CaPS Initiatives

- **June 2015:**

  New service structure including line management review,

  New workload schedule implemented

  Short term solution focused therapy training

- **August 2015:**

  Go Live Priority Response.

  Consultation replace 'Drop ins'

- **September 2015:**

  New Clinical Pathway adopted.

  Go Live Assessment Plus One

  Allocation meetings reinstated

- **October 2015—May 2016:**

  Peer Support delivered to Vet, Medical and Business schools

- **December 2015:**

  Initial development of new Case file Management and statistical analysis platform. (CORE-NET)

- **January 2016:**

  Review of MHA provision

  Review of Trainee therapist hub

- **May 2016:**

  Training roll out CORE-NET begins

  Meeting NHS stakeholders on formal referral process

- **June 2016:**

  Development of CaPS wellbeing Week for next academic year

- **July/August2016: Recruitment of vacant positions**

- **August/ September2016:**

  Go live CORE-NET

  Implement additional recommendations from Reflective Review


University of Glasgow

Counselling and Psychological Services

The academic year has been a transitional period for the CaPS service. Following our Reflective Review in 2014/15 the service has implemented many innovative initiatives to improve service delivery. These changes have allowed the service to perform more efficiently than the previous academic year.

Review of the period: August 2015 to 29th April 2016

CaPS continues to experience a year on year increase in demand. This academic year the service has observed a 22% increase in student referrals, which equates to an additional 282 additional students. At the end of April 2016 the service received a total of 1576 referrals (1294 same period last year), if this trend continues it is estimated that the service demand will rise to approximately 2200 students by the end of this academic year.

Chart A: Referral Overview

Number of Referrals
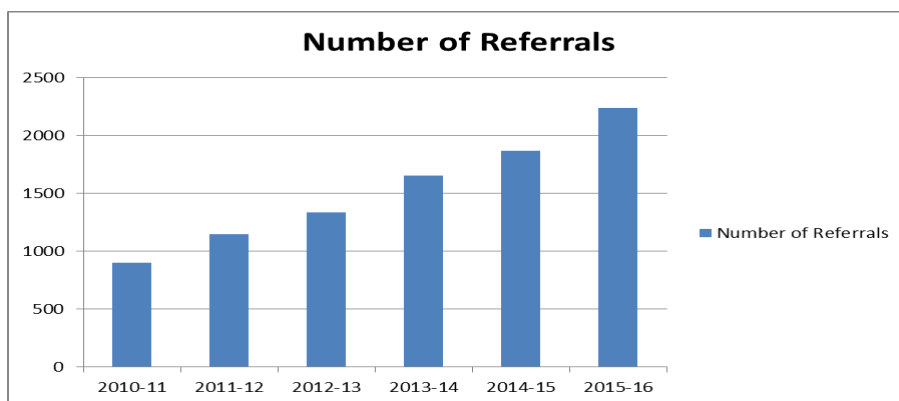
Graph 1: Referral rate comparison 2014/15 vs 2015/16
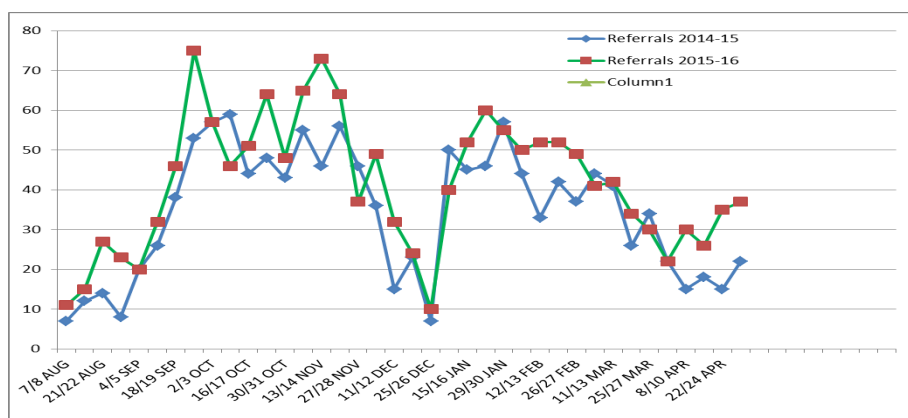
Consultations

Consultations (formerly 'drop ins') continue to be very popular in the service. The Priority Response initiative permitted the introduction of more available appointments that can be booked online by students. Consultations are also available in Mandarin. The following table shows the usage of Consultations and demand.

CaPS: Counselling and Psychological Services

CaPS Therapeutic/ Clinical Interventions

- **Counselling: Person Centered, Cognitive Behavioural, Psychodynamic, Integrative**

- **Psychological Referral: Clinical and Counselling psychological interventions**

- **Psychiatric Review and evaluation**

- **Consultation/Drop In**

- **Priority Response**

- **Assessment Plus One**

- **Mental Health Advisor Support**

- **Peer Support**

- **Psycho-education Groups**

- **Crisis Support**

- **Advisor Support**

- **Services for open access and GIC**

CaPS Yearly Referral

YEAR	TOTAL Referrals
2010/11	901
2011/12	1145
2012/13	1333
2013/14	1653
2014/15	1866
2015/16*	1576

*August 2015 to April 2016 only

Table A: Consultation overview

Year	Completed Consultations	Consultations in Mandarin	Total Consultations	Unmet Demand
2013/14	306	N/A	306	N/A
2014/15	571	N/A	371	N/A
2015/16	541*	192	733*	1622**

*August 2015 to April 2016 only ** Total students unable to book Consultation when required

Psychiatry

The service offers psychiatric review and assessment for those students who present with complicated and often severe mental health issues. The psychiatric referral rate is consistent with previous academic years whereby the current referral rate is predicted to be approximately 85 referrals, compared to 81 in 2013/14, and 83 in 2014/15 respectively.

Psychology

Psychology provision within CaPS is available to both students and staff. Psychologists in the service typically offer approximately 8 - 16 sessions to students depending on the severity of the issue. Mental health Drop Ins are provided for staff via who can be treated via the EAP counselling provider, Optum, or by a CaPS Psychologist if appropriate.

Table B: Psychology Referral rate overview

Referral to Psych	Total	Change from Previous year	Total Staff	Change from Previous year	Total Students	Change from Previous year
2011/12	53	N/A	25	N/A	30	N/A
2012/13	69	+25%	34	+36%	35	+17%
2013/14	61	-11%	23	-32%	38	+9%
2014/15	88	+44%	25	+9%	63	+66%

Graph 2 Psychology referrals 2015-16 by month: staff and students

CaPS: Counselling and Psychological Services
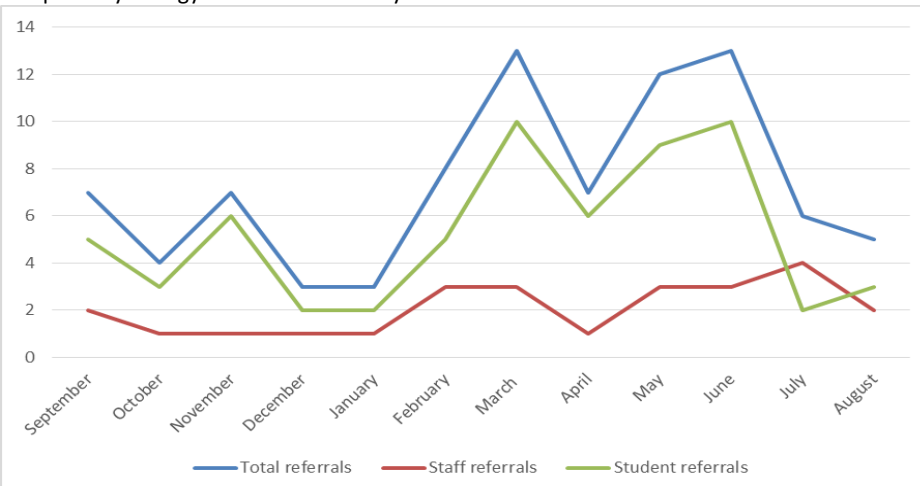
Waiting Times:

- **At present there is approximately a 12 week wait for Assessment.**

- **Following Assessment there is a further 12 week wait for ongoing Therapy.**

Appointment Delays:

Delays in therapy are mainly caused by;

- **Prioritising at Risk cases**

- **Providing daily ad hoc Priority Response**

- **Historic staffing problems**

- **Sector wide increase in demand for university based counselling services,**

Engagement:

The following is a breakdown of overall service engagement so far this academic year;

Counselling/Psychology/Psychiatry = 1576 students

Mental Health Advisor Support = 112 students

Consultations = 733 sessions

Peer Support = 2500 students have access to a total of 47 Peer Supporters across those schools involved

Priority Cases

It may be the case that following an assessment session some students are deemed priority by the service. Priority cases are identified as either Academic Risk whereby the student is experiencing severe difficulty with their studies and maybe contemplating leaving the university, or Personal Risk whereby the student presents with suicidal ideation with intent to act, having experienced a recent suicide attempt, acute stress disorder (very recent trauma), or self harm. The service began to document the incidence of priority cases this year. So far this academic year there have been 117 priority cases; 59 Personal risk cases and 58 Academic risk cases. These cases are prioritised and fast tracked through to therapy as quickly as possible.

Peer Support

Having been nominated for a Herald award last year the Peer Support team has grown from strength to strength. This academic year the team expanded to provided Peer Support in the Vet, Medical and Business schools. In total 47 students have been trained to provide support to their fellow students.

Mental Health Advisor Support (MHA)

In collaboration with the Disability Service, CaPS provides MHA support for students who have been assessed and found to have a diagnosable mental health condition. The following table shows the referral rate for MHA;

Table C: MHA Referral rate

	Referrals	Sessions completed
2013/14	124	703
2014/15	139	1356
2015/16*	112	919

* Figures so far this academic year

Service user information

Table D: Gender of Referrals

Year	No. Students Reg	Female	Male %
2008/9	512	390 (76%)	122 (24%)
2009/10	693	542 (78%)	151 (22%)
2010/11	901	693 (76%)	208 (24%)
2011/12	1145	885 (77%)	260 (23%)
2012/13	1334	1059 (79%)	275 (21%)
2013/14	1653	1141 (69%)	512 (31%)
2014/15	1866	1399 (75%)	467 (25%)
2015/16*	1576	1087(69%)	489 (31%)

*August 2015 to April 2016 only

CaPS: Counselling and Psychological Services

Prevalent Issues:

The main mental health related difficulties that students presented to the service with were consistent across the interventions offered;

- **Counselling; Anxiety (29%), Relationship difficulties. (19%), and Depression (11%)**

- **Psychology; Depression (32%), Anxiety (22%)and Trauma (11%).**

- **Peer Support; Academic problems (26%), Relationship issues (22%), Depression (15%)**

Through all interventions and initiatives offered, CaPS will assist in excess of 10% of the student population

CaPS also provides mental health consultancy to Advisors and other academic staff. This includes telephone consultations and crisis interventions

Key Challenges:

- **Waiting times**
- **Admin Support**
- **Reception Area**
- **Therapy Room Space**
- **Review Service Remit**

International Student Referrals

Table E: International student referrals

Year	Total No. Students Registered	Total International students registered	% International Students
2010/11	901	243	27%
2011/12	1145	309	27%
2012/13	1334	400	30%
2013/14	1653	479	29%
2014/15	1866	522	28%
2015/16*	1576	473	30%

*August 2015 to April 2016 only

Staffing

Outwith the Head of Service and Deputy head of service the CaPS team is composed as follows;

Table F: CaPS Staff review

Team role	FTE	Role Description
Counselling	3.2	Person Centered, Cognitive behavioural, Integrative
Psychology	2.0	Clinical and Counselling Psychology, Assistant Psychologist
Psychiatry	0.1	Psychiatric services assessment, consultation and review
MHA	3.1	Mental Health Advisor support. 1.6fte permanent CaPs Staff with an additional 1.5fte Fixed term contracts
Vacant	1.5	To be recruited July 2016
Affiliate s	1.0	Ad Hoc counselling support / fixed term contracts
Volunteers	0.3	Qualified counsellors offering therapy support
Admin support	2	Admin support has remained unchanged despite increases in service demand
Trainees	2.7	12 trainees from various psychology and counselling programmes across Glasgow contribute by working with mild to moderate cases.

CaPS: Counselling and Psychological Services

Audit

Psychology at Counselling & Psychological Services: 2011-14

Principal Clinical Psychologist
May 2015

Table of Contents

1. Background

The psychology provision within CaPS has experienced significant change and development over the 3-year period from 2011-2014. Prior to this, a Clinical Psychologist was available to CaPS (then called Counselling & Advisory Service) on a part-time basis and located within the Occupational Health Unit. The following section outlines the psychology provision as it has developed between 2011 and 2014.

1.1   Staffing

1.1.1 Principal Clinical Psychologist
There is currently 1FTE Principal Clinical Psychologist post. The post holder joined CaPS in November 2011 as Clinical Psychologist. The post was upgraded in June 2013 to Principal CP, following the NHS preceptorship scheme for qualified Psychologists.

1.1.2 Counselling Psychologist
Since June 2014 there has been an additional resource in the form of 4 hours per week provided by a Counselling Psychologist. The post holder was already employed by CaPS and is otherwise contracted to take on clients from the Counselling waiting list.

1.1.3 Trainee Counselling Psychologists
Since January 2014, Psychology has been in a position to provide clinical supervision for Trainees completing their Doctorate in Counselling Psychology. Trainees deliver person-centred counselling and CBT to clients with a mild-moderate level of difficulty, allocated according to their stage of training.

1.1.4 Assistant Psychologist
Following a successful bid for funding, the first permanent 0.5 FTE Assistant Psychologist (AP) was appointed in November 2013. The role of the AP is to support service needs through clinical and non-clinical work, taking into account the post holder's stage of training and development needs. AP posts are typically a stepping stone in gaining access to either the Doctorate in Clinical or Counselling Psychology and are not intended to be a long term career option.

1.1.5 Honorary Assistant Psychologist
Due to the significant interest in AP posts and lack of availability, it is commonplace for Psychology graduates to approach services enquiring if Honorary AP posts are offered. Taking into account time required for clinical supervision, training, and also room availability, the service was in a position to take on an Honorary AP for 1 day per week. The first Honorary AP was appointed in January 2014 and was in position until January 2015. The role matches that of the AP with the exception that it is a voluntary contract. Due to ongoing service development and restructuring processes it will not be possible to accommodate a replacement Honorary AP at this time.

1.2 Referral

1.2.1 Referral criteria
A copy of this is contained within the appendix. Referrals comprise the moderate to severe level of mental disorder.

1.2.2 Staff referrals
Staff referrals are received from Occupational Health Unit, Management, external agencies such as NHS CMHTs or GP surgeries, and staff drop-ins provided by CaPS.

1.2.3 Student referrals
Student referrals are received from CaPS counsellors following general assessment or drop-in, Occuptional Health Unit, external agencies such as NHS CMHTs or GP surgeries.

1.3 Intervention

1.3.1 Interventions offered
Applied psychologists use their expertise in psychological theories and principles to understand and treat mental health difficulties. The therapeutic approaches they employ are supported by empirical literature. The therapeutic emphasis will depend on the type of Psychologist i.e. Clinical or Counselling, and on their individual training routes and continuing professional development activities. The Psychology service at CaPS offers cognitive behavioural therapy, formulation, systemic interventions, person-centred therapy, compassion focused therapy, EMDR, solution focused therapy, cognitive therapy for PTSD, motivational interviewing, acceptance and commitment therapy, cognitive assessment and risk assessment.

1.3.2 Duration
Due to the level of severity and format of therapy, Psychologists typically offer in the region of up to 16 sessions to individual clients. In exceptional circumstances session number can extend beyond the average due to the severity of a client's difficulties, and for reasons of ethical and professional responsibility.

2. Aims and Objectives

This report aims to produce an audit of staff and student referrals to Psychology over the period November 2011 – August 2014 (end of Academic year). The objectives are as follows:

- To establish the demand for Psychology;
- Report on waiting times between referral and assessment;
- Identify presenting difficulties;
- Report on treatment duration

3.   Method

The Psychology waiting list is stored on an excel database and holds information on all staff and student referrals. Relevant data was manually extracted by the author and input into a separate excel workbook to perform the audit. Raw data was then translated into descriptive statistics and presented in table and graph format.
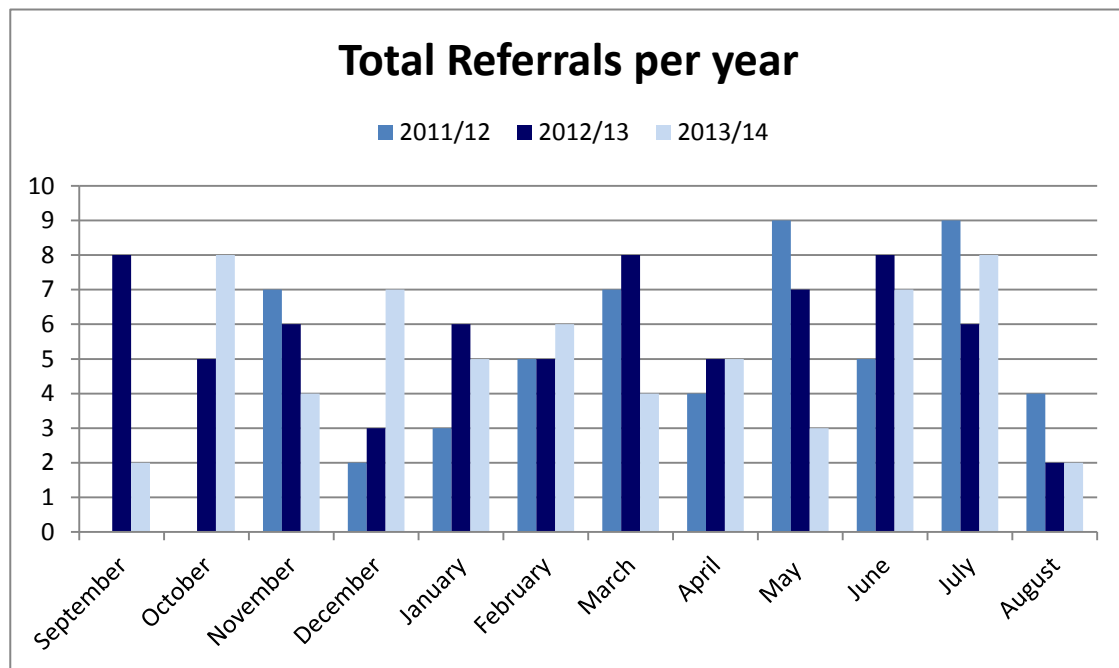
4.   Results

Total Referrals per year

Figure 1.

A total of 185 referrals were made to the Psychology service between November 2011 and August 2014. This figure is comprised of 55 referrals from 2011/12; 69 referrals from 2012/13; and 61 referrals from 2013/14. Of the total referrals, 103 were students (56%) and 82 were staff (44%).

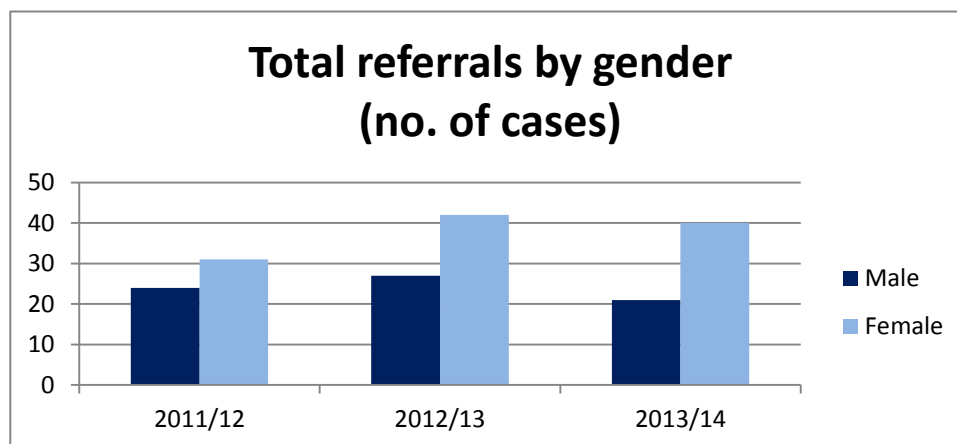**Total referrals by gender (no. of cases)**

Figure 2.

Throughout the 3-year period, females were consistently referred at a higher rate than males. In total, 61% of referrals were female; 39% were male.
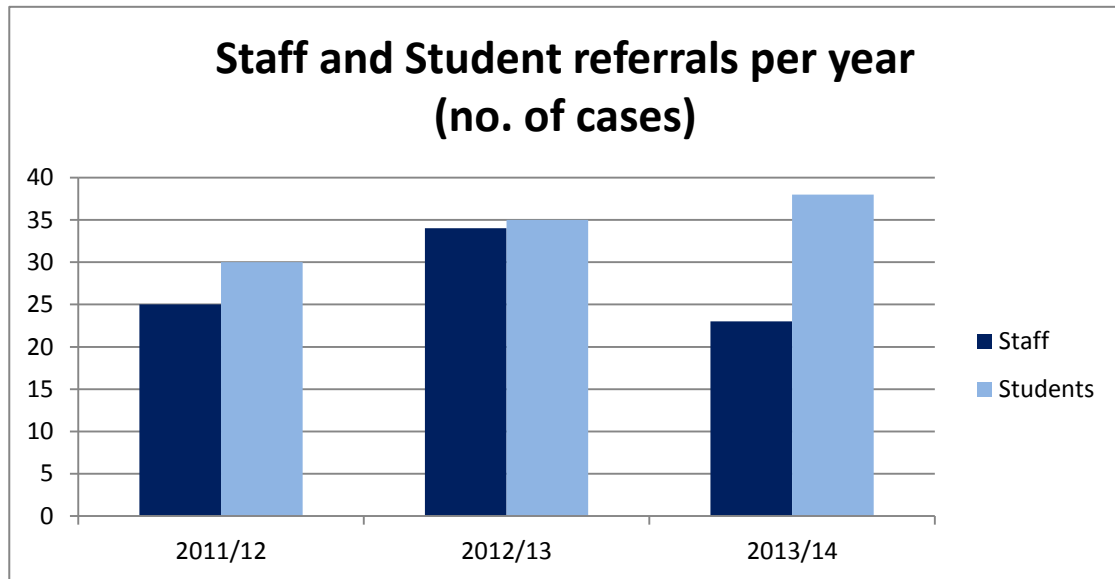
Staff and Student referrals per year (no. of cases)

Figure 3.

Figure 3 illustrates a slight increase in student referrals over the 3-year period. Thirty, 35 and 38 referrals were made respectively between 2011 and 2014. This demonstrates a 17% increase in referrals between the first and second year, and a 9% increase between the second and third year. The referral rate for staff however is less consistent and shows a peak during 2012/13. Twenty-five, 34 and 23 referrals were made respectively between 2011 and 2014.
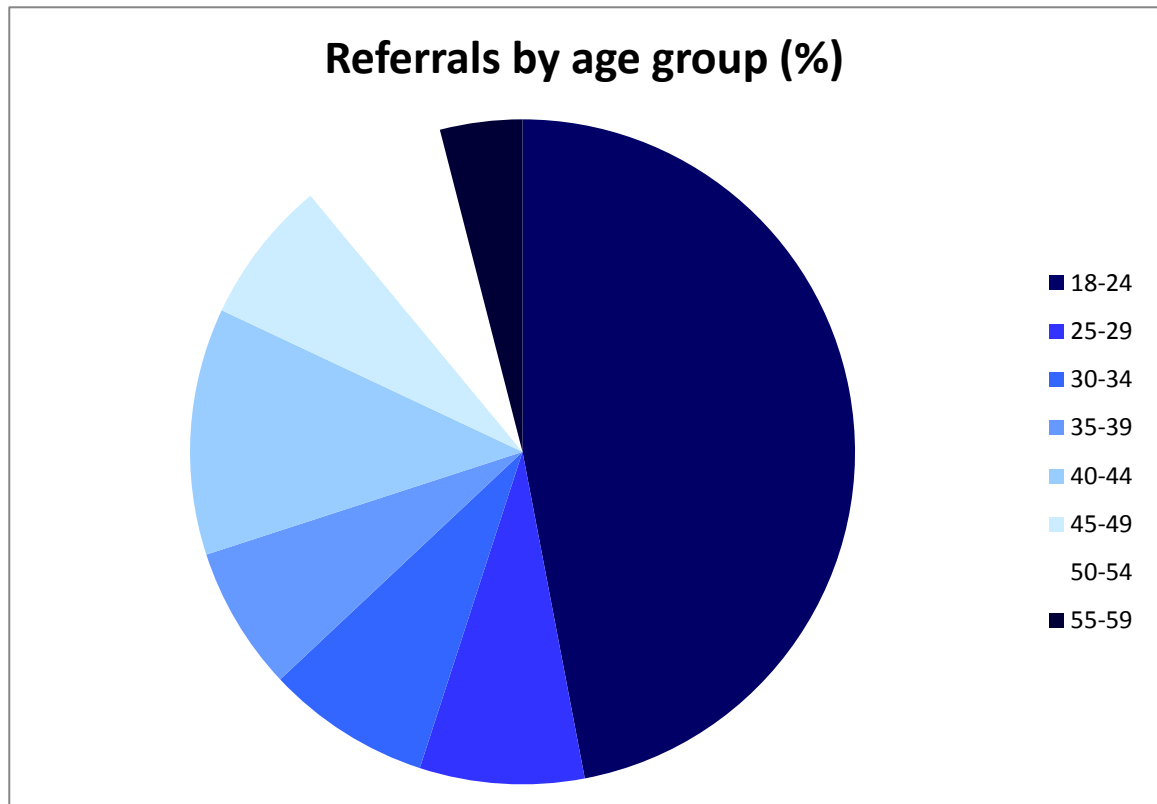
Referrals by age group (%)

Figure 4.

Figure 4 shows that the most widely represented age group referred to Psychology were 18-24 years old, accounting for 47% of referrals. Of the remaining 53%, referrals were almost evenly distributed amongst each 5-year age category.
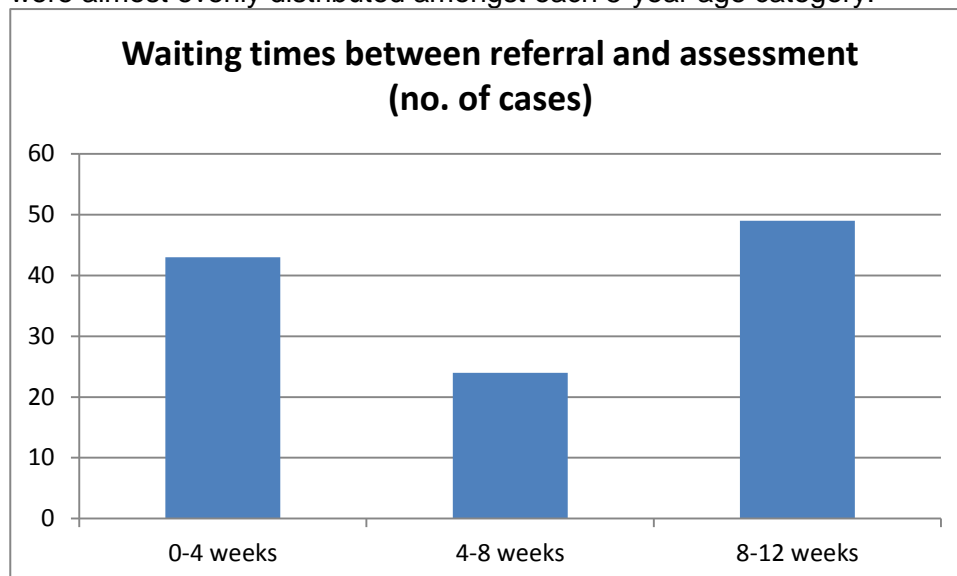
Waiting times between referral and assessment (no. of cases)

Figure 5.

Clients are currently advised that the waiting time for assessment and intervention can be up to 3 months in routine cases. Priority cases ie those who present with suicide risk or have been signed off work/their studies are typically seen within 2-3 weeks. Out of a total of 116 cases where data was available, 43 were seen between 0-4 weeks; 24 between 4-8 weeks; and 49 between 8-12 weeks (see Figure 5).
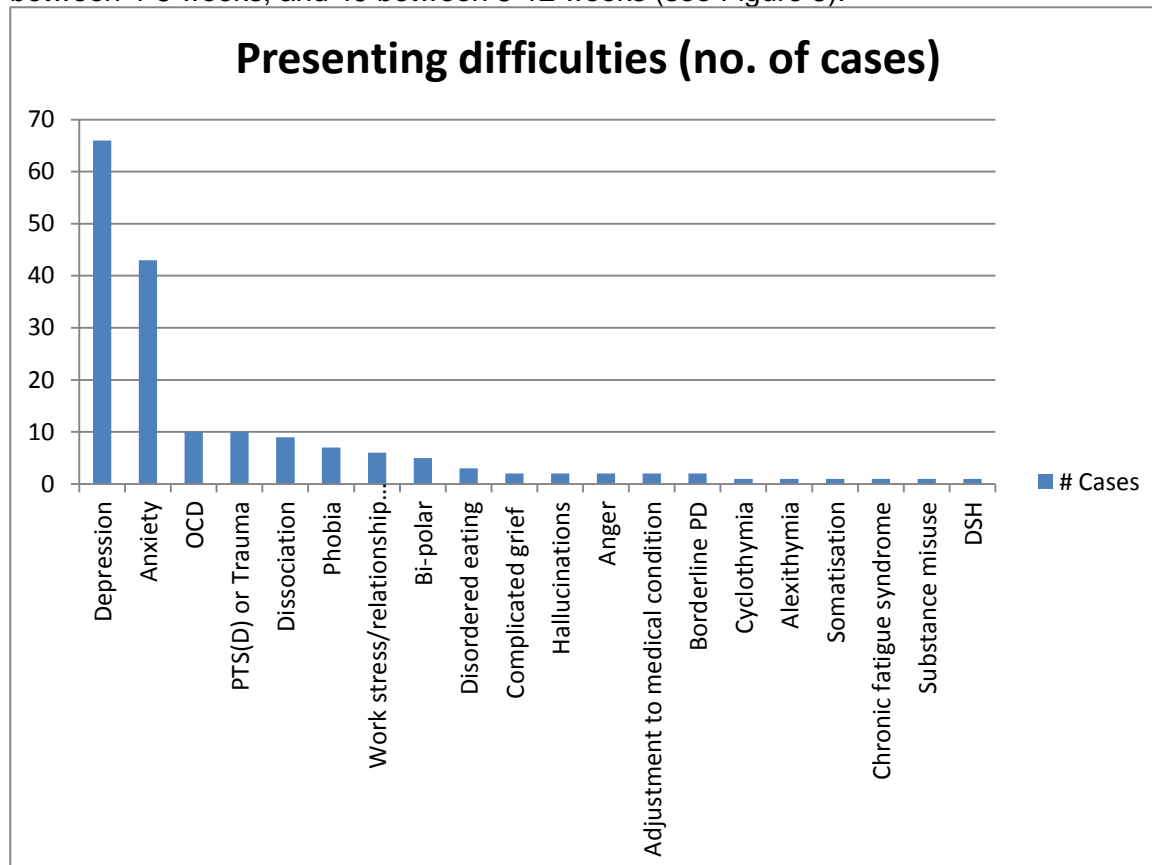
Presenting difficulties (no. of cases)

Figure 6.

The majority of referrals comprise moderate to severe levels of depression (38%), followed by anxiety (25%). It should be noted that co-morbidity in mental health disorders frequently occurs i.e. a client presents with more than one mental health problem concurrently e.g. depression and OCD. In relevant cases, the principal concern and condition of greatest severity was recorded as the main complaint.
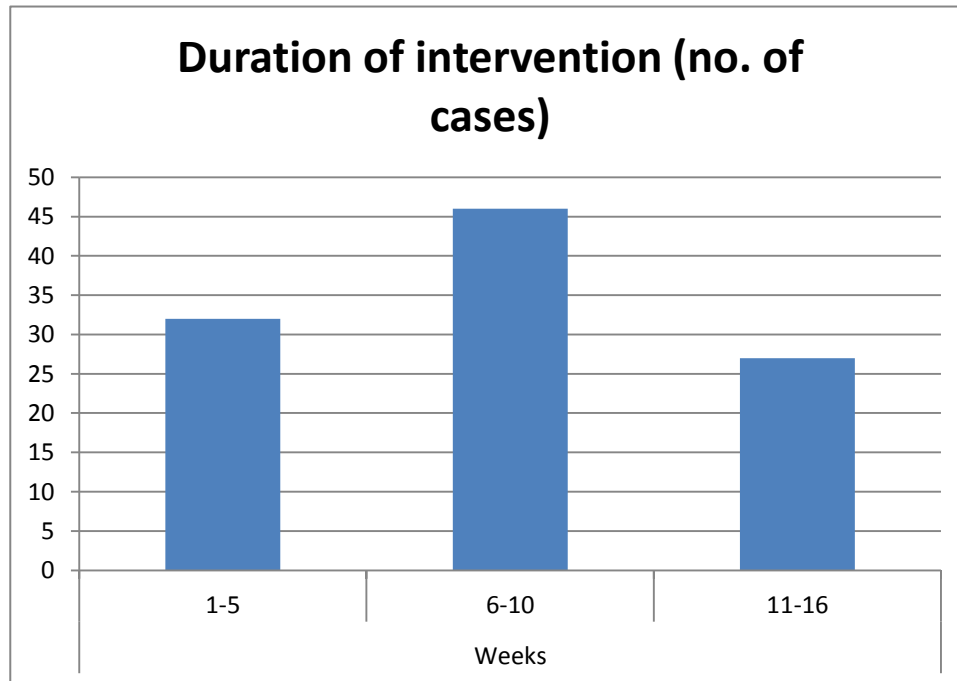
Duration of intervention (no. of cases)

Figure 7.

Figure 7 demonstrates that the vast majority of clients (44%) attended between 6 and 10 intervention sessions. This figure includes clients who completed their planned intervention and those who lost touch with the service and did not continue with therapy.

5. Conclusions

Student referrals to Psychology have increased over the period between 2011 and 2014 by 27%. At present, there is no definitive trend for staff referrals as the data indicate a peak in 2012/13. In total, student referrals are 12% higher than staff, and females are referred at a higher rate than males: 61% versus 39%. The significant majority of clinical presentations comprise moderate to severe levels of depression and anxiety. The current provision has ensured that all clients are seen within 3 months and the vast majority of clients attend up to 10 sessions. This figure takes into account those who did not respond to offer of assessment and those who did not make use of the total number of sessions offered. At present, Psychology is in a position to meet demand for this part of the service, under reasonable timescales.

6. Recommendations and Action plans

As this is the first audit performed, and significant changes have occurred during this period, it is suggested that the exercise is repeated for the next 2 academic years. In addition, CaPS is implementing changes to the client journey which will be effective at the beginning of the 2015/16 academic year. This could have potential repercussions on psychology audit data as these changes are implemented.

7. Disseminating information and presenting results

This report will be submitted to the Head of Service, CaPS and Occupational Health for review.

Appendix

(i)   Psychology referral criteria

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University of Glasgow

Psychology referral criteria
CaPS

The criteria below relates to clients that may be suitable for Clinical **or** Counselling Psychology.

Appropriate referrals

- Mental health disorder

Moderate to severe level of difficulty e.g. depression or anxiety, bi-polar disorder, PTSD or acute stress disorder, OCD, complicated grief, anger, substance misuse, adjustment difficulties (e.g. to physical health diagnosis), disordered eating behaviour, dissociative disorders

- Personality disorder e.g. Emotionally Unstable personality disorder, **or** complex relationship difficulties that have a significant impact on client functioning/mental health

- Complex mental health history or co-morbid mental health difficulties e.g. history of trauma/presence of more than one mental health disorder

Unsuitable referrals

- Mild to moderate difficulties relating to e.g. depression/anxiety/intrusive thoughts/eating behaviours etc.

- 'Normal' reaction/level of distress in relation to difficult life events e.g. relationship breakdown, bereavement, redundancy

- First episode psychosis – liaise with ESTEEM in first instance. If the clients' difficulties do not meet the threshold for first-episode psychosis but they are experiencing psychotic symptoms as part of their difficulties, then this would become an appropriate referral

- Diagnosed or suspected anorexia nervosa (often requires a long term and multi-disciplinary approach due to the nature of the difficulties and rate of progress). Advise client to access NHS services through their GP

Routine and priority cases

The majority of cases are likely to be routine and this will involve **up to a 3 month wait for assessment**. If you discuss with a client their potential suitability for Psychology, please mention the waiting time. Priority is given to clear suicide risk or recent suicide attempt, acute stress disorder (very recent trauma), and staff/students that have been signed off work or their studies. If there is any uncertainty over whether a client may be suitable for Psychology, please do not hesitate to ask.

Psychology at Counselling & Psychological Services: 2014/15

Principal Clinical Psychologist
April 2016

Table of Contents

1. **Background**

The University of Glasgow hosts more than 25,000 undergraduate and postgraduate students from over 140 countries worldwide, and is an employer of more than 6,000 staff. Counselling and Psychological Services as located within University Services is the main provider of mental health support for predominantly the student population, however the Psychology provision within CaPS is available to both students and staff. During the academic year 2014/15 the Psychology resource has been as follows:

1.0 FTE Principal Clinical Psychologist

1.0 FTE Counselling Psychologist

0.2 FTE Trainee Counselling Psychologist

0.5 FTE Assistant Psychologist

1.1 Referral

1.1.1 Referral criteria
A copy of this is contained within the appendix. Referrals comprise the moderate to severe level of mental health disorder.

1.1.2 Staff referrals
Staff referrals are received from the Occupational Health Unit, staff mental health drop-in consultations within CaPS, and external agencies such as NHS CMHTs or GP surgeries.

1.1.3 Student referrals
Student referrals are received from CaPS counsellors following general assessment or PR consultation, Occupational Health Unit, and external agencies such as NHS CMHTs or GP surgeries.

1.2 Intervention

1.2.1 Interventions offered
Applied psychologists use their expertise in psychological theories and principles to understand and treat mental health difficulties. The therapeutic approaches they employ are supported by empirical literature. The therapeutic emphasis will depend on the type of Psychologist i.e. Clinical or Counselling, and on their individual training routes and continuing professional development activities. The Psychology service at CaPS offers cognitive behavioural therapy, formulation, systemic interventions, person-centred therapy, compassion focused therapy, EMDR, solution focused therapy, cognitive therapy for PTSD, motivational interviewing, acceptance and commitment therapy, cognitive assessment and risk assessment.

1.2.2 Duration
Due to the level of severity and format of therapy, Psychologists typically offer in the region of 8 - 16 sessions to individual clients. In exceptional circumstances session number can extend beyond the average due to the severity of a client's difficulties, and for reasons of ethical and professional responsibility.

1.3 Staff mental health drop-in

Provision of a staff mental health drop-in was implemented during May 2013. This was in response to a review with the Occupational Health Unit on support provided for staff. The OH unit reported frequent consultations requested by staff which were principally related to mental health concerns. It was agreed that this need could be met by CaPS, who would be able to signpost staff to the EAP counselling provider, Optum, or refer in-house to Psychology if appropriate.

2. Aims and Objectives

This report aims to produce an audit of staff and student referrals to Psychology during the Academic year 2014-2015 (September-August). The objectives are as follows:

- To compare the demand for Psychology with the previous audit (2011-2014);
- Report on the occurrence of routine versus priority cases;
- Identify presenting difficulties;
- Report on the uptake of staff drop-in consultations

3. Method

The Psychology waiting list is stored on an excel database and holds information on all staff and student referrals. Relevant data was manually extracted by the author and input into a separate excel workbook to perform the audit. Raw data was then translated into descriptive statistics and presented in table and graph format.

4. Results

<u>Demand</u>

A total of 88 referrals were made to the Psychology service between September 2014 and August 2015. Of the 88 referrals, 72% were students (63) and 28% were staff (25). Table 1 illustrates the change in referral rates between each year from 2011 to 2015. The highest number of referrals received occurred during 2014/15; a 44% increase from the previous year. Staff referrals were highest during 2012/13 with a peak of 34; dropping to 25 by 2014/15. Student referrals have seen a steady increase since 2011/12 with a peak of 63 referrals received during 2014/15; a 66% increase on the previous year.

Referrals to Psychology	Total	Change from previous year	Staff	Change from previous year	Student	Change from previous year
2011/12	55	-	25	-	30	-
2012/13	69	↑ 25%	34	↑ 36%	35	↑ 17%
2013/14	61	↓ 11%	23	↓ 32%	38	↑ 9%
2014/15	88	↑ 44%	25	↑ 9%	63	↑ 66%

Table 1. Total referrals during 2014/15 compared with previous years: staff and students

Figure 1 and Table 2 illustrates that the rate of referrals is at its highest during the months of March and June in 2014/15, with 13 referrals during both months.
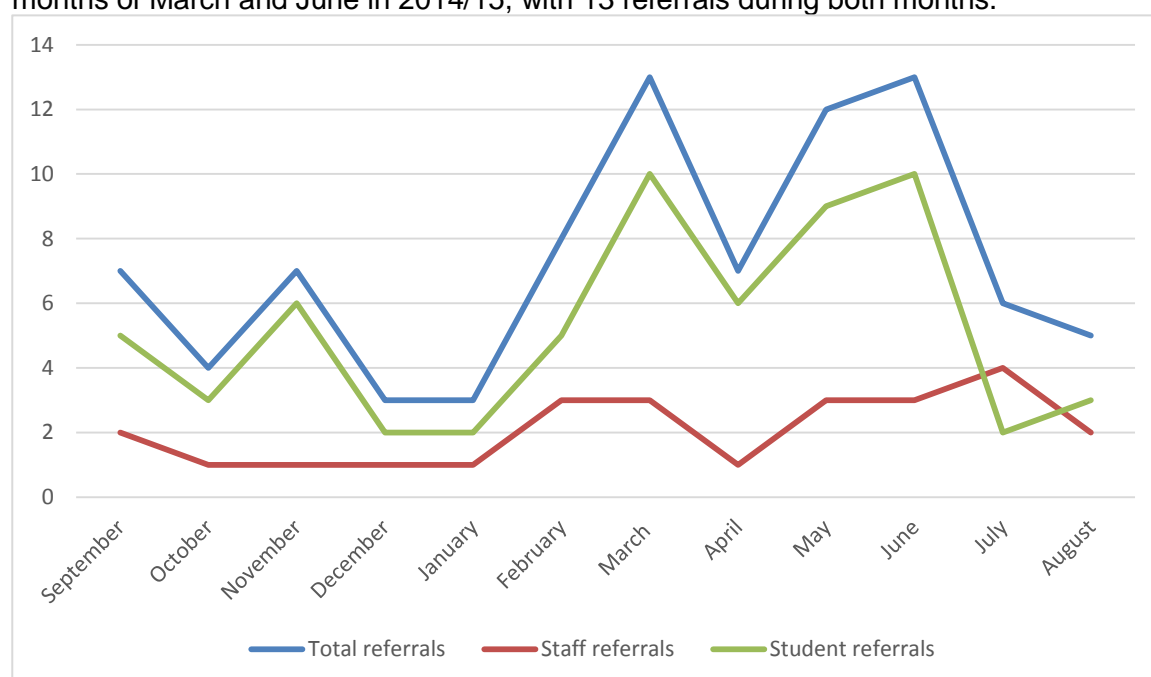

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Figure 1. Psychology referrals during 2014/15 by month: staff and students

Month	Total referrals	Staff referrals	Student referrals
Sep	7	2	5
Oct	4	1	3
Nov	7	1	6
Dec	3	1	2
Jan	3	1	2
Feb	8	3	5
Mar	13	3	10
Apr	7	1	6
May	12	3	9
Jun	13	3	10
Jul	6	4	2
Aug	5	2	3
Total/year	**88**	**25**	**63**

Table 2. Psychology referrals during 2014/15 by month: staff and students

Table 3 illustrates the number of referrals by gender during 2014/15 and in comparison to the previous 3 years. Of the 88 referrals received during 2014/15, 72% were female (63) and 28% were male (25). The referral rate for males has varied by 6 referrals over the 4 year period (27 = highest; 21 = lowest), whereas the referral rate for females has varied by 32 (63 = highest; 31 = lowest). Figure 2 and Table 4 illustrates the gender referral rate by month during 2014/15.

Referrals to Psychology	Total	Change from previous year	Male	Change from previous year	Female	Change from previous year
2011/12	55	-	24	-	31	-
2012/13	69	↑ 25%	27	↑ 13%	42	↑ 35%
2013/14	61	↓ 11%	21	↓ 22%	40	↓ 8%
2014/15	88	↑ 44%	25	↑ 19%	63	↑ 58%

Table 3. Total referrals during 2014/15 compared with previous years: male and female
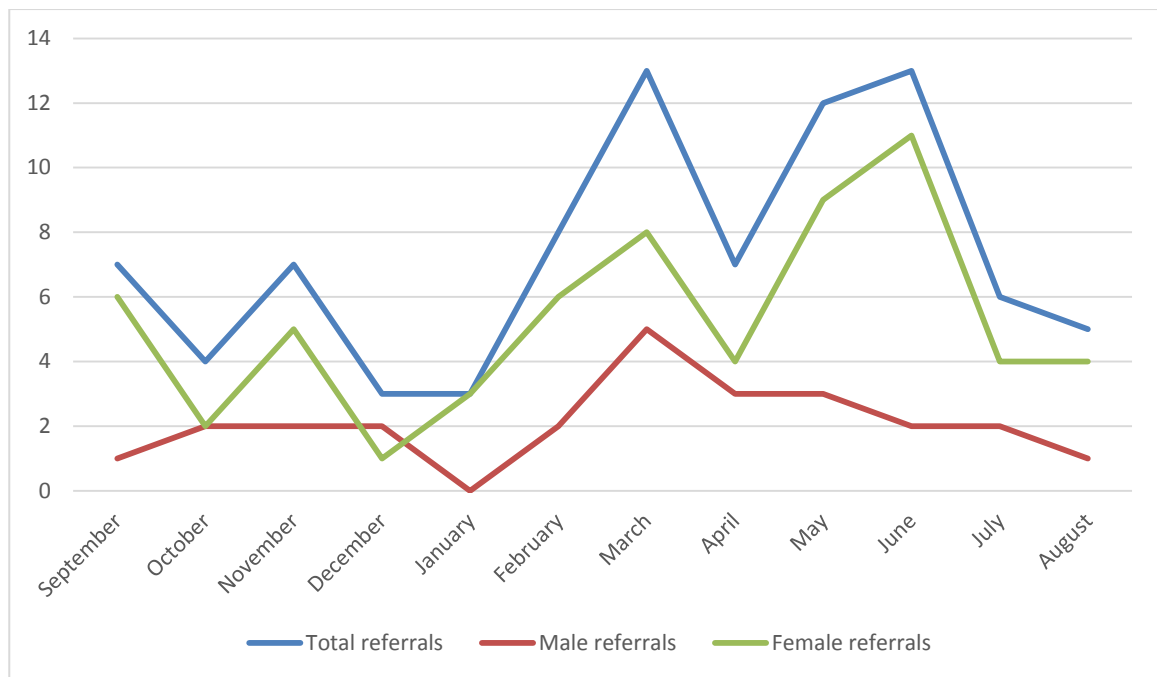
Figure 2. Psychology referrals during 2014/15: male and female

Month	Total referrals	Male referrals	Female referrals
Sep	7	1	6
Oct	4	2	2
Nov	7	2	5
Dec	3	2	1
Jan	3	0	3
Feb	8	2	6
Mar	13	5	8
Apr	7	3	4
May	12	3	9
Jun	13	2	11
Jul	6	2	4
Aug	5	1	4
Total/year	**88**	**25**	**63**

Table 4. Psychology referrals during 2014/15: male and female

Routine vs Priority cases

The number of referrals requiring prioritisation (see appendix for criteria) has been at least 1 in 4 cases (26%) and up to 2 in 5 cases (39%) between 2012 and 2015. These figures are illustrated in table 5.

Year*	Routine cases	Priority cases	% Priority
2012/13	42	27	39%
2013/14	45	16	26%
2014/15	67	21	31%

Table 5. Proportion of routine vs priority allocations
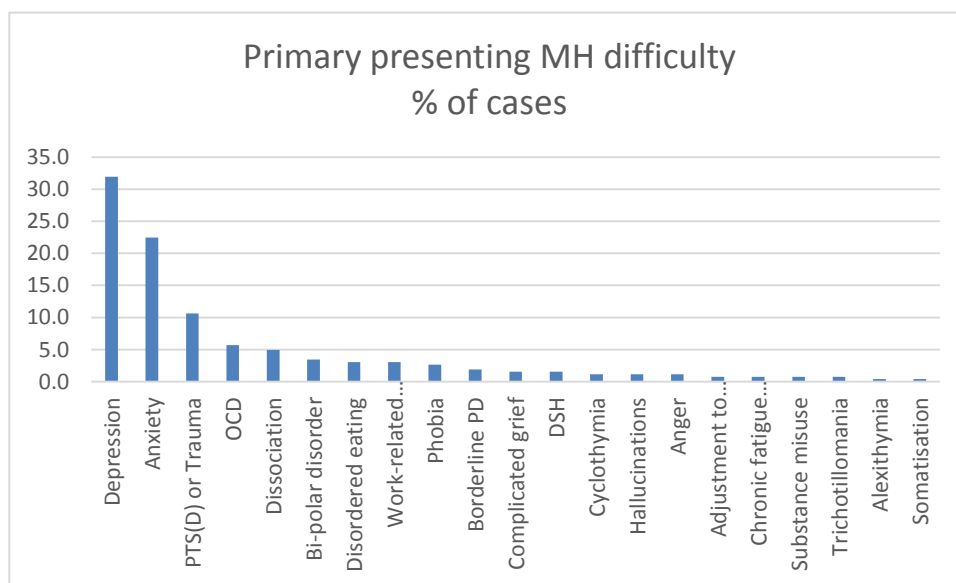* Data unavailable for 2011/12

Presenting difficulties

Figure 3. Primary presenting mental health difficulty by percentage across 2011-15

Data on primary presenting MH difficulty has been collated for the period 2011-15 to provide information on the largest number of client cases possible (273). Frequencies for each individual year were also found to demonstrate an almost identical pattern to the cumulated results. A significant proportion of cases have co-morbid presentations (2 or more diagnoses), however the principal diagnosis is represented in figure 3. All cases are of moderate/severe severity.

The results show that between 2011-15, depression and anxiety account for the largest proportion of cases; 32% (84) and 22% (59) respectively. Post-traumatic stress disorder/post-traumatic stress/trauma account for 11% of cases (28). All remaining diagnoses account for less than 6% of cases each.

Staff drop-in consultations

During the first full year of staff drop-in consultations, a total of 21 individuals utilised this resource of which 57% were female and 43% were male. The vast majority (17) were recommended counselling as provided by Optum. Counselling is indicated when an individual's mental health difficulties are of mild/moderate severity and typically involve a normal reaction to a difficult life event e.g. divorce, bereavement, redundancy

etc. Table 6 shows the figures in relation to staff drop-in attendance.

Month	No. of drop-ins attended	Gender	Recommendations		
			Optum	Self-help resources on CaPS website	Referred to Psychology
September	1	1M	1	0	0
October	1	1M	1	0	0
November	2	2F	2	1	0
December	2	2M	1	0	0
January	1	1M	0	0	0
February	2	1M;1F	2	1	0
March	1	1F	1	1	0
April	1	1M	1	1	0
May	4	1M;3F	4	2	1
June	3	3F	2	2	0
July	1	1F	1	1	0
August	2	1M; 1F	1	1	1
Totals	**21**	**9M; 12F**	**17**	**10**	**2**

Table 6. Staff drop-in attendance during 2014/15

5. Conclusions

Between 2011 and 2015 the demand for Psychology has increased from 55 referrals to 88. This amounts to an increase of 60% over the 4 year period. Similar to previous years, Psychology received more student referrals than staff during 2014/15; 63 and 25 respectively. In addition, more females were referred than males; 63 and 25 respectively. Since 2011, over half of the referrals made (54% in total) have required treatment for moderate to severe levels of depression and/or anxiety, followed by 11% requiring treatment for trauma related disorders. The remainder of cases cover a broad range of mental health diagnoses. The vast majority of referrals during 2014/15 were allocated as 'routine' (69%), with just under one third requiring 'priority' allocation for reasons of suicide risk or risk of dropping out of studies/signed off work (31%).

Figures for the first year of the staff mental health drop-in show an uptake of 21; 12 female and 9 male. The vast majority were recommended to contact the external counselling provider or access self-help resources on the CaPS website.

6. Disseminating information

This report will be submitted to the Head of Service, CaPS and Occupational Health for review.

Appendix

    (i)   Psychology referral criteria

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Psychology referral criteria
CaPS

The criteria below relates to clients that may be suitable for Clinical **or** Counselling Psychology.

Appropriate referrals

- Mental health disorder

Moderate to severe level of difficulty e.g. depression or anxiety, bi-polar disorder, PTSD or acute stress disorder, OCD, complicated grief, anger, substance misuse, adjustment difficulties (e.g. to physical health diagnosis), disordered eating behaviour, dissociative disorders

- Personality disorder e.g. Emotionally Unstable personality disorder, **or** complex relationship difficulties that have a significant impact on client functioning/mental health

- Complex mental health history or co-morbid mental health difficulties e.g. history of trauma/presence of more than one mental health disorder

Unsuitable referrals

- Mild to moderate difficulties relating to e.g. depression/anxiety/intrusive thoughts/eating behaviours etc.

- 'Normal' reaction/level of distress in relation to difficult life events e.g. relationship breakdown, bereavement, redundancy

- First episode psychosis – liaise with ESTEEM in first instance. If the clients' difficulties do not meet the threshold for first-episode psychosis but they are experiencing psychotic symptoms as part of their difficulties, then this would become an appropriate referral

- Diagnosed or suspected anorexia nervosa (often requires a long term and multi-disciplinary approach due to the nature of the difficulties and rate of progress). Advise client to access NHS services through their GP

Routine and priority cases

The majority of cases are likely to be routine and this will involve **up to a 3 month wait for assessment**. If you discuss with a client their potential suitability for Psychology, please mention the waiting time. Priority is given to clear suicide risk or recent suicide attempt, acute stress disorder (very recent trauma), and staff/students that have been signed off work or their studies. If there is any uncertainty over whether a client may be suitable for Psychology, please do not hesitate to ask.

Audit

Psychology at Counselling & Psychological Services: 2015/16

Principal Clinical Psychologist
February 2017

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1. **Background**

The University of Glasgow hosts more than 25,000 undergraduate and postgraduate students from over 140 countries worldwide, and is an employer of more than 6,000 staff. Counselling and Psychological Services as located within University (Student) Services is the main provider of mental health support for predominantly the student population; however the Psychology provision within CaPS is available to both students and staff. During the academic year 2015/16 the Psychology resource has been as follows:

1.0 FTE Principal Clinical Psychologist
The caseload is comprised solely of psychology waiting list referrals.

0.8 FTE Counselling Psychologist
The caseload is comprised principally of psychology waiting list referrals, taking cases from the counselling waiting list when space permits.

0.2 FTE Trainee Counselling Psychologist
The caseload is comprised of psychology waiting list referrals if suitable for trainee level of expertise, and usually involves staff referrals.

0.6 FTE Assistant Psychologist
The caseload is comprised of staff drop-in sessions and does not include any clinical work from the psychology waiting list.

1.1 Referral

1.1.1 Referral criteria
A copy of this is contained within the appendix. Referrals comprise the moderate to severe level of mental health disorder for qualified Psychologists. Trainees are allocated moderate severity cases when referred by the Occupational Health Unit.

1.1.2 Staff referrals
Staff referrals are received from the Occupational Health Unit, staff mental health drop-in consultations within CaPS, and external agencies such as NHS Community Mental Health Teams (CMHT's) or GP surgeries.

1.1.3 Student referrals
Student referrals are received from CaPS counsellors following general assessment or PR consultation, Occupational Health Unit, and external agencies such as NHS CMHT's or GP surgeries.

1.2 Intervention

1.2.1 Interventions offered
Applied psychologists use their expertise in psychological theories and principles to understand and treat mental health difficulties. The therapeutic approaches they employ are supported by empirical literature. The therapeutic emphasis will depend on the type of Psychologist i.e. Clinical or Counselling, and on their individual training routes and continuing professional development activities. The Psychology service at CaPS offers cognitive behavioural therapy, formulation, systemic interventions, person-centred therapy, compassion focused therapy, EMDR, solution focused therapy, cognitive therapy for PTSD, motivational interviewing, acceptance and commitment therapy, cognitive assessment and risk assessment.

1.2.2 Duration
Due to the level of severity and format of therapy, Psychologists typically offer in the region of 10 - 16 sessions to individual clients. In exceptional circumstances session number can extend beyond the average due to the severity and complexity of a client's difficulties, and for reasons of ethical and professional responsibility.

1.3 Staff mental health drop-in

The staff mental health drop-in was implemented in May 2013 and provides a 50-minute confidential appointment for University employees to discuss any mental health related concerns. The Assistant Psychologist facilitates the drop-in and is able to signpost if necessary to the EAP counselling provider Optum; refer to the CAPS Psychology waiting list; or provide general self-help and psychoeducation. In some instances even though Optum may be suggested, a one-off drop-in can be all that is required. Overall, the drop-in has been instrumental in reducing the number of inappropriate consultations at the Occupational Health Unit, where the difficulty is principally mental health related and out with the OH remit. Historically, university staff had a tendency to use OH consultations as a pseudo-counselling session with the outcome that OH staff felt under pressure to offer advice and support on matters out with their area of expertise.

2.   Aims and Objectives

This report aims to produce an audit of staff and student referrals to Psychology during the Academic year 2015-2016 (September-August). The objectives are as follows:

- To compare the demand for Psychology with previous audits (2011-15);
- Report on the occurrence of routine versus priority cases;
- Identify presenting difficulties;
- Report on the uptake of staff drop-in consultations

3.   Method

The Psychology waiting list is stored on an excel database and holds information on all staff and student referrals. Relevant data was manually extracted by the author and input into a separate excel workbook to perform the audit. Raw data was then translated into descriptive statistics and presented in table and graph format.

4. Results

Total referrals 2015/16
A total of 102 referrals comprising 64 students and 38 staff, were made to the Psychology service between September 2015 and August 2016 (see table 1 and figure 1). Students thus represent 63% of the total referrals, and staff account for the remaining 37%. In comparison to the previous year 2014/15, the total number of referrals increased by 16%. A total of 68 referrals were female and 34 were male, illustrating that female referrals were 100% higher than male referrals.

Total referrals 2011-2016
Between 2011/12 and 2015/16, a total of 375 referrals were made to the Psychology waiting list, comprising 230 students (61%) and 145 staff (39%). The data indicates that referrals to Psychology have increased by 85% over the 5 year period, rising from 55 to 102, with the highest number of referrals occurring during 2015/16.

Student referrals
A total of 230 students were referred during 2011-2016. Table 1 illustrates a consistent increase in numbers each year, rising from 30 referrals in 2011/12 to 64 referrals by 2015/16. The largest increase in referrals occurred during 2014/15 when 63 students were referred, resulting in a 66% increase on the previous year when 38 referrals were received. Figure 2 demonstrates that November, March and May received the highest number of referrals over the five year period, accumulating 28, 30 and 29 referrals respectively.

Staff referrals
A total of 145 staff referrals were made during 2011-2016. Table 1 illustrates an overall increase from 25 to 38 between 2011 and 2016. The largest increase in referrals occurred during 2015/16 when 38 staff were referred, indicating a 52% increase on the previous year when 25 referrals were made. Figure 3 demonstrates that February and July received the highest number of staff referrals over the five year period, accumulating 19 referrals each.

Male vs female referrals
The number of males referred to Psychology between 2011 and 2016 has increased overall from 24 to 34 (see figure 4). The same trend is observed for females as 31 were referred in 2011 and 68 in 2016.

Psychology referrals	Total	Change from previous year	Staff	Change from previous year	Student	Change from previous year	Male	Change from previous year	Female	Change from previous year
2011/12	55	-	25	-	30	-	24	-	31	-
2012/13	69	↑ 25%	34	↑ 36%	35	↑ 17%	27	↑13%	42	↑35%
2013/14	61	↓ 11%	23	↓ 32%	38	↑ 9%	21	↓22%	40	↓8%
2014/15	88	↑ 44%	25	↑ 9%	63	↑ 66%	25	↑19%	63	↑58%
2015/16	102	↑ 16%	38	↑ 52%	64	↑ 2%	34	↑36%	68	↑8%
Total	375		145		230		131	↑36%	244	

Table 1. Total referrals and referrals by staff/student and male/female cohorts per year during 2011-2016
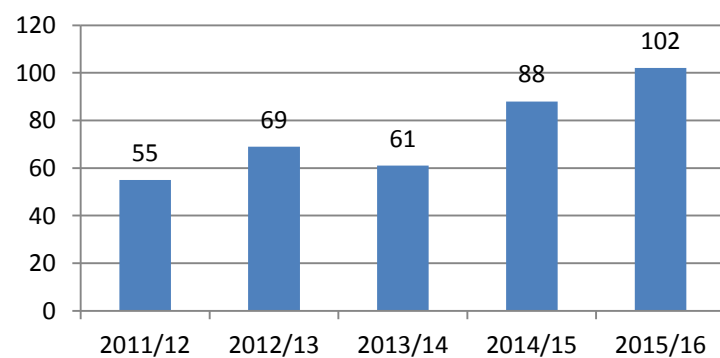

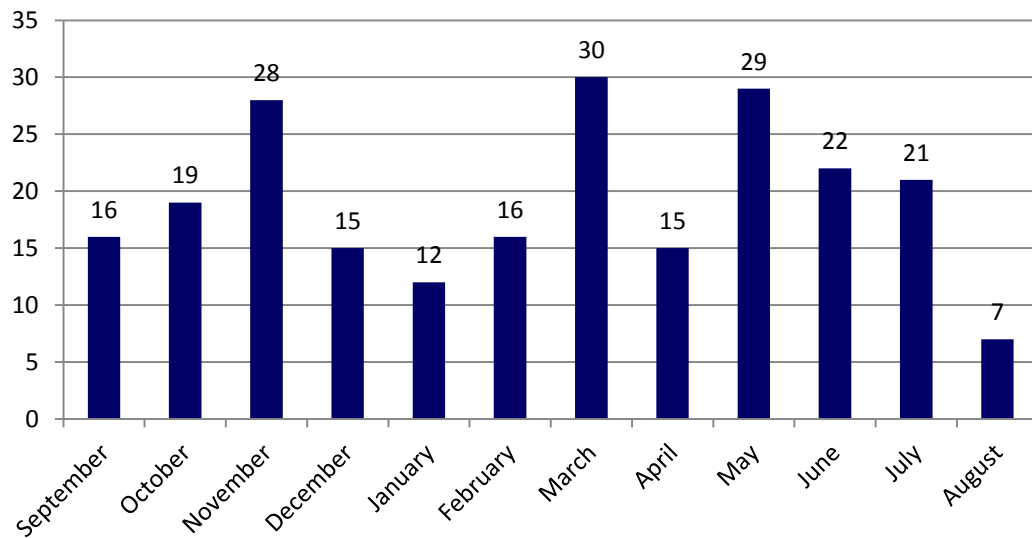Figure 1. Total referrals per year from 2011-2016

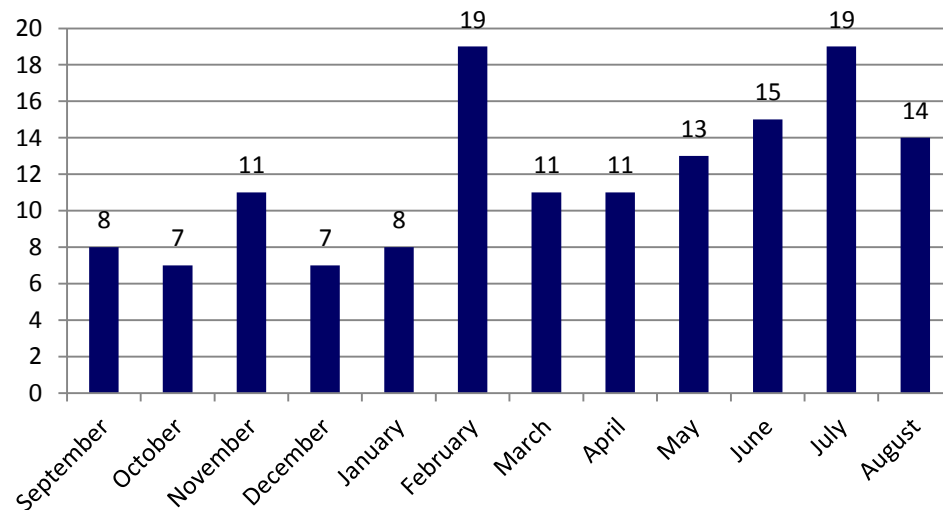Figure 2. Student referrals per month between 2011-2016

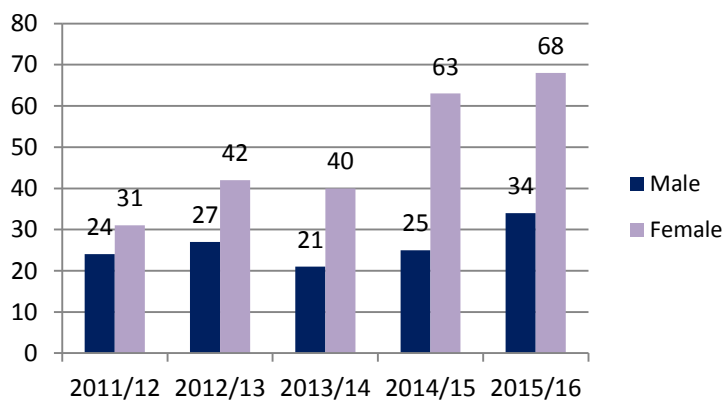Figure 3. Staff referrals per month between 2011-2016

Figure 4. Total referrals by gender between 2011-2016

Routine vs Priority cases

During 2015/16, 75 referrals were allocated 'routine' and 27 were allocated 'priority' (see appendix 1 for criteria). The number of priority referrals increased by 5% in comparison to the previous year (27 versus 21). Over the four year period between 2012/13 and 2015/16, the proportion of 'priority' referrals has varied between 26% and 39%. Table 2 provides an illustration of this data.

Year*	Routine cases	Priority cases	% Priority
2012/13	42	27	39%
2013/14	45	16	26%
2014/15	67	21	31%
2015/16	75	27	36%

Table 2. Proportion of routine vs priority allocations
* Data unavailable for 2011/12

Presenting difficulties

Data on primary presenting MH difficulty has been collated for the period 2011-16. A significant proportion of cases have co-morbid presentations (2 or more diagnoses), however the principal diagnosis is represented in figure 5. All cases are of moderate to severe severity.

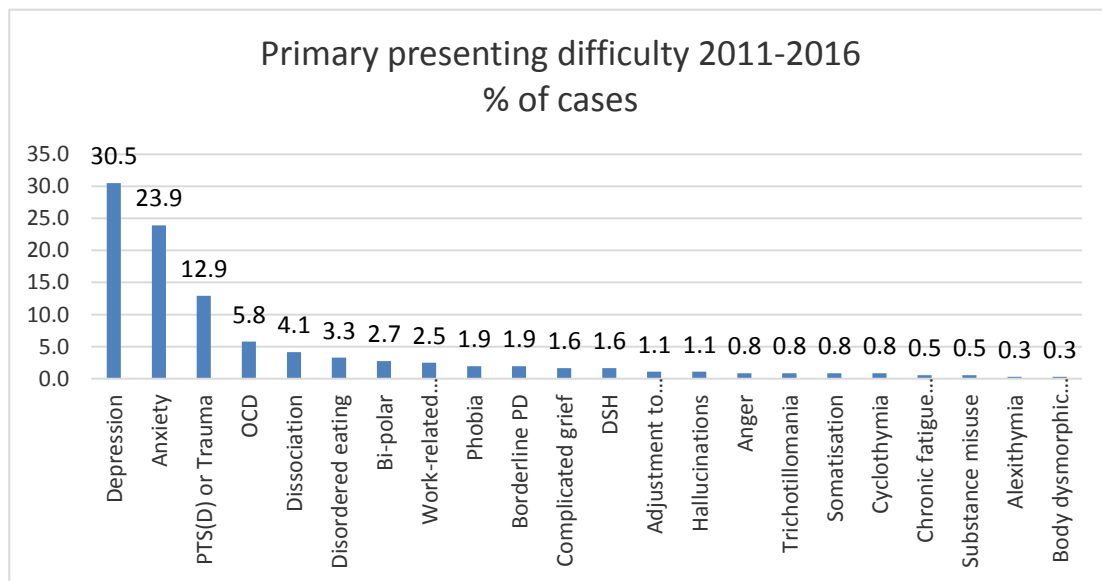
Figure 5. Primary presenting mental health difficulty by percentage across 2011-16

The results show that between 2011 and 2016, depression (31%) and anxiety (24%) account for the largest proportion of referrals, and over 50% of cases combined. This is followed by Post-traumatic stress (disorder)/trauma which accounts for 13% of referrals. All remaining diagnoses account for less than 6% each.

<u>Staff drop-in consultations</u>

Tables 3 and 4 show that the demand for the staff drop-in increased to 40 sessions during 2015/16; almost a 100% increase on the previous year (21 sessions during 2014/15). The total uptake over the 2 year period is comprised of 23 males and 38 females. During 2015/16, 68% (27) of attendees were recommended to access Optum the EAP counselling provider; 48% (19) were provided with self-help; and one case was suitable for referral to the Psychology waiting list.

Month (end of)	No. of drop-ins attended	Gender	Recommendations		
			Optum	Self-help resources on CaPS website	Referred to Psychology w/l
September	3	3F	3	1	0
October	2	2F	2	1	0
November	3	1M; 2F	3	3	0
December	8	5M; 3F	5	7	0
January	5	2M; 3F	1	1	1
February	2	1M; 1F	2	1	0
March	4	1M; 3F	4	3	0
April	0	0M; 0F	0	0	0
May	1	1M	0	0	0
June	8	1M; 7F	5	2	0
July	4	2M; 2F	2	0	0
August	0	0M; 0F	0	0	0
Total	**40**	**14M; 26F**	**27**	**19**	**1**

Table 3. Staff drop-in attendance during 2015/16

Year	Total drop-ins	No. of males	No. of females
2014/15	21	9	12
2015/16	40	14	26
Total	**61**	**23**	**38**

Table 4. Comparison of staff drop-in between 2014/15 and 2015/16

5. **Conclusions**

During 2015/16, a total of 102 students and staff were referred to the Psychology waiting list, demonstrating a 16% increase on the previous year, and an 85% overall increase during the 5 year period from 2011/12 to 2015/16. By 2015/16, female referrals were 100% higher than male referrals (68 versus 34), and students accounted for almost two-thirds of referrals (64 students versus 38 staff). Seventy-four per cent of cases (75) were allocated as 'routine', however the number allocated as 'priority' increased by 5% from the previous year, bringing the total up to 27. The top 3 principle diagnoses were depression (31%), anxiety (24%), and post-traumatic stress (disorder)/trauma (13%).

Figures relating to the staff drop-in for 2015/16 show that 40 sessions were utilised, amounting to almost a 100% increase from the previous year when 21 drop-ins were facilitated. A total of 26 drop-ins were female and 14 male. The majority of staff (68%) were recommended Optum.

6. Appendix

1   Psychology referral criteria

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University of Glasgow

Psychology referral criteria
CaPS

The criteria below relates to clients that may be suitable for Clinical **or** Counselling Psychology.

Appropriate referrals

- Mental health disorder

Moderate to severe level of difficulty e.g. depression or anxiety, bi-polar disorder, PTSD or acute stress disorder, OCD, complicated grief, anger, substance misuse, adjustment difficulties (e.g. to physical health diagnosis), disordered eating behaviour, dissociative disorders

- Personality disorder e.g. Emotionally Unstable personality disorder, **or** complex relationship difficulties that have a significant impact on client functioning/mental health

- Complex mental health history or co-morbid mental health difficulties e.g. history of trauma/presence of more than one mental health disorder

Unsuitable referrals

- Mild to moderate difficulties relating to e.g. depression/anxiety/intrusive thoughts/eating behaviours etc.

- 'Normal' reaction/level of distress in relation to difficult life events e.g. relationship breakdown, bereavement, redundancy

- First episode psychosis – liaise with ESTEEM in first instance. If the clients' difficulties do not meet the threshold for first-episode psychosis but they are experiencing psychotic symptoms as part of their difficulties, then this would become an appropriate referral

- Diagnosed or suspected anorexia nervosa (often requires a long term and multi-disciplinary approach due to the nature of the difficulties and rate of progress). Advise client to access NHS services through their GP

Routine and priority cases

The majority of cases are likely to be routine and this will involve **up to a 3 month wait for assessment**. If you discuss with a client their potential suitability for Psychology, please mention the waiting time. Priority is given to clear suicide risk or recent suicide attempt, acute stress disorder (very recent trauma), and staff/students that have been signed off work or their studies. If there is any uncertainty over whether a client may be suitable for Psychology, please do not hesitate to ask.

University of Glasgow

A pilot of Priority Response drop-ins and phone consultations
Audit report 2015/16

Principal Clinical Psychologist
November 2016

Counselling & Psychological Services
67 Southpark Avenue, Glasgow G12 8LE

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1. Executive summary

During the academic year 2015/16 Counselling and Psychological Services (CAPS) piloted weekday provision of daily access to 50-minute mental health drop-in consultations for students at the University of Glasgow. The pilot also included a phone consultation service for parents, staff or external agencies seeking advice or information in relation to a student.

A total of 905 drop-in consultations were facilitated throughout the year. This figure consists of 782 planned drop-ins and 123 crisis drop-ins. The highest number of drop-ins took place during February in Semester 2, which recorded a total of 109 drop-ins. During timetabled exam weeks, April accounted for the highest number of drop-ins with a total of 95. A comparison of drop-ins during semester 1 and semester 2 revealed that semester 2 logged 2% more drop-ins in total than semester 1 (30% and 28% respectively). Approximately two-thirds of students attending the drop-in consultations were female (68%), were in their first year of undergraduate study (65%), and originated from countries within the EU, excluding the UK (64%). The Colleges of Social Sciences and Arts each accounted for almost one-third of drop-ins (31% and 30% respectively). Data also revealed evidence of unmet demand where students attempted to book a drop-in consultation, however all available appointments were fully booked.

A total of 76 phone consultations were completed throughout the year. The highest number of phone calls occurred during October in Semester 1, with a total of 13 consultation requests. Almost two-thirds (62%) of phone consultation requests were made by parents; and more than half of calls received were in relation to a male student (58%).

1. Background

PR Drop-in Consultations

Priority Response Drop-in Consultations are 50-minute long appointments that students are able to access Monday to Friday. They are designed to provide a confidential space to discuss any mental health related concerns a student is experiencing, with a counsellor. Historically, and prior to the current academic year, Counselling and Psychological Services (CAPS) provided ad hoc 30-minute drop-in consultations. Due to their popularity, a formal provision was developed and the length of appointment extended. Essentially the longer appointment time also allows for a drop-in consultation to turn into a formal assessment if necessary. This arrangement precludes the student having to return to CAPS for a separate assessment appointment, however many of the consultations are used as a one-off appointment with no further support required. Although not an exhaustive list, students typically present with concerns that vary from isolation, exam stress, anxiety and low mood; to experiencing a manic episode, suicidal intention or trauma for example. The severity thus ranges from mild to severe.

The consultations "go live" each weekday morning at 9am on an online booking system (OBS). The OBS was implemented with support from IT to make the booking process as convenient as possible for students, and to facilitate comprehensive data collection and audit. Students are asked to provide their GUID to secure a consultation, and choose one of the available time slots. CAPS currently have the resource to provide 4 consultations each day; 2 in the morning and 2 in the afternoon.

Counsellors who form the PR drop-in rota are responsible for providing consultations on one half-day per week; providing 2 consultations during a 4 hour period which will cover either the morning or afternoon (see appendix 1). The 2 hours out with scheduled consultations are provided to allow the counsellor time to respond to any phone consultation requests (see below); and also to meet with students who present at the service in crisis but who have been unable to secure a pre-booked consultation.

Phone Consultations

CAPS provide advice and consultation to staff within the University of Glasgow and to parents or other external parties who are concerned about any student experiencing mental health difficulties. Callers may have observed deterioration in a student's well-being and are seeking advice on services available at CAPS, or how to manage the situation supportively. It is sometimes the case that parents will enquire about their son or daughter's position on the waiting list, however CAPS adheres to strict professional obligations around confidentiality therefore respond accordingly. There are occasions when phone consultations will necessitate further investigation all depending on individual circumstances and factors relating to student safety.

2. Aims and objectives

This report aims to produce an audit of the PR Drop-in and Phone Consultations during the academic year 2015/16. This is the first audit following a one year-long pilot, and will provide a benchmark for planning and delivering the PR structure in forthcoming years.

For the purposes of this report, 'planned drop-ins' refer to the above pre-booked consultations booked via OBS; 'crisis drop-ins' refer to students who were unable to book a planned drop-in as the availability was fully subscribed, but were seen by the member of staff on rota during their shift. It is important to note that the provision of planned drop-ins will vary slightly throughout the year depending on staff annual leave or sickness absence. Compensating for this is the ad hoc provision that has been provided over and above the planned rota. This is created in instances where an ongoing counselling session was cancelled in advance by a student for example. It was not possible to audit this detail for the first audit.

2. Method

Planned drop-ins

All data relating to planned drop-ins is electronically stored within OBS. The author extracted raw and descriptive data directly from OBS, setting parameters for data collection between 01/09/2015 and 31/08/2016. This information was transferred into a word excel document and translated into descriptive statistics.

Crisis drop-ins

The author requested via email that all staff on the PR rota provide a breakdown per month of all crisis drop-ins provided over and above planned drop-ins. This was obtainable from individual outlook diaries. Similar to planned drop-ins, parameters for data collection were set between 01/09/2015 and 31/08/2016. All raw data was input into a word excel document and compiled into descriptive statistics.

Phone consultations

An excel workbook saved within the communal file allows staff to complete basic information on phone consultations as they occur. Raw data was extracted and compiled into descriptive statistic format.

3. Results

3.1 PR Drop-in Consultations

For the year 1st September 2015 – 31st August 2016, CAPS facilitated a total of 905 drop-ins; comprising 782 planned drop-ins and 123 crisis drop-ins. The highest number of planned drop-ins took place in February (95) and the highest number of crisis drop-ins took place in November and January (both 16). Overall, February was the busiest month with a total of 109 drop-ins. The smallest number of planned drop-ins took place in July (31) and the smallest number of crisis drop-ins took place in August (2). Overall, July and August were the quietest months, each with a total of 39 drop-ins.

The drop-in rate during Semester 2 accounts for 30% of the total drop-ins (268) and is 2% higher than the drop-in rate during Semester 1 (252 = 28%). During exam times, April experienced the highest drop-in rate (95), accounting for 10% of the total drop-ins. Table 1 and figure 1 provide a representation of these figures.

Month	Planned drop-ins	Crisis drop-ins	Total drop-ins	
Sep	65	7	72	Semester 1 Total = 252
Oct	75	10	85	
Nov	79	16	95	
Dec	45	13	58	Exam weeks
Jan	62	16	78	Semester 2 Total = 268
Feb	95	14	109	
Mar	72	9	81	
Apr	85	10	95	Exam weeks
May	80	8	88	
Jun	56	10	66	Summer break Total = 105
Jul	31	8	39	
Aug	37	2	39	Re-sits
Totals	**782**	**123**	**905**	

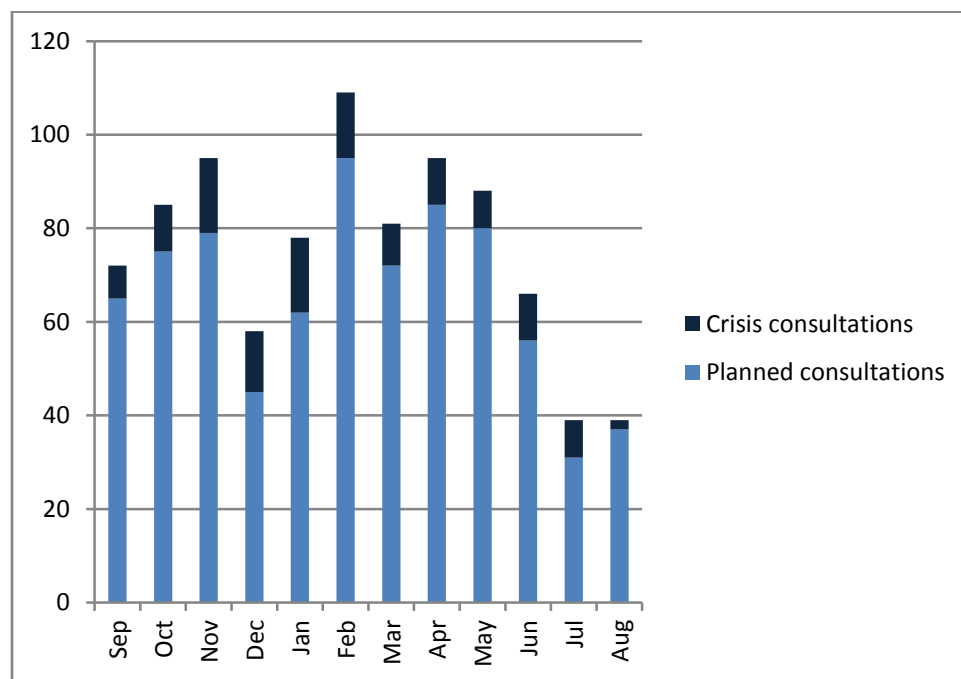Table 1. Planned, crisis and total drop-ins 2015-16

Figure 1. Planned and crisis drop-ins 2015-16

All data from this point onwards in the report refers to planned drop-ins only and does not include any data on crisis drop-ins. At the time of writing this report, crisis drop-ins were not able to be recorded on OBS, therefore demographic information could not be accounted for in this group.

Table 2 illustrates that of a total of 782 planned drop-ins, the majority of students attending were female (68%) and their rate of attendance was more than double that of males (32%).

Almost all of the students using the drop-in were studying full time (94%) and approximately two-thirds were enrolled in an undergraduate degree (65%). First year students used the drop-ins most frequently (30%); closely followed by 4th year students (26%). Second and 3rd year students together accounted for one-third of drop-ins (20% and 13% respectively); and students in their $5^{th} – 8^{th}$ year of study accounted for 11%.

Almost two-thirds (64%) of the students who booked a drop-in orginate from countries within the EU; excluding Home and UK students. International students represent just over one-fifth of the drop-ins (22%), with the smallest percentage accounted for by Home and rest of the UK students (14%).

Demographic	Highest % of total planned drop-ins		Remaining % by category
Gender	Female	68%	Male 32%
Method of study	Full-time	94%	Part-time 3% Thesis pending 3%
Degree type	Undergraduate	65%	Post-graduate taught 19% Post-graduate research 12% Lifelong learning 3% Extension 1%
Year of study	1st	30%	4th : 26% 3rd : 20% 2nd : 13% 5th : 9% $6^{th} – 8^{th}$: 2%
EU/International student	EU	64%	International 22% Home and rest of the UK students 14%

Table 2. Demographic information on planned drop-ins 2015-16

College and School

The data in table 3 shows that students from the College of Social Sciences and the College of Arts account for the largest number of planned drop-ins; each representing almost one-third of the total (31% and 30% respectively). Relative to the total student population in each College, the highest demand for drop-ins orginates from the College of Arts, as 235 drop-ins were booked from a population of 3,905 students in comparison to the College of Social Sciences, where 242 drop-ins were booked from a population of 5,067 students.

College	Total student population*	Number of planned drop-ins	Percentage of total planned drop-ins
Social Sciences	5,067	242	31%
Arts	3,905	235	30%
Science and Engineering	5,308	164	21%
Medical, Veterinary and Life Sciences	4,575	133	17%
Glasgow International College	No data available	8	1%

Table 3. Drop-ins attended by college
*most up to date figures available from registry refer to 2014

Tables 4-7 provide an illustration of uptake in drop-ins by individual Schools within each College. Students from the School of Social and Political Sciences attended the highest number of drop-ins within the College of Social Sciences, accounting for 29% of 242 drop-ins. Within the College of Arts, the highest number of students originated from the School of Humanities, accounting for 27% of 235 drop-ins. Within the College of Science and Engineering, the highest number of students attending drop-ins were enrolled in the School of Engineering, accounting for 21% of 164 drop-ins. Finally, students in the School of Life Sciences represented the highest number of drop-ins within the College of Medicine, Veterinary and Life Sciences, accounting for 34% of 133 drop-ins.

College of Social Sciences Total planned drop-ins = 242	
School	Percentage of drop-ins from highest to lowest
Social and Political Sciences	29%
Adam Smith Business School	24%
Education	20%
Law	13%
Centre for Open Studies	>10%
Social Science, Humanities, Psychology, Geography and Earth Sciences	>5% each

Table 4. School uptake of drop-ins based on College of Social Sciences total

College of Arts Total planned drop-ins = 235	
School	Percentage of drop-ins from highest to lowest
Humanities	27%
Critical Studies	26%
Cultural and Creative Arts	20%
Modern Languages and Culture	12%
Psychology, Arts, Social and Political Sciences, Geography and Earth Sciences, Computing Science, Adam Smith Business School, Maths and Statistics, Arts College	≥5% each

Table 5. School uptake of drop-ins based on College of Arts total

College of Science and Engineering Total planned drop-ins = 164	
School	Percentage of drop-ins from highest to lowest
Engineering	21%
Physics and Astronomy	17%
Computing Science	16%
Psychology	12%
Chemistry, Maths and Statistics, Geography and Earth Sciences	≥10% each
Life sciences, Adam Smith Business School	>5% each

Table 6. School uptake of drop-ins based on College of Science and Engineering total

College of Medicine, Veterinary and Life Sciences Total planned drop-ins = 133	
School	Percentage of drop-ins from highest to lowest
Life Sciences	34%
Medicine, Dentistry and Nursing	30%
Veterinary Medicine	13%
Institute of Cardiology and Medical Sciences, Institute of BAH and CM	>10% each
Institute of Infections Immunology, Institute of Molecullar Cells and Systems Biology, Institute of Health and Wellbeing, Institute of Cancer Sciences	>5% each

Table 7. School uptake of drop-ins based on College of MVLS total

Unmet demand

The OBS stores information on the number of failed attempts made to book drop-in sessions when the sessions available for that day are fully subscribed. Figures 2 and 3 below provide an illustration of unmet demand across the year, comparing individual months and days of the week respectively. It is important to note that the figures will not represent the number of discrete individuals attempting to book a drop-in; rather the number of attempts to book a drop-in i.e. one person may have attempted to book a drop-in several times during the same day. Overall, the graphs demonstrate that there was unmet demand every month throughout the academic year. This is the only firm conclusion that can be drawn from the data.

The greatest number of failed attempts to book a drop-in occurred in November (298), followed by February (261). July and August represent the lowest number of failed attempts (15).
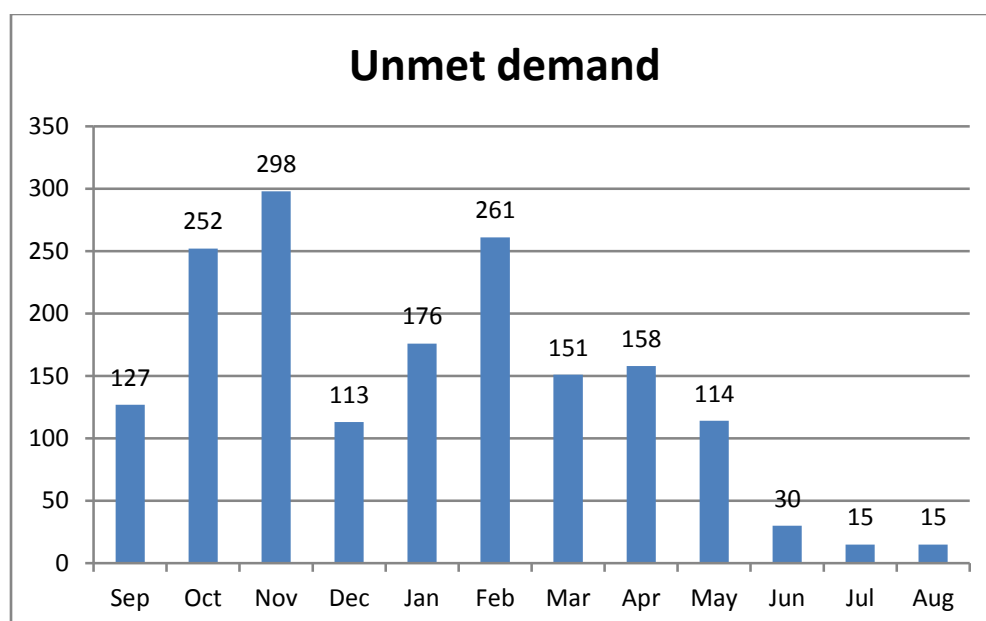

Figure 2. Comparison of unmet demand by month

In relation to the day of the week, students made the highest number of failed attempts to book a drop-in on Wednesdays (385) and the lowest number of failed attempts occurred on Fridays (298).
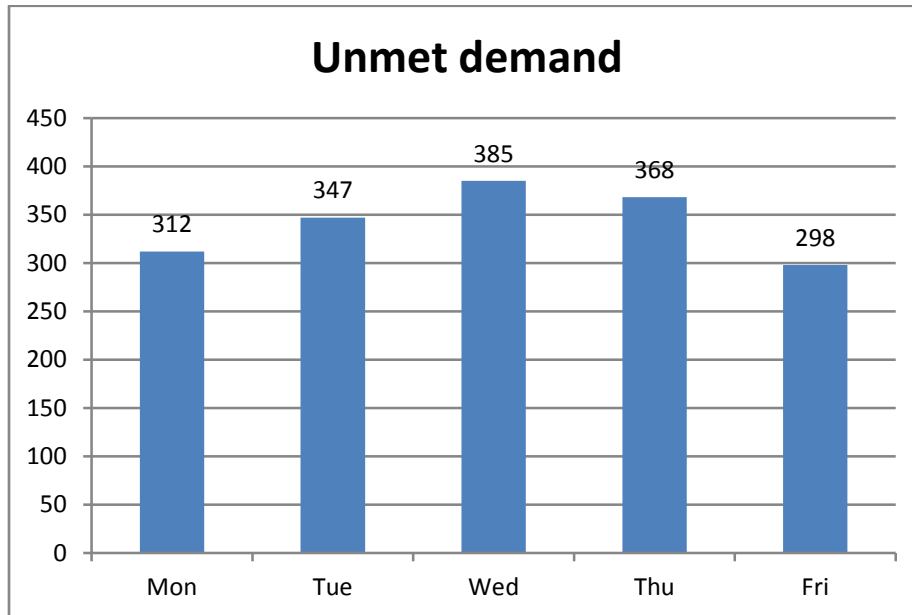
Unmet demand

Figure 3 . Comparison of unmet demand by day of the week

3.2 Phone consultations

During the academic year 2015/16 76 phone consultations were completed in total. Almost two-thirds of these (47 = 62%) were made by parents of sons or daughters attending the University; and just over one-third (26 = 34%) were made by staff of the University. More than half (44 = 58%) of consultations were made in respect of male students. The busiest month for providing phone consultations was October with a total of 13. June was quietest for phone consultation requests with a total of 1. The results are illustrated in table 9.

Month	Category of consultee and frequency				Gender of student phone call made in relation to		Total number of phone consultations
	Student	Parent	Staff	Other	Male	Female	
September	0	4	0	1	4	1	5
October	1	8	4	0	6	7	13
November	0	5	6	0	6	5	11
December	1	2	3	0	2	2	4
January	0	9	0	0	5	4	9
February	0	8	2	0	7	3	10
March	0	2	2	0	3	1	4
April	0	2	5	0	5	2	7
May	0	3	2	0	2	3	5
June	0	0	0	1	0	1	1
July	0	1	2	0	1	2	3
August	1	3	0	0	3	1	4
Totals	3	47	26	2	44	32	76

Table 9. Frequencies of phone consultations

Conclusions

PR Drop-in Consultations

The audit reveals that throughout the 2015/16 academic year there was a consistent need for drop-in consultations, both planned and crisis. CAPS facilitated 782 planned drop-ins and 123 crisis drop-ins in total. The highest number of total drop-ins (109) took place in February with 95 planned and 14 crisis drop-in consultations. During July and August, demand was lowest with a total of 39 planned and crisis drop-ins taking place in each month. Females used the planned drop-ins more than males (68%); and undergraduate students (65%) in their first year of study (30%) were the most frequent attendees. Students originating from countries within the EU, excluding the UK also used the planned drop-ins most frequently (64%). The highest demand for drop-in consultations originated from students in The College of Social Sciences (242 cases), however when considering uptake relative to individual College populations, the highest demand for drop-ins originated from students in The College of Arts (235 cases relative to 3,905 total student population). There were failed attempts made throughout the year by students to book a drop-in consultation, however it is not possible to provide more specific information in relation to this due to the sophistication level of OBS.

Phone Consultations

The service received a total of 76 phone consultation requests during the academic year 2015/16. The vast majority of requests were made by parents of students at the University of Glasgow (47 = 62%) and consultations were mainly made in respect of male students (44 = 58%).

Recommendations

Following the results of the first audit, the following recommendations are advised:

- A weekly record is taken of the number of planned drop-ins made available on the online booking system; accounting for annual leave, sick leave and ad hoc additional provision. This was not monitored during the current year therefore it is not possible to draw robust conclusions about demand versus resource.
- Adjust provision of planned drop-ins during the summer months of June, July and August according to uptake figures from 2015/16. This will allow staff to plan in advance for other clinical work to make best use of resources
- Gather demographic data on crisis drop-ins where possible
- Record the time and duration of each crisis drop-in consultation
- Record data on the outcome of consultations i.e. if no further support was required, or if consultations turned into an assessment
- Where a student has used a consultation more than once, report on the frequency for each individual case
- Record the length of time taken to complete any follow-up or further investigation from phone consultations

The majority of the above recommendations should be easily instated following CAPS' new license with CORE, a database management system that was implemented on 1st August 2016.

APPENDIX 1

PR drop-in and phone consultation rota

	Monday	Tuesday	Wednesday	Thursday	Friday
	Counsellor 1	Counsellor 3	Counsellor 5	Counsellor 7	Counsellor 9
0900 – 1000					
1000 – 1100	PR Drop-in	PR Drop-in	PR Drop-in	PR Drop-in	PR Drop-in
1100 – 1200					
1200 – 1300	PR Drop-in	PR Drop-in	PR Drop-in	PR Drop-in	PR Drop-in
	Counsellor 2	Counsellor 4	Counsellor 6	Counsellor 8	Counsellor 10
1300 – 1400	PR Drop-in	PR Drop-in	PR-Drop in	PR Drop-in	PR Drop-in
1400 – 1500					
1500 – 1600	PR Drop-in	PR Drop-in	PR Drop-in	PR Drop-in	PR Drop-in
1600 – 1700					