

## **EDC12D014**

**Title:** *Staff Counselling Report*  
**Author:** Eamonn O'Mahony, Staff Counsellor  
**Date:** 14 May 2013  
**Circulation:** Equality & Diversity Committee – 14 May 2013  
**Agenda:** EDC12A003  
**Version:** Final  
**Status:** Open

---

### **Issue**

A report on Staff Counselling for 2011-12, including the year's staff statistics. The report includes discussion on various work issues raised in the course of the year.

### **Recommendation**

Participants are invited to receive the report.

### **Resource Implications**

N/A

### **Risk Implications**

N/A

### **Equality and Diversity**

N/A

### **Timing of decisions**

N/A

### **Further Information**

[e.omahony@uea.ac.uk](mailto:e.omahony@uea.ac.uk)

### **Background**

This is an annual report.

### **Discussion**

Staff Counselling Statistics 2011-12 and discussion of personal and professional issues and themes arising from work with employees.

### **Attachments**

N/A

## Staff Counselling Report 2011-12

### Executive summary

#### Statistics:

- 106 clients accessed the Service in 2011-12 compared to 109 in 2010-2011
- Total number of sessions in 2011-12 was 780 compared to 801 in 2010-11
- The largest number of clients come from the ALC and S&C Category.
- 70% of clients are female and 30% male
- 94% of clients declare their ethnicity as 'White'
- 90% of clients declare 'No Known Disability'
- 83% of clients are full time and 17% are part time.
- 69% of clients self-referred and 16% referred from within UEA

#### Themes and Issues

*Personal* : Bereavement, ill health, being a carer, juggling demands of a young family and work, fertility issues, self-esteem, relationship problems, financial worries, depression and addictions.

*Professional* : Change in role, restructuring, upcoming retirement, job insecurity, bullying and harassment, increasing workload, presenteeism, internet use, workaholism., lack of job fulfilment, work related stress and anxiety

#### Main Focus

The report focuses in particular on the issues of presenteeism and the use of the internet and its role in excessive working and workaholism.

**university  
counselling  
service:  
staff counselling  
annual report**

**2011-2012**

## Contents

---

<b>Staff Counselling Report 2011 - 2012</b>	<b>2</b>
<b>Staff Counselling Statistics 2011 - 2012</b>	<b>7</b>

## Staff of the University Counselling Service

---

### 2011 - 2012

<b>Director of Counselling</b>	:	Dr Judy Moore
<b>Deputy Director</b>	:	Ruth Roberts
<b>Student Counsellor</b>	:	Richard Baughan
<b>Staff Counsellor</b>	:	Eamonn O'Mahony
<b>Sessional Counsellors</b>	:	Lucy Allison Jean Ashby Catherine Atkinson Miriam Crasnow Martin Langsdon Campbell Purton Sarah Robinson Sophie Saunders Nicola Shirley
<b>Service Co-ordinator</b>	:	Jane Ramsbottom
<b>Secretary/Receptionists</b>	:	Sue Hitchcock Ros Montague

## **Staff Counselling Report**

**2011-2012**

### **Introduction**

As I write the introduction to this report it has just been announced that UEA has achieved first place in the Student Experience Survey. In some ways this comes as no surprise. The staff who access the Counselling Service often emphasise their commitment to the student experience and in particular UEA to which they feel very loyal. This commitment and loyalty extends across all categories – the academic, the researcher, the administrator, the technician, the cleaner, and the member of Estates.

The on-going challenge that emerges as a theme in this year's report is how to continue to provide the level of support to students and staff through times of insecurity and change within and outside the University and to ensure that staff loyalty and commitment is rewarded. What staff really value is having a voice and a forum in which they can express what is happening for them. When changes occur in which decisions are made for them staff can feel very disempowered and feel they have no say. This can happen at team level or in the wider organisational context.

### **Staff Numbers**

Staff numbers accessing the counselling service have remained stable in the last couple of years. This year 106 staff accessed the Service, 3 less than last year. A similar story as in previous years is played out in terms of gender with almost 70% female and 30% male clients being seen. Total sessions offered were nearly identical to last year with just a difference of 5 sessions. Clients who cancelled at short notice or who did not appear for sessions rose this year by 3% to 9% of all sessions offered.

### **Staff Category**

In terms of staff categories the biggest changes seem to be in Research and ATS. Clients from the Research category fell from 14 to 7, a change of 6% and staff from the ATS category rose by 6, an increase of 5%. There was little change in the other categories with the ALC grades and Secretarial and Clerical again making up around 50% of all clients which is a consistent pattern over the years given that these categories make up a majority of UEA staff.

### **Ethnicity and Disability**

In terms of Ethnicity the figures for those who identified themselves as white is virtually the same as last year standing at 94%. There was an increase of 6% from 84% to 90% of clients who declared 'No Known Disability'.

### **Referral Routes**

Referral routes were again very similar to previous years with a majority of clients (73%) self-referring. There was for some reason a decrease in referrals from GP's falling from 13% to 6%. It is always encouraging to see referrals from within the institution as it points to the service been seen as one of the options to support staff. Colleagues who have attended the service are often ready to recommend the service and now that the Staff Counselling Service is in its 17<sup>th</sup> year, it is clearly being seen as an embedded and familiar part of the institution.

## **Waiting times**

Of the 44 clients who continued for on-going counselling 60% had a wait of just up to 4 weeks and 70% were seen within 6 weeks. 18 clients who attended for the initial session, which is usually offered within a week of contact, did not continue for on-going sessions. It is important to remember that not all clients need on going sessions. A well timed initial session can be very effective in containing the client, help relieve the tensions and pressures they are experiencing and reassure them there is help available. For many clients knowing they can come back is helpful. For others who attend for the initial appointment only there is an acknowledgement that they are not ready for counselling. It could be that it would be simply too intense for them to talk about their problems and they choose not to continue.

## **Client Themes**

### ***Work Related***

Work related themes included the following: change in role whether through promotion or restructuring, anticipating retirement, workaholism, perfectionism, lack of job fulfilment, absence of feedback on role, bullying and harassment, presenteeism, job insecurity, either relating to restructuring or contract, and increased workload.

### ***Personal***

Personal issues included: death of a friend or family member through natural causes, accident or suicide, dealing with one's own or a relative's ill health, being in a carer role, managing the demands of having a young family and work, inability to conceive, miscarriages, issues around addiction to alcohol, drugs, gambling, work and sex, dealing with a partner's infidelity, sexual problems and identity.

All of the work related and personal issues caused various symptoms –stress, depression, anxiety, insomnia, physical ailments.

### **Internet use, Compulsion and Workaholism**

Throughout the last decade internet use has revolutionised the way we communicate through its increased availability and accessibility. In the last few years internet communication has widened from laptops, to smartphones, iphones and ipads meaning that it can be accessed from almost anywhere- not confined to workplace or home. A theme emerging this year has been the difficulty of maintaining boundaries with work e-mail and work tasks outside the workplace. Clients reported checking work e-mails from home throughout the evening and at weekends and whilst on holiday. There can be many reasons for this. For some it is to try and avoid a deluge of e-mails that may have accumulated over the weekend or a holiday period. For others it becomes a habit – the boundaries are flexible - and for many people this doesn't create any particular problems.

However, for a minority this checking and working can become compulsive and is linked to underlying issues. The compulsive checking of e-mails for example can be in the context of someone suffering from workaholism. Workaholism is a chronic illness where the sufferer has developed overworking as a coping mechanism. It is a way to seek approval and bolster self-esteem – 'if I work hard enough I will be a good employee, person, daughter, mother etc.' 'If I don't work hard I am a failure'. It is also a way to block out painful experiences. 'If I keep myself busy I don't have to feel'.

There is a great irony in the employees' way of thinking. The more they work harder to meet their needs the less the needs can be met as they constantly never feel good enough. Underlying this way of thinking is often low self-esteem. Workaholism is not easily identified as it can be seen as a good thing –working long hours, being productive. A work culture where overwork is the norm can render this invisible and feed into a person's denial. 'If everyone else is doing it it must be normal'.

However, the consequences for the employee as for anyone caught up in an addiction are very harmful. There are physical symptoms such as headaches, nausea, tightness in chest and stomach, aches all over the body, racing heart. Other consequences are, neglect of family relationships, friends and hobbies. Treatment of workaholism is very complicated. First of all the employee needs to recognise that there is a problem. This usually happens over a period of time until a crisis occurs and the employee seeks help. As in food or sex addictions the aim is not to stop work but to find a way to build a healthy relationship with it. As in all addictions it can be difficult to envisage letting go of something that has been part of your coping mechanism for so long. There is usually resistance.

Counselling can be very effective in helping the employee put into practice healthier boundaries and also explore the underlying issues. Counselling in the beginning phase needs to be very practical – getting the employee to write out a typical day can be very illuminating in helping identify where time can be taken.

### **Workload**

Another familiar theme is that of increasing workload, with clients both admin and academic being asked to take on more tasks. For academics it involves increased admin time which squeezes time with students. For admin staff and particularly those affected by restructuring it involves responsibilities and roles previously held by one person being divided amongst fewer team members.

### **Restructuring**

Clients continue to bring issues relating to the recent university structuring to the counselling room. For those who felt they had no choice but to stay at UEA following restructuring counselling helped through providing a supportive place to express such difficult feelings as feeling devalued and the stress that accompanies this. This helped in some ways to make the transition more bearable for them. Currently one of the difficulties for some staff is the upcoming ending of the salary protection. This is triggering difficult memories of what happened leading up to restructuring as well as facing the consequences of a reduced salary in difficult economic times.

### **Presenteeism**

Presenteeism, simply put, is attending work whilst ill. Whilst sickness absence is easier to measure, identifying presenteeism and its effects are much more difficult. There are many reasons for presenteeism. In a period of restructuring and general economic insecurity employees are fearful for their jobs and so push themselves to attend work. Those who are on probation often report reluctance to take some time off when ill for fear of it adversely affecting their post being confirmed. For some there is a great sense of duty and obligation to other colleagues, not wanting them to take more of a work load particularly if the team is struggling. There are often psychological reasons for presenteeism. For some people going off sick is an admission of not coping and therefore a weakness. As one member of staff said 'I saw someone going off with depression as a 'skiver'.

In the above circumstances it can be difficult to explain the reality that by taking some time off and recovering will be more effective than staying at work being less productive and then needing to stay off longer to recover. Line managers can play an important part in monitoring their employees' health and discussing with them the best way forward. However it can become complicated where a manager/someone in a responsible role believes it is vital to attend work however ill one is and often this contributes to an unproductive and punitive culture where overwork and overload becomes the norm,.

'Presenteeism in the workplace: a review and research agenda' Gary Johns *Journal of Organizational Behaviour* 31 2010

### **Staff support**

Having a range of support services for staff is really helpful for their well-being. Staff who feel supported grow personally and professionally and this enhances their loyalty and commitment to the organisation. One area of support that staff consistently feedback on is the range of services provided by CSED. The coaching network provides excellent support professionally and really complements the work of the Counselling Service. CSED provides a wide range of support for personal development whether it be the Calm course, Flight plan, and many professional courses focusing on teamwork and management. This range of services provided by CSED plays an important part in staff development and is particularly relevant given the mission of the university.

### **Feedback forms**

Client feedback forms help us to evaluate the service we offer and how clients experience counselling and how it benefits them. One client writes

***"The counselling has helped me feel calmer and resolve issues and problems that in turn have made me happier and more able to perform at work. It has been a positive process for me."***

***"I felt the experience I've had of counselling has been excellent. And has made me far more able to deal with the issues affecting me. I feel better equipped to prevent feeling overwhelmed by work and personal issues and have a better self-awareness. I feel more positive about my home and work situation"***

The above client points to the impact of counselling in reducing stress and anxiety levels and enabling him to feel calmer. Talking through issues in a safe and confidential environment helps clients release the pressure of their problems and gain a clearer perspective on the difficulties facing them. In this space clients feel more able to make healthy choices and feel more in control. This, as the client says, helped her to feel happier and able to function better in the workplace.

### **General comments**

In this section I would like to draw out some organisational themes.

Central to the process of change outlined in the above example is of course the relationship between the client and the counsellor and, more importantly, the quality of that relationship. In order for the client to address their problems it is essential that they feel understood or, at least that the counsellor is attempting to understand. To be understood and reassured is a universal human need. To be understood



is a relief and reduces fears and anxieties. When listened to and heard one feels valued and it has a positive impact on self-esteem.

The ability to understand another and to listen effectively is clearly not just the domain of a counselling service. Out in the institution there are ample opportunities for employees to be listened to. This can happen in formal settings such as team meetings, one to one meetings, appraisals, workshops and informally through conversations with colleagues. What is particularly helpful for employees is to have a manager who listens well and who regularly provides forums to allow communication and feedback.

When clients come to the Counselling Service they often feel overwhelmed and out of control. At some level they feel that things are being done to them rather than having a say in how to influence events. This sense of not having a say and being out of control contributes hugely to the pressure on clients. When changes are happening in a team, department or a whole section of the university the ability to create a climate in which people are communicated with regularly is very important.

Moreover, through a change process it is important too to focus on the care of the person after a change is implemented. Is there a mechanism by which the effects of the changes are addressed both positively and negatively? Is there an opportunity for those affected to be given a space to express to the relevant person or people the impact of these changes on them? There can be an expectation that people should just get on with it but if there is not an opportunity to air in a constructive way difficulties and grievances then trouble is stored up for later or might lead to a possible crisis.

Counselling clearly has a place in managing change but clients often want something else – that someone ‘out’ in the institution, whether in their team, manager, head of school, Human Resources, knows how they have been impacted. In this process it is not only the telling that is important. It is important that the recipient can acknowledge what is being said. Acknowledgment from the institution can be very reparative and whilst counselling can clearly help, it is still a private affair not a public one.

## **Conclusion**

What emerges very clearly in the counselling work with staff is how much they value being listened to and treated fairly within whatever context they operate. When this does not happen staff can be adversely affected and this can lead to stress, lack of motivation and less commitment and loyalty to the organisation. Having staff support systems in place such as the Counselling Service and CSED are of significant benefit to staff wellbeing in difficult times but we can all make a difference on a daily basis to offer the relevant support formal or informal to one another.

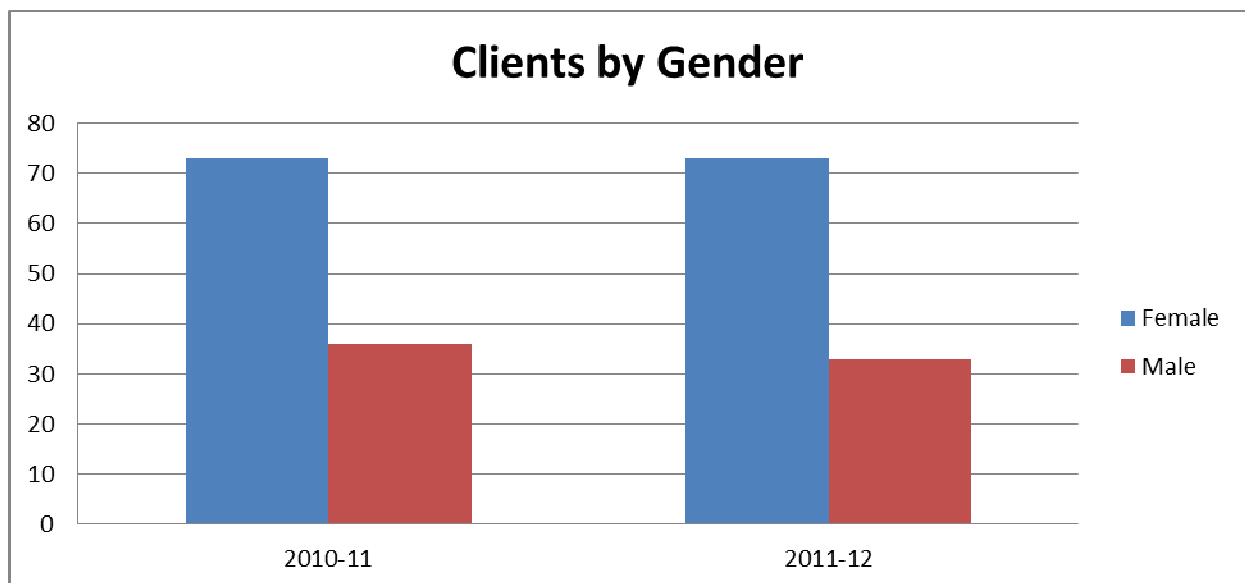
## Staff Counselling Statistics 2010 -12

	2010-11		2011-12	
	No.	% of UEA staff	No	% of UEA staff
Total no clients:	109	3.3	106	2.7

Session Statistics	2010-11		2011-12	
	No	% total sessions offered	No	% total sessions offered
Sessions including exploratories	801		780	
Full sessions	728	85.6	714	83.5
Exploratory sessions	73	8.6	66	7.7
Total sessions offered	850		855	
Cancellations	35	4.1	51	6.0
Failure to appear	14	1.6	24	2.8
Average no. of sessions per client	7.8		8.1	

Gender	2010-11		2011-12	
	No.	% of UEA	No	% of UEA staff
Female	73	2.2	73	1.9
Male	36	1.1	33	0.8

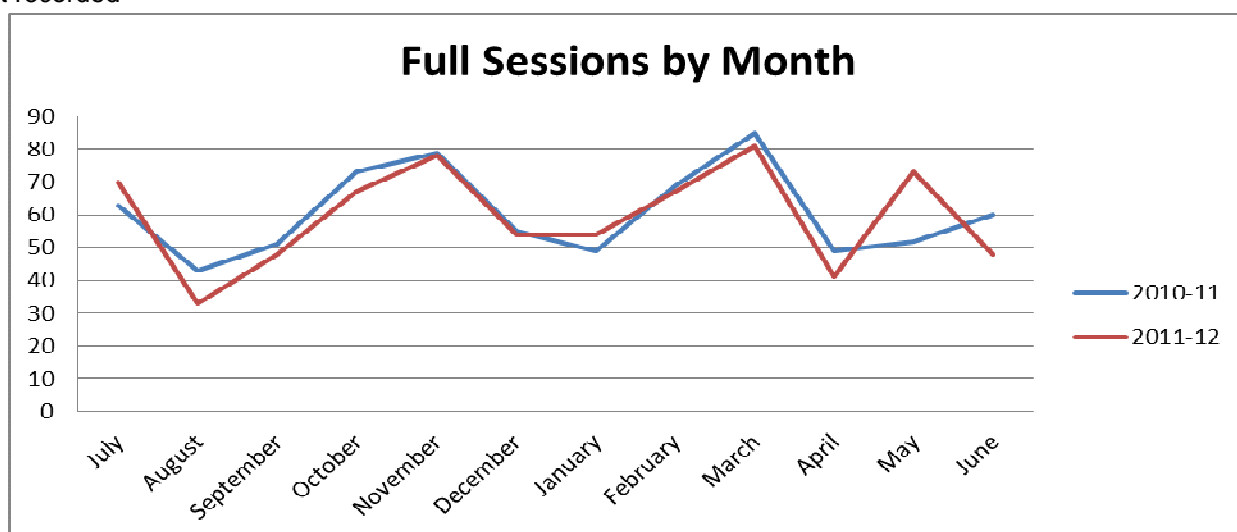
Data missing



	2010-11			2011-12		
	No.	% of UEA staff by category	% of total UEA staff	No.	% of UEA staff by category	% of total UEA staff
Clients by Staff Group						
Academic (ATR)	17	2.9	0.5	16	2.7	0.4
ALC & Related	22	5.4	0.7	19	4.7	0.5
Research & analogous	14	4.2	0.4	7	2.1	0.2
Secretarial and Clerical	35	5.2	1.1	37	5.3	0.9
Technical and Manual	6	3.2	0.2	8	4.2	0.2
General Grades and Other	3	0.8	0.1	4	1.1	0.1
ATS (Academic, Teaching & Scholarship)	4	1.3	0.1	10	2.9	0.3
Associate Tutor	4	0.4	0.1	3	0.3	0.1
Casual Staff	3	5.3	0.1	2	4.2	0.1
Unknown / Students Union	1		0.0	0		0.0

Sessions by Month						
	Full		Exploratory		Totals	
	2010-11	2011-12	2010-11	2011-12	2010-11	2011-12
July	63	70	8	2	71	72
August	43	33	5	7	48	40
September	51	48	8	8	59	56
October	73	67	6	7	79	74
November	79	78	7	4	86	82
December	55	54	4	3	59	57
January	49	54	6	7	55	61
February	69	67	3	6	72	73
March	85	81	4	7	89	88
April	49	41	8	3	57	44
May	52	73	8	9	60	82
June	60	48	6	3	66	51
Total	728	714	73	66	801	780

Not recorded



	2010-11		2011-12	
	No.	% clients	No.	% clients
Waiting Times				
No waiting time (ongoing)	36	33.0	40	37.7
Initial appointment only	18	16.5	18	17.0
0-7 days	9	8.3	4	3.8
1-2 weeks	11	10.1	5	4.7
2-3 weeks	11	10.1	10	9.4
3-4 weeks	4	3.7	5	4.7
4-5 weeks	5	4.6	4	3.8
5-6 weeks	3	2.8	3	2.8
6-7 weeks	2	1.8	5	4.7
7+ weeks	10	9.2	12	11.3

	2010-11		2011-12	
	No.	% clients	No.	% clients
Referrals In				
Self	70	64.2	73	68.9
GP	14	12.8	6	5.7
Occupational Health	4	3.7	2	1.9
Human Resources	2	1.8	3	2.8
Manager	5	4.6	5	4.7
Colleague	6	5.5	7	6.6
Friends / family	5	4.6	3	2.8
Academic Staff	0	0.0	0	0.0
Dean of Students	0	0.0	0	0.0
Outside Agency	1	0.9	2	1.9
Other	1	0.9	3	2.8
Not recorded	2	1.8	2	1.9

110

106

\*1 staff member recorded GP & Occ Health.

	2010-11		2011-12	
	No.	% sessions	No.	% sessions
<b>Full Session Main Themes</b>				
Abuse	20	2.7	11	1.5
Work concerns	95	13.0	134	18.8
Academic work	0	0.0	0	0.0
Anxiety	88	12.1	46	6.4
Addiction	7	1.0	5	0.7
Depression/mood swings	28	3.8	43	6.0
Loss	93	12.8	114	16.0
Other mental health problems	1	0.1	0	0.0
Physical health	12	1.6	12	1.7
Eating disorders	5	0.7	0	0.0
Relationships	174	23.9	147	20.6
Self and identity	188	25.8	183	25.6
Sexual issues	6	0.8	10	1.4
Transitions	4	0.5	6	0.8
Welfare	0	0.0	0	0.0
Self-harm	3	0.4	2	0.3
Other	0	0.0	1	0.1
Missing	4			

	2010-11		2011-12	
	No.	% sessions	No.	% sessions
<b>Initial Session Main Themes</b>				
Abuse	0	0.0	1	1.7
Work concerns	16	21.9	11	18.3
Anxiety	19	26.0	12	20.0
Addiction	0	0.0	2	3.3
Depression/mood swings	8	11.0	6	10.0
Loss	11	15.1	10	16.7
Other mental health problems	0	0.0	1	1.7
Physical health	2	2.7	1	1.7
Eating disorders	0	0.0		0.0
Relationships	10	13.7	19	31.7
Self and identity	6	8.2		0.0
Sexual issues	1	1.4	2	3.3
Transitions	0	0.0	1	1.7
Welfare	0	0.0		0.0
Self-harm	0	0.0		0.0
Other	0	0.0		0.0

	2010-11		2011-12	
	No.	%	No.	%
Full Time	85	78.0	88	83.0
Part Time	24	22.0	17	16.0
Not stated	1			