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Welcome to OSMHN's 9th Newsletter!

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- ❖ OSMHN continues to thrive with the support of our partners and the countless individuals who give so freely of their time and energy .
- ❖ Barbara Jackson, continues as the administrator one day per week.
- ❖ The Steering Group has continued to meet and has expanded to include 2 GPs – Dr Ann Bevan from St Bartholomew's Medical Centre (located on the Brookes campus) and Dr. Neil MacLennan one of Oxford University's College doctors.
- ❖ Members of the Steering Group are liaising with key teams and working parties in the Mental Health sector. They also continue to support the publication of the Newsletter and the maintenance of the Web Site
- ❖ The Network Group has been instrumental in holding a successful workshop on Managing Mental Distress Out of Hours. The event was attended by 100 people – our biggest yet. A concrete outcome of the event is a flow chart and set of guidelines which will be shortly distributed to OSMHN mailing list members. If you have not received these documents electronically and would like to, email osmhn@brookes.ac.
- ❖ We are pleased to say that Deborah Williamson, former administrator of OSMHN, is now maintaining our web site.

OSMHN's Newsletter Needs You!

A primary aim of the OSMHN network is to enable the sharing of information, knowledge and experience of student mental health issues across the education, health and voluntary sectors in Oxfordshire. Our newsletter is a key mechanism for achieving this.

OSMHN would love to hear from you. If you have any groups starting, events

happening or projects you would like others to know about, let us know. If you have anything which is happening soon, we can also use our email groups to share that information in between editions of the newsletter. We especially welcome items from students!

Please e-mail osmhn@brookes.ac.uk.

Oxford Student Mental Health Network Workshops

Managing Mental Distress Out of Hours

The OSMHN winter Workshop 2005 was the first event to be held in the Lecture Theatre in the new Oxford Brookes School of Health & Social Care campus. The event, which involved 100 people including hall managers, chaplains, counsellors, academics, students and representatives from the voluntary sector, was lively and informative. A panel which included members from the Police, the Mental Health Care Trust, the Primary Care Trust, the GP Out of Hours Service, Social Services, a Brookes Hall Manager and an Oxford University Junior Dean. The panel was presented with a scenario which involved a student presenting with an apparent mental health crisis in the middle of the night. The chairman guided the panel through the various steps which might be taken in responding to this kind of incident outside of normal 'office hours'.

Particular issues which were covered included personal safety, when to call emergency services, assessing level of risk to all those involved, getting an overview of the situation, calling the GP, what services are available and how to access them, recording information, confidentiality and follow-up support for students and staff following an incident.

One of the points which came out clearly in discussion between the panel and the audience was that University staff called to an incident like this out of hours, need clear information readily available to ensure that they are aware of steps they need to take, their options and, most importantly, how to access help. It was agreed that OSMHN would create (with the assistance of the panel and other network members) a Flow Chart illustrating the various courses of action with an accompanying set of guidelines expanding on each point in the Flow Chart. These documents will be distributed to the network members to adapt and use in ways appropriate to their particular situations. For example, the internal arrangements for accessing support and recording information will vary in the 3 educational institutions.

Future Workshops

The Network Group have met to plan two events for the 2005-06 academic year. The events have yet to be finalised. We can say that one event is planned to be an open event with a mental health promotion slant aimed at engaging students embarking on the new academic year. The second event is planned for the February and will be in a workshop format. Details will be publicized when available.

Suggestions for workshops or lectures are always welcome.

OSMHN at UUK

Members of the OSMHN Steering Group presented two seminars at the recent Universities UK Conference at Woburn House in London. The title of the conference was Joined –up Practice: Towards NHS/HE collaboration in promoting mental well-being in higher education. The OSMHN group's seminars, titled "An Inter-Professional Group Shares Its Experience", outlined the history of the project and current activities. The audience were then invited to explore how co-operative projects in their own areas might work. Participants came from a variety of University settings and useful discussions explored how different models might be developed in response to different needs and resources.

Tapping into Natural Resources: Peer Support at the University of Oxford

By Anne Ford

Co-ordinator of the Oxford University Peer Support Programme

Support is essential. It is like water or air. It is something we all need in order to survive. Support can come in many forms and from many sources, whether formal or informal, or from a professional or peer. Whether or not we realise it, many of us experience and provide informal peer support on a day-to-day basis—with friends, colleagues and to those in similar situations to our own.

This is especially true for students in colleges and universities, when reliance on the family shifts to reliance on peers. Although the family remains significant, peer relationships become extremely important, whether a student feels secure in their group or feels left out and isolated. Often when providing support to friends, especially when they are facing a crisis, students can feel at a loss as to how to be most helpful. In the moment, a crisis might feel both exciting and scary. They might fear making a mistake, saying the wrong thing, or might decide to keep a confidence longer than is healthy or safe. For these reasons a formalised peer support programme—one which is set out clearly, with training and supervision, and which provides a clear and safe welfare network—can enhance existing provision within an institution and make the institution a more user-friendly and accessible place. Peer programmes are an effective way for students to develop the tools necessary to help them face the myriad problems that arise for them, and be able to help their peers negotiate a sometimes fraught journey through late adolescence and young adulthood.

At Oxford University, the Peer Support Programme trains students to provide support to their fellow students. The Peer Support Programme began 15 years ago and is run through the University Counselling Service. In the early years, training was provided for welfare officers from different colleges. These cross-college trainings provided a space for people, who are elected to do the very important job of looking after and providing for their peers' welfare, to

enhance their skills and confidence to enable them to better fulfil their roles. Once trained, some of the welfare officers would advertise that they were trained, whilst others wouldn't advertise that they had been trained, but would use their skills in their welfare capacity.

Since 1992, panels of trained peer supporters offer a listening ear in 24 of the undergraduate colleges. The panels are comprised of between 4 and 12 students, undergraduates and post-graduates, who advertise their service within their colleges and make themselves available to support their peers. The programme provides a 30-hour training to students in basic listening, support, limit-setting and referral skills. At the end of the training course the trained peer supporters offer support to students in their colleges.

In addition, training is provided for Junior Deans and graduates with a pastoral role. The Junior Deans occupy a position in which they have both a welfare and disciplinary role, and have to learn to negotiate this sometimes tricky boundary. Graduates with a pastoral role often have official positions within the Middle Common Room (MCR), such as Welfare Officer or Women's Officer.

Once training finishes, students commit to at least two terms of supervised practice.

Supervision sessions provide an opportunity for the students and trainer to come together on a fortnightly basis, in order to discuss the practicalities of setting up and running peer support in their college, and to have a chance to discuss and reflect on the ways in which they are using their peer support skills with other students. The issues discussed in supervision are wide-ranging: from the most helpful way to refer a student to an appropriate professional (GP, counselling service, family planning clinic) to working with a student who is experiencing homesickness; from supporting someone who is having work difficulties to issues of self-harm; from work with international students to a peer supporter's own struggle with being assertive and setting boundaries. Supervision provides the peer supporters with a safe place to speak about these issues, to hear feedback from other peer supporters, and to receive professional guidance, so that they are better able to provide support in a healthy and helpful way.

The peer supporters make themselves available within their colleges, both formally and informally. Formally, the students set up drop-in hours, advertise their services, and in one college, the students run a peer support 'surgery' on MSN. Students make sure they are around college and at events, which makes informal contact possible. In many colleges, students hold peer support teas, doughnut mornings, ice cream sundae evenings, etc., to give away free food (always welcomed!), raise the profile of peer support within college and informally chat to people. Through the events, students in the colleges become more aware of the role of peer support and the peer supporters, and on occasion have approached the peer supporters more formally after attending an event.

Students are an important natural resource: they are enthusiastic, energetic, and spend a lot of time caring for and about their peers. They are a resource that the Peer Support Programme taps into through providing peer support training and supervision, and can protect by providing a safe network within which they can care for and support other students.

email: anne.ford@counserv.ox.ac.uk

web pages: admin.ox.ac.uk/shw/counserv.shtml

**The DDA 2005 - Public Sector Duty, Tuesday 28 June 2005.
London Voluntary Sector Resource Centre**

This event will explain the new specific duties under the latest legislation on disability discrimination including responsibilities of Higher Education Institutions in England and Wales, FE colleges and funding bodies, inspectorates and other statutory agencies related to education who will be required to have disability equality schemes in place by December 2006.

For further information and booking details: send your postal address to sally@skill.org.uk

New Mental Health Information Line - 01865 247788

The line was launched on 1st March 2005. It is available 9.30-4.30 Mondays-Fridays (except public holidays). It will provide free* and confidential information and advice about any aspect of health and local mental health services.

*(call charges apply)

Oxfordshire MIND

The recently re-vamped Oxfordshire MIND web site <http://www.oxfordshire-mind.org.uk/> has information about a great number of services they provide as well as fundraising events.

Taster Days

The provisional programme is as follows:

August

Building Self-esteem	Bicester
Assertiveness	Kidlington
Coping with Depression	Witney

September

Coping with Anxiety	Oxford
Building Self-esteem	Banbury
Coping with Depression	Bicester
Coping with Anxiety	Wallingford

Groups are planned on all those topics in October. To find out more contact Linda McDiarmid or Stuart Reid at Oxfordshire Mind 01865 310830 or email info@oxfordshire-mind.org.uk

Fundraising

Oxfordshire Mind Morocco Trek
29th September - 4th October 2005

A chance to trek around the foothills of the spectacular Atlas Mountains and explore the souks of Marrakech.

To participate you need to pay a registration fee of £50 and pledge to raise £1500 through sponsorship and fundraising. Go to the web site for more information.



Experiences of Evaluation of Counselling

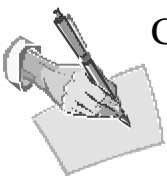
By Judi Brosnan, Oxford Brookes Counselling Service

“Thanks. I feel a lot better.” “I hope I’ll cope.” “I think I’ll be okay.” “I understand myself more.”

These are typical of comments clients make when counselling has gone well. Counsellors usually have a good idea of whether an individual feels better after counselling - after all, they can always ask the client (though they need to be alert to clients who want to please their counsellor). The counsellor can also deduce a lot about the client’s feelings and thoughts from listening to and watching them, and from what the client says about relationships, work and study, and leisure time.

But how does a Counselling Service provide a reasonably objective evaluation on a more global basis? Imagine just asking counsellors, “How many of your clients improved?” It is unlikely the answer would be anything like a simple “75%.” There would be qualifications, uncertainties, and questions like, “What do you mean by ‘improvement’?” True, that reflects the uncertain, subjective, messy world of human mental health. However, it isn’t much help if you want to show whether the Counselling Service is effective, or determine which clients are benefiting from counselling. One answer is to use a relatively objective evaluation system. The Counselling Service at Oxford Brookes University uses CORE (Clinical Outcomes in Routine Evaluation). CORE is a nationwide tool, devised to evaluate improvements after therapy in a variety of settings, including colleges and universities and the NHS.

What is CORE?



CORE is a 34-item questionnaire. Questions cover functioning, coping, felt “well-being,” and risk factors, such as self harm or harming others. The client ticks a box for each question, so it takes only a couple of minutes for most people to complete. Each question scores from 0 (no problem) to 4 (the most severe). The total score gives a measure of mental health functioning.

An advantage of CORE is that it developed from extensive research aimed at providing a representative measure of overall distress, whatever the presenting problem. In addition, scores from your service can be compared with the range of scores that researchers found for people waiting for therapy and counselling. The scores can also be compared with those of people who feel in reasonably good mental health.

At Oxford Brookes’ Counselling Service, counsellors give clients a CORE questionnaire during their first session and again during their last session, or just after it. Clients who drop out of counselling are sent the second questionnaire, unless there are reasons not to do so - though only a small percentage are returned.

What can CORE show you?

CORE can be used:

- ❖ *As an assessment tool.* It helps assess risk factors. The counsellor can see which questions score highly. The overall score gives a measure of severity.
- ❖ *To analyse who improves and who does not.*
- ❖ *To see what percentage of clients improve.* The CORE package includes a statistical method for determining whether an individual's CORE score is significantly changed after counselling. Improvement in scores usually means the client is coping better.
- ❖ *To provide an overall measure of effectiveness of the Counselling Service.* This can be done by calculating the difference in average CORE scores before and after counselling.

What is it like for the counsellors?

The tool can be a useful one, but what is it actually like for counsellors to use CORE? The counsellors at Oxford Brookes have various reactions to CORE, as shown below:

Counsellor 1: "CORE is now a familiar part of my counselling work. I like to let first impressions suggest themselves to me as I wait for my client to complete the first questionnaire. Most of all, I like the way CORE offers one clear, dispassionate, and objective way of answering the most important question to anyone involved in therapeutic work – is this helping the client? Quite often, for instance, clients who come for counselling have suddenly found they are preoccupied with thoughts and images to do with difficult or painful experience that occurred many years ago. One of the CORE questions directly addresses this and it is gratifying when CORE shows that the degree of such preoccupation has greatly diminished. It is highly gratifying, too, when CORE demonstrates a general alleviation of distress.

But CORE, carefully researched though it is, can only ever be a blunt instrument for deciphering the consequences of counselling. Often, change happens in a way that CORE can't reflect, at least in the way we use it. For example, change occurs over time. Say, for instance, that someone in a mid-life crisis reaches a completely new thought, in the course of four sessions of counselling, about their problems. A new thought – especially if the old ones are well-established and very familiar – can feel risky and disruptive and downright distressing. It may take time – longer than four sessions of counselling - for a new thought to be accepted, and even longer for it to turn into new acts, changed behaviour. The second questionnaire might show no change at all, yet an important process has been set in motion. This shows that counsellors need to be careful in assessing the results they get from CORE, and use it as a part of the process of evaluation of their work."

Counsellor 2: “Does using CORE in the counselling room facilitate the relationship which underpins all “talking cures”? “It is the relationship that heals” (Yalom, 1991).

When I see a client for the first time, I note how they seem, what they choose to say first, how they express emotion, and how it feels to be them. It is these initial moments of attunement (Stern, 1998) that form the basis of an ongoing relationship, or working alliance. The first and final sessions in therapy reveal important aspects of attachment behaviour, exemplified in the narrative style of the client – the client’s voice. I feel that I am interrupting the client’s own narrative by impinging the medicalised language of the CORE form which assesses mental functioning. Using CORE is like working from the map to the landscape. The major reason for using such a clinical evaluation is objectivity. By the therapist introducing the questionnaire, this objectivity is, I believe, compromised.

I accept the importance of evaluation and risk assessment within the institution in which we work and for the counselling profession as a whole. However, to do so we need to commit ourselves and the institution to a system which will enable the aim of objectivity to be achieved: it is not a qualitative evaluation. For me the solution would be for CORE to be administered by a third person, who administers and handles the form. The understanding of the impact of transference is part of the counselling relationship in psychodynamic work: I believe that is contaminated by my handling of the form.”

Counsellor 3: “I was surprised at how quickly I settled into and grew to appreciate using CORE. I learn from “seeing” rather than from figures, so I seldom tot up the scores from the questionnaires, preferring to get a picture by looking at the distribution of the answers.

I emphasise to the client that completing CORE is optional – but most clients choose to complete it. In the assessment session, I scan the questionnaire in the presence of the client, and this enables me to quickly gather information about their thoughts and feelings. In particular I find it useful to note if the client has thoughts of harming themselves or wishing they were dead. Of course clients tell me what brought them to counselling, but the first session is often very full, and there is not always time to cover everything. CORE provides additional information to what is said.

At the end of counselling, I again invite the client to complete CORE. I ask clients if they would like to compare their responses with their original questionnaire, and only about two have refused. The majority of clients find this process useful and encouraging. When the results are significantly “better,” many clients express great pleasure. If there is only a little change, clients are still often encouraged. Even if the result does not show much improvement, this is often predictable and we will have usually talked through the reasons before, or we will do so when we compare the questionnaires.

Overall, I find CORE an extremely useful adjunct to the counselling. It is an aid in assessment, and is a useful way to evaluate the counselling with the client. No client who has completed both questionnaires has voiced any negative thoughts about it.”

Counsellor 4: “It took me a while to get used to using CORE, but I like using it now. In the brief silence while a client fills in the first questionnaire, I reflect on how it feels to be with this person, whom I have known only a few minutes, which gives me insight into how they relate to others. The client’s answers help me assess how they are coping, and the pattern of their feelings. When completing the questionnaire at the end of counselling, many clients become interested in what changed for them. This can lead to enthusiasm about their own process of change, which may help them beyond the end of counselling. It isn’t all easy, though. The questionnaire feels a nuisance with the few clients who show ambivalence about completing it. I also feel uneasy about giving the questionnaire when someone returns to counselling for a second episode, as it feels an intrusion when we are re-establishing the relationship.

On a wider scale, I find CORE motivating at the end of each year, when we analyse the results for our clientele as a whole. The majority of clients who completed both CORE questionnaires show measurable improvements. I have found it interesting, and sometimes instructive, to see whether there are differences in the amount of improvement with different types of clients, or aspects of the counselling process. For example, it was helpful to see that it was as useful, if not more so, to negotiate an ending date during counselling as at the start of it. Nevertheless, when the analysis is done in a single setting, CORE isn’t a subtle enough tool to provide many answers about what works for whom.”

Perhaps what we can say, is that CORE is useful for evaluating counselling, but it has drawbacks. It provides a reasonably objective measure of effectiveness of counselling, though it cannot reflect the complexities of the change process or be entirely objective, and how it is administered could effect how clients answer the questions. It is good as a generic tool, but has limitations in answering subtle questions about how counselling works. Just as importantly, counsellors have very different experiences in actually using it with clients. Experiences vary between being CORE as an intrusion, to it becoming an integral part of the counselling process.

Further information

Further information on CORE can be found on the website of its developers, the CORE Systems Group: www.coreims.co.uk .

References

- Stern, D. (1998) *The Interpersonal world of the infant*. London: Karnac Books.
Yalom, I. (1991) *Love’s executioner and other tales of psychotherapy*. London: Penguin Books Ltd.

Mental Health, Well Being and Advice Services

Counselling & Advisory Service, Oxford Brookes	Ox 484650
Counselling Service, Oxford University	Ox 270300
Mental Health Resource Centre	Ox 728981
Samaritans (24 hours)	Ox 722122
	jo@samaritans.org
Crisis Line (MIND)	Ox 251152
Relate (Relationship)	Ox 242960
Cruse (Bereavement)	Ox 245398
Eating Disorders Association	0845 634 1414
National Drugs Helpline	0800 77 66 00
Drinkline	0800 917 8282
Quitline (Stopping smoking)	0800 00 2200

OSMHN Steering Committee members

OSMHN is supported and advised by a Steering Group consisting of representatives from its partner institutions. The present members are as follows:

Oxford University

Elsa Bell, Head of Counselling
Dame Fiona Caldicott, Principal of Somerville College
Alan Percy, Deputy Head, Counselling Service
Hannah Young, Disability Adviser

Oxford Brookes University

Keith Cooper, Head of Student Services (Chair)
Marion Casey, Senior Counsellor
Sue Wilkinson, Counsellor

Oxford College of Further Education

Viv Miles, Student Services
Rachel Teare, Counsellor

Oxford City Primary Care Trust

Yvonne Taylor, Head of Mental Health Services
Anna Hinton, Specialist Health Visitor

Oxfordshire Mental Healthcare NHS Trust

June Dent, Consultant Clinical Psychologist
Samantha Holmes, Service Director for Adult Mental Health Services
John Pearce, Service Manager for Adult Mental Health Services

General Practitioners

Dr. Ann Bevan,
Dr. Neil MacLennan

OSMHN contact details

OSMHN is unable to offer direct support or advice to students, but aims to collaborate with those organisations and services that are involved in supporting students with mental health problems. OSMHN is currently staffed by a part-time administrator one day a week, Barbara Jackson, who can be contacted at:

c/o OSMHN
Oxford Brookes University
The Lodge
Harcourt Hill, OX2 9AT

Telephone: 01865 484689

E-mail osmhn@brookes.ac.uk

<http://www.brookes.ac.uk/osmhn>