly mature students who in a sense are taking advantage. They need a counsellor, that’s not the issue but are using us to provide that Counselling Service” (Participant 9).

The role of the University to provide on-going as opposed to short-term support was an issue of concern to some interviewees. A few were clear that the service should be a crisis one only, and any student who required longer term support should access this outside the University. This issue led an interviewee to consider whether counselling is the service that many students require and suggested that there may be an:

“overemphasis by the counsellor on the value of what they do and the importance of what they do and the need to counsel people and sometimes they really don’t need it” (Participant 9)

whereas, often, appropriate support could be given by friends, colleagues and academic staff in the college. The counter-balancing opinion about the value of ongoing support from counsellors was voiced by another interviewee:

“there are students of whom I would say, wouldn’t have gotten through college ... if they didn’t have the backup from the Counselling Service ... and that backup was not intermittent or sporadic. In many cases, it was there as a steady, an ongoing type of contact for the student ... and they weren’t limited to a number of sessions in the year” (Participant 14).

One interviewee was clear that for a particular student, the experience was a life-saving one:

“with one particular student, they would have committed suicide only that they had counselling on a continuous basis, not just once but on a continuous basis.” (Participant 7).

One believed that staff used the Counselling Service to avoid interacting with students in situations which they found difficult or challenging:

“staff use counsellors to, to be blunt about it, to get rid of students that they are afraid of, maybe get rid of is too strong, but to deal with students they feel inadequate to deal with or that they are afraid to deal with” (Participant 3).

Access to the Service

Many interviewees referred to changes they perceived to have taken place within the service in recent times. One believed that the service was *“becoming more streamlined and more professional all the time”* (Participant 1) while another considered that this amounted to the service changing *“it’s focus and it’s structure and it’s system and it’s direction”* (Participant 3). Most, however, discussed the changes in terms of the consequences they were perceived to have had on the appointment and waiting list system and all of these perceived those consequences to be negative. The current system was contrasted to the previous one, which was perceived to be more responsive and more flexible.

The issue of timeliness of access was highlighted by some interviewees. One called for a walk-in service; another acknowledged the difficulties of an ‘open-door’ policy but still hoped that many of the benefits of such a regime could be maintained:

“I know you can’t have a total drop in service, it’s not realistic, but I would like to feel that some element of that open door policy metaphorically speaking could be maintained. I would like to see it continuing to give opportunity to come in and be seen rather than going on a waiting list. Too many students this year who have been distressed and crying because they haven’t been able to get an appointment” (Participant 12).

Referring Students

Many of the interviewees had referred students to the Counselling Services. All the interviewees who had received feedback from referred students had had positive reports of the experience.

Several interviewees expressed their concerns that the Counselling Service has, in recent times, only accepted direct self-referrals from the student in difficulty¹. It was considered that this might be a difficult or impossible step for a student to take at a vulnerable point in their lives. It was suggested that the point at which a student discussed their problem with a member of staff, the staff member should be in a position to refer the student and both should have a reasonable expectation of an immediate appointment with the Counselling Service. However, the new system was said to militate against effective referring:

“I say you must see a counsellor but then they have to wait, having grasped the iron ... and I find that very frustrating in the present system, that there is a waiting list of three to four weeks. They may not be in that place in three or four weeks time. The old system was that someone would have accommodated them” (Participant 3).

¹ This is an inaccurate perception. Referrals directly from staff are accepted when the student in question is physically with the staff member. The counselling service does not follow-up with students who are not with a staff member (e.g. in a staff office) at the time of the referral from the staff member.

This difficulty and the perception that not all emotional problems experienced by students require the attention of a qualified counsellor led this interviewee to propose that another level of support should be resourced for students. This level, it was suggested, would equate to ‘*care in the community*’ (Participant 3) as opposed a consultancy service.

Information

Several interviewees considered that there may be an information deficit among academic staff. Staff, it was suggested, needed help to identify students who may be experiencing difficulties and to be aware of what services are available to such students:

“they might be vaguely aware that they are there but they really don’t know an awful lot about it until there is a student in distress and then they start thinking about what do I need to do and what should I be doing and where do I need to go and how do I handle this” (Participant 8).

In general, interviewees considered that sufficient/considerable efforts were made to inform students about the services:

“There’s a lot of information out there, but whether its being accessed by all who need it is the next question. There’s never been more information out there through websites and screens when you walk into buildings and Student Services and websites” (Participant 14).

However, several doubted that such information is actually accessed until it becomes personally relevant to individual students: *“it’s only when you need it that you will actually go looking for it”* (Participant 7) and it was suggested that for this reason, information should be given periodically and not just at set times during the academic year. A further concern was raised by a participant who doubted the effectiveness of the information that was received by students, notwithstanding the efforts of service providers:

“they have all this orientation and literature and the services do make a big effort to sell themselves to the students, but so much of what goes on in a students’ life seems to be predicted on this kind of cultural what their buddies tell them and sometimes that information is quite distorted and quite incorrect, I feel” (Participant 12).

Two interviewees were cautious about the consequences of improving the information available to students without ensuring that the resources existed to meet any resultant demand: *“we might create a demand that we couldn’t fulfil”* (Participant 9).

Barriers to Service Use

Stigma was the most commonly cited barrier to students using the Counselling Services. Students were perceived to be reluctant to admit to problems that might be resolved through counselling and to:

“feel their problems are private and they don’t want to talk about them” (Participant 4).

Because of this perceived stigma, it was considered important by several interviewees that students be able to access the service very quickly after making the decision to seek assistance:

“if they go up to the office and nobody can see them straight away, I don’t know. Sometimes, when we don’t feel well, if somebody don’t act immediately, it may not work out the best way” (Participant 10).

If such speedy access was inhibited by lack of resources, then it was felt that such resources ought to be increased. It was also argued that referrals other than self-referrals be accepted (but see footnote on p7).

The perception that students may feel stigmatised by their difficulties also led some interviewees to consider that the location of the service was of great importance. However, opinions were divided as to whether it was better that this location was a separate, and possibly isolated one, or one that was centrally located within other, disassociated college services.

Another interviewee felt that a lack of understanding about the service on the part of college staff acted as a barrier to the services. The responsibility on staff to pick up on student difficulties was also identified and initiatives which are being put in place to assist students were discussed.

Making the Services More Effective

Most interviewees stated that more resources were the key to more effective services and some linked this to an increased number of counsellors within the service:

“I think for many years the counselling was running on good will and prayers almost ... they were doing their best to accommodate everyone, sometimes risking their own health and well-being for it ...” (Participant 14).

Reducing waiting lists and recruiting more counsellors were identified as means to a more effective service and resources were said to be an imperative. One interviewee was clear that the resources issue was an objective one and should be dealt with as such:

“those are technical, those are issues that shouldn’t be hard to figure out. There should be objective data that shows what the waiting times are. If they are wrong, if they are inappropriate ... they should be dealt with ...” (Participant 9).

This interviewee was also clear that the University’s function was not primarily to provide counselling and should therefore be both discriminating and limited in the service which it provides. Likewise, but from a different standpoint, other interviewees identified the complexities and diversities of issues with which the services currently deal:

“I mean students get stressed before exams and there is a difference between students who are stressed and students who need counselling for bereavement and all those other things” (Participant 8).

Others suggested that greater flexibility would serve to maximise the resources of the Counselling Services and initiatives such as more adaptable opening hours would be a start. Extended or flexible opening times were mooted, with several interviewees wondering about the times of the services not fully reflecting the times that students are most likely to be on campus.

Many called for a consideration of a reallocation of resources; thus some suggested that departmental and other staff could be trained to acknowledge and support students through various issues. One interviewee was clear that all services should be structured in a way that they would not become a long term crutch to the student.

The Counselling Service in the Future

Several interviewees cited the need for more counsellors in the future and that this should include a male counsellor. It was suggested that other support services should be strengthened and developed to take the pressure off the counsellors and to forge a seamless and integrated path that may lead to the Counselling Service.

The need to broaden the preventative and proactive work of the service was discussed by an interviewee in order, it was said, that the service would amount to more than crisis management. Suggestions that the strengthening of other services might serve to reduce the pressure on the counselling series were made by some interviewees. The Mind, Body and Soul programme was identified as a helpful one that should be expanded and it was also suggested that the further resourcing of services for students with disability and for overseas, access and mature students might be useful.

Stronger Faculty support for students with each department having effective student advisory services were also considered to be initiatives that could enhance the effectiveness of the services which student receive. Such enhancements would also serve to increase the integration between the academic and personal aspects of college life. It was suggested that such integration might prevent students only gaining access to services when their problems have already “*got a bit too big for them*” (Participant 2) and was identified as an important development for the service.

Findings from the survey of students

The data collected by questionnaire are presented under the sub-sections; profile of respondents, awareness of Student Services, sources of information, sources of help and perceptions of the student Counselling Service at NUI Galway.

Profile of Respondents

In total, data were collected from 1,412 eligible students. Table 4 below indicates how many students can be classified into the various groups, but does not include four students for whom there is incomplete data.

Table 4: Number of respondents by gender, Faculty and stage of university career

Gender	Males				Females			
	1st yr	Final yr	PG	Total	1st yr	Final yr	PG	Total
Arts & Celtic Studies	32	34	31	97	131	56	42	229
Commerce	56	30	34	120	60	34	31	125
Engineering	33	39	30	102	5	30	25	60
Law	34	32	30	96	76	34	54	164
Science	46	32	32	110	93	40	32	165
Medicine & Health Sciences	30	31	-	61	30	49	-	79
Total	231	198	157	586	395	243	184	822

The gender split is representative for most faculties, though within this sample women are over-represented in Engineering and under-represented in Medicine and Health Sciences, a result of the quota sampling adopted. In total, 135 (9.6%) reported that they were mature students, 29 (2.1%) that they had a disability and/or were registered with the disability service, and 114 (8.1%) that they were from outside Ireland. The

data below are presented for the whole sample ($n=1,412$). Where there are statistically significant differences (at $p<0.05$ or lower) by gender, Faculty or stage of university career relevant to the counselling service these are noted. Only first year students ($n=626$) are included in analyses involving the student connect mentor service. All data are self-report and only valid percentages are reported.

Awareness of Student Services

Students were asked to indicate their level of awareness of a range of Student Services and to indicate whether they had ever availed of the services.

Table 5: Percentages reporting service awareness by student service

Service	% Not Aware of service	% Aware of service but have not used it	% Have used the service
Student Health Unit	9.9	45.6	44.5
Counselling Service	16.9	76.4	6.7
Chaplaincy	25.0	65.0	10.0
Disability Support Service	27.8	69.5	2.7
International Students' Office	38.3	55.6	6.1
Mature Students' Office	39.9	55.4	4.8
Mind, Body & Soul Programme	49.9	46.3	3.8
Student Connect	56.3	40.6	3.1

University career: First year students were less likely than final year students to have used the counselling service (3.1% vs. 10.6%).

Sources of Information

Students were asked to indicate how they find out about the services available to them within the university.

Table 6: Percentages reporting the following sources of information about services

Source	%
Website	56.5
Friend	54.3
Student Handbook	40.6
Students Union	27.7
Orientation Programme	25.4
Publicity Material	22.6
Student Health Unit	19.2
Academic Staff	14.5
Student Connect Mentor	9.4
Other	4.6
Other Staff	3.2

Note that because students could respond positively to as many of these as appropriate, these percentages do not sum to 100%.

Sources of Help

Students were asked to indicate where they would go to for help if they were to experience a range of problems.

Table 7: Percentages reporting that they would look for help from the following sources by type of problem

	No-one	Partner	Family	Friend	Student health unit	Student connect mentor	Home GP	University counsellor	Other counsellor	Books/ Internet	Self help group	Lecturers or Tutors	Students Union
Depression	11.3	21.3	51.0	53.7	9.5	1.0	14.0	12.2	4.9	7.7	1.3	0.6	0.5
Anxiety	12.5	22.0	45.7	55.5	7.1	0.3	7.4	6.4	2.8	3.8	1.0	1.7	0.2
Study problems	12.0	11.3	26.1	54.6	1.3	3.9	0.8	4.9	0.4	13.4	1.3	30.2	2.4
Financial difficulties	6.6	12.3	80.1	19.5	0.6	0.3	0.7	3.2	1.0	1.9	0.6	0.6	5.6
Work related stress	16.2	18.8	47.3	48.5	3.5	0.7	3.1	3.4	1.6	1.7	1.1	3.3	0.6
Unplanned pregnancy	7.1	29.9	33.3	46.2	27.7	0.7	20.8	7.5	3.5	5.0	0.6	0.6	1.1
Addiction / Substance use	13.2	13.4	27.6	44.0	20.2	1.0	16.4	9.3	5.8	3.9	3.9	0.2	0.4
Loss / Grief	7.8	25.2	70.6	59.8	2.7	0.2	3.1	10.6	5.4	0.8	1.5	1.0	0.3
Relationship problems	9.2	16.6	30.8	74.7	1.3	0.0	1.2	3.8	2.0	1.3	0.6	0.2	0.2
Eating disorder	18.8	10.8	34.8	35.2	19.1	0.8	21.3	8.0	5.7	6.0	2.8	0.2	0.5
Issues about sexuality	23.1	11.0	20.2	44.5	7.7	0.7	5.8	8.7	4.3	6.8	1.4	0.3	0.5
Bullying	13.3	15.1	42.6	58.2	2.4	2.7	2.0	10.2	2.7	1.7	1.1	3.9	3.1
Physical illness	3.7	14.9	48.7	31.0	36.9	1.3	41.3	2.9	1.0	4.0	0.4	1.0	0.5
Physical abuse	9.7	16.2	46.7	51.1	13.9	1.0	12.7	12.6	7.0	1.7	0.9	1.1	1.5
Sexual abuse	11.4	14.4	42.2	46.2	15.2	0.8	14.9	14.4	8.3	2.0	1.9	1.1	1.5
Loneliness	18.8	20.1	47.9	60.1	2.2	1.3	2.0	6.6	2.8	2.2	1.3	0.5	0.5

Note that because students could respond positively to as many of these as appropriate, these percentages do not sum to 100%.

Gender: Females were more likely than males to nominate the *university counsellor* as a source of help for depression (14.2% vs. 9.2%), unplanned pregnancy (8.7% vs. 5.2%) and loss / grief (12.3% vs. 8.0%).

Faculty differences: Amongst males, those from the Medicine and Health Sciences Faculty were most likely to nominate *university counsellor* as a source for eating disorder (17.0%), issues about sexuality (16.4%) and physical abuse (25.0%). Those from the Engineering Faculty were most likely to nominate *university counsellor* for anxiety (16.9%), relationship problems (13.8%) and issues about sexuality (15.5%).

University career: The *university counsellor* was more frequently reported by first years as a source of support for study problems (first years 6.5%, final years 3.7%, post-graduates 3.3%) and unplanned pregnancy (first years 10.9%, final years 5.1%, post-graduates 4.1%).

General Perceptions of Counselling

Students were asked to indicate what they felt about counselling in general.

Table 8: Percentages reporting the perceived usefulness of counselling

Level of usefulness	%
Very useful	17.4
Useful	38.2
Don't Know	39.3
Not Useful	3.1
Useless	2.0

Gender: Females were more likely than males to report perceiving that counselling was very useful (20.4% vs. 13.1%) and useful (40.4% vs. 34.7%).

Faculty differences: Male students from the Engineering Faculty were least likely (30.3%) and males from the Arts Faculty most likely (59.4%) to report that they thought that counselling was useful or very useful. Female students from the Law Faculty were least likely (49.0%) and those from the Arts Faculty most likely (70.6%) to report that they thought that counselling was useful or very useful.

University career: Post-graduates were most likely to report that they perceived counselling as very useful (first years 14.8%, final years 18.6%, post-graduates 20.9%).

Perceptions of the Counselling Service in NUI Galway

Perceptions of types of counselling and help available

Students were asked what type of services are available from the Counselling Service within NUI Galway.

Table 9: Percentages reporting the availability of types of help from the Counselling Service

Type of help or counselling	% Available	% Not available	% Not available but should be	% Don't know
One to one counselling (≤ 4)	67.0	3.5	1.6	27.9
Pregnancy counselling [∇]	61.3	3.5	3.7	31.5
Addiction counselling [∇]	52.9	5.1	4.9	37.1
One to one counselling (> 4)	52.5	6.2	5.5	35.9
Workshops	43.5	5.9	5.8	44.8
Self help groups*	40.9	7.8	5.3	46.0
Group counselling	37.1	9.9	5.1	47.8
Telephone counselling [#]	35.3	13.4	9.4	41.9
Peer counselling*	29.8	11.4	5.3	53.6
Psychosexual counselling	24.6	9.6	5.5	60.3

Gender: Females were more likely than males to report that the following are available; pregnancy counselling (65.3% vs. 55.4%), addiction counselling (55.4% vs. 49.1%), workshops (47.2% vs. 37.5%), one to one counselling (> 4 sessions) (57.7% vs. 44.8%), one to one counselling (≤ 4 sessions) (71.4% vs. 60.4%). Males were more likely than females to report that the following are not available, but should be; addiction counselling (6.2% vs. 3.9%) and workshops (6.9% vs. 5.0%).

Faculty differences: Male students from the Medicine and Health Sciences Faculty were least likely to report that pregnancy counselling was available (48.2%) and most likely to report that they thought it should be (8.9%). Those from the Engineering Faculty were least likely to report that workshops are available (25.5%) and most likely to report that they should be (8.5%), while males from the Science Faculty were least likely to report that telephone counselling was available (26.6%) and those from the Medicine and Health Sciences Faculty were most likely to report that they thought it should be (14.5%).

University career: First year students were more likely than other students to report that they thought the following were available: peer counselling (first years 34.4%, final years 26.8%, post-graduates 23.9%), self-help groups (first years 45.9%, final years 36.4%, post-graduates 37.2%), group counselling (first years 42.2%, final years 33.2%, post-graduates 32.7% and pregnancy counselling (first years 66.6%, final years 57.0%, post-graduates 57.1%). Post-graduates were more likely to report that

[∇] These issues are dealt with as they arise during counselling, rather than being offered as a specific service or speciality

* These types of help are NOT currently offered

[#] Telephone counselling is offered on an ad-hoc basis

they thought that self-help groups should be available (first years 4.4%, final years 4.7%, post-graduates 7.9%).

Perceptions of how well informed other students are

Students were asked how well informed they thought fellow students were about the Counselling Service in NUI Galway.

Table 10: Percentages reporting how well students are informed about the Counselling Service.

Perceived	%
Very well	2.1
Well	12.6
Don't know	27.0
Not well	48.3
Not at all well	10.1

Faculty differences: There were no significant Faculty differences among the male students. Females in the Commerce Faculty were least likely (9.9%) and those in the Engineering Faculty most likely (20.4%) to report that their fellow students were well informed about the Counselling Service.

University career: Undergraduates were more likely to report that they thought their fellow students were not well informed about the Counselling Service (first years 59.3%, final years 62.7%, post-graduates 50.3%).

Perceptions of what other students think about the Counselling Service

In total 1,239 students responded to this question, most reported that they did not know, or were unaware of what other students thought, others that other students did not have any knowledge of the service. Of the remainder, there were more positive than negative responses. The service was described as being useful and giving help to those who require it, but needing more publicity. The service was also described as being difficult to approach, over-subscribed and having a lengthy waiting list.

Perceived barriers to using the Counselling Service

Students were asked what would prevent them using the NUI Galway Counselling Service if they had a problem.

Table 11: Percentages reporting that the following are barriers to attending the Counselling Service.

Perceived Barrier	%
Lack of information about what is available	52.7
Preferring to get help from those known to me	47.2
Not being sure what counselling offers	45.7
Preferring to deal with problems in other ways	40.8
Being ashamed of the problem	39.8
Being afraid to face up to the problem	33.1
Perceived stigma associated with seeking help	27.2
Fear about how much it might cost	25.2
Concern about the length of the waiting list	20.0
Not trusting the counsellor or service	19.8
Believing that counselling is not worthwhile	15.8
Other	2.9

Note that because students could respond positively to as many of these as appropriate, these percentages do not sum to 100%.

Gender: Males were more likely than females to report perceived stigma (31.7% vs. 24.1%) and believing that counselling is not worthwhile (22.8% vs. 11.1%) as barriers. Females were more likely to report the following as barriers: lack of information (57.8% vs. 45.5%), not being sure what counselling offers (48.3% vs. 41.8%), being afraid to face up to the problem (38.5% vs. 25.1%), concern about the length of the waiting list (23.1% vs. 15.1%), fear about how much it would cost (28.2% vs. 20.8%), not trusting the counsellor or the service (22.5% vs. 16.0%) and preferring to get help from those known to me (50.2% vs. 42.8%).

Faculty differences: Males from the Science Faculty were most likely (37.2%) and those from the Engineering Faculty least likely (15.2%) to report being afraid to face up to the problem as a barrier. Females from the Commerce Faculty were most likely to report that concern about the waiting list was a barrier (32%), those from the Arts Faculty were most likely to report that fears about how much it would cost was a barrier (38.2%), those from the Law Faculty were most likely to report not trusting the counsellor or the service (31.4%) and preferring to get help from those known to me (60.4%), while those from the Medicine and Health Sciences Faculty were most likely to report preferring to deal with problem in other ways (52.6%).

University career: Post-graduates were more likely to report that concern about the length of the waiting list was a barrier (first years 16.5%, final years 22.4%, post-graduates 23.6%) and first years were more likely to report that being afraid to face up to the problem (first years 36.9%, final years 30.0%, post-graduates 29.6%), being ashamed of the problem (first years 43.8%, final years 40.9%, post-graduates 30.2%) and preferring to get help from those known to me problem (first years 51.3%, final years 40.7%, post-graduates 47.8%) were barriers.

Suggestions to Improve the Counselling Service

In total 984 students responded to this question, most suggested that more awareness was required, increased advertising and information dissemination. Specific suggestions included details of location, procedures (how to get access, costs, reassurance of confidentiality), what counselling involves, examples of success stories or case studies, types of services available and the benefits of counselling. Students suggested that information could be made available on the university website, student union e-mails, student handbook and posters on campus. A higher visibility for the service was also recommended which, it was suggested, could include counsellors introducing themselves at lectures. Given that first year students are perceived to be overwhelmed during their first weeks at university, it was suggested that information be disseminated throughout the academic year and targeted at all student groups.

Counselling Service Clients

Ninety three students (6.7%) reported that they had used the NUI Galway Counselling Service. All of these were full-time students, and were more likely to be final year students rather than first years, but there were no significant differences by gender or Faculty. Those who had experience of the service were more likely than others to report that they felt that counselling was useful (80.4% vs. 53.7%), fellow students are well informed about the service (25.5% vs. 13.9%) and that longer term one to one counselling is available within the service (72.5% vs. 50.8%).

Those who have been clients of the Counselling Service are also more likely to report that they have used a range of other Student Services including the chaplaincy service (41.9% vs 7.7%), disability services (18.9% vs. 1.4%), international students office (14.4% vs. 5.6%), mature students office (13.2% vs. 4%), student connect (8.9% vs. 3.4%), student health unit (73.9% vs. 42.2%) and the mind, body and soul programme (19.6% vs. 2.6%). They also reported that they were more likely to source information on Student Services from the student health unit (39.8% vs. 17.9%) than were those who had never been clients of the Counselling Service.

Those who have been clients were more likely to report the *student health unit* as a source of help for depression (21.1% vs. 8.8%), anxiety (19.8% vs. 6.2%) and eating disorders (30.7% vs. 18.5%), their *home GP* as a source of help for anxiety (14.3% vs. 6.8%) and their *partners* as a source of help for anxiety (31.9% vs. 21.1%).

Most notably, they reported the *university counsellor* as a source of help for a range of problems more frequently than did those who had never been clients. These problems included depression (44.4% vs. 10.0%), anxiety (31.9% vs. 4.6%), unplanned pregnancy (20.0% vs. 6.5%), addiction / substance use (19.3% vs. 8.5%), loss and grief (28.6% vs. 9.2%), issues about sexuality (18.7% vs. 8.0%), bullying (25.6% vs. 9.1%), physical abuse (27.1% vs. 11.6%), sexual abuse (30.6% vs. 13.3%) and loneliness (16.7% vs. 5.8%). They were less likely to report their *friends* as a potential source of help for relationship problems (65.6% vs. 75.7%), eating disorders (25.0% vs. 36.0%), bullying (44.2% vs. 59.3%) and sexual abuse (35.3% vs. 47.2%).

In relation to barriers to service use, those who have been clients were less likely than those who have not to report a range of potential barriers, including: not being sure what counselling offers (33.0% vs. 46.7%), preferring to deal with problem in other ways (26.4% vs. 42.1%), fear about how much it would cost (16.5% vs. 26.0%), lack of information (33.0% vs. 54.4%) and preferring to get help from those known to me (27.5% vs. 48.7%).

Summary

Awareness

Although the majority of students are aware of the Counselling Service, awareness was low in relation to issues such as the range of services available and modes of access.

Quality

There was general agreement that the quality of the service offered was very high and professional, this was particularly the case among those who had direct experience of the service.

Access

There was a general lack of knowledge in relation to how to access the Counselling Service and there were some inaccurate perceptions about the process and operation of waiting lists.

Barriers

Both staff and students reported that stigma was an important barrier to service use and students also reported that lack of information in relation to counselling and what services are available were relevant barriers.

Future

There was general agreement that more information about the services available, including how to access them, was important. Other suggestions included increasing the level of service, greater flexibility in service delivery and more preventative measures, both within and external to the counselling service.

Role of the service

There is a lack of clarity on the optimal balance of service provision in relation to crisis counselling, befriending, drop-in services, long-term counselling and to what extent the counselling service should act as a facilitator of student retention.

Conclusion

It is clear that clarity is required around the nature, role and thus expectations of the counselling service. This discussion needs to be informed by reflection on the current situation in NUI Galway and international best practice in student counselling. Although the Counselling Service is widely viewed as being of high quality, two issues require attention – a general information deficit and more specifically, inaccurate perceptions of the protocols employed to gain access to the service. It must be considered that awareness-raising is likely to lead to increased demand and associated resource requirements, and thus all such aspects of service delivery must be considered together.

The emergence of the current waiting list system was due to increasing service demand, which in turn has a number of origins, most notably a historical increase in student numbers that has not been met by a similar resource within the service. The increasing proportion of students presenting with mental health difficulties who require specific, professional and on-going support compounds this. It is important to recognise this need as it militates against both a befriending only service and a crisis only service. Many clients present during a crisis, but require longer-term assistance and support.

Recommendations

1. Clarity is required on the role of the Counselling Service in relation to the optimal level and extent of services provided. This has direct implications for both resource requirements and the relevance of the following recommendations.
2. Periodic promotional campaigns are required for both University staff and students to address the information deficit. This should include:
 - The location of the service
 - What counselling involves
 - The potential benefits of counselling

- The range of counselling services that are offered
- The procedural steps needed to access these services
- Examples of success stories

3. Voluntary training is required for University staff and student mentors on recognising and helping a distressed student, which should include methods of referral and access routes to all student services, including counselling.

4. The further development and dissemination of evidence based policy and practice within the service could include; waiting list management, staff complement, range of services and timing of and access to the services provided. Processes need to be put in place to consider these issues.

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