University Counselling Service

Annual Report - Academic Year 2024-2025

This report provides a detailed account of the University Counselling Service's activities during the 2024-25 academic year. It sets out how the service supports students to overcome periods of personal difficulty and strengthen their capacity to cope, and in doing so to improve their mental wellbeing. This is achieved through a diverse portfolio of of individual counselling, therapeutic groupwork, psychoeducational workshops, peer support, and specialist interventions. The report also captures the cross-institutional consultation, training, welfare supervision, NHS liaison and coordination of care, research activities and partnerships that underpin the service ethos and commitment to enable confident and effective student support across the welfare ecosystem. This report includes data, outcomes, and student feedback, and documents key developments, challenges, and priorities for future service planning within the wider University welfare framework.

Contents

1. Executive Summary

The 2024-25 academic year represented a period of consolidation and targeted development for the Counselling Service, delivered within a context of sustained demand and increasing complexity of students' welfare support needs. Core provision of brief individual counselling remained central, complemented by a broad programme of therapeutic groups and workshops, comprehensive psychoeducational online resources, an expanded on-site College Counsellor Scheme across 19 colleges, daily Duty Counsellor enquiry responses, specialist psychiatric consultations, and the Trauma Clinic. In total, 2,850 students accessed individual counselling, presenting with issues largely relating to anxiety, depression, relationship difficulties, and academic pressures.

The service delivery model continued to be guided by clinical assessment of student need and circumstances rather than a fixed-session structure. Around 10% of students received medium-term support, coordinated with NHS and college welfare provision. Student feedback remained consistently strong, with 95% of respondents rating their overall experience of the Counselling Service as good or very good, and 99% rating their counsellor positively for listening and understanding. Feedback also indicates a sustained reduction in the proportion of students considering suspension or withdrawal by the end of counselling, highlighting the contribution of counselling support to student wellbeing and continuation. Demand management remained a key focus. The tiered appointment prioritisation (triage) process was further embedded and refined, enabling more timely access for students with particularly acute needs, while maintaining overall assessment timeframes during peak periods. Waiting time performance remained broadly stable year on year, reflecting continued pressure to access the service, alongside effective prioritisation. Average sessions

per student increased modestly, consistent with the rising complexity of presentations and the service's flexible, clinically-led approach.

Innovation and service development featured strongly. Progress was made in developing the Mental Health Advisor pilot. Supported by 8 colleges and the central University, this programme aims to strengthen pathways and coordination for students with complex, serious, and enduring mental health difficulties. The *Moving Minds* wellbeing programme expanded in partnership with Oxford University Sport and colleges, offering structured physical activity coaching as a preventative, non-clinical pathway alongside counselling. A new Neurodiversity Group was piloted, providing a dedicated, neuro-affirming space for students and contributing to broader work to improve accessibility and inclusion.

The Service's role in supporting the collegiate University and professional welfare networks continued to grow. *Mental Health Awareness* and *Responding to Students in Distress* training reached 824 staff across colleges and academic divisions, enhancing knowledge, skill and confidence in welfare practice. Further professional development and consolidation of learning was supported by the expansion of welfare staff supervision, with over 60 college and department professionals regularly attending individual or group sessions. The daily availability of Duty and senior counsellors to discuss specific concerns for students and coordinate support provided an additional layer of support. Partnership working with NHS services was strengthened through continued engagement with local and national networks, supporting coordinated care for students with complex needs. The Counselling Service also contributed to institutional work on responsible communities, student safety, the review and updating of *Guidance for Dealing with a Student Tragedy*, early review activity relating to the University Student Mental Health and Wellbeing Strategy and participated in the University Mental Health Charter Programme.

Looking ahead, the service will continue to prioritise timely and equitable access to support, strengthen pathways for students with complex and enduring mental health needs, and further embed robust governance, evaluation, and partnership frameworks. Development of more granular approaches to understanding student experience and impact, including enhanced feedback and outcome measures, will support targeted service improvement.

Collaboration across Student Welfare and Support Services, colleges, the NHS, and national networks will remain central to delivering responsive and evidence-informed psychological and mental health support for Oxford students.

2. Highlights

- 2,850 students accessed individual counselling, presenting with issues largely relating to anxiety, depression, relationship difficulties, and academic pressures.
- 555 students were supported through the on-site College Counsellor Scheme across 19 colleges, embedding accessible counselling provision within college welfare structures.
- 171 students attended appointments with the departmental medical consultant psychiatrist, who provided additional assessment and NHS referral support for students reporting concerning symptoms substantially impacting their daily life and studies.
- 21 students completed trauma-focused Eye Movement Desensitisation and Reprocessing (EMDR) intervention through the Trauma Clinic, with outcomes consistent with previous years.
- The tiered appointment prioritisation (triage) process was further embedded and refined, supporting timely access for students with more time-sensitive needs while maintaining overall assessment timeframes.
- The Mental Health Advisor pilot progressed, supported by eight colleges and the central University, strengthening pathways and coordination for students experiencing serious mental illness.
- The *Moving Minds* wellbeing programme expanded, in partnership with University Sports and colleges, offering a non-clinical, preventative pathway as an alternative or addition to counselling.
- Extensive work continued to embed a culture of safe and confident welfare practice through a staff training, welfare supervision and Duty Counsellor advice and guidance. This included providing *Mental Health Awareness* and *Supporting Students in Distress* training to 824 staff across the collegiate University, supporting shared responsibility for student mental health.

- Student feedback remained consistently strong, with 95% of respondents rating their overall experience of the Counselling Service as good or very good, and 99% rating their counsellor as good or very good at listening and understanding.

3. Introduction

The Counselling Service provides therapeutic services to students seeking support for emotional, psychological, and mental health difficulties, as well as advice and guidance to welfare, academic and professional services staff with concerns for a student's wellbeing. The majority of students attend brief individual counselling, complemented by workshops, therapeutic groups, the Peer Support Programme, and digital resources such as Togetherall. The service also benefits from specialist input from a medical consultant psychiatrist, who advises on complex presentations and from the Trauma Clinic, where Eye Movement Desensitisation and Reprocessing (EMDR) practitioners provide targeted treatment for post-traumatic symptoms and consultation on the impact of complex trauma.

The agreed service response time is for students to receive an initial assessment within 15 working days, after which counsellors determine the length of engagement based on a clinical assessment of student's needs and circumstances, rather than applying a 'one-size-fits all' approach. Around 10% of students received medium-term support, coordinated with NHS and college welfare provision. In addition, the Peer Support Programme and staff Mental Health Awareness training, delivered by service clinicians, are closely aligned with student provision. Senior counsellors also provide clinical consultation, welfare supervision, and reflective practice groups for staff across the University, embedding the service's expertise into the broader student support ecosystem.

'The receptionists before appointments have always been really kind and made appointments less daunting. I'm very grateful to both my counsellor and the rest of the staff in the building.' - student feedback on Counselling Service

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4. Strategic goals - progress and achievements

Work during 2024-25 responded directly to key challenges, areas for development, and priority actions identified in the 2023-24 Counselling Service Annual Report. In particular, the service focused on anticipating and managing demand, strengthening support for students with complex and enduring mental health needs, improving equity of access, deepening partnership working, strengthening clinical governance, and developing clearer links between research and practice.

4.1. A High-Quality Student Experience

'We will deliver professional and skilled specialist services that recognize the needs of our diverse student populations, appreciating that every student is an individual. Our service offer will be clear, accessible and of high quality.' - excerpt from SWSS Strategy.

New initiatives

- A Student Welfare and Support Services (SWSS) Equality, Diversity and Inclusion (EDI) Steering Group was established during 2024-25, with representation from across SWSS, providing a forum for routine consideration of accessibility and patterns of service use for both staff and students. For the Counselling Service, this aligns with a 2023-24 identified service priority to better understand demographic disparities in engagement, including lower levels of access among postgraduate taught students, a group with higher proportions of international students compared with undergraduates. This forum provides a mechanism to inform future service development and targeted approaches to improving equitable access.
- To address the key challenge identified in 2023-24 of increasing numbers of students presenting with complex, serious, and enduring mental health difficulties, development of the Mental Health Advisor pilot service progressed during 2024-25, supported by 8 participating colleges and the central University. The pilot is designed to support students with more complex and enduring mental health needs through an enabling, student-centred model of care that emphasises partnership working, coordination across support systems, and improved referral and transition

experiences into and out of NHS services. A departmental project group oversaw the initial phase of planning, with the service lead appointed to be appointed in Michaelmas term 2025. Further scoping work commenced in Summer 2025, in collaboration with the University's Focus team, to support strategic planning and integration with existing Disability Advisory Service and Counselling Service practices.

- Building on areas for development identified in 2023-24 relating to clarity of access and student expectations, a dedicated SWSS Communications Officer was recruited, strengthening the Counselling Service's ability to communicate effectively with students about available mental health support. For the service, this supports two key areas of activity: improved promotion and clarity of services, including how and when to access support and what students can expect; and the development of a more diverse and engaging portfolio of psychoeducational and self-help resources. Together these priorities will support clearer student pathways into support, more effective use of provision such as groups and workshops, and increased student engagement in shaping mental health support in line with University Mental Health Charter (UMHC) expectations.
- A new Neurodiversity Group was piloted to strengthen support for neurodivergent students, responding to increasing demand linked to suspected or identified neurodivergence. Designed as a dedicated, neuro-affirming space, the group provided weekly opportunities for students to connect with peers, share experience, and explore challenges associated with being a neurodivergent student at Oxford. The pilot engaged 1 cohort of students, with feedback indicating strong engagement and positive outcomes, particularly in relation to peer connection and confidence in self-understanding. This initiative contributes to address an area for development identified in 2023-24 relating to broadening accessibility and inclusion, including continued development of neuro- affirming practice. Informed by pre-launch consultation and specialist input, the group will continue as part of the Counselling Service's programme in 2025-26.
- The Counselling Service updated its student feedback and evaluation process to strengthen understanding of student experience and the impact of counselling support. A revised service evaluation form was designed to capture more granular

insight into students' perceptions of accessibility, relevance, and the contribution of counselling to their experience of being a student. Student feedback during 2024-25 remained strong - with 95% of respondents rating their overall experience of the Counselling Service as good or very good (up from 92% in 2023-24), and 99% rating their counsellor as good or very good at listening and understanding (up from 92%). However, these high-level satisfaction scores provide limited insight into differential experience, impact, and outcomes across different student groups. The revised approach therefore seeks to support more nuanced analysis of student experience and impact, informing targeted service improvement.

- The Supportive Resources pages for SWSS and the Counselling Service were redeveloped and relaunched to improve access to up-to-date, accessible self-help and psychoeducational materials. Launched in Michaelmas term 2024 following a period of research and consultation within the Counselling Service, the revised pages provide clearer routes to support and a more coherent presentation of wellbeing resources, including podcasts. As part of this work, new digital resources were developed during 2024-25, including a five-part podcast series on stress and anxiety, supporting students to engage with wellbeing support flexibly and independently.

Ongoing initiatives

- The tiered appointment prioritisation (triage) process, designed to identify and prioritise students presenting with time-sensitive or more complex needs, continued to be embedded during 2024-25. The triage system was reviewed and refined to support more efficient management of demand, enabling additional appointments to be made available for students with more pressing needs across the academic year, while average waiting times for assessment were not adversely impacted. During the 2024-25 academic year all priority appointments took place within 5 working days, consistent with performance in 2023-24. This work builds on an area for development identified in 2023-24 relating to the management of peak demand and the need to ensure timely access and sustainable caseloads during high-demand periods. This approach continues to support timely access to care and service resilience during peak periods, with student feedback indicating high levels of satisfaction with the overall experience of the service despite sustained demand.

'I have made use of the counselling service on several occasions throughout my degree and would highly recommend it to another student experiencing emotional difficulties. I am particularly impressed by the short waiting periods.' - student feedback on Counselling Service.

- The *Moving Minds* programme continued to develop as a collaborative wellbeing initiative with Oxford University Sport and colleges. The programme offers structured, personalised physical activity and lifestyle coaching as an alternative or addition to counselling for students seeking to build a form of physical activity into their lives. During 2024-25, the pilot expanded to include Linacre College, alongside St Catherine's College. Outcome data indicated continued positive impacts on student wellbeing. The programme remains a valuable complementary pathway, supporting preventative, non-clinical approaches and contributing to a more flexible, stepped model of support.
- In 2024-25, 54% of students self-referred to counselling reflecting previous trends in referral patterns.
- During 2024-25, 2,850 students accessed individual counselling through the Counselling Service, with 555 supported via the on-site College Counsellor Scheme across 19 colleges.
- The reasons for seeking therapeutic support remained consistent with previous years. Anxiety, depression, relationship difficulties, and academic pressures continued to be the most reported themes, while encompassing a wide and diverse range of individual experiences and intersecting needs beyond these headline categories. Support was delivered through a combination of in-person and online appointments, enabling flexible access to counselling in response to student preferences and clinical need. Student feedback indicates consistently high levels of satisfaction with the counselling experience and counsellor effectiveness, alongside strong perceptions of being listened to and understood.
- The College Counsellor Scheme continued to operate as a core element of college-based welfare provision, expanding from 18 to 19 colleges during 2024-25.

Dedicated on-site counsellors, employed by the Counselling Service and working within shared clinical and administrative frameworks, provided accessible counselling, themed workshops, and contributed to student induction activities, welfare meetings, and liaison with college staff. For colleges without an on-site counsellor, designated link counsellors continued to provide a consistent point of contact and support effective referral pathways. A revised annual college counselling reporting framework and template were introduced to strengthen consistency and shared understanding of provision across the collegiate University.

- Duty Counsellor provision continued to offer same-day clinical review and triage during working hours, enabling timely assessment of intake information and prioritisation of risk. This included a daily review of referrals, forms and emails, provision of guidance to staff and students, and signposting or referral to the most appropriate support pathways.
- The Counselling Service delivered an extensive programme of group therapy and psycho-educational workshops across Michaelmas, Hilary and Trinity terms. The overall programme reflects the breadth and depth of clinical specialisms and deep understanding of student experience held by the counselling team; it is a shared undertaking, with over 23 staff contributing and accounting for approximately 25% of counselling staff time, the programme included multi-week therapeutic groups (e.g. trauma-informed groups, undergraduate groups, DPhil therapy), cohort-specific series (DPhil wellbeing), and short skills workshops (mindfulness, sleep, managing anxiety). There were a total of 34 different subject headings and types of groups and workshops for students to choose from. These offerings are explicitly designed to complement brief individual counselling by providing skills training, peer support, and lower-intensity access points, thereby increasing overall capacity and enabling clinicians to prioritise individual work for more complex presentations.

  Groups and Workshops provision generated 939 attendance instances and engaged approximately 300 individual students, reflecting sustained term-long therapeutic groups alongside high-demand psycho-educational workshops. Satisfaction surveys indicate high levels of student satisfaction. Participant feedback continues to inform service development.

'I just wanted to say how much I appreciated the DPhil Therapy Group sessions led by []. Her approach created such a grounded, supportive space that felt both safe and intellectually stimulating. It was especially meaningful to connect with others in similar situations, and [] facilitated that beautifully...I really hope the group continues. It has been an invaluable part of my DPhil experience in the past year.' - Student feedback on therapeutic group.

- Collaborative work with Gardens, Libraries and Museums partners continued to support the delivery of workshops in museum and garden settings, promoting accessibility and engagement through alternative therapeutic environments. Delivery in these setting was paused for part of the year, with activity expected to resume.
- Medical consultations provided by the service psychiatrist continue to support students and the clinical team in managing complex presentations. The psychiatrist advised on cases involving severe mental health conditions, neurodivergence, eating disorders, bipolar disorders, and higher-risk presentations, alongside consultation and guidance to clinicians. During 2024-25, 171 students were seen through psychiatric consultation, with prevalence patterns remaining broadly consistent with previous years
- The Trauma Clinic continued to deliver specialist EMDR treatment for student presenting with complex trauma. During 2024-25, 21 students were supported through EMDR intervention, with clinical outcomes consistent with previous years, including movement from 'likely PTSD' to non-clinical ranges. Alongside direct clinical work, the EMDR practitioner team provided consultation, treatment planning support, and signposting for colleagues managing complex trauma presentations. During the year 127 EMDR sessions (including assessments) were delivered by 5 staff.
- The Associate Counsellor Programme continued to provide supervised placement opportunities for graduate-level counsellors, supporting professional development while increasing service capacity. During 2024-25, Associate Counsellors delivered 298 sessions to 24 students, operating within established clinical supervision and governance arrangements.

4.2. Effective partnership working and engagement

'SWSS comprises specialist services delivered by highly qualified and experienced practitioners. It forms part of an extensive student welfare and support eco-system with many stakeholders. We will work in partnership with colleagues across the collegiate University and external partners to ensure that our services align with, complement, inform, and are informed by those provided elsewhere, promoting consistency of approaches for the benefit of students.' - excerpt from SWSS Strategy.

New initiatives

Divisions, Departments and Faculties, and colleges:

- A new research partnership was initiated with the Department of Experimental Psychology to explore strengths-based therapeutic approaches with autistic students. During 2024-25, this collaboration included the delivery of specialist workshops for Counselling Service clinicians and early scoping of potential research activity, strengthening links between clinical practice and academic expertise and supporting the development of evidence-informed, neuro-affirming approaches.
- Partnership working with the *Thriving at Oxford* programme continued to develop, supporting alignment between Counselling Service activity and wider institutional approaches to wellbeing. During 2024-25, the Counselling Service contributed to programme development and delivery through collaborative planning and engagement, ensuring that counselling expertise informed staff wellbeing and mental health initiatives.

Ongoing initiatives

Divisions, Departments and Faculties, and colleges

- Embedding a culture of safe and confident welfare practice continued as *Mental Health Awareness* and *Supporting Students in Distress* staff training continued to be delivered at scale as a core element of partnership working with colleges, departments and the *Thriving at Oxford* programme. During 2024-25, the staff Mental Health Awareness training team expanded through the appointment of a

new part-time trainer and administrator, increasing capacity to deliver the programme and to update and develop further training provision. Working closely with the *Thriving at Oxford* team, the programme aligns staff mental health training with the University's Staff Wellbeing Strategy and wider wellbeing initiatives, supporting a preventative, whole-organisation approach to student welfare. During the year, 53 Mental Health Awareness training sessions were delivered to 824 staff across all academic divisions, with 10 colleges commissioning on-site training alongside strong uptake of in-house provision at SWSS. A new Mental Health Awareness programme for line managers, supervisors and principal investigators was introduced in response to demand for role-specific training. In parallel, the Counselling Service delivered 16 clinician-led mental health masterclasses, attended by 109 staff, focusing on topics including depression, trauma-informed responses, sexual violence, racism and racialised student experiences, and the emotional demands placed on staff supporting distressed students. Together, this integrated training offer supports early identification of student distress, strengthens staff confidence in responding appropriately and signposting to specialist support, mitigates wellbeing-related risk, and contributes to cultural change in relation to mental health across the collegiate University.

- Individual and small group welfare supervision continued to be embedded as a core institutional resource for college welfare teams, providing regular, clinician-facilitated reflective practice spaces for staff supporting student wellbeing. This provision sits alongside staff training, Junior Dean training and supervisions, and SWSS consultation activity, forming a coherent support framework for those holding welfare responsibilities across the collegiate University. Shared group supervision enables confidential discussion of student welfare concerns, promotes joined-up thinking, peer learning and consistent practice across colleges and departments, and supports earlier preventative responses to emerging mental health needs. During 2024-25, welfare supervision was accessed by approximately 55 welfare professionals in 27 colleges and 2 departments.

External partners

- Partnership working with NHS services continued to be strengthened, supporting effective care pathways for students with complex mental health needs. During 2024-25, the Counselling Service remained an active member and co-host of the Oxford Student Mental Health Network and maintained regular liaison with:
    - College nurses, GPs and Primary Care Networks
    - Oxfordshire Talking Therapies
    - Emergency Department Psychiatric Liaison Service at the John Radcliffe Hospital
    - Adult Mental Health Teams
    - Eating Disorder Services (including quarterly meetings), and the Eating Disorders Pathway Service
    - Early Intervention in Psychosis Service
    - Warneford Hospital

  In addition, links were established with the Young Person and Student workstream within the local NHS mental health trust. Together, these partnerships support continuity of care, timely escalation where required, and effective joint working across health and University services. This partnership work supports a priority identified in 2023-24 to refine pathways into, and coordination with, NHS services for students with severe, complex, and enduring mental health needs.
- National leadership roles were sustained and extended, strengthening the University's contribution to sector-wide mental health policy, practice and partnership development. During 2024-25 the SWSS Co-Director and Head of Counselling continued to chair the Heads of University Counselling Services (HUCS) network, co-chaired the Mental Wellbeing in Higher Education Group, and served on the British Association for Counselling and Psychotherapy (BACP) Universities and Colleges Executive. They also remained an active member of the Department for Education Mental Health Implementation Taskforce, contributing to working groups in NHS-Higher Education Institution partnership insights, the National Review of Deaths by Suicide (Clinical Advisory Board), and the development of the National Higher Education (HE) staff training Competency Standard in Supporting Students in Distress. In addition, external collaboration expanded through leaderships of

international work between the University of Oxford, AUCCCD, Togetherall and Advance HE, including the delivery of two transatlantic *Beyond the Student Mental Health Crisis* symposium events engaging 500 delegates from the UK and USA HE sectors.

- Participation in the SCORE consortium continued, supporting national collaboration on the evaluation of clinical outcomes within HE counselling services. During 2024-25, the Counselling Service contributed to national datasets and research activity examining the effectiveness of counselling provision in the HE context, strengthening the evidence base for practice, responding to an area for development identified in 2023-24 relating to research-practice integration.

4.3. Investing in Our People and Culture

'Our services and their continuous development depend on the expertise and commitment of all SWSS colleagues. We will build a supportive, engaging and inclusive culture in which our colleagues feel a sense of belonging, take pride, feel valued and give us their best. In turn this will contribute to a positive student experience.' - excerpt from SWSS strategy.

Ongoing initiatives

- Total clinical staffing was 16 FTE, including Head and Deputy Head of Counselling and Psychiatry hours, with 1.93 FTE of staff hours allocated to on-site College Counselling. The clinical team brings wide-ranging expertise, including experience in NHS specialist services such as trauma, eating disorders, forensic psychiatry, CAMHS, ADHD, and early intervention services, alongside qualifications across a range of therapeutic modalities including Cognitive Behaviour Therapy (CBT), Acceptance Commitment Therapy (ACT), Compassion Focused Therapy (CFT), EMDR , mindfulness-based approaches, and other evidence-informed interventions. Student feedback reflects the impact of this expertise, with 98% of respondents rating their counsellor's contribution as good or very good. This breadth of expertise continues to support the delivery of high-quality, responsive care for students presenting with complex and diverse needs.

'I found having an option other than the standard form of CBT very helpful as this is what is offered on the NHS and I have found it insufficient.'
- student feedback on Counselling Service.

- Regular team development and skill-sharing activity continued to be embedded across the Counselling Service, supporting communication, learning, and reflective practice. During 2024-25, team meetings were held weekly to support information-sharing and service coordination, alongside fortnightly case discussion groups focused on clinical development. In addition, small-group forums and working groups met termly or twice-termly to support specific areas of practice and shared expertise, including college counselling, welfare supervision, eating disorders, neurodiversity, anti-oppressive practice, duty provision, groups and workshops facilitation, and Counsellors of Colour. Together, these structures support shared learning, professional development, and effective service delivery.
- The service continued to prioritise service-wide continued professional development (CPD), supporting staff to maintain high-quality, inclusive, and evidence-informed clinical practice. During 2024-25, CPD activity included training on cultural attunement; workshops on character strengths and autism; in-house training on whiteness and racism; and sector-led training on LGBTQ+ experiences of sexual violence and domestic abuse delivered in collaboration with the Sexual Harassment and Violence Support Service. Alongside ongoing training in core clinical areas, this programme reflects a sustained commitment to staff development, reflective practice, and inclusive service culture.

4.4. Building Financial Sustainability

'We recognise the impact of the wider social, political and economic context of higher education funding, the reduction in the availability of welfare provision available via external agencies, and the consequent increase in demand for our services. We will develop a service offer whilst maintaining quality of service and will explore new and alternative resourcing models and income streams to invest in the financial sustainability of our services.' - excerpt from SWSS Strategy.

- The on-site College Counselling Scheme contributes to modest increases in counselling staffing to 'backfill' staff time working peripatetically, supporting overall departmental development.
- Welfare supervision services have been strengthened, with formal contracted Terms and Conditions, allowing for overall supervision capacity to be modelled and the required staffing projections to be completed.
- Detailed modelling of income and funding streams, restricted and unrestricted funds and the commensurate service activities has been completed to inform financial and resource planning.

4.5. Technology Integration

'We will seek to apply digital technological improvements to the way that our services are accessed and delivered. This has the potential to reduce administrative burden, enhance the student and service experience, and to brig efficiencies to our services. We recognise that becoming a more digitally enhanced service requires significant planning and commensurate resourcing.' - excerpt from SWSS Strategy.

- A proposal was developed to invest in essential digital infrastructure, informed by the Student Welfare Analysis of Processes and Systems (SWAPS) report. For the Counselling Service, this work identified priorities to strengthen digital systems that support safe, efficient case management, information sharing, and coordination across SWSS. The proposal provides a foundation for future improvement system reliability, data quality, and integration, supporting more effective and joined-up delivery of mental health support.

New initiatives

- The Counselling Service supported the development of the MyOxford App to strengthen the visibility and accessibility of welfare provision for students. Improved representation of counselling and mental health support within the app provides clearer, more immediate access to information about how to reach out to the

Counselling Service and what support is available, supporting timely help-seeking and reducing barriers to access.

4.6. Regulatory and Legal Compliance

> *'We will meet, if not exceed, the ethical, legal and regulatory requirements that underpin our services. We will seek to contribute our expertise to the evolution and application of the regulatory frameworks within which we operate.'* - excerpt from SWSS Strategy.

This activity reflects continued progress against priorities identified in 2023-24, including alignment with the UMHC and sector guidance to strengthen governance and consistency.

New initiatives

- Development of cross institutional work on responsible and inclusive behaviours progressed during 2024-25, in partnership with the Equality and Diversity Unit (EDU). This work focused on scoping and planning a University-wide exercise to better understand the prevalence and impact of problematic behaviours, including social ostracism in the context of social tensions and conflict, and to identify approaches that promote constructive, respectful and inclusive behaviours within the student community. A Responsible Communities Working Group was established, with representation across SWSS, including from the Counselling Service, Sexual Harassment and Violence Support Service, and Peer Support Programme, illustrating a coordinated, partnership-based approach. Planning and committee approval activity was progressed during the year, with consultation on a draft report initiated.
- Preliminary work continued to support the University's engagement with the UMHC, focusing on initial mapping, planning, and stakeholder engagement. In 2025, a dedicated Policy Officer was recruited to support this work, strengthening capacity to coordinate activity across services and progress a structured, institution-wide approach to Charter alignment.
- The *Guidance for Dealing with Student Tragedy* was reviewed and updated, strengthening the University's coordinated response to serious incidents. This work included the development of an updated resource pack, the creation of a student-

facing version of the guidance, and the introduction of a new mechanism within the 24-hour response framework to support colleges and other parties involved, including welfare teams. The updated guidance supports clear roles, timely communication, and appropriate support for those affected, reinforcing institutional governance and consistency of practice.

- Safety and risk assessment and management protocols were reviewed and updated to strengthen consistent, safe clinical practice within the Counselling Service. This work included the development of clear internal guidance for clinicians on risk assessment and safety planning, supporting shared understanding and decision-making in complex or high-risk situations. The updated protocol reinforces quality assurance and clinical governance arrangements and aligns with recognised professional and sector standards, including BACP service standards, UMHC principles of good practice, and Access and Participation Plan (APP) commitments relating to safe and competent practice. This work also built on specialist continuing professional development undertaken in the 2023-24 academic year, including training on working with suicidal thoughts and behaviours, which continues to inform clinical practice and decision-making.
- A newly configured welfare partnership with the University's Security Services was implemented to strengthen coordinated responses to student welfare concerns. Under this arrangement, SWSS receive all welfare-related security reports, enabling timely assessment and appropriate welfare responses, coordinated where necessary with colleges, departments, and external services. This partnership supports effective safeguarding, safe and competent practice, and improved information-sharing in situations involving student safety and risk.
- Partnership working with Education Policy Support (EPS), the Legal Services Office (LSO), and University working groups continued to strengthen policy and practice relating to students presenting with complex or high-risk mental health difficulties. During 2024-25, the Counselling Service proactively promoted its consultancy and guidance offer to college and departmental staff supporting Students of Concern, contributing to increased uptake of specialist advice on safety, welfare, and mental health matters. The service also worked in partnership with EPS and LSO as required to support coordinated, legally informed responses, and participated in the Fitness

to Study Working Group, sharing thematic learning to inform policy development and improvements in practice.

- Planning and scoping work progressed to strengthen cross-institutional approaches to student safety, in partnership with the University Safety Office and the *Everyday Safe* campaign. During 2024-25, this work focused on reviewing existing processes for identifying and monitoring known or emerging risks to student safety and considering where guidance may require updates to support consistent and timely responses. The initiative was approved during the reporting year, with planning activity undertaken through Hilary and Trinity terms, providing a foundation for further development and implementation.

Ongoing initiatives

- Commitment to professional and ethical standards continued in line with the BACP Ethical Framework for the Counselling Professions. All counsellors received regular one-to-one clinical supervision, provided either by senior members of the counselling team or by experienced external supervisor contractors, alongside additional specialist supervision for group facilitators and EMDR practitioners. This framework supports safe and high-quality clinical practice across the service.

5. Service data overview and analysis

Registrations and demographic data

TABLE 1: Key service metrics- registrations and demographic data

Metric	2022/23	2023/24	2024/25
Percentage of student population accessing counselling (central and college combined)	10%	9%	8.7%
Students accessing counselling	3230	2928	2850
Students accessing college counselling	525	575	555
Self-referrals	51.38%	64.3%	54.1%
% seen within 5 working days	35%	37%	34%
% seen within 15 working days	80%	81%	74%
Psychiatric consultations (medical consultant)	192	177	171
Average number of counselling sessions per student	3.35	3.42	3.7
Students supported via Trauma Clinic (EMDR)	6	14	21
Students engaged in groups/workshops	827 (39 workshops and 24 groups)	383 (30+ programmes, 2000 spaces)	458 students (50+ programmes, 1000 spaces)
% of students female (legal sex) central service	-	68.9%	69.3%
% of students female (legal sex) college service	-	65.8%	69.1%
% of students female (legal sex) all University	-	50.9%	51.3%
Postgraduate (taught)	Least engaged group	Least engaged group	Least engaged group

TABLE 2: Clinical outcomes (CORE)- post intervention

From 2023-24, the method for collecting CORE outcome data changed. Previously, students completed CORE measures before their first appointment and after their final session, with variable completion. From 2023-24, CORE measures are completed after each session. The post-intervention data shown reflect the last CORE measure completed by each student and may not represent a final counselling session for all students.

Metric	2023-24 Pre	2023-24 Post	**2024-25 Pre**	**2024-25 Post**	**2024-25 (clients end note type only)**
Healthy	5%	11%	6%	10%	18%
Low distress/disturbance	12%	20%	12%	18%	26%
Mild distress/disturbance	28%	30%	27%	30%	32%
Moderate distress/disturbance	37	25	30%	26%	21%
Moderate-severe distress/disturbance	21%	25%	18%	12%	5%
Severe distress/disturbance	8%	4%	7%	5%	3%

- Overall access patterns suggest a modest stabilisation in the proportion of students accessing counselling support, rather than a reduction in underlying need. In 2024-25, around 8.7% of the student population accessed counselling support across central and college-based provision, compared with 9% in 2023-24. A total of 2,850 students accessed central counselling, alongside 555 students supported through college counselling, indicating continued high demand alongside more targeted use of provision and a sustained role for college-based support within a stepped model of care. (Appendix 2: Chart 1)
- Self-referral remained the most common route into the Counselling Service across the three-year period. In 2022-23, 51.38% of students accessed counselling via self-referral, rising to 64.3% in 2023-24, before returning to 54.1% in 2024-25. While proportions have varied year on year, self-referral has consistently represented the primary route of access, supporting direct student engagement with the service and timely access to support. (Appendix 2: Chart 5)
- Waiting time performance remained broadly stable over the three-year period, with modest year-on-year variation. In 2024-25, 34% of students were seen within 5

working days, compared with 37% in 2023-24 and 35% in 2022-23. 74% of students were seen within 15 working days in 2024-25, compared with 81% in 2023-24 and 80% in 2022-23. Taken together, these data indicate sustained responsiveness during periods of high demand, alongside ongoing pressure on assessment timeframes, reinforcing the importance of continued demand management and prioritisation processes. (Appendix 2: Chart 3)

- The average number of counselling sessions per student increased gradually over the three-year period. In 2022-23 and 2023-24, students attended an average of 3.4 sessions, rising slightly to 3.7 sessions in 2024-25. This upward trend is consistent with the increasing complexity of presenting needs and reflects the service's flexible, clinically led approach to determining length of engagement based on assessment and risk. (Appendix 2: Chart 7)
- Students registered as female continued to access the counselling service in higher numbers than students registered as male across both central and college provision. In 2024-25, 69.3% of central counselling users and 69.1% of college counselling users were recorded as female, compared with 51.3% of the overall University student population[1]. (Appendix 2: Chart 15).
- Undergraduate students represented the largest group accessing counselling support (1,410 students), reflecting both their overall population size and continued engagement with University welfare provision. Postgraduate research students accounted for 800 counselling users, indicating substantial engagement but at a lower level than undergraduates. Postgraduate taught students accessed counselling at a noticeably lower level, with 580 students engaging with the service, despite representing a large proportion of the overall student population. This pattern is consistent with engagement trends observed over the previous 2 academic years. These patterns reinforce the need to continue developing flexible and accessible pathways of support, particularly for postgraduate taught students. (Appendix 2: Chart 13)

[1] Please note that these figures are based on students' legal sex as declared to the university. Few countries allow for a non-binary legal sex (e.g. UK passports offer only male and female options), and therefore the figures will not reflect true numbers of transgender, non-binary and gender questioning students.

- Across both years, post-intervention CORE outcomes indicate that counselling support is associated with meaningful reductions in distress for many students. In 2023-24, 31% of students scored in the healthy or low-distress range post-intervention, compared with 28% in 2024-25 (10% healthy and 18% low distress). The proportion of students remaining in severe distress post-intervention was low in both years (4% in 2023-24 and 5% in 2024-25). At the same time, a substantial minority continued to score in the moderate or higher distress ranges post-intervention (around 41-42% in 2023-24 and 43% in 2024-25), reflecting the complexity and severity of need among students accessing the service.
  From 2023-24, the method for collecting CORE outcome data changed. Previously, students completed CORE measures before their first appointment and after their final session, with variable completion. From 2023-24 onwards, CORE measures are completed after each session. As a result, the post-intervention data presented reflect the last CORE measure completed by each student and may not represent a final counselling session for all students.
  In 2024-25, additional analysis is presented for the subset of students who had a planned, clearly defined ending and completed a CORE measure at that point (end note type only; n = 190). Outcomes for this subgroup were stronger, as expected. Within this group, 18% scored in the healthy range and 26% in the low-distress range, meaning 44% scored in the healthy or low-distress categories at end of therapy. A further 32% scored in the mild distress range, while 21% scored in the moderate distress range and 5% in the moderate-severe range. Only 3% of students in this subgroup remained in the severe distress category at end of therapy.
  Presenting both the overall post-intervention outcomes and the end-of-therapy subgroup results enables a fuller interpretation of service impact, while also highlighting the limitations associated with questionnaire completion rates and the relatively small sample available for end-point analysis (Appendix 2: Table 3 and Table 4).

6. Student feedback

'I have had counselling /therapy several times in my life but none has felt as directly practical as this counselling. The shortness of the relationship has drawbacks in that I feel I need something more long term, but the advantage of a short relationship was that it was more practically focussed from the outset.' - student feedback on Counselling Service.

The Counselling Service actively gathers feedback from students to evaluate impact, inform service development, and ensure high standards of care. Feedback is collected via an online survey sent to all students who attend two or more counselling sessions after their final appointment. As with the wider HE sector, response rates have remained lower since the pandemic, likely due to 'survey fatigue'. However, the trends are consistent with previous years and provide valuable insight into the student experiences.

Highlights:

- 95% rated their overall experience of the Counselling Service as very good or good (up from 92% 2023-24).
- 99% rated their counsellor as very good or good at listening and understanding (up from 92% 2023-24).
- 98% said their counsellor's contributions were very good or good (up from 93% 2023-24).
- 78% felt the number of sessions were about right (up from 76% 2023-24), while 22% felt they had too few (down from 24% 2023-24).
- 25% of students reported they were considering suspending or withdrawing at the start of counselling. By the end, this had fallen to 5% (consistent with rates reported in 2023-24).
- 7.37% said they found the wait before their first appointment difficult (up from 6% 2023-24).

7. Key challenges and areas for development

Like many university counselling services across the UK, the Counselling Service continues to operate within a context of sustained demand, increasing complexity of student mental

health need, and evolving expectations around governance, evaluation and partnership working. These challenges are ongoing and are expected to persist over the coming years. The service will continue to address them through targeted service development, cross-institutional collaboration, and longer-term strategic planning. This section outlines the most significant challenges encountered during 2024-25 and identifies areas requiring continued attention and development.

Key Challenges

- Increasing complexity of student mental health needs, with more students presenting with severe, complex, and enduring difficulties that require coordinated input across colleges, University services, and NHS primary and secondary care.
- Variable engagement and attendance, affecting continuity of care, effective use of clinical capacity, and service planning.
- Pressure on physical space and in-person appointment capacity, limiting the service's ability to meet student preferences for face-to-face support.
- Workforce capacity and sustainability challenges, including balancing clinicians' core clinical work with service development activity, alongside pressures on the administrative team relating to staffing levels, role coverage and workload sustainability.
- Limitations in data capture and evaluation, constraining the service's ability to evidence demand, engagement outcomes, and activity such as Duty Counsellor provision and NHS liaison, and limiting the ability to inform future planning.

Areas for development

- Further clarification and embedding of pathways for students with complex and enduring mental health needs, including continued implementation of the Mental Health Advisor pilot, recruitment to key roles, closer coordination with NHS partners, and structured involvement of college welfare staff.
- Broadening accessibility and inclusion, including addressing lower engagement among postgraduate taught students and continuing to develop neuro- affirming practice through targeted provision, accessible processes and staff development.

- Ongoing review of demand management and appointment capacity, including consideration of appointment availability, clinician workloads, and distribution of core clinical tasks, aligned with the developing SWSS strategy.
- Continued strengthening of governance frameworks, including alignment with the UMHC, UUK guidance, and institutional safeguarding expectations relating to suicide prevention, postvention, incident review, and Fitness to Study processes.
- Continued development of Responsible Communities work and Student Safety Working Group activity, supporting coordinated, whole-institution approaches to student safety, inclusion, and wellbeing.
- Further development of Fitness to Study processes, including consultancy arrangements, incident response pathways, and associated clinical governance frameworks.
- Delivering against commitments under the APP, including Intervention Strategy 5, supporting the embedding of inclusive and anticipatory approaches to student mental health support.
- Continued development of Student Tragedy Learning Review Guidance, supporting consistent, well-governed approaches to learning and improvement following serious incidents.
- Leading engagement in the redevelopment of the University Student Mental Health and Wellbeing Strategy, supporting alignment between Counselling Service expertise and wider institutional priorities.
- Introduction of the Student Experience and Impact Measure (SEAM) to strengthen evaluation of counselling outcomes, building on revised feedback and evaluation processes and supporting more systematic assessment of the impact and relevance of counselling from a student perspective.
- Further development of research-practice integration, including strengthening outcome measurement, evaluation, and research collaboration to support evidence-informed practice and continuous service improvement.

8. Priorities for 2025-26

The Counselling Service will build on progress made in 2024-25, focusing on the following priorities in 2025-26:

High-quality student experience

- Continued review of student mental health needs, demand patterns, and prioritisation processes to support timely access, appropriate clinical decision-making, and effective use of available capacity.
- Further diversification of service provision, including individual counselling, groups, workshops, and digital resources, to support flexible engagement across student populations, including taught postgraduate and postgraduate research students.
- Review and development of the Groups and Workshops programme model.
- Launch of the Mental Health Advisor pilot to strengthen support for students with complex, serious, and enduring mental health difficulties.
- Implementation and evaluation of enhanced approaches to student feedback and outcome measurement, including the pilot of the SEAM.

Effective partnership working and engagement

- Leading the redevelopment of the University Student Mental Health and Wellbeing Strategy, supporting alignment between Counselling Service expertise and wider institutional priorities.
- Continued partnership working with NHS services through the Mental Health Advisor pilot, supporting clearer pathways, coordination, and coordination of care for students with complex mental health needs.
- Progression of outcomes from Responsible Communities Working Group and Student Safety Working Group activity, supporting coordinated, whole-institution approaches to student safety, inclusion, and wellbeing.
- Continued collaboration across SWSS services, colleges, departments, and external partners, including work under the APP, Intervention Strategy 5.
- Clarify the referral and intervention models, and alignment, of Counselling, Mental Health Advisor, Specialist Mentoring and Mental Health Disability services.
- Pilot research partnership projects with the Departments of Experimental Psychology and Psychiatry.
- Pilot of a Clinical Psychology Doctoral trainee placement, in partnership with the University's Clinical Psychology course, supporting additional clinical capacity alongside audit and project activity.

Investing in our people and culture

- Annual prioritisation of team CPD and training needs, aligning with service and Academic Administration Division Learning Fund strategic priorities and service development needs.
- Ongoing review of student needs and service delivery models, including staff role analysis to support development of internal triage mechanisms and weighting of the service offer.

Building financial sustainability

- Evaluation of the on-site College Counselling Scheme funding and staffing model to ensure sustainability and sufficient capacity to respond to additional requests for placement counsellors.
- Consideration of the impact of service development activity on both clinical and administrative teams, ensuring that future growth is aligned with available resource and infrastructure.

Technology integration

- Progression of digital systems development identified through the SWAPS report to strengthen case management, information sharing, and coordination across student welfare services.
- Review the use of clinical outcome measures and reporting with a view to strengthen data capture, evaluation, and reporting capability to support evidence-based planning, accountability, and continuous service improvement.

Ethical, regulatory, and legal standards

- Implementation of pre-trial therapy guidance, including staff training and supporting policies and procedures to ensure consistent, evidence-based clinical practice.
- Embedding enhanced child and adult safeguarding knowledge across the senior team, including completion of Level Three safeguarding training.
- Development of a coherent strategy to embed a culture of safe, competent and confident welfare practice across the collegiate University. This will incorporate staff

training, welfare supervision and Concern for Students advice, guidance and consultancy support

- Develop consultancy arrangements, ensuring staff have the requisite knowledge and skills to provide expert advice in complex cases.
- Continued development of Student Tragedy Learning Review Guidance, supporting consistent, well-governed approaches to learning and improvement following serious incidents.
- Ongoing contribution to institutional safeguarding, suicide prevention, and postvention activity, aligned with national guidance and whole-institution approaches.
- Continued engagement in sector-wide evaluation and research activity to inform service development and evidence-informed practice.

Appendix 1: Overview of policy, project and regulatory developments

Neurodiversity Group

A new initiative within the University Counselling Service has significantly strengthened support for neurodivergent students at Oxford. Piloted in 2024-25, the Neurodiversity Group was developed in response to increasing numbers of students seeking help with challenges linked to suspected or identified neurodivergence. Designed as a dedicated, neuro-affirming space, the group offered weekly opportunities for students to connect, share experiences and build confidence in understanding their own identities.

A pre-launch survey informed decisions about accessibility and session format, while participants continued to shape the group throughout the year. Specialist input from the Autism Wellness Collective supported an inclusive and flexible approach. Nine students took part in the pilot, and feedback was consistently positive: participants valued meeting peers with similar experiences and appreciated the freedom to speak openly about life as a neurodivergent student at Oxford.

This initiative also aligns with wider neurodiversity-focused work within the Disability Advisory Service. Tools such as the Do-It Profiler and updated guidance templates contribute to a more coordinated landscape of support, ensuring that students benefit from provision that is consistent and responsive across services.
The success of the pilot means the Neurodiversity Group is now an established part of the Counselling Service's programme for 2025-26, reflecting a sustained commitment to creating spaces where neurodivergent students feel understood and supported.

Revised Guidance for Dealing with a Student Tragedy

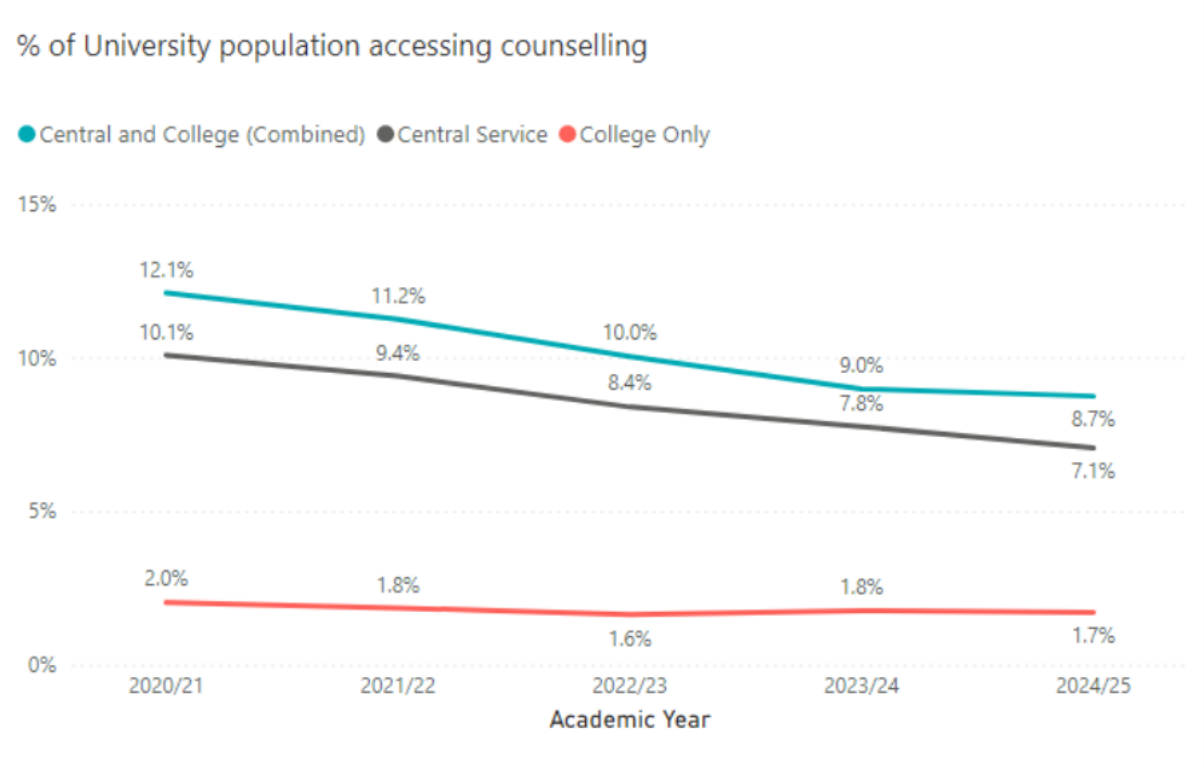
In Trinity term 2025, the University's *Guidance for Dealing with a Student Tragedy* was substantially revised and republished, with commendations from Joint Student Mental Health Committee. The updated guidance strengthens institutional preparedness through expanded advice on anticipatory planning, incident response and post-incident learning, approaches associated with reducing further impact following a tragedy. New summary

checklists and clearer signposting to SWSS supports timely, sensitive and coordinated responses across collegiate and departmental contexts.

The guidance is supported by a suite of accompanying resources, including communications templates, tabletop planning exercises and tailored guidance for student leaders. Together, these materials support local critical incident response teams in reviewing and strengthening existing procedures and aligning local practice with university expectations.

Appendix 2: Data charts and tables

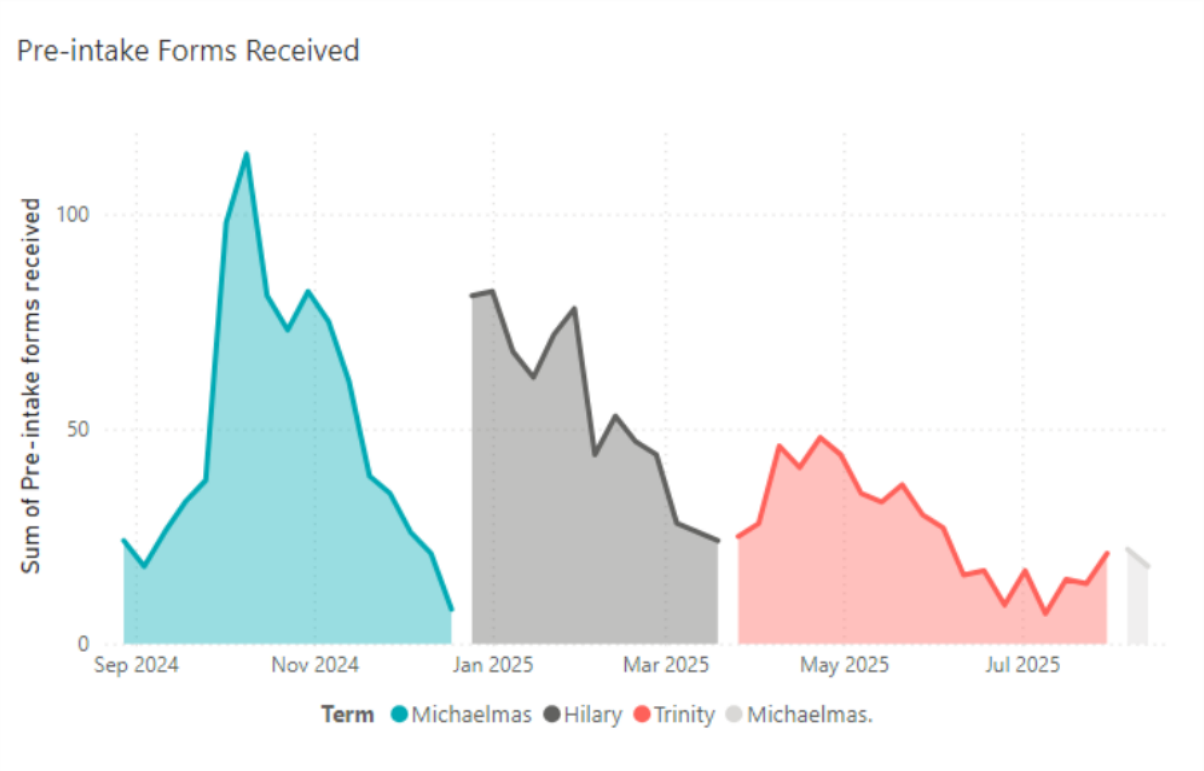
Chart 1: Percentage of University population access counselling



The chart shows the percentage of the student population accessing counselling support, split into central services, college-only services, and a combined total, for each academic year from 2020-21 to 2024-25.

In 2020-21, 12.1% of students accessed counselling overall, made up of 10.1% using the central service and 2.0% using college-only counselling.
In 2021-22, the combined figure was 11.2%, with 9.4% accessing the central service and 1.8% accessing college-only provision.
In 2022-23, 10.0% of students accessed counselling overall, including 8.4% through the central service and 1.6% through college-only services.
In 2023-24, the combined percentage was 9.0%, with 7.8% accessing central counselling and 1.8% accessing college-only counselling.
In 2024-25, 8.7% of students accessed counselling overall, made up of 7.1% using the central service and 1.7% using college-only services.

Chart 2: Pre-intake forms received



The chart shows the weekly number of pre-intake forms received between late August 2024 and mid-August 2025, grouped by academic term.

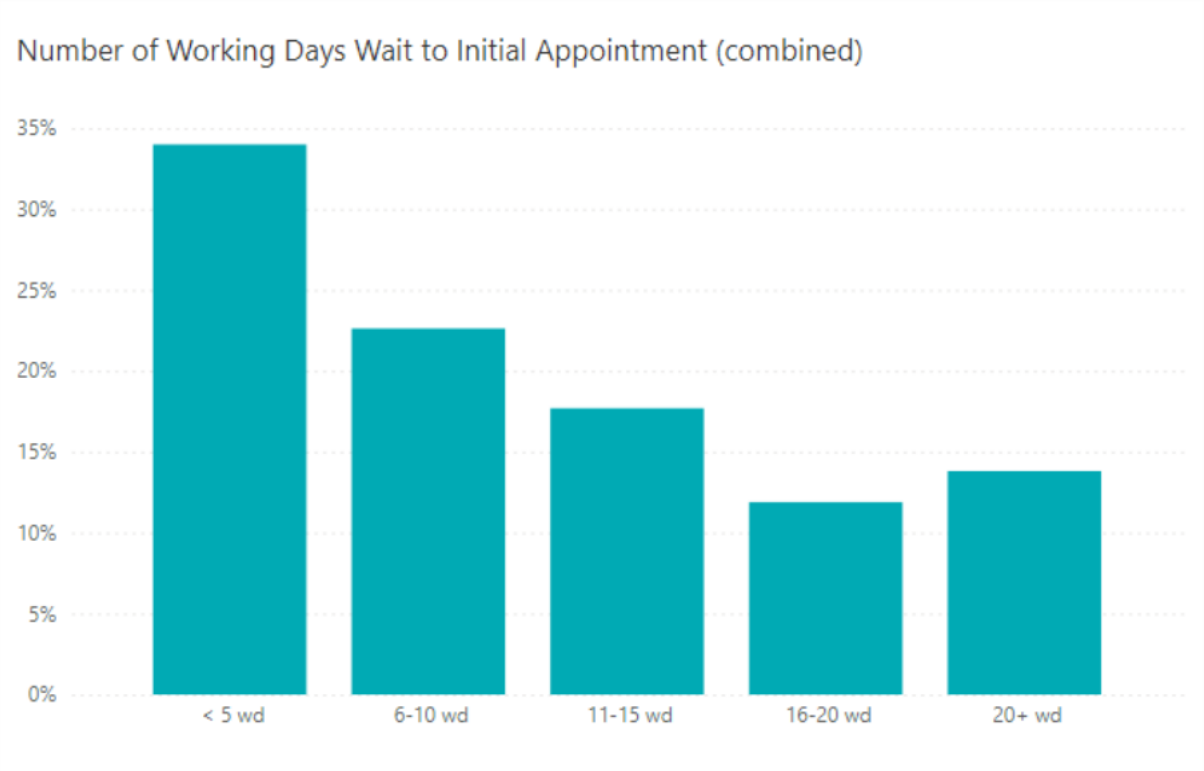
During Michaelmas term 2024, weekly totals increase from the low 20s in late August to a peak of 114 forms in early October, before gradually decreasing through November and December to single figures by mid-December.

During Hilary term 2025, weekly totals are highest at the start of the term, with over 80 forms in late December and early January, before gradually reducing through February and March to the mid-20s.

During Trinity term 2025, weekly totals range from the mid-20s to high-40s in April, then decline steadily through May and June, falling to single-digit figures in late June and early July. Weekly totals fluctuate at low levels through July.

The table concludes with two weeks in early Michaelmas 2025, showing 22 and 18 pre-intake forms respectively.

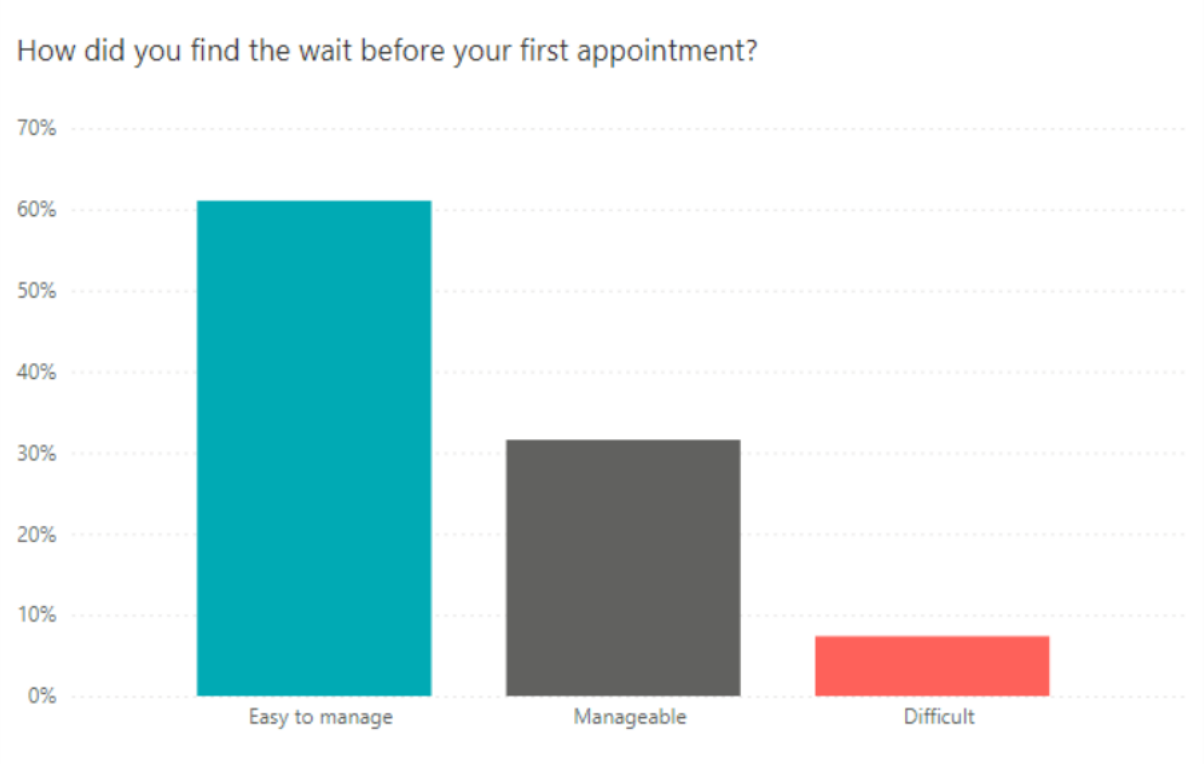
Chart 3: Number of working days to initial appointment (combined)



The chart shows the proportion of students by the number of working days waited for an initial appointment.

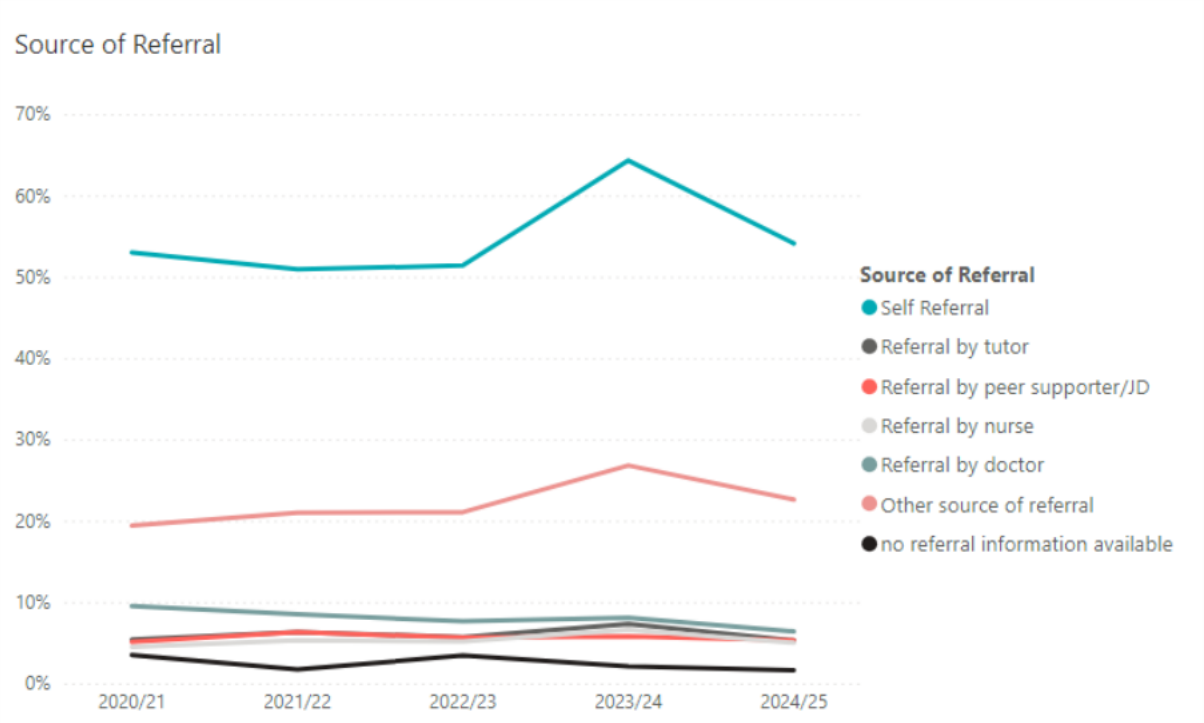
Around one third of students, approximately 34%, were seen within fewer than five working days. Just over 22% were seen within six to ten working days, and around 18% were seen within eleven to fifteen working days. Approximately 12% waited between sixteen and twenty working days. Just under 14% of students waited more than twenty working days for an initial appointment.

Chart 4: How did you find the wait before the first appointment



The chart shows how students reported managing the wait to their first appointment. Around 61% of students said the wait was easy to manage. About 32% reported that the wait was manageable. Just under 8% of students reported that the wait was difficult to manage.

Chart 5: Source of referral



The chart shows the percentage breakdown of referral sources for students accessing the service across five academic years, from 2020-21 to 2024-25.

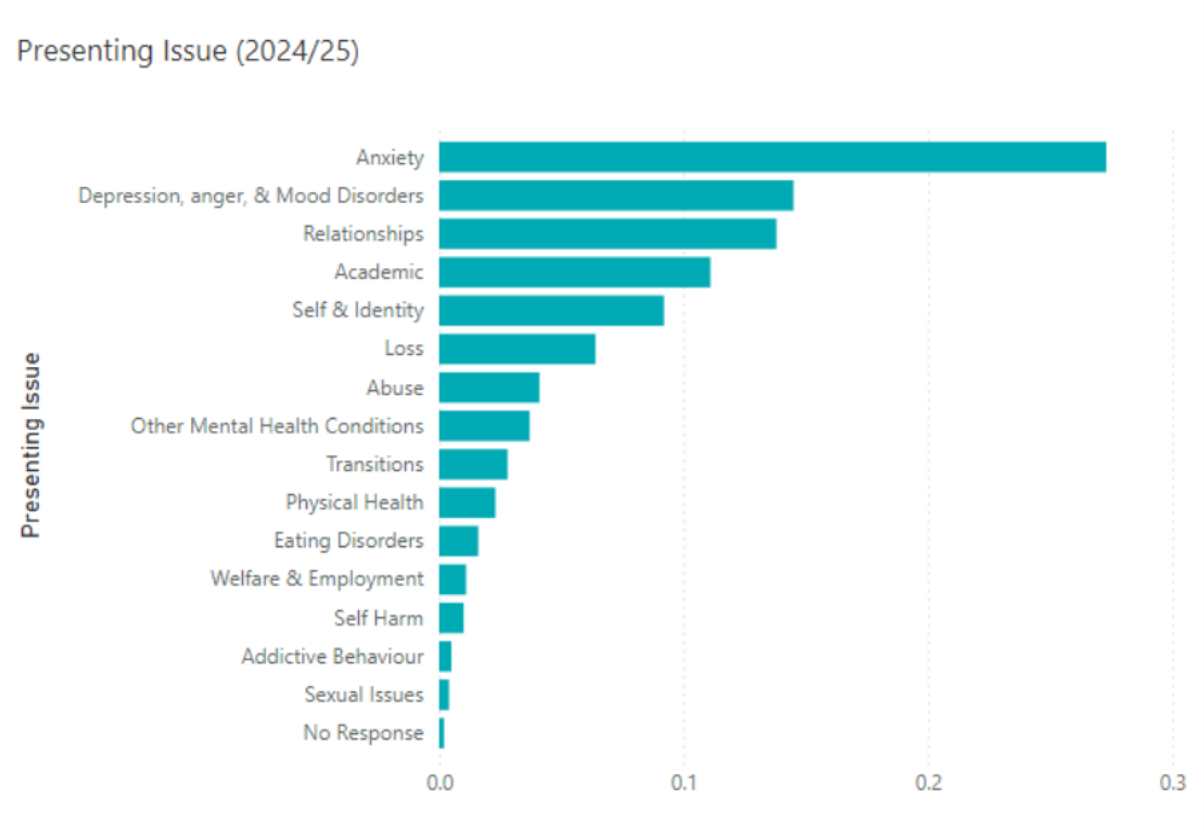
In every year shown, self-referral is the most common source, accounting for just over half of referrals in most years. Self-referrals range from 50.9% in 2021-22 to a high of 64.3% in 2023-24, and 54.1% in 2024-25.

Referrals made by tutors, peer supporters or junior deans, nurses, and doctors each account for smaller proportions, typically between around 5% and 9% in each academic year.

Referrals recorded as coming from other sources account for between around 19% and 27% of referrals across the years shown.

A small proportion of referrals each year have no referral information available, ranging from around 1.6% to 3.5%.

Chart 6: Presenting issues



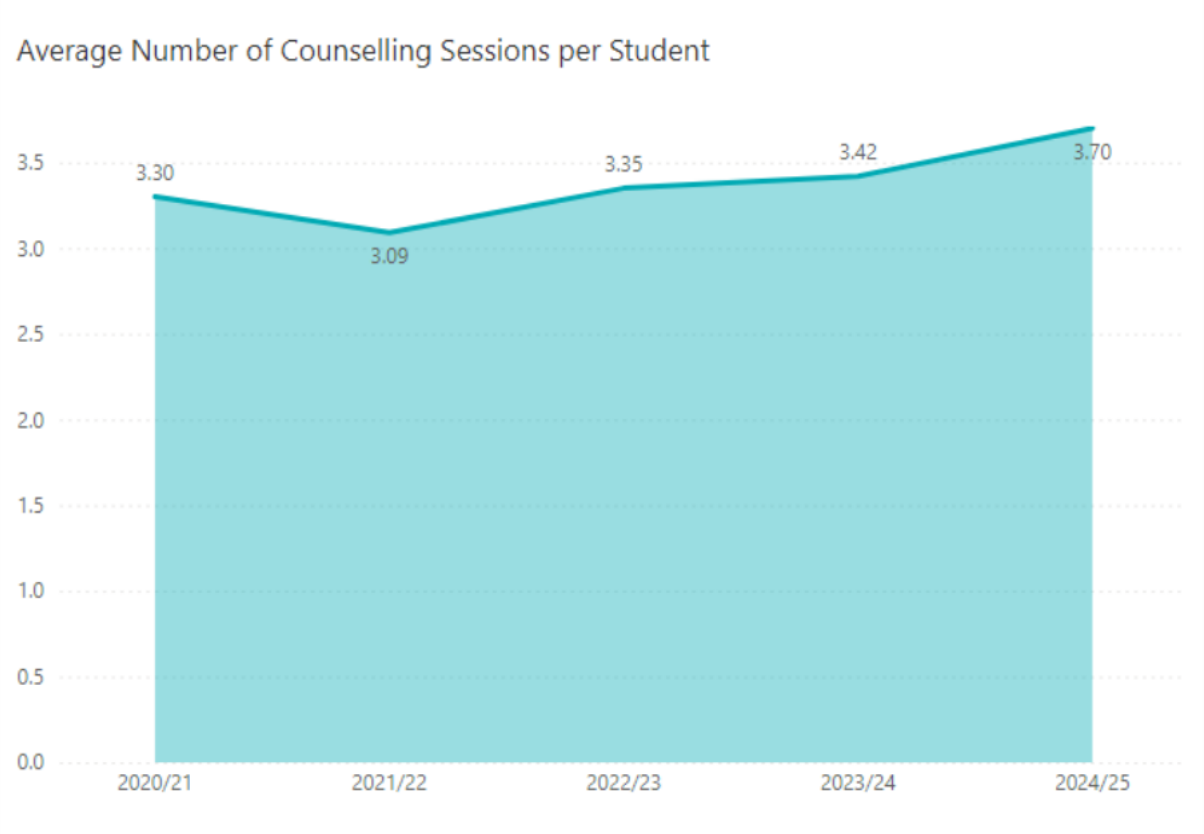
The chart shows the percentage distribution of presenting issues reported by students.

The most commonly reported presenting issue is anxiety, accounting for around 27% of responses. Depression, anger and mood disorders account for approximately 15%, followed by relationship-related issue**s** at around 14%. Academic concern**s** account for around 11%, and self and identity-related issues for around 9%.

Less frequently reported issues include loss at around 6%, abuse at around 4%, and other mental health conditions at around 4%. Transitions account for around 3%, and physical health concerns around 2%.

A smaller proportion of students reported eating disorders, welfare or employment-related concerns, self-harm, addictive behaviour, and sexual issues, each accounting for around 1% or less of responses. A very small proportion, around 0.2%, did not provide a response.

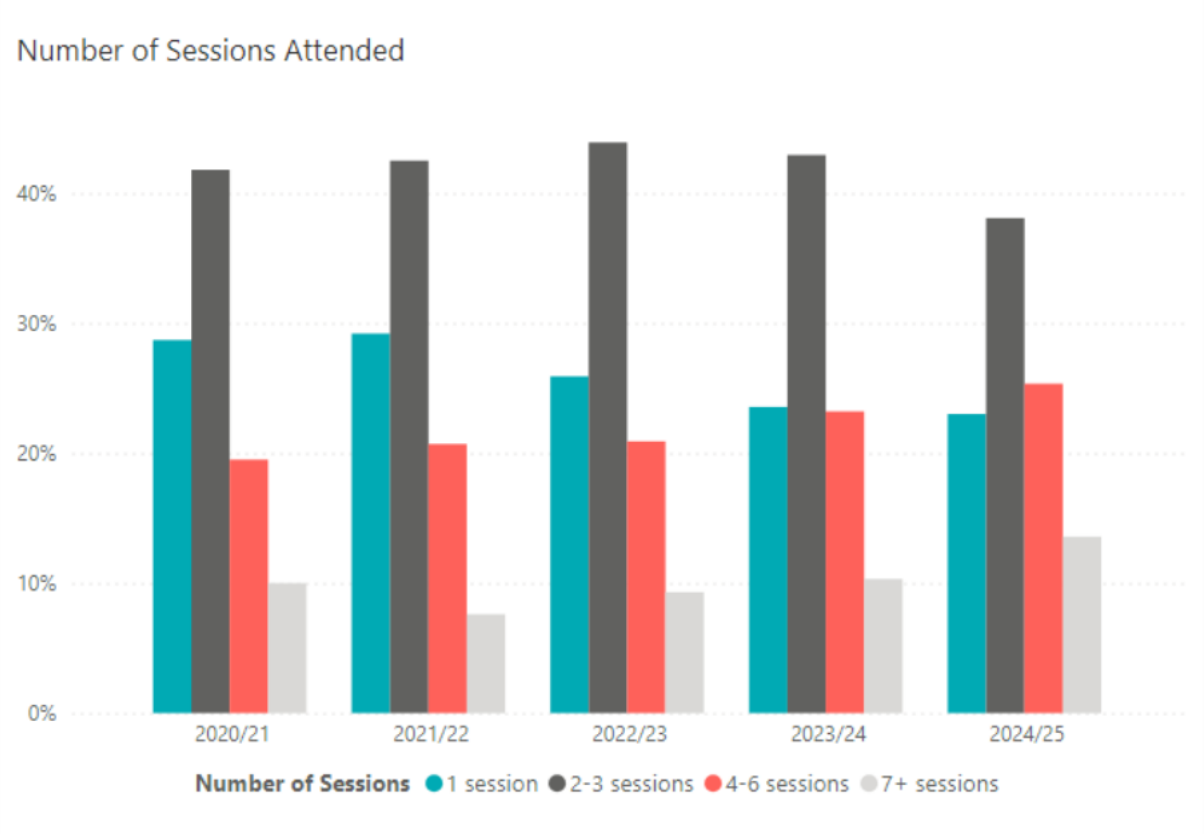
Chart 7: Average number of counselling sessions per student



The chart shows the average number of individual counselling sessions per student for each academic year from 2020-21 to 2024-25.

In 2020-21, students attended an average of 3.3 individual counselling sessions. In 2021-22, the average was 3.09 sessions. In 2022-23, the average number of sessions was 3.35. In 2023-24, this increased slightly to 3.42 sessions. In 2024-25, students attended an average of 3.7 individual counselling sessions.

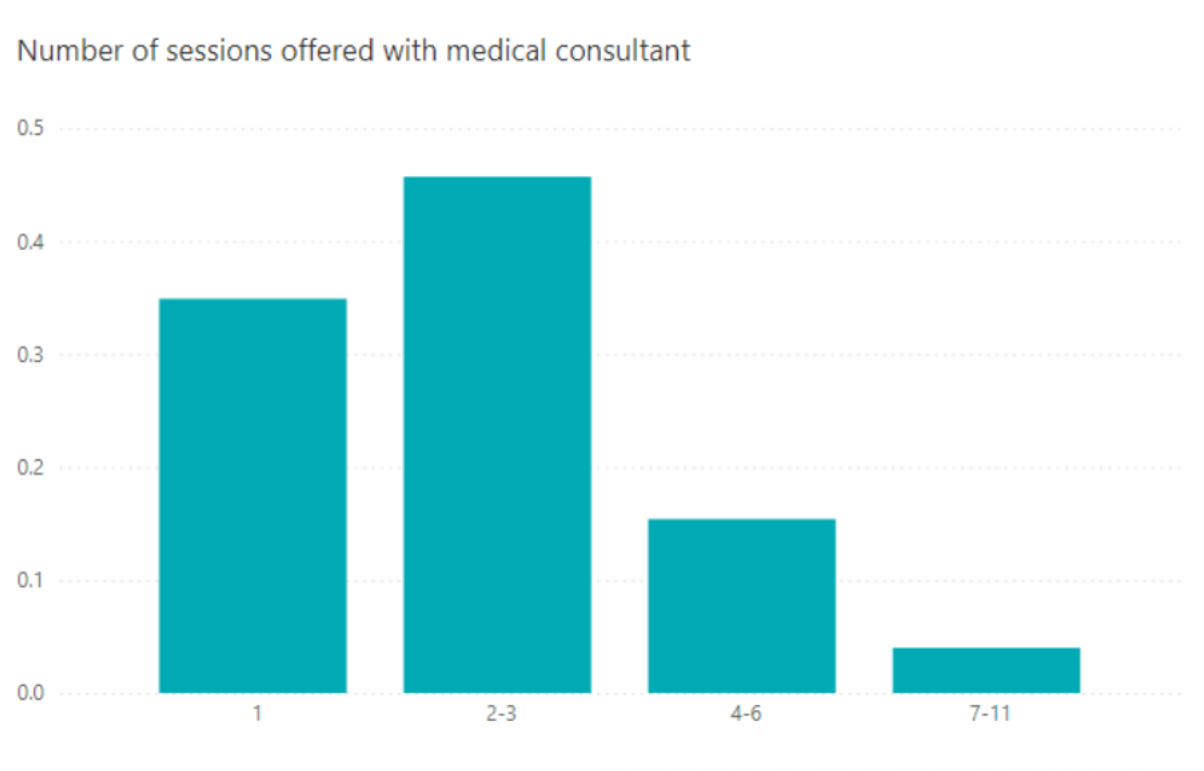
Chart 8: Number of sessions attended



The chart shows the percentage distribution of students by the number of individual counselling sessions attended in each academic year from 2020-21 to 2024-25.

In 2020-21, 28.7% of students attended one session, 41.8% attended two to three sessions, 19.5% attended four to six sessions, and 10.0% attended seven or more sessions.
In 2021-22, 29.2% attended one session, 42.5% attended two to three sessions, 20.7% attended four to six sessions, and 7.6% attended seven or more sessions.
In 2022-23, 25.9% attended one session, 43.9% attended two to three sessions, 20.9% attended four to six sessions, and 9.3% attended seven or more sessions.
In 2023-24, 23.55% attended one session, 42.93% attended two to three sessions, 23.21% attended four to six sessions, and 10.31% attended seven or more sessions.
In 2024-25, 23.01% attended one session, 38.08% attended two to three sessions, 25.34% attended four to six sessions, and 13.57% attended seven or more sessions.

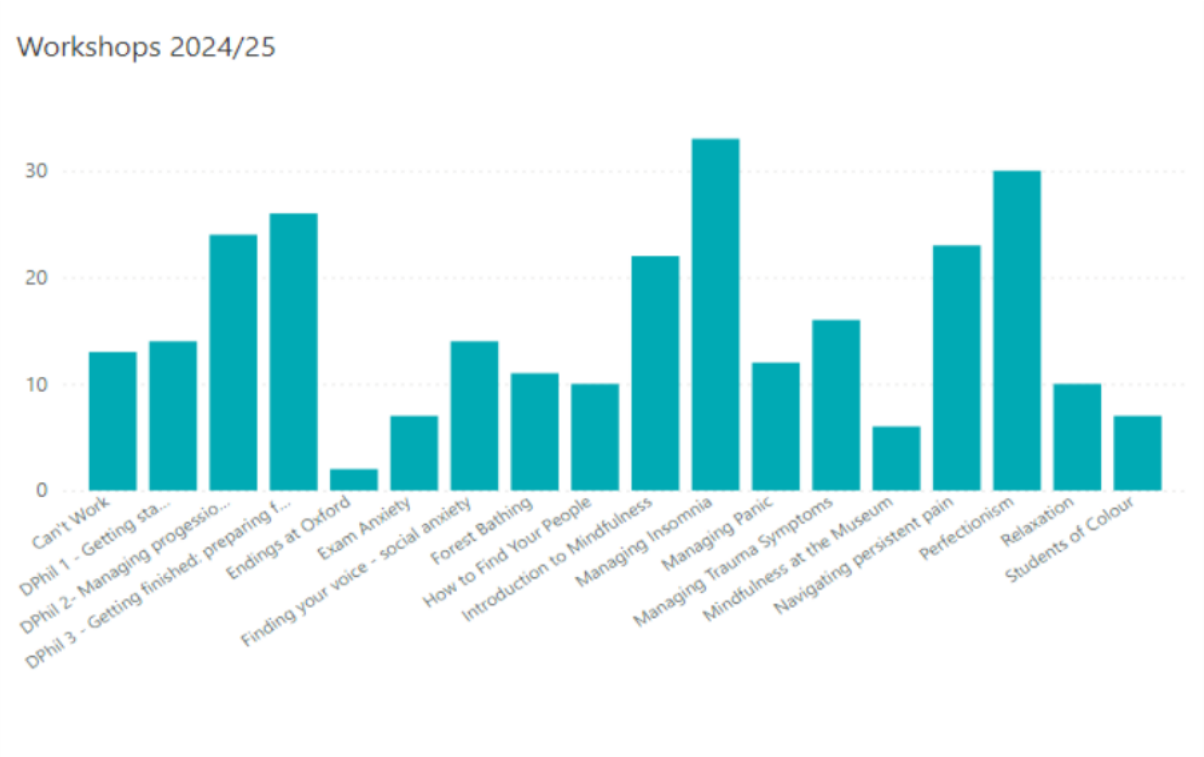
Chart 9: Number of sessions offered with medical consultant



The table shows the percentage distribution of students by the number of sessions offered with the medical consultant.

Approximately 35% of students were offered one session. Around 46% were offered two to three sessions. About 15% were offered four to six sessions. A small proportion, around 4%, were offered between seven and eleven sessions.

Chart 10: Workshops



The chart lists the number of students attending each workshop in 2024-25.

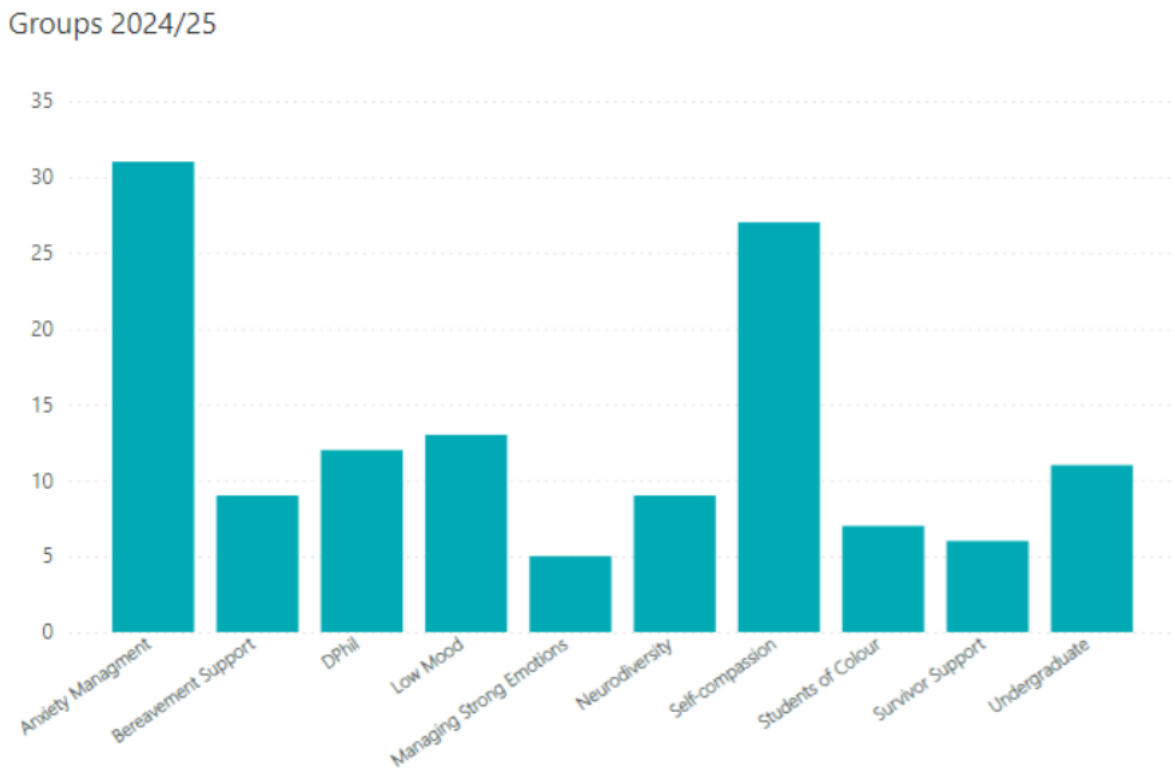
Attendance ranged from 2 to 33 sessions across different workshops. The highest attendance was for Managing Insomnia, with 33 sessions attended, followed by Perfectionism with 30 sessions, DPhil 3- Getting finished: preparing for submission with 26 sessions, and DPhil 2- Managing professional relationships with 24 sessions.

Other workshops with notable attendance include Navigating Persistent Pain with 23 sessions, Introduction to Mindfulness with 22 sessions, and Managing Trauma Symptoms with 16 sessions.

Workshops such as DPhil 1- Getting started and Finding Your Voice-Social Anxiety each had 14 sessions attended, while Can't Work had 13 and Managing Panic had 12.

Lower attendance was recorded for Forest Bathing with 11 sessions, How to Find Your People and Relaxation with 10 sessions each, Exam Anxiety and Students of Colour with 7 sessions each, Mindfulness at the Museum with 6 sessions, and Endings at Oxford with 2 sessions.

Chart 11: Groups



The chart shows the number of students attending each counselling group.

The largest group attendance was for Anxiety Management, with 31 students, followed by Self-compassion with 27 students. The DPhil group was attended by 12 students, and the Undergraduate group by 11 students. Low Mood groups were attended by 13 students.

Bereavement Support and Neurodiversity groups each had 9 students attending. Students of Colour groups had 7 students, and Survivor Support groups had 6 students. Managing Strong Emotions groups had 5 students attending.

Table 3: Clinical Outcomes (CORE) Result Category – pre and post CORE score group

%CT Count of clientid

BY CORE RESULT CATEGORY, PRE-MID-POST, CORE SCORE GROUP

CORE Score Group	CORE Result Category	Pre-Intervention	Post-Intervention
<21	Healthy	6%	10%
21 - 33	Low distress / disturbance	12%	18%
34 - 50	Mild distress / disturbance	27%	30%
51 - 67	Moderate distress / disturbance	30%	26%
68 - 84	Moderate / severe distress / disturbance	18%	12%
85+	Severe distress / disturbance	8%	5%

The table shows the distribution of students across CORE score categories before and after intervention. Before intervention, around 5.6% of students were in the healthy range. About 12.2% were in the low distress range, 27.0% in the mild distress range, 29.6% in the moderate distress range, 18.3% in the moderate to severe distress range, and 7.5% in the severe distress range. After intervention, around 9.8% of students were in the healthy range. About 18.2% were in the low distress range, 30.1% in the mild distress range, 25.5% in the moderate distress range, 11.7% in the moderate to severe distress range, and 4.7% in the severe distress range.

Table 4: CORE Pre-intervention and post-intervention: end note type only.

% (End NoteType Only), % (Pre-Intervention), % (Post-Intervention)

BY CORE SCORE GROUP, CORE RESULT CATEGORY

CORE Score Group	CORE Result Category	% (Pre-Intervention)	% (Post-Intervention)	% (End NoteType Only)
<21	Healthy	6%	10%	18%
21 - 33	Low distress / disturbance	12%	18%	26%
34 - 50	Mild distress / disturbance	27%	30%	32%
51 - 67	Moderate distress / disturbance	30%	26%	21%
68 - 84	Moderate / severe distress / disturbance	18%	12%	5%
85+	Severe distress / disturbance	7%	5%	3%
Total		**100%**	**100%**	**100%**

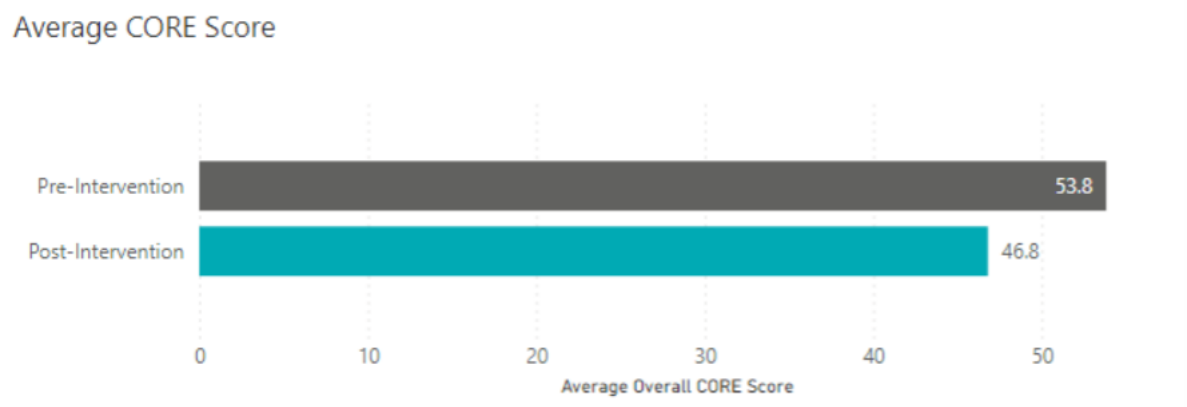
The table shows the distribution of students across CORE score categories before and after intervention, and at the end (note-type only).

Before intervention, around 6% of students were in the healthy range. About 12% were in the low distress range, 27% in the mild distress range, 30% in the moderate distress range, 18% in the moderate to severe distress range, and 7% in the severe distress range.

After intervention, around 10% of students were in the healthy range. About 18% were in the low distress range, 30% in the mild distress range, 26% in the moderate distress range, 12% in the moderate to severe distress range, and 5% in the severe distress range.

At the end (note-type only), around 18% of students were in the healthy range. About 26% were in the low distress range, 32% in the mild distress range, 21% in the moderate distress range, 5% in the moderate to severe distress range, and 3% in the severe distress range.

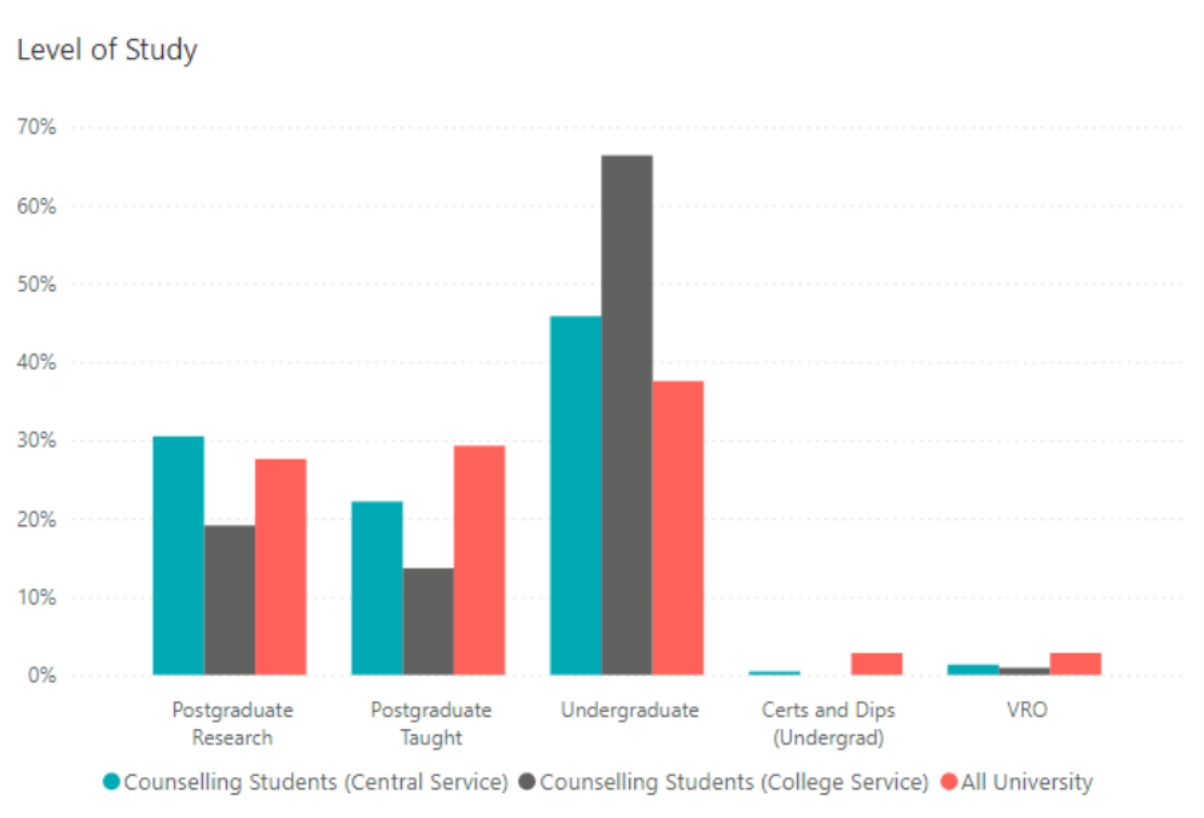
Chart 12: Average CORE score pre- and post-intervention



The chart shows the average CORE score before and after intervention.

Before intervention, the average CORE score was 53.8. After intervention, the average CORE score was 46.8.

Chart 13: Level of study



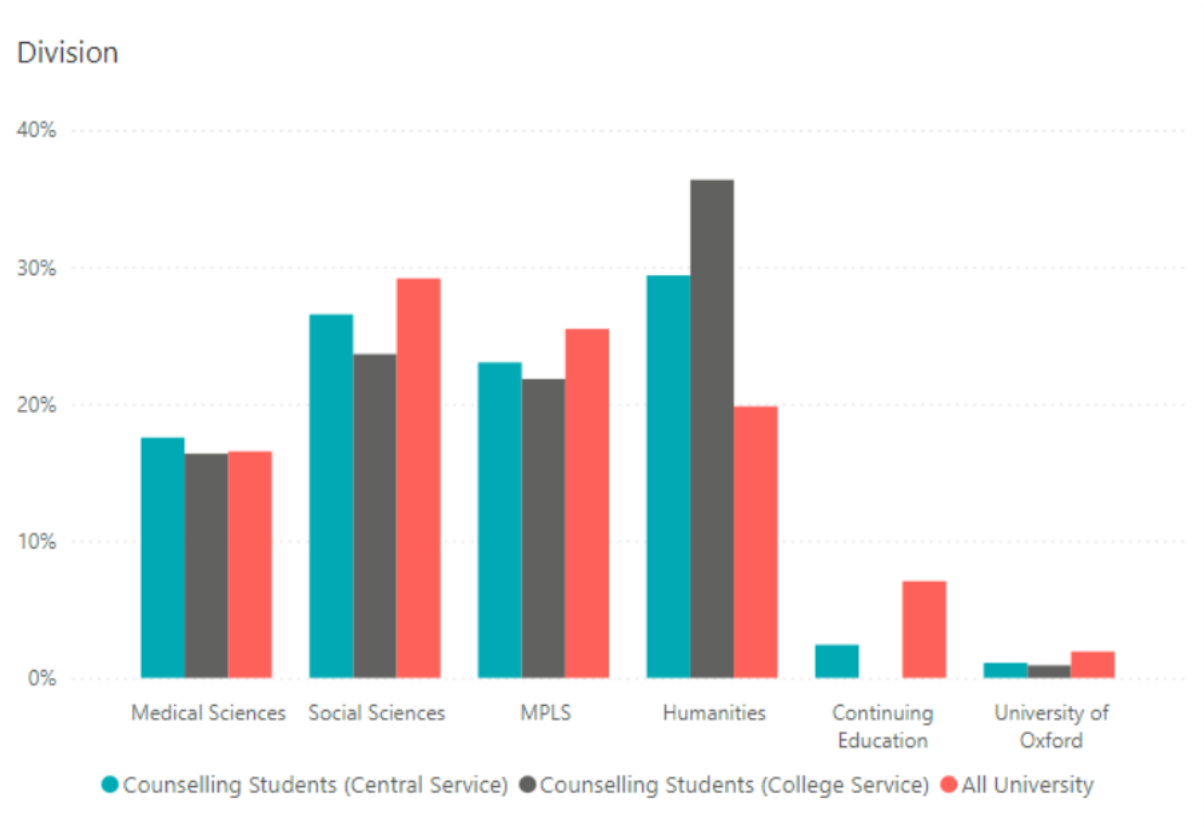
The chart compares the proportion of counselling students by course type with the proportion of the overall student population.

Among students accessing central counselling, around 46% were undergraduates, about 30% were postgraduate research students, and around 22% were postgraduate taught students. Smaller proportions were from certificate or diploma courses and visiting or recognised students.

Among students accessing college counselling, around 66% were undergraduates, about 19% were postgraduate research students, and around 14% were postgraduate taught students. No students from certificate or diploma courses accessed college counselling, and around 1% were visiting or recognised students.

In the overall student population, around 38% were undergraduates, approximately 29% were postgraduate taught students, and around 28% were postgraduate research students. Certificate or diploma students and visiting or recognised students each accounted for around 3% of enrolments.

Chart 14: Academic division



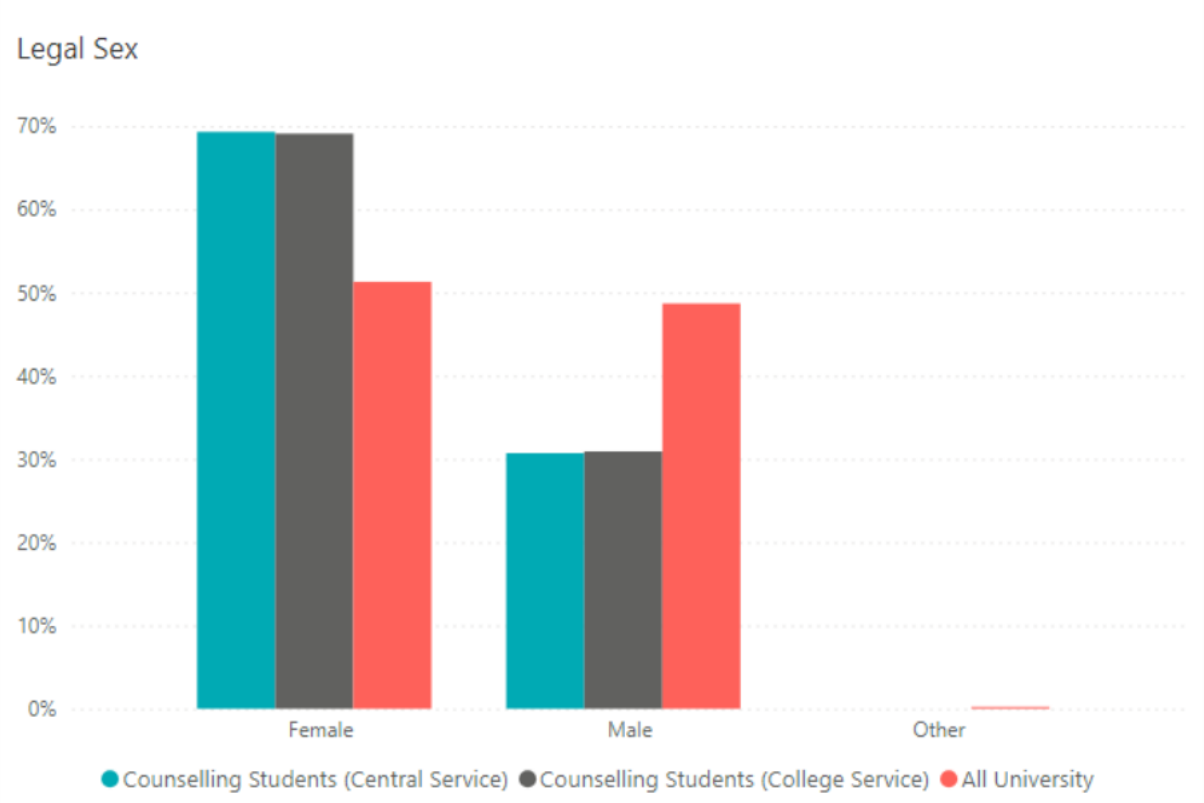
The chart compares the distribution of counselling students by academic division with the overall student population.

Among students accessing central counselling, the largest proportions were from the Humanities at around 29%, Social Sciences at around 27%, and MPLS at around 23%. Medical Sciences accounted for around 18%. Smaller proportions came from Continuing Education at around 2% and from University-wide categories at around 1%.

Among students accessing college counselling, the largest proportion was from the Humanities at around 36%, followed by Social Sciences at around 24%, MPLS at around 22%, and Medical Sciences at around 16%. No students from Continuing Education accessed college counselling, and around 1% were recorded under University-wide categories.

In the overall student population, Social Sciences accounted for around 29% of enrolments, MPLS for around 25%, Humanities for around 20%, and Medical Sciences for around 17%. Continuing Education accounted for around 7%, and University-wide categories for around 2%.

Chart 15: Legal sex



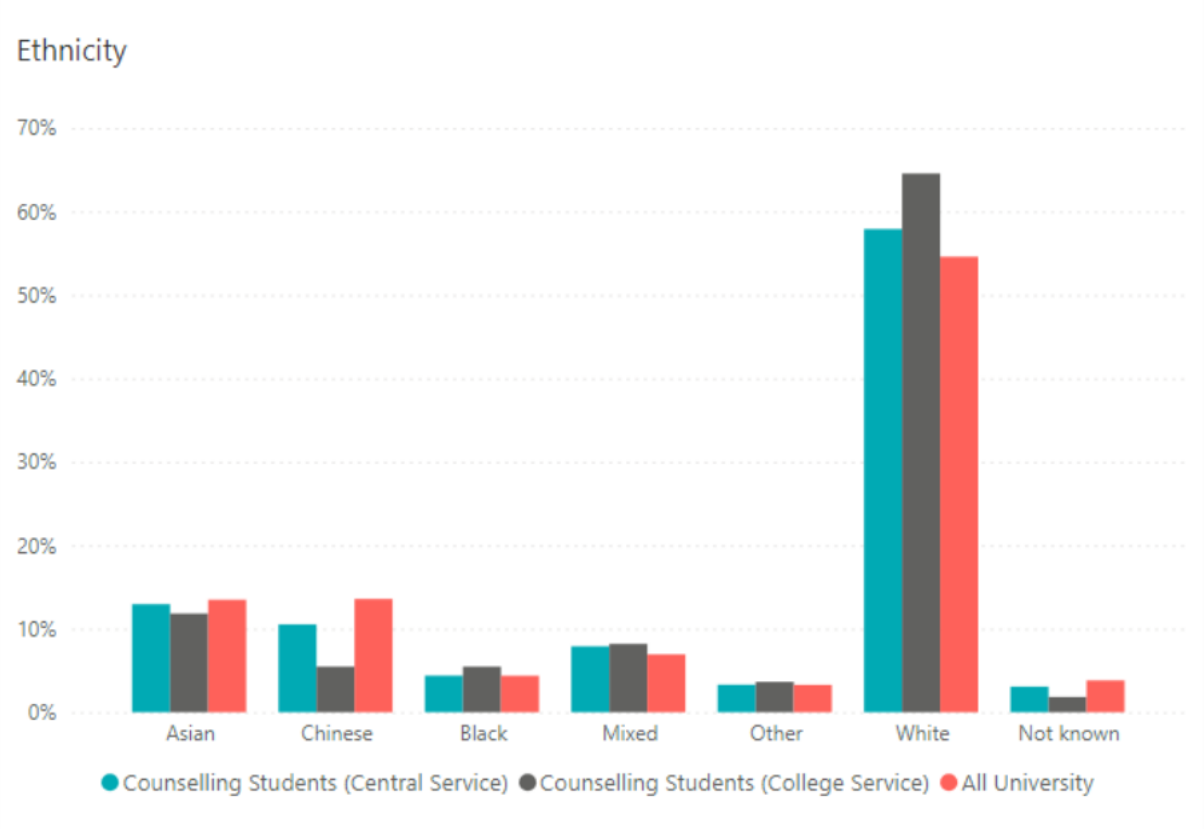
The chart compares the distribution of counselling students by legal sex with the overall student population.

Among students accessing central counselling, around 69% were recorded as female and around 31% as male.

Among students accessing college counselling, around 69% were recorded as female and around 31% as male.

In the overall student population, around 51% of students were recorded as female and around 49% as male. A very small proportion, close to zero, were recorded in the ‘other’ category.

Chart 16: Ethnicity



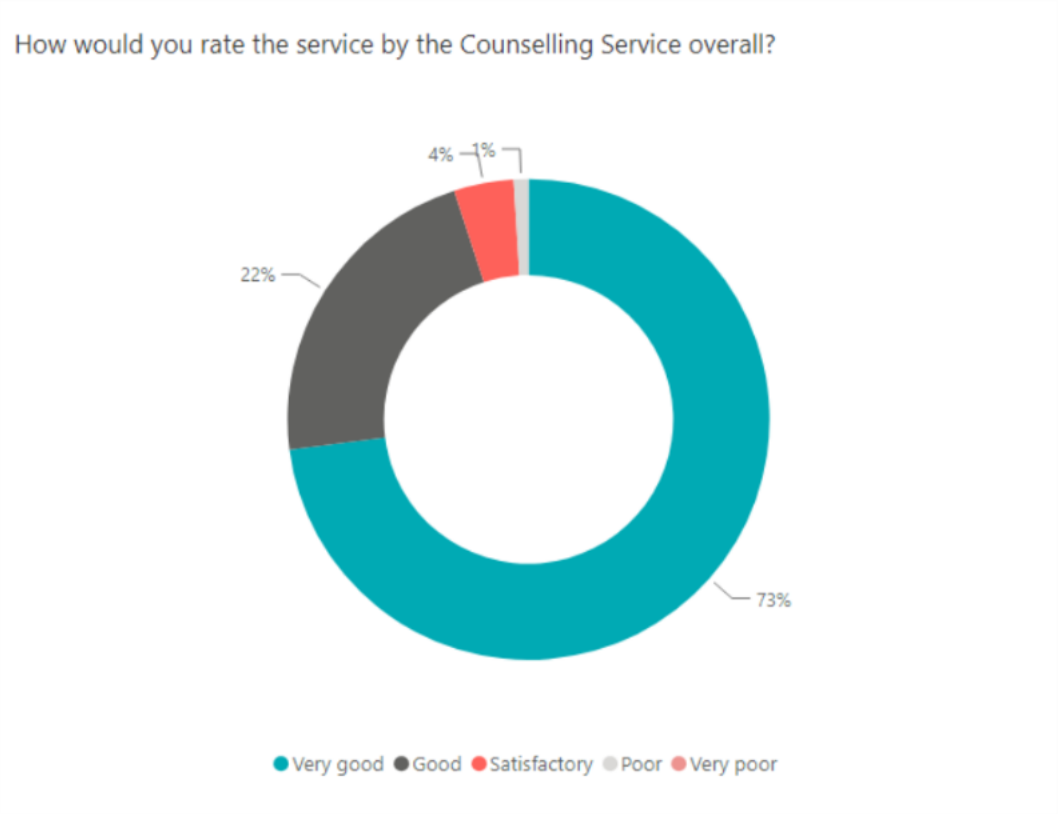
The chart compares the ethnic background of students accessing counselling services with the overall student population, using a HESA six-category classification with Chinese reported separately.

Among students accessing central counselling, around 58% were recorded as White. Around 13% were recorded as Asian, around 11% as Chinese, around 8% as Mixed, around 4% as Black, and around 3% as Other. Around 3% of students had ethnicity recorded as not known.

Among students accessing college counselling, around 65% were recorded as White. Around 12% were recorded as Asian, around 5% as Chinese, around 8% as Mixed, around 5% as Black, and around 4% as Other. Around 2% had ethnicity recorded as not known.

In the overall student population, around 55% of students were recorded as White. Around 14% were recorded as Chinese, around 13% as Asian, around 7% as Mixed, around 4% as Black, and around 3% as Other. Around 4% of students had ethnicity recorded as not known.

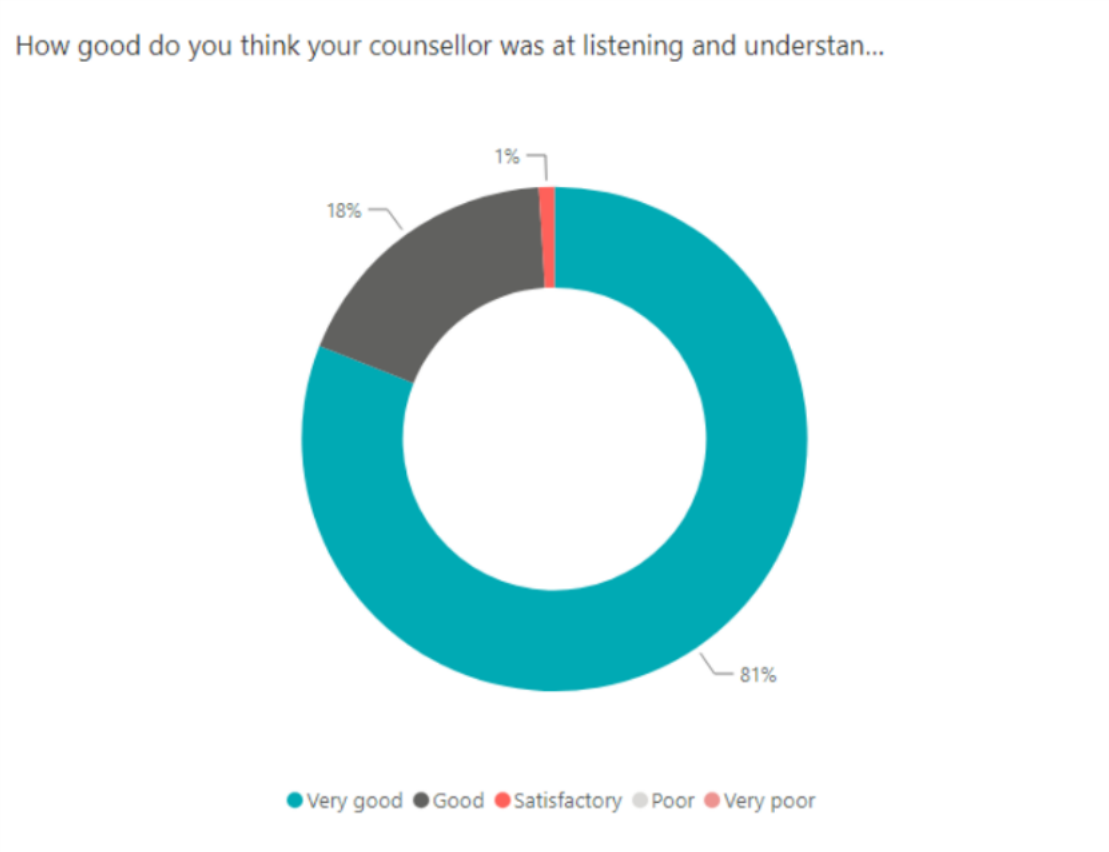
Chart 17: Student feedback - how would you rate the service by the counselling service overall



The chart shows how students rated the Counselling Service overall.

73% of respondents rated the service as very good. 22% rated it as good. 4% rated it as satisfactory. 1% rated the service as poor. No respondents rated the service as very poor.

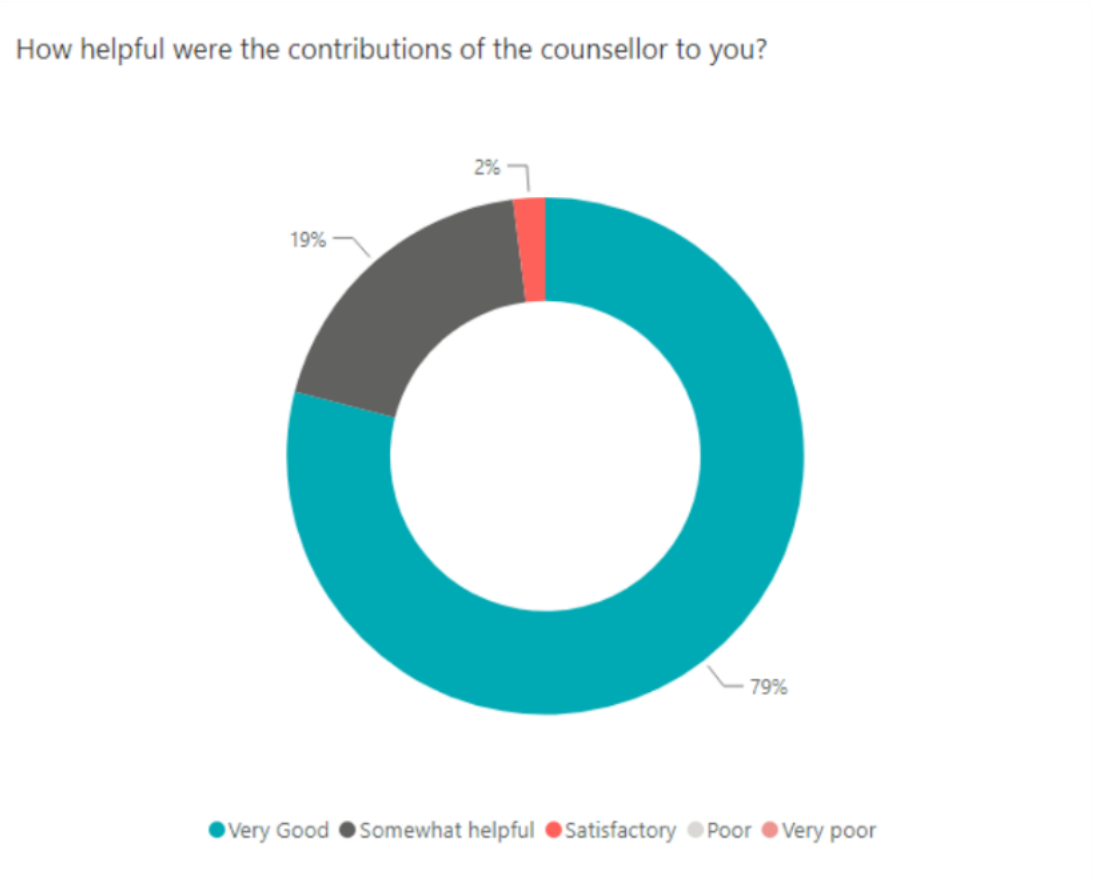
Chart 18: Student feedback- How good do you think your counsellor was at listening and understanding?



The chart shows how students rated their counsellor's ability to listen and understand.

81% of respondents rated this as very good. 18% rated it as good. 1% rated it as satisfactory. 0% rated it as poor or very poor.

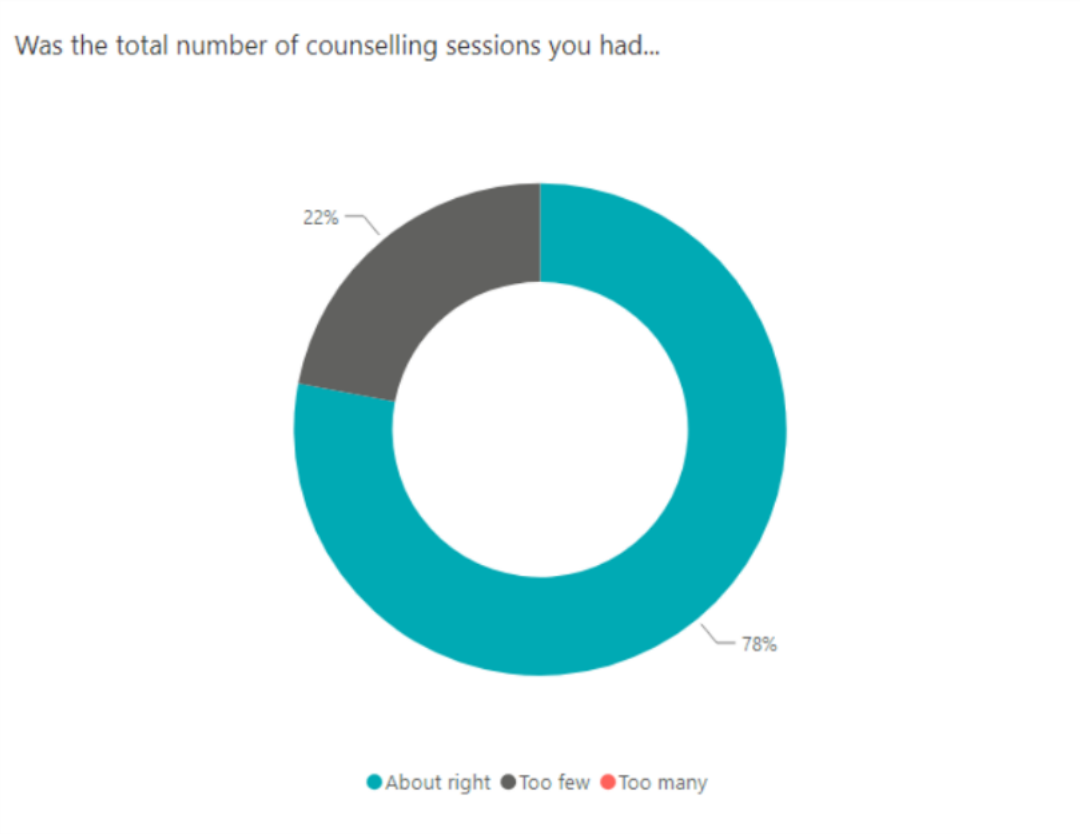
Chart 19: Student feedback- how helpful were the contributions of the counsellor to you?



The chart shows how students rated the helpfulness of their counsellor's contributions.

79% of respondents rated the contributions as very good. 19% rated them as somewhat helpful. 2% rated them as satisfactory. 0% rated them as poor or very poor.

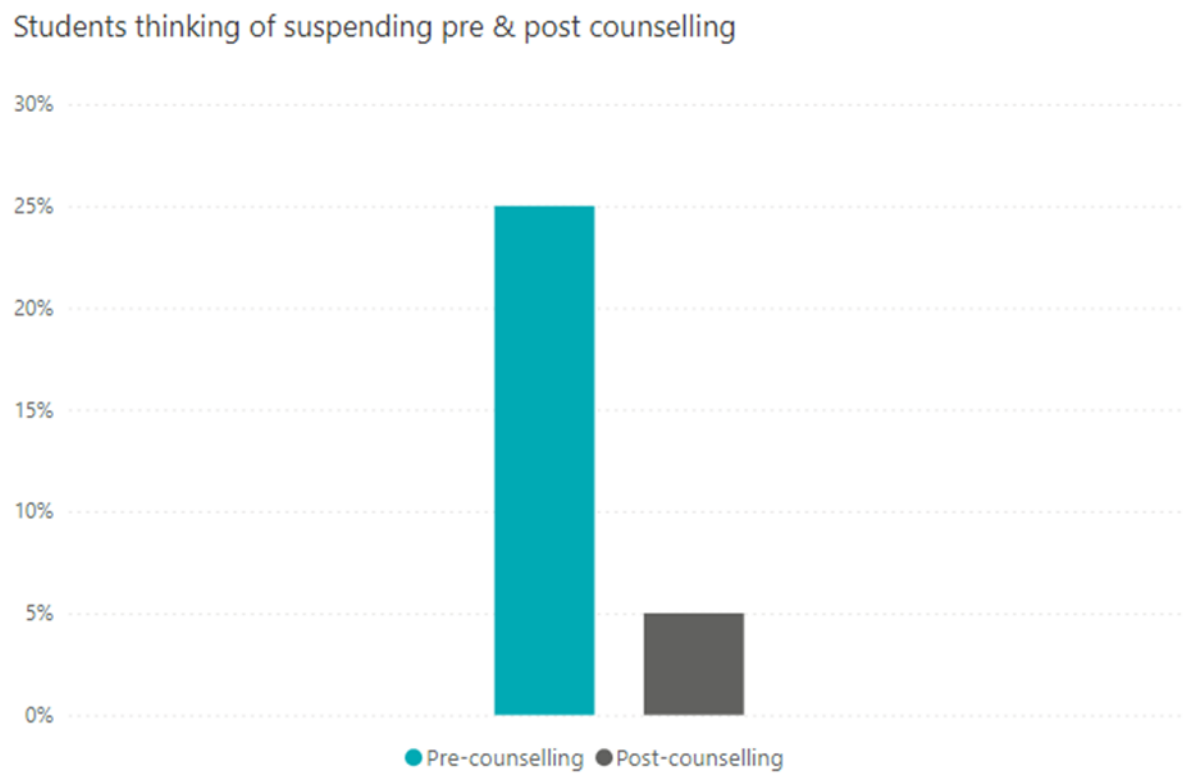
Chart 20: Was the total number of counselling sessions you had right for you?



The chart shows how students rated the total number of counselling sessions they received.

78% of respondents said the number of sessions was about right. 22% said the number of sessions was too few. 0% said the number of sessions was too many.

Chart 21: Student feedback- Students thinking of suspending pre- and post-counselling



The table compares the proportion of students thinking of suspending status pre-counselling and post-counselling

Before counselling, 25% of students thought about suspending. After counselling, 5% of students still considered suspending status.