



## Roundtable Discussion on Mental Health Supports in Schools and Tertiary Education

Technological Higher Education  
Association (THEA)

Joint Oireachtas Committee Further & Higher Education, Research, Innovation, and  
Science

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### Introduction

Chairman, and members thank you for this opportunity.

In its excellent paper on Future Funding, this committee tellingly devoted a complete chapter to mental health. It stated:

*Promoting positive mental health must be of paramount importance in higher education. All HEIs should be designated as Places of Sanctuary and actively support student health and well-being with a specific focus on vulnerable groups including displaced students seeking refuge in this country.<sup>1</sup>*

The Covid pandemic bequeathed many lessons. It cast a spotlight on the inequities within the educational system and instilled a determination to address these. The HEA's new access plan, published in August 2022, extends our notion of enabling entry to a more inclusive and diverse structure to encompass access, participation, and success in higher education.<sup>2</sup> The state and its institutions commit not just to widening participation but to supporting all learners through the system.

The pivotal role that mental health and wellbeing supports play in sustaining our higher education student population has become increasingly recognized and prioritised. We have welcomed the recommendations that this committee has made in that context. As you have referenced chair, I am joined today by my colleague Treasa Fox of TUS, to afford the committee a direct perspective from a professional of long standing.<sup>3</sup> Treasa works in a community of practitioners across higher education and their advice is key to ensuring that supports are targeted appropriately and effectively.

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<sup>1</sup> The Future Funding of Higher Education (July 2022), 8

<sup>2</sup> National Access Plan; a strategic action plan for equity of access, participation and success in higher education 2022-2028.

<sup>3</sup> TUS is the abbreviation for the Technological University of the Shannon.

## Context

Mental health Student Counselling Services are the dedicated mental health support service available across higher institutions. The work is best described by the Comprehensive Student Counselling Service model which identifies four foundational pillars:

- **Clinical services**
- **Consultation and collaborative services**
- **Outreach, prevention, and early intervention**
- **Training and education.**

Evidence points to a dramatic increase in demand for student counselling services in recent years and also a consistent rise in self-reported self-harm and suicidal ideation among the student population.

In Ireland in the academic year 2019/2020 12,852 students attended near 65,000 counselling appointments. In 2020/2021 this rose to 14,386 students attending for some 69,000 counselling appointments, a figure which represents attendance at student counselling services of 6% of the total number of students.

## What can we expect if student counselling services are not adequately resourced?

International evidence shows diluted treatment, limits of eligibility for care, and other limitations lead to poor outcomes with less symptom reduction.

This research has recently been examining the “clinical load” and its impact on counselling service delivery and outcomes. The Clinical Load Index is a standardized and comparable score that describes the standardised caseload of a student counselling service. The CLI can be thought of as “clients per standardised counsellor” per year; in simple terms, the demand/supply balance or imbalance in a student counselling service. The research shows that working with a high Clinical Load index meant services provided fewer appointments that were scheduled further apart and produced less improvement in symptoms. Additionally, High CLI services require clinicians to absorb clients in their schedules regardless of available openings in an effort to serve more students.

The results demonstrate that services with lower annual counsellor caseloads have increased capacity to provide more treatment, on average, to students across all presenting concerns and identities, including those with critical needs (e.g., students with suicidality, sexual assault survivors, students with a registered disability, and first-generation students). Conversely, services with higher caseloads will likely struggle to offer more care to students with safety concerns and high intensity needs. Diluted treatment (spreading appointments out, limiting the number of appointments, shortening appointment lengths), limits on eligibility for care, and other scope-of service limitations will be common. Those at the high end of this zone may need to focus almost entirely on rapid-access, crisis stabilization, and external referrals. Work stress in this zone will likely be focused on a near constant level of excessive demand for services by students in high levels of distress paired with the inability to provide treatment on site.

## Perspective from the National Student Survey

This research has particular relevance to the data in the recently published Student Survey 2022. A new question was introduced to the survey in 2022 which asked: “Have you ever seriously considered withdrawing from your degree programme?” Results indicate that *over one in three respondents (36.6%)* have. This is particularly high for final year undergraduate respondents, with more than two in five indicating that they have considered withdrawing from their programme.<sup>4</sup>

The most common reason provided was *personal or family reasons* (13.3% of all respondents). This was followed by *financial reasons* (9.8%). In qualitative responses 10% specifically called out their mental health as reason to withdraw. The challenges of balancing personal life, work, and study; loneliness and difficulty making friends; and lack of support from the HEI all featured significantly in consideration of withdrawal. Without access to appropriately resourced, timely and adequate counselling services many students, because of personal or mental health reasons, will inevitably withdraw.<sup>5</sup>

## Call to action

We warmly welcome the post-Covid increases in mental health funding; but our advice is that there is a clear need for multi-annual core funding, ring-fenced for student counselling services, to ensure continuity of improved services. This will embed the enhancements arising from the lessons of the pandemic. We also strongly recommend adhering to internationally recommended ratios and the Clinical Load Index. Specifically, we repeat our call for increased multi-annual ring-fenced core funding to support higher education institutions to meet international standards of 1 counsellor to 1,000 students.

It has become increasingly difficult to recruit qualified and experienced counsellors/psychotherapists/psychologists offering the short-term contracts that have been necessary due to once-off nature of the recent funding allocations. Student counselling should be identified and promoted as a viable and attractive career path for such professionals and will only be so with guaranteed core funding in order to support long-term/permanent posts which are not possible to offer based on the current ad-hoc funding model.

Thank you chair and members.

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<sup>4</sup> The figure is (44.7%). For first year undergraduate respondents, this was 35.0%.

<sup>5</sup> This is a concern at all years of an undergraduate degree, but as the data shows, becomes more prevalent as students progress on their programme.

## Appendix

The four pillars of Student Counselling Services (SCSs) expanded:

**Clinical services:** SCSs provide direct, specialised, culturally appropriate and trauma informed individual and group counselling/therapy, tailored to the higher education context. They also provide risk assessment, intervention, and management.

**Consultation and collaborative services:** SCSs provide crisis management and postvention expertise, provide departmental consultations, and serve on a range of institutional, regional, and national committees. SCSs offer inclusive and diverse services to the university community.

**Outreach, prevention and early intervention:** SCSs offer workshops and groups in skill building; psychoeducation and prevention programmes; psychological and emotional development; and campus community development. SCSs are involved in innovating and developing their services in response to established and emerging needs. One recent example of innovating is the launch of Togetherall in higher education institutions, led and managed by SCSs. Togetherall is an anonymous peer support platform that is moderated by mental health professionals, available 24/7 365 days per year.

**Training and education:** SCSs are involved in the training, development, and continuing education of the range of stakeholders across the institutional setting, including campus staff, student representatives, (such as Student Union Officers, class representatives, and peer mentors), as well as the broader student population. SCSs have a central role in empowering the campus community to support and intervene with distressed students, training staff/peers in identifying and responding to distressed and at-risk students.

[THEA submission August 2022](#)

LINK TO CLI RESEARCH [here](#)

[STUDENTSURVEY.IE 2022 REPORT](#)

LINK TO [MY WORLD SURVEY 1](#) AND [My World Survey 2](#)

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