

Counselling Strategies for the New College Communities A Preliminary Reflection

W.L Peirson
September 2020

Background

Mental health continues to decline in contemporary Australia (ABS, 2018).

Poor mental health is particularly accentuated amongst the young (Mackay, 1999, p. 179). Amongst those of university age, there is a systematic deterioration with increasing age for both sexes but is more pronounced amongst women than men (Landstedt *et al.*, 2015). For those responsible for university residential colleges this presents an urgent and significant challenge as colleges receive young people from a diversity of social and cultural backgrounds.

The purpose of this present contribution is to summarise one strategic approach that has been developed to respond to the systematic deterioration of in the mental health of the young people presently coming to live in college. The specific focus is on counselling in college as this is the umbrella under which the principal support for poor mental health is understood. The author hopes that this will stimulate better documentation of what is being accomplished in colleges to enable us all in the Australian college community to respond to these trends that are set to continue into the *next* decade.

Please note that this contribution is also being written in the middle of an international pandemic. 2020 has been a particularly difficult year – especially for several collegians who have lost close relatives and friends to COVID-19.

Some in the tertiary sector have been urgently exploring alternative counselling support models as the extent and expense of adequately addressing the needs of university students have become apparent. One senior member of the university community remarked to me “This will consume as much resources as you will throw at this.”

The *past* decade has seen many groups develop valuable resources in response to this observed deterioration of mental health. Mental Health First Aid now sits alongside conventional First Aid training. There are a variety of written materials about mental illness that have been developed – far too many to summarise here and far too many to incorporate in the training of pastoral staff prior to the commencement of the college year. It is interesting to reflect on how things have developed since Chapter 18 in Blimling (2010) was published.

Colleges are, in general, poorly understood in Australian society. These remarkable communities, which greatly broaden the university experience and accelerate the formation of young people (Markwell, 2013, p. 330 *ff*), can be misunderstood as either on-campus rental accommodation or bastions of privilege. Hutchinson (2016) clearly distils the diversity, significance and beauty of the voluntary support that emerges from colleges and enriches campus life. Although the key teams are identified, Hutchinson's work does not extend to presenting an overall strategy of support.

This present contribution is based on the experience of the author as he journeyed (with his wife and family) from being Dean of Residents to Head of College of two large residential colleges at UNSW. This experience was gained over approximately six years at New College and New College Postgraduate Village.

Principal Counselling Challenges

Disclosure

The greatest challenge when a young person is struggling and endeavouring to get assistance to them is enabling them to feel able to disclose. The stigma attached to mental health is still great in our community – no less in this university student cohort. This is even more difficult in what is a potentially public situation and, for those new to a college community, it is not clear who can be trusted.

A common reaction of someone who is struggling is to withdraw from those around them. There are other reactions, some of which require careful observation. Here I focus on withdrawal because my experience is that it often is the very *first* observable signal in community life that things are not going well. Common courtesy dictates that the privacy be respected of those withdrawing from our company. Consequently, the natural reaction is for everyone to conclude that no problem exists. The developing risk that an unaddressed issue may become much more serious, emerging some time later.

Consequently, as I have argued in Peirson (2019), pastoral care strategies need to proactively seek out those who are feeling vulnerable. More recently, in our colleges we have developed a rhetoric around “Early is best” to impress on all collegians that it is much easier to deal with minor issues that they may be experiencing or observing in those around. It is certainly much more difficult to deal with entrenched situations.

Further, within our colleges we have been moving towards compulsory weekly suppers. This has ensured that those withdrawing from the community are identified and reported to the Dean as possible people of concern.

We have found that the structure of the pastoral care team is important in terms of encouraging disclosure. This is discussed in more detail as follows.

Conflicted but Essential Roles

Another challenge is the dual roles played by pastoral care teams in colleges. Deans and Residential Advisers (RAs or Senior Residents in one of our colleges) must, at the same time, have responsibilities for discipline and well-being of the residential groups within their designated domains. Some colleges have adopted other models (the best formal treatment appears to be in Blimling, 2010) but my observation is that those who are anxious need to know that the person responsible for their well-being also has the power to address the cause of their anxiety. As a practical example, we have found that encouraging people to raise anonymously concerns with their RA significantly reduces community anxiety associated with unauthorised people being in the college late at night.

The problems, almost always, occur at night as those of us immersed in college know too well. As the business of the day subsides and, perhaps assisted by the consumption of alcohol, people become more reflective on underlying issues and need support. The complexity of college does not fit within the nicely defined business hours usually adopted by mental health professionals.

Consequently, it falls to the RAs (in consultation with the Dean under serious circumstances) to take on the role of big brothers and sisters and try to re-establish some level of order and calm until such time as suitable resources can be brought to bear on the issue of concern. Theirs is a remarkable and precious role.

Adequate support

In spite of the crucial role played by Deans and RAs, the fact remains that they are usually not trained counselling professionals and real risk must be assessed by those qualified to do so. It is not uncommon for mental health first responders to find themselves drawn beyond their role of encouraging help seeking. Some issues are deeply complex and their emotional impact can so profound that even professionally qualified people will seek external support when dealing with them. In our internal training program, we highlight this and gently remind RAs that they need to see themselves as triage nurses, escalating issues in a precautionary way and passing serious issues on to those trained to deal with them (See also Blimling, 2010, p. 39ff).

In the opening remarks, the developing size and significance of mental health issues was noted. There are two ways to respond to such changes. Potentially, we can disengage and increase the risk when there are increasing numbers of young people in distress. Alternatively, the risk increases to the Deans and RAs, working at the interface, who have increasing numbers of collegians demanding detailed attention.

Counselling roles

Who is responsible for counselling in college?

I was delighted to hear during New College's 50th Anniversary Celebration from an alumnus of our first few years describe his residential group's efforts to support an international student juggling his family's expectations and his academic ambitions. One of the great beauties of college life is the mutual support experienced by collegians. This is a major part of the foundation of the deep relationships that are forged within colleges.

Traditionally, counselling has been provided by Chaplains who may or may not be part of the college staff. In our particular case of being Christian colleges which is open to people of all faiths and none, it is essential to recognise that many in our colleges may not feel comfortable seeking support from the Christian workers associated with our college communities.

While often ignored within the staffing team, we have found that collegians develop significant relationship with the cleaning and catering staff who can play an important but unofficial support role. One Head of college who employed older cleaning staff once asked me how to deal with the situation where collegians were disclosing significant pastoral issues to the cleaning staff.

As indicated earlier, it has been our finding that increasing counselling load has been falling on our RA teams. They keenly feel the distress of the people who disclose to them and, at a time of developing poor community mental health, this leads to increasing rates of disclosure and greater risk of burn out (Blimling, 2010, Chapter 3).

As a principal figure of trust in the community, significant load can fall on the Dean of Residents. Within our colleges, residents exhibiting the highest levels of instability are assigned for regular meetings with the Dean. O'Week and the earliest period of the academic year, when the levels of disclosure can be highest, are extremely demanding on Deans. In recent years, we have found it important to ensure that Deans receive increased support. Although they provide advice to

collegians across the very broad experience of college, none of our Deans have been formally trained mental health professionals. Indeed, my experience is that counselling professionals are careful to partition their work and private lives and therefore are generally reluctant to take on the complicated life of a Dean.

It is essential that clear lines of referral be established from the Dean to counselling professionals for at least two major reasons:

1. More serious cases of poor mental health must be assessed by a professional to ensure that their issues are adequately addressed.
2. To minimise the emotional load on the Dean and RA team.

Professional counsellors can take on many different forms within the university environment. In my experience these counsellors can include:

1. employees of the University.
2. those available via a service agreement with the University.
3. service providers local to the University.
4. employees of the college.
5. those available via a service agreement with the college.

Our experience is that university students are far more likely to be willing to access help from counsellors with whom they have had prior contact. Although we have used external service providers, we have found that the barriers in getting collegians to agree to see such providers are significant and very time consuming.

Our greatest success in gaining adoption by the college community has been when we have been able to introduce the counsellor(s) to the college during O'Week.

Parallel experience has indicated that collegians can be reluctant to seek help when connections can possibly be made between their difficulties and their reputation or academic outcomes. This appears to have been a barrier to collegians being willing to make use of the university counselling unit.

We have found that some international students will not seek help unless it is strictly confidential because of significant implications for their employment or family relationships in their home country.

We have not employed counsellors within the college staff structure because of the unstated risk (at least in collegians' minds) that the nature of their issue or associated behaviour might be relayed to the college Head.

Over the past 12 months, we have implemented a counselling system that has proven extremely effective in overcoming almost all of these barriers. We have partnered with the counselling unit of Anglicare to provide us with an in-house counsellor for one half day per week. This has had the following benefits:

1. The in-house counsellor has been available to be introduced to the college community.
2. She is provided with her own confidential space within the college where collegians can approach her without drawing the attention of others in the community. The physical barriers to reaching out to the counsellor are minimal.
3. Bookings are relayed from the college reception to the counsellor's diary manager giving collegians a greater sense of confidentiality.
4. The counsellor had lived in college herself. Collegians have a sense that she is someone who

- understands some of the challenges of living in close community.
5. Anglicare provides an independent and professional documentation system that is not accessible to the Head of College or the Dean.
 6. She enjoys an excellent reputation within the community. Collegians encourage others who they think need support to see her.
 7. There have been opportunities for the counsellor to be part of our RA training program thereby developing a greater sense of teamwork and mutual respect between these different key personnel in the pastoral support arrangements.
 8. There has been greater demand for counselling support during the last six, pandemic-affected months. The counsellor's reputation within college means that people have been more willing to travel to consult with her outside of the in-house counselling period. This has enabled us to expand the available support without significant inconvenience to the counsellor herself.
 9. Six monthly reviews in collaboration with the Heads of college and the Anglicare unit have enabled us to identify major support themes and trends.
 10. We are now moving towards a phase of O'Week training during which we better equip freshers for the challenges of college and university life – hopefully avoiding unnecessary distress and requirements for counselling support.

In summary, the reality is that some forms of counselling will be provided by all members of the college community – including, perhaps, the maintenance staff! However, it is essential that those in real distress are assessed by those professionally qualified to do so. Also, the scale of personal difficulties can overburden the Dean and RA team and it is essential that they be adequately supported.

Communication

In college communities rumours can abound because of the large numbers of people who can be involved. Consequently, strong public communication of key information is essential but, at the same time, personal information must be carefully handled to ensure that the dignity of each community member is respected.

As stated earlier, we have found that just a simple introduction of college residents to counsellors has significantly increased their confidence to seek help.

During O'Week, we hold dedicated workshops to reinforce the “Early is best” rhetoric with incoming collegians. These have a dedicated workbook that summarises the key support that is available in college: the RAs, counselling support, personal security, etc.. Key personnel are publicly introduced. Further, we work through a suite of disciplinary and personal vulnerability case studies so that it is clear how the college administration will respond when things go wrong.

Strong communication within the pastoral care team is also important. We have instructed RAs to say to collegians “Tell me only what you want but you must be aware that I will probably have to tell the Dean”. For good management as well as appropriate support of the RAs, it is essential that they understand that they do not control the disclosure process nor will they be burdened by carrying the secret troubles of their designated groups.

The message of “Tell me only what you want but you must be aware that I will probably have to tell the Dean” also gives the troubled collegian themselves control over what they choose to disclose. My experience is that once people in trouble start talking, the disclosure process becomes easier as the conversation continues.

With regard to vulnerable individuals, a community concern has been that individual's personal and private details can be shared within the RA team or more broadly. Consequently, we have established strong protocols so that specific information about any given individual is only communicated vertically (that is, from individual to RA to Dean to Head). Where disciplinary activity has been enacted (for example, in case of harassment of one individual by another), the protocol operates in the opposite direction so that the alleged victim(s) and alleged perpetrator receive clear delivery of the outcome from the college Head via the Dean and, possibly, the RA.

Good communication is also essential during critical incidents. However, critical incident management is a whole topic in itself and lies outside the specific scope of this reflection.

Concluding remarks

We live in challenging times. The real and developing demands for pastoral care in college are probably higher now than any other time in history.

The demands require that the college head carefully think through an overall strategy for providing pastoral care that must:

1. Adequately support the young people in our care.
2. Ensure that burden does not fall unduly on members of the community when supporting young people.

In this reflection, I have tried to distil the key elements of the present approach taken at New College and New College Postgraduate Village. Hopefully, this will assist other heads and provoke greater discussion and development of better strategies that are fitted for today's university students.

Acknowledgements

Constructive comments on a draft of this document by Barbara Bolt are gratefully acknowledged. The author publicly expresses his deep appreciation for all the Heads, Deans, Residential Advisers, Senior Residents and Counsellors that he has worked with closely over the past six years.

References

- Australian Bureau of Statistics (2018) National Health Survey: First results. Reference period 2017-18. Released 12/12/2018. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release> Accessed 23/9/20
- Blimling, G. *The Resident Assistant*. 7th Edition. Kendall. ISBN 978-0-7575-7395-8
- Hutchinson, P. (2016) The College System as a Culture of Care. Chapter 9 in *The Collegiate Way*. Evans, M. and Burt, T.P. (2016) Sense ISBN 978-94-6300-679-8
- Landstedt, E., Coffey J. & Nygren, M. (2016) Mental health in young Australians: a longitudinal study, *Journal of Youth Studies*, 19:1, 74-86, DOI: [10.1080/13676261.2015.1048205](https://doi.org/10.1080/13676261.2015.1048205)
- Mackay, H. (1999) *Turning Point: Australians choosing their future*. Pan Macmillan Aust. ISBN 0 7329 1001 3
- Markwell, D. (2013) *Instincts to Lead: on leadership, peace and education*. Connor Court. ISBN 978-1-922168-702
- Peirson, W.L. (2019) Wellbeing in Communities Run by Christian Organisations. In *Wellbeing*. Case Quarterly 54. New College. ISSN 1447-7858