

Exploring Expectations of Student Counselling Services in Ireland: A Mixed Methods Study



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Thesis submitted to the Department of Psychology, Faculty of
Science and Engineering, in fulfilment of the requirements for the
degree of Doctor of Philosophy, Maynooth University.

October 2025

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Table of Contents

Summary of Thesis.....	iii
Acknowledgements.....	v
List of Tables and Figures.....	vii
Abbreviations	viii
Chapter 1: General Introduction	1
1.1 Introduction	2
1.2 Student Mental Health.....	3
<i>1.2.1 Addressing the Mental Health of Students</i>	<i>7</i>
<i>1.2.2 Engagement with Student Counselling.....</i>	<i>8</i>
<i>1.2.3 Waiting list and Service Availability.....</i>	<i>10</i>
1.3 Expectations.....	11
<i>1.3.1 Defining Expectations</i>	<i>11</i>
<i>1.3.2 Health Expectations</i>	<i>13</i>
<i>1.3.3 Placebo and Nocebo in Health Expectations</i>	<i>18</i>
1.4 Expectations in Counselling and Psychotherapy	19
<i>1.4.1 Distinguishing between Outcome and Treatment/Process Expectations</i>	<i>21</i>
<i>1.4.2 Measuring Expectations.....</i>	<i>26</i>
1.5 Determinants of Expectations.....	29
1.6 Student Counselling and Expectations.....	32
1.7 Research Aims and Objectives	38
Chapter 2 Study 1: The Role of Expectations in Student Counselling: A Systematic Review	
2.0 Abstract.....	42
2.1 Introduction	43
2.1.1 Aims.....	45
2.2 Methods.....	46
2.2.1 Protocol and Registration.....	46

2.2.2 Search Strategy	46
2.2.3 Eligibility Criteria	47
2.2.4 Screening	47
2.2.5 Data Selection and Extraction	47
2.2.6 Quality Appraisal	48
2.2.7 Synthesis of Findings	48
2.3 Results	50
2.3.1 Quality Appraisal	52
2.3.2 Sample Characteristics	52
2.3.4 Measures Employed	52
2.3.5 Narrative Synthesis	56
2.4 Discussion	60
2.4.1 Limitations	60
2.4.2 Recommendations	63
2.4.3 Future Research Directions	64
2.4.4 Conclusions	64
 Chapter 3: Study 2: Exploring Student Perceptions of Support in Higher Education: A Secondary Analysis of The National Student Survey Data	
3.0 Abstract	66
3.1 Introduction	67
3.1.1 Irish Survey of Student Engagement (studentsurvey.ie)	71
3.1.2 Research Rationale	72
3.1.3 Aims	73
3.2 Method	74
3.2.1 Data Source	74
3.2.2 Sample and Recruitment	74
3.2.3 Measures	75
3.2.4 Data Analysis	78

3.3 Results	80
3.3.1 Descriptive Statistics.....	80
3.3.2 Relationships Between Demographics and Perceptions of Support.....	85
3.3.3 Predictors of Perceptions of Support Emphasis	86
3.3.4 Relationship Between Perceived Support Emphasis and Likelihood of Withdrawal...87	
3.4 Discussion	89
3.4.1 Strengths and Limitations.....	91
3.4.2 Policy and Practice Implications	91
3.4.3 Future Research Implications	92
3.4.4 Conclusions	93
 Chapter 4: Study 3 “<i>Expectation is a culture</i>” Counsellors Experiences of Student Counselling Expectations in Higher Education in Ireland	
4.0 Abstract	95
4.1 Introduction	96
4.1.1 Expectations and Limitations within Higher-level Counselling.....	97
4.2 Method	100
4.2.1 Design	100
4.2.2 Participants	101
4.2.3 Procedure.....	101
4.2.4 Epistemological Approach.....	103
4.2.4.1 <i>Researcher Positionality</i>	103
4.2.5 Analysis.....	104
4.2.6 Ethical Considerations	107
4.3 Results	108
4.3.1 Sample and Counselling Service Characteristics.....	108
4.3.2 Reflexive Thematic Analysis.....	113
4.3.3 Theme 1: Parallel Pressures: Clinical Intent Vs Institutional Constraint.....	116

4.3.3.1 Subtheme 1.1 Assessment of Student's Expectations.....	116
4.3.3.2 Subtheme 1.2 Counsellor, Institutional and Societal Expectations.....	121
4.3.3.3 Subtheme 1.3 Managing Expectations.....	124
4.3.3 Theme 2: "We've Created our Own Problem": Internal and External Determinants of Expectations.....	127
4.3.3.1 Subtheme 2.1 Internal influences on students' expectations.....	127
4.3.3.2 Subtheme 2.2 External influences on expectations.....	130
4.3.4 Theme 3: Pandemic Practicing: The Unseen Weight of Expectations.....	132
4.3.5 Theme 4. From Grapevine to Guideline: Managing Expectations going forward.....	135
4.4 Discussion.....	138
4.4.1 Student Expectations and Managing Gaps.....	141
4.4.2 Expectations of and Expectations on Student Counsellors.....	143
4.4.3 Counsellor Identity and Multifaceted Role Expectations.....	144
4.4.4 Clinical Expectations (Treatment/Process Vs. Outcome Expectations).....	145
4.4.5 Key Strengths and Limitations.....	146
4.4.5.1 Reflexivity.....	147
4.4.6 Recommendations and Implications.....	148
4.4.7 Future Research Directions.....	149
4.4.8 Conclusions.....	149
Chapter 5: Study 4: Holding Out Hope or Holding Back? Student Expectations of Counselling Services in Higher Education in Ireland	
5.0 Abstract.....	152
5.1 Introduction.....	154
5.2 Methods.....	158
5.2.1 Sample.....	158
5.2.2 Design.....	158
5.2.3 Measures.....	159
5.2.3.1 Sociodemographic Characteristics.....	159

5.2.3.2	<i>Multidimensional Scale of Perceived Social Support</i>	159
5.2.3.3	<i>Life Orientation Test-Revised</i>	160
5.2.3.4	<i>Attitudes towards Seeking Professional Psychological Help Scale</i>	161
5.2.3.5	<i>WHO-5 Measure of Health and Wellbeing</i>	161
5.3.2.6	<i>Previous experience of Student Counselling and Expectations</i>	162
5.3.2.7	<i>Milwaukee Expectations of Psychotherapy Scale</i>	162
5.3.2.8	<i>Open Text Questions</i>	164
5.3.3	Ethical Considerations.....	165
5.3.4	Procedure.....	166
5.3.5	Data Analysis.....	167
5.4	Results	169
5.4.1	Descriptive Statistics.....	169
5.4.1.1	<i>Sociodemographic and Background Information</i>	169
5.4.1.2	<i>Student Counselling Engagement</i>	170
5.4.1.3	<i>Social Support and Wellbeing</i>	173
5.4.1.4	<i>Attitudes Towards Seeking Professional Psychological Help</i>	173
5.4.2	Expectations of Student Counselling Services.....	173
5.4.2.1	<i>Quantitative Analysis</i>	173
5.4.2.2	<i>Reflexive Thematic Analysis</i>	174
5.4.3	Expectations and the role of previous engagement in support.....	177
5.4.3.1	<i>Quantitative Analysis</i>	177
5.4.3.2	<i>Qualitative Reflexive Thematic Analysis</i>	178
5.4.4	Expectations and Attitudes to Help Seeking.....	181
5.4.4.1	<i>Quantitative Analysis</i>	181
5.4.4.2	<i>Qualitative Reflexive Thematic Analysis</i>	181
5.4.5	Relationships between Expectations and Psychosocial Factors.....	189
5.4.6	Predictors of Expectations.....	191
5.5	Discussion	193
5.5.1	Key Strengths and Limitations.....	199

5.5.2 Conclusion.....	199
Chapter 6: General Discussion and Conclusion	
6.1 Introduction	201
6.2 Overview of Key Findings.....	203
6.2.1 Objective 1: Expectations and their importance in Student Counselling.....	203
6.2.2 Perceptions of Supports in HEIs.....	206
6.2.3 Objective 3: Counsellors' Assessment, Navigation and Negotiation of Expectations.....	207
6.2.3.1 <i>Assessing Expectations</i>	208
6.2.3.2 <i>Managing Expectations in Student Counselling</i>	208
6.2.4 Objective 4: Student's Expectations and Experiences of Student Counselling	211
6.2.4.1 <i>Nature of Expectations</i>	212
6.2.4.2 <i>The determinants of Expectations</i>	214
6.3 Theoretical Contributions.....	218
6.3.1 <i>Ecological Systems of Expectations</i>	218
6.3.2 <i>Expectations as a Socially Learned Concept</i>	219
6.3.3 <i>Expectations within The Emerging Adulthood Framework</i>	220
6.3.4 <i>Summary</i>	222
6.4 Implications for Counselling Practice.....	224
6.5 Implications for Policy and Service Provision.....	226
6.6 Strengths and Limitations.....	227
6.6.1 <i>Reflexivity</i>	231
6.7 Future Research Directions	232
6.8 Conclusions	234
References	236
Appendices	255

Summary of Thesis

The mental health and wellbeing of third level students have become areas of growing concern in recent years, with increasing numbers seeking psychological support during their time at college. Student counselling services play a crucial role in addressing these needs, yet they often operate within resource-limited environments which can influence both service provision and students' engagement. Within this context, understanding how expectations of student counselling are formed, managed and experienced in the therapeutic process has become increasingly important. Expectations influence engagement, satisfaction, and perceived outcomes of counselling and mismatches between client and counsellor expectations can shape the course and outcomes of therapy. Despite the significance of this concept, limited research has examined how expectations are experienced and negotiated within the distinctive context of student counselling services in higher education in Ireland. The primary aim of this thesis was to examine the role of expectations in third level counselling services. This was achieved through a programme of four interwoven complementary studies. Firstly, **Study 1** comprised a systematic review which synthesised recent research on how expectations impact psychotherapeutic outcomes in a third level counselling context. Across the five included studies, the review identified that expectations in student counselling are typically conceptualised in two categories: treatment/process expectations and outcome expectations. These expectations associate with a number of factors, including previous experiences of psychological treatment and generally more positive expectations are associated with more positive student outcomes. Next, **Study 2**, a secondary data analysis of a national student survey (N=39,403), explored patterns of students' perceptions of supports available at their higher education institutions. Findings indicated that differing demographic and sociodemographic variables influenced support

perceptions, which were also related to withdrawal considerations. **Study 3** was then designed to gain practitioner perspectives from student counsellors operating in a range of Irish HEIs. Through 16 qualitative interviews, this study examined how expectations are assessed, negotiated and managed in the face of resource limitations, with findings revealing a tension between fostering hope and maintaining realism in counselling practice. Finally, building on the findings of the previous three studies, **study 4** involved a mixed methods survey (N=113) which was designed to investigate students' expectations and experiences of counselling services in Irish HEIs. Findings indicated that attitudes towards seeking professional help significantly predicted expectations, while previous engagement with psychological support was positively associated with retrospective expectations. Themes identified from open text responses highlighted both positive and negative expectations of counselling services that were shaped by a combination of internal and external influences. Together, these studies provide a multifaceted understanding of how expectations shape counselling processes and outcomes in higher education, highlighting the ways in which both students and counsellors navigate these dynamics within resource-constrained environments.

Acknowledgements

My sincere gratitude is firstly extended to my academic supervisor, Dr. Rebecca Maguire for her unwavering encouragement and support throughout the many ups and downs of this journey. Rebecca's extensive professional expertise and generosity with her knowledge and time ensured this project came to fruition, and I am deeply grateful. Thank you, Rebecca, for your enduring guidance and patience throughout this process.

The Department of Psychology in Maynooth University has funded this piece of work through the Maynooth University Teaching Scholarship and provided the facilitative environment to ensure this research was incepted and brought to completion. My sincere gratitude is expressed to the departmental staff for their continued support.

To my son Jamie, thank you for your endless love and encouragement. Your confidence and self-belief have inspired me your whole life but particularly in getting to the end of this thesis. Thank you, Jamie, for being my family, my best friend, my biggest cheerleader, and my greatest achievement all in one.

The undertaking of this PhD coincided with a particularly challenging period in my life, and this degree would not have been possible without the unfailing support of some truly incredible people who have held me together. To Mary McAuliffe, whose professional expertise and skills as a therapist, coupled with her kindness, compassion, and patience, ensured that I saw this research to completion. I am deeply grateful for Mary's influence on both my academic and personal journey; through numerous discussions about the themes explored in this thesis, her insight, experience, and guidance helped deepen my understanding of therapeutic processes and informed the development of several aspects of this work. The clarity and depth she brought to our conversations strengthened the intellectual foundation of this thesis, while her therapeutic guidance and generosity with her insight inspired many of the ideas that underpin it. In moments when I doubted this would ever be completed; she held hope for both of us. For that, and for everything else she has supported me through, I will be forever grateful. Thank you, Mary, your care, guidance, and support have been lifesaving.

To Dr. Elizabeth Dunbar, thank you for your continued care, support, and patience in ensuring I was well enough to continue my studies and see this thesis to completion. I deeply admire and appreciate your dedication to your patients. Your generosity with your time, the level of understanding you've shown me and your willingness to continue to care for me, along with your encouragement to keep going were crucial in helping me see this thesis to completion and I am truly grateful. Thank you, Dr. Liz.

To my friends, Sarah and Louise, Claire and Lou, thank you for always listening, for letting me vent, and for keeping me laughing. I deeply appreciate your friendship and endless support but most of all the tea and chats that were so needed.

This research would not have been possible without the generous sharing of time and insight from my participants. Thank you to all the student counsellors who took time out of their exceptionally busy schedules to speak with me. Your dedication to the wellbeing of students is deeply admirable and inspiring. Thank you also to the students who shared their experiences and expectations, your insights were invaluable.

To Ruby and Belle, my constant companions, sources of comfort, and most loyal friends, the darkest days were brightened by your presence. While you don't speak, your quiet company (and snoring by my feet as I wrote this thesis) said more than words ever could.

And finally, to Taylor Swift, thank you for providing the soundtrack to this degree: *"I cry a lot, but I am so productive; I can do it with a broken heart."*

I dedicate this work to the memory of my four cousins, Emily, Billy, Damian, and Mark, who all passed away during this PhD degree. Their losses have deeply shaped this journey and reminded me of the precious nature of life and the importance of perseverance.

List of Tables and Figures

Table 2.1: Search Strategy for Systematic Review.....	46
Figure 2.1 PRIMSA Diagram.....	51
Table 2.2 Studies included in Systematic Review.....	54
Table. 2.3 Description of Studies included in Systematic Review.....	59
Table 3.1. List of Indicators with Response Categories and number of Items.....	77
Table 3.2: Cronbach’s Alpha for each indicator overall and by group.....	78
Table 3.3 Demographics of Sample.....	81
Table 3.4. Descriptive of Variables if Indicator “Support Environment”.....	83
Table 3.5. Correlation Matrix of Variables in Relation to Perceptions of Support for Wellbeing.....	84
Table 3.6. Multiple Regression Predicting Student’s Perceptions of Wellbeing Supports.....	87
Table 4.1. Demographic Information of Participants.....	109
Table 4.2: Themes arising from Reflexive Thematic Analysis.....	115
Table 5.1. Sociodemographic Information.....	170
Table 5.2. Demographic Descriptives.....	170
Table 5.3. Student Counselling Engagement.....	172
Table 5.4. Psychosocial Scales and subscales Mean and Standard Deviations....	174
Table 5.5: Qualitative themes and subthemes.....	185
Table 5.6: Correlation matrix for hierarchical regression of MPEQ Scores.....	190
Table 5.7 Hierarchical Multiple Regression.....	192

Abbreviations

AHEAD	Association on Higher Education and Disability
ANOVA	Analysis of Variance
APA	American Psychological Association
ATSPPH	Attitudes Towards Seeking Professional Psychological Help
CBT	Cognitive Behavioural Therapy
COREQ	Consolidated criteria for Reporting Qualitative research) Checklist
EAC	Expectations About Counselling Scale
EAC-B	Expectations About Counselling Scale- Brief Form
EAPPS	Expectations of Active Processes in Psychotherapy Scale
ECS	Expectations for Counselling Success
HEA	Higher Education Authority
HEI	Higher Education Institution
HRB	Health Research Board
HSE	Health Service Executive
ISSDA	Irish Social Science Database Archive
LOT-R	Life Orientation Test- Revised
MMAT	Mixed Methods Appraisal Tool
MPEQ	Milwaukee Psychotherapy Expectations Scale
NEO-PI-R	NEO Personality Inventory–Revised
NHS	National Health Service (UK)
NOSP	National Office of Suicide Prevention
NSRF	National Suicide Research Foundation
OQ-30	Outcome Questionnaire – 30
PCHEI	Psychological Counsellors Higher Education Ireland
PM	Psychological Mindedness
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses

QAPT	Questionnaire on Attitudes towards Psychotherapy Scale
RCT	Randomised Control Trial
SCS	Student Counselling Services
SPSS	Statistical Package for Social Sciences
USI	Union of Students in Ireland
WHO	World Health Organisation
WHO-5	Wellbeing Index Measure
WAS-I	Working Alliance Inventory Short Form

Chapter 1

General Introduction

1.1 Introduction

Student counselling services play a critical role in supporting students' mental health at third level education (Karwig et al., 2015, Scruggs et al., 2023), contributing to student wellbeing, retention and academic engagement (Lenz-Rashid, 2018; Scruggs et al., 2023; Greco et al., 2025). However, increasing demand for services (Gilna, 2018), decreasing student wellbeing (Dooley et al., 2019; Fitzgerald et al., 2025), limited resources (Auerbach et al., 2018) and high attrition rates (Norberg et al., 2011) present ongoing, considerable challenges for both student counsellors and higher education institutions (HEIs). Understanding and responding to what students expect from student counselling services has emerged as an important area of research, as expectations have been shown to influence how students engage with services (Constantino et al., 2019), the quality of the therapeutic alliance (Visla et al., 2019) and ultimately treatment outcomes (Morrison et al., 2020). Previous studies have demonstrated how clearer, more realistic expectations are associated with stronger working alliances (Syzmanska et al., 2017), higher confidence in counselling effectiveness (Henshaw et al., 2019) and a greater likelihood of returning for follow-up sessions (Henshaw et al., 2019). Conversely, mismatched, unrealistic or unclear expectations may contribute to early drop-out from therapy (Clarkin & Levy, 2004), dissatisfaction and inefficient usage of limited resources (Xiao et al., 2017).

Building on existing research, the current thesis aims to explore expectations of student counselling in more depth, with a specific focus on the nature and determinants of expectations in the context of student counselling services in Ireland. Before describing the specific objectives of this thesis in more detail, this chapter first provides an overview of existing research on student mental health, including how

students' psychological needs are addressed in Higher Education settings and the extent to which they engage with and have access to student counselling services. This is followed by some discussion of literature in the area of expectations, drawing on theoretical and empirical work from health psychology to consider how expectations have been defined and conceptualised, with a particular emphasis on how expectations have been treated in psychotherapy and counselling services more generally. Finally, this chapter discusses the influences on and impacts of expectations within therapeutic settings and reviews approaches to the measurement of expectations in psychotherapy and counselling research specifically. The chapter concludes with an outline of the thesis structure.

1.2 Student Mental Health

The number of students in third level education in Ireland is increasing, with a growth of 25% over the last 10 years (CSO, 2024). In a report published by the Higher Education Authority (HEA, 2019), the Irish student population was at an all-time high of 231,710 students, with 79% enrolled on a full-time basis. This represented an 8% increase over the previous 5 years. Of these, the majority (n = 127,775) of students were enrolled in universities, however a considerable number (n = 93,020) were enrolled in Institutes of Technology (IoTs), with the remainder (n = 10,915) attending other third level colleges. More recently, the Association on Higher Education and Disability (AHEAD, 2022) indicated that there has been a 268% increase in students registering with disability support services in HEIs over the last 12 years, representing 17,866 students in Ireland. However, AHEAD (2022) estimate that not all students with disabilities will register with disability support services, meaning that there will be further students with undisclosed disabilities. While not all these students will require additional support, the growing number of students in HEIs

overall implies that more demands will be placed on student support services, irrespective of disability status.

In addition to clear evidence that more than ever students are progressing onto third level post-secondary education, it is important to note that this cohort has a heightened risk of developing mental health problems (Xiao et al., 2017). For example, World Health Organisation (WHO) data shows that mental and behavioural disorders are the primary cause of disability and impairment of young adults (WHO, 2018). If a student has an existing mental health disorder they may be in transition from child and adolescent to adult services and supports, which may pose additional challenges. Beyond this, it is globally recognised that 75% of serious mental health disorders emerge when a person is aged between 15 and 25 (Kessler et al., 2007). More recently, Solmi et al. (2022) reported through the first large-scale epidemiological meta-analysis, synthesising evidence from general population birth, cross-sectional, and incidence studies examining the age at onset of mental disorders as defined by ICD and DSM criteria. Overall, findings indicate that approximately one-third of individuals experience the onset of a first mental disorder before the age of 14, nearly half (48.4%) by age 18, and 62.5% before the age of 25. The peak and median ages at onset across all mental disorders were 14.5 and 18 years, respectively. However, substantial variability was observed in both global age at onset and peak onset across different categories of mental disorders. These findings have important implications for informing the timing of early intervention strategies and the allocation of resources toward preventive approaches. As students typically fall within this age group, they represent a particularly at-risk cohort. This may be because the typical cohort of third level students represent an “emerging adulthood” population, which Arnett (2000) defines as an already sensitive period of a young person’s life whereby they may be experiencing a sense of identity exploration, instability and a feeling of

being “in-between” adolescence and adulthood. Entering university and potentially living independently for the first time, coupled with the new stress of third level workload against a backdrop of emerging adulthood developmental sensitivities makes this cohort particularly vulnerable to mental health challenges and potentially requiring high levels of support.

Similarly, McLafferty et al. (2018) describes the ages between 18 and 25 years as formative years in a person’s life whereby priorities and behaviour patterns are established. When students attend higher education, they are often independent for the first time, living away from home, coping with financial independence and forming many new relationships and friendships. This, coupled with academic pressures, can lead them to be a vulnerable group (HEA, 2020). In addition, attending college for the first time is often a crucial time of many psychological and biological changes, which may include experiencing sexual activity for the first time, exposure to alcohol and drugs for the first time, being responsible for one’s own dietary intake and taking responsibility for one’s own schedule and responsibilities (Arnett, 2015). As such, Schwartz et al. (2016) describe the college years as psychosocially central to development in a person’s identity and transitioning to adulthood.

In an Irish context, research on the nature and prevalence of mental health issues among students is limited (Hill et al., 2020). However, some large-scale studies have provided insights into this cohort. For example, in 2020, the HEA produced a report concerning the mental health of students and a suicide prevention framework. This report was based on the results of the My World-2 Survey (Dooley, O’Connor, Fitzgerald & Reilly, 2019) and the Union of Students in Ireland (USI) National Report on Student Mental Health in Third Level Education (USI, 2019). Both reports published a concern for the increasing levels of student mental ill health, distress and an overall low level of wellbeing in recent years compared to 2012, when the first My

World Survey (Dooley, O'Connor, Fitzgerald & Reilly, 2012) was conducted. The most recent edition of the My World Survey, Ireland's most comprehensive assessment of young people's mental health and wellbeing, reported that 58% of Irish 18–25 year olds experienced some degree of depression (ranging from mild to very severe), 38% had engaged in deliberate self-harm and 40% had used drugs for non-medical purposes (Dooley et al., 2020). Trend analyses further indicate that the prevalence of depression and anxiety increased significantly between 2012 and 2019, particularly among females (Fitzgerald et al., 2025).

Similarly, an earlier extensive survey of university students in Ireland (Karwig et al., 2015), the Reaching Out Survey of Irish university students, identified that 40% of a 5,556 student sample experienced low wellbeing during the previous two weeks, as measured by the WHO-5 measure of wellbeing (Wellbeing Index Measure, Topp et al., 2015). This is even higher than international figures. For instance, globally, the WHO reported that when screened for mental health disorders, 35% of first year students were detected as having at least one of depression, anxiety or substance abuse disorder (WHO, 2018).

According to the Organisation for Economic Co-operation and Development (OECD) Ireland has one of the highest rates of mental illness in Europe at 18.5% of the general population (OCED, 2023), however as stated, the young adult population may be at a heightened risk. For example, the Health Research Board (HRB, 2019) reported that the highest rate of inpatient psychiatric admissions during the previous year was among 20–24-year-olds. Concerningly, the National Suicide Research Foundation (NSRF, 2019) reported a 29% increase in self-harm among the 10-24 age group in Ireland in the last 10 years, with the My World-2 Survey (2019) indicating 8% of the respondents of their survey had attempted suicide (Dooley et al., 2019) while 53% indicated life was “not worth living”, a 10% increase on the previous My

World Survey that was conducted in 2012. While there is no specific data collected in Ireland related to student specific suicide rates, it is the leading cause of death among young people on a global level (HSE, 2018), with the National Office of Suicide Prevention (NOSP, 2016) reporting that an average of 131 lives of those under 30 are lost to suicide annually.

While younger age may increase the risk of student populations developing mental ill health, there are other risk factors exclusive to this cohort that make them more likely to experience adversity and, consequently, to require more support during their time at third level. For example, Dooley et al. (2019) identified academic pressures, exam and assignment stress, transitions to undergraduate and postgraduate study, increased financial burdens, engaging in employment outside of academia, social media, social and cultural pressures and intimate relationships as risk factors for student mental health. Additionally, poor self-rated health, negative perceptions of academic environment, limited peer connections and other wellbeing related variables have been linked to student attrition in HEIs in Ireland (Daniels et al., 2020). Beyond this, within the student population there are groups at increased risk of requiring additional supports, including international students, members of the LGBTQIA communities, asylum seekers, students who have been exposed to trauma, first generation students, mature students, students from disadvantaged socioeconomic backgrounds, those from ethnic minorities, students with an already present history of self-harm and those who have engaged in drug/alcohol misuse (HEA, 2020). While a substantial body of literature suggests that student mental health difficulties are increasing (So, this assumption warrants critical consideration. Much of the evidence is based on rising demand for counselling services and self-reported psychological distress. However, increased service utilisation may also reflect greater mental health awareness, reduced stigma, and improved help-seeking behaviours, rather than a true

rise in prevalence. Furthermore, variations in measurement tools and reliance on cross-sectional survey data limit the ability to draw definitive conclusions about longitudinal trends. As such, while there is clear evidence of increased demand for support, the extent to which student mental health has objectively deteriorated remains open to debate.

1.2.1 Addressing the Mental Health of Students

The HEA report of 2020 outlines that higher-level institutions provide a unique environment for the emerging adult in that it is a single setting where work and social life are often combined. Crucially, the majority of HEIs have a range of support services such as disability supports, health services (e.g. a campus GP and nurse), student unions, financial support services and student counselling services. The existence of this environment to foster students' development was described by Hunt and Eisenberg (2010) as a unique opportunity to address a significant public health problem among this cohort. By providing health and counselling services on campuses, students often have easy access to supports for their physical and mental health problems, without the access barriers experienced by the wider community. Universally it is acknowledged that third-level support services enhance student performance and facilitate successful degree completion (Lenz-Rashid, 2018). Campus-based support services are the most widely sought source of support by this population (Karwig et al., 2015). However, as student counselling is a limited and over stretched resource, there is a need to better understand how students and counsellors can use the resource to the best available potential.

Counselling provision within higher education varies significantly across national contexts due to differences in healthcare systems, funding structures, and cultural attitudes towards mental health. In Ireland, student counselling services are typically

offered free of charge within institutions and operate within a mixed public–private healthcare system, where referral to external services often involves general practitioner mediation. This contrasts with contexts such as the United States, where access to ongoing psychological support may be limited by cost and insurance coverage, and the United Kingdom, where services are more closely aligned with the National Health Service ([nhs.co.uk](https://www.nhs.co.uk)). These differences are particularly relevant in relation to service accessibility, cost, and referral pathways. As such, findings from international research may not be directly transferable to the Irish context. This reinforces the need for research that is specifically situated within Irish higher education, in order to accurately capture the experiences and needs of students engaging with counselling services. Similarities across all contexts occur with service constraints and oversubscriptions to limited services. The UK employs a model referred to as The University Mental Health Advisers Network (UMHAN). This body includes mental health advisors, wellbeing advisors, disability advisors, academic staff representatives and sexual health and trauma advisors (<https://www.umhan.com>). This is similar to that of the Irish equivalent PCHEI (Psychological Counsellors in Higher Education in Ireland), which is discussed further in section 1.2.2 and further again in section 4.1, however the PCHEI is primarily concerned with student counsellors and does not expand across services as the UK equivalent does. Unfortunately, dropout rates from psychotherapy are an issue among college populations and one that hinders students from receiving adequate support (Cooper et al. (2012)). In a meta-analysis, Xiao et al. (2017) reported that dropout rates from college counselling centres can vary from 16% to 67% with the authors suggesting that this may be, in part, because of client treatment expectations. As discussed later, research has shown that patients who expect treatment to be ineffective are more likely to drop out prematurely. Therefore, managing expectations and focusing on these populations is necessary to ensure they receive adequate psychological support (Henshaw et al., 2019). In addition,

ensuring students, as prospective and current service users, are aware of what student counselling can and cannot provide is likely to be crucial in managing expectations. In the Irish context, the National Student Mental Health and Suicide Framework (Fox, Byrne & Surdey, 2020) propose a comprehensive, whole system strategy for addressing mental health in Irish HEIs, developed through a collaboration between educators, health professionals, students and government bodies. This framework emphasises prevention, early identification and coordinated supports across campus life to better address the growing mental health and suicide risk among university students in Ireland. The provision of counselling services is one such support that is directly intended to address this. In Ireland, student counselling is overseen by the PCHEI. This national framework advocates a whole-campus approach, emphasising the shared responsibility of institutions in promoting student wellbeing. This includes a continuum of care spanning prevention, early intervention, and specialist support, positioning counselling services as one component within a broader system. Internationally, models such as stepped care similarly emphasise efficiency and responsiveness by matching students to appropriate levels of intervention. The PCHEI Student Counselling Service model adopts a whole-campus approach to student mental health, integrating clinical, preventative, and systemic interventions. The model comprises five core components: (1) clinical services, which provide direct therapeutic and crisis support to students; (2) consultation and collaboration with academic staff and external services to ensure coordinated care; (3) mental health promotion and prevention initiatives, including workshops and awareness programmes; (4) training and education for staff and student leaders to enhance mental health literacy; and (5) research and development to inform evidence-based practice and policy. Collectively, this model emphasises that student mental health support extends beyond individual counselling to encompass institutional responsibility and proactive, community-wide engagement. These frameworks highlight the complexity of service

provision and the importance of understanding how counselling operates within institutional and structural contexts.

1.2.2 Engagement with Student Counselling

In their survey of over 5,000 students in Ireland, Karwig et al. (2015) reported that student counselling services were the most widely identified college support service engaged with. For instance, 72% of respondents reportedly engaged with their student counselling services when they were seeking to obtain information and support for their mental health, with 63% of students surveyed reporting they would be likely/very likely to utilise this service if they required mental health support. Similarly, in the My World Survey 2, Dooley et al. (2019) reported that a psychologist/counsellor/therapist and student counselling services were the preferred source of support that young adults would use for mental health concerns. Engagement with counselling services is likely to yield positive outcomes for student mental health and academic retention. For example, data from the Psychological Counsellors in Higher Education Ireland (PCHEI, 2014–2015) indicated that engagement with student counselling positively influenced retention and progression at third-level institutions. Across six universities, 27% of clients reported improvements in retention or progression, while the Union of Students in Ireland (USI, 2018) found that 23% of students who had accessed counselling reported a positive influence on their academic grades. These findings highlight the potential impact of counselling on both academic outcomes and overall student success, underscoring the importance of understanding students' expectations, perceptions, and engagement with these services.

Unfortunately, in spite of being a preferred source of mental health support, a report of 19 colleges across 8 countries (Auerbach et al., 2018) implies that the

demand for college campus services far exceeds the resources available. Similarly to previously reported figures, Auerbach et al. (2018) highlight that, through screening 13,984 students using the WHO-5 Wellbeing Index (Topp et al., 2015) 35% would fit the criteria for either a mood, anxiety or substance abuse disorder. The authors argue that this demonstrates the significant need for cost-effective supports for students on college campuses, highlighting the increasing pressures these services are experiencing.

Within Ireland, a review of annual reports provided by third level institutions also shows that demand for student counselling services is rising significantly. For example, NUI Galway (2018) reported a 13% increase in the number of students engaging with their services with a 20% increase in the number of sessions they provided over a period of five years (NUIG, 2018). More recently, the Trinity College Dublin annual report (2023-2024) reported that, for the third year in a row, they had over 2,600 students seeking counselling. Over the previous academic year, they noted how they provided 2,570 students with 11,608 one-to-one counselling sessions, representing 11.5% of the student body (TCD Annual Report 2023-24). However, while in general the demands for counselling services are increasing, Trinity College Dublin reached a peak in 2021-22 when they engaged with 14.6% of the student body. This may have been attributed to changes in service engagement during the Covid-19 pandemic, discussed later in chapter 4.

1.2.3 Waiting lists and Service Availability

Due to limited and lacking public mental health services, young people are increasingly being referred to and/or encouraged to attend their college support services (O'Brien, 2015). However, access to these services can take time. For example, while Trinity College Dublin reported that their average waiting time for

students to be “assessed and have a plan agreed” was within 9 working days in 2023-24, students deemed suitable for one-to-one counselling waited an average of 29 working days for their first counselling appointment (TCD, 2024). This compares to 24 days in 2022-23 and a peak of 42 days during 2020-21, which likely can be attributed to COVID pandemic restrictions hindering counselling and support services.

Demands for services are across the board at Irish third level institutions. Hardesty (2017) reported that one Irish University had 194 students on their waiting list to be seen during Autumn 2017 and Gilna (2018) reported another University had 66% increase in students on their waiting lists from 2017 to 2018. In a National University of Ireland, Galway (2018) report, it was highlighted how the demand for services was “outstripping” resources, both physically with counselling availability and financially. The International Association of Counselling Services recommend the ratio of students to student counsellors should be one to every 1,000 students, whereas in Ireland, O’ Callaghan (2017) reported it is observed at one to every 2,000-3,500 students.

High student-to-counsellor ratios are frequently cited as evidence of under-resourcing within higher education counselling services. While such ratios provide a useful benchmark, they may oversimplify the complexity of service provision. For example, they do not account for differences in service delivery models, such as the use of brief interventions, group therapy, or digital supports, which can significantly influence capacity. Additionally, these ratios are shaped by broader structural factors, including institutional funding priorities and the massification of higher education. As a result, while high ratios may indicate pressure on services, they should be interpreted with caution and in relation to the specific organisational and national context. These limitations highlight the need for more contextually grounded research that examines

not only the scale of demand but also how counselling services are experienced and delivered in practice. In consideration of the increasing demands for student counselling, the limited available resources and the documented importance of expectations in ensuring these services are utilised efficiently and effectively, an exploration of the phenomenon of expectations was necessary. Prior to considering the role that expectations may play in the context of student counselling, the following sections discuss more broadly how expectations have been defined and conceptualised in the literature to date.

1.3 Expectations

1.3.1 Defining Expectations

As defined by the American Psychological Association (APA), “an expectation is a strong belief that something will happen or be the case in the future. In psychology, expectations are anticipatory beliefs about what will occur in a given situation, often influencing perceptions, behaviour, and outcomes” (American Psychological Association, 2023). Hohlstein et al. (1998) defined expectancies as stored associations formed between actions and their expected consequences, the outcomes of which can influence subsequent behaviours. Papalini, Beckers & Vervliet (2020) more simply define expectations as beliefs held about how likely future events are to occur, deeming expectations as playing a crucial role in well-being. For example, expectations can be anticipatory of joy or positive events but equally can entail negative future beliefs which may contribute to the onset and maintenance of mental health problems. Taken together, expectations can be broadly defined as individuals’ beliefs or predictions about the likelihood of future experiences, behaviours or outcomes (Olson, Roese & Zanna, 1996). In the context of this thesis, this broad definition is adopted and underlines the understanding of expectations in

future presented studies.

In the context of psychological interventions, expectations are often discussed in relation to the therapeutic process (e.g., the format, frequency and style of the therapy or modality), the therapist (e.g. how competent and empathetic they are) and the anticipated outcomes (e.g., if there will be any symptom reduction or an increase in coping skills; Constantino, Visla, Coyne and Boswell, 2018). Expectations are distinct from, but related to, other constructs such as hope, preferences and goals. As such, they are considered important factors in shaping engagement, experiences and outcomes of therapeutic services.

Several theoretical frameworks highlight the role of expectations in psychological functioning and treatment. For example, Response Expectancy Theory (Kirsch, 1985;1997) proposes that expectations about nonvolitional responses, for example pain, anxiety or mood, can directly influence individuals' subjective experience, therefore shaping treatment outcomes independent of specific therapeutic techniques. This position intersects with the placebo and nocebo effects, (as discussed in subsequent section 1.3.2) whereby expectations are central mechanisms through which improvements or adverse effects occur (Calloca & Barksy, 2020). Social learning and conditioning models further suggest that expectations are strongly shaped by prior experiences. For example, Social Cognitive Theory assumes that repeated associations and observational learning influence whether individuals expect positive or negative outcomes in new therapeutic encounters (Bandura, 1977; 1986).

In psychotherapy research, expectations are conceptualised as one of the “common factors” underpinning effective treatment across modalities (Frank & Frank, 1991; Wampold, 2015). Positive expectations, along with therapist credibility and the quality of the therapeutic alliance, account for a considerable portion of therapeutic change observed (Constantino et al., 2018), regardless of the specific modality

employed. Cognitive-behavioural approaches similarly highlight the role of expectations, such as self-efficacy, in predicting behaviour and coping outcomes (Bandura, 1977; 1986). Based on these perspectives, a client's expectations about their own capacities to manage distress or benefit from therapy can shape both their engagement with treatment and the degree of change achieved.

The ViolEx 2.0 model (Kube et al., 2020) provides a comprehensive framework for understanding how individuals respond when their expectations are contradicted by experience. According to the model, expectation violations may lead to either updating or maintaining existing beliefs. Updating beliefs reflects adaptive learning, whereby expectations are revised in line with the new evidence experienced. Maintaining occurs when previous expectations persist despite experiences to the contrary, this sometimes occurs due to cognitive immunisation (Kube et al., 2020). In a clinical context, the maintenance of maladaptive expectations can perpetuate psychological distress and limits treatment success. Through implementing the ViolEx 2.0 model (Kube et al., 2020), the importance of expectation change versus maintenance can underscore the therapeutic value of facilitating expectation violations to promote a more adaptive belief system.

1.3.2 Health Expectations

In the context of health psychology, expectations involve people making several assumptions and predictions about their health and treatments. Expectations in this context are recognised as anticipations individuals have about their health in terms of outcomes, treatments, health behaviours and consequences or outcomes (Janzen et al., 2006). As such, according to Janzen et al. (2006), a health expectation is a prediction made about the consequences of a health-related event. These health-related expectations may include expectations relating to interventions and treatments, an individual's own health status or the presence or absence of disease.

A considerable amount of research has illustrated how naturally occurring and experimentally induced expectations can greatly influence people's health (Constantino et al., 2011), with the influence of expectations theoretically and empirically demonstrated through research over the last 70 years. Notably, research suggests that forming accurate expectations can be a health protective facet, while holding inaccurate expectations can be a barrier to positive outcomes (Alyafei & Easten-Carr, 2024; Rosenstock et al. 1988). It has been widely documented that optimising knowledge about the impacts and importance of expectations in patients shows a significant benefit in achieving more favourable outcomes. This phenomenon has been demonstrated in both directions of expectations. For example, positive expectations were shown to double the analgesic effects of pain management medication rizatriptan in migraine patients (Kan-Hensen et al., 2014). However, equally, when positive expectations were diminished in patients, the positive effects of an evidence-based drug treatment for social anxiety also diminished in line with expectations (Faria et al., 2017). Aside from this, expectations have been shown to directly influence treatment engagement and subsequent outcomes, and can be influenced by several sources, including by healthcare professions (Constantino et al., 2018). As such, maximising understanding on the influence expectations can play in healthcare can greatly improve health outcomes in both general health and, for the purpose of this research, mental health and psychotherapeutic interventions.

Within a health psychology context, a health expectation is defined as a culmination of several factors that the Health Belief Model (HBM- Rosenstock, 1990) outline as an explanation of health behaviour through expectancies. Namely these components involve (1) perceived susceptibility, which is a person's beliefs about their risk of experiencing a health problem, and (2) perceived severity, which is a person's beliefs about the seriousness of the consequences if this health problem

occurs. The model proposes how perceived benefits are a person's beliefs about the expected positive outcomes of taking action with perceived barriers being beliefs about the obstacles they may experience or the costs of taking action.

Expectations, specifically outcome expectations appear throughout this model. In the perceived benefits facet of this model, people are most likely to engage in a behaviour when they expect doing so will bring them valued benefits. For example, in a mental health context if a student expects that counselling will help them (i.e. has high perceived benefit) and perceives the barriers as manageable, they will be more likely to engage with these services. Equally, if a student expects counselling to be ineffective and mismatched to their needs (i.e. low perceived benefit/high barrier perception) they may drop out prematurely or never attend. Expectations related to the severity and susceptibility component of this model may also explain engagement with services. For example, an expectation of deterioration in distress without taking action can motivate engagement with service providers. The health belief model (Rosenstock, 1966; Becker, 1974; Champion & Skinner, 2008) therefore conceptualises expectations as beliefs about consequences that influence behaviours through a cost-benefit analysis.

Aside from this, a variety of other theoretical frameworks have been proposed to explain health expectations. For example, Thomson & Sunol (1995) developed a health and health care expectations conceptual framework, which outlines four types of expectations that patients develop in relation to healthcare: (1) ideal expectations, which are preferred outcomes, (2) predicted outcomes, which are the outcomes they think will occur (3) normative expectations, what they deem should happen and (4) unformed expectations, whereby people have not considered their expectations. However, Janzen et al. (2006) deemed this classification problematic, noting that it did not address what they labelled "actuality", i.e. "ideal" expectations are not based

on any actual expectations but rather only encompass hope, desires and preferences and not what the patient actually expects from treatment, utilising the sentiment that people “hope for the best but expect the worst” to illustrate the shortcomings of this classification.

Although related, hope and expectation are distinct constructs whereby hope reflects an ideal or aspirational orientation towards desired outcomes, whereas an expectation involves more concrete prediction about what is likely to occur (Leung et al., 2009). In healthcare, the two have been conflated with hope sometimes described as an “ideal” expectation, but they remain separate constructs. Leung et al. (2009) emphasised the importance of not combining hope and expectation as one cognition. They acknowledged that although hope and expectation are both “future-oriented cognitions” they are distinct in the sense that hope is an ideal expectation, a projection of the most desirable outcomes, whereas expectations are usually formed based on “probability-driven assessments”, and what patients deem the most likely outcomes. Distinguishing between the two concepts, they conceptualise expectations as a three-phase construct: (1) appraisal of possible outcomes, (2) cognitive analysis of achieving hopes, and (3) goal pursuit. The perceived probability of achieving desirable outcomes is impacted by variables such as proximity of the goal/outcome, how in control the patient perceives themselves to be of achieving the outcome, external sources, goals, affect, autonomy and pathways available to the patient. As hope and expectation are linked but distinct, Leung et al. (2009) emphasise that health care providers should assist their patients in developing accurate expectations while preserving the integrity of their hopes.

Another theory of expectation, the Integrative Model of Expectations (Laferton et al., 2017) proposes that patients benefit when they develop a clearer understanding of their condition and hold positive expectations regarding treatment

outcomes, specifying reduced disability following surgery as an example. Within this model, expectations are classified as illness-related, behaviour-related or treatment related. Behaviour-related expectations are further divided into self-efficacy and behaviour-related outcome expectations. These are grouped together and referred to as personalised outcome expectancy or personal control expectation. To illustrate the model, Laferton et al. (2017) described how a surgical patient might feel confident in their ability to exercise, demonstrating high self-efficacy, but they may not engage in exercise unless they also believe doing so will improve their health (i.e. positive behaviour-related outcome expectation). Both behaviour-related and treatment expectations can be differentiated by whether they concern potential benefits or side effects, as well as whether they related to internal processes (e.g. anticipated symptoms) or external factors (e.g. other people's reactions). The recommendations based on this model state that to foster generally positive outcome expectations, interventions should emphasise a patients' sense of control over their recovery and highlight the likely benefits of treatment while also addressing the misconceptions about side effects through provision of accurate information. Task related and coping self-efficacy should also be strengthened according to this model of expectations.

Based on this model, a randomised control trial (RCT), demonstrated physical health benefits attached to fostering positive expectations with surgical patients given a psychological intervention labelled 'EXPECT', prior to surgery to enhance their expectations (Salzmann et al., 2017). Results showed significantly improved outcomes 6 months post-surgery compared to patients who received standard emotional support (Salzmann et al., 2017), with those receiving the intervention having enhanced positive expectations and self-efficacy. Salzmann et al. (2017) outlines how this knowledge on the benefits of altering patients' negative baseline expectations should be considered in psychotherapy, along with their demonstrated

treatment benefits in heart surgery patients.

Through a systematic review of patient's recovery expectations and health outcomes, it was reported that most clinicians agree that the patient's recovery expectations ("what patients think will happen") will influence what will actually happen (i.e. health outcomes) (Mondloch, Cole & Frank, 2001). More recently, patient expectations were associated with treatment outcomes in chronic low back pain, with 30,530 patients across 60 studies examined. It was demonstrated that self-efficacy and treatment expectations doubled the rates of return-to-work post treatment and better disability outcomes associated with more positive expectations (Mohamed & Mohamed et al., 2020).

1.3.2 Placebo and Nocebo in Health Expectations

The phenomena of placebo and nocebo effects in general health and medicine are clearly related to the expectations patients develop about their illnesses and subsequent treatments. The most prominent mechanism at play when patients see benefits from placebo and nocebo interventions are patient's treatment expectations (Rief & Wilhelm, 2024). These expectations can be both negative and positive including differing beliefs from patients as to whether a treatment will be helpful, unhelpful or even harmful when a fear of side effects develops.

Health expectations are long said to contribute to both psychological and physiological health, with research as far back as 1974 demonstrating a 55% benefit from a placebo effect in pain management (Evans, 1974). Placebo effects have been widely documented and accepted in most fields of medicine and have been shown to present in not only patient reported outcomes but improvements in blood pressure, heart rates and blood sugar levels (Park et al., 2016; Winkler & Rief, 2016). It has been observed that patients who have received no active ingredient drugs can achieve

up to 80% relief of those in drug groups (Meyerson et al., 2023). Placebo effects in mental health have been observed in treatment of depression (Matsingos et al., 2024) but their effects outside of drug treatments remain underdeveloped and their potential remains under optimised. The primary mechanism at play in achieving an improvement from a placebo effect is the patients' expectations, i.e. they will expect to see an improvement from a drug and may achieve this improvement even if no active ingredient is given. This effect can also be observed in the opposite direction if negative expectations are expected, for example, with side effects of drugs (often termed the "nocebo" effect). These expectations have been shown to predict outcomes in psychological pain treatments whereby patients expecting to feel better will experience better treatment responses (Beasley et al., 2017). It remains unknown how to best utilise placebo and nocebo effects in psychological interventions, such as psychotherapy. This is because in medicine, it is the psychological mechanisms that explain these effects, the hopes, beliefs and expectations of the patients to feel better from the interventions are primarily seen in physical conditions with drug interventions. To observe placebo effects in psychological interventions, the same definitions do not make sense as it is already psychological processes being observed. However, these therapeutic interventions can be improved by applying the learnings from the placebo effects in medicine to psychology through understanding the role expectations play in enhancing outcomes (Rief & Wilhelm, 2024).

1.4 Expectations in Counselling and Psychotherapy

Expectations have been shown to impact patients in a range of healthcare settings, but particularly in the context of mental health. The importance of fostering realistic expectations in mental health has been widely demonstrated. In most therapeutic modalities, whether intentionally or not, the power of expectation can be

utilised to “establish, shape and fulfil treatment goals” (Kirsch, 1999), thus it is recommended that, given the universal influence of expectations, further development of the literature and implementation of empirical findings in this area could lead to enhanced therapeutic effectiveness.

Within the context of psychotherapy, Constantino et al. (2011) define expectations as patients’ prognostic beliefs about the “consequences of engaging in therapy”. Lambert (1992) reported that an estimated 15% of therapeutic improvement can be attributed to expectancy effects. Subsequently a follow-up review of the literature (Lambert & Barley, 2022) reiterated the 15% estimation of variance of expectations in determining outcomes in psychotherapy, with other factors including the therapeutic alliance and the perceived competency of the therapist.

The acknowledgement of patient expectations and their impact on the efficacy of psychotherapy have dated back to 1961, when Jerome Frank described that the very act of someone presenting for psychotherapy implied their belief in their ability to improve. In his book *Persuasion and Healing*, Frank (1961; Constantino et al., 2018) describes this positive outcome expectation as a precipitant to developing a remobilisation in the patient presenting for psychotherapy, which Constantino et al. (2018) describes as a “pantheoretical change mechanism”.

According to Greenberg et al. (2005) psychotherapy is “inextricably linked” with adjusting patient’s expectations; replacing maladaptive ones with adaptive ones. In their research Greenberg et al. (2005) outlined how expectations often shape our experience and note how what we perceive is often influenced by what we believe we should or expect to see. They investigated if expectations impact the course and outcomes of engaging in psychotherapy. As far back as 1969, Greenberg outlined that providing pre-session information to patients predicted how they would later perceive a clinical setting.

Specifically, small variations in how the clinician was described to the prospective patient had significant effects on their behaviour. For example, when clinicians were described as having the attribute “warmth”, patients were more likely to be receptive to their influence, more persuaded by their therapeutic interventions and more willing to meet with them (Greenberg et al., 2005).

Frank (1973) reported that mobilisation of hope and positive expectancy, although separate but linked concepts, are key factors in various forms of healing. Their study emphasised that commonalities of therapies are often more influential than the individual modalities therapist operate from (for example Cognitive Behavioural Therapy (CBT) based or person-centred). In a supporting article, Goldfried (1980) labelled expectation of improvement as one of five principles of change that should be central across all forms of psychotherapy. Similarly, Weinberger and Fig (1999) reported patient expectations as being one of the main five common factors for outcome equivalence across all major modalities of psychotherapy. Historical studies such as the above demonstrate that expectations have long since been recognised as a critical consideration in psychotherapy and fostering positive outcomes.

In more recent research, the importance of expectations remains central, and recommendations for therapists to actively foster positive expectations in patients remain. The ViolEX Model (Rief et al., 2015), as outlined previously, is one such framework that provides an understanding in how to provide or maintain general expectations when a specific one is violated. Ewen et al. (2023) has described a protocol for systematically reformulating dysfunctional expectations through hypothesis testing, using expectations violation theory to test and disprove unhealthy expectations. This strategy has been labelled “expectation-focused psychological interventions”. In instances whereby patients

do not experience a change in expectation despite it being violated, a phenomenon referred to as “expectation immunization” occurs where negative expectations remain, with addressing these instances recommended to be explicitly part of the therapeutic course.

1.4.1 Distinguishing between Outcome and Treatment/Process Expectations

As demonstrated in the previous sections, patients’ expectations are considered a key factor in effective psychotherapy (Brugnera et al, 2025). These expectations can be divided into two main categories: outcome expectations and treatment expectations. Outcome expectations are defined as prognostic beliefs about the treatment’s efficacy for the patient personally (Constantino et al., 2011). Treatment expectations are more complex and are described as having three main features: (1) what a patient believes will transpire during therapy, including how they and their therapist will behave, i.e. role expectations, (2) their predictions about the subjective experience of therapy, known as process expectations, and (3) their predictions about how long the treatment will last, referred to as duration expectations.

Definitions relating to psychotherapy outcome expectations are provided by Constantino et al. (2018) whereby they describe these as cognitions “regarding a probable future experience”. They state that these outcome expectations can be either positive or negative, as well as lacking, unrealistic or ambivalent. Simply put, outcome expectations are based on answering the key question of whether the therapy will alleviate suffering. More specifically considered in the context of therapeutic treatment (that individuals are going to or have just began to engage with), Constantino et al. (2011) define outcome expectations as a prognosis about how they will respond to that psychotherapy treatment.

While ultimately determined by the patient, outcome expectations are also influenced by the behaviour of the therapist. Constantino et al. (2018) outlines how

often outcome expectations are formed prior to a patient having met the therapist or commenced the treatment, noting that they may be further shaped or revised after early introduction to the therapist and the treatment protocol. The patient's own history, the actions of the therapist, the quality of the relationship, the patient's appraisal of the efficacy of their treatment and other variables at play can also influence outcome expectations along the course of early treatment (Constantino et al., 2018). For example, the impact of perceived warmth and competence of the therapist was demonstrated to lead to positive expectations and outcomes in a study by Seewald & Rief (2023). This reportedly was the first study to provoke negative outcome expectations in patients by manipulating expectations in relation to the therapist's warmth and competence. The authors reported through an experimental design that when the therapist was warmer and perceived as more competent that the patient's outcome expectations were more positive. The data also showed that outcome expectations were most positive with a therapist of higher competence/lower warmth as opposed to a higher warmth/lower competence, indicating therapist competence to be more influential on fostering positive outcome expectations. In a further development of this research, warmth and competency of therapists was shown to increase the therapeutic alliance, build patient motivation, impact patient's health behaviour and in turn foster positive outcome expectations (Seewald & Rief, 2024).

Similarly, Hardy et al. (1995) put forward the claim that, in order to develop outcome expectations, the patient must develop perceptions of how credible the treatment is. However, Schulte (2008) argues that outcome expectations are often developed prior to engaging in the therapy and credibility cannot develop without some knowledge or engagement with therapy as it develops through direct exposure or observation. Interestingly, motivation for change in therapy and outcome expectations

are not shown to be significantly related. For example, Defife and Hilsenroth (2011) outline that while patients may have high motivation to engage in and comply with therapy, their outcome expectations can be quite negative and not correspond with their desire and readiness to change.

Unsurprisingly, context can influence outcome expectations, with the patient's previous learning experiences assumed to be the most powerful influence (Constantino et al, 2018). For example, a patient who had a previous positive therapeutic engagement with an older female therapist may be prompted to reengage with the same therapist or one of similar therapeutic orientation, age and gender. These findings also illustrate the role of expectations when examined in the context of the social learning theory (Bandura, 1977; 1986). A potential client's expectations may be influenced by the portrayal of psychotherapy in the media, peers or families' experiences or their own previous experiences of psychotherapy. Bandura's (1977) social learning theory proposes that expectations are formed through observational learning and the subsequent outcomes and through direct experiences and the outcomes. When clients are considering engaging in mental health support services, they will form expectations of what this experience will involve based on observational learning and the portrayal of psychotherapy in the media, or through family and friends' experiences. For example, such exposure may lead them to expect a one-on-one engagement with a therapist to speak about their feelings at a very basic level. If they have observed an individual feeling better through engaging with psychotherapy, they too will expect the same, with opposite effects occurring when negative experiences are observed. This is also referred to by Bandura (1986) as "vicarious learning", with considerable support for this theory, specifically in the context of expectations in psychotherapy. In addition, the role of self-efficacy as described in this theoretical framework. Bandura (1977) refers to a "theory of

behavioural change” in relation to a person’s belief in themselves, their capabilities of making decisions and deciding on their own actions, i.e. the higher their self-efficacy the easier they will deal with challenges, make decisions and cope with failures or traumas. Efficacy expectations describe how a person predicts how they will feel and the outcomes they will experience if they follow a path or behave in a certain way (Koutroubas & Galanakis, 2022). Bandura’s social-cognitive framework, specifically the constructs of self-efficacy and outcome expectations have been empirically linked to psychotherapy process and outcomes. Visla et al. (2023) outlined through longitudinal CBT studies, that increases in self-efficacy and outcome expectations during treatment are associated with symptom reduction and early changes in self-efficacy predict changes in outcome expectations.

Constantino et al. (2018) outlined how there have been substantial research demonstrating the predictive effects of outcome expectations on therapeutic outcomes. In a comprehensive meta-analysis whereby they synthesised 81 independent studies comprising over 12,000 patients to examine the relationship between clients’ early treatment outcome expectations and their eventual actual therapeutic outcomes post treatment; they described a significant association between a more optimistic baseline or early treatment outcome expectations and more adaptive posttreatment outcomes. The moderator analysis highlighted that variables such as client age, the type of expectation measure utilised and whether treatment was manualised affected the strength of the relationship of expectations to outcomes. The authors describe these findings as robust evidence that outcomes play a meaningful role in therapeutic change reinforcing the importance of assessing expectations at the outset of therapy.

Outcome expectations, while a distinct concept, can interact with treatment expectations. As mentioned, treatment expectations encompass the patient’s

perception of the therapist's credibility, their treatment motivations and what the patient foresees will happen during treatment (Constantino et al., 2018). A large part of the treatment expectations that are formed centre around process and role expectations. This incorporates the role of the therapist and the alliance that is potentially formed and fostered between the patient and the therapeutic provider.

Process expectations encompass the patient's predictions about how they and the therapist will behave, how long the therapy will last and how they will uniquely experience the therapy they are receiving (Constantino et al., 2018), with Brugnera et al. (2025) defining process expectations as the individual patient's perception "of the mechanisms leading to therapeutic change". Patients and therapists both have separate process expectations of themselves in the process, and according to Wampold & Imel (2015), these can differ in their assessment of the relevance of certain processes during the therapeutic process. They describe this as a "dyadic construct" as their expectations about one another form a belief congruence or incongruence.

The predictive impact of treatment expectations has received the least empirical attention- due to its complex and heterogenous nature (Brugnera, Constantino et al., 2025). However, the researchers estimate that treatment expectations account for just 3% of variability in treatment outcomes. According to Patterson et al. (2008) patients' role expectations (specifically, the expectations that they should take responsibility for their therapeutic work) were associated with higher alliance quality earlier in the therapy. Duration expectations, which can be viewed as one example of process expectations, were examined by Swift and Callanan (2011). They found that providing patients with a standardised script about how long patients typically recover was related to the patient's completion of therapy. This implies that simple steps may be taken to ensure that patients develop

accurate expectations about certain aspects of the therapeutic process.

Bitan et al. (2018) describes a measure of expected therapeutic processes encompassing change mechanisms, for example, the patient-therapist relationship, the process of exploring sensitive personal subjects and what specific functions the therapeutic processes serve. Tzur Bitan and Abayed (2020) describe how therapists rated the expectation of verbal processing of relations facilitating the therapeutic change higher than patients and non-clinicians. Overall, this body of research suggests that expectations operate not only as predictors of outcome but also as active ingredients in the therapeutic process, reinforcing the need for their continued conceptual and empirical integration into counselling theory and practice.

1.4.2 Measuring Expectations

Expectations in relation to therapy can be measured in a number of different ways. However, measuring and tracking patients' expectations is not standardised practice in general psychotherapy research, with no universal tool employed in practice. There have been several tools developed to measure expectations of psychological interventions. For example, the expectations about counselling scale (EAC-Tinsley Workman & Kass, 1980), and later a revised version (EAC-B- Tinsley, 1982) were devised to measure expectations about counselling, encompassing expectations about roles, treatments and practice. This scale measures five dimensions of therapy including general expectations, attitudes and behaviours of patients, counsellor's attitudes and behaviours, counsellors' characteristics, characteristics of process and quality of the therapeutic outcomes (Anderson et al., 2013). A factor analysis of this scale (Anderson et al., 2013) reported that patients who had previously engaged in psychological treatment would have more organised and differing treatment expectations to those engaging for the first time. Norberg et al. (2011) suggested that the instruments implemented in measuring expectations in psychotherapy were of poor quality, psychometrically, namely the EAC

and EAC-B. To address this, they developed the Milwaukee Psychotherapy Expectations Scale (MPEQ) that was consistent with three undergraduate samples and one clinical sample. The MPEQ has two subscales with 5 items each: one subscale measuring process expectations and the other measuring outcome expectations. It demonstrated good to excellent consistency, and a 20-week test-retest reliability in the nonclinical samples. Norberg et al. (2011) demonstrated the MPEQ to possess predictive validity as participants who indicated lower (i.e. negative) process expectations were less likely to present to therapy upon completion of an intake assessment. This questionnaire, along with the Questionnaire on Attitudes towards Psychotherapy Scale (QAPT- Ditte et al., 2006) was implemented in a research study aimed at measuring expectations and attitudes towards psychotherapy in a sample of patients beginning engagement with psychotherapy (Braun-Koch et al., 2022).

Participants were shown videos depicting positive experiences with psychotherapy with the aim of enhancing positive expectations and attitudes through portraying positive role models. Four groups were analysed (control group, an experimental group with a positive role model, an experimental group with a role model with discrepancies to the participant and an experimental group with similarities to the participant) and an overall increase over time in expectations in all conditions was observed.

An additional measure of expectations, the Expectations of Active Processes in Psychotherapy Scale (EAPPS; Tzur Bitan et al., 2018), sought to provide insight into the mechanisms that produce change in psychotherapy (i.e., the process expectations of clients). This was deemed to be important as there may be shared expectations of psychotherapeutic procedures among clients, but different views surrounding what actual processes in therapy produces change, which is related to the debate about what actually makes therapy successful and facilitates change (Tzur Bitan et al.,

2018). The scale includes 32 items representing 7 factors. Factors 1 and 2 relate to the client-therapist relationship, factors 3 and 4 relate to the exploration of sensitive personal information, while factors 5, 6 and 7 relate to specific functions of the therapeutic processes. The authors recommended that different modalities of therapeutic interventions may produce differing expectations among clients. Brugnera et al. (2025) utilised this EAPPS scale in their research concerning patients and therapist change process expectations and mechanisms of change in psychotherapy and how this influences treatment outcomes. Here, 75 patients and 17 therapists provided ratings of their expectations pre and post therapy and the findings supported that aligning patient and therapist expectations influences effectiveness of psychotherapy and recommends fostering congruences in expectations to enhance treatment outcomes.

While quantitative measures as outlined above (MPEQ, EAPPS, EAC-B) provide structured insights into patient expectations, qualitative methods offer complementary depth by capturing the nuances of individual beliefs and concerns. Through qualitative interviews with socially anxious students, Constantino et al. (2021) examined factors influencing psychotherapy outcome expectations. They identified key determinants of expectations such as previous experiences of therapy, perceptions of therapy's effectiveness, personal beliefs about change and the influences of important others. This depth of knowledge may not have been captured through standardised questionnaires alone.

1.5 Determinants of Expectations

While considerable research has demonstrated the important role of expectations in outcomes following therapy (Constantino et al. 2011; Szymańska et

al., 2017), the specific patient-led characteristics that are considered determinants of expectations are less researched. While multiple theories of expectancy have been established (as outlined in section 1.3) there are several measurable determinants that may play a role. As mentioned previously, a significant factor in outcome and process expectations involves the patient's appraisal of their relationship to the therapist. This relationship influences both directions (positively and negatively) of expectations and is of considerable importance in forming expectations and achieving favourable outcomes (Finsrud, et al., 2021). For example, Visla et al. (2018) define the therapeutic alliance as the "quality of the coordinated collaboration and affected bond between a patient and therapist". They state that, where there is a higher pre or early treatment outcome expectation and better-quality alliance, the alliance quality acts as a facilitator between the expected outcome and the actual outcome, therefore the collaborative relationship is a mechanism of the influence on treatment outcome expectation. Patients perceiving a bond and collaboration between themselves and their therapists, when they are more optimistic about their treatment's efficacy, are more likely to engage in and see improvement (Constantino, Coyne et al., 2021). This is consistent with goal theory (Austin & Vancouver, 1996). Goal theory describes how setting goals helps clients structure change and track progress through using goals as motivators, being specific about goals and having challenging, but achievable goals (Austin & Vancouver, 1996).

The importance of the alliance is also concurrent with hope theory and aligns with the three features of goals, pathways and agency through having a strong collaborative relationship with a therapist agreeing on treatment goals, trusting the therapist to provide the pathways to achieving the goals and experiencing emotional connection (Constantino, Coyne et al., 2021). Hope theory (Snyder, 2022), is utilised in mental health therapy to build resilience as hope theory assumes successful therapy

increases resilience and fosters hope through setting goals, pathways and agency to fulfil the goals. Further to being able to see the treatment goals being achieved, goal theory supports that these treatment specific outcome expectations and hope would influence patients into investing more psychologically and behaviourally into the treatment as they would see their treatment goals as within their reach and more realistic. Conceptually hope, expectancy and goal theories all focus on the patients inner and relational experiences.

McClintock et al. (2015) outline how treatment expectations play a critical role in psychotherapy treatment success. Specifically, they note how the therapeutic alliance is enhanced through the patient expecting to be involved in the process. The expertise of the clinician and the facilitative conditions the therapy is delivered in fostered an improvement in symptoms and functioning in the patients.

There has been some debate about how a patient views the credibility of the therapist and the treatment being intricately linked to their outcome expectations and whether they represent the same construct (Constantino et al., 2005). Devilly & Borkovec (2000) describe how credibility takes into account the patient's perceptions on the plausibility of the therapist and treatment, and how logical and suitable they deem it to be for them. Constantino et al. (2018) report, through their previously outlined meta-analysis above, of moderators and mediators of outcome expectations, that therapeutic alliance has the most promising "replicated indirect effect" on the patient and the outcomes they are hoping to achieve.

As previously briefly outlined, the extent to which a patient and therapist share expectations of their roles influences psychotherapy process, with a greater similarity in expectations of the therapist's supportiveness being positively correlated with alliance improvement (Joyce et al., 2020). Tzur Bitan et al. (2021) described how therapists and patients reportedly have different perceptions of what processes are the

expected mechanisms for change at the engagement stage of therapy and three months into therapy the patients did not change their process expectations to fit with the therapists' expectations.

Demographic variables have shown to be associated with more positive outcomes following therapy, specifically being older (Tsai et al., 2014) and female (Visla et al., 2019), however less is known about the extent to which these factors impact on expectations. It has been demonstrated that some personality traits are associated with differing expectations.

Specifically, optimism, as it is related to hopefulness, has been shown to correlate with more hopeful outcome expectations (Diener et al., 2006). In addition, general attitudes towards mental health treatment have also been shown to be related to expectation formation (Callaghan et al., 2023), while perceived social support is related to more optimistic expectations (Mohr, 2001). In terms of mental health, symptom severity is also shown to impact expectations (Constantino et al., 2014) with more severe depressive symptoms lowering outcome expectations. More broadly, lower levels of wellbeing have been shown to associate with more negative outcome expectations (Tsai et al., 2014). This may be an important consideration in the context of student counselling where low levels of wellbeing are common (as per section 1.2 above).

In a previously outlined meta-analysis (Constantino et al., 2019) a significant association between patients' optimism at baseline or after session 1 of psychotherapy and their outcome expectations with a more adaptive post-treatment outcome expectation, i.e. higher levels of optimism were observed to have a relationship with more positive expectations. This was particularly observable in younger participants, highlighting its importance in further investigation among college-aged populations. The optimism levels in a cohort is measurable through application of the Life Orientation Test-Revised (LOT-R; Scheier et al., 1994). This observable relationship

between optimism and expectations is explored further in chapter 5.

Eisenberg et al. (2013), through research on help-seeking attitudes of college students with untreated mental illnesses, reported that students were less concerned about the attitudes of “most people”. This further reinforces the importance of help seeking attitudes generally among college students and also the strong influence of the experiences of people close to the prospective patient. Similarly, the relationship between attitudes towards help-seeking and expectations are explored further in chapters 3 and 5.

Previous experience of treatments, of any kind, will impact expectations of subsequent engagements. For example, negative experiences with previous therapy may lead to negative expectations of treatments, sometimes hindering future participation in evidence-based treatments (Rief and Wilhelm, 2024). Zunhammer et al. (2017) reported that as treatment expectations based on previous experiences are generalised to all subsequent treatments, even if they differ to the previous, pretreatment expectations, they should be managed whether or not patients are engaging in a different modality of psychological treatment. In order to adjust negative expectations based on previous experiences, it is necessary for the therapist to explicitly evaluate, with the patient, if they view their new therapist as similar to the previous and help the patient identify some differences about the new treatment from the previous, this identification of differences between previous and future treatments should be engaged in from the beginning prior to the new treatment commencing (Rief & Wilhelm, 2024). This relationship with previous exposure to mental health treatment and expectations is further explored in studies 3 and 4 of this thesis.

1.6 Student Counselling and Expectations

As mentioned in section 1.3, student counselling services are available in

almost all third level institutions. These services provide psychological support to students attending the institution, usually at no cost to the student themselves. However, given increasing demands, existing resources are often limited and overstretched. While less work has compared the role of expectations in the context of student counselling, the same processes of expectations are likely to apply as for general psychotherapy. However, there are a number of important differences to consider. For example, service users of college counselling are generally a younger population who will be less likely to have developed expectations based on previous treatment experiences (Morrison et al., 2021). As a population, the unique set of characteristics presented by college students, including documented increase in mental health challenges as previously discussed in an emerging adulthood context (Arnett, 2000), may mean that the expectations they have surrounding college services and supports differ. While the majority of research examining student expectations is of a quantitative nature, utilising rating scales and pre and post measures (see section 1.4.2), Constantino et al. (2021) conducted a qualitative analysis on students concerning their expectations and what determinants exist should they consider engaging in psychotherapy in the future. The researchers stated that, as this was the first study examining this particular domain on college students, it was attempting to begin filling a gap in the research necessary to understand students' expectations of psychotherapy, in a bid to improve the high rates of mental health problems among this population. Through qualitative interviews with eleven students, research data was collected relating to their general understanding and familiarity with psychotherapy, if they had anyone close to them experience psychotherapy and if they themselves had considered engaging in psychotherapy. The participants were also questioned on their positive expectations of psychotherapy (i.e. what they thought it was useful for, how would it be helpful and what factors shaped these beliefs) and

their negative expectations (how psychotherapy is least useful, least helpful and what shaped these beliefs). The results demonstrated two main domains of determinants of expectations of psychotherapy by the students. Domain 1 related to positive expectation influences and domain 2 related to negative expectation factors. Specifically, the main categories in domain 1 were: coursework, media, friends, family and social environment, representing the main influences in participants developing positive expectations. Domain 2 included similar influences but in the opposite direction, i.e. development of negative expectations: coursework, media, important people and their experiences of psychotherapy and family beliefs. This showed that generally things that influence expectation development are often mirrored and can lead to both positive and negative expectations of psychotherapy. The negative expectations were primarily related to the development of stigma among the college students and represented a negative attitude towards help-seeking more generally (this link in attitudes towards help seeking and expectations is examined subsequently in chapter 5. While specific influences on expectation formation may not necessarily be the primary concern of psychotherapists and mental health treatment providers, an awareness of the influences may allow them to utilise this information to foster more positive expectations and attempt to counteract negative perceptions that have arisen. These findings are of vital importance to providers of psychological support to college student populations, given that student counselling is such a limited resource, and expectations are very important in shaping experiences and outcomes of engagement with psychotherapy.

Cohen, Graham, and Lattie (2020) examined the alignment between students' mental health needs and the priorities of university counselling centres. Their study identified a notable mismatch between students' expectations of support and the services typically provided. While students tended to prioritise concerns such as

academic stress, loneliness, and general well-being, counselling staff focused more on the treatment of diagnosable disorders like depression and anxiety. Furthermore, students expressed a preference for flexible and accessible interventions, including online or brief-format services, whereas counselling centres largely adhered to traditional one-to-one therapy models. This misalignment of expectations and priorities was found to contribute to barriers in help-seeking, including perceptions of stigma, time constraints, and uncertainty about what counselling entails. The authors emphasised the need for improved communication and expectation management between students and counselling providers to enhance engagement and treatment outcomes. However, contrary to the findings of Cohen et al. (2020) whereby students were open to online and differing formats of counselling, Cloutier and Graff (2024) reported that, through an evaluation of undergraduate preferences for on campus counselling that individual therapy was the preference for students.

As mentioned, negative outcome expectations of therapy have been shown to predict unfavourable outcomes (Seewald & Rief, 2023). Conversely, if patients enter therapy with the belief that it will help them, (i.e., they hold positive outcome expectations) this leads to higher psychotherapy effectiveness and lower premature termination of therapy (Rief et al., 2022). This indicates that, to ensure more favourable outcomes for clients, there is a need for therapists to approach and transform any negative expectations and build positive expectations for clients.

As previously outlined, in order to investigate the impacts of changing negative expectations regarding therapy, researchers conducted a study whereby healthy participants with negative views towards psychotherapy viewed material in an attempt to foster more positive expectations of therapy (Braun-Koch & Rief, 2022). Results indicated that patients in the experimental group improved their outcome expectations for therapy and both groups developed more positive process

expectations and improved attitudes towards psychotherapy (Braun-Koch & Rief, 2022). This suggests that expectation-optimised videos could be utilised at the pre-engagement stage of therapy to enhance expectations among patients and improve outcomes consequently among student populations.

Dropout from psychotherapy is described as client-initiated cessation of therapy before symptoms have resolved (Xiao et al., 2017). As outlined in section 1.3, through a meta-analysis study, it was estimated that dropout rates in college counselling centres can be observed as high as 67% (Xiao et al., 2017). Henshaw et al., (2019) suggest that these dropout rates may be attributable to in part treatment expectations. Swift & Greenberg (2012) conducted a meta-analysis which reported that there is an average of 20% dropout rates among clients with university-based counselling centres having the highest rate observed with 30%. Premature termination of psychotherapy or not attending therapy appointments reduces the effectiveness of the therapeutic service. This is particularly problematic in a student counselling service where resources are very limited and should be utilised in the most efficient ways to benefit the largest number of students possible. Festinger et al. (2002) estimated that 25-62% of prospective patients who initiate therapy may not show up for their first appointment. It is hypothesized that premature termination or non-engagement with therapy is related to the client's expectations about treatment (Norberg et al., 2011). Garfield (1986) reported that clients who dropped out of treatment early often had the least accurate expectations of the role of their therapist. Clarkin & Levy (2004) later reported that there was a positive association between the treatment length expectancy and the actual length of the therapy. These findings are particularly pertinent to expectations in student counselling services, as the therapy resources are limited, and the length is almost always predetermined.

In order to respond to growing demand and limited resources, many international college counselling services have implemented session limitations (Coleman et al., 2019). In a US study of almost 16,000 students seeking support from 580 therapists across 32 colleges, the importance of clearly established expectations around therapy duration was reported (Coleman et al., 2019). This study found that counselling centres with explicitly defined session limits achieved better therapy outcomes, even when staffing levels were lower. In contrast, ambiguous or undefined session limits were associated with less favourable therapeutic outcomes. These findings suggest that managing expectations around structure and duration of therapy is a key factor in maintaining student engagement and overall treatment effectiveness and outcomes.

Carter et al. (2012) reported that when counselling centre directors were surveyed, 90% (of a 228 sample) expressed concern that their clients were not receiving services when most required. A missed session, when a client fails to show for a scheduled therapy hour, costs the service in a number of ways. For example, there are administrative costs, including the need to contact the client to determine if they are terminating therapy or wish to be rescheduled. This is further complicated if there is a clinical risk. In addition, non-attendances decrease the efficiency of the service, and it also deprives another client of that hour which has been wasted, which is a particularly costly issue for a centre such as student counselling where the demand for services is huge and beyond capacity (Xiao et al., 2017).

In a study conducted to explore the relationship between variables of patients presenting for therapy (Szymanska et al., 2017) it was suggested that excessively positive expectations towards psychotherapy could be a cause for treatment failure. When a patient has an unrealistically positive expectation and expects significant improvement in their symptoms the patient may feel disappointed by the pace of therapy, let down by the effectiveness and may deem the process to have been a

defeat (Syzmanska et al., 2017).

These findings were presented in the context of a student population deeming them a consideration for student counselling to maintain realistic expectations.

In conclusion, within counselling and university mental health services, consideration of expectations merit attention. In addition to influencing likelihood of help seeking (Czyz et al., 2013), expectations of counselling may impact on their level of engagement and satisfaction with services (Swift et al., 2018) and their risk of premature termination if expectations are unmet (Rief et al., 2022). For practitioners, the task of assessing, negotiating and managing expectations is further complicated by resource limitations, high demand and a diverse student population with diverse needs. Despite extensive theoretical and experimental research on expectations, less is known about how they are understood and managed within resource-limited counselling contexts, such as those found in higher education settings. The research contained in this thesis is intended to address this gap.

1.7 Research Aims and Objectives

In response to the research gaps outlined above, this thesis adopts a multi-method approach to examine expectations in student counselling services in higher education in Ireland. The overarching aim of this thesis is to examine the nature, formation, and impact of expectations within student counselling in Ireland, integrating findings from systematic, secondary, qualitative, and quantitative analyses to inform more effective therapeutic and institutional practices.

This thesis has a number of specific objectives but primarily seeks to understand the role of expectations in the context of student counselling in Ireland as follows.

- Objective 1: to explore the extent to which expectations of student counselling

impact therapeutic outcomes and the factors that associate with these expectations.

- Objective 2: to investigate students' perceptions of institutional supports and the factors influencing those perceptions.
- Objective 3: to examine how student counsellors assess, negotiate and manage client expectations in practice.
- Objective 4: to examine students' expectations and experiences of student counselling, documenting socio-demographic, psychological and experiential factors that interact with expectations.

Collectively, these objectives were designed to provide a comprehensive understanding of how expectations influence counselling processes and outcomes in higher education, from both student and practitioner perspectives. In order to address these objectives a series of studies were conducted, which are described in subsequent chapters.

Firstly, Chapter 2 describes a systematic review of literature (study 1) which aimed to explore the extent to which expectations of student counselling impacted therapeutic outcomes and what factors associate with expectations, thereby addressing Objective 1.

Next, Chapter 3 describes secondary data analysis (study 2) on the Irish Survey of Student Engagement 2023 (studentsurvey.ie) to examine patterns of mental health support perceptions among current third level students, their perceptions of the emphasis their HEIs place on wellbeing supports and if certain cohorts of students have differing support perceptions and needs, thereby meeting Objective 2.

Chapter 4 then directly addresses Objective 3, as it describes a qualitative

study (study 3) with student counsellors which intended to capture how current practitioners perceived, assessed and manage client expectations within the resource-constrained environment of higher education counselling services.

Finally, to address Objective 4, and to further address Objective 1 and 2, Chapter 5 presents the final empirical study (study 4), which describes a mixed-methods survey developed to directly investigate how students perceive student counselling services available to them, what their expectations of those services are and, in the case of those who have previously engaged in student counselling services, if these expectations had altered post engagement. In addition, this study examined whether wellbeing, attitudes towards help seeking, optimism, previous experiences in counselling and perceived social support had any relationship with expectations. An open-text qualitative element to this study provides rich data and insights into students' expectations, barriers to engagement and experiences with student counselling from those who had engaged in campus supports.

Combined, these four strands of research, encompassing both student and counsellor perspectives provide a comprehensive and nuanced understanding of expectations in student counselling. Chapter 6 provides an integrated discussion of the findings, drawing together evidence from the systematic review, secondary data analysis, and qualitative and quantitative studies. This chapter interprets these findings in light of relevant theory and prior research on expectations and student counselling, and considers their implications for practice, service provision, and future research directions along with a discussion of the key strengths of the studies and an acknowledgement of limitations present.

Chapter 2

Study 1:

The Role of Expectations in Student Counselling: A Systematic Review

Abstract

Aims: Student counselling is an under-resourced and highly sought-after service. Campus based therapy is short-term and limited for students requiring clinical support. Expectations are shown to predict clinical outcomes in several settings. This study aimed to explore the extent to which expectations of student counselling impacted therapeutic outcomes and what factors associate with expectations.

Materials and Method: A systematic review was carried out on literature relating to expectations and student counselling through searching four databases (PsycINFO, PubMed, EMBASE and Web of Science) in May/June 2020. Three blocks of terms were implemented in the search relating to 1) Expectations, 2) Counselling and 3) Higher Education. Titles and abstracts were screened by two independent reviewers, with study quality appraised using the Mixed Methods Appraisal Tool. A narrative synthesis was used to analyse results.

Results: Following the screening of 3,956 search results, just 5 studies met the inclusion criteria and were included in the final analysis. A narrative synthesis revealed that two main types of expectations were assessed in student counselling: process expectations and outcome expectations. Assessment of expectations varied however positive expectations were associated with positive outcomes. In addition, students with previous experience of therapy had clearer, more informed and positive expectations of the therapeutic alliance and their involvement in the process.

Conclusions: There has been a limited amount of research on the role of expectations in the context of student counselling, with a need for more research internationally. Further exploration of expectations and their impact on clinical outcomes is required, particularly on student counselling as the service is short-term and should be best utilised to ensure favourable clinical outcomes.

2.1 Introduction

As discussed in Chapter 1, there is a growing need for mental health support among students, with counselling services offering one way of providing such support. While the role of expectations in psychotherapy has been demonstrated previously, less is known about the impact of expectations in the context of student counselling more specifically. To address this gap and to meet objective 1 of this thesis, study 1 aimed to determine what factors are associated with expectations and how they impact counselling outcomes. This was achieved through conducting a systematic review of the literature.

Beyond the Irish context, student counselling services are available at almost all HEIs internationally. However, while counselling services play a crucial role in student wellbeing and retention (Scruggs et al., 2023; Greco et al., 2025), these services are facing increasing demand (Xiao et al., 2019). It has been well documented that student populations have been experiencing higher levels of psychological distress in recent years, with mental health difficulties like anxiety and depression increasing over a ten-year period (Lipson et al., 2019). This extends upon an earlier systematic review which identified a significant growth in prevalence of mental illness among the student population in the early 2000s (Storrie et al., 2010) with similar trends observable among young people in an Irish context (Fitzgerald et al., 2025). This unfortunate trend in student mental health has resulted in an increased demand for campus-based counselling which often exceeds availability (Brown, 2018).

As outlined in Chapter 1, fostering positive and accurate expectations of counselling services may offer one means of facilitating meaningful engagement with the therapeutic process. Expectations have been conceptualised in health psychology as something that will frequently shape a person's experiences and perceptions

(Constantino et al., 2011; 2019). Greenberg et al. (2006) describe expectations as anticipatory beliefs that shape how individuals perceive and interpret experiences, such that what a person perceives something to be is influenced by what they believe it should be. In the context of psychotherapy, Greenberg et al (2006) suggested that a client's predisposed attitudes towards therapy may influence how they experience clinical interventions. This idea builds on earlier work by Greenberg et al. (1971), who demonstrated that expectations can directly affect perception. In line with this, Lambert (1992) attributed 15% of therapeutic improvements to the effects of expectancy.

In the context of student counselling, while less research has been conducted on the role of expectations specifically to date, it was shown that when college students were given descriptions of a clinician prior to meeting them, their later perceptions of that clinician aligned with the initial impressions formed (Tinsley & Harris, 1976). Previous research from Tinsley and Harris (1976) suggested that undergraduate students generally had positive expectations in relation to counselling, in that their strongest expectations were of seeing an experienced expert, and a genuine accepting counsellor they could trust. These findings suggest that clients' pre-treatment expectations can act as self-fulfilling prophecies, shaping engagement, satisfaction, and perceived effectiveness of therapy, irrespective of the actual therapeutic process.

Beyond student counselling, consideration of expectations in clinical practice more generally have primarily centred around outcome expectations which, as defined by Arnkoff et al. (2002), involve expectations that engaging in therapy will lead to an improvement of wellbeing. However, while patients may be motivated to engage in therapy, they may simultaneously have low expectations about their prognosis which may have implications for therapeutic outcomes. In addition to the

role of outcome expectations, process expectations may be important to consider in therapeutic contexts. Patient expectations about psychotherapy have been considered a “pantheoretical” (Constantino et al. 2021) component of a successful treatment outcome (Greenberg et al. 2006). Treatment expectations (i.e., expectations about the specific processes that will occur during the psychological treatment or therapy) have been less researched but are a developing area. As mentioned in chapter 1, these processes concern what the patient believes will happen during the psychotherapy, the role they will play and the roles of the psychotherapist/student counsellor (Constantino et al. 2021). There are several known determinants of these process expectations, with examples including the clients’ previous experience of counselling and their wellbeing/mental health (Morrison et al. 2021), however less is known the specific determinants of process expectations in the context of student counselling.

2.1.1 Aims

The aim of this systematic review was to critically examine and synthesise recent research exploring students’ expectations of counselling within higher education settings, with a specific focus on what impacts these expectations and how expectations impact therapeutic outcomes. This was aligned with objective 1 of this thesis.

2.2 Method

2.2.1 Protocol and Registration

The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (see checklist in Appendix A). The protocol was registered in PROSPERO in July 2020 (Seery & Maguire, 2020), registration number CRD42CRD42020201491.

2.2.2 Search Strategy

Search terms were formulated based on their relation to (i) expectations, (ii) counselling, and (iii) higher education (see Table 2.1 below). Due to the wide range of terms related to counselling, a block of terms related to counselling and therapy was created based on existing literature (Constantino et al., 2011; 2019; Goodwin et al., 2016). Similarly, to encompass the range of terms to describe third level education a block of terms was formulated to encapsulate as many studies concerned with students as possible. Using these terms, four databases were searched through July and August 2020: PubMed, PsycINFO, EMBASE and Web of Science. Table 2.1 displays a search strategy implemented for the four databases. Appendix B includes the search syntax for all databases.

Table 2.1: Search Strategy for Systematic Review

Database	Search date	Search terms			Filters applied
PsycINFO	May 2020	Expectation Expectations	Counselling Counseling Therapy Psychotherapy	Higher education Third level Student Students College University Post-secondary	English language Peer review
PubMed					
EMBASE					
Web of Science					

2.2.3 Eligibility Criteria

Only studies in the English language, published between 2010 and 2020 were examined to ensure a focus on recently published literature. Any qualitative and quantitative studies exploring expectations in the context of student counselling in a third level setting were considered, with no restriction on study design. Studies were required to include a measure of expectation (e.g., a scale pertaining to expectations of general therapy, therapy process or therapy outcome), a measure of student outcome (e.g. depression, anxiety, level of function or any outcomes related to experience) and be undertaken on a student body population availing of counselling

provided by their higher education institution. As this study was specifically concerned with students' expectations of their counselling experience, there was no concern with any other forward projecting concepts, only expectations in relation to counselling and no other external expectations were included. The inclusion criterion requiring studies to contain an explicit measure of expectations was employed to ensure conceptual clarity and alignment with the aims of the review. Expectations represent a distinct psychological construct, which has been shown to influence help-seeking behaviour, engagement with counselling, and therapeutic outcomes. As such, including only studies that directly operationalised expectations—either quantitatively or qualitatively—enabled a more precise synthesis of evidence. Without this criterion, there was a risk of conflating expectations with related but distinct constructs such as satisfaction, attitudes, or general perceptions of services.

2.2.4 Screening

The search results from the four databases were combined and uploaded to the software Rayyan (Ouzzani et al., 2016), where duplicates were subsequently removed. Upon removal of duplicates, titles and abstracts of the remaining articles were screened against the inclusion criteria by two independent reviewers. Once the final screening was completed, the full texts of the articles were acquired and independently screened by both reviewers to ensure eligibility for inclusion.

2.2.5 Data Selection and Extraction

Data was extracted from the articles that met inclusion criteria using an excel spreadsheet. Data extracted included the studies' authors, year of publication, country, measure of expectation, outcome measure, sample size and demographics and relevant results.

2.2.6 Quality Appraisal

The quality of each study was appraised using The Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018) by both independent reviewers. Within the MMAT there are two initial screening questions and, depending on the design of the study in questions, five additional questions to answer in order to apply a score to each study. Studies were scored on the MMAT scale from 1-5 based on recommendations.

2.2.7 Synthesis of Findings

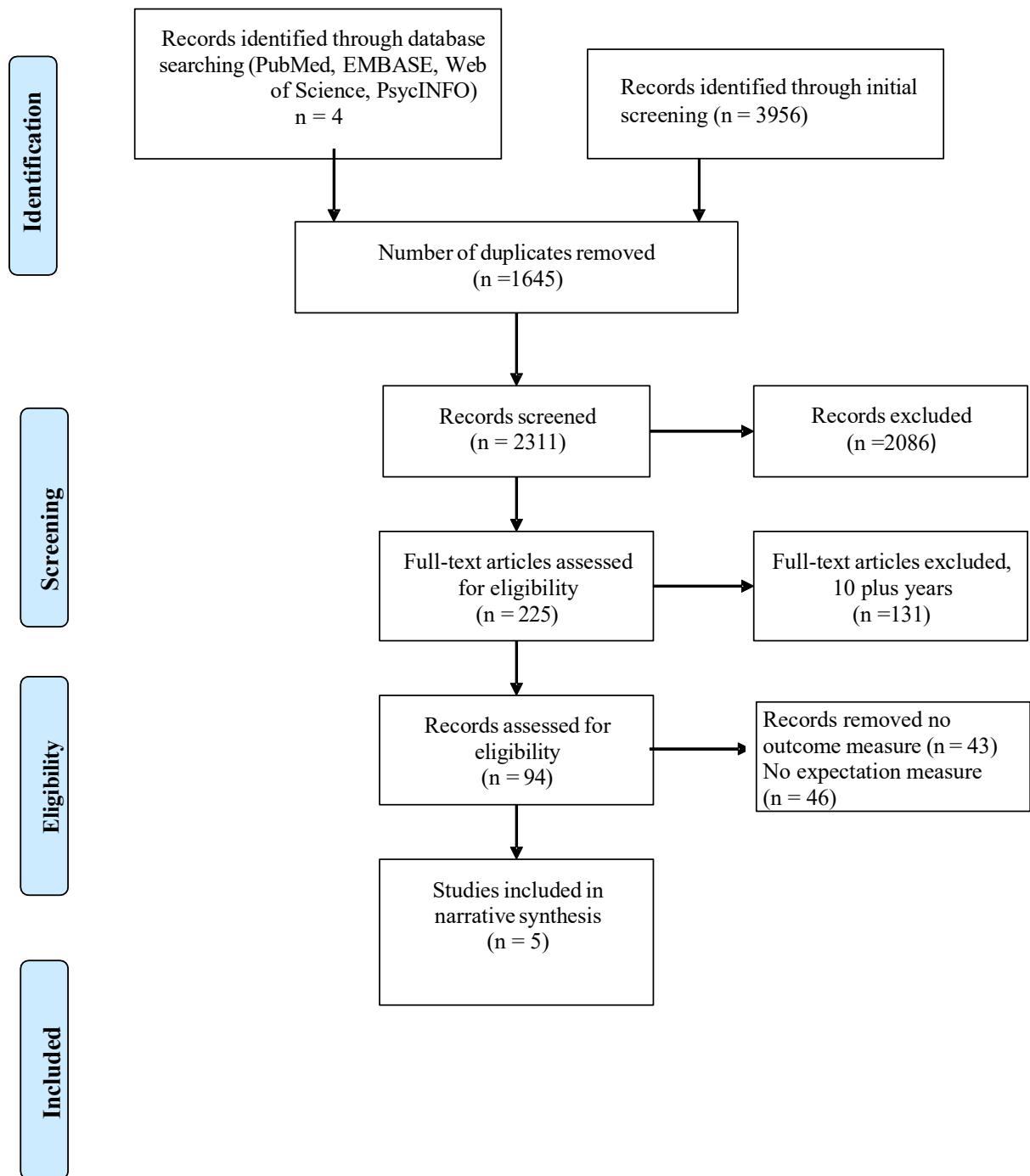
Upon extracting data from each study, results were combined through a narrative synthesis process (Popay et al., 2006). This approach was employed to integrate findings across the included studies and was deemed appropriate as the evidence base was heterogenous and not amenable to meta-analysis. Popay et al. (2006) recommended following four key elements: (1) development of a theoretical model, (2) constructing a preliminary synthesis of study findings, (3) exploring relationships within and between studies, and (4) assessing the robustness of the synthesis. Findings were integrated to provide a coherent narrative of the included studies. The first step was undertaken to develop a theoretical model to guide interpretation of findings. This model proposed students enter counselling with preexisting expectations and with anticipated outcomes of therapy and that a relationship would be observable between expectations and wellbeing measures post engagement with counselling. This lens informed how the data was coded compared and integrated across studies. Findings were then grouped together thematically according to the research methods, the sample, the measures implemented, and the outcomes measured. This provided a preliminary synthesis. Thirdly, relationships within and across the studies were explored to understand the contextual factors influenced the role of expectations. Studies were compared by methodological design, geographical location, the types of students and other variables the studies measured such as previous experiences of counselling. Finally, in keeping with Popay et al.

(2006) guidelines, the robustness of the synthesis was assessed by critically appraising the quality and credibility of the included studies. These four stages culminated in a coherent narrative synthesis which is outlined below in section, 2.3.

2.3 Results

Upon searching the four databases, a total of 3,956 articles were found, with 1,645 duplicates subsequently removed. This resulted in 2,311 articles to screen for titles and abstracts. A total of 94 articles were assessed fully for eligibility, with just 5 meeting the final inclusion criteria, this is illustrated below with a PRISMA diagram (see Figure 2.1). Most studies were excluded on the basis that they did not employ a valid measure of expectations or an outcome measure in the student population.

Fig. 2.1 Prisma Visual Systematic Review



2.3.1 Quality Appraisal

MMAT Scores were established for each of the five included studies in this review.

One of the studies scored a 5, two scored a 4, with the remaining two scoring a 3. The studies were all quantitative studies employing survey methodologies, with a shared limitation relating to sample representativeness and response bias

2.3.2 Sample Characteristics

A total of 1,752 third level students participated across the five studies, with sample sizes ranging from 284 to 421. The participants were primarily female, with 3 studies reporting female participants above 70%. The age ranges of participants in the studies were largely similar, with two studies reporting a mean age of between 25 and 27 years, one reporting participants were “mostly” aged 18 or 19 years, and one reported all participants to be aged below 30. While one study omitted specific age range and means of participants, this reported participants comprised of 29.2% first year and 27% second year undergraduates.

80% of another study’s participants were in first year of college. Two studies were based in the USA, with one in Russia, one in Poland and one in South Korea. All studies were conducted in large Universities with students engaging in counselling/therapy being provided by their higher-level institution.

Three studies specified if this was participants first time engaging in counselling. Of these, one study reported 58% of students had engaged previously, another reported this figure to be just 22% while a third study reported no students had engaged in previous counselling.

2.3.3 Study Characteristics

All five studies employed a quantitative methodology, using survey methods to

generate data. All studies were cohort in design with measures of expectations taken prior to

counselling and two outcome measure post-therapy. All studies were concerned with student populations specifically and two studies analysed variables related to ethnicity in addition to expectations and counselling.

2.3.4 Measures Employed

Of the five studies, three employed a scale specifically designed to measure expectations in counselling. The Expectations about Counselling Scale Brief (EAC-B, Tinsley, 1982) was utilised by both Anderson et al. (2019) and Kakhnovets (2011). The Expectations for Counselling Success Scale (ECS, Kim & Ahn, 2005) was employed by Yoo et al. (2014). In contrast, Henshaw et al. (2019) implemented open-ended counselling expectations questions related to what participants expected to happen, with results subsequently categorised into “don’t know”, “just talking” and “beyond talking”. Syzmanska et al. (2017) measured participants expectations towards psychotherapy, psychotherapeutic relationship and the psychotherapeutic effectiveness through implementing specifically designed questions for the purpose of their research.

Beyond measuring expectations of counselling, all studies measured a range of other variables. For example, one study enquired about reasons for engaging in therapy, another employed the Working Alliance Inventory Short Form (WAS-I, Hatcher & Gillaspay, 2006) and the Outcome Questionnaire-30 (OQ-30; Lambert et al., 2001) was employed in another to assess psychological functioning with one distributing the NEO Revised (NEO-PI-R-Costa & McCrae, 1992). All studies were published between 2011 and 2019.

Table 2.2 Studies included in Systematic Review

Author, Year	Aims	Design	Country	Age	N (%)(F)	Previous counselling	Measures	MMAT Score
Anderson, Patterson, McClintock and Song, 2013	To define the factorial structure of treatment expectations	Quantitative Cohort	USA	Mean age = 25.2 years	N= 353 65.6%	58% had seen a therapist previously	EAC-B WAI-S	4
Henshaw Louie and Wall, 2019	To measure how pre-intake expectations relate to confidence in effectiveness of counselling	Quantitative Cohort	USA	No age reported; 29% first year undergrad	N= 418 71.1%	Not reported	Confidence in counselling What do you expect will happen in counselling	5
Kakhnovets, 2011	To establish how counselling expectations relate to help-seeking attitudes and personality	Quantitative Cohort	Russia	Range = 16-48 years “Most” aged between 18 and 19	N=421 46.6%	22% previously saw therapist	EAC-B NEO-P1-R ATSPPH	3
Szymanska, Dobrenko and Grzesiuk 2017	To identify relationship with patients’ expectations characteristics	Quantitative Cohort	Poland	All under 30 years	N= 276 55%	Not reported	Expectations psychotherapy Intensification of motivation Experience within therapy	3

Yoo, Hong, Sohn and O'Brien, 2014	To examine what mediator/moderator expectations	Quantitative Cohort	South Korea	Mean age = 26.67	N= 284 75.7%
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Note: EAC-B = Expectations about Counselling Scale Revised, WAI- S = Working Alliance Inventory – Short Form, NEO-P1-R = Revised NEO Personality Inventory (NEO-PI-R), ATSPPH = Attitudes towards Seeking Professional Psychological Help, ECS = Expectations for Counselling Success, OQ- 30 = Outcome Questionnaire – 30

2.3.5 Narrative Synthesis

The results of these studies were initially categorised by the nature of the expectation measured, i.e. either process or outcome expectations. This is summarised in Table 2.3 below. As can be seen here, three studies focused primarily on the expectations of processes of therapy (Henshaw et al., 2019; Anderson et al. 2013; Kakhnovets, 2011), with two studies focusing on how the client will feel post-therapy (outcome expectations- Syzmanska et al., 2017; Yoo et al. 2014). In addition, whether or not a client had previous experience of therapy was examined in relation to expectations in two studies (Anderson et al. 2013; Kaknovets, 2011), with the therapeutic relationship also examined in two studies (Anderson et al. 2013; Henshaw 2019). Studies concerning process vs. outcome expectations were then examined in terms of how these expectations related to actual outcomes of therapy and/or other student characteristics.

The studies that were focused on process expectations (Anderson et al. 2013; Henshaw et al., 2019; Kakhnovets, 2011), specifically asked about how involved in the process students think they will be (Anderson et al., 2013) and what the therapy will involve, with one study noting that participants either didn't know what to expect from student counselling or, if they did, expected that it would involve "just talking" or go "beyond just talking" (Henshaw et al. 2019). Expectations that counselling would go "beyond talking" predicted post intake attendance in this study. Students who expected counselling to go "beyond talking" meaning they anticipated active techniques, skill-building, or practical strategies rather than just conversation were more likely to attend sessions after the intake appointment. In summary, having more action-oriented expectations about what counselling involves was a positive predictor of continued engagement beyond the initial session (Henshaw et al., 2019).

While two of the studies implemented the same scale (EAC-B- Anderson et

al. 2013; Kakhnovets, 2011) to measure expectations among clients beginning therapy with their third level institution, they differed in their application of the scale. One study (Anderson et. al., 2013) was concerned with applying a factor analysis to the scale and concluded expectations of client involvement, counsellor expertise and facilitative conditions predicted therapeutic alliance, session depth, smoothness and positivity. Kakhnovets (2011) reported through using the EAC-B, that the “personal commitment” factor significantly differed for those who had previously seen a counsellor and those who have not, directly impacting their expectations related to their involvement in the counselling process.

Attitudes towards help seeking (as measured by the ATSPPH) was shown to have a positive association with the EAC-B in another study, showing a relationship with overall positive help seeking behaviours and positive expectations of counselling (Kakhnovets, 2011). Also, when the EAC-B was examined in relation to the therapeutic alliance, as rated by therapists using the Working Alliance Inventory–Short Form (WAI-S; Anderson et al., 2013), each of the three EAC-B factor-derived scales, as well as the total EAC-B score, was predictive of therapists' ratings of the therapeutic alliance. This predictive relationship extended to ratings of session depth, smoothness, and positivity, underscoring the relevance of clients' expectations in shaping early therapeutic dynamics. Similarly, expectations about the therapeutic experience and the relationship with therapist, described in one study as the “working alliance”, was a significant moderator between outcome expectations and actual outcomes (Yoo et. al., 2014). Specifically, Yoo et al. (2014) found that client’s positive expectations for change were related to positive improvement (as measured by WAI-S), through a positive working alliance.

In relation to the role of previous experience of therapy, one study found significant differences in the expectations of students who had previously engaged in therapy and those

who had not, with this group expecting to be more involved in the therapy (Kakhnovets, 2011). Similarly, Anderson et. al. (2013) found that treatment expectations, as measured by the EAC-B, differed between individuals with prior therapy experiences and those presenting for therapy for the first time. Specifically, clients with prior treatment experience demonstrated a more nuanced understanding of counsellor expertise. In contrast, first time clients exhibited more generalised expectations of counsellors' expertise. This distinction underscores the importance of considering clients' previous therapeutic experiences when assessing their expectations and tailoring therapeutic approaches accordingly.

In conclusion all studies reviewed suggested that expectations are important factors in predicting a range of outcomes in a therapeutic setting. Table 2.3 below provides information on all studies included in the narrative synthesis.

Table. 2.3 Description of Studies included in Systematic Review

Expectation type	Significant effects	Non-significant effects
Process expectations	<p>Henshaw et al. (2019)</p> <ul style="list-style-type: none"> • Uncertainty regarding what to expect with counselling associated with lower pre-treatment counselling confidence • Expectations that counselling would go “beyond talking” predicted post intake attendance <p>Anderson et. al (2013)</p> <ul style="list-style-type: none"> • Positive expectations of client involvement, counsellor expertise and facilitative conditions using EAC-B predicted therapeutic alliance, session depth, smoothness and positivity • EAC-B predicted therapeutic improvement <p>Kakhnovets (2011)</p> <ul style="list-style-type: none"> • EAC-B associated with attitudes towards seeking help • EAC-B for those who have previously seen a counsellor expect to be more personally involved in the therapy 	<p>Anderson et al. (2013)</p> <ul style="list-style-type: none"> • EAC-B did not predict therapists rating of therapeutic alliance • EAC-B did not show significant differences in whether the clients had previously received counselling
Outcome expectations	<p>Yoo et al. (2014)</p> <ul style="list-style-type: none"> • Clients’ positive expectations for change are related to positive improvement through a positive working alliance • Expectations about therapeutic experience and relationship with therapist was a significant moderator between outcome expectations and actual outcomes i.e. therapeutic improvement <p>Syzmanka et al. (2017)</p> <ul style="list-style-type: none"> • “Expectation of support” is an important predictor variable in the effects of the psychotherapy 	

2.4 Discussion

This systematic review aimed to explore the extent to which expectations of student counselling impact therapeutic outcomes, as well as to establish the factors associated with these expectations. Searches were conducted on four databases using three blocks of terms with ultimately just five studies selected for inclusion based on the predetermined criteria. Review findings highlight the important role that expectations of student counselling play in several aspects of practice. While assessment of expectations varied across studies, the general consensus was that more positive expectations were associated with positive student outcomes, including student engagement with therapy. In addition, students with previous experience of therapy had clearer, more informed and positive expectations of the therapeutic alliance and their involvement in the process.

As noted in the results, the studies reviewed measured either process or outcome expectations of counselling. However, interestingly, no study included a measure of both types of expectations. Notably, three studies focused on process expectations with two holding outcomes (i.e. therapeutic outcomes) as the focus. Interestingly, this is not representative of research on expectations in general psychotherapy research, as many have stated the over-emphasis on outcome expectations (Morrison et al. 2021; Constantino et al. 2021), suggesting that process expectations and determinants of such require more focus and data. The review findings give some insight into the role that process expectations may play in the student counselling context. For example, process expectations focused specifically on aspects of how involved in the therapy the student will be, what the therapy will involve and whether or not it will move beyond “just talking” (Henshaw et al., 2019), which in this case was shown to be associated with more engagement.

Aside from the general finding that more positive expectations were associated

with positive outcomes, one study found how a significant moderator between outcome expectations and the therapeutic experience was the therapeutic relationship (Yoo et al, 2014). This suggests that the relationship between the counsellor and the student client should be nurtured during the early stages of counselling on campuses. According to these findings, a client's positive improvement is achieved through expectations of positive change, and this is fostered through the therapeutic alliance. Similarly, Syzmanska et al. (2017) reported on the importance of the therapeutic relationship. These findings fit with previous literature beyond the context of student counselling. For example, a systematic review of 15 research studies reported that therapist factors impact on the alliance and subsequent therapeutic outcomes (Ryan et al. 2021).

Through this review it was noted that previous experience of psychological support in the student's lives was a factor in their formulation of expectations relating to their engagement in student counselling (Kakhnovets, 2011). This related specifically to their expectations of how involved in the therapy they would be and how instrumental in determining the direction of the therapy the student would be. Additionally, Anderson et al. (2013) reported that previous engagement in therapy led to students having differing expectations than those presenting for the first time for support, specifically in how organised and projected their expectations were.

All the studies reviewed were quantitative in nature, utilising scale-based measurements to generate data and report on expectations and related variables (e.g., attitudes and personality facets (Kakhnovets, 2011), or working alliance influences (Syzmanska et al., 2017). This is consistent with general research on expectations, where researchers have highlighted how qualitative research is lacking (Morrison et al. 2020). In addition, there was a lack of commonality across these studies in the measures of expectations used. Two studies (Anderson et al. 2013; Kaknovets 2011) implemented the EAC-B scale and Syzmanska et al. (2017) assessed expectations using

questions designed by the researchers exclusive to this study, whereas Yoo et al. (2014) utilised the Expectations for Counselling Success Scale (ECS- Kim et al. 2005) which is a short 5-item scale solely focused on outcome expectations. As such, it is difficult to generalise and compare expectations across cohorts without an empirical common scale. A more promising alternative may be the Milwaukee Psychotherapy Expectations Questionnaire (MPEQ- Norberg et al. 2011), which is a shorter alternative to the EAC-B, more recently developed, appropriate for a student population and contains subscales on both process and outcomes expectations.

2.4.1 Limitations

While this systematic review began with a large volume of studies, ultimately there were a very small number of studies included in the narrative synthesis. Of the results included within this review, only one study was conducted in Europe. While international data is important and relevant in this research, it would be beneficial to have some Irish data as the landscape of mental health, culture of counselling and higher education structures may be unique and different to that of non-European cultures. All five studies included in this review employed a quantitative methodology. A more comprehensive picture of expectations would be gained through mixed methods approaches, specifically incorporating qualitative research methods to gain a deeper insight into both the counsellors and students experiences of expectations of therapy. The utilisation of the EAC-B is quite dated as this was developed during the 1980s and more comprehensive updated scales exist (MPEQ for example (Norberg et al. 2011)).

A limitation of this systematic review relates to the search strategy employed. The search terms used were relatively narrow which may have restricted the identification of potentially relevant studies that employed alternative terminology or conceptualisations of the constructs of expectations and student counselling. This

review specifically only included studies with a measure of expectation. While this criterion strengthened the conceptual focus of the review, it also had implications for the scope of the evidence included. Specifically, studies that explored related constructs—such as student experiences, satisfaction, or barriers to accessing counselling—were excluded if they did not explicitly measure expectations. As a result, the number of eligible studies was reduced, and potentially relevant insights into how expectations are formed or enacted may not have been captured. Furthermore, this criterion may have favoured studies employing structured measurement approaches, potentially underrepresenting more exploratory qualitative research. Therefore, while the review offers a focused synthesis of expectation-related evidence, it should be interpreted within the context of this narrower evidential base.

Additionally, the review was limited to research published within the previous ten years. While this approach was intended to ensure the inclusion of the most up-to-date research at the time (2020), it may have excluded older studies that could have provided important theoretical or historical context and a broader understanding of expectations in this context. These constraints may have limited the comprehensiveness of the evidence base and consequently limited the scope and depth of the conclusions drawn. As a result, the findings of this review recognise that broader search parameters and a wider timeline of publication would yield a more representative and nuanced synthesis of the literature in this domain.

2.4.2 Recommendations

The findings of this systematic review reveal that while expectations are consistently recognised as influential in the counselling process, the existing literature is limited in scope and depth. All the studies in this review relied on quantitative methods and a limited number of scales. In response to these research gaps, the studies subsequently presented in this thesis in chapters 3-5, adopted a multi-method approach

to examine expectations in student counselling services in higher education in Ireland.

In summary this systematic review highlighted the complexity of students' expectations and the multifaceted nature of expectations within student counselling. The review demonstrated that expectations are categorised into processes and outcome expectations, that positive expectations are generally associated with more positive outcomes, and that previous experiences of therapeutic support influences expectations. In addition, it is clear and that existing research is based on international data, with a lack of Irish data on this specific topic. There was a noticeable gap in the specific individual determinants of expectations, demographic, sociodemographic and psychological traits were underreported in this study, along with wellbeing measures and attitudes towards help-seeking generally. The synthesis is based on a small sample with a narrow methodological approach and insufficient focus on the unique pressures faced by higher education counselling contexts.

2.4.3 Future Research Directions

To address these gaps and further develop an understanding of students' expectations, the determinants of such, the management and navigation procedures that exist in HEIs in relation to these expectations and the specific characteristics in an Irish context, three further studies were designed. The subsequent chapter presents a secondary data analysis (study 2) examining students' perceptions of wellbeing supports in the context of Irish HEIs. Next, to address a gap uncovered by the systematic review, chapter 4 presents a qualitative study with student counsellors which was designed to explore how expectations are addressed in the Irish student counselling context. Finally, to get a more detailed insight into student expectations of counselling services, chapter 5 describes a quantitative study of a student population.

2.4.4 Conclusions

In sum, the subsequent studies aim to explore how the patterns and themes identified in this review manifest within a real-world dataset of student experiences, thereby providing a deeper and more contextually grounded understanding of student wellbeing and counselling expectations within higher education in an Irish context.

Chapter 3

Study 2

*Exploring Student Perceptions of Support in Higher Education: A
Secondary Analysis of The National Student Survey Data*

Abstract

Background: HEIs provide various academic and non-academic supports for students, including wellbeing supports such as student counselling. Availing of such supports can increase students' completion of third level. However, not all students may be aware of the supports available to them and less is known about the determinants of these support perceptions in Irish HEIs.

Aims: This study aimed to establish the extent to which third level students in Ireland feel their wellbeing is supported in their HEIs and the factors influencing perceptions of support. **Methods:** Data from a national student survey

(studentsurvey.ie) was accessed through the Irish Social Science database. This survey measured perceptions of a range of supports including wellbeing supports along with demographic characteristics of a large cohort of third level students (N = 39,403). Predictors of wellbeing support perceptions were analysed using regression analysis, while associations with withdrawal considerations were also explored.

Results: While most students agreed their HEI has supports available for their wellbeing, a significant minority (10%) indicated the emphasis placed on such supports was "very little". Students in their first year of study, international students, and those attending TUs or other institutions reported higher perceptions of wellbeing supports. Age, gender and place of residence were not predictors of perceptions of wellbeing supports. Concerningly half of the students indicated seriously considering withdrawal from their studies, with these students having lower perceptions of wellbeing support in their HEIs.

Discussion: While most students in Irish HEIs recognise the supports available to them, awareness of these supports needs to be increased in certain cohorts. HEIs need to remain cognisant of the importance of emphasising wellbeing supports in order to achieve retention and maintain student wellbeing as students can only engage in supports they are aware of and can navigate access to.

3.1 Introduction

In Ireland currently there are more than 250,000 third level students (HEA, 2025), a figure which encompasses students undertaking all modes of study (e.g., full-time, part-time, undergraduate and postgraduate programmes). This represents a growth of 25% over the last 10 years (CSO, 2024). Supporting student mental health and wellbeing has become a priority across HEIs in recent years. As mentioned in Chapter 1, the My World Surveys show how many students in higher education in Ireland fall outside the normal range for depression and anxiety, with 58% reportedly experiencing these mental health issues in the My World Survey 2 (Dooley et al., 2019), with Fitzgerald et al. (2025) reporting an increase in both anxiety and depression from 2012 to 2019 among this age cohort. More recently, a national survey of student engagement, studentsurvey.ie (2022), reported that the COVID-19 pandemic had significantly negative impact on student's mental health, with 63% of females and 52% males respectively reporting adverse effects.

The increased prevalence of mental health concerns among students highlights the need for supports (Fitzgerald et al., 2025). Universally it is acknowledged that support services provided by third level institutions enhance student performance and facilitate successful degree completion (Lenz-Rashid, 2018). However, support services available to students in HEIs are often intended to aid student performance (Perez-Encinas and Ammigan, 2016). In line with this, Okpych et al., (2020) report how campus support services were originally established to increase student success in academia and enrich their skills for completion of college and in their careers. In more recent years, the range of supports available have broadened out beyond academic and career focused supports (e.g., student learning and development supports) to include wellbeing or health centred supports. This notably includes the provision of student counselling services.

In spite of the range of supports available to students at third level, not all avail of these. Unfortunately, it is estimated that 90% of students experience problems of some kind during their academic lives (Saleh et al., 2017) but only 15% report seeking help. This would indicate a serious lack of willingness to seek help (Dyrbye et al. 2015), or a lack of awareness of supports available. Ultimately support services only serve a purpose for those students who engage with them, and this is reliant on student's holding positive help-seeking behaviours and awareness of and positive perceptions of these services (Okpych et al., 2020).

To identify why (or why not) students seek support, their help-seeking behaviours and determinants of such need to be understood. When referring to "help-seeking behaviour", Ochi et al. (2018) defines this as a "person's behaviour toward pursuing and asking for help from others by speaking up about one's problems". Specifically related to student's help-seeking behaviour, Disabato et al. (2018) defined this as students acquiring assistance with differing issues such as academic performance and stress. A considerable body of research has explored help seeking behaviour among students. For example, seeking help is associated with higher academic ability and positive teacher-student relationships (Chu et al., 2018). In addition, gender differences have been documented, with females more likely to recognise they need and accept support services (Xie and Xie, 2019). Nationality and ethnicity may also impact a student's help-seeking behaviours, with ethnic minorities in any region displaying less readiness to seek out support services (Disabato et al., 2018). This would indicate that international students at HEIs may be less likely to seek help, even though they may require higher supports than their peers due to several factors, such as adjusting to a new cultural, being away from home for the first time (Forbes-Mewett & Sawyer, 2016). Academic performance is also an indicator of a student's readiness to engage with college support services (Rafal et al., 2018), however Wimer

and Levant (2011) reported students at the very extreme high ends of academic success and those at the very low end tend not to seek out and engage with help, with students described as being in the 'C range' more likely to seek out support. A recent systematic review highlighted that the most common barriers of help-seeking among university students were self-reliance, stigma and poor mental health literacy (Lui et al., 2022). Conversely, social encouragement was a significant factor in positive help-seeking behaviours which may be fostered by campus supports in encouraging students to engage.

Beyond considering individual sociodemographic and academic predictors of support seeking, the stage students are at in their academic journey may be important to consider. For example, a student's year of study has been shown to predict support engagement, with first and final year undergraduate students being most in need of support (Clark, 2005). In first year, this may be attributed to adjustment challenges increasing their need to seek supports from their new colleges, while in final year students may be increasingly interested in seeking support due to increasing stress and pressure in completing their studies. Related to this, in a study of 77 universities across 18 countries, Mason et al. (2025) reported that first year students had a 65.2% prevalence for a lifetime mental health disorder and 57.4% for a 12-month mental health disorder ($n = 72,288$). This may also interact with gender. For example, Mason et al. (2025) found first year female students screened higher for "internal disorders" while males presented with more substance abuse and ADHD symptoms. This would suggest that the first year of university is a high-risk period for mental health issues. As discussed in Chapter 1, it is also worth noting that first year students are often entering an "emerging adulthood" phase of their development, which Arnett (2000) defines as an already sensitive period of a young person's life whereby they may be experiencing a sense of identity exploration, instability and a feeling of being "in-between"

adolescence and adulthood.

Entering university and potentially living independently for the first time, coupled with the new stress of third level workload while experiencing the backdrop of emerging adulthood developmental sensitivities makes this cohort particularly vulnerable and potentially requiring high levels of support.

A consumer report, in the US, provided some insight into university students' perceptions of help available to them) (Mowreader, 2023) outlining that 60% of students are unaware of the full scope of services their HEIs provide for them. Here, academic advising was the most recognised service with 62% awareness, however awareness of HEI health clinics and student success coaching were much lower, at 33% and 29% awareness rates respectively. In a separate 2024 report, the Higher Education Authority reported that 30% of Irish students were not aware of the counselling services available at their HEIs (HEA, 2024). The consumer report (Mowreader, 2023) also asked students to indicate what supports they felt were most important to be offered to them. While 37% rated academic advising as the first priority of supports, 15% rating counselling as a priority. This implies that effective communication of what services are offered and available is necessary to provide to students. In addition, fostering and maintaining realistic expectations of these services is crucial to ensure students receive the best possible outcomes from their third level education.

While all universities have established student supports, research has indicated that these services may not be adequately supporting those who need it most (Beck, 2022). In addition, available supports are limited by the funding provided by universities, are often lacking and in certain cases only available to students with documented diagnoses (Fovet, 2024). Roberts et al. (2018) refer to this as universities taking a more consumerism approach with the provision of these supports. Thompson et al. (2019) suggested that as there is a limited amount of research investigating students'

experiences of college support services, future research needs to document students' perceptions to facilitate a student-centred approach. Unfortunately, many students only seek support from their university services when experiencing "severe distress" (Vivekananda et al., [2011](#)) and even then are met with limited resources (Stallman, 2012).

In order to develop an understanding of what students' beliefs are about the ways in which their HEIs support them, 60 students participated in a research project in Australia, with this as the central focus (Hitches et al., 2024). The researchers posed four main questions to the participants concerning the support they received and their perceived effectiveness of this support. 19 students reported experiencing purely effective support, 8 received purely ineffective support and over half received a mix of both. The authors caveated the supportive responses noting that the students often expressed how they were "effective, but" (Hitches et al., 2024). Furthermore, when asked to identify what supports were lacking, three main themes were reported: lack of personalised student centred-support, challenges in accessibility of support and a limited facilitation of student agency and empowerment. Study findings can be utilised to guide the assessment of student services and how they are perceived among an Irish student population.

In conclusion, HEIs offer a myriad of support services to students. While it is beneficial to document what cohorts are more/less likely to require and acknowledge they need to seek help, it is also important to develop an understanding of the perceptions students have in relation to the support available. Ultimately students cannot reach out and seek-help from services that they do not know are available to them, or if they have no or low expectations regarding the accessibility of services. Analysis of data from the Irish Survey of Student Engagement may provide insight into these issues.

3.1.1 Irish Survey of Student Engagement (studentsurvey.ie)

The Irish Survey of Student Engagement (studentsurvey.ie) is a nationwide survey disseminated to third level students in Ireland on an annual basis. The survey asks students directly about their experiences of higher education including their academic, personal and social development. The study has been run annually in Ireland since 2013/2014 and is coordinated by the HEA. The aims of the survey are to capture student experiences of teaching, learning, support services and overall engagement. While the survey's primary focus is on engagement and the student's perceptions of their learning environment, it also collects insights on student wellbeing, institutional support and the perceived emphasis of students on such. The studentsurvey.ie a national scope with a large sample size and the ability to provide institutional comparability along with trend data tracking year on year. This survey is based on the National Survey of Student Engagement which was originally developed in Indiana University (2000) and the Australasian Survey of Student Engagement (AUSSE). A pilot scheme of the Irish version of the survey was conducted in 2013/2014 to validate cultural and societal fit with the institutions participating. The survey sought to measure student engagement, as opposed to just satisfaction, and measures how institutions support engagement.

3.1.2 Research Rationale

In an Irish context, HEIs provide various academic and non-academic supports, spanning wellbeing to financial assistance. Research has repeatedly shown that access to academic resources, non-academic services, personal support services and financial advice and budgeting at higher level significantly increase students' completion of third level (Lenz-Rashid, 2018). However, little is known about how students perceive these supports, if they feel they are adequately emphasised at their respective HEIs and how likely they are to engage if required and if they would know how to engage with the

services. The determinants of engagement and requirements of support services are also unclear in an Irish HEI context; it is known that certain cohorts require additional supports, but now whether these specific cohorts know how to access supports and deem them adequate.

3.1.3 Aims

This study aimed to understand the general profile of students studying at third level in Ireland and report on their perceptions of supports available in their colleges. More specifically, this study aimed to establish the extent to which third level students in Ireland feel their wellbeing is supported in their HEI and to explore the factors influencing perceptions of support.

3.2 Method

3.2.1 Data Source

The Irish Survey of Student Engagement (studentsurvey.ie) is a nationwide survey disseminated to third level students in Ireland that asks students directly about their experiences of higher education, including academic, personal and social development. The data was secured through the Irish Social Science Database Archive (ISSDA-issda.ucd.ie) in Ireland. The researcher applied to this data repository as a PhD researcher and student of Maynooth University. This data was approved and allocated to the researcher once several forms and application procedures were completed, including the support of the research supervisor and confirmation from the University that the researcher was in attendance and a registered current student. The data was unlocked then through the ISSDA and the researcher was provided with a link to connect her university log in with the log in of the data archive. The raw data, a codebook and an SPSS file were provided to the researcher.

While typically administered on an annual basis, the student survey was not conducted in 2024 or 2025. The survey is currently undergoing a redesign and is

planned for a relaunch in 2026. The current study therefore involves analysis of the 2023 survey data, which is the most recently available.

3.2.2 Sample and Recruitment

The survey was advertised to students through online channels only whereby eligible students (first and final year undergraduate students and taught postgraduate students) received an email invitation with a unique survey link. For the 2023 student survey, this email link began to be sent on 6th February 2023. It ran for three weeks and closed in early March 2023. Students were prompted to participate with several email reminders being sent. Some colleges also used their teaching platforms to post the survey, for example, Moodle or Blackboard and some Student Unions promoted participation. In total there were 39,403 participants across 21 institutions which represented a 25.7% response rate of the student body who were sent the survey link.

3.2.3 Measures

In the 2023 survey, there were 64 core questions categorised into 10 engagement indicators and 52 individual items overall. While not the focus of the current analysis, there were five additional topical modules which institutions could choose 2 to include, meaning that these questions varied from institution to institution with differing HEIs opting to include differing blocks of questions.

The 10 engagement indicators comprised of several items, within each indicator a composite score was calculated. The first indicator, “Higher Order Learning”, questioned students on how much their coursework emphasised applying theories to practical problems and forming new ideas from different sources. The second indicator, “Reflective and Integrative Learning”, asked students to rate how often during the current academic year they connected learning to societal problems and examined strengths and weaknesses of their own views. The third indicator, “Quantitative Reasoning”, asked students to rate how often they reached conclusions using numerical

information and used data to support an argument. Next, the “Learning Strategies” indicator asked students to rate how often they review notes after class and summarise what they learned in their own words. The “Collaborative Learning” indicator enquired how often students worked with other students on projects during class and how often they explained course work material to others, while “Student-Faculty Interaction” asked students to rate how often they had talked about career plans with staff and discussed course topics outside of class. This was followed by the “Effective Teaching Practices” indicator, which investigated if students believed that staff/instructors clearly explained course goals and provided feedback on drafts or work in progress. The “Quality of Interactions” indicator investigated how students rated their quality of interactions with students, academic staff and support staff from poor to excellent.

The ninth indicator of the student survey was focused on in the current study. This “Supportive Environment” indicator enquired about the extent to which students perceived their institution to provide support for academic success, wellbeing and social needs, as well as social and extracurricular opportunities. The specific question of interest under this indicator asked: “How much does your institution emphasise: Providing support for your overall well-being (recreation, health care, counselling, etc.)?”

The final indicator, “Learning, Creative and Social Skills”, questioned students on how much they believed their institution contributed to their learning on being creative and innovative, working effectively with others and being an informed and active citizen. Apart from one indicator (“Quality of Interactions” which used a 7-point scale) all questions were rated a 4-point scale, with higher scores indicating a more positive response. Table 3.1 below displays the indicators

with the response categories and numbers of items within that indicator.

In addition to the indicators above, participants were also asked to rate how “seriously” they have considered withdrawing from their degree programmes and for what reasons, for example for financial, personal/family, health, employment, to transfer to another institution and “other”. Finally, several questions collected information on demographics (e.g. gender, age) along with college and course information.

Table 3.1. List of Indicators with Response Categories and number of Items

Code	Indicator	Response Categories	No. of items
HO	Higher Order Learning	Very little, some, quite a bit, very much	4
RI	Reflective and Integrative Learning	Never, sometimes, often, very often	7
QR	Quantitative Reasoning	Never, sometimes, often, very often	3
LS	Learning Strategies	Never, sometimes, often, very often	3
CL	Collaborative Learning	Never, sometimes, often, very often	4
SF	Student-Faculty Interaction	Never, sometimes, often, very often	4
ET	Effective Teaching Practices	Very little, some, quite a bit, very much	5
QI	Quality of Interactions	Poor (1) to Excellent (7)	5
SE	Supportive Environment	Very little, some, quite a bit, very much	8
LC	Learning, Creative and Social Skills	Very little, some, quite a bit, very much	9

Studentsurvey.ie published a report in 2023 outlining the reliability and validity of the student survey. The reliability of each indicator was assessed by calculating Cronbach’s Alpha. This was reported for each overall group for each indicator and for each study group, i.e. first year undergraduates, final year undergraduates and taught postgraduates (see Table 3.2). As is observable here, the Cronbach’s Alpha was similar for each indicator across the three groups. The Cronbach’s Alpha scores for all items are

satisfactory with the lowest scores observed for the indicator “Learning Strategies”.

This is due to the fact that this indicator has three items and the inter-item correlations are relatively low as the items are not asking students to rate related items.

Table 3.2: Cronbach’s Alpha for each indicator overall and by group

Indicator	No. of items	Overall Cronbach’s Alpha	1st year Undergrad	Final year Undergrad	Taught PG
Higher Order Learning	4	0.80	0.77	0.82	0.86
Reflective and Integrative Learning	7	0.78	0.75	0.78	0.80
Quantitative Reasoning	3	0.74	0.71	0.74	0.78
Learning Strategies	3	0.66	0.64	0.65	0.68
Collaborative Learning	4	0.70	0.67	0.71	0.73
Student-Faculty Interaction	4	0.77	0.76	0.77	0.80
Effective Teaching Practices	5	0.79	0.76	0.79	0.84
Quality of Interactions	5	0.84	0.84	0.82	0.86
Supportive Environment	8	0.88	0.87	0.88	0.90
Learning, Creative and Social Skills	9	0.87	0.84	0.87	0.90

3.2.4 Data Analysis

Descriptive statistics were firstly performed on the data, with frequencies calculated for categorical variables and means, ranges and standards deviations computed for continuous variables.

The primary outcome variable was perception of wellbeing support, which was based on responses to the question “How much does your institution emphasise providing support for your overall well-being (recreation, health care, counselling, etc.)?”. Subsequent to ensuring the assumptions of normality were met, a series of independent samples t-tests were conducted to compare differences in perceptions of support among different age groups (23 years and below or above 23 years), gender

(male or female), college type (university or technological university), if the student was an international student or not, and if the student lived at home or out of the home. Differences in wellbeing perceptions among year of study (first year, final year or taught postgraduate) were examined through a one-way ANOVA with three categories.

To establish if there were any relationships between perceptions of support placed on different aspects of college life, a series of Pearson's correlation analyses were performed. This was to investigate if perceptions of support for various aspects of college life were related. The variables of interest were: 1) if the college emphasised academic support, 2) if the college emphasised support for social engagement, and 3) if the college emphasised support for engaging in non-academic responsibilities (for example work and family etc.). These variables were examined in relation to participants' perceptions of the emphasis HEIs placed on overall wellbeing.

In addition, through a repeated measures ANOVA, differences in support perceptions were compared to each other (wellness, academic, non-academic and social supports) to establish which areas of support were perceived as most available by students.

It was also of interest to report on what, if any, influences demographic variables and perceptions of support have on a student's self-reported likelihood of withdrawing from college. In order to do so a series of independent t-tests were conducted to investigate the relationship between these variables and the student's likelihood to withdraw, followed by a more specific t-test to examine if consideration of withdrawing for health reasons was related to perceptions of support.

Finally, a linear regression analysis was conducted with perception of wellbeing support as the outcome variable. Several variables were entered into the model as predictor variables. These included age (above or below 23 years), gender (male or female), year of study (first or final year undergraduate), type of college (university or

TU/other), whether the student was and international student or not, and if the student lived out of parental home or not. In all cases alpha was set at 0.05.

3.3 Results

3.3.1 Descriptive Statistics

Of the 39,403 participants who responded to the survey, 60.4% were female (n = 23,796) and 39% were male (n = 15,358), with 0.6% (n = 249) not declaring their gender.

Regarding age, 63.5% (n = 25,026) were 23 years and under, with the remaining 36.5% (n = 14,377) 24 years and over. Just over half (52.8%, n = 20,813) of students were attending universities, with 36.6% (14,408) attending technological higher education institutions and the remaining 10.6% (4,182) were attending “other institutions”.

The sample consisted of 18,924 (48%) first year undergraduate students, 11,561 (29.3%) final year undergraduate students and 8,918 (22.6%) taught postgraduate students. Most (83%; n = 32,689) were Irish students, while 17% (n = 6,714) were international students. Of those who responded, 87% (n = 34,269) were studying full time with the remaining 13% (n = 5,134) part time/remote students.

The participants were questioned on their living arrangements during term-time. The most common response, representing 42.2%, was “not specified”, with the next most common response being “parental home”, which had 9,760 participants (24.8%), followed by living in a “rented accommodation” (16.9%; n = 6,668). A further 9.4% (n = 3,714) lived in college accommodation, while “own home” was selected by 4.8% (n = 1,900) and “other accommodation” represented 1.8% (n = 726).

When respondents were asked if they had “serious considerations of withdrawal”, 44.5% (n = 17,554) responded “Yes”, while the remaining 55.5% (n =

21,849) responded “No”. An additional follow up question asked if this was due to health reasons, to which 4.6% (1807) responded “Yes”. Demographics are presented in table 3.3 below.

Table 3.3 Demographics of Sample

Variable	n	%
Gender		
Male	15,358	39%
Female	23,796	60.4%
Undeclared	249	0.6%
Age		
23 and under	25,026	63.5%
24 and over	14,377	36.5%
Nationality		
Irish	32,689	83%
International	6,714	17%
Living Arrangements		
Parental Home	9,760	24.8%
Rented accommodation	6,668	16.9%
Own home	1,900	4.8%
College accommodation	3,714	9.4%
Other accommodation	726	1.8%
Not specified	16,635	42.2%
Institution attended		
University	20,813	52.8%
TU	14,408	36.6%
Other	4,182	10.6%
Type of Course		
Full time	34,269	87%
Part time/remote	5,134	13%
Year of Study		
First Year	18,924	48%
Final Year	11,561	29.3%
Taught PG	8,918	22.6%
Withdrawal Consideration		
Yes	17,554	44.5%
No	21,849	55.5%
Withdrawal due to Health		
Yes	1,807	4.6%

The mean response to the question “How much does your institution emphasise: Providing support for your overall well-being (recreation, health care, counselling, etc.)?” was 2.57 (SD = .952, n = 28,957). This would indicate a

generally neutral perception of the emphasis the students feel their colleges place on supporting activities. When this variable is examined in terms of frequency, “not at all” was selected by 10.6% ($n = 4,178$) of participants. Most of the remaining responses were “some” (33.1%) and “quite a bit” (33.9%), which combined represent 67% of the responses ($n = 19,383$). Descriptive statistics are presented in Table 3.4.

In order to establish the extent students felt other aspects of college life were supported, descriptive statistics were performed on the other items in the supportive environment indicator. Here, the perceived supports from their institution to succeed academically was observed at having a mean score of 2.70 ($SD = .895$, $n = 28,945$). The item related to how social support was emphasised was observed at having a mean score of 2.64 ($SD = .955$, $n = 28,948$). When asked in a similar manner how participants rated the emphasis the HEIs placed on helping students manage non-academic responsibilities the mean score was observed at 1.95 ($SD = .946$; $n = 28,939$). A one-way repeated measures ANOVA was conducted to examine the relationship between the four items in the “Supportive Environment” indicator: perceptions of wellbeing support, academic support, non-academic support and social support. There was a significant overall effect among groups, Wilks’ Lambda = .574 $F(3, 28738) = 7095.28$, $p < .001$. Results of the Bonferroni post-hoc analysis indicated that all pairwise comparison for support perceptions were significantly different ($p < .001$). In order, the highest perceptions of support were of academic support ($M = 2.70$, $SD = .894$), followed by social support ($M = 2.63$, $SD = .95$), wellness support ($M = 2.57$, $SD = .95$), and support for non-academic responsibilities ($M = 1.94$, $SD = .95$). From this, it can be concluded that students perceived their HEIs to have less of an emphasis on wellness supports compared to academic and social supports in HEIs, but more than supports for non-academic responsibilities.

Table 3.4. Descriptive of Variables if Indicator “Support Environment”

Variable	Mean	SD	n	Range
Perception of Wellbeing support	2.57	.952	28,957	1-4
Perception of academic support	2.70	.895	28,945	1-4
Perception of non-academic support	1.95	.946	28,939	1-4
Perception of Social Support	2.64	.955	28,948	1-4

To investigate if there was any relationship between participants’ perceptions of the emphasis their HEIs placed on the above supports, a correlation analysis was conducted (see Table 3.5). All variables were statistically significantly and positively correlated. As can be seen, perceptions of wellbeing support were significantly positively correlated with perceptions of emphasis on all other support forms, specifically perceptions of academic support ($r = .57$), non- academic support ($r = .51$) and social supports ($r = .54$). Table 3.5 below displays a correlation matrix with the above along with demographic variables correlations to these support perceptions.

Table 3.5. Correlation Matrix of Variables in Relation to Perceptions of Support for Wellbeing

Variable	1	2	3	4	5	6	7	8	9	10
1. Wellbeing support perception	-									
2. Age group (0 = 23 or below; 1= above 23)	-.01	-								
3. Gender (0 = male; 1 = female)	.00	.00	-							
4. University/TU	.02**	.07**	.02**	-						
5. International student	.09**	.26**	.00	-.02**	-					
6. First year/Final year	-.09**	.46**	-.01	-.01	.19**	-				
7. Residence	.03**	.25**	.02**	.25**	.22**	.11**	-			
8. Social Support	.54**	-.10**	.00	-.10**	.09**	-.13**	-.03**	-		
9. Non-academic support	.51**	.05**	.00	.04**	.12**	-.04**	.06**	.43**	-	
10. Academic support	.57**	.02**	.01	.00	.07**	-.08**	.04**	.51**	.47**	-

p < .05*, p < .01**, p < .001***

3.3.2 Relationships Between Demographics and Perceptions of Support

In order to examine if the participants' demographic or college status had any relationship to how they perceived the emphasis their HEI's placed on supporting their wellbeing, a series of independent t-tests were conducted. Firstly, an independent samples t-test compared participants perceptions of wellbeing support between males and females.

Results showed that Males ($M = 2.56$, $SD = .948$) did not differ significantly from Females ($M = 2.57$, $SD = .955$), $t(28955) = -0.78$, $p = .436$ Cohen's $d = -0.01$.

Similarly, perceptions of wellbeing support did not differ among those aged 23 and under ($M = 2.57$, $SD = .932$) and those aged 24 and over ($M = 2.56$, $SD = .986$). $t(21,966) = 1.63$, $p = .103$.

Living at home or living out of the home (coded living in parental home during term time or not) while attending college was examined for any relationship this may have on support perceptions of participants. There was a significant difference observed between those who lived in their parental home during term time ($M = 2.52$, $SD = .935$) and those who did not ($M = 2.58$, $SD = .957$), $t(12,197) = -4.981$, $p < .001$, with a mean difference of -0.064 (95% CI: -0.089 , -0.039). This indicates that students who live at home have lower mean support perceptions than those who live out of the parental home. There was also a statistically significant difference in perceptions of wellbeing support observed among national ($M = 2.53$, $SD = .945$) and international students ($M = 2.74$, $SD = .969$), $t(28,955) = -14.57$, $p < .001$, 95% CI $[-0.242, -0.1840]$, Cohen's $d = -0.17$ with international students holding higher perceptions.

The type of institution participants were attending was also examined to see if there was a difference between students attending universities or technological universities and other institutions. This independent t-test found a statistically

significantly difference among perceptions of support services in those attending universities ($M = 2.55$, $SD = .948$) and those attending technological universities/other institutions ($M = 2.58$, $SD = .955$), $t(28, 955) = -2.88$, $p = .004$, 95% CI $[-.054-.01]$, Cohen's $d = -0.03$, with those in TUs/other institutions holding higher perceptions of support than those at universities.

A one-way ANOVA was conducted to examine differences in wellbeing support perception between the three groups of students (first year undergraduate, final year undergraduate and taught postgraduate). The analysis showed a statistically significant effect on group support perception, $F(2, 28, 954) = 159.28$, $p < .001$. Group 1 (first year undergraduates, $M = 2.65$, $SD = .94$) reported significantly higher perceptions of support compared to group 2 (final year undergraduates- $M = 2.42$, $SD = 0.94$) and group 3 (taught postgraduates- $M = 2.58$, $SD = 0.98$). Post hoc Tukey HSD tests confirmed that all pairwise comparisons were statistically significant ($p < .001$). The largest difference was between first and final year undergraduates (mean difference = 0.23) followed by final year undergraduates and first year postgraduates (mean difference = -0.15).

3.3.3 Predictors of Perceptions of Support Emphasis

A multiple linear regression was conducted to examine predictors of students' perceptions of the emphasis their HEIs placed on support for wellbeing. The predictors included were age group (above or below 23 years), gender (male or not), college type (university or TU/other), year of study (first or final year undergraduate), residence during term time (parental home or not) and international student (or not). The overall model was statistically significant, $F(6, 22,353) = 83.32$, $p < .001$, however only explained 2.2% of the variance in perceptions of wellbeing support emphasis ($R^2 = .022$, adjusted $R^2 = .022$). The type of college attended was a positive predictor ($\beta = .023$, $t = 3.33$, $p < .001$), with TU students reporting higher perceptions and the year of

study (first/final year) was a strong negative predictor ($\beta = -.118$, $t = -17.19$ $p < .001$) with final year students reporting lower support perceptions. The international status of the student was also a significant positive predictor ($\beta = .082$, $t = 11.73$, $p < .00$) with international students reporting higher perceptions of support. The age group of the student ($p = .458$) and whether they lived in the parental home were not significant predictors ($p = .564$). All VIF < 1.20 indicating no multicollinearity concerns. Table 3.6 below displays the observations of the regression analyses and the significance of each predictor variable.

Table 3.6. Multiple Regression Predicting Student's Perceptions of Wellbeing Supports

	R²	Adj. R²	β	B	SE	t	p
Model	.022**	.022**					
Age Group (above/below 23)			-.005	-.011	.014	-0.74	.458
Gender			.004	.007	.013	.058	.564
Uni. Type			.023**	.044	.013	3.33	<.001
Course Year			-.118**	-.232	.013	-17.19	<.001
International			.082**	.208	.018	11.73	<.001
Residence			.010	.021	.016	1.36	.174

$p < .05^*$, $p < .01^{**}$, $p < .001^{***}$

3.3.4 Relationships Between Perceived Support Emphasis and

Likelihood of Withdrawal

The likelihood of withdrawing from college generally and for health reasons was examined for any relationship between student's perceptions of their HEIs emphasis on wellbeing support. An Independent t-test examined the relationship

between a student's serious consideration of withdrawing from college and their perceptions of the emphasis their college had on support services showed a significant difference between those who selected Yes to seriously considering withdrawing from college ($M = 2.40$, $SD = .961$) and those who did not seriously considering withdrawing ($M = 2.68$, $SD = .930$), $t(23,990) = 24.81$, $p < .001$, 95% CI [0.260, 0.305], Cohen's $d = 0.32$. A further independent t-test was conducted to examine more closely the withdrawal considerations of participants; when asked if they would seriously consider withdrawing due to health reasons, a significant difference was observed from those who stated Yes ($M = 2.58$, $SD = .949$) and those who said no ($M = 2.35$, $SD = .976$) when examined in terms of a relationship with their perceptions of the emphasis their HEI places on support. $t(28,955) = -9.97$, $p < .001$, 95% CI [-0.276, -0.185], Cohen's $d = -0.12$.

3.4 Discussion

This study analysed data from the most recent iteration of the national survey of student engagement (studentsurvey.ie) to explore the landscape of students in Ireland and to gain some insight into their perceptions of supports offered at HEIs. It was also a consideration to examine if there were any particular groups among this cohort who had lower perceptions of wellbeing supports than others. Concerningly, over one in ten students perceived the emphasis their HEI placed on wellbeing supports as "very little". This would indicate that support availability among this cohort needs to be better publicised and more widely integrated into student life. Furthermore, a concerning finding was the fact that almost half of students had considered withdrawing from their course at some point, which showed relationships with support perceptions.

Relationships were observed among several variables and perceptions of wellbeing supports. Specifically, perceptions of wellbeing supports were predicted by

type of institution attended and year of study, with students in institutions other than universities, and those in first year perceiving higher wellbeing supports than those in universities and in their final year respectively. These findings are consistent with and align with previous research. For example, Clark (2005) outlined that a student's year of study was a predictor of support needs in that first-year students were particularly vulnerable. This does not suggest that first year students required higher levels of help, as specific support needs were not measured, however, if previous literature is to be accepted then it is positive that students in first year were more aware of supports available and indicative that perhaps final years need to be made more aware of what is available to support them or perhaps require reminding as they have progressed through their education and lost sight of the supports available to them.

It was also observed, albeit to a lesser degree, that international students had more positive perceptions of wellbeing supports than Irish students. This is perhaps a positive finding and indicates that this cohort are being made aware of the supports they can draw upon. There were approximately 32,000 international students hosted in Ireland during 2022 (HEA, 2024) and their support needs have been observed as being higher than students studying at their home countries (Raaper, Brown & Llewellyn, 2021). While this current study was not measuring actual support engagement it is still reassuring that these students are aware of wellbeing support needs.

Interestingly, age, gender and place of residence (specifically whether or not the student resided in their parental home) were not predictors of perceptions of wellbeing supports when controlling for these other factors.

It was not surprising that the four items under the indicator "Supportive Environment" were all strongly related to each other. This illustrates that students who perceive one type of support as highly emphasised by their HEI perceive all types of supports similarly. However, it is also clear from the analysis that wellbeing supports

were perceived as less available than both academic and social supports, suggesting there is a need to increase the visibility of supports in HEIs. This position was reinforced by the observation that over one in ten reported there was a little or no emphasis placed on wellbeing supports in their institution.

These observations serve to remind HEIs that students can only engage in support services they are aware exist and that they perceive as available and accessible to them (Okpych et al., 2020).

An area of concern highlighted by this research was the high levels of students who had seriously considered withdrawing from their college courses during the academic year. Almost half (44%) of the participants indicated that they had “strongly considered” withdrawing from their courses, which is higher than the figure of 37% reported in the 2022 student survey. This figure is worryingly consistent with Lukosius and Olorunniwo’s (2013) position that almost half of students who enter third level do not achieve a degree award.

Foster et al. (2011) outlines this as “doubting”, whereby students engage with the “serious consideration” of withdrawal. They estimate that around a third of students engage in this doubting, with the results of the current study suggesting that this figure may even be higher. Xuereb (2014) outlines that if students receive the appropriate support a proportion of them considering withdrawing could complete their studies. Tinto’s (1997) model of academic integration recommends three core components necessary for students’ integration and success, namely academic, psychological and environmental. These three components were examined through the studentsurvey.ie, students were asked about their perceptions of the emphasis their HEIs place on wellbeing, academic and non-academic support and social integration. In the current study, when “serious consideration” of withdrawal was examined for a relationship to wellbeing support perceptions, a significant relationship was observed. This highlights

that students who felt less supported in terms of their wellbeing were more likely to consider withdrawing. This would suggest that a perceived emphasis on wellbeing supports may act as a protective factor against student dropout rates as where students feel more supported. Similarly, this study also observed a significant relationship between all three other support areas, academic, non-academic and support. This is consistent with the research findings that outline these support areas as protective factors against early withdrawal and non-completion of college courses.

3.4.1 Strengths and Limitations

The dataset implemented in this study was very large and gave a huge breath of both participants and HEIs. This data was nationally representative and had good levels of generalisability. The data was reasonably easy to access, and interpretation of codes and variables was accessible which let to analysis being straightforward. However, while this dataset had many important strengths, it was not centred on mental health assessment or awareness. As this study was based on secondary analysis, the variables were predetermined and constrained. No self-reported or clinical measures of actual mental health and wellbeing of students were included, and perceptions of support were only assessed in general terms. Notably, while counselling was included as an example of a wellbeing support, no question asked specifically on students' perception or engagement with counselling services. Much more clinically focused data is required to get a clearer understanding of the quarter of a million third level students mental health and support needs.

3.4.2 Policy and Practice Implications

The observations related to the withdrawal considerations of students would indicate that visible, accessible and available wellbeing supports are necessary considerations in retention strategies of HEIs. Services like counselling and health are highlighted, through these findings, as playing an important role in students feeling

supporting and in turn influencing their abilities to remain in third level. Not only do the supports need to be visible but also accessible and perceived as available.

Perceptions of wellbeing supports are as relevant as service provisions. Students can only be supported by services they are aware exist, they can navigate access to and they trust and feel are important to their HEIs to emphasise.

Policy makers and service providers need to maintain awareness of differing support needs of different student cohorts. First year students, international students and students with disabilities for example will have differing support needs and differing perceptions and perceived barriers to accessing help. As per the current study, the literature outlines these students have greater support needs but the fact that they perceived the emphasis the HEIs they attended were lower than their counterparts is a concern.

3.4.3 Future Research Implications

While this research illustrated insightful data about students' perceptions of wellbeing support at third level, it is not specifically related to mental health, the wellbeing of the population and what the students expect from their support services. As previously outlined, 90% of students experience difficulties during their third level education and only 15% seek help (Saleh et al., 2017). This, coupled with the 44.5% seriously considering withdrawal (studentsurvey.ie, 2023) increasing from 37% in 2022 (studentsurvey.ie, 2022), indicates a huge urgency in provision of students supports that are accessible, available and visible to students, and that students have positive perceptions of help-seeking behaviours.

3.4.4 Conclusions

Although this study provided important insights into the landscape of Irish third level students and the emphasis their HEIs place on supports, the specific wellbeing of this population, the expectations they hold of support services, as well as the

experiences of these supports, specifically student counselling, remains unknown. In addition, the specific determinants of expectations present in this population needs to be explored. In an attempt to address these gaps, study 4 involved a more focused mixed methods survey study of current Irish students attending HEIs. This was to address objectives 1, 2 and 4 of this overall thesis. However, prior to this, consideration was given to the perspectives of student counsellors currently practicing in Ireland HEIs. This study (study 3) is presented in the next chapter (chapter 4) and was undertaken to address objective 3 specifically in this thesis.

Chapter 4

Study 3

***“Expectation is a culture”* Counsellors Experiences of Student**

Counselling Expectations in Higher Education in Ireland

Abstract

Background: Understanding how expectations are formed, managed and addressed in student counselling services requires consultation with those delivering these services. However, little qualitative research has explored this issue in the Irish context.

Aims: This study aimed to explore (1) how student counsellors define and conceptualise expectations, (2) whether students' expectations are routinely acknowledged during therapeutic engagement (3) the extent to which counsellors perceive the development of expectations in relation to students' wellbeing and (4) if they feel they contribute to therapy outcomes.

Methods: Sixteen semi-structured qualitative interviews were conducted with student counsellors during May-July 2019, and May-July 2023 (pre and post pandemic). Questions were asked regarding expectation assessment, determinants of expectations and how they are managed. Reflexive thematic analysis from a constructivist approach was conducted.

Results: Four main themes were identified. *Parallel Pressures: Clinical Intent vs Institutional Constraint*) captured the tension between student expectations and service limitations. *"We've Created Our Own Problem": Clinical Presentation and External Messaging* highlighted perceived sources of student expectations. *Pandemic Practicing: The Unseen Weight of Expectations* reflected changes in counselling modalities post-covid. *From Grapevine to Guideline: Going forward with Expectations* emphasised strategies for readjusting and fostering expectations in future practice.

Conclusion: By examining student counsellors' perspectives, this study provides insights into the role of expectations in student counselling and offers recommendations for their management within higher education services.

4.1 Introduction

The term ‘Student Counsellor’ encompasses a variety of professionals providing psychological support to students at higher level institutions, usually in the form of short-term counselling. Student counsellors see students on an individual basis, usually on college campuses and typically at no cost to the student. There are considerable demands on student counsellors, and their caseloads can vary greatly from institution to institution and seasonally, with demand peaking at certain times throughout the academic year (Trinity College Dublin, Student Counselling Service, 2023). The qualifications of student counsellors vary greatly. For example, they may be psychologists, both clinical or counselling psychologists trained to doctoral level, psychotherapists, with varying degrees of postgraduate training or other professionals with specific qualifications in counselling and psychotherapy. Within Ireland, this body of professionals are represented by the Psychological Counsellors in Higher Education in Ireland (PCHEI). According to PCHEI (PCHEI, 2025), student counselling services operate from a five-prong model; to (1) provide clinical services to students, (2) consult and collaborate with wider staff and faculty, (3) promote mental health and prevention of illness, (4) provide training and education to wider staff and students on mental health and (5) contribute to research and development.

As mentioned in Chapter 1, student counsellors in Ireland experience high levels of demand for their services and often operate beyond capacity. The recommended ratio of student counsellors to students is one for every 1,000-1,500 students. However, in Ireland it is one to 2,000-3,500 students (O’Callaghan, 2017). Due to the increasingly deteriorating mental health of students (Dooley et al., 2019) the large ratio of students to counsellors, the lack of adequate services available and the nature of student concerns compared to the general population, student counselling

services in Ireland typically operate on a brief-intervention model basis (PCHEI, 2025). This means that generally if a student is engaging with student counselling, they will receive a capped number of individual sessions, typically fewer than 10.

4.1.1 Expectations and Limitations within Higher-level Counselling

The policies student counsellors work from, including implementing a brief-intervention, short-term model of care, are intended to ensure that access to the service is fair to all students. However, this brief-intervention model has been described as putting counsellors in an ethical dilemma; for example, a UK study outlined that the short-term nature of the therapeutic intervention being offered means that students' needs were often inadequately addressed and that this restriction could result in causing psychological harm and client deterioration (Hallet, 2012). In other words, the tight time constraints mean that the student's issues may not be addressed thoroughly enough to see any improvement within the time frame (Hallet, 2012). In an Irish based study, similar findings were observed whereby student counsellors expressed that working within a short-contract model and the consequential time constraints would impact treatment quality (Gavin, 2017). The counsellors reportedly experienced frustration that their professional appraisals were linked to the quantity of students they could see briefly, rather than the quality of their therapeutic work. Gavin (2017) outlined how this led to a sense of "diminished autonomy" that they perceived as an erosion of their expert knowledge.

Limitations placed on student counsellors by institutional policies may have an impact on their ability to manage student expectations. Recently, qualitative research with university counsellors, in a Norwegian University highlighted that they are acutely aware of the gap between what students expect and what counselling services can provide (Marszalek, Greenberg and Wright, 2021). This study involved interviews with

therapists who were employed as student counsellors, with participants reporting that students begin student counselling with performance-driven expectations, seeking symptom relief. However, while counsellors feel compelled to deliver coping strategies to their clients, they also reported how operating under limited capabilities led to difficulties in facilitating meaningful growth. Marszalek et al. (2021) also reported how counsellors observed an increase in students presenting with more complex issues which intensifies the pressures under which they are practicing, further increasing the gap between what they can provide and what the student might need or expect from the service. Overall, this study highlights how student counsellors are balancing short-term pragmatic support with the therapeutic aims of providing therapeutic work, as is their professional inclination, while navigating within a system of strict institutional constraints.

Similarly, in another study counsellors reported that students often came to them expecting a traditional counselling model and their expectations needed to be managed so that they were aware of the limitations the services could offer and how often and for long they could engage therapeutically with them (Randall & Bewick, 2016). While students expected an emotional depth and ongoing therapeutic support, the student counsellors, as determined by their higher education institutional policies, could only offer a solution-focused, short-term intervention. This created an expectation gap that reportedly was difficult for the counsellors to manage.

More recently, Osborn et al. (2024), who interviewed university and NHS service providers of psychological support, found a conflict between students' expectations of timely and accessible support from their university supports services and the reality of a fragmented service with restrictive eligibility criteria. This further reinforced the necessity to make clear the capabilities of services and the limitations of availability of supports to foster positive yet realistic expectations among students

requiring support from their campus counselling services. In order to improve this fostering of realistic expectations, Cohen et al. (2020) recommended a co-design workshop to improve transparency and availability of services in campuses which would improve communication and aid in the alignment of expectations of services for students engaging in counselling at third level. As Osborn et al. (2024) outlined, expectations are implicitly present in students before they enter counselling and a mismatch occurs when they realise the reality of navigating within the limitations of services. This highlights the fact that expectations are not formed in the counselling services, but prior to engagement and indicates the need for clearer communication of what is available to students from a university policy perspective.

Overall, there is a lack of research exploring the extent to which student counsellors actively assess expectations of the students they engage with, how they manage and negotiate these expectations and the strategies they use in resetting these pre-meditated expectations.

Previous research has been outlined concerning student counsellors and student expectations but a direct overlap of both is lacking for this very specific population and this exact cohort of professional clinicians. This current study, Study 3, will use qualitative methods to investigate expectations from the student counsellor's perspective, including the perceptions student counsellors have of student expectations, whether they assess expectations prior to therapy and if they feel they contribute to therapy outcomes.

4.2 Method

The methodology of this study was conducted in accordance with the consolidated criteria for reporting qualitative research (COREQ) guidelines (Tong et al., 2007). These guidelines are presented in full in appendix C.

4.2.1 Design

This study involved a qualitative methodology. Semi-structured qualitative interviews were conducted with student counsellors currently providing psychological support at higher level institutions in Ireland.

4.2.2 Participants

Participants came from Student Counselling Services in Higher Education Institutions across Ireland. The inclusion criteria outlined that participants must be (i) employed by a higher education institution for the purpose of providing psychological support to students and (ii) formally trained and registered with one of the awarding bodies for Psychology, counselling and psychotherapy.

This study used a mixture of purposive and snowball sampling techniques. This recruitment strategy involved the researcher contacting each Student Counselling Service operating in all higher education institutions individually, alerting them to the study and inviting them to participate. In some instances, this was done through an administrator or a Director of the Services and in smaller colleges, whereby the counsellors provided their own administration, potential participants were contacted directly. Some counsellors, subsequent to speaking to the researcher, alerted their colleagues to the research and therefore some snowballing techniques were employed in recruitment.

Recruitment was carried out in two phases: (1) May/June 2019 and (2) May/June 2022. These specific months were chosen as the researcher, a previous employee of a student counselling service, was aware that this specific time window was the most conducive to securing participants; right as the students were leaving campus for the summer and before sessional counsellors finished up and the full-time counsellors commenced taking their annual leave.

The two phases of recruitment represented two very different times in the provision of student counselling services. The first phase occurred during 2019, before

the covid-19 pandemic, when counselling sessions all took place in person and were campus based. The second recruitment phase took place during 2022, when the landscape had significantly altered and counsellors had moved from exclusively operating through online channels back to a hybrid model of providing in person counselling with some services being delivered online.

The final sample size of $n = 16$ ($n = 4$ pre-covid and $n = 12$ post-covid) was not predetermined by the researcher but instead guided by information power (Malterud et al. 2016). This assumes that sample adequacy should be based on the extent to which the sample holds relevant information for addressing the study aim, rather than adhering to predefined numbers or data saturation guidelines. Information power is influenced by the specificity of the sample, the narrowness of the study aim, the quality of the dialogue and the analytic strategy, which in this thesis was RTA. Similarly, Vasileiou et al. (2018) conducted a systematic analysis of interview-based qualitative studies to examine how sample size sufficiency is characterised and justified in practice. They indicate that while data saturation is the most commonly cited rationale, it is often poorly defined or insufficiently evidenced. Therefore, they advocate for more explicit, context sensitive justifications of sample size and emphasise that adequacy is aligned with study aim, methodological approach and again analytical strategies, i.e. RTA in the case of the current study.

4.2.3 Procedure

Based on a review of previous literature, including findings from the systematic review (study 1), the researcher and the supervisor devised a list of semi-structured guiding questions (see appendix D). The questions/guiding prompts were designed to collect information on (i) the counsellor's identification as a mental health practitioner, (ii) the counsellor's understanding of expectations and where they felt expectations fit into their clinical practice, (iii) the clinical presentations of students attending their

service and the impact of this on student expectations, (iv) the influence of previous exposure to psychological support on expectations and (v) if they felt a formal evaluation of expectations as part of the clinical intervention would be beneficial. Additionally, in the second phase of interviews (May/June 2022), questions were added to investigate and document the impact of the covid-19 pandemic on the management of expectations in clinical practice in this educational setting. During the first phase of data collection (Summer 2019) four research interviews were conducted. In this case, the researcher was invited onto campus to meet with each participant and conducted in person interviews in their counselling rooms. The interviews were recorded on the researcher's iPhone and Dictaphone, to ensure no loss of data occurred. These interviews were between 45-and-90 minutes duration. They were later transcribed and anonymised before the original recordings were deleted by the researcher.

The second phase of interviewing was conducted in the aftermath of the covid-19 pandemic (May/June 2022) with all interviews moved online. Microsoft Teams was employed to host, record and provide a rough guide transcript for all twelve participant interviews. These interviews were transcribed and anonymised by the researcher using both Microsoft Word and Microsoft Teams. These interviews varied from one hour to 90 minutes in duration.

Each participant was supplied with an information sheet fully outlining the nature of the study (Appendix E), a consent form pre-approved by the Ethics Committee (Appendix F) and the full knowledge they would be retaining the right to withdraw participation at any time.

Participants were fully briefed prior to engaging in the qualitative interview, debriefed afterwards and provided with the contact details of the researcher and supervisor should they have any concerns. They were informed and assured their data would be stored on a password protected PC (Microsoft Teams account that required

double authentication to access) and subsequent Microsoft Word file. All files were individually password protected. The raw data was anonymised, and no identifying information was remaining post transcription, pseudonyms were employed and all identifying information relating the counsellors, their place of employment, their geographic location and students were removed, all that remained was whether they were referring to a University or a Technological University (this was to aid comparison analysis between the two institutions and related to funding and accessibility differences among the two types of institutions).

Each participant was asked at the end of interview if they wished to view their transcripts, all declined but all requested to be kept up to date with the research progress and expressed an interest in viewing the produced report. The PCHEI requested the researcher present their findings at a future conference of their members.

4.2.4 Epistemological Approach

A reflexive qualitative approach was employed in this study, as guided by Braun & Clarke (2006, 2019, 2020) and a specific paper on using reflexive thematic analysis on counselling and psychotherapy research (Clarke & Braun, 2018). A paradigmatic framework of constructivism and interpretivism was utilised throughout the data analysis and subsequent presentation. The reflexive element acknowledges the researcher's active role in shaping the analysis and the themes presented did not emerge nor were they discovered but they were generated through the researcher's interpretation of the participants words. This study acknowledges that as it is situated within a constructivist epistemology the findings and analysis of themes are reflective of an interweaving of participant accounts of how they (participants) made sense of student expectations as shaped by the institutional constraints and the researchers' experiential lens.

4.2.4.1 Researcher Positionality

This research was carried out by a researcher with previous experience employed in a Student Counselling Service at a large Irish University, where first-hand understanding of the complexities of providing psychological support to students was established and this provided the inspiration for this research. This insider experience informed the early stages of this research including the design of the study and interview schedules while the previous rapport with student counselling directors was instrumental in data collection and recruitment.

The researcher's personal experience with therapy and psychological support is also a consideration as the analysis was approached with a dual lens from both professional and personal reflection. At the time of research design and data collection the researcher was not engaged in personal therapy (a history of engaging with psychological treatment was present in previous decades), however they had begun therapy prior to engaging in the analysis of the data. This shifted the personal context with which the data was approached, and as a result deepened the understanding of the therapeutic work being researched. This change in the researcher's personal circumstances inevitably changed the lens through which the data was analysed. The professional experience of being engaged in student counselling services coupled with a personal experience of a patient of psychotherapy navigating her own expectations has inevitably influenced the analysis of the data.

The evolving positionality of the researcher aligns with the assumptions of reflexive thematic analysis described below (Braun & Clarke, 2020), whereby meaning is constructed through the active interpretative work of the researcher. The researcher discussed these personal therapy influences with academic supervision regularly and the academic analysis in personal therapy as regularly, this ongoing dialogue has aided in acknowledging the influences of professional and personal influences and shaped the

knowledge production process in this research. This unique insight of occupying the dual role along with a personal perspective have brought a deeper layer of understanding to this research.

4.2.5 Analysis

This research employed a reflexive thematic analysis approach (Braun & Clarke, 2020). This methodology is recommended by Clarke & Braun in their 2018 paper, particularly for counselling and psychotherapy research. As described by Braun & Clarke (2019; 2020), in reflexive thematic analysis, the researcher carries out the coding process in an “unstructured and organic” manner with the possibility that the codes will evolve and change depending on the researcher’s deep understanding of the data through not only being entrenched in the research but also evolving into a person who is engaging in therapy herself. This has shifted the researcher’s insight on the relevance of expectations from the perspective of the students/clients.

Braun and Clarke (2006, 2019, 2020) outline a six-phase process which facilitates analysis of qualitative data, not only as an approach to doing thematic analysis but also as a guide in learning how to do thematic analysis (Braun & Clarke, 2020). This was particularly helpful for the researcher. They also emphasise that this process is not linear and requires moving through the phases repeatedly (Braun & Clarke, 2020), this was particularly pertinent for the researcher as their status from non-client of psychotherapy changed to being a client and therefore the interpretation of some of the data was impacted and altered slightly.

To achieve phase one, the researcher transcribed the data using the audio recordings and the rough handwritten notes taking during the interviews as guides from the in-person interviews and the output from M.S. Teams for the online interviews, ultimately transcribing in a traditional way to become familiar with the data from the outset. The video recordings were watched by the researcher several times along with

listening to the audio recordings to achieve full contextual understanding of the participants words, as recommended by Braun and Clarke (2006). Throughout initial transcription, notes were taken on any initial themes and quotes were noted.

During phase two, as recommended in Braun & Clarke (2020), initial codes are generated, which will later become the data to answer the research question. It is recommended that not only should initial codes be generated but their progression from codes to themes to final analysis should be tracked and noted in reflexive thematic analysis. This was achieved in this research through the researcher noting initial codes, further mining the data several times to generate themes that best answer the research question.

Phase three was conducted when all the transcripts were coded, and final themes were decided upon. Codes were combined and eliminated during this phase to achieve the final themes and sub-themes, as recommended by Braun & Clarke (2020). In this phase, for example, it was discovered the data relating to covid-19 (for the participants who took part in the second phase of interviews) would best be reported as an independent theme as opposed to being a sub-theme under another heading. A theme relating to expectations and their influence was also sub-divided into two themes related to internal and external influences.

Phase four was conducted as guided by Braun & Clarke (2020) by going back through the proposed themes with five key questions guiding the researcher. Firstly the themes were reviewed by ensuring they were themes and not just codes, the quality of the themes were assessed and if they were answering the research question, defining the boundaries of the theme and what it includes and excludes, whether or not there was enough data to support this theme and if the data was too diverse and whether the theme lacked consistency (Byrne, 2021).

The fifth phase, as guided by Braun & Clarke (2020), was achieved by

generating a thematic framework, whereby each theme is framed in terms of the whole dataset and the research questions. This meant looking at the themes as a complete narrative of the whole dataset and assessing if the research questions were answered. During this phase the research re-named a theme and separated another two (e.g. where expectations come from and what impacts expectations were separated into two themes to be reported separately).

The sixth and final phase, is the culmination of the results report, as presented in the following section. The results report is the final themes and subthemes, following several developments and interpretations of the data.

Reflexivity is not restricted to one specific phase of this process and was continuous and ran throughout all six phases of the reflexive thematic analysis. During phase one the researcher began reflexive engagement by acknowledging their own assumptions and initial emotional reactions to the data. During phases 2 and 3 the researcher recognised how reflexivity guided decisions about what was meaningful and why and acknowledged that coding was not neutral but was being shaped by the researcher's lens. Finally, throughout phases 5 and 6 the researcher reflects on how their own theoretical position and assumptions have shaped the analyses and how their interpretation and lens was constructing meaning.

MAXQDA Plus 20 software was used for coding and to aid in the development of themes.

4.2.5.1 Trustworthiness of Analysis

Trustworthiness was established using the criteria proposed by Lincoln and Guba (1985), including credibility, dependability, confirmability, and transferability. In addition, the analytic approach was informed by principles of Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019), which emphasise reflexivity and interpretative rigour. To enhance the trustworthiness of the analysis, several strategies were employed

in line with established qualitative research criteria, including credibility, dependability, confirmability, and transferability. Credibility was supported through sustained engagement with the data, involving repeated reading of transcripts and an iterative coding process to develop and refine themes. Dependability was addressed through the maintenance of an audit trail documenting key analytic decisions, including coding development and theme construction. Confirmability was facilitated through ongoing reflexive practice, with the researcher critically reflecting on their assumptions and potential influence on the analytic process. Transferability was supported through the provision of rich, contextualised descriptions of participants and findings, enabling readers to assess the applicability of the results to other settings. Consistent with Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019), the analytic process prioritised depth, reflexivity, and interpretative rigour, rather than seeking procedural reliability or consensus-based coding.

4.2.6 Ethical Considerations

This research was granted ethical approval for both phases from Maynooth University Research Ethics Committee. The first phase was approved in May 2019 (ref SRESC-2019-046) and a renewal was sought and awarded in May 2022 (ref ID: 2437320; SRESC-2019-046). Both official approval forms are included in the appendices (appendix H and I).

The participants for this research do not constitute a vulnerable population, as they were all consenting adults without any characteristics that would classify them as being vulnerable. There were no formal exclusion criteria, with inclusion criteria being based on the participants being currently employed and engaged in providing psychological support to students attending a higher education institution.

4.3 Results

4.3.1 Sample and Counselling Service Characteristics

A total of 16 student counsellors participated in the interviews, who were interviewed in person (n = 4) during May-July 2019, and online through M.S. Teams during May-July 2022 (n = 12). There were three male participants and 13 female participants in total, representing three Universities and five Institutes of Technology, now changed to Technological Universities. The length of time participants had been seeing students in their current roles varied from 6 months to 20 years. Most of the counsellors (n = 10) had been in their roles more than five years and the majority of participants (n = 12) reported seeing between 20 and 25 clients a week. Those who were engaged in slightly less face-to-face clinical hours (n = 4) were in managerial roles and spent 10-15 hours in session with students per week, and the remaining time spent on management, group therapies, supervision of colleagues and trainees and other clinical activities. The length of time participants had been seeing students in their current roles varied from 6 months to 20 years. Most of the counsellors (n = 8) had been in their roles more than five years. Two of the student counsellors were directors of their services, managing large teams of student counsellors along with holding their own caseloads. Both of these participants were psychologists educated to Doctoral level. Three other participants were qualified clinical or counselling psychologists working as student counsellors, all reportedly senior in their departments with managerial roles in training, supervision and research responsibilities, along with managing their own clinical caseloads (n = 5). The remaining participants held varying qualifications in counselling (n = 11) including undergraduate degrees in counselling and psychotherapy or postgraduate training in psychotherapy, two participants held backgrounds in teaching and had subsequently trained as counsellors. Table 4.1 below displays demographic information on all participants

Table 4.1. Demographic Information of Participants

Pseudonym	Gender	University/Institute of Technology	Years as a student counsellor	Qualification/ Education
Matt	Male	University	10+	Counselling Psychologist
Chris	Male	University	10+	Counselling Psychologist
Tony	Male	IT	5+	Counsellor/Psychotherapist
Taylor	Female	IT	>5	Counsellor/Psychotherapist
Ali	Female	University	>5	Counsellor
Liz	Female	University	10+	Clinical Psychologist
Claire	Female	IT	>5	Psychotherapist
Hannah	Female	University	5+	Counselling Psychologist
Emma	Female	IT	>5	Psychotherapist
Holly	Female	IT	5+	Psychotherapist
Diana	Female	IT	5-10	Counsellor/Psychotherapist
Carol	Female	IT	10+	Counsellor
Mary	Female	University	10+	Psychotherapist
Ruby	Female	IT	10+	Psychotherapist
Anna	Female	IT	10+	Psychotherapist
Clara	Female	IT	5+	Psychotherapist

The participants reflected on their identities in their roles during the interviews, reflecting that the term “student counsellor” is very broad, encompassing a large breadth of qualifications and including a huge array of roles and responsibilities. Most participants agree the term “student counsellor” means very little without knowing the context and training received.

“I thought I’d never say I’m a student counsellor. I think counselling can be a bit of a...a sketchy word...it means a multitude of different people with different trainings” (Matt).

“I am a counselling psychologist, yeah but.... with the word Counsellor is such a vague term, you know you could have an addiction counsellor. Who or a, you know, a guidance counsellor, somebody who's done a six weeks course and something, or bereavement counsellor” (Taylor).

The third-level colleges participants were employed in varied from being large Irish universities, to much smaller institutions. For example, one participant was a director of services managing up to 10 full-time counselling staff along with administration teams, while another participant was the only full-time counsellor employed in her college, providing her own administration and managing the whole provision of counselling services herself without additional support. Most participants were employed in settings between these two extremes, with most engaged in services which employed 5-6 counsellors full-time or sessional counsellors during busier periods. Some participants reflected on these demands on them and the weight of such.

“So that ratio already like you can even hear it, it’s a ratio of potentially 6,000 students per counsellor, which I know 6,000 won’t attend but still huge” (Ali).

This would translate to a caseload of approximately 20 students per week for a full-time student counsellor, with additional administrative tasks and potentially group facilitation and outreach work in the wider college community.

“It's usually between 20 and 22, can go to 25 on some occasions though, which we don't really, I don't recommend, or we don't recommend because you have other stuff to be doing as well. Well...I do anyways. I know not all of the like all student counsellors... only do session work whereas some of them would do project work and different things that are on nationally to join, join, different committees, subgroups, all that kind of stuff. So, which I would be on a lot of so it can be.... Varies, but in your busy peak times it could be up to 20-25 you know, booked in and then you got have cancellations... Counselling notes if they need their letters then you do your prep. do your printing for forms. There's so much more that goes on..... So, like you, we should have two hours per client...and that would be what 50 hours. And that's without any other work. And your lunch breaks and all that kind of stuff so...” (Clara).

The structure of the counselling services was largely similar across colleges, with some offering a stepped care model and some offering students a full initial appointment without prior assessment. The services operated mostly from a waiting list, with one participant reporting that their college had 600 students on a waiting list for counselling. In the stepped care services, students are typically assessed through an initial 10–15-minute meeting and then placed on a waiting list, often in order of clinical need. Emergencies, crises and at risk-students are prioritised.

All participants described how their colleges offered a limited, capped number of sessions with the general duration of therapy lasting between 6-8 sessions, with exceptions being made for particularly at risk, vulnerable students. The limitations of this model are further explored in the thematic analysis. Participants reflected on increasing pressures, growing demands and how some students are being triaged and

referred to external services with the vast majority not accessing any sessions.

“Yeah, so 6-8 and so 6-8 sessions depending. And then obviously if there's a crisis though towards the end, you'd have to use your discretion kind of clinically” (Diana).

Some participants noted how, if they cannot facilitate students' clinical needs or feel their services are inappropriate, they can signpost them towards community services, or refer them to their GPs or psychiatry, depending on what is required. Additionally, it was common among the participants to feel that, in extremely busy times, where demands on their services overwhelmed the actual capabilities of the services, they became akin to triage mental health nurses, assessing students and referring on to more appropriate, available services.

“What has evolved is a scenario where student counselling services and obviously the individual counsellors are almost like. You know. They're directing traffic for the student in terms of refer as the GP is the only one we can refer to as, say, in the medical world” (Tony).

Some participants were quite positive and hopeful about what they have available to them to refer students to if they cannot accommodate them within their services.

“How far along that road we get won't fully be in our control. But there are other places that you can....continue that. How does that sound? First off the bat, you will have to go to a low cost service and if you get someone crap, you'll have to fire them and ask for a new one...it can be free with a trainee. You'll have to root around, you'll have to shop around” (Matt).

However, some counsellors painted a bleaker picture of the services in their areas

which they could refer students to.

“This is it, I mean, what are you referring to? [service redacted] and I mean, [service redacted]? Great service as is the [service redacted], I wouldn’t send my dog there to be honest with you” (Liz).

4.3.2 Reflexive Thematic Analysis

Reflexive thematic analysis (Braun & Clarke, 2018, 2019, 2020) was conducted on participants’ responses to the central focused questions of the study, i.e. how expectations were considered in their counselling practice. Four primary themes were identified (see Table 4.2 for themes and representative quotes).

The first theme, *Parallel Pressures: Clinical intent vs Institutional Constraint* concerns the balancing act participants faced in dealing with student expectations, their own expectations of themselves as professional clinicians, and the constraints of the higher education policies they operate under. Theme 2, “*We’ve Created our Own Problem*”: Internal and External Determinants of Expectations concerns the many influences and determinants of student expectations, both internal sources (such as student wellbeing and previous experiences of psychological support) and external sources (such as the institution’s promotion of support services). Theme 3, *Pandemic Practicing: The unseen weight of expectations*, was derived from the experiences of the participants in the second phase of the data collection. This theme represents the unique experiences of the participants providing support during the covid-19 Pandemic and how it impacted expectations. Theme 4, *Going forward: From Grapevine to Guideline*, represents the sentiment of the participants on where they see expectations in future practice of student counselling services, including their own roles in shaping expectations and implementing future change.

Table 4.2: Themes arising from Reflexive Thematic Analysis

Theme	Subthemes	Representative Quote
1. Parallel Pressures: Clinical intent vs Institutional Constraint	1.1 Assessment of student's expectations	"I would never ever have asked what do you expect"
	1.2 Counsellor, institutional and societal expectations	"We try to do a lot of work as well with the wider community and because there's some expectations there as well" "The expectations come from absolutely everywhere"
	1.3 Managing expectations	"Then I would say you need realistic expectations that this is not a magic pill like I don't fix your problems, you do"
2. "We've created our own problem" Clinical Presentation and External Messaging	2.1 Internal influences on students' expectations	"I think the more depressed they are and the more anxious they are. They expect less"
	2.2 External influences on expectations	"90% of the people who came through the service were expecting six sessions because on our web page we say up to six sessions"
3. Pandemic Practicing: The Unseen Weight of Expectations		"I was the only person she spoke to" "I don't know whether the expectation of the students change, but the weight of it felt heavier for the counsellors"
4. Going forward; From Grapevine		"It comes from Grapevine information and if you want to change that you have to be strict"

4.3.3 Theme 1. Parallel Pressures: Clinical Intent Vs Institutional Constraint

Through analysis of responses, it became clear that while student expectations were at the forefront of this research, the expectations that participants had about themselves and the additional expectations placed on them from external sources (i.e., from the wider college community) were apparent. The researcher entered these qualitative conversations with the aim of developing a deeper understanding of student's expectations regarding student counselling services, but what emerged was much more multifaced, with interviews expanding to include the discussion of expectations of participants themselves, both in terms of their identities and roles, and how these expectations impact their management of students' expectations. This theme therefore acknowledges both the expectations of students and counsellors. Student counsellors, as the participants of this research, are balancing the expectations of the students they see as clients, their expectations of the services both clinically and logistically and the expectations of their higher education employers who require them to practice within a very limited short-term model of psychotherapy. Participants reported how they are operating under parallel pressures and trying to maintain a balance to benefit and satisfy all needs. Throughout deeper analysis and repeated coding of the data it became apparent that the themes of acknowledging, assessing and managing expectations are interlinked and impossible to differentiate.

4.3.3.1 Subtheme 1.1 Assessment of Student's Expectations

All participants reported that they assess student's expectations in some way over the course of therapy. While no universal approach to assessing expectations exist, all counsellors reported being cognisant of assessing student's expectations during their initial assessment or first appointment. However, students were often not directly asked about their expectations. Rather, any discussion of expectations was done more so in a way to gauge what the student and counsellor can do in the limited

interactions they will have together.

“So, I would never ever have asked what do you expect. I also use what’s called the magic wand question...it’s like if you had a magic wand, what would you change? So that’s a very good way of gauging what the person might want to get out of it. And then the two of us, in the case of one to one would kind of collaboratively go through, well, you know what’s realistic in that given the time we’ll have together”. (Matt).

It is observable that from the above quote that right from the beginning of therapy, counsellors are cognisant of managing expectations. It would appear that limitations of managing these are the forefront of this participant’s assessment of expectations.

Some participants also described how they outline what they and the counselling service can offer students during their initial assessments, all the while managing what is expected with what is reasonable for them, balancing the expectations of the students with the realities of the services’ limitations.

“I would work like very collaboratively with any of the students or clients anyway. And we would discuss what they expect from counselling and also what I can offer we kind of work together in that, so we do discuss that, it’s quite collaborative” (Holly).

Very commonly, participants responded with how they inform students of the logistics of accessing their services when questioned on assessing expectations. However, few participants’ responses referred to discussing treatment or outcome expectations with students. The participants were almost so concerned with what

they could offer logistically that clinical aspects of expectations were omitted from their assessments.

“I think you have to be really clear when you're doing your contract and you do your clinical contracting with people and obviously the huge biggest piece of that is around the limits of confidentiality for any therapist. But you also have to be realistic with clients. You know that we are gonna, you know, this is time limited counselling because of demand. So you're gonna have six sessions, I might say 6 to 8 sessions, but I'm more likely to say that at session four, if I feel they would be a bit more because I think you can't have somebody coming in thinking this is it forever” (Carol).

When participants were questioned directly on whether they openly ask students about their expectations, many responded that they did, but none reported explicitly asking the student what they expected to happen during counselling or how they would feel afterwards (e.g. if they expected to feel any improvement in their symptoms). Rather, the assessment of expectations centred on managing expectations within what the service can actually offer, as opposed to assessing what the students expect clinically. It was unclear whether the participants would assess treatment or outcome expectations in more depth if they were not so restricted for time with students.

“The staff would ask about a goal because we have to be very specific. Like what? What do you wanna get out of this? What can we... realistically provide within what the goal is? I mean, and you know yourself, a lot of people say I want to be happier... And actually it's gonna have to be within this session. We might have another session. So we're very, very, very focused here on what we can look at like we can't go back into the past and open up all that stuff. We might get the context for sure. But yeah, we have to be very, very focused” (Liz).

Over the course of the interviews, the researcher probed participants on this again, with an explicit focus on the extent to which clinical and therapeutic expectations were assessed, attempting to shift focus of the participants from managing expectations on limitations of service by providing a description of treatment and outcome expectations present in clinical settings. The participants all agreed that they considered these types of expectations, yet when asked to elaborate, the conversation invariably shifted towards logistics of their services and management of these expectations.

“Yeah, so I started all my sessions with a piece on our scope of practice and what we do, how many sessions, the timing of the session, cancellation policy, I set it all out from the start and then....I sent reminder text 24 hours for every session because it's better for retention as well....and I say if you don't give notice you will possibly lose the session. But I'm really bad at enforcing that because six is so little you know...” (Diana).

“So hearing you differentiate them, I hear what you mean. So I would probably primarily be focusing asking them about the outcome expectations because again, this is what I'm squeezing into my initial consultation case formulation session. Then it's sort of to get them focused. But in terms of the process expectations where I would ask about that with students would mainly be as... a lot of students don't even know though what counselling is” (Claire)

Similarly, Mary below reflected on differentiating between process and outcome expectations students might present with but ultimately reverted to reflecting on the time constraints being the primary expectation she was managing in her clinical practice as a student counsellor.

“We try and get students to use their three sessions to focus on one issue....

Rather than engaging in what's what long term counsellors would have the luxury of engaging in which is process based work where anything can come into the room and they're safe enough to explore because there's time. We don't have time, so all we can do is ask students as compassionately as possible what is the one thing that you and I could work towards improving in your life or at least addressing and giving you the starting point to work on this one issue, whether it's stress or.... old feelings of that lack of confidence or loneliness is another massive one. And just focus on that one thing for our sessions and then their outcome expectation could be I just want to feel that I have.....

Information that I can be signed posted to that I've a few new coping skills and that I'm able to identify where I can seek help again in the future rather than the process based work that I would have done in a in a past life where I could see a client for three years and have the luxury of literally seeing a totally new person by the end of it.” (Mary)

The participants were invited to discuss how they evaluate and assess expectations through the process, if they revisit expectations and assess if they are being met during the therapy or if they assess if the expectations have been met at the conclusion of the therapy. It transpired that due to the nature of the short-term therapy in student counselling that often there isn't much opportunity to assess expectations.

“Yeah, it's not like doing, you know what I would do in a private practice or in another service. There's no real beginning, middle and end and really, yeah” (Taylor).

Further probing of this assessment of expectation led to the revelation that

while assessments are carried out during the therapy and at the end where possible, they are often clinical assessments and not related to expectation management. Student counselling is often erratic and not delivered in a linear fashion, clean planned endings are not usual.

“There's a lot of unplanned endings. Yeah. I try to...to check in as much as possible about how it's going. So before covid we used to do the outcome rating scale at the end of every session, which just asks, you know. So I'm used to asking students nearly at the end of every session, you know. Do you have any feedback for me about the session?” (Chris).

4.3.3.2 Subtheme 1.2 Counsellor, Institutional and Societal Expectations

Beyond consideration of student expectations, it also became apparent that the counsellors themselves spoke about how the expectations placed on them were sometimes difficult to manage. Additionally, counsellors reported how they have their own expectations to manage, with different layers. For example, they have expectations of themselves as professional clinicians to adjust and manage, coupled with the expectations placed on them from the wider academic community while remaining cognisant of student's expectations.

“And there's an expectation as well, I find from the wider community, you know, and we try to do some education like workshops on that with them that you don't have to send everybody to counselling no matter what it is. It's like go to counselling. So we try to do a lot of work as well with the wider community and because there's some expectations there as well” (Holly)

The participants acknowledged how managing expectations of the students around limitations of services were paramount. But they also expressed their own

expectations, that, despite the restricted level of service they could offer, they could provide an impactful therapeutic intervention to their clients. These were expectations of themselves and their abilities as professional therapists.

“and you know, if the clinicians aren’t hopeful, how can you expect the student sitting in front of her to be hopeful. I’m very hopeful about people’s capacity to recover” (Matt).

Participants also reported feeling the weight of expectations from the wider college to provide psychological support to students in any manner of distress. For example, some expressed how they felt the wider college community deemed them responsible for all levels of distress experienced by students and that a culture had developed whereby there was an overdependence on the limited services the student counsellors could offer.

“The expectations on any counselling service, and I suppose the only reason I would speak on behalf of other institutions is I have spoken with counsellors in other organisations and they all share the same sentiment that any hint of emotional distress or any hint that a student isn't coping psychologically, it is passed to the counselling service and..... so the expectation is whenever a student is sad, stressed, lonely, any other word you want to put on it, they are sent to us. And what we're trying to instil within the culture of the organization is to initially educate all staff, the entire culture of the organization, that if students are in distress or upset, that staff members are able to emotionally support them, they may not need counselling in every case in scenario” (Ali).

Some participants spoke of other avenues students can explore within the college

needing a referral or recommendation to seek the support of their student counselling services. For example, Ali, whose institution had a student population of over 15,000 and 3 full time counsellors, expressed how the wider college sometimes sent students their way inappropriately.

“And sometimes we kind of have to gently speak with academic staff in particular who might say, oh, I have a student who failed their exams they're really upset.

And sometimes I have to say as you would be too, that is a very appropriate reaction to it. A stressful and upsetting situation. It does not warrant counselling, so the expectations on the colleges, if there is any level of upset or discontent with this student counselling, is the answer.... We genuinely have had many a professional academic staff member send this student to us because they cried. I think, I cry. You probably cry. That is a normal reaction to upsetting circumstances. So there is that expectation from the college that we answered the call” (Ali).

Participants feel the weight of expectations from not only the students and the wider college community but also from the wider societal community in the localities they are based. Some spoke of the perceived responsibility on mental health professionals to fulfil this role outside of just their counselling rooms, which was reportedly a heavy expectation on an already overstretched clinician.

“I get Freedom of Information requests from newspapers and radio and everything that's going. How many on your waiting list currently? So, you get a few of them throughout the year. So, you've got that expectation piece. So societally, they will say all mental health is terrible and then you've got.... You know the higher ups in the college, or you've got people in different

departments going. Oh, this has happened to a student in our department. Hurry, hurry, hurry. And I'm saying I've got 70 of them outside the door that that has happened to. Unfortunately, you just didn't know about it because it wasn't in your world. But you know, please do bring them to us. So the expectations come from absolutely everywhere. (Hannah)

4.3.2.3 Subtheme 1.3 Managing Expectations

Participants discussed how they manage expectations, which can be difficult particularly when expectations are unrealistic or when there is mismatch between what could be offered and what was being expected by the students presenting for counselling. As previously outlined, these expectations often centred on the availability of the service, with these expectations influenced by both internal and external factors (see also Theme 2). There were several types of expectations being managed by participants when discussing their practice including expectations of availability and accessibility of the service, clinical expectations of the students and psychotherapy limitations in general.

Firstly, accessibility and availability of services was a common concern reported among participants.

“You need a lot of luck even accessing our service. You need a bit of luck. You need to have your crisis early in the year. Yeah, which is not. It's not right. It is not right. It's insufficient. But we're working on it. And lots of those people who have the crisis after Christmas, they don't get an ideal service from us, but they get started somewhere maybe”. (Matt)

“We had a situation this year where students who came before October early November could get their needs met, but students who came after that were on a wait list for two or three months after assessment” (Chris).

Participants noted how limitations of availability and restrictions on the length of therapy leads to a necessity to manage clinical expectations including how deep the therapy can go and what therapeutic work they can achieve in such limited sessions.

“I think what I manage their expectations around is how far along that road we will have time to get. But I'll also encourage them to expect a lot from the next guy” (Matt).

Some participants expressed that they were mindful of managing expectations that students hold around how in depth into their therapy they will have time to go, with the limitations on the service and how long (if at all) they will be able to work together. This was a common theme among several counsellors, and the similarities around this were based on letting the students know early that this is not a long-term intervention and is an extremely limited service.

The expectations about psychotherapy generally and what clinically the participants can offer also requires management. As reported by the participants, oftentimes the students are not aware of what they are engaging in and what counselling and psychotherapy involves. The specific processes of therapy are often unknown to the students, the general limitations of psychotherapy and the client's own role in treatment is often an expectation participants reported having to manage.

“Then I would say you need realistic expectations that this is not a magic pill like....I don't fix your problems, you do” (Taylor).

Participants frequently observe an expectation from the students that presenting to counselling will fix their problems, which was reportedly not an exclusive expectation among student counselling, but of psychotherapy generally.

This represents a realignment of expectations to be more realistic while maintaining positive expectations.

“You know I think even in private practice in whatever else even you know that they come to you, you fix them and they can move on. So it's again trying to put that back to them you know that they have the capability of of I suppose figuring this out themselves. But yeah I hand it right back to them after you know because and you would you would notice that sometimes” (Emma).

While the source of expectations is presented in theme 2, it was clear that these sources influence how these expectations were managed. For example, the client's previous experience of psychological support arose when discussing expectation management with the participants. They believed that it was their responsibility to manage and readjust expectations that had been formed through previous experience of support.

“In terms of the other, the other veterans you know who've maybe had bad experiences or, you know, kind of not necessarily negative outcomes, but maybe. Umm, what's the right word? Ambiguous outcomes with mental health services before. And I mean, our job is as a therapist then is to try and you know, I suppose really. Try and give the clients.... You know. A welcoming and nonjudgmental experience that that, you know, they've some of them feel really refreshed” (Chris).

Some participants noted how they reset the expectations of students once they engage with them for counselling. If the student is having a positive experience with the counselling process, some of them report seeing a shift in expectations, therefore the participants would reflect they are responsible for realigning expectations for

their clients

“The talking about painful things brings relief. Their expectations can kind of suddenly start to shoot up a bit” (Matt).

4.3.3 Theme 2: “*We’ve Created our Own Problem*”: Internal and External Determinants of Expectations

Participants noted how student expectations in relation to counselling are formed through a variety of influences. Some expectations are influenced by internal factors, for example, the clinical presentation of the client or whether they have previously engaged in psychological support. Participants also noticed that some clients form expectations based on societal and cultural influences, along with information available from the counselling services website, what they have learned about psychotherapy in general and the experiences of others.

4.3.3.1 Subtheme 2.1 *Internal influences on students’ expectations*

Two main sources of internal influences on students’ expectations were identified: 1) whether the student has previously engaged in psychological support, and 2) how the student clinically presents, in other words, their level of wellbeing, if they are anxious/depressed and how long they have been experiencing mental health challenges.

Participants reported that when a student presents to them for student counselling, they will take a background mental health history, along with a current assessment of the students’ health and mental health status. The particular assessment tools vary among counselling services, but it will always involve an anxiety and depression assessment and a full history of previous psychological supports the clients have engaged in. These supports may include primary care (GP), psychiatry or psychology services from the HSE which would be Child and Adolescent Mental Health Services (CAMHS) for under 18s, or private psychotherapy/counselling. The

participants noted that during busier seasons in the services these assessments determine whether the student will be given an appointment or placed on a waiting list and where, one participant described this “we’re triaging them”.

The participants noted how these assessments can be very insightful for gauging the students’ expectations. One counsellor spoke of how if a student has previous experiences of counselling, they will expect the student counselling to be as available as their previous service was and to continue in the same manner.

“I’ve noticed that if they’ve had it before, there’s an expectation that they’ll be here longer... there’s a higher expectation” (Hannah).

Some participants reported that if a student has previous experience of receiving psychological support, they will then use this previous experience to frame and manage expectations of student counselling in comparison to their previous supports. Participants noted how they will gauge what the students have experienced, what they felt was effective or liked and disliked and if there is anything they would like to be different with this current potential support. This may involve an assessment of clinical expectations or the treatment expectations of the potential client.

“Hugely, hugely so in that student, who’s a seasoned service season user, as I would say, I would very much ask, you know why? Why did that work with for you? You know, when you attended at 14 and you did this or was it the person? Was it their approach? Do you like a listening approach? Do you like an engaged kind of skills-based approach, I will ask them questions. We’ll give them a menu of what do you like and what works for you. And I will frame that from like, I want this space to work as best I can for you. It’s not about me” (Claire). Claire also reflected on how she does not believe client’s

expectations are assessed or considered in wider psychological support services. In her experience, clients will not previously have been asked about their expectations and also they often did not know who they had previously seen for support and could not distinguish between the various clinicians' roles and services. This highlights how students who come to student counselling will have some internalised expectations formed before presenting for support.

“It's interesting because while they are seasoned receivers of help, but I find and this may or may not be relevant to your research, but what I find is they've actually never really been asked about their expectations. They've just been kind of funnelled through this system from appointment to appointment. Oh, I think I saw an OT, or maybe I saw a clinical psych like they actually can't tell me who they saw. They can tell me or, you know, their name was Mary or Joe, but they can't tell me were they psych nurse, were they clinical psychology” (Claire).

Participants also reported that in their clinical practice they observed that students' expectations of the service can be influenced by their wellbeing and how chronic their mental health challenges are. As with most influences on expectations, this was sometimes observed to enhance positive expectations but equally it could encourage negative expectations. In some instances, participants observed that if a student is experiencing chronic mental health problems, they will expect less from the counselling service, i.e. lower expectations compared to a student experiencing an acute crisis, for example an exam failure or a relationship breakdown.

“I think the more depressed they are and the more anxious they are. They expect less. Absolutely. Yeah. The milder ones then, they're comin' because

they they wanna feel better. They're coming because they wanna do better in their exams or because they want to be able to mix more with people and just be able to manage this stress and the low mood that they're feeling. There would be more. There would be higher expectations there. Maybe then the person that is just going you know might be going through a breakup or might be didn't do too well in exam or they're not in the mood for studying” (Holly).

Another participant observed how the longevity of the mental health challenges influenced service expectations. The more chronic the student’s challenges were, the lower their expectations were. As illustrated below, Claire expressed that she previously had not considered this trend and was coming to this realisation through this research conversation.

“I find that those who are more mild to moderate on the anxiously depressed scales have greater expectation of fixing them....Versus those who are in the moderate to severe. Have lived entrenched under this anxious to depressive cloud for so long that they don't even believe they can fix them. They use that word and they're very often corrected, because we don't fix anyone.....I find it's it's mild to moderate who are functional but want to function better. That would have greater expectations and would communicate that in that you know those would be the ones where I'd be dropping in the few maybe CBT resources, particularly with anxiety” (Claire).

4.3.3.2 Subtheme 2.2 External influences on expectations

Participants reported that they had observed a number of external influences on the expectations that students formed in relation to the service. This included service promotion they would have consumed (e.g. through the website outlining the cost of the

service and the provision of sessions), external referral sources (e.g. academic staff) and experiences of others.

External influences, as reported by participants, were strong influences on expectations regarding the availability of the service and appointment accessibility. All participants spoke about the expectation of availability. When it was probed about where these expectations were coming from, participants reflected on the promotion of the service generally and the fact that unrealistic expectations were being fostered.

“But what we found was like 90% of the people who came through the service were expecting six sessions because on our web page we say up to six sessions and they take that as six sessions. I want my six sessions; I'm getting my six sessions, so we've created our own problem as well” (Liz).

Liz continued to reflect on external influences on expectations and expressed that another factor influencing expectations is a statement on the website notifying the students of the free charge status for the services. She reflected on the fact that the service is provided free of charge and this influences their expectations that it is freely available, and therefore the value students place on the service might be reduced.

“But you're asking about expectations, I think built into expectations is whether something's free or not and value as well. And if it's free, it's not valued. If it's free, it's expected that it's something that they can just have” (Liz).

One participant spoke of the influence of friends and their social media portrayal of their seemingly better lives influenced their expectations of student counselling to expect the service to improve their lives and facilitate them to develop lives similar to

their peers. This was an example of an unrealistic expectation being developed and presented to student counselling that this participant spoke of.

“Interpretation and the message they are getting constantly unconsciously that everybody should be able to manage everything perfectly. And if you look at social media, their friends or whatever. There's rarely enough the sad picture goes up. As in, I'm having a terrible time or whatever. You know it's the best picture. It's the best experience that's been recounted on, on Facebook or whatever among their friends, so. Hence, maybe they're feeling terrible then and a deep need to fix what's wrong with them is a there a level of expectation around that? I think coming forward to us then is influenced potentially by that and that we can fix that, they want us to fix that for them” (Anna)

4.3.4 Theme 3. Pandemic Practicing: The Unseen Weight of Expectations

Participants who took part in the interviews in 2022 reflected on the experience of practicing student counselling through the pandemic, and if and how this had an impact on the expectations of students. Generally, the participants reflected on their own experiences and expectations during this time. Most reported that they were anxious about changing their modality and going online to deliver their services and provide supports. Student expectations appeared to remain unchanged.

“You know, so in in terms of expectations, I don't know about students. I didn't see any difference to you know our chats about what are you hoping for and that. There's nothing. I suppose it was probably my own anxieties in in the beginning of, you know” (Holly).

Although the participants reported being apprehensive about the changes necessary

to continue delivering counselling to students, they all reported that they adjusted to the change well and continued to provide support to students throughout the pandemic. However, there was a noticeable change in the number of students who did not show up to their appointments. While demand was reduced, engagement was vastly improved. The term “DNA” below refers to Did Not Attend, which participants highlighted as a major issue for student counselling, costing the services a loss of appointments and resources. However, participants reported how this DNA rate reduced during the pandemic. This may be attributed to students finding it easier to attend online appointments for various reasons.

“But we we moved really seamlessly into an online service. It didn't impact at all. Now demand did go down. There's no question for two years, demand went down, but DNAs also went down. So for a DNA ratio that might be 18 to 20%, right down to about 6%. It was unbelievable in the first year” (Liz)

While reflecting on the impacts of the pandemic, some participants reported that they felt an increased demand and expectation of them to engage with students. They reported that due to increased anxiety and isolation among students, the expectation to provide support was increased. They reported that the weight of expectations felt heavier on themselves as opposed to the students' expectations changing. However, from reading the below quotes it is observable that while the participants do not report noticing a change in expectations of the students, it can be inferred that the students were actually holding higher expectations and requiring more support.

“But the expectations I feel like are a lot more as well though, since the pandemic people want things now they want it more of it. They're kind of a lot more demanding. I find the students because they're kind of spinning out” (Diana).

“I don't know whether the expectation of the students change, but the weight of it felt heavier for the counsellors because they did feel like, I am the only person, I remember the week I started. I had a student an international student who was living in a bedsit in the city centre and I was the only person she spoke to” (Hannah)

Participants discussed the impacts of the pandemic restrictions on the expectations of students, but some reflected on their own expectations of the change in delivery of services. One participant reflected on how she was apprehensive about the change in delivery of services but that both she and the students adjusted well to the modality changes brought about from the restrictions.

“I suppose I wasn't really sure how it would go because I loved to face to face, so I was thinking maybe, yeah, I suppose could call it expectations is that it's not gonna go as well. You know what, I was very surprised....I was. I was very surprised with how well it actually did. You know, you can do different things. You could do exercises, share the screens and and stuff like that. However, there are some students that differently that you'd say I'd love to be sitting in a room with them” (Holly)

In terms of clinical expectations of students, the participants did not notice any differences during the pandemic restrictions. They reported that students engaged in the therapies in the same ways and again, as above, it was the participants own anxieties that were more of a consideration.

4.3.5 Theme 4. From Grapevine to Guideline: Managing Expectations going forward

Most participants reflected on where they saw expectations in the future of their practices. Notably, participants who were directors of their services ($n = 2$) and those in management roles ($n = 2$) vowed to implement very logistical practical changes to their service promotion and management policies in order to manage expectations and promote a realistic service. They felt expectations were influenced by the ways in which the services were being represented on websites and from wider college staff, with some reflecting on how changing these perceptions would better foster realistic expectations.

This participant was adjusting the way the service was promoted online, as she had previously discussed how she felt the website was responsible for fostering unrealistic expectations among students and promoting a service they did not have the capacity to deliver. A more realistic representation of what was available was this participants' approach to managing expectations, which students would be made aware of before they were engaging with the services.

“but people say, well, I want. I want to maybe have my 6 before Christmas. I'm gonna use three before Christmas and three after Christmas. And it's getting really, really messy. So we're now we're having to rewrite everything to say, OK, so we will discuss and at debrief actually we're going to make the whole website and everything to say look you would be offered a session of counselling. And dependent upon resources and needs, you may be offered a couple more sessions, but we are not putting a number on it because it is causing us to have, you know we're creating a created our own problems...we're having to knock all that on the head and actually rewrite our whole website. Which, by the way, I did twice and changes didn't save.

But anyways I have to do it again and rewrite the whole website to manage what they expect from the service and what it's not"... (Liz)

Similarly, Mary, also a manager of the student counselling service of a very large Technological University, reflected on how she saw expectation management going forward. She too expressed how expectations were fostered in the college community, that they were a culture and needed to be managed from this approach. Mary expressed how going forward a top-down method would be most effective in managing student expectations.

“Because I'm going to speak with all the heads of department in September again about what we do, because it's not only about... making clear the expectations with the students, it's about making expectations clear to the staff around the place as well, because that's kind of a lot, a lot of the way the students come to us. So once we're clear with them, it makes a huge difference.” (Mary)

A further perspective, similar to the other participants in management roles was from Hannah, who is the director of a large university student counselling service. She expressed how the expectations are coming from the college staff and being fed down to students. This participant has vowed to alter the expectations among college staff and counsellors to ensure a consistent and realistic expectation of the service is maintained.

“My main thing is that the staff of the college and the counsellors know, and that feeds it down to the students so” (Hannah).

All participants discussed the place of expectations in their clinical practice and whether they thought the assessment and management of expectations was important. While they agreed that it was, they also cautioned that more mainstreaming of expectation assessment would be beneficial. It was presented to the participants if a universal measure was to be developed would they implement it and find it useful. Participants all agreed that it would and reported some suggestions as to what a measure would look like and how it would be used. The below quote is representative of most respondents, suggesting that expectations are assessed early in the process and reevaluating along the process.

“Yeah, I think it would be really useful. Maybe before the client comes into the room before they've met me. If they were at now, they tell you why they're coming. But even before then, if you know they could put down their expectations of their hopes, whichever words sound better that what would they like to, to achieve in these sessions? Was there, you know, so that we can and we might stay with that, but we it would be a focus point and I think it would be really interesting at the end of say the first session if they could evaluate what was the experience like did it live up to their expectations”

(Clara)

When asked for a final word on where they see expectations in future policies and practice, one participant, a director of their service, offered the below insight. This insight encompasses the multifaceted nature of expectations; the importance of acknowledging them, the influences on their manifestation and how to augment change in expectations in order to foster realistic expectations on the services these participants are delivering.

“Expectation is a culture, and it comes from communication. Rightly or

wrongly, it comes from drip down. It comes from Grapevine information and if you want to change that you have to be strict about it and you have to be clear about it and you have to enforce it. You know?" (Liz)

4.4 Discussion

This study aimed to explore how student counsellors assess and manage expectations within university counselling services in Ireland, particularly under conditions of limited resources. Student counsellors currently engaged in providing psychological support to students were interviewed through semi-structured qualitative interviewing, some in person pre-pandemic and some after, through online systems. After conducting reflexive thematic analysis (Braun & Clarke, 2020), four main themes were identified. These four themes served to highlight the complexity of expectation management in this unique setting, with many findings setting student counselling apart from private practice psychotherapy. Findings suggest that expectations are formed, managed and understood within a complex environment of psychological support being provided within the confines of balancing clinical management of wellbeing coupled with institutional priorities

The first theme was concerned with how the participants navigated the tension between student's expectations and institutional restraints. Through deeper analysis of this theme, an unexpected sub-theme was identified concerning the participants own expectations and how they are being navigated within the context of student's needs and the limitations of the HEIs in which they operate in. This theme highlighted the complexities and various layers to expectation management among this population, multifaceted considerations that may not be present in therapeutic interventions outside student counselling are present relating to the participants own identities as clinicians and their own expectations. This research did not endeavour to report upon the expectations student counsellors hold; therefore, this was an unexpected finding that dominated a considerable portion of the analysis and subsequent results. Generally,

research on expectations in health psychology and more specifically psychotherapy and student counselling focuses on the patient/client/students (i.e. those on the receiving end of the therapy). Literature on the expectations developed by the service providers themselves, and how they acknowledge and manage the expectations of their service-users, is lacking. According to Harrison & Gordon (2021) research on counsellors in higher education is limited and confined to specific samples within the cohort. The findings of this current study are observed to align with that of a Norwegian study whereby student counsellors describe a “mismatch between what is happening on the inside and going on, on the outside” (Marszalek et al., 2021). The reflections and experiences of the counsellors’ own expectations is explored further in section 4.4.2 below.

The second theme concerned where student expectations of counselling services come from, with findings suggesting that these are influenced by both internal and external factors, which may lead to positive, negative and/or unrealistic expectations in the sense that students may hold overly high expectations of the availability of the services to provide support to them. This theme describes how expectations are very complex in their formation in that, they are culturally, socially and institutionally cultivated. Similarly, the student’s clinical presentation (i.e. their mental health), the college marketing and messaging and previous experiences of counselling all contribute to the formation of expectations. The findings of this study were very similar to those of previous studies both in this thesis (Study 1 as presented in chapter 2 and study 4 which is presented subsequently in chapter 5) and previous literature on this phenomenon (Morisson et al., 2021). These studies demonstrate expectations were coming from internal factors like clinical presentations and wellbeing (Constantino et al., 2014) and external factors such as previous experience of counselling and experiences of others (Morisson et al., 2021). These influences were outlined in this

study by the student counsellors and shown to be consistent with previous literature and a recurring theme of the overall thesis. The third theme concerned the covid-19 pandemic and how its presence amplified pre-existing tensions between fulfilling the need for counsellors to fulfil expectations and stay within institutional guidelines for clinical practice. This theme, similarly, to theme 1, unexpectedly highlighted the expectations formed by the participants themselves along with those of the students. The impact of the rapid and unexpected changes in the delivery of education has been widely documented internationally (Rasheed et al., 2022) and nationally (Dooley et al., 2024; Bhargav & Swords, 2024). Recommendations that Lisiecka et al. (2023) provided in response to increasing student mental health challenges during the pandemic were largely adhered to, as reported by the counsellors in the current study by providing access to support online. Isolation was also a theme identified in the current study that aligned with the international data during the pandemic (Lisiecka et al., 2023) whereby students experienced increased loneliness and isolation. This was reflected in the current study particularly whereby counsellors expressed that they were the only social contact students had during that time. This demonstrated an increased pressure on the counsellors to provide support for students during this time. However, although the decline in mental health of students during this time is well documented in an Irish higher-level context (Bhargav & Swords, 2024) the focuses of the counsellors when reflecting on providing student counselling during this time largely remained on the expectations they experienced as clinicians experiencing the change in circumstances.

The fourth and final theme looked forward to expectation management in future practice. Here participants reflected on how they could change how expectations are formed and managed. The overarching theme observed how counsellors see themselves as the potential architects of the expectations with many of them describing how they

would amend their roles going forward and be more cognisant and proactive of forming expectations and maintaining realistic expectations. This indicated that participants felt empowered to change and amend student expectations and had achievable plans to do so. The specific pledges the counsellors made were around fostering realistic expectations, particularly around session limitations and availability. This was shown to align with Coleman et al. (2019) who recommended, through a study of 15, 802 students and 580 student counsellors across 32 colleges and universities in the U.S, that having clearly defined session limits was shown to have higher positive outcomes post-therapy. This finding, interestingly, was even shown to have more positive therapy outcomes where session limits were clearly defined even among institutions where staffing levels were lower and ratios of counsellors to students were higher. Cohen et al. (2020) outlined how student-run publications across college campuses in the U.S were increasingly reporting their frustrations with campus counselling waiting lists and unmet mental health needs, thus reinforcing the need to align student and counsellors' expectations to maintain realistic expectations. They outlined that the disconnect between student expectations and counselling centre practices places college students at a higher risk for unmet mental health support needs and reinforces the current studies counsellor's plans to realign expectations as a positive step forward.

4.4.1 Student Expectations and Managing Gaps

As reported by Randall and Bewick (2016), students attend student counselling with the expectation that they will receive a traditional counselling model, and counsellors have to manage this expectation with what they can realistically and reasonably provide under the institutional constraints. Similarly, Osborn et al. (2024) suggested that expectations are formed before students reach the counselling room and are pre-mediated. Students often realise this misalignment when they begin to navigate the service and seek access. This was echoed through the participants' reflections in

this study, with participants reiterating the fact that expectations of students are formed prior to engagement and often come from the college's website among other sources. A prominent theme was how participants managed students' expectations about what services they can offer them based on the institutional constraints. Consistent with the definition of student counselling operating a short-term model (Hallet, 2012), all participants described their services as limited and restricted, usually involving a maximum of 6-8 sessions. They noted how the students presenting to the service often had to be re-educated on the nature of student counselling and what is possible to achieve within the remit. The results of this study suggest that managing this logistic awareness and providing realistic expectations and reframing their previous held beliefs is a major feature of expectations management among student counselling in Ireland. While the researcher attempted to reframe the qualitative discussions to clinical expectations and how processes and outcome expectations (as per Constantino et al. 2012, 2019) are managed in their practices, the discussion almost always returned to accessibility and availability of services and the limitations under which they were practicing.

However, while participants outlined many features of students' expectations, and where they come from, results also highlight how participants also felt empowered to alter and change expectations, with further suggestions for how expectations may be more accurately formed prior to service engagement provided by the participants who held management and director positions. This implies that those with influence over their colleagues and the wider HEI community in which they operate in felt they could foster expectation management, with very specific plans to do so reported. The counsellors, particularly those in managerial roles, spoke about going forward and making their limitations and roles clearer to both staff and students. This aligns with a study whereby college counsellors are highly recommended to define their missions

and philosophy very clearly (May, 2000). Student counselling services, in order to be managed correctly, must clearly outline their position on psychotherapy provision, crisis management, availability for consultation and illness prevention to the wider college communities they serve.

While a lot of expectation management was necessary, particularly for those students who presented with unrealistic expectations needing management, the ability of the counsellors to realign these expectation gaps was a strong feature of the data. There was no dependence on external sources to reframe expectations, and it was reportedly within the remit of those with influence to do so.

4.4.2 Expectations of and Expectations on Student Counsellors

Initially this research set out to understand student's expectations and how they are managed and navigated in student counselling services; with a view to providing a guideline on improving expectation management and in turn clinical outcomes and student wellbeing. This was important due to the restraints placed on services and an emphasis on utilisation of limited resources to ensure best outcomes for students. The researcher initiated all 16 interviews by outlining the purpose of the research and how it concerned student expectations and how these feature in their clinical practice as student counsellors. The interviews were semi-structured but there were pre-prepared questions used as guidelines and prompts for the researcher. While none of the participants were privy to these questions specifically prior to the interviews, they did receive an extensive information sheet outlining the research purpose. Despite this clear aim and the researcher's questioning to participants on student expectations, considerable time in the interviews was dedicated to the participants' own expectations. This spanned across all themes. For example, when asked about the influences of expectations, participants outlined their roles in forming them either generally or as directors and service messaging. When asked about managing expectations they spoke

about managing their own expectations as clinicians and the differences they observed between private practice and student counselling. When asked to reflect on covid-19 restrictions, repeatedly their own expectations and how they managed them were as pertinent as those of the students. Similarly, when questioned on how they managed expectations, the expectations and the sources of these was a prominent feature. They reported managing the expectations on them from the students and from the college community, the institutional policies they were practicing under and the wider community seeking information on waiting lists amongst other general mental health concerns.

4.4.3 Counsellor Identity and Multifaceted Role Expectations

As per the PCHEI outline of student counsellors (PCHEI, 2025) the participants interviewed as part of this research encompassed many professional identities and professional qualifications, who all fell under the umbrella title of “student counsellor”. Participants included psychologists, counsellors and psychotherapists and interestingly all reflected on their own identities. For example, some reflected on how they comfortably identified as student counsellors and others stated how they struggled a bit with the title and how it is so widely encompassing, with one reflecting on the meaninglessness of the title without knowing the qualifications and credentials of the individual. The My World Study (Dooley et al., 2019) outlined the high demand and high caseloads of student counselling services. This was also consistently reported in this research with participants reflecting on the ratio between students to counsellors being very large resulting in them facing huge pressures daily.

This body of professionals are frequently referred to as “student counsellors” as a general category, without distinguishing between professionals with differing levels of training, roles, or therapeutic approaches. This use of the term as a catch-all descriptor may reflect limited mental health literacy but may also be shaped by

institutional practices in which diverse support roles are presented under a unified service identity. Such ambiguity has important implications, as it may contribute to mismatched expectations regarding the type, depth, and scope of support provided. A lack of clarity around professional roles may also influence perceptions of competence, confidentiality, and the boundaries of care within student support services. Through their research on student counsellors, Harrison and Gordon (2020) reported on the multifaceted roles student counsellors encompass through their daily work. They reported on a “zigzagging” nature whereby the role needs to be flexible and creative to respond to the needs of the students, the greater college community and the wider societal expectations. This role and identity theme was present in the current research whereby participants described their roles as being a balancing act between meeting the clinical needs of students, providing the wider college with mental health guidance and outreach, and responding to crisis management events as they occur. This tension between meeting students’ needs within the confines of their roles was present throughout the data consistently. May (2000) describes this role as uniquely ambivalent as they are health providers in education settings. They argue that college counsellors and their services can only survive by their balancing of clinical integrity with institutional pragmatism.

Difficulties with service limitations and managing expectations was a concern of all participants, including struggles in managing their own expectations. Participants reported how they have a professional expectation to undertake meaningful impactful therapeutic work, but that the restrictions of working under a short-term model resulted in a need to manage and adjust the expectations of the participants. This is consistent with the findings from Randall and Bewick (2016) with participants expressing a necessary adjustment of their own professional expectations to align with the expectations of the institutions they were working under.

4.4.4 Clinical Expectations (Treatment/Process Vs. Outcome Expectations)

When questioned on the expectations developed by students, participants almost exclusively reflected on expectations in the context of availability, accessibility, and limitations of service provision. The researcher probed participants on process and outcome expectations (Constantino, 2012), thereby reinforcing the clinical aspect of the research. While some participants shifted reflections briefly towards these clinical expectations, this was framed in terms of the short-term nature of the work, with some describing how students might expect deep therapeutic work, but that time would not allow this, and they can focus on one thing for example. Based on this observation, it could be deduced that the restrictions on engagement and provision of therapy have overridden the clinical focus of the participants. As per Randall and Bewick (2016), counsellors hold expectations of themselves to carry out meaningful therapeutic work, which can become eroded through working under such tension, managing institutional constraints with student expectations and their own clinical identities. This appears to have been the case in this study as clinical loaded answers were not forthcoming throughout the qualitative interviews with all participants. The participants focus on process expectations (rather than outcome expectations) could be attributed to the restrictive conditions they are providing counselling under. They reflected during the interviews that there are seldom clean endings with students and therefore they remain focused on the session currently being conducted, as opposed to looking too far ahead or towards therapeutic outcomes.

Similarly, when questioned on the expectation differences amongst students who had previously undergone psychological treatment and the impacts of clinical presentations and the influences on these variables on expectations, the focus remained generally on perceptions of accessibility and availability and how expectation management centred on limitations of the services as imposed on higher education by

policies. While it was observed the participants saw a difference in expectations of those who had previously undergone therapy and those with higher/lower anxiety/depression, the focus remained on their expectation of availability and the counsellors reflected on managing limited session allowances and using the limited time together in the most beneficial ways. This was indicative of a shift in focus again from clinical management to more logistical focused management of clients/students, as was consistent with previous research on this cohort (Randall & Bewick, 2016; Harrison & Gordon 2021).

The counsellors also reflected on the referrals of students coming to their services from the wider college community, including from academic staff, with issues that they described as “everyday” or “normal” and they felt the academic staff or wider community could manage with the students without the need for counselling to be involved. This increased the pressure on the services and increased the waiting lists and the overburdening of services already stretched beyond capacity. An adjustment of the nature of counselling and the expectations on these student counsellors is necessary here and a series of college wide trainings with non-clinical staff in managing student distress may be helpful in adjusting expectations and in turn reevaluating the responsibilities of the services with the hopeful result of reducing demand.

4.4.5 Key Strengths and Limitations

A key strength of this research was that it provided a multi-phase design capturing both pre and post pandemic perspectives and provided an observation on any alterations that were made in expectation management that may be attributed to the pandemic. However, given this research was conducted over two time periods using two different modalities, the natural flow of the interviews may have been interrupted and caused some unintentional diversions in researcher interviewing style. This may have been due to the fact that the first four in person interviews were

conducted pre-covid and the latter 12 were conducted in a post-pandemic landscape.

A further strength of this research was its considerably large number of participants, spanning all categories of third level institutions in Ireland. Large universities were represented, along with medium sized technological universities, and smaller colleges. This provided a rich insider account from practicing counsellors who were apart of large teams and those practicing on their own solely providing psychological support for their whole colleges. Participants also included directors of service, those employed in management roles, those in senior roles supervising and training colleagues and also those quite new and junior in their careers. All counsellors were currently practicing and currently entrenched in their work, providing a richness to the data that was reflected in the analysis and subsequent results.

4.4.5.1 Reflexivity

As outlined in the methodology section, the researcher positionality altered from data collection to data analysis. This is a unique strength of the research as the researcher was herself engaged in psychological treatment while undertaking coding and analysis of the data. This resulted in an autoethnographic approach, albeit unintentionally, being employed in the data analysis. The reflexivity of the researcher, on her own expectations and experiences in psychotherapy during the analysis allowed a unique depth of understanding to be developed of the data and this was reflected in the subsequent analysis. The researcher, a previous employee of student counselling services and provider of psychological support to students, now a patient of psychological treatment could appreciate both the counsellors' perspectives and the students whom they were supporting, from different time points in her history but both informing and influencing the lens with which the data was analysed and subsequently reported. Equally, it is acknowledged this position carried a risk of bias and over-identification with either role of the counsellor or the client. In order to ensure no

projection of the researcher's own therapeutic experiences onto the data occurred, a reflexive stance was maintained throughout the research process, engaging in a regular dialogue with both the researcher supervisor and the psychotherapist with whom the research was engaged to continually reflect and ensure interpretations remained through a constructivist researcher lens.

4.4.6 Recommendations and Implications

Some participants reported an observation of an overreliance on the wider college community to refer students to student counselling, suggesting that some issues do not necessitate student counselling. Counselling services in some HEIs provide training to wider college academic staff to respond to students in distress to equip them to manage minor crises rather than an immediate reaction to refer into student counselling, clogging up waiting lists on issues that may be better managed in student learning and academic supports for example. This was not referred to during the research interviews so the availability and dissemination of these trainings may need more publicising.

Results suggest that while counsellors acknowledge expectations and are cognisant of managing student expectations, no universal measure exists and there is no consensus on measuring and managing student expectations. Additionally, there was widespread agreement amongst the participants that expectations necessitated assessment and ongoing management. All participants affirmed that they assess expectations of their presenting students, albeit in terms of accessibility and availability as opposed to clinical expectations, which was the intended focus of the research. However, what was very apparent was that no universal measure of expectation exists to be utilised among this population, either to assess clinically or logistically what the expectations are of presenting students. It is difficult to assess something objectively and comparatively without a universal tool to implement so in order to ensure that

expectations are placed in routine assessment of students presenting to student counselling, the development of and dissemination of, a universal, empirically developed, tool would be beneficial.

4.4.7 Future Research Directions

The question that repeatedly was present in the researcher's conscious while analysing and delving into the interview data was who is listening to these listeners. These participants were eager and engaged in this research, and although the primary purpose of this research was to develop and document how participants managed student expectations of them and their services, the overarching subject spanning across all themes was that the participants own expectations and experiences need to be documented and observed by the policy-makers under which they are employed. Irrespective of the questions the researcher posed to these participants, their own experiences were reflected upon and reported to the researcher. Despite the researcher reminding the participants that the students experiences were of primary interest, their own experiences, concerns, expectations and anxieties came into the conversation and were so apparent throughout the analysis. This cohort of professionals need to be heard, they need to be researched, and they need to be better supported in providing the invaluable care they provide to students. They have inordinate expectations placed on them, under extremely stressful conditions and they are expected to hold space and provide therapeutic support to students under these far from ideal conditions. Not only are they holding huge caseloads, but they are also facing extreme institutional pressures to maintain providing a service to high numbers of students, often with the focus being on the quantity of students they facilitate as opposed to the quality and depth of therapeutic work they are providing. There are many directions future research needs to take on this specific topic, but listening to these listeners needs to be a priority as there are

no student counselling services without student counsellors.

4.4.8 Conclusions

Building on the insights gained from the practitioner interviews presented in this study, it became clear that while counsellors navigate expectations within constraints of service provision, understanding the student perspective remained essential to gain a comprehensive understanding of expectation dynamics. Study 4, presented next in Chapter 5, was therefore designed to complement and extend the previous findings by directly examining students' expectations and experiences of student counselling. By employing a mixed methods survey, the subsequent study aimed to capture both quantitative patterns and qualitative insights regarding how sociodemographic, psychological and experiential factors interact with students' expectations.

Chapter 5:

Study 4

Holding Out Hope or Holding Back? Student Expectations of Counselling Services in Higher Education in Ireland

This chapter is adapted from the article:

Seery, C. & Maguire, R. (2026), Holding Out Hope or Holding Back? Student Expectations of Counselling Services in Higher Education in Ireland Journal: Counselling and Psychotherapy Research. Counselling and Psychotherapy Research, doi: 10.1002/capr.70115

Abstract

Background: Expectations of counselling play a key role in predicting service engagement and therapeutic outcomes, but the nature and associates of student counselling expectations has been underexplored to date.

Aims: This study aimed to investigate the nature and associates of expectations of student counselling services in Ireland among those who had and had not previously engaged with these services.

Methods: A mixed methods survey of students in Ireland (n=113) collected data on student counselling expectations and engagement, along with measures of wellbeing, optimism, social support and attitudes towards psychotherapy. Current and retrospective expectations were compared for those with previous counselling experiences, while hierarchical multiple regression (HMR) analysis explored sociodemographic and psychosocial predictors of expectations. Reflexive thematic analysis examined the nature and change in expectations as captured in open-text responses.

Results: Attitudes towards seeking professional help significantly predicted expectations ($\beta=.488$, $p<.001$), with the HMR model predicting 24.8% of the variance in expectations overall. While previous engagement with external psychological support was associated with more positive retrospective expectations of student counselling, there was no significant difference observed between current and retrospective expectations in the group that had previous experience of student counselling. Themes identified varied instances of both positive and negative expectations of counselling services, with influences coming from both internal and external sources.

Discussion: Findings suggest that fostering and maintaining positive, yet realistic expectations is crucial in providing an effective counselling service. Both negative and unrealistic expectations should be managed to ensure beneficial and meaningful

therapeutic outcomes for students engaging in an already overprescribed stretched service.

5.1 Introduction

As outlined in previous chapters, it is well established that third level students are at heightened risk of developing mental health challenges (Auerbach et al., 2018; Xiao et al., 2017). In Ireland, an extensive survey of university students identified that 40% experienced low wellbeing during the previous two weeks (Karwig et al., 2015). Limited public mental health services means that students are often encouraged to seek support from college services (O'Brien, 2015), with student counselling the preferred source of support for mental health concerns among young adults (Dooley et al., 2019; Karwig et al., 2015). However, while such services are widely available, high demand means that resources are often limited and overstretched (Auerbach et al., 2018; O'Callaghan, 2019). In Ireland, a review of annual reports provided by third level institutions highlighted how demand for student counselling services is rising (e.g. NUIG, 2018; TCD, 2024), with waiting lists for counselling services common (Hardesty 2017; Gilna, 2018).

While student counselling services can address student mental health for those who are able to avail of it, a meta-analysis estimated that drop-out rates can be as high as 67% (Xiao et al., 2017). Non-attendance may also be an issue, with Festinger et al. (2002) estimating that 25-62% of those initiating therapy may not show up for their first appointment. Premature termination or non-attendance clearly reduces the effectiveness of therapeutic services (Carter et al., 2012) which is particularly problematic in student counselling services where the demand for services is beyond capacity (Xiao et al., 2017).

As previously outlined, one factor which may impact decisions to attend and engage with therapy are the expectations people form (Norberg et al., 2011). For instance, Henshaw and Wall (2019) suggest that dropout rates from student counselling services are attributable to unrealistic or negative expectations. More broadly,

expectations play a role in effective psychotherapy across a range of settings (Brugnera et al., 2025). This includes outcome expectations, defined as prognostic beliefs about a therapy's personal efficacy (Constantino et al., 2011) and treatment expectations, which are beliefs about what will happen during therapy (Brugnera et al., 2025), encompassing role expectations of the patient and therapist, the processes of therapy and duration expectations (i.e. how long the therapy will last). Research has shown that negative outcome expectations predict unfavourable outcomes (Seewald & Rief, 2023). Conversely, positive outcome expectations are associated with higher psychotherapy effectiveness and lower premature termination of therapy (Rief et al., 2022). However, excessively positive expectations can also be problematic in that when a patient expects significant improvement in a short time, they may feel disappointed by the pace of the therapy and let down by the effectiveness (Szymanska et al., 2017).

As highlighted earlier in this thesis, less work has explored the specific pretreatment expectations of students presenting to student counselling services. Given that students are often a younger population, they may be less likely to have developed expectations about therapy based on previous experiences (Morisson et al., 2021). Henshaw et al. (2019) found how students' expectations of counselling vary considerably falling into three categories "don't know" (22%), "just talking" (26%) and "beyond talking" (52%). Findings suggest that lack of knowledge of what counselling involves predicted therapist-rated unsuccessful treatment, while those with "beyond talking" expectations had a higher likelihood of engaging and returning after their initial assessment session.

While such work documents the importance of expectations in counselling engagement, specific determinants of expectations in student counselling are unclear. Within general psychotherapy, demographic variables have been shown to be associated with positive outcomes, specifically being older (Tsai et al., 2014) and

female (Visla et al., 2019). Unsurprisingly, symptom severity is also shown to impact expectations, with more severe depressive symptoms (Constantino et al., 2014) and lower levels of wellbeing (Tsai et al., 2014) associated with more negative outcome expectations. This is consistent with the perspectives of student counsellors in study 3, who showed that students who were more depressed or anxious had differing expectations and expected less from them and the counselling services.

In contrast, optimism has been shown to correlate with more hopeful outcome expectations (Diener et al., 2006) with a meta-analysis showing an association between optimism at baseline and positive outcome expectations, particularly in younger participants (Constantino et al., 2019). Separately, general attitudes towards mental health treatment have been shown to be related to expectation formation (O’Callaghan et al., 2023). Students with more positive attitudes towards help-seeking were shown to have more positive expectations about psychotherapy (Nam et al., 2013; Eisenberg et al., 2013) while negative attitudes were related to more negative expectations and lower help-seeking intentions (Hammer et al., 2015). This was also echoed in study 1, whereby some studies found how attitudes to help seeking associated with expectations (Henshaw et al., 2019).

Aside from attitudes towards psychotherapy and individual differences, previous experience of counselling may impact future expectations, with negative experiences leading to subsequent negative expectations that may hinder participation in evidence-based treatments (Rief & Wilhelm, 2024; Zunhammer et al., 2017). This again was a clear finding from study 3, in which many counsellors spoke of how students’ previous engagement impacted their expectations. However, less work has explored how this diverse combination of factors may influence expectations in the student counselling context.

While most of the research cited above has employed quantitative measures,

Constantino et al. (2021) explored expectations of psychotherapy among students qualitatively. Here, interviews explored participants' positive and negative expectations of psychotherapy and the factors that shaped these beliefs. Determinants of expectations included coursework, media, friends, family and social environment. The role of social support has been demonstrated previously, with perceived social support related to more optimistic expectations (Mohr, 2001). In addition, Constantino et al. (2021) found that negative expectations were related to the development of stigma and represented negative attitudes towards help-seeking more generally.

Given their role in predicting outcomes, the importance of understanding expectations and the factors that impact their formation is crucial due to the growing numbers of students experiencing mental health challenges. While research has attempted to understand the nature and factors influencing student expectations of counselling, there has been limited attempt to explore these in depth. Building on the findings from studies 1-3, this mixed-methods study aims to primarily address objective 4 of this thesis, along with a set of specific subobjectives: Objective 4, as outlined in section 1.7, was to develop an understanding of the expectations students hold about student counselling services. In addition to understanding the nature of student expectations (subobjective 4.1), three further subobjectives were investigated: to determine the demographic and psychosocial determinants of expectations (subobjective 4.2), to establish whether previous experience with psychological support impact expectations (subobjective 4.3), and to explore whether engaging in student counselling results in a change in expectations (subobjective 4.4).

5.2 Methods

5.2.1 Sample

The sample for this study comprised of third level students at higher education institutions in Ireland. The inclusion criteria stated that participants must

be (i) currently enrolled in a third level institution in Ireland (either at Undergraduate or Postgraduate level), (ii) not currently receiving psychiatric treatment, and (iii) aged 18 years of age or over. Participants were recruited through a number of channels, including (i) referral from student counsellors via invitations prepared by the researchers, (ii) social media, (iii) student unions of individual colleges through their mailing lists and social media channels and (iv) through the Department of Psychology research participation incentive programme at Maynooth University, whereby postgraduate research projects are advised to students allowing them to gain credits for their research modules through participation. A post-hoc power analysis using G*Power 3.1 indicated that, with an effect size of $d = 0.54$ (two-tailed, $\alpha = .05$), a total sample of 110 participants would provide approximately 80% power ($1-\beta = .80$) to detect a significant difference between groups of students with and without previous experience of counselling using a t-test analysis.

5.2.2 Design

A mixed methods design was utilised for this study. Specifically, a cross-sectional survey was implemented with a number of open-ended questions comprising a qualitative element. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) (See Von Elm et al., 2007) guidelines for cross-sectional studies were utilised to ensure best practice guidelines were adhered to. A checklist from these guidelines is included in appendix J. The primary outcome variable was expectations about student counselling with several sociodemographic and psychosocial factors included as predictor variables.

5.2.3 Measures

Questions on basic demographic information were included at the start of the survey, followed by a number of validated measures and open text questions. Measures included the Milwaukee Expectations Scale (MPEQ) (Norberg et al., 2011) to capture

expectations of students about student counselling services, the WHO-5 (Topp et al. 2015) to assess overall wellbeing, the Life Orientation Test Revised (LOT-R) (Schier & Carver, 1985) to measure optimism, the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) to provide a picture of perceived social supports, and the Attitudes Toward Seeking Professional Psychological Help (ATSPPH) (Fisher & Farina, 1995) to give insight into general psychotherapy attitudes. These measures were chosen based on previous research and the findings from studies 1-3, as well as the fact that all were validated measures which had previously been used in similar student populations. In addition, there were a number of questions designed for the purposes of this research to assess experiences and engagement with counselling. All measures are described in more detail below, and a full copy of the survey is included in the appendices section (see appendix K).

5.2.3.1 Sociodemographic Characteristics

The first section of the questionnaires asked participants to report their gender (male, female, other, with option to specify), age, and the category of higher education they were enrolled in (University, Technological University/IT or other). They were asked to indicate if they were an Undergraduate or Postgraduate student, their year of study, if they were engaged in part time employment (yes/no), and if so for how many hours weekly.

5.2.3.2. Multidimensional Scale of Perceived Social Support (Zimet et al., 1988)

The Multidimensional Scale of Perceived Social Support (MPSS) (Zimet et al., 1988) was included as a measure of social support. The MPSS scale was developed on an undergraduate student population, containing 3 subscales (family, friends and significant other) which are reported to have strong factorial validity. Each subscale contains four items, with 12 items in total. The friends subscale includes items such as “*I have friends with whom I can share my joys and sorrows*”, the family subscale

includes question such as “*My family is willing to help me make decisions*”, while the significant other subscale includes items such as “*There is a special person around when I am in need*”. Participants are asked to indicate their level of agreement with items on a 7-point scale ranging from 1 (very strongly disagree) to 7 (very strongly agree), with total scores ranging from 1-7 whereby higher scores were indicative of higher social support. Zimet et al. (1988) report that the scale has good internal and test-retest reliability along with moderate validity. For this sample, Cronbach’s alpha was observed at .94.

5.2.3.3 Life Orientation Test-Revised (Scheier et al., 1994)

The Life Orientation Test-Revised (Scheier & Carver, 1985, Scheier et al. 1994) was implemented to assess optimism levels among participants. Cheisi et al. (2016) investigated the use of this scale on undergraduate students and reported that higher levels of optimism were associated with higher sense of mastery, sense of coherence and overall better ability to manage life and have goals and high-quality relationships. The originally developed scale included 12 items and was later reduced to 10. The revised scale, implemented in this study, consists of 6 scored items and 4 filler items. Items 1, 4 and 10 are positively worded (e.g. “*In uncertain times I usually expect the best*”) and items 3, 7 and 9 are negatively worded (for example “*If something can go wrong for me, it will*”). Respondents indicate their agreement with statements on a 5-point Likert scale from 1 “Strongly disagree” to 5 “Strongly agree”, with total scores ranging from 0-24. The negative items were reverse scored to combine with the positive items to give a final score of optimism, with higher scores representing higher levels of optimism. Scores of 0-13 indicate low optimism (high pessimism), while scores of 14-18 indicate moderate optimism. The scale has been shown to have good levels of reliability, validity and internal consistency (Scheier et al., 1994). The Cronbach’s alpha of this scale on this study was observed at .79.

5.2.3.4 Attitudes towards Seeking Professional Psychological Help Scale (ATSPPH, Fisher & Farina, 1995)

The Attitudes Towards seeking Professional Psychological Help Scale (ATSPPH), (Fisher & Farina, 1995) was employed to measure general attitudes towards seeking professional help for psychological problems. This is a 10-item scale where respondents indicate their agreement with statements on a 4-point Likert scale ranging from 1 “Disagree” to 4 “Agree”. Some of the items are positively phrased (e.g. *“If I were experiencing a serious emotional crisis at this point in my life I would be confident that I could find relief in psychotherapy”*), and some are negatively phrased (e.g., *“The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts”*). After negatively phrased items are reverse coded, total scores range from 1-4, with higher scores indicating more positive attitudes towards help seeking behaviours. This scale has been shown to demonstrate good reliability, validity and internal consistency (Fisher & Farina, 1995), with Cronbach’s alpha coefficient in this study observed at .79.

5.3.2.5 WHO-5 Measure of Health and Wellbeing

The WHO-5 (Topp et al., 2015) was included in this study to provide a reliable measure of wellbeing in the sample. The WHO-5 is a widely used, short scale making it suitable for this research. Here, participants rated how frequently they felt *“cheerful and in good spirits”*, *“calm and relaxed”*, *“active and vigorous”*, *“woke up feeling fresh and rested”*, and that their *“daily life was filled with things that interest them”* in the last two weeks. Participants rate their levels of feelings on a 6-point scale from 1 “all of the time” to 6 “at no time”. Scores are calculated by totalling participants scores and standardising scores to represent a total score from 0-100 with higher scores representing higher levels of wellbeing. The Cronbach’s alpha coefficient for this scale was calculated on this study and observed at .84. A review of this scale found that the

WHO-5 consistently shows high internal reliability, with Cronbach's α values typically ranging from 0.82 to 0.93 across different samples and languages (Topp et al., 2015).

5.3.2.6 Previous experience of Student Counselling and Expectations

In this section participants were asked if their college had a student counselling service available to them (yes/no/unsure) and if they felt they needed counselling whether they knew how to access it through their third level college (yes/no).

Participants then indicated if they had engaged with their service and if so what level of engagement this was. Specifically they were asked here if they had: browsed the website but made no contact, made contact but not spoken to a counsellor, received an initial assessment but not a full counselling appointment, were currently on a waiting list, currently engaged and attending counselling, previously attended a student counselling service but not currently or had never engaged, with a final option to indicate if their college did not have a student counselling service available to them. Participants were also asked if they were currently receiving psychological support outside of college or had previously received psychological support outside of college.

Participants who had engaged with their student counselling service were asked to indicate if this was their first time engaging with any psychological support ("Yes, first time ever receiving psychological support", "No, have engaged with psychological support prior to engaging with student counselling" and "Never engaged with any kind of psychological support either through college or otherwise").

5.3.2.7 Milwaukee Expectations of Psychotherapy Scale (MPEQ) (Norberg et al., 2011)

The Milwaukee Expectations Scale (MPEQ) (Norberg et al., 2011) was employed to assess student's expectations of counselling, measuring expectations about the components (roles) and effects (outcomes) of counselling. The thirteen-item scale is rated by participants on a 10-point Likert scale ranging from 0 (representing "not at all") to 10 (representing "very much so"). Here, 9 items relate to process/role

expectations with the remaining 4 assessing outcome expectations. The process/role expectations items assessed participants' expectations related to the therapist (e.g., "*I expect my therapist will provide support*"), client (e.g., "*I expect that I will come to every appointment*") therapeutic relationship (e.g., "*My therapist will be interested in what I have to say*") and change processes (e.g., "*I will be able to express my true thoughts and feelings*"). The outcome expectations scale consists of items related to how the client might feel after or as a result of the therapy (e.g., "*After therapy I will be a much more optimistic person*"). Scores for each subscale are calculated by summing the relevant items and dividing by the number of items. The total scale is computed by totalling all items, with scores ranging from 0-10. Higher scores represent more positive expectations of psychotherapy.

For the purpose of the current study, to distinguish between students who had engaged in student counselling and those who had not, two versions of this scale were used. Firstly, all participants completed the scale in full and were given the instructions: "Below is a list of statements describing expectations about therapy that you may have. These statements cover expectations regarding your own behaviour in therapy, your future therapist, and the therapy setting. Some of these expectations you may not have considered previously, however we would like for you to think about them now. Read each statement carefully and indicate the number that indicates the strength with which you find yourself expecting what it is described in the statement. These are hypothetical scenarios, so please consider what you WOULD expect If you WERE engaging in therapy with your college counselling service". Students who selected "Yes" to the question "Please indicate if you have received student counselling with a student counselling service" were directed to also complete a modified version of the questionnaire with questions phrased in the past tense. This facilitated an analysis of some retrospective pre and post data on participants expectations. Students were

instructed to respond to these questions as a reflection on how they had felt prior to engaging in student counselling (as a measure of their retrospective expectations). An example of an item was “Please consider the following questions as a reflection on how you felt BEFORE engaging with your college counselling service. Rate your agreement with the following statements with consideration to your feelings PRIOR to engaging with your college counselling service. Thinking back on your experiences with counselling, what were your initial expectations regarding this?”. Here, items were phrased in the past tense (e.g. “I expected my therapist to provide me with feedback”). This was rated in the same way as the original MPEQ, i.e. on a 10-point Likert scale ranging from 0 (representing “not at all”) to 10 (representing “very much so”).

According to Norberg et al. (2011) an exploratory and confirmatory factor analysis showed this scale had a 2-factor solution, i.e. the process and outcomes in counselling expectations. Good internal consistency and test-retest reliability were demonstrated along with support for convergent, discrimination and predictive validity. In the current study the Cronbach’s alpha was demonstrated to be .91 for the version presented to all participants. When the modified version of this scale was presented to participants who had previously engaged in counselling, to measure retrospective expectations, the Cronbach’s alpha was observed at .89.

5.3.2.8 Open Text Questions

At the conclusion of the survey, six open text questions were presented to participants. These were intended to provide some in-depth qualitative data to better understand participants’ experiences and expectations of student counselling.

Specifically, participants were asked the following questions:

- “Can you describe, if any, what your expectations are in relation to Student Counselling Services?”
- “Have your expectations of Student Counselling Services changed or altered at

all?

Can you explain how/how not?"

- “Were your expectations met using this service? Please elaborate on how/how not.” (Note that this question was only asked of participants who had engaged (in any way) with their student Counselling Service)
- “In your opinion, do the Student Counselling Services offered in third level, in general, meet the expectations of students? Please explain why/why not.”
- “If you have considered engaging in Student Counselling previously, but have not done so, can you describe why you did not engage?”

In the final open text question, participants were invited to add any other thoughts/comments on this topic before concluding the survey.

5.3.3 Ethical Considerations

This study was granted Ethical Approval by Maynooth University Social Research Ethic Committee in December 2022 (Ethics Review ID: Ethics Review ID: 2488242, Approval Reference: SREC-2022-35593).

As this study was being conducted on a non-clinical, non-vulnerable population and participants were excluded if they were currently engaged in psychiatric treatment for a mental health condition, there were no major ethical considerations in formulating the research. However, the questions asked could potentially have caused distress in the participants if they were recalling a difficult experience with student counselling or psychological support in their past. The researcher’s and supervisor’s contact details were provided to the participants along with a list of available psychological support services. This is included in the appendices section (included with appendix K).

Each participant, when clicking on the survey, was brought to an information

sheet (included in the appendix section K). Participants were required to provide their consent before beginning the survey and additionally they were also informed that clicking on the survey to begin was indicating their consent to participate. The end of the survey provided further information for help if required. A copy of the ethical approval for this study is included in appendix L.

5.3.4 Procedure

After receiving confirmation of ethical approval, the survey was published on Qualtrics (Qualtrics, Provo, UT) in January 2023. Recruitment began with the researcher publishing the survey and inviting participants to take part through social media channels, the researcher's personal channels and the supervisor's, along with Maynooth University accounts (specifically the Psychology Department's X account, the Student Unions Instagram and X accounts and the Psychology Society's Instagram and X accounts). Other colleges also posted the survey link to their students (namely Technological Institution GMIT and Technological University of the Shannon (AIT)) Student Union accounts). The researcher also sent the survey to contacts in the third level institutions previously engaged with the qualitative study, through both their student counselling services and their Student's Unions. Some of these organisations shared and distributed the survey amongst their student populations. The Union of Students in Ireland was also contacted but they did not aid in the recruitment of participants. Additionally, the study was posted on the Maynooth University Department of Psychology research incentive programme to Undergraduate students of the department. Students participated in in the study and received research credits towards their degree programme for doing so.

Once the participant clicked on the survey link, an information sheet was presented, and they were asked to provide informed consent and ensure they fulfilled the main criteria of being (1) 18 years of age or over, (2) Registered third level students

in Ireland, and (3) Not under psychiatric treatment currently. If participants indicated that they did not fulfil these criteria they were taken to the end of the survey page and thanked for their time. If participants confirmed they were within the criteria necessary they were presented with the demographic questions (section 5.3.2.1), followed by the MSPSS (section 5.3.2.2), the LOTR scale (section 5.3.2.3), the ATSPPH (section 5.3.2.4), and the WHO-5 (section 5.3.2.5). This was followed by the MPEQ expectation scale (section 5.3.2.7), and questions asking about previous engagement with Student Counselling services. Once participants reached this section (engagement with and expectations of student counselling) they were asked to indicate if they had previously engaged with Student Counselling Services. If they indicated they had, they were presented with an additional scale (MPEQ retrospectively) and if they had not engaged, they continued on to the open text questions. Upon completion of the survey, participants who had completed the survey to secure research credits were provided with a participation code to report to the researcher to confirm participation and receive their credits. All participants were presented with a page of support services they could access should they deem necessary if they required support subsequent to participation.

5.3.5 Data Analysis

The data was transferred from Qualtrics into IBM SPSS 29. Post cleaning and screening the data was analysed in the following ways:

Firstly, descriptive statistics were conducted and reported on all variables, including the sociodemographic background questions (age, gender, institution attended, year of study, and if employed), the various scales (MSPSS, LOT-R, ATSPH, WHO-5 and MPEQ and MPEQ-R), and levels of engagement with student counselling/other psychological support. Here, means and standard deviations were computed for continuous variables and frequencies and percentages calculated for categorical variables.

Next, having checked appropriate assumptions were satisfied, a series of inferential tests were performed in order to assess the study objectives. To establish whether or not engagement with student counselling impacted expectations, a Wilcoxon signed rank was conducted to compare current and retrospective expectations for those who had previously engaged with student counselling. In addition, the expectations of those who had and had not engaged with counselling were compared using an independent samples t-test, while further analysis assessed how expectations varied based on level of engagement.

To establish the determinants of expectations, a hierarchical regression analysis was performed. Here, MPEQ was the outcome variable with three blocks of predictor variables. Block 1 included sociodemographic variables (gender, age, year of study). Block 2 included previous engagement in counselling (if any engagement and what level) and attitudes towards professional help seeking. Finally Block 3 included the psychosocial variables (namely MPSS, LOT-R and WHO-5). In all cases alpha level was set at 0.05.

The free-text responses were analysed through Reflexive Thematic Analysis (Braun & Clark, 2020). As described in Chapter 4, Braun and Clarke (2006, 2018, 2019, 2020) outline a six-phase process which facilitates analysis of qualitative data. This was followed all the way through for this phase of the research. Phase 1 involved transferring the data from Qualtrics to Microsoft Excel initially and later to MAXQDA. As the data was derived from open text in the survey, transcription was not necessary. Phase 2 involved generating initial codes with phase 3 developing these codes into themes. Phase 4 involved the researcher going back through the themes with the 5 key questions as guided by Braun & Clarke (2018; 2020), with phase 5 resulting in a thematic framework that was within the scope of the original research aims and objectives. The final phase was the culmination of the results report which formed the qualitative research on students in higher education.

5.4 Results

5.4.1 Descriptive Statistics

5.4.1.1 *Sociodemographic and Background Information*

140 participants accessed the survey with 113 valid responses and 27 participants excluded due to missing responses. Information on the demographic background of participants can be seen in Tables 5.1 and 5.2. In terms of gender breakdown, the sample comprised of male (31%, $n = 35$), female (66.4%, $n = 75$) and non-binary (1.8%, $n = 2$) third level students, with one participant selecting “other” for their gender identity. Participants ranged in age from 18-54 years ($M = 23.11$, $SD = 7.61$). All participants were currently registered in a higher-level institution in Ireland. Of these, 89.1% ($n = 98$) indicated they were enrolled in a university and 9.1% ($n = 10$) attended a Technological University, with the remaining 2 participants indicating that they attended an “other” institution. 79.1% ($n = 87$) were undergraduate students, with a further 5 postgraduate students in a taught programme and 16 enrolled as postgraduate research students. The majority of the sample were in their second year of study (67.9%), with 11.9% in first year and 6.4% and 10.7% in third and fourth years plus respectively. 68.2% ($n = 75$) indicated they were engaged in employment outside of college, with the remaining 31.8% ($n = 35$) not engaged in employment. The mean number of hours students were engaging in employment was 16.32 hours per week ($SD = 9.0$).

Table 5.1. Sociodemographic Information

Variable	Category	n	Valid %
Gender Identity	Male	35	31%
	Female	75	66.4%
	Non-binary	2	1.8%
	Other	1	0.9%
Higher-level Institution Attended	University	98	89.1%
	Technological University	10	9.1%
	Other	2	1.8%
Course currently enrolled in	Undergraduate	87	79.1%
	Postgraduate (taught)	5	4.5%
	Postgraduate (research)	16	14.5%
	Other	2	1.8%
Year of Study	First Year	13	11.9%
	Second Year	74	67.9%
	Third Year	7	6.4%
	Fourth Year plus	15	13.8%
Engaged in Employment outside of college	Yes	75	68.2%
	No	35	31.8%

Table 5.2. Demographic Descriptives

Variable	Mean	SD	Range	n
Age	23.11	7.61	18-54	105
Hours employed	16.32	9.0	0-45	67

5.4.1.2 Student Counselling Engagement

Participants were asked if their college had a student counselling service available to them. Of the 99 participants who responded to this question, 97 (91.9%) indicated that their college did, one participant indicated that it did not and 7.1% (n = 7) indicated they were “unsure”. When asked if they would know how to access student counselling if they needed it, 70.7% (n = 70) indicated that “yes” they would know how to access support, however, 29.3% (n = 29) selected “no” they

would not know (see Table 5.3 for full information relating to counselling experience of the participants).

Participants were next asked to indicate “How have you engaged with your Student Counselling Service?”. While approximately half ($n = 48$, 48.5%) indicated that they had not engaged, a further 51.5% had some level of engagement, however generally this engagement was low. For example, 19.2% ($n = 19$) indicated that they “browsed the website but not made contact”, 4% ($n = 4$) noted that they had “made contact (emailed, phoned, dropped in) but not spoken to a counsellor”, and 5.1% ($n = 5$) indicated that they “have received an initial assessment but not a full counselling appointment”. While 13.1% ($n = 13$) indicated they “previously attended counselling at the Student Counselling Service but [were] not currently attending”, just 4% ($n = 4$) of participants were “currently engaged and attending their Student Counselling Service”. When asked if they had “received psychological support outside of college” 46.5% ($n = 46$) indicated they had “never received any formal support”, 12.1% ($n = 12$) were currently receiving support external to college supports and 41.4% ($n = 41$) had previously but not currently received support outside of college.

For participants who were engaged with their Student Counselling Service, they were asked if this their first time receiving psychological support, 14.1% ($n = 13$) indicated yes it was their first time engaging in psychological support, 39.1% ($n = 36$) indicated they had previously engaged in Student Counselling Services and 46.7% ($n = 43$) indicated they had never engaged in any psychological support. This is presented in Table 5.3 below.

Table 5.3. Student Counselling Engagement

Variable	Category	n	Valid %
Does your college have a Student counselling service available?	Yes	97	91.9%
	No	1	1%
	Unsure	7	7.1%
If you needed counselling, would you know how to access at your college?	Yes	70	70.7%
	No	29	29.3%
Have you engaged with your student counselling service?	Browsed website, no contact	19	19.2%
	Made contact, no formal appt.	4	4%
	Assessment but no full appt	5	5.1%
	Previously attended	13	13.1%
	Currently attending	4	4%
	Never engaged	48	48.5%
	College does not have service	1	1%
Outside of SCS have you received other formal psychological support?	Other	5	5.1%
	Never received any formal support	46	46.5%
	Currently receiving support outside of college	12	12.1%
If had engaged with Student Counselling, was this your first time engaging with potential psychological support?	Previously but not currently	41	41.4%
	Yes, first time receiving support	13	14.1%
	No, previously contacted SCS	36	39.1%
	Never engaged in any psych. support	43	46.7%

Note: SCS = Student Counselling Services

Table 5.4 displays descriptive statistics for the various scales included in the study; the MSPSS, LOT-R, WHO-5, ATSPPH, MPEQ and the MPEQ scale retrospectively applied to reflect previous counselling expectations for those who had previous experience of counselling.

5.4.1.3 Social Support and Wellbeing

The mean score for the MSPSS was 5.40 (SD = 1.27), suggesting that participants overall had reasonably high levels of support, however the full range of scores were provided on this scale (ranging from 1-7) suggesting that some participants had very low levels of perceived social support. The highest mean support scale was for “significant other”, (M = 5.73, SD = 1.53) followed by “friends” subscale which demonstrated a mean of 5.50 (SD = 1.34) and “family” subscale was the lowest with a mean score of 4.99 (SD = 1.64).

The LOT-R mean score was 13.80 (SD = 4.21), suggesting that participants on average showed a moderate/low optimism (high pessimism) overall.

The WHO-5 mean score was 49.84 (SD = 19.64) with the range observed at 0-88. This would indicate that participants were experiencing below average levels of wellbeing.

5.4.1.4 Attitudes Towards Seeking Professional Psychological Help

The ATSPPH mean score was 21.99 (SD = 4.47), with scores ranging from 10-30. This indicates overall positive attitudes towards seeking professional psychological help among participants.

5.4.2 Expectations of Student Counselling Services

To address subobjective 4.1, quantitative and qualitative analyses on data relating to student expectations of counselling services was conducted.

5.4.2.1 Quantitative Analysis

The mean MPEQ score was 102.3 (SD = 16.67), with scores ranging from 60-130. Of the two subscales, the role expectations scale had a mean of 73.30 (SD = 11.31), while the outcome expectations scale showed a mean of 29.16 (SD = 7.03), with higher scores indicating more positive expectations.

For participants who had previously undergone counselling (n = 21), retrospective MPEQ scores were reported as 99.38 (SD = 16.91) with an observed range of 71-128. The subscale measuring retrospective role expectations had a mean

of 72.57 (SD = 10.62), range was 52-90, while the second subscale, measuring retrospective outcome expectations had a mean of 27.27 (SD = 7.99) range of 11-40.

Table 5.4. Psychosocial Scales and subscales Means and Standard Deviations

	Mean	SD	n
Social Support (MSPSS)			
Significant Other	4.99	1.64	100
Family	5.50	1.34	99
Friends	5.70	1.27	96
Total	5.73	1.53	98
Optimism (LOT-R)	13.80	4.21	89
Wellbeing (WHO-5)	49.84	19.64	100
Attitudes to Help Seeking (ATSPPH)	21.99	4.47	78
Expectations (MEPQ)			
(whole sample)			
Role Expectations	73.30	11.30	94
Outcome Expectations	29.16	7.03	94
Total	102.3	16.67	94
Retrospective			
Expectations (for those who had undergone therapy)			
Role Expectations	72.57	10.62	21
Outcome Expectations	27.27	7.99	22
Total	99.38	16.91	21

Note: MPSS = Multidimensional Scale of Perceived Social Support, LOT-R = Life Orientation Test-Revised, WHO-5 = Wellbeing Index, ATSPPH = Attitudes Towards Seeking Professional Psychological Help, MPEQ- Milwaukee Expectations Psychotherapy Questionnaire

5.4.2.2 Reflexive Thematic Analysis

The total 268 open text responses were initially divided into positive, negative and neutral towards student counselling and expectations. This facilitated the thematic analysis and allowed for development and organisation of the themes. Once the data had been coded, through following Braun & Clarke's (2019; 2020) stages of reflexive qualitative analysis

there were several themes identified within each individual question and some

overlap occurred. These themes highlighted that there are both positive and negative expectations present in this population, and some are formed through experience and others are through external sources and hearing experiences of others. It was also highlighted how students are experiencing student counselling when they do engage and if their expectations are being met or not, along with highlighting some perceived barriers that exist among this population for engaging with their student counselling services, as presented below in table 5.5.

For example, when asked to describe their current expectations (if any) in relation to Student Counselling Services, 63 participants responded to this question. Here, 38 expressed positive expectations (free, accessible, supportive) with the remaining either negative (little appointment availability, overburdened service, waiting lists) or neutral (quite general).

One of the most widely reported positive expectations for student counselling was that it would be a “supportive” service. This was reported multiple times in various ways (n = 16) from participants expressing an expectation of “support at a lower price than a private therapist” to “providing emotional and psychological support to those in distress”. Participants also expressed an expectation of support provided in a non-judgemental safe space. There were expectations of support from “fully qualified counsellors” and “support from counsellors that are fully equipped to deal with the variety of issues students have”. Similarly, participants expressed an expectation that the counsellors would “listen” (n = 5), “without judgement” (n = 3), The expectation of student counselling to be a “safe space” and a “place of safety” was also reported (n = 4). Combined with safety was the expectation that participants could express themselves freely and be open “I feel it would be a safe space for students to open up about their worries and their personal issues”. These represented positive expectations of the processes and roles involved in engaging in student counselling.

Accessibility and availability were also widely reported expectations among participants with “accessible” referenced by 4 participants and “available” expressed by 6 participants. Participants expressed expectations of accessibility in direct ways (e.g. “actual access without waiting lists”) and indirectly (e.g. expectation “that I would be able to attend a session within one week”). One participant expressed an expectation of availability together with outcome expectations, noting that “they would be readily available for me if I needed them, and I would feel better having engaged with them”.

There was also a range of positive opinions expressed in terms of cost of student counselling, for example that it would be “free” (n = 3), “easy to access physically and financially” and “a lower cost than private therapy”.

Negative expectations expressed by participants also were centred around roles and process expectations. The role and process expectations expressed centred around waiting lists (n = 5), limits to what the service can provide (n = 3), and difficulties making appointments (n = 2). Participants reportedly expected to receive “little appointment availability, over worked staff, little time to make progress”, and expected “the service to be overburdened and as such discourage repeat sessions”. Participants also expressed an expectation of inaccessibility through indicating they would “imagine it would be very busy and hard to get an appointment”.

Some participants also expressed expectations relating to the limited scope of student counselling, noting that it would be limited to mild issues (n = 5) or academic difficulties (n = 3). For example, one participant expected that student counselling would be “fine for problems related to school everyday stress but not for more serious problems”, while others felt it would be limited to academic issues (e.g. “they can help with issues related to academic issues but not beyond that”, “they are of little use for non-academic issues”).

5.4.3 Expectations and the role of previous engagement in support

To address subobjectives 4.3 and 4.4, concerning the role of previous engagement in psychological support impacting expectations, a series of statistical analyses were performed. This included assessing the relationship between expectations and previous engagement in student counselling (subobjective 4.4), as well as the role of engaging in psychological support external to the college (subobjective 4.3).

5.4.3.1 *Quantitative Analysis*

An independent samples t-test was conducted to compare the MPEQ scores of those who had and had not engaged with their student counselling services. There was no significant difference in scores for those who had attended ($M = 105.24$, $SD = 16.70$) and those who had not ($M = 101.47$, $SD = 16.68$); $t(92) = .91$, $p = .36$, two tailed.

Similarly, the students who had experience of student counselling services ($n = 21$) were examined to see whether there was any difference between their retrospective and current expectations in relation to therapy. A Wilcoxon Signed Rank test found no statistically significant change in expectations following engagement in student counselling, $z = 1.22$, $p = .223$, with the median score of expectations in the present ($Md = 105.5$) no different to retrospective expectations ($Md = 103.0$).

Separately, a one-way between groups ANOVA explored three levels of engagement with student counselling and the expectations of participants. These corresponded to current engagement (“I am currently engaged and attending”), previous engagement (“I previously attended counselling”) and assessment only (“I have received an initial assessment but not a full counselling appointment”). There was a statistically significant difference at the $p < .05$ level in MPEQ scores here, $F(2,18) = 3.76$, $p = .04$. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for group 1 ($M = 115.4$, $SD = 7.64$) was significantly different to group 2

($M=94.46$, $SD=15.99$) but not significantly different to group 3 ($M = 94.0$, $SD = 16.9$). This indicated that those currently engaging with student counselling reported more positive expectation of the services when compared to the other two groups.

A one-way between groups ANOVA also explored the impact of previous engagement in mental health services in any form (not just student counselling) on expectations, which was significant: $F(2, 91) = 6.51$, $p = .002$. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for group 1 (never received psychological support outside of college) ($M = 100.53$, $SD = 16.10$) was significantly lower than group 2 (currently receiving formal support outside of college) ($M = 120.99$, $SD = 10.1$) but not to group 3 (yes, previously received support but not currently) ($M = 100.25$, $SD = 16.3$), $p = .003$. A significant difference was also observed between group 2 (receiving support outside of college currently) and group 3 (received support previously), $p = .002$. This indicated that those who are currently receiving formal support have higher expectations than those who never or had previously received support.

5.4.3.2 Qualitative Reflexive Thematic Analysis

In addition to the quantitative analysis above, participants who had engaged with student counselling (in any way) were asked whether their expectations had been met using this service, and to elaborate on why/why not. There were 19 recorded responses to this question, with 6 positively coded responses and 11 negatively coded responses. One response was neither negative nor positive but did not have a favourable outcome as the participant did not secure an appointment with their service “I rang to make an appointment, but the time did not suit me, so I left, the people who worked there are very friendly but seemed busy”.

Positive experiences of participants included descriptions of how both process/role and outcome expectations had been met. Participants who expressed

positive role expectations being met indicated that they “felt supported and listened to in the sessions”, and that “they could discuss their thoughts and feelings openly”.

Another indicated how they “felt listened to”. In relation to responses that referenced outcome expectations being met, they expressed “they had more tools to deal with stress than I had previously” and “after engaging I have felt so much better in myself”.

Negative and unmet expectations were also broadly expressed in terms of role/process and outcome expectations. Those who felt their role and process expectations were unmet included one participant who responded that “I expected they would be better equipped to handle a range of issues; I was told to seek private therapy, and they could only talk about exam stress or procrastination, I was very disappointed”. Negative, unmet outcome expectations included a response from one participant that they would “get feedback to help me cope but no I did not”. Unmet expectations also related to experiencing a limited service and a feeling of a lack of time dedicated to the issues the participants were experiencing “little time or availability of staff, due to understaffing and long wait times, was given leaflets and told to come back if they did not help with no fixed return appointment made”.

All participants were given the opportunity to describe if and how their expectations of their Student Counselling Service had changed or altered. While there were 66 recorded responses to this question, the majority ($n = 45$) of those stated “that their expectations has not changed”, either stating the singular word “no” ($n = 12$) or some more elaborate variation of a lack of change in expectations (“no as I have never used them and do not know of anyone who has used them”). Some students reflected that their expectations had not changed as “I have never really thought about what my expectations were, therefore, they have not changed”.

However, a number of participants ($n = 16$) reported that their expectations had changed in some way. There was positive expectation changes reported for some ($n =$

6) (e.g., “better than expected”), but more (n=10) reported negative changes (e.g. “I thought I would get feedback on how to cope but it was more about figuring that out myself”). This indicated that more participants reported a negative directional change in expectations than positive.

Analysis of responses also indicated how influences on expectation changes came from either direct experience engaging with the service in a positive direction (e.g., “they met my expectations because they were supportive and inviting” and “I have a more trusting view of the counselling service”), and in a negative manner (e.g., “after attending counselling I was disappointed as they were very limited in which issues they were willing to address and weak with the therapy”). Expectations also changed due to indirect experience, as a result of someone close to the participant and again either positively (e.g., “I know of friends who attended the Student Counselling Services and they have been happy with the service”) and negatively (e.g., “friends who have used their services have given negative feedback and so I would be reluctant to use the service”).

A change towards negative expectations also related to accessibility (“I realise I can’t get a same-day appointment and will have to wait a week or two”, “they weren’t as regular as I needed, so it would be for lesser problems than I am dealing with”). These negative changes in expectations also came from indirect experience with accessibility (e.g., “I thought it would be more accessible, but people have said its near impossible to get seen”). Based on experience with the student counselling, it was reported that these accessibility issues would hinder further engagement (e.g. “My initial session was my last. It was very brief, maybe 20 mins. It felt rushed and I left with the impression that a return would be an inconvenience for them”).

Participants also reportedly negatively expecting an unsupportive counsellor based on indirect experience (e.g., “A friend of mine who was deeply distressed

emotionally attempted to get support from such services and was told essentially that she had no reason to be feeling the way she was feeling and that she was being selfish taking up the space for another "worse" student, this has been enough evidence for me to know I would never approach such services for help”).

5.4.4 Expectations and Attitudes to Help Seeking

5.4.4.1 Quantitative Analysis

An independent t-test was conducted to investigate if there was a relationship between attitudes to help seeking behaviour (ATSPPH) and whether or not participants had engaged in student counselling. A statistically significant difference was observed between those who had ($M = 23.90$, $SD = 3.53$) engaged in student counselling and those who had not ($M = 21.28$, $SD = 4.60$); $t(76) = 2.37$, $p < .05$ (two tailed) and their attitudes to seeking professional help, indicating that those who had engaged in student counselling had more positive attitudes towards seeking professional help than those who did not.

In addition, as part of the analysis intended address subobjective 4.2 to explore the demographic and psychosocial predictors of expectations (described in more detail in section 5.4.4), the relationship between attitudes to psychotherapy (ATSPPH) and expectations of psychotherapy (as measured by MPEQ) was investigated using Pearson product-moment correlation coefficient. There was a strong positive correlation between the two variables, $r = .47$, $n = 75$, $p < .001$, with more positive attitudes to psychotherapy associated with more positive expectations of psychotherapy.

5.4.4.2 Qualitative Reflexive Thematic Analysis

Further insight into this issue can be provided by examination of the responses to the additional open text questions that asked about general expectations and if students had considered engaging in student counselling previous and why they did not.

Although these open-text questions did not explicitly set out to examine attitudes

to help seeking from the participants, through engaging in reflexive thematic analysis it was evident that attitudes to help seeking was a recurring theme of the data gathered from these questions.

When asked if participants deemed expectations to have being met; there were 63 responses to this question with the responses falling mostly into positive expressions of expectations being met ($n = 23$), expectations not being met ($n = 24$) and the remaining participants expressing that they did not know as they did not have firsthand experience, which were coded as neutral.

In line with the responses to the open-text questions as discussed previously in section 5.4.2.2, positive responses, where participants reported feeling expectations were met were almost exclusively based on the experiences of others (“I have heard from students that found the services extremely helpful, but some students may have higher expectations of the level of service that cannot be provided”, “I have never heard any complaints about the service so they must be meeting students’ standards”).

While there were positive expectations, some of these were expressed with the caveat of the service being limited (“they do, it’s just a shame there is not more frequent availability of appointments”, “yes although additional funding for staff might help with some over booking, I did have to wait significantly for an appointment at times”).

Negative opinions on expectations not being met were largely related to lack of accessibility, waiting times, only dealing with academic issues and were also largely based on other people’s experiences. Here, wait times and accessibility were widely expressed as a factor in Student Counselling Services not meeting students’ expectations (“no, a lack of resources”, “no, they might be available but a bit hard to access”). Participants reported that they did not believe the services had the resources to meet demands from students (“they don’t- simply because there are not enough counsellors employed to meet the demand of the amount of students who need to avail

of counselling”).

The service being limited to academic issues was also expressed (“I think they somewhat do, but student counselling was very much focused on the academic and emotional side of things”, “no they don’t because it’s only based on college stress and how situation in outside life effect college performance”, “no they focus too much on academic issues, there is a lack of counsellors available for the number of students looking to access the service”). Similar to positive expressions of expectations being met, the negative expectations were also reported to be based on those experiences of other students and not those personally experienced by the participant (“no, generally I have heard from people who have availed of the recourse that the counselling services are sub-par and fail to help the student in a meaningful way”). When participants were asked to reflect on why they did not previously engage in student counselling, the attitudes of the participants towards counselling and psychological help seeking in general became apparent through the reflexive thematic analysis. There were 31 recorded responses to this question and the reasoning for the participants not engaging in student counselling varied from time commitment (n = 5), fear of being judged (n = 3), fear of taking up an appointment from a student with a more serious problem (n = 5), the lack of availability/limitations of the service and the negative expectations of not being help, either from previous personal experience or that of others’.

The perceived barrier of time was expressed in relation to the participants’ own availability (“the time commitment I have to my assignments is too much to also squeeze in therapy sessions”) and also that of the availability of the student counselling services (“I didn’t go through with my appointment because the time didn’t suit me as I had a lecture as well so maybe if they had slots in the evening it would be useful”).

Participants also expressed a fear of being judged as a barrier to engaging in their student counselling services (“I am afraid of being judged”, “I have not

considered engaging with student counselling but in general I would feel afraid of being judged”). There was also a fear of being known to be attending counselling on campus “I am afraid of people in college, supervisors, and other uni staff who I work alongside would find out”. These concerns highlighted a presence of stigma amongst this cohort.

There was a prevalence of a fear that their issues would not be seen as serious enough to warrant a student counselling appointment and they would be taking a slot from a more deserving student (“sometimes I think they are busy enough and my problems are generally not big enough to require counselling services”, “worried my issues weren’t significant enough to take a spot from someone who needs it more”).

Negative expectations were also a barrier for participants to engage with their student counselling services. These were reportedly formed based on i) previous negative experience of the participant and ii) experiences of significant others that they had become aware of.

Previous negative experience of the participant was reported as a barrier (“I was apprehensive because of previous traumas of counselling”). An expectation of a negative experience was also formed based on that of people in the participants’ lives (“my brother had a really bad experience with counselling and it arguable made his situation worse for him, so I’ve been wary since”). The themes and subthemes developed from all open-ended responses are presented in Table 5.5 below, along with representative quotes.

Table 5.5: Qualitative themes and subthemes

Theme	Subthemes	Representative quote
Expectations about SCS (n=63)		
• Positive	Supportive environment (n = 16) Non-judgemental safe space (n = 4)	“Emotional and psychological support to those in distress” “A safe space for students to open up” “listen without judgment”
	Professionalism and Competence (n = 10)	“Support from counsellors that are fully equipped to deal with the variety of issues.”
• Negative	Accessibility (n = 4) Availability and Responsiveness (n = 6)	“Actual access without waiting lists” “They would be readily available for me if I needed them, and I would feel better”
	Affordability (n = 3) Limited Availability/Overburdened (n = 5)	“A lower cost than private therapy” “Little appointment availability, overworked staff, little time to make progress” “The service is overburdened and as such discourages repeat sessions”
	Inaccessibility (n = 8)	“I imagine it would be busy and hard to get an appointment”
	Scope limited to mild/academic issues (n = 7)	“Fine for problems related to school and everyday stress but not for more serious problems” “They are of little use for non-academic issues”
Previous Engagement (n = 34)	Positive Process/Role expectations (n = 2)	“Felt supported and listened to in the sessions”
• Expectations met (n = 19)	Positive Outcome Expectations (n = 4)	“After engaging I have felt so much better in myself”

Theme	Subthemes	Representative quote	
<ul style="list-style-type: none"> Expectations unmet (n = 12) 	Negative Process/Role expectations (n=3)	“I expected they would be better equipped to handle a range of issues I was very disappointed”	
	Negative Outcome Expectations (n = 2)	“I thought I would get feedback to help me cope but I did not”	
	Limited Service/Time Constraints (n=3)	“Little time or availability of staff, I was given leaflets and told to come back but no fixed return appointment”	
<ul style="list-style-type: none"> Neutral (n = 3) 	Accessibility/Engagement barriers (n=1)	“Rang to make an appointment but the time did not suit me, very friendly but seemed busy”	
Changes in Expectations (n = 66)	<ul style="list-style-type: none"> No change in Expectations (n = 45) 	Minimal/no reflection on expectations (n = 12)	“No”
		No use of service or knowledge of others using service (n = 5)	“No, as I have never used them and do not know of anyone who has used them”
	No previous expectations (n = 4)	“I have never really thought about what my expectations were, therefore, they have not changed”	
	<ul style="list-style-type: none"> Expectation Change (n = 21) 	Positive change (n = 6)	“Better than expected” “they met my expectations because they were supportive and inviting” “I have a more trusting view of the counselling service”

Negative change (n = 10)

“I thought I would get feedback on how to cope but it was more

about figuring that out myself”

“After attending counselling I was disappointed, they were weak with the therapy”

“They weren’t as regular as I needed, so it would be for lesser

Theme	Subthemes	Representative quote
<ul style="list-style-type: none"> Sources of Expectation change (n = 21) 	Direct experience positive (n = 2)	<p>problems than I am dealing with”</p> <p>“I have a more trusting view of the counselling service”</p>
	Direct experience negative (n = 2)	<p>“My initial session was my last, it was very brief, I left with the impression that a return would be an inconvenience”</p>
	Indirect experience positive (n = 2)	<p>“I know of friends who attended the Student Counselling Service and they have been happy with the service”</p>
	Indirect experience negative (n = 2)	<p>“Friends who have used their services have given negative feedback and so I would be reluctant to use the service”</p> <p>“People have said it near impossible to get seen”</p>
<ul style="list-style-type: none"> Barriers influencing change in expectations (n = 8) 	Accessibility and availability (n = 8)	<p>“I realise I can’t get a same day appointment and will have to wait a week or two”</p> <p>“It wasn’t as regular as I needed”</p>
<p>Generalised opinions on expectations being met/unmet (n = 63)</p>		
<ul style="list-style-type: none"> Expectations met (n = 25) 	Met but based on others’ positive experiences (n = 5)	<p>“I have heard from students that found the services extremely helpful, but some students may have higher expectations of the level of service that cannot be provided.”</p>
	No Complaints known (n = 5)	<p>“I have never heard any complaints about the service so they</p>

- Expectations unmet (n = 38)
 - Expectations met with caveats (n = 5) must be meeting students' standards.”
 - Limited availability and resources (n = 3) “They do; it’s just a shame there is not more frequently available appointments”
 - “They don’t, simply because there are not enough counsellors employed to meet the demand”

Theme	Subthemes	Representative quote
Barriers to engaging (n = 31)	Hard to access (n = 3)	“No, they might be available but a bit hard to access”
	Focus on academic issues (n = 5)	“No, they focus too much on academic issues”
	Negative feedback from others (n = 3)	“No they don’t because it’s only based on college stress and how situations affect college performance”
	Time commitment/scheduling (n = 5)	“No, generally I have heard from people who have availed of the resource that the counselling services are sub-par and fail to help the student in a meaningful way”
	Concerns about judgements (n = 3)	“The time commitment I have to do my assignments is too much to also squeeze in therapy sessions”
	Beliefs others are more deserving of help (n = 5)	“I didn’t go through with my appointment because the time didn’t suit me as I had a lecture”
	Past negative personal experience of counselling (n = 3)	“I am afraid of being judged”
	Negative experiences of others (n = 5)	“In general I would feel afraid of being judged”
		“Sometimes I think they are busy enough and my problems are generally, not big enough to require counselling services”
		“I was apprehensive because of previous trauma of counselling”
		“My brother had a really bad experience with counselling, and it arguably made his situations worse for him, so I’ve been wary since”

SCS = Student Counselling Services

5.4.5 Relationships between Expectations and Psychosocial Factors

To address subobjective 4.2 further examination of expectations and psychosocial factors was conducted by means of a series of Pearson product-moment correlation (see Table 5.6). No significant relationships were found between the MPEQ and demographic variables, variables related to college levels or the employment status of participants. The MPEQ and MPSS also demonstrated no significant relationship, $r(90) = .15$, $p = .16$, indicating the participants' levels of perceived social support were not related to their expectations of psychotherapy. Similarly, there was no significant correlation between MPEQ and WHO-5, $r(94) = .02$, $p = .89$, nor between MPEQ and LOT-R, $r(84) = .01$, $p = .97$. In contrast, a significant positive correlation was observed between MPEQ and ATSPPH, $r(75) = .48$, $p < .001$, indicating that participants with more positive expectations of psychotherapy also held more favourable attitudes towards help-seeking behaviour in general. These correlations are presented below in a correlation matrix (Table 5.6).

Table 5.6: Correlation matrix for hierarchical regression of MPEQ Scores

	1	2	3	4	5	6	7	8	9
1 MPEQ	-								
2 Gender (0=Female, 1 = Male)	-.04	-							
3 Age	-.04	-.05	-						
4 Student type (0=Undergraduate/ 1=Postgraduate)	-.06	.11	.64**	-					
5 Engaged SCS (0=no, 1=yes)	-.095	.06	-.09	-.21	-				
6 MPSS	.148	-.07	-.17	-.03	.34**	-			
7 LOT-R	.005	-.11	.14	.14	.26*	.024*	-		
8 ATSPH	.47**	.09	.10	.02	-.26*	.08	-.19	-	
9 WHO-5	.009	-.08	.01	.10	.32**	.27**	.46**	-.13	-

MPEQ = Multidimensional Psychological Expectancy Questionnaire; MPSS = Multidimensional Perceived Support Scale; LOT-R = Life Orientation Test–Revised; ATSPH = Attitudes Toward Seeking Professional Help; WHO-5 = World Health Organization Well-Being Index, SCS= Student Counselling Service

$p < .05^*$, $p < .01^{**}$

5.4.6 Predictors of Expectations

Hierarchical multiple regression was used to assess the ability of age, gender (0 = female, 1 = male), college level (0 = undergraduate, 1 = postgraduate), previous engagement in student counselling (0 = yes, 1 = no), ATSPPH, MPSS, LOT-R, WHO-5 to predict MPEQ. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. A three-step hierarchical approach was employed adding predictors in the following order: (1) sociodemographic variables, (2) engagement with counselling and attitudes to help-seeking and finally (3) psychosocial variables. Block 1 explained 0.6% of the variance and was not significant. After entry of engagement in student counselling (yes/no) and ATSPPH at step 2 the total variance explained was 23.2%, with this block of factors explained an additional 22.6% of the variance in expectations, R square change=.24, $F(2,65) = 9.92$, $p < .001$. When the psychosocial variables, (MPSS, LOT-R, WHO-5) were added in step 3, the total variance explained was 24.8%. This block of factors explained an additional 1.6% of the variance in expectations and was not significant, R square change=.16, $F(3, 62) = 46$, $p = .72$. In the final model, ATSPPH was the only significant predictor ($\beta = .488$, $p < .001$). This indicates more positive attitudes towards help seeking predicted more positive expectations of student counselling service. These results are presented in table 5.6 below.

Table 5.7. Hierarchical Multiple Regression Analysis Investigating Predictors of MPEQ Scores

Variables	β	p	t	B	SE
Step 1					
Age	-.004	.978	-.028	-.010	.345
Gender	-.050	.686	-.406	-1.540	3.795
Undergrad/Postgrad	-.064	.687	-.405	-1.334	3.292
R² Change = .006					
Step 2					
Age	-.074	.605	-.520	-.161	.310
Gender	-.096	.386	-.873	-2.961	3.391
Undergrad/Postgrad	-.031	.830	-.216	-.645	2.992
Engaged in SCS	.027	.818	.231	.970	4.202
ATSPH	.494	>.001***	4.341	1.839	.424
R² Change = .232					
Step 3					
Age	-.057	.706	-.379	-.124	.328
Gender	-.078	.490	-.695	-2.409	3.469
Undergrad/Postgrad	-.065	.667	-.433	-1.349	3.119
Engaged in SCS	-.039	.772	-.291	-1.406	4.829
ATSPH	.488	<.001***	4.057	1.819	.448
MPSS	.077	.544	.611	1.016	1.663
LOT-R	.088	.503	.673	.346	.514
WHO-5	.025	.844	.197	.088	.11
R² Change = .016					
Adjusted R² = .159					

p < .05*, p < .01**, p < .001*** MPEQ = Multidimensional Psychological Expectancy Questionnaire; MPSS =

Multidimensional Perceived Support Scale; LOT-R = Life Orientation Test–Revised; ATSPH = Attitudes

Toward Seeking Professional Help; WHO-5 = World Health Organization Well-Being Index, SCS = Student

Counselling Service

5.5 Discussion

This study employed a mixed methods survey to examine students' expectations of their student counselling services. A comprehensive picture of participants expectations was developed through the analysis of both quantitative and qualitative data, with findings giving some insight into what expectations of student counselling typically involve, the factors that influence these expectations, and whether expectations are met or change following engagement with counselling services. This study was conducted to address objective 4 of the overall thesis (i.e. to examine students' expectations and experiences of student counselling in an Irish context),

along with three additional subobjectives as outlined in section 5.1.

These findings build on the findings of studies 1, 2 and 3 and further enhance and contextualise expectations in student counselling in an Irish context.

Encouragingly, almost all participants were aware that their institution had a student counselling service; however, a third indicated they would not know how to access this if they required support. This was consistent with the observation in study 2 whereby 1 in 10 students deemed that “very little” emphasis was placed on wellbeing supports at their HEIs and is concerning given the prevalence of mental health challenges in the student population generally (Dooley et al., 2019). In the current sample, overall wellbeing, as measured by the WHO-5, was lower than average, a finding consistent with Karwig (2015), who reported how almost half the student population had below average wellbeing scores.

Findings suggest that over half of participants had engaged with their counselling services on some level, although this was mostly low-level engagement with only a handful having experience attending their counselling services. However, much of the sample had experience engaging in some form of psychological support, with almost half indicating they were either presently or previously receiving psychological support inside or outside of college. This demonstrates a sample who require above average support levels, has below average wellbeing levels and is also willing to engage with and receive support. This is consistent with trends that students at Irish Universities are increasingly engaging in counselling (Goodin et al., 2016; Kearns et al., 2015; TCD, 2024), with engagement numbers doubling from 2010 to 2019, with 14,000 students attending 70,000 counselling appointments by 2021. When these findings are observed through the lens of the findings set out in chapter 4, they are largely consistent with study 3 as student counsellors report a consistently high uptake of services and often beyond their capacity.

Results demonstrated that students varied in their expectations of student counselling, which was evident in both the open-text responses and the quantitative analysis. Examination of MPEQ scores suggested that, while some had negative role and outcome expectations regarding counselling, others had more positive expectations. On balance, results demonstrated relatively high expectations across both subscales overall. When compared to Norberg et al. (2011), who reported typical mean scores on the MPEQ of 65-70 for role expectations and 25-28 for outcome expectations, the higher scores observed in the current study indicate positive expectations of student counselling services within our sample generally. However, observation of the open-text responses suggested that, while a number expressed positive expectations regarding counselling services, negative or unformed expectations were perhaps more prevalent.

Equally important to acknowledge and address are the unrealistic expectations formed by some students. For example, it was observed through the open-ended responses that some students were disappointed with the extent of support their student counselling services could offer them. They reported a limitation of services, lacking availability and some reported not returning prior to first engaging. This echoed the concerns of student counsellors in study 3, where many expressed how they often had to manage expectations regarding service availability. This is concerning, as Henshaw and Wall (2019) reported early dropout rates are partially due to unrealistic expectations being formed and unmet. This suggests that managing expectations is crucial to ensure realistic expectations are promoted.

Subobjective 4.2 was concerned with exploring the demographic and psychosocial determinants of expectations. Through examining the relationship of the MPEQ with other variables, it was interesting to note that the only factor to significantly associate with expectations was attitudes towards seeking psychological help. The lack of a relationship between expectations and other demographic or

psychosocial variables such as optimism or social support is inconsistent with previous research (Constantino et al., 2011; Norberg et al., 2011). Instead, this suggests that both positive and negative expectations about counselling may be formed, regardless of students' background. However, analysis of the open-ended responses suggests that there were a number of social determinants of expectations. These findings are consistent with those of Morisson et al. (2021) who found that students' initial expectations of therapy were formed based on academic content, media portrayals and the experiences of friends and family. For the current study some of the same general themes of expectations were reported unprompted and organically came up for the participants, demonstrating and further reinforcing the level of influences, similar to Morisson et al. (2021), highlighting how the experiences of peers and family was both influential in forming positive and negative expectations. A parallel of the current study and that of Morisson et al. (2021) study was the influence of the experiences of close important people to the prospective client of student counselling. Several participants in the current study outlined the experiences of those close to them as influencing their decisions in engaging and unfortunately this was almost exclusively negative experiences of important close people creating a barrier to engaging in student counselling, some experiences were not specifically student counselling, but psychotherapy generally but regardless were imposing a barrier on the participants consideration of engagement and aligned with the current study whereby others' experiences were determinants of expectations formed.

The finding that general attitudes towards help-seeking were significantly related to expectations is consistent with Eisenberg et al. (2013) who found that students with more positive attitudes towards help-seeking were shown to have more positive expectations about psychotherapy, whereby negative attitudes were related to more negative expectations and lower help-seeking intentions (Hammer et al., 2015).

This shows that having more positive attitudes generally towards seeking support for mental health predicted more positive expectations. These findings are important as in recent years health promotion strategies for mental health have been prevalent in Irish Universities. Findings support the need to continue fostering positive attitudes towards help-seeking which should in turn create and maintain positive expectations.

Subobjective 4.3 was concerned with exploring the relationship between previous engagement with psychological support and expectations of student counselling. When participants who had engaged with their student counselling previously were asked to reflect on their expectations retrospectively, there was no significant change in expectations following engagement in student counselling. Levels of engagement also did not predict expectations prior to engaging. However, notably, levels of engagement were significantly related to retrospective expectations. Specifically, participants with higher engagement levels had more positive expectations of counselling services when reflecting on how they felt prior to engaging. This suggests that engagement may lead to positive expectations. This emphasises further the importance of fostering realistic expectations of the services available

There was also evidence to suggest that expectations were more positive for those who engaged in previous support, a finding consistent with previous research (Rief & Wilhelm, 2024), while levels of engagement were related to retrospective expectations. These are important trends to be cognisant of when managing the expectations of students presenting to their college support services. Acknowledging and assessing previous experiences with psychological support could be a consideration in in-take assessments.

Subobjective 4.4 concerned examining if engaging in student counselling changed students' expectations. While similar to the previous objective, this was more focused on students who reported engaging in student counselling specifically, and if

this changed their expectations. This item was only open to the sample who reportedly engaged in student counselling. The previous objective (4.3) was concerned with previous engagement with psychological support of any kind and the relationship on expectation formation and was an item open to the full sample.

The quantitative data of this study did not demonstrate a statistically significant difference in expectations among students who had engaged in student counselling, indicating engagement with student counselling did not change expectations. The small sample did however mean this analysis was underpowered. However, the qualitative data did provide insightful data into this phenomenon. This reinforces the value of a mixed methodology, particularly when the numbers of participants were limited, as was the case in this research. Through the qualitative data it was observed that some participants had their expectations confirmed and some violated both in positive and negative ways. Also, when asked if their expectations had been met or changed following engagement with counselling services, a number of students reported they had, which contrasted with the quantitative data. This qualitative data suggests that participants' expectations were changed in both directions; with some reportedly experiencing better than expected support and others disappointed with the limitations of the services they received.

Some students reported their expectations were changed positively through engagement offering insights about being better than expected and developing a more trusting view. This is important as it demonstrates expectations can be violated and more positive experiences and expectations can be developed. These findings align with research presented by Braun and Koch (2022) where they demonstrated how negative expectations can be altered and offered a novel way to implement this change, whereby participants with negative attitudes towards psychotherapy were shown videos

depicting positive engagement and outcomes to foster more realistic and positive expectations. The use of social media health promotion of student counselling services may be one mechanism for enabling this in the Irish context.

An additional finding observed through this study concerned the stigma that persists among this population around engaging with counselling services. For example, students expressed a fear of being seen by other students and a reluctance to attend mental health supports that were based on campus. This was consistent with research concerning students and their expectations of student counselling. Specifically, Morisson et al. (2021) conducted a qualitative analysis exploring understanding and expectations of psychotherapy whereby positive expectations were shaped by coursework, media, friends, family, and social environment, while negative expectations stemmed from similar sources, especially family beliefs, media, and others' negative experiences. These mirrored influences in the current study and highlight how the same factors can foster either optimism or scepticism. Negative expectations were closely linked to stigma and reluctance to seek help, with students expressing fears of judgment by counsellors, peers, and colleagues. This, concerning, highlighted the continued presence of stigma among this population. A lot of public awareness has gone into combating mental health stigma in Irish society in the last decade, but it is evident some residual fears remain and this is concerning. Reassuringly however, this is the only study whereby stigma has emerged as the participants in study 3, the student counsellors, did not report a reluctance amongst students to engage for these reasons.

5.5.1 Key Strengths and Limitations

A key strength of this study is the mixed-methods approach capturing both quantitative and qualitative data. However, a limitation is the small sample size overall, with an even smaller sample having engaged with student counselling services, thereby

limiting the generalisability of these findings. It is also important to acknowledge the cross-sectional nature of this study, meaning the directionality of relationships cannot be established.

Similarly, as a pre and post expectation evaluation on those who had engaged with student counselling could not be established, recall bias may have influenced those who reported their expectations retrospectively. Additionally, the study would be enhanced if a measure of mental health was employed, for example the HADS (Snaith, 2003) would provide a measure of anxiety and depression amongst the sample which may have been useful to take into account when measuring expectations.

In addition, it is important to acknowledge that the sample of students for Study 4 of this research thesis was largely recruited through a research methodology module within the Department of Psychology at the researcher's university. These participants were second-year undergraduate students enrolled in a single honours B.A./B.Sc. Psychology degree programme and received course credits in exchange for their participation. Although this group did not constitute the entire sample, it is estimated that over half of the participants were recruited through this scheme.

5.5.2 Conclusion

In conclusion, findings suggest that understanding expectations in the context of student counselling services should not be a peripheral concern. Both negative and unrealistic expectations should be managed to ensure beneficial and meaningful therapeutic outcomes for students engaging in an already overprescribed stretched service.

The subsequent chapter (Chapter 6) presents an overall discussion of the findings, in which all four studies are brought together and examined in relation to the existing literature and placed within a theoretical context. Here, consideration is given to how the results contribute to current understanding within the field and are

interpreted through the lens of the theoretical frameworks underpinning the research. The chapter also critically reflects on the strengths and limitations of the studies, outlines implications for practice and policy, and identifies directions for future research.

Chapter 6

General Discussion and Conclusions

6.1 Introduction

The primary aim of this thesis was to examine the role of expectations in third level counselling services. This was achieved through a programme of four interwoven complementary studies, each offering a unique methodological lens on the topic. Firstly, a systematic review of literature examining expectations in student counselling (study 1) synthesised recent research on how client expectations impact psychotherapeutic outcomes in a third level counselling context. Building on this foundation, a secondary data analysis, using a national survey of students in Ireland (study 2) explored patterns in students' perceptions of supports available at HEIs and the factors that impacted these perceptions. To gain practitioner perspectives, a qualitative interview study with third level student counsellors (study 3) examined how expectations are assessed, negotiated and managed in the face of resource limitations. Finally, a mixed methods survey (study 4) investigated student expectations and experiences of counselling, providing quantitative data on expectations and related sociodemographic factors, and qualitative insights into mismatches between expectations and experiences, along with barriers to support seeking. Together, these studies provide a multifaceted understanding of how expectations shape counselling processes and outcomes in higher education, along giving some insights into how both students and counsellors navigate this dynamic within resource-constrained environments.

This chapter is intended to integrate the findings from all four studies and consider their wider significance, beginning with an overview of key results, highlighting common themes and divergences across the four studies, before interpreting and integrating findings in relation to theories and broader literature in expectations research. Practical implications for counselling practice and service provision are discussed, with a focus on how expectations can be managed under

conditions of high demand and limited resources. In addition, theoretical contributions of the findings are considered, along with a critical reflection on the strengths and limitations of the thesis. Finally, future directions of research are proposed with this chapter concluding with the central contributions of this body of work.

6.2 Overview of Key Findings

This research was designed to explore the expectations of third-level students regarding student counselling services, with a focus on the Irish context. Four key objectives were developed: 1) to explore the extent to which expectations of student counselling impact therapeutic outcomes, and the factors that associate with these expectations, 2) to investigate students' perceptions of institutional supports and the factors influencing those perceptions, 3) to examine how student counsellors assess, negotiate and manage clients' expectations in practice, and 4) to examine student' expectations and experiences of student counselling, documenting socio-demographic, psychological and experiential factors that interact with expectations. These objectives, along with several subobjectives, were addressed in the four studies, with key findings discussed below.

6.2.1 Objective 1: Expectations and their importance in Student Counselling

Objective 1 set out to explore the extent to which expectations of student counselling impact therapeutic outcomes, and the factors that associate with these expectations. This objective was primarily addressed through study 1, a systematic review of literature within the previous 10 years on a student population that examined outcomes and associates of counselling service expectations. While only a limited number of studies met the inclusion criteria in the systematic review, it was clear from the synthesis that more positive expectations about the process and outcomes of therapy were associated with more positive outcomes. For example, Henshaw et al. (2019) found that students who reported being uncertain about what counselling

involved (i.e. had unclear expectations) had lower pre-treatment confidence in its effectiveness. This study highlighted the significance of understanding and managing client expectations at the outset of counselling to improve confidence, attendance, and overall treatment success. Additionally, through study 4's qualitative data it was observed that some students reported "don't know" when questioned what they expected from engaging in counselling, and similar answers inferring they had not considered their expectations for their student counselling services, this is further discussed in section 6.2.4. Building on Henshaw et al.'s (2019) findings, this would suggest that this cohort of students may also express low confidence in counselling services. These findings and recommendations are supported when viewed through the lens of study 3, whereby counsellors largely focused on managing and negotiating access and limitations on services, as opposed to clinical related expectation, as discussed subsequently in section 6.2.3.

Study 1 also identified that expectations of student counselling are typically conceptualised as two categories: treatment/process expectations and outcome expectations, which fits with findings from general research in psychotherapy (Constantino et al., 2017; Brugnera et al., 2025). Process expectations refer to beliefs about what will occur during therapy, including the anticipated roles of client and therapist, the nature of the therapeutic experience, and assumptions about the duration of treatment (Brugnera et al., 2025). In contrast, outcome expectations reflect prognostic beliefs about the likely effectiveness of therapy (Constantino et al., 2017). While outcome expectations have been extensively studied, process expectations have received less empirical attention due to their more complex and heterogeneous nature (Brugnera et al., 2025). This finding influenced the design of studies 3 and 4, in that the measures included distinguished between these expectation types. Findings suggest that both categories of expectation are relevant in the student counselling context, however

distinctive features emerged across the two empirical studies.

In study 3, counsellors almost exclusively focused on process expectations as they were concerned with accessibility and frequency of sessions with students, with less reference made to outcome expectations, suggesting that the counsellors did not primarily reflect on how students' express expectations as to how they will feel after engaging. In contrast, study 4 intentionally collected data on both process and outcome expectations as the quantitative scale utilised (MPEQ- Norberg et al., 2011) had two subscales. In addition, there were clear, unprompted descriptions of both expectations observed in the qualitative data of study 4, which are described in more detail subsequently in section 6.2.4. Additionally, study 1 found some other factors to associate with expectations (e.g. attitudes to seeking help/previous experience of psychological support), which also aligns with findings from study 4. The more specific determinants of expectations are developed through objective 4 as discussed in section 6.2.4 below.

Consistent with Morisson et al. (2021), students in study 4 expressed how their expectations of counselling services were influenced by both internal and external factors, which led to both positive and negative expectations. Morisson et al. (2021) focused on college students as their cohort of interest in relation to psychotherapy expectations as they posited that they would be unlikely to have previous experience with psychotherapy. This assumption however contrasts to participants in study 4 where almost half of the sample reported some form of prior engagement with support services (although mostly low-level), suggesting at least partial familiarity with counselling processes. However, the themes observed were largely comparable and consistent with Morisson's (2021) findings and study 4 of this thesis.

In summary objective 1 was partially address through study 1, while there were limited studies there were important findings that shaped the subsequent research

studies. This objective was also indirectly addressed by study 3 as the student counsellors did refer to some factors that shape expectations. Study 4 did not address the first part of this objective as there was no outcome measure employed. While there are some overlaps between the second half of this objective (the factors that relate to expectations) objective 4 more specifically addresses these determinants.

6.2.2 Objective 2: Perceptions of Supports in HEIs

Objective 2 was primarily examined through study 2, with data from studies 3 and 4 also providing insights into support perceptions. Study 2 presented a national student survey and highlighted important patterns in students' perceptions of the emphasis their HEIs place on wellbeing supports. Study 3 presented qualitative data from student counsellors who spoke about how students perceive counselling support at higher level, with a focus on perceptions of service accessibility. Study 4 built on the findings of these studies to focus more specifically on expectations and their determinants.

In study 4 of this research, almost all participants reported being aware of their institution's counselling service, which is an encouraging finding given that awareness is a prerequisite for engagement (Yorgason et al., 2008). However, a significant proportion (one-third) indicated that they would not know how to access such services if required, reflecting a notable gap between awareness and accessibility. Similarly, data from study 2 revealed that over one in ten students rated their higher education institution's emphasis on wellbeing support as "very little," which is also concerning. This was common across all demographic groups, however, there were some key differences in perceptions observed among groups (for example first year students and international students had higher perceptions of the emphasis their HEIs placed on supports). Taken together, study 2 and study 4 findings underscore two interrelated concerns: limited perceptions of support provision and insufficient knowledge of how

to access services. As Okpych et al. (2020) emphasise, students can only avail of supports they are both aware of and able to navigate effectively, conditions not yet consistently met within Irish higher education. Taken together, such findings highlight the need for ensuring HEIs firstly make students aware of the supports that are available to students (in response to study 2) and that counsellors need to actively explore and address students' expectations during the intake process in order to enhance engagement and treatment outcomes.

An area of concern highlighted by this research was the high levels of students who had seriously considered withdrawing from their college courses during the academic year. Almost half (44%) of the participants indicated that they had "strongly considered" withdrawing from their courses, which is higher than the figure of 37% reported in the 2022 student survey. This figure is worryingly consistent with Lukosius and Olorunniwo's (2013) position that almost half of students who enter third level do not achieve a degree award.

Although students or counsellors were not directly asked about withdrawal in the empirical studies of this thesis (study 3 and 4), it was evident from study 2 that students perceiving lower levels of wellbeing support were more likely to contemplate withdrawing from their studies. By integrating the support-related findings from study 2 with prior literature, such as Okpych et al. (2020), who recommended emphasising wellbeing supports in HEIs, and Henshaw et al. (2019), who advocated fostering realistic and positive expectations, an understanding of a potential protective basis against student dropout has been suggested that is supported.

6.2.3 Objective 3: Counsellors' Assessment, Navigation and Negotiation of Expectations

Objective 3 was primarily addressed in Study 3, a qualitative interview study involving 16 student counsellors. The design of this study was developed based on the

findings that emerged from the preceding studies (Studies 1 and 2), which were influential in the researcher's development of the qualitative interviewing schedule. In addition, although the objectives outlined in this section are primarily addressed through study 3, findings from studies 1 and 4 also contributed to a broader understanding of how expectations are measured, navigated, and managed within the context of student counselling.

6.2.3.1 Assessing Expectations

Building on the findings of study 1, study 3 explored if counsellors routinely assess expectations and if a commonality exists in clinical practice. The systematic review revealed that no universal measure of expectations in student counselling existed and the findings of study 3 confirmed this in an Irish setting.

Counsellors all reported that they do consciously assess and manage student expectations as part of their clinical routine practice. However, the expectations they referred to transpired to be related to accessibility, availability and session limitations, as opposed to clinical issues like process or outcome expectations of therapy (such as those that were addressed through the studies in the systematic review (Kakhnovets, 2011; Syzmanska et al., 2017). These findings align with the challenges identified by Hallett (2012), who highlighted that counsellors operating within this short-term model must continually negotiate expectations around accessibility, availability and support provision under significant institutional and policy constraints. Consideration of the management of expectations in student counselling specifically was addressed through study 3 which is elaborated in section 6.2.3.2 below.

6.2.3.2 Managing Expectations in Student Counselling

Throughout study 3, counsellors consistently reflected on their negotiation of expectations around logistic issues with students, specifically around session

limitations, accessibility and availability. While this was an ongoing concern for the counsellors, the literature points to this being the most efficient and effective way to manage student counselling. Research points to clearly defined session limits being associated with more positive therapeutic outcomes. For example, Coleman et al. (2019) reported that clearly defined early on session limitations result in better outcomes for students needing supports. They recommend “explicitly defined session limitations” in counselling practices, which was echoed through the data collected in study 3. When asked to reflect on how better to manage expectations, several counsellors reflected that they needed to clearly define limitations around session limitations as a way to foster and maintain realistic expectations.

A notable finding from study 3 was the increased pressure placed on student counselling services. Here, the counsellors interviewed described a rising demand for services, accompanied by longer waiting lists and limited capacity to meet student needs. These reflections are consistent with previous reports on the strained state of student counselling in Ireland (O’Callaghan, 2017; Hardesty, 2017; Gilna, 2018). For example, Hardesty (2017) documented that one university had 194 students on a waiting list in Autumn 2017, while Gilna (2018) reported a 66% year-on-year increase in waiting list numbers at another institution. Counsellors in the present study reported experiences that echoed these findings, describing demand as “outstripping” available resources, consistent with a report from the National University of Galway (2018). Collectively, such evidence highlights a systemic shortfall in provision, particularly when compared against international standards.

The International Association of Counselling Services recommends a ratio of one counsellor per 1,000 students; however, in Ireland this ratio has been reported to range between one counsellor per 2,000 and 3,500 students (O’Callaghan, 2017). Strikingly, one counsellor in the present study noted being the sole provider for a student body of

over 6,000.

As previously highlighted in chapter 1, recent institutional data further illustrate these challenges. Trinity College Dublin reported in 2023–24 that students waited an average of nine working days for assessment and care planning, followed by an additional 29 working days for a first counselling appointment. Although such detailed figures were not collected in the current research, counsellors reported similar strains, with some participants noting how their institutions resorted to triage models and others noting that access varied substantially depending on the time of year. One counsellor remarked that gaining access to the service could, at times, depend on “luck.” Despite expressing concerns about the prevalence of unrealistic expectations among students, counsellors reported confidence in their ability to recalibrate and realign these expectations through transparent communication and early clarification of service parameters. Several counsellors described intentional strategies for achieving this, such as clearly outlining service models, clarifying session limits, and signposting to alternative supports where necessary. These practices align with May’s (2000) recommendation that university counselling services should define their mission and philosophy clearly to ensure consistency in how expectations are managed and communicated. Based on the findings of this study it can be suggested that if communication and referral pathways were adjusted to foster realistic expectations of accessibility and availability, then perhaps student counsellors would be better positioned to shift focus from expectation management to clinically based expectations, i.e. moving from expectations on the processes of treatment to expectations regarding potential clinical outcomes. Removing the requirement to focus discussion on logistics of service would facilitate space for clinical considerations of expectations.

The concerns highlighted by counsellors in study 3 were, in part, echoed by students in study 4 through their qualitative data, which is developed further below in

section 6.2.4 when discussing the specific expectations and determinants of such in students.

As highlighted in Chapter 1, the student population in Ireland is facing increasing mental health challenges and a growing reliance on campus-based supports (Gilna, 2018). The *My World Survey* reported that many students in higher education scored outside the normal range for depression and anxiety, with 58% indicating experiences of these difficulties (Dooley et al., 2019). In line with this, when queried on the most common presentations of students, all student counsellors in study 3 expressed how experiences of anxiety and/or depression were the most widely seen clinical presentations from students engaging with their services. This increase in presentations and a decrease in wellbeing among this cohort is consistent with international (Xiao et al., 2017) and national data (Fitzgerald et al., 2025). However, counsellors did note that the more anxious and depressed students present, the less they expect from their services. They also reflected how previous experiences of psychological support often impacted expectations too, this is explored in more detail below.

6.2.4 Objective 4: Student's Expectations and Experiences of Student Counselling

Objective 4, an examination of students' expectations of student counselling, was primarily achieved through study 4, but also informed by the other three studies. For example, study 2 (as discussed in section 6.2.2) established the broader landscape of student perceptions of support and the determinants shaping those perceptions. In addition, as discussed above, study 3 was intended to document student counsellors' views on student expectations, including how these expectations were identified, managed, and navigated in practice, as well as documenting where the counsellors believed these expectations were coming from. Finally, study 4 involved students being directly surveyed about their expectations using both a validated scale (MPEQ;

Norberg et al., 2011) and open-ended qualitative questions. Across all studies, a consistent theme emerged: students hold complex and often mismatched expectations of mental health supports within higher education. Study 4 indicated that a substantial proportion of students would consider using counselling if required, suggesting an underlying expectation of support. Study 2 similarly revealed that students expect their institutions to prioritise wellbeing; however, many perceived that such supports were afforded significantly less emphasis than academic provision. A concerning minority reported “very little” emphasis on wellbeing, and this perception was linked to increased consideration of withdrawal from higher education, a consideration discussed previously in section 6.2.2.

6.2.4.1 Nature of Expectations

Findings from Studies 3 and 4 indicate that students hold ambivalent expectations of university counselling services, encompassing both positive and negative dimensions. These expectations were shaped by a combination of internal and external influences. Quantitative findings from Study 4 showed that, on average, students reported generally positive expectations on the MPEQ (Norberg et al., 2011), with role/process expectations rated higher than outcome expectations. This pattern suggests that students were more confident about the structure, professionalism, and supportive nature of counselling than about its effectiveness in improving wellbeing or reducing symptoms. Similar distinctions between process and outcome expectations have been observed in broader psychotherapy research, where confidence in the therapeutic process often exceeds optimism regarding symptom change (Constantino et al., 2018; Greenberg et al., 2006).

The qualitative finding from study 4 supported this interpretation. Students frequently described expectations of encountering a safe, supportive, and professional environment, delivered by trained and empathetic counsellors. However, they also

articulated negative expectations concerning accessibility and availability, highlighting concerns about waiting lists, limited capacity, and the perceived narrowness of service scope (e.g., an emphasis on academic rather than personal or emotional issues). These practical concerns were viewed as potential barriers to help-seeking. Such ambivalence mirrors international research, where students often frame counselling as simultaneously supportive yet overburdened (Morrison et al., 2021; Brown, 2018; Yorgason et al., 2008). These findings are also consistent with recent observations by Brugnera et al. (2025), who note that the predictive impact of treatment expectations is often modest due to their heterogeneity, yet they remain crucial in shaping engagement and perceived alliance quality.

As previously discussed, from the counsellors' perspective (Study 3), students' expectations were often viewed as overly high or unrealistic, particularly regarding session length and availability. For instance, some counsellors reported that students expected structured, long-term interventions (e.g., six to eight sessions across the academic year), which exceeded the service's capacity. Counsellors described regularly needing to recalibrate expectations, whether by adjusting treatment plans or referring students to alternative supports. Similar challenges have been documented in clinical settings, where mismatched role expectations, such as the degree of client responsibility or therapist directiveness, can affect early alliance development (Patterson, Anderson & Wei, 2014) and treatment adherence (Swift & Callanan, 2011). This underscores the tension between student demand and institutional provision, positioning counsellors as active mediators of expectations.

When viewed together, findings from Studies 3 and 4 reveal a symmetry between student and counsellor concerns. Both groups recognised issues around accessibility and availability, though they perceived them differently. Counsellors feared that students entered counselling with unrealistic expectations of immediacy and

accommodation, while qualitative responses from students suggested a more nuanced awareness of service limitations.

Although quantitative MPEQ (Norberg et al., 2011) data indicated relatively high expectations overall, open-text responses showed that many students were cognisant of the resource constraints counsellors described. This alignment suggests that at least some students' expectations may be more realistic and contextually grounded than counsellors anticipate, reflecting a pragmatic understanding of the institutional environment in which counselling operates.

Taken together, these findings illustrate that students' expectations are complex, multidimensional, and situated within the realities of constrained institutional systems. While students appear to hold broadly positive views of the counselling process, this optimism is tempered by practical awareness of service limitations. Such ambivalence underscores the importance of examining how expectations are managed, negotiated, and aligned within the therapeutic encounter. Further exploration of these expectations relationships to other factors is explored in the subsequent section.

6.2.4.2 The determinants of Expectations

Along with the main objective set out in objective 4, this thesis also explored the role that previous engagement (Rief and Wilhelm, 2024), attitudes to help-seeking (Eisenberg et al., 2013; Callaghan et al., 2023), demographic (Visla et al., 2019; Tsai et al., 2014) and psychosocial (Mohr, 2001; Diener et al., 2006) factors in shaping expectations of counselling services. Study 4 also investigated if expectations had been met among those who had engaged with these services, while study 3 contributed to the conclusions drawn about students' expectations, albeit from the counsellors' perspectives.

One subobjective of study 4 (to document determinants of expectations observed amongst the student cohort) was developed through the literature review

presented in chapter 1, while also building upon the findings of studies 1, 2 and 3. For example, study 1 revealed a relationship between previous experiences of therapy and expectations, while study 3 further consolidated this position whereby counsellors reflected on the differing expectations of students who were previously engaged in psychological support.

Across all studies, several consistent themes emerged. Expectations appeared to be shaped by both internal and external influences, with the same factors capable of fostering either positive or negative expectations depending on context. Key determinants included previous experiences with counselling (Rief and Wilhelm, 2024), attitudes towards help-seeking (Callaghan et al., 2023), and in some instances the nature of students' presenting concerns. Osborn et al. (2024) proposed that students typically form their expectations prior to engaging with counselling, discovering any misalignment only once they begin navigating the services. This pattern was partially reflected in the present findings as most students had not fully engaged with their institutions' counselling services, with any engagement reported being mostly low level and those who had actually attended student counselling were very much a minority. Despite this low level of engagement, student participants in this research were able to clearly articulate their expectations through the quantitative and qualitative responses provided. Similarly, counsellors reported that students frequently presented with pre-formed and often unrealistic expectations, which required recalibration to align with the services actual structure and capacity to provide support.

While there are several theories of expectancy, there are several measurable determinants that can be observed, including portrayal of counselling in the media (Braun & Koch, 2022), experiences of others (Bandura, 1977), previous experiences of treatment (Rief and Wilhelm, 2024) personality characteristics (Tsai et al., 2014) and attitudes towards help-seeking (Eisenberg et al., 2013). Psycho-social and

psychological variables were examined through the student data and interestingly, the only significant predictor of expectations found in study 4 was general attitudes towards help-seeking. This was consistent with Eisenberg et al. (2013) who suggested that students with more positive attitudes towards help-seeking were shown to have more positive expectations about psychotherapy. This is important to be cognisant of and to foster among student bodies as Hammer et al. (2015) has demonstrated lower help-seeking attitudes relate to lower more negative expectations and lower help-seeking intentions. Encouraging help-seeking and fostering positive attitudes and consequently positive expectations is crucial in ensuring this student cohort receive appropriate and timely support to enhance wellbeing and maintain retention. In contrast, the lack of relationships between expectations and optimism (Diener et al., 2006) and perceived social support (Mohr, 2001) is inconsistent with previous studies, which implies that levels of optimism do not necessarily align with positive expectations.

In study 4 it was observed that there were no individual differences found (e.g. age, gender, college attended) between expectations. However, in study 2 there were some differences in perceptions of support, namely first year students and international students held higher perceptions of support emphasis, this has been discussed previously through objective 2 but is relevant through this perspective as year of study and international status may be a consideration in expectation formation although not demonstrated through study 4.

As Randall and Bewick (2016) noted, students often approach university counselling services expecting a traditional psychotherapy model, necessitating that counsellors manage and reframe these expectations towards a more feasible, time-limited short-term model of support. Counsellors in the current research similarly attributed much of this misalignment to institutional messaging, particularly the way

counselling services are represented on university websites and promotional materials and referral pathways from the wider college community. Such communication and promotion of student counselling may unintentionally convey an image of counselling that differs from the brief and resource constrained reality present in higher education support settings.

Interestingly, engagement history also shaped expectations. This phenomenon was originally reported through the systematic review, study 1 of this thesis, whereby it was presented that treatment expectations, as measured by the EAC-B (Tinsley et al., 1980) differed between individuals with prior therapy experience and those presenting for therapy for the first time (Anderson et. al., 2013). Specifically, prior therapy experience was related to a more nuanced understanding of counsellor expertise and first-time patients held more generalised expectations. Quantitative analyses of the data collected in study 4 shed that retrospective expectation scores were lower among students who had engaged with counselling compared to those who had not. Although no significant statistical change was observed in expectations before and after counselling, students expressed changes in expectations through the qualitative aspect of study 4. These findings suggest that engagement may, over time, reinforce positive attitudes toward counselling. Qualitative accounts supported this interpretation, with some students reporting that their expectations were exceeded by actual experiences, while others described disappointment or downward recalibration. These findings align with those of Rief and Wilhelm (2024), who reported that previous treatment experiences of any kind will impact expectations of subsequent engagement, which is sometimes such a strong influence that it can hinder engagement with evidence-based treatments. Through the qualitative analysis in study 3, it was observed that counsellors deemed students who had previously engaged in therapy as having differing expectations than those who had not. However, as

consistent among this cohort of clinicians, the focus remained primarily on perceptions of accessibility and availability. While some participants did note differences in expectations between those with previous therapy experiences, discussion of those expectations centred around limitations of service and how experiences compared with previous psychological support. This theme was consistent with counsellors maintaining a focus on logistical issues than clinical.

Together, these findings suggest that students' expectations are primarily determined by attitudinal and experiential factors, with demographic and psychosocial influences playing a lesser role. Importantly, institutional communication and prior engagement experiences appear to indirectly shape expectations, highlighting potential intervention points for managing misalignment between perceived and actual service provision.

6.2.4.3 The Multi-Faceted Nature of Expectations

A key contribution of this thesis is the identification of expectations as a multi-faceted construct, encompassing process, outcome, and service-level dimensions. Across the four studies, expectations were not limited to anticipated therapeutic outcomes but also included beliefs about how counselling would be delivered (process expectations), how accessible services would be (access expectations), and the broader role of higher education institutions in supporting student wellbeing (institutional expectations). Process expectations were particularly prominent in the qualitative accounts of student counsellors (Study 3), who emphasised the logistical and accessibility aspects of student counselling. In contrast, student perspectives (Study 4) reflected a combination of process and access expectations, with participants expressing concerns about what counselling would involve alongside practical considerations such as waiting times and availability. Findings from the secondary data analysis (Study 2) further highlighted institutional-level expectations, including perceptions of how

strongly wellbeing is prioritised within higher education settings and the visibility of available supports. Outcome expectations were less explicitly articulated across the studies, particularly among counsellors, which may reflect the process-oriented nature of therapeutic practice as well as uncertainty among students regarding the potential benefits of counselling. Taken together, these findings illustrate that expectations operate across multiple levels, individual, service, and institutional, and are shaped by both professional perspectives and student experiences. This highlights the importance of addressing expectations in a holistic manner, ensuring alignment between what services provide, how they are communicated, and what students anticipate when seeking support.

6.3 Theoretical Contributions

The findings of this thesis can be discussed in relation to a number of theoretical frameworks, specifically Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 2005;1992), the Social Learning Theory (Bandura, 1977) and the theory of Emerging Adulthood (Arnett, 2000; 2014), which are discussed below.

6.3.1 Ecological Systems of Expectations

Drawing on Bronfenbrenner's ecological systems theory (Bronfenbrenner, 2005;1992), the findings from this thesis in relation to student mental health and counselling expectations may be situated within a series of nested contexts that extend beyond the individual. At the microsystem level, the research highlights the immediate experiences of students and counsellors within the counselling relationship, focusing on how expectations are negotiated in practice. The mesosystem level is evident in the interplay between different settings - such as how students' interactions with peers, academics, and wider university networks shape their expectation of, and approach to, counselling. The exosystem captures the institutional structures and service constraints, including resourcing and policy decisions that directly influence and impact both

students accessing support and the counsellor's capacity to manage their expectations. At the macrosystem level, broader cultural and societal narratives around mental health, stigma and the wider college communities shape how counselling is understood and valued. Finally, the chronosystem underscores the temporal dimension of acknowledgment of both changes over time in higher education's approach to student wellbeing and the evolving trajectories of individual students' expectations and needs, including how events such as the Covid-19 pandemic may impact student experiences. Taken together the four studies that make up this thesis illustrate how counselling expectations are not formed in isolation but are shaped by the dynamic interaction of multiple ecological layers. A similar approach was taken in a recent qualitative research study with 56 students (Segú-Odrizola, 2025) which reinforces the value of adopting an ecological lens when examining student mental health in higher education. Specifically, by drawing on a social ecology perspective (Bronfenbrenner, 2005; 1992), Segú-Odrizola (2025) highlighted how student's wellbeing is shaped not only by individual coping strategies but also by the relational, institutional and societal contexts in which they are embedded. This resonates strongly with the application of Bronfenbrenner's (2005; 1992) ecological systems in the current research. For example, the barriers identified by students in Segú-Odrizola (2025) study, such as financial pressures, academic demands and feelings of disconnection align with influences at the microsystem and mesosystem levels. Likewise, the constraints of university structures and resourcing reflect the exosystem, which broader cultural narratives around mental health map onto the macrosystem. Through situating the current findings on counselling expectations within this framework, a parallel can be drawn to how Segú-Odrizola (2025) demonstrates the multi-layered ecology of student mental health experiences. The current research illustrates how counselling expectations are similarly formed and constrained through the interplay of immediate

relationships, institutional structures, and wider cultural discourses.

6.3.2 Expectations as a Socially Learned Concept

The findings from this thesis can also be understood through the lens of Social Learning Theory (Bandura, 1977), which emphasises the ways in which behaviour, attitudes and expectations are shaped by observations, modelling and reinforcement within social contexts. Findings imply how student's expectations of counselling are influenced by not only their own prior experiences but also those of their families and peers and the behaviours and attitudes they observe among peers, academic staff and family members. Social models contribute to the development of beliefs about the accessibility, usefulness and outcomes of counselling, which was particularly observable through the qualitative data collected from students in study 4, whereby they referenced the experiences of others as influential in shaping their expectations of counselling outcomes and the perceived barriers to accessing counselling. In study 3, the counsellors mentioned how their own expectations are shaped by their professional training, supervision and institutional cultures which was consistent with a study by Harrison & Gordon (2021), with these providing "appropriate practice" models (Bandura, 1977). Reinforcement processes further consolidate these expectations: positive expectations are confirmed and strengthened when experiences with counselling are positive or peer narratives are observed positively, which can in turn strengthen help-seeking behaviours. Similarly, negative reinforcement can occur if expectations are negative and a student subsequently experiences a long waiting list, negative peer experiences are observed, or they experience insurmountable institutional barriers, i.e. a lack of availability and an inability to access services. Through application of the social learning theory to this research thesis, it is demonstrated how expectations surrounding student counselling emerge from a dynamic interplay of modelling, observation and reinforcement across multiple social

environments and it is observed how these processes contribute to the alignment or misalignment between student expectations and student counselling in the higher education sector.

6.3.3 Expectations within The Emerging Adulthood Framework

Consideration of the emerging adult theoretical framework (Arnett, 2000; 2014) is also important when interpreting this research and the context within which it is situated. As mentioned in Chapter 1, emerging adulthood is a developmental stage typically spanning ages 18-29 characterised by identity exploration, instability, self-focus and possibilities (Arnett, 2000; 2014). Third level students occupy this transitional period as they are navigating academic, social and personal challenges while possibly establishing autonomy and living independently for the first time. Participants in studies 1, 2 and 4 largely fell within this age range and were all student populations currently attending HEIs and therefore could be classed as emerging adults.

This emerging adulthood phase is associated with heightened vulnerability to mental health difficulties, due in part to developmental transitions and the pressures of managing new life domains (Segu-Odrizola, 2025; Dooley et al., 2019). Within this context, we can infer that students' expectations are formed not only through the factors highlighted in this research (e.g., previous experiences and general attitudes towards help seeking) but also by developmental milestones such as self-exploration and identity formation. Emerging adults may have evolving ideas about their needs, and the role of support services. For example, Rodrigues-Saez et al. (2025) recently presented research exploring the relationship between emerging adulthood and mental health challenges, emphasising that university interventions need to promote emotional wellbeing and addiction prevention. It is also outlined, within this context, that emotional skills and social support networks are necessary to mitigate symptoms such

as anxiety, depression and stress. The developmental factors during this life stage intersect with institutional and social influences such as peer modelling, family experiences and the messaging provided by the HEIs in shaping expectations of student counselling. Framing the current research, in this context of emerging adulthood, particularly studies 2, 3 and 4, which are focusing on the students in Irish HEIs, highlights how expectations are not static but are developmentally situated reflecting the interplay between personal growth, social learning and environmental contexts. Martínez-García (2024) outlines, through the emerging adulthood lens, how important it is to promote and facilitate wellbeing in higher education due to the interplay of these factors. Recognition of this developmental lens emphasises the importance of tailoring student counselling approaches to meet the unique needs and expectations of this age group, particularly in supporting autonomy and fostering realistic help-seeking attitudes along with a realistic promotion of engaging in supports during this period of significant life transitions.

6.3.4 Summary

Taken together, the findings of this thesis emphasis that student expectations of counselling cannot be understood in isolation from the developmental context of emerging adulthood. Effective support strategies must account for the developmental stages and the social, cultural and institutional contexts in which students operate, recognising that expectations are shaped by ongoing interplays between individual characteristics, prior experiences (social learning theory, Bandura, 1977) and environmental influences (Bronfenbrenner, 1992; 2005). The findings of the current research can be understood as the product of a complex, multi-layered system of influences and within several complex contexts that shape and maintain student expectations of counselling services at third level. At the individual level, prior experience with psychological support and general attitudes towards help-seeking

were consistently associated with the formation of both positive and negative expectations, with students who had engaged in counselling or held positive help-seeking attitudes anticipating more positive experiences with student counselling (Anderson et al., 2013; Eisenberg et al., 2013; Hammer et al., 2015; Kakhnovets, 2011). These individual-level factors are amplified by social learning processes (Bandura, 1977) whereby students observe and internalise the experiences of peers, family members, and cultural narratives around student counselling, often forming expectations prior to service engagement based on these vicarious influences (Constantino et al., 2021). At the institutional level, messaging, visibility and accessibility of wellbeing supports shape expectations of availability and effectiveness, highlighting the role of the exosystems in influencing the expectations and engagement of students. The microsystem of direct interactions with counsellors can then mediate or recalibrate these expectations, through the therapeutic alliance and the experiences of counselling (Randall & Bewick, 2016; Harrison & Gordon, 2020).

Interpreting these findings with an emerging adulthood framework underscores the developmental significance of this period, as students navigate identity exploration, instability and self-focused developmental tasks that heighten both vulnerability to mental health difficulties and sensitivity to environmental and social cues (Arnett, 2000, Rodriguez-Saez, 2025). Students' expectations are therefore developmentally situated, reflecting their own ongoing attempts to understand personal needs, autonomy, and dynamics within their HEIs, while simultaneously being influenced by social models and institutional constraints. Moreover, counsellor perspectives from the current research highlight the need for active expectation management, particularly under resource-limited conditions, emphasising how the formation, negotiation and recalibration of expectations occur within an interplay of student, counsellor, and

institutional factors (Randall & Bewick, 2016; Harrison & Gordon, 2020).

Integrating these three frameworks, it is clear that student expectations are multi-determined: shaped by the developmental stage of the students, individual experiences and attitudes, social learning influences, and institutional structures. Combining the ecological and developmental perspective within the context of the processes of social learning, the importance of targeted interventions that foster positive yet realistic expectations, promote engagement and ensure that student counselling services are perceived as effective and accessible is of utmost importance. In doing so, HEIs can enhance wellbeing, maintain and support retention and optimise therapeutic outcomes while acknowledging that expectations are not merely reflections of individual cognition but emergent results of the students' ongoing interactions with social, cultural, and institutional environments (Bronfenbrenner, 1997; 2005; Constantino et al., 2021; Martinez-Garcia, 2024; Segu-Odriozola, 2025).

6.4 Implications for Counselling Practice

There are a number of implications from the results of this thesis, including implications for counselling practice, specifically student counselling in Irish HEIs. The overall arching objective of this thesis was concerned with developing an understanding of the place of expectations in student counselling services within an Irish context. As observed through study 1 initially, more positive expectations are related to more positive therapeutic outcomes. This primarily highlights and provides support for the importance of considering expectations in student counselling services. However, through study 3, it was observed that counsellors consistently described students arriving with pre-formed and often unrealistic expectations about counselling, with these expectations shaped by institutional messaging, peers and prior experiences. These findings underscore a necessity for expectation management to be recognised as not just a logistical concern but as a systemic responsibility of the services. This

suggests that early clarification of service models, session limits and referral pathways should be embedded within initial contact materials and intake procedures to pre-empt disappointment and less favourable therapeutic outcomes subsequently. This is in line with the literature on the area underscoring the need for early clarity around session limits (Coleman et al., 2019) and to address the gaps that exist between counselling services and students' expectations early in the process (Cohen et al., 2020).

Based on the findings of studies 1 and 3, it is apparent that no common universal measure of expectations exists. In the systematic review, included studies implemented multiple different tools to measure expectations among student populations ((EAC-B, Tinsley, 1982; ECS, Kim & Ahn, 2005). Similarly, in study 3 counsellors expressed how expectations were assessed but not formally measured. In addition, as mentioned previously, student counsellors' assessment of expectations generally focused on logistic rather than clinical aspects. Through the findings of all studies, it can be inferred that assessing and managing expectations is a well-supported means in increasing positive clinical outcomes. Therefore, a universal, empirically developed tool would be beneficial to develop so that steps can be taken by counsellors early in the engagement to appropriately manage and work to meet student expectations. Additionally, a universal scale would facilitate comparison amongst HEIs.

Findings from study 3 revealed that counsellors are working under substantial pressure, often managing long waiting lists and limited session availability. This necessitates professional and institutional support mechanisms that enable counsellors to manage expectations ethically and sustainably. Supervision, reflective practice, and ongoing professional development should incorporate focus on expectation management as a recurring theme, particularly within resource-constrained environments.

A review (Regehr, Glancy & Pitts, 2013) recommended, based on a meta-analysis, that to reduce stress and anxiety in students, interventions based on mindfulness and cognitive behavioural techniques would be effective in reducing stress in this population and should be made more widely available as only a small proportion of students receive any treatment from their university health services when experiencing anxiety and depression. This is one way to quickly address a gap in supports that could be offered to students, a group-based intervention would act as a timely and wider reaching support option. Additionally, Cohen et al. (2020) suggested a move away from traditional face-to-face counselling and to increase access to online avenues and more non-traditional formats. This study recommended including the students in the process of developing new service delivery initiatives including digital mental health interventions. Interestingly these suggestions did not surface in the current research, neither counsellors nor students mentioned these as alternatives to bridge gaps in support needs that counselling cannot make. Finally, these findings highlight the value of ongoing assessment of student expectations and satisfaction as part of service evaluation. Embedding brief expectation measures at intake, such as adapted process and outcome expectation scales, could enable services to monitor how expectations evolve and how they influence engagement and outcomes.

6.5 Implications for Policy and Service Provision

In addition to considerations outlined for clinical practice, there are a number of implications for policy and service provision arising from the findings of this thesis. Firstly, based on the findings of the secondary data analysis (study 2), the counsellors' qualitative accounts (study 3) and the student-based data (study 4), institutions need to ensure that communication related to their service provisions are accurate, up to date and reflective of capacity and availability. Promotional materials, specifically those online, should be reflective of the reality of service availability and accessibility.

Additionally, referral pathways and wider college communities should be kept appraised of current waiting times for student counselling services and realistic expectations should be fostered and maintained when referring students to services. Management of expectations at institutional level could prevent the spread of unrealistic expectations and assumptions among the student networks. As previously outlined, study 2 found how one in 10 students view wellbeing as being emphasised “very little” in their HEIs. This suggests that there is a need for greater transparency regarding the array of wellbeing student services and supports including the provision of student counselling and how to access these services. Similarly, findings from both students and counsellors suggest that the management of expectations cannot rest solely with counselling services. Broader institutional strategies are needed to integrate mental health promotion, academic advising, and pastoral support in ways that create coherent and realistic pathways of care. Strengthening the visibility of tiered support systems and clarifying referral processes can ensure that students understand the range of options available beyond one-to-one counselling.

The observations related to students’ considerations of withdrawal in the secondary data analysis comprising study 2 of this research suggest that visible, accessible, and readily available wellbeing supports are critical components of higher education retention strategies. Findings from this research highlight that services such as counselling and health provision play a central role in students feeling supported, which in turn can influence their ability to persist in higher education. It is not sufficient for supports to exist; they must also be perceived as accessible and available by students to have their intended impact.

Equally important are students’ perceptions of wellbeing supports. Effective support relies not only on service provision but also on students being aware of the services, understanding how to navigate access, and trusting that the institution

prioritises their wellbeing. Students can only engage meaningfully with supports that they perceive as visible, relevant, and endorsed by their HEIs.

Policymakers and service providers must also remain attentive to the differing support needs across student cohorts. For example, first-year students and international students may have unique support requirements, as well as distinct perceptions of, and barriers to, accessing help. Consistent with both the findings of this study and the wider literature, these groups often have greater support needs, while reassuringly they reported perceiving a higher emphasis on wellbeing provision compared with their peers (study 2), perceptions and actual help-seeking are not the same and therefore HEIs need to ensure those who require support have clear pathways to access.

The findings of this thesis can also be usefully situated within the context of the revised National Student Mental Health and Suicide Prevention Framework (2025), which advocates for a whole-university approach to student mental health, emphasising early intervention, clear referral pathways, and shared responsibility across institutional stakeholders. The present findings support many of these priorities, particularly the need for improved communication, enhanced mental health literacy, and greater visibility of tiered support systems. However, they also highlight challenges in the translation of policy into practice. For example, participants' accounts of students being referred to counselling for difficulties perceived as "everyday" suggest a potential over-reliance on specialist services, which may reflect gaps in the broader ecosystem of supports envisaged by the framework. This underscores the importance of strengthening non-clinical supports, such as academic advising and pastoral care, as well as ensuring that staff across the institution are appropriately equipped to respond to student distress. Furthermore, the lack of clarity identified in relation to service roles and referral pathways indicates a need for more coherent implementation of integrated support structures, as outlined in national policy. Collectively, these findings suggest that while

the framework provides a comprehensive strategic direction, ongoing attention is required to how its principles are operationalised within higher education institutions.

6.6 Strengths and Limitations

This thesis demonstrated several strengths and weaknesses across the multiple research studies. One of the main strengths of this thesis was the multimethod approach applied. Through a systematic review, secondary data analysis of a very large sample of almost 40,000 students, and two empirical studies employing both qualitative and quantitative methods, a triangulation of findings was reported. This approach provided a richer, more comprehensive understanding of expectations in student counselling. Qualitative and quantitative data collected captured not only statistical patterns of expectations and their determinants but also nuanced perspectives from both counsellors and students. As per Creswell et al. (2021) this multimethod approach captured both depth and breadth of the research problem identified. This facilitated the researcher to draw on the complementary strengths of quantitative and qualitative data, through integrating and interweaving statistical trends and relationships with the participants' own representations of their lived experiences which would not have been possible through a single-method approach (Creswell et al., 2021).

Findings from this thesis are highly relevant to ongoing policy and service development. As highlighted in the previous section, the additional knowledge gained on the benefits of acknowledging and addressing expectations can be used to inform future policy and practice in student counselling. However, the research conducted through this thesis is very specific and, while it is of relevance to it student mental health this was not the central consideration. For example, across the four studies no clinical measures were implemented nor were any trends in wellbeing measured. Instead, the studies address a very specific facet of expectation management within a resource-limited context. This research addresses a highly specific yet crucial gap,

providing insights that will be instrumental in shaping policy and service development.

The research also presented a dual perspective through the inclusion of both students and student counsellors, allowing for a balanced and multi-layered understanding of expectations to emerge. This was designed to reduce one-sided perspectives and strengthen the practical applicability of these research findings. Combined with the systematic review of the literature and the landscape understanding presented in the secondary data this has been achieved. Also, as much of the literature on this topic to date has been international, as observed through the systematic review along with the background chapter, this study addresses a gap by providing an Irish data base and context for HEIs in an Irish context.

General limitations, as applicable to most research studies, are necessary to acknowledge in this study. Firstly, the participants in studies 3 and 4 were self-selected and potentially subjected to self-selection bias. It may have been the case that students who accessed and completed the survey were those with prior interest or experience with counselling or psychological treatment generally. Similarly, the counselling staff that opted to respond to and participate in the research may have had prior interest in expectations and management of student's expectations. In addition, as outlined in chapter 5 (section 5.5) it is important to acknowledge that the sample of students for study 4 was largely recruited through a research methodology module within the Department of Psychology at the researcher's university. These participants were second-year undergraduate students enrolled in a single honours BA. /BSc Psychology degree programme and received course credits in exchange for their participation. Although this group did not constitute the entire sample, it is estimated that over half of the participants were recruited through this scheme. The composition of this sample has potential implications for the findings. For example, Beitel et al. (2009) reported that clients with higher levels of psychological mindedness (PM) tend to hold stronger

expectations regarding their personal engagement in counselling, as well as greater expectations of achieving positive therapeutic outcomes. Given that psychology students are likely to possess relatively high levels of psychological mindedness, it is possible that this characteristic influenced the present study's results. Specifically, participants' elevated PM may have shaped their expectations of counselling and, in turn, contributed to a skew in the data. While understanding and assessing clients' levels of PM and expectations at the outset of therapy can indeed help counsellors align therapeutic goals and manage expectations effectively, the potential overrepresentation of highly psychologically minded individuals within this sample should be considered when interpreting the findings. This limitation suggests that the results may reflect the perspectives of individuals with above-average psychological insight and engagement, rather than those of the broader student population.

In addition, the cross-sectional design of studies 2, 3 and 4 was also a limitation. For example, there was one time-point for the expectation measurement in study 4. While an attempt was made to ask those with experience engaging in counselling services to retrospectively reflect on their expectations, the study would have been enhanced if it included a longitudinal design (e.g., a pre and post measure, documenting expectations prior to engaging in student counselling and subsequent to treatment). This would also have provided a robust report on the potential impact of expectations on therapeutic outcomes. In its current form, it is not possible to determine whether one variable caused any change in another in study 4. Therefore, it cannot be conclusively reported from this research whether engagement with counselling leads to changes in expectations or whether students' preexisting expectations influenced engagement or outcomes.

Finally, the systematic review, study 1 as presented in chapter 2 of this thesis had a very narrow scope. The filters placed on the studies included in the narrative

synthesis were overly narrow and could be expanded to include further studies.

Additionally, the ten-year limitation applied to the studies was intended to capture the most contemporary research in the area however this may have proved over restrictive and could have been expanded to capture a wider scope of research studies.

6.6.1 Reflexivity

The reflexivity of the researcher has been a key strength of the research. As recognised in section 4.4.5.1, it is acknowledged that the researcher positionality altered from data collection to analysis of the qualitative study. This was both a key strength but also a potential limitation of the research. While analysing the qualitative data the researcher was navigating psychological treatment. While this resulted in exceptional challenges in general while completing this research, it also provided the lens through which this data, and that from the student survey, was analysed. The researcher's engagement with this study was shaped by experience in three interrelated roles: as the researcher, as a current patient of psychological treatment, and as a former employee of a student counselling service. This background in a triad of roles has provided the researcher with a unique vantage point for understanding the perspectives of both students seeking support and the counsellors, having inhabited the roles of support provider, patient, and investigator. Such positionality has carried several advantages. Firstly, it has facilitated sensitivity to the nuances of participant experiences, including awareness of the emotional and relational dynamics involved in help-seeking and requiring support while vulnerable, unwell and still needing to navigate and succeed at university. Secondly, prior professional experience within student counselling services has enabled an informed appreciation of the systemic challenges facing these practitioners while providing a service within a system operating with limited resources. Finally, the personal history of the researcher in receiving psychological treatment, while not through student counselling, served to contribute to a deeper

understanding of the qualitative data provided by the students and ensured a level of care and ethical consideration was maintained throughout. However, it is also important to acknowledge that these overlapping roles could potentially introduce biases, both in interpreting the counsellor's perspectives and the students' qualitative insights as the researcher has experience in both roles. In order to ensure any overidentification did not occur and the researcher did not overly interpret the data through the lens of her own experience; reflexivity (Braun & Clarke, 2020) was maintained throughout. This involved maintaining a reflexive journal, seeking continuous supervisory feedback and engaging in ongoing psychotherapy to discuss any issues that were arising to ensure they did not interfere with the data analysis and subsequent reporting. The researcher explicitly considered and discussed how their assumptions might be influencing data analysis. Overall, the researcher positionality enriched the studies and allowed the research be approached with personal sensitivity and academic distance, coupled with reflexivity and lived familiarity thus contributing to the depth of the overall findings. This evolving researcher positionality aligned with the assumptions of reflexive analysis (Braun and Clarke, 2020) whereby the meaning of this work was constructed through the active interpretation of the researcher and has served to bring a deeper understanding of this data.

6.7 Future Research Directions

The findings of this thesis point to a need for further research in this area. Firstly, issues relating to perceived barriers to engagement with support services, and specifically student counselling need to be further addressed, this was observable throughout the research studies with the same issues arising in the study 2, study 3 with the counsellors and study 4 with the student cohort. As per Yorgason et al. (2008) students can only access supports they are aware exist. They also need to know how to

access support and what procedures will take place when they present for support. The qualitative study with counsellors revealed that they believe the website holds the key to setting realistic expectations among this cohort. It was also a concern that stigma towards help-seeking and engaging with student counselling prevails as a barrier to engagement.

While the mixed methods survey on students in study 4 provided very valuable insights through the collection of both qualitative and quantitative data, a richer qualitative aspect could have been developed. Further expanding the research to conduct individual interviews or focus groups with students would have generated a further depth to the qualitative data, like that of Morrison et al. (2021) whereby students were interviewed on their expectations prior to any engagement. It was realised through this research, during the analysis of the qualitative student data, that there was a lot to be learned from students own, unprompted, perceptions of their expectations and experiences of student counselling.

Equally and unexpectedly, a continued stigma prevails of mental health challenges among this cohort. This could have been further developed through focus groups with emphasis on expectations and self-stigma. Similar to the initiative outlined in Cohen et al. (2020) combining counsellors and students in focus groups to address support gaps would be a very beneficial way to build on the research presented in this thesis.

As learned through study 3, student counsellors hold their own expectations and these along with the impacts of working under institutional constraints needs to be further investigated and developed as there are no student counselling services that can operate effectively if their counsellors continue to be expected to operate under such strains. This is vital to explore in order to improve on student counsellors' wellbeing and in turn that of the students they are supporting.

Through study 2, it was observed that considerations of “seriously

withdrawing” are very high among the student population with over half indicating this was a consideration. This was in line with national data and worryingly consistent with national trends of a third of students withdrawing from college before achieving a degree (HEA, 2024). Support perceptions and wellbeing are directly related to this and therefore further research examining expectations and withdrawal considerations and the importance of both would be beneficial in maintaining students’ wellbeing levels and retention and success at third level.

6.8 Conclusions

Taken together, the four studies in this thesis demonstrate that expectations are central to the student counselling experience and are shaped by multiple, interrelating and interacting influences. The systematic review, study 1, established a foundation for the empirical studies (studies 3 and 4), showing that both process and outcome expectations predict therapeutic engagement and actual outcomes for students, and highlighting a relationship between expectations and previous experiences of psychological treatment and the importance of the therapeutic alliance. It was observed that positive expectations predict more positive therapeutic outcomes. Study 2 extended this perspective to the institutional level and provided a landscape of the student population currently in Ireland and their perceptions of supports and what cohorts perceive supports more or less than others. This provided a broader pattern of help-seeking perceptions than expectations and also provided a picture of the general third level population. Study 3 then revealed how counsellors navigate and manage expectations within constrained institutional frameworks, often focusing more on availability and managing access rather than therapeutic process and engagement. Finally, study 4 highlighted the ambivalence of expectations, the influence of attitudes towards help-seeking, and the independence of expectations from psychosocial traits such as optimism and perceived social support. Across these

multimethod strands of the thesis, a key theme is the mismatch between student expectations and service realities. On one hand, the students hope for a supportive, professional counselling service that is available to meet diverse needs, but on the other hand they can encounter services constrained by session limitations and high demand and waiting lists. Counsellors are aware of these gaps, struggling to navigate them under constraints by institutional resources and policies. The result is then that expectations are often recalibrated downwards, this then has potential negative consequences for engagement, satisfaction and mental health outcomes. This thesis demonstrates that expectations are pivotal in shaping student engagement with counselling and wider perceptions of supports. They are formed through attitudes towards help-seeking, prior experiences both directly and indirectly and social narratives and they are confirmed or violated through encounters constrained by service limitations. Addressing expectations at multiple levels, individual, institutional and cultural, is critical to enhancing the effectiveness and accessibility of student counselling services.

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Appendices

Appendix A: Prisma Guidelines

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	

Section and Topic	Item #	Checklist item	Location where item is reported
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	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	
Study characteristics	17	Cite each included study and present its characteristics.	
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	

Section and Topic	Item #	Checklist item	Location where item is reported
	23b	Discuss any limitations of the evidence included in the review.	
	23c	Discuss any limitations of the review processes used.	
	23d	Discuss implications of the results for practice, policy, and future research.	
OTHER INFORMATION			

Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	
Competing interests	26	Declare any competing interests of review authors.	
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71. This work is licensed under CC BY 4.0. To view a copy of this license, visit <https://creativecommons.org/licenses/by/4.0/>

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71. This work is licensed under CC BY 4.0. To view a copy of this license, visit <https://creativecommons.org/licenses/by/4.0/>

Appendix B: Search Syntax Systematic Review

Database	Search Date	Search Terms/String	Limits/Filter s applied
PsycINFO	May 2020	("student" OR "university" OR "college") AND ("counselling" OR "therapy" OR "psychological support") AND ("expectations" OR "attitudes" OR "beliefs" OR "help-seeking")	English language 10-year limit
PubMed	May 2020	(((((third level[Title/Abstract]) OR (higher education[Title/Abstract])) OR (student[Title/Abstract])) OR (students[Title/Abstract])) OR (college[Title/Abstract])) OR (university[Title/Abstract])) OR (post secondary[Title/Abstract])) AND (((counselling[Title/Abstract]) OR (counseling[Title/Abstract])) OR (therapy[Title/Abstract])) AND ((expectation[Title/Abstract]) OR (expectations[Title/Abstract]))	English language 10-year limit
EMBASE	May 2020	#4 #1 AND #2 AND #31,039 #3'higher education':ab,ti OR 'third level':ab,ti OR college:ab,ti OR student:ab,ti OR students:ab,ti OR university:ab,ti OR 'post secondary':ab,ti counselling:ab,ti OR counseling:ab,ti OR therapy:ab,ti2,787,04 expectation:ab,ti OR expectations:ab,ti 1,039 results for search #4	English language 10-year limit
Web of Science	May 2020	TOPIC: (expectation) OR TOPIC: (expectations) TITLE: (expectation) OR TITLE: (expectations) TITLE: (counselling) OR TITLE: (counseling) OR TOPIC: (therapy) TOPIC: (counselling) OR TOPIC : (counseling) OR TOPIC: (therapy) TOPIC: (higher education) OR TOPIC: (third-level) OR TOPIC: (university) OR TOPIC: (college) OR TOPIC: (student) OR TOPIC:(students) OR TOPIC: (postsecondary) TITLE: (higher education) OR TITLE: (third-level) OR TITLE: (university) OR TITLE: (college) OR TITLE: (student) OR TITLE: (students) OR TITLE: (postsecondary) #2 OR #1 #4 OR #3 #6 OR #5 #9 AND #8 AND #7	English language 10-year limit

COREQ (CONsolidated criteria for REporting Qualitative research) Checklist

A checklist of items that should be included in reports of qualitative research. You must report the page number in your manuscript where you consider each of the items listed in this checklist. If you have not included this information, either revise your manuscript accordingly before submitting or note N/A.

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
<i>Personal characteristics</i>			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	
Occupation	3	What was their occupation at the time of the study?	
Gender	4	Was the researcher male or female?	
Experience and training	5	What experience or training did the researcher have?	
<i>Relationship with participants</i>			
Relationship established	6	Was a relationship established prior to study commencement?	
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	
Interviewer characteristics	8	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	
Domain 2: Study design			
<i>Theoretical framework</i>			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	
<i>Participant selection</i>			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	
Sample size	12	How many participants were in the study?	
Non-participation	13	How many people refused to participate or dropped out? Reasons?	
<i>Setting</i>			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	
<i>Data collection</i>			

Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	
Field notes	20	Were field notes made during and/or after the inter view or focus group?	
Duration	21	What was the duration of the inter views or focus group?	
Data saturation	22	Was data saturation discussed?	
Transcripts returned	23	Were transcripts returned to participants for comment and/or	

Topic	Item No.	Guide Questions/Description	Reported on Page No.
		correction?	
Domain 3: analysis and findings			
<i>Data analysis</i>			
Number of data coders	24	How many data coders coded the data?	
Description of the coding tree	25	Did authors provide a description of the coding tree?	
Derivation of themes	26	Were themes identified in advance or derived from the data?	
Software	27	What software, if applicable, was used to manage the data?	
Participant checking	28	Did participants provide feedback on the findings?	
<i>Reporting</i>			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	
Data and findings consistent	30	Was there consistency between the data presented and the findings?	
Clarity of major themes	31	Were major themes clearly presented in the findings?	
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

Once you have completed this checklist, please save a copy and upload it as part of your submission. DO NOT include this checklist as part of the main manuscript document. It must be uploaded as a separate file.

Appendix D: Interview Schedule

<p>Introduction to the study generally</p>	<p>Confirm read information sheet Confirm signed consent form Confirm starting recording Participation is voluntary Explain will anonymise for transcripts</p>
<p>Professional identity</p>	<p>How long have you been in this specific role and what were your previous roles What is your professional identity outside of “student counsellor” (psychologist, therapist, counsellor etc.) Can you describe your background, training qualifications What do you feel about the term student counsellor</p>
<p>Role of student counsellor</p>	<p>Can you describe the structure of counselling in your workplace Can you tell me about access availability Are there session limits; how do you navigate that How are students referred to you; what are they pathways What is your weekly workload typically What is the most common presentation On average how many times will you see a student and how often</p>
<p>Intake and assessment</p>	<p>What is the intake and assessment process What are some key questions Do you have a process of evaluation and tracking progress Do you refer out if you need to? Where do you refer to?</p>
<p>What do you think about when I say expectations</p>	<p>What does the concept of expectation mean to you generally Can you loosely define it Any examples of what you think an expectation would be Do you think hope and fear are expectations? No right/wrong answer no need to focus on counselling just generally</p>
<p>Do you assess students’ expectations about student counselling</p>	<p>Do you explore or assess students’ expectations How do you explore/assess their expectations</p>

	<p>What kinds of ways do you gather information on what their expectations are and if they are realistic, unrealistic, positive, negative</p> <p>Expectations about clinical processes/outcomes</p>
<p>What do you feel the students' expectations are</p>	<p>What kinds of expectations do students bring to counselling</p> <p>Are they related to clinical processes or outcomes</p> <p>Do they have therapist expectations, durations of therapy, frequency of appointments</p> <p>Do they express an expectation about how they will feel afterwards i.e. outcomes</p> <p>Is there an expectation counselling will help or fix their problems</p>
<p>Where do you think these expectations are coming from</p>	<p>Is there a difference in expectations among students previously engaged in mh treatment</p> <p>Does clinical presentation impact expectations</p> <p>Are more less anxious depressed impact expectations</p> <p>Anything else you observe that impacts expectations?</p>
<p>Managing expectations</p>	<p>How often are students' expectations misaligned</p> <p>How do you approach managing the expectations</p> <p>Is it difficult for you to readjust realign to be more realistic more positive</p> <p>Do you revisit expectations during the therapy</p>
<p>Finishing and post-expectation assessment</p>	<p>When a student is finished engaging do you assess if expectations have been met, adjusted, confirmed, violated etc.</p> <p>How do you do this?</p> <p>Is this a formal process?</p>
<p>Expectations in practice and going forward</p>	<p>Going forward do you think a universal measure of expectations would be useful?</p> <p>Do you believe expectations should be assessed measured considered</p> <p>How so?</p>
	<p>Have you anything else to add</p>
<p>Final reflections</p>	<p>Based on what we talked about how do you feel about expectations now</p> <p>Any questions or observations before we end</p>

Appendix E: Information Sheet Counsellors



INFORMATION AND CONSENT FORM FOR RESEARCH PARTICIPANTS

Information Sheet

Purpose of the Study. I am Chiara Seery, a doctoral student, in the Department of Psychology, Maynooth University.

As part of the requirements for my PhD in Psychology, I am undertaking a research study under the supervision of Dr. Rebecca Maguire.

This study is concerned with the expectations of engaging in counselling services.

What will the study involve? The study will involve conducting a series of semi-structured interviews with counsellors providing short-term student counselling. Interviews are expected to be of one hour's duration, they will be transcribed, anonymized and stored confidentially for analysis thereafter.

Who has approved this study? This study has been reviewed and received ethical approval from Maynooth University Research Ethics committee. You may have a copy of this approval if you request it.

Why have you been asked to take part? You have been asked because you are currently employed in a student counselling service and currently engaging with young people in a student counselling setting.

Do you have to take part?

No, you are under no obligation whatsoever to take part in this research. However, we hope that you will agree to take part and give us some of your time. It is entirely up to you to decide whether or not you would like to take part. If you decide to do so, you will be asked to sign a consent form and given a copy and the information sheet for your own records. If you decide to

take part, you are still free to withdraw at any time without giving a reason and/or to withdraw your information up until such time as the research findings are analysed/published/anonymised. A decision to withdraw at any time, or a decision not to take part, will not affect your relationships with me or Maynooth University.

What information will be collected? Questions during the interview will center on your experience as a therapist with students engaging with you for mental health treatment. You will be asked about your experience of students' expectations and if they are something that arises in the counselling room, whether you address them, or perhaps find them difficult to manage during the course of the counselling.

Will your participation in the study be kept confidential? Yes, all information that is collected about you during the course of the research will be kept confidential. No names will be identified at any time All hard copy information will be held in a locked cabinet at the researchers' place of work, electronic information will be encrypted and held securely on MU PC or servers and will be accessed only by Chiara Seery and Dr. Rebecca Maguire.

No information will be distributed to any other unauthorised individual or third party. If you so wish, the data that you provide can also be made available to you at your own discretion.

'It must be recognised that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent.'

What will happen to the information which you give? All the information you provide will be kept at Maynooth University in such a way that it will not be possible to identify you. On completion of the research, the data will be retained on the MU server. After ten years, all data will be destroyed (by the PI). Manual data will be shredded confidentially and electronic data will be reformatted or overwritten by the PI in Maynooth University.

What will happen to the results? The research will be written up and presented as a PhD thesis. A copy of the research findings will be made available to you upon request.

What are the possible disadvantages of taking part? I don't envisage any negative consequences for you in taking part as there will be no discussion of any personal information, the interview will concern your work as a therapist and your clinical practice.

What if there is a problem? At the end of the interview, I will discuss with you how you found the experience and how you are feeling. You may contact my supervisor Dr. Rebecca

Maguire, (Rebecca.maguire@mu.ie) if you feel the research has not been carried out as described above.

Any further queries? If you need any further information, you can contact me: Chiara Seery, chiara.seery.2016@mumail.ie, 085 1812450.

If you agree to take part in the study, please complete and sign the consent form overleaf.

Thank you for taking the time to read this

Appendix F: Consent Form Counsellors

Consent Form

I..... agree to participate in Chiara Seery's research study titled "Developing an understanding of expectations and the impact of expectations on experiences of students engaging with mental health services: Therapists perceptions of the role of expectations in the counselling room".

Please tick each statement below:

The purpose and nature of the study has been explained to me verbally & in writing. I've been able to ask questions, which were answered satisfactorily.

I am participating voluntarily.

I give permission for my interview with Chiara to be audio -recorded

It has been explained to me how my data will be managed and that I may access it on request.

I understand the limits of confidentiality as described in the information sheet

I understand that my data, in an anonymous format, may be used in further research projects and any subsequent publications if I give permission below:

I agree to quotation/publication of extracts from my interview

I do not agree to quotation/publication of extracts from my interview

Signed.....

Date.....

Participant Name in block capitals

I the undersigned have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Signed.....

Date.....

Researcher Name in block capitals

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

For your information the Data Controller for this research project is Maynooth University, Maynooth, Co. Kildare. Maynooth University Data Protection officer is Ann McKeon in Humanity house, room 17, who can be contacted at ann.mckeon@mu.ie. Maynooth University Data Privacy policies can be found at <https://www.maynoothuniversity.ie/data-protection>.

Two copies to be made: 1 for participant, 1 for PI

Appendix H and I: Ethical approval Study 3 (Student Counsellors Qualitative Phase 1 & 2)

Main Details

- Project Title : Understanding the impact of expectation on client's engagement with mental health services: Therapists perceptions of the role of expectations in the counselling room
- Status : APPROVE
- Principal Investigator (PI) : Chiara Mary Seery
- Suggested request tier / level : Tier 2
- Suggestion approval committee : Social Research Ethics Sub-Committee
- Details / Rationale : Project investigating expectations of student counselling in a COVID-19 context
- Proposed Start date : 01/06/2021
- Proposed End date : 01/12/2021
- Is your project in receipt of research funding? : No
- Previous ethical approval for this project : Yes
- MU Approval Ref Number : SRESC-2019-046
- Add contact details of institution if applicable :
- Research Methodology and Methods to be used : Interviews and/or Focus groups
- Other methodologies :
- Total number of participants : 10
- Will the research be carried out with persons under age 18? : No
- Will the research be carried out with adults who might be considered vulnerable in any way? : No
- What will be the nature of their participation? : One-time / short term contract
- Other participation type :
- Personal Data Categories : Name
- Sensitive Personal Data Categories :
- Other Sensitive Data Categories : n/a
- Please indicate the indicative date when that the personal identifiable data will be destroyed or rendered irreversibly anonymised : 01/12/2021
- Has a Data Protection Impact assessment been completed and submitted? : No

(05/05/2021
11:41:53 AM)

Appendix J: STROBE Guidelines

STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No	Recommendation
Title and abstract	1	<p>(a) Indicate the study's design with a commonly used term in the title or the abstract</p> <hr/> <p>(b) Provide in the abstract an informative and balanced summary of what was done and what was found</p>
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported
Objectives	3	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4	Present key elements of study design early in the paper
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6	<p>(a) <i>Cohort study</i>—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up</p> <p><i>Case-control study</i>—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls</p> <p><i>Cross-sectional study</i>—Give the eligibility criteria, and the sources and methods of selection of participants</p> <hr/> <p>(b) <i>Cohort study</i>—For matched studies, give matching criteria and number of exposed and unexposed</p> <p><i>Case-control study</i>—For matched studies, give matching criteria and the number of controls per case</p>
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	<p>(a) Describe all statistical methods, including those used to control for confounding</p> <hr/> <p>(b) Describe any methods used to examine subgroups and interactions</p>

-
- (c) Explain how missing data were addressed
-
- (d) *Cohort study*—If applicable, explain how loss to follow-up was addressed
- Case-control study*—If applicable, explain how matching of cases and controls was addressed
- Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy
-
- (e) Describe any sensitivity analyses

Continued on next page

Results

Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed
		(b) Give reasons for non-participation at each stage
		(c) Consider use of a flow diagram
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders
		(b) Indicate number of participants with missing data for each variable of interest
		(c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)
Outcome data	15*	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time
		<i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure
		<i>Cross-sectional study</i> —Report numbers of outcome events or summary measures
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included
		(b) Report category boundaries when continuous variables were categorized
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results

Other information

Funding 22 Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at www.strobe-statement.org.

Expectations about Student Counselling Service

Start of Block: Default Question Block

Q22 I am Chiara Seery, a PhD student in the Department of Psychology, Maynooth University. As part of the requirements for my PhD in Psychology, I am undertaking a research study under the supervision of Dr. Rebecca Maguire. This study is concerned with the expectations of engaging in counselling services. What will the study involve? The study will involve an online questionnaire with a series of questions related to your expectations of student counselling, your experience (if any) with student counselling, and some questions relating to your general wellbeing, social support and sociodemographic background. This survey will take approximately 10 minutes to complete. Who has approved this study? This study has been reviewed and received ethical approval from Maynooth University Research Ethics committee. You may have a copy of this approval if you request it. Why have you been asked to take part? You have been asked because you are currently enrolled as a student in a third level institution in Ireland. Do you have to take part? No, you are under no obligation whatsoever to take part in this research. However, we hope that you will agree to take part and give us some of your time. It is entirely up to you to decide whether or not you would like to take part. If you decide to do so, you may proceed to answering the survey questions online. If you decide to take part, you are still free to withdraw at any time without giving a reason and/or to withdraw your information up until such time as the research findings are analysed/published/anonymised. A decision to withdraw at any time, or a decision not to take part, will not affect your relationships with me or Maynooth University. What information will be collected? You will be asked a series of questions on your background (e.g. your age, gender), your expectations in relation to student counselling, your attitudes towards seeking professional psychological help, your social support, wellbeing and optimism. You will also be asked some short open-ended questions relating to your experience with counselling. There will be no personally identifying information collected during this online survey. We will not ask your name, what institution you are attending or any information that may identify you. Confidentiality and anonymity will be maintained at all times throughout and subsequent to participation. Will your participation in the study be kept confidential? Yes, all information that is collected about you during the course of the research will be kept confidential. No names will be identified at any time. There will be no hardcopy data collected, electronic information will be encrypted and held securely on MU PC or servers and will be accessed only by Chiara Seery and Dr. Rebecca Maguire. No information will be distributed to any other unauthorised individual or third party. 'It must be recognised that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent.' What will happen to the information which you give? All the information you provide will be kept at Maynooth

University in such a way that it will not be possible to identify you. On completion of the research, the data will be retained on the MU server. After ten years, all data will be destroyed (by the PI). Manual data will be shredded confidentially, and electronic data will be reformatted or overwritten by the PI in Maynooth University. What will happen to the results? The research

will be written up and presented as part of a PhD thesis, and may be discussed at internal research group meetings, presented at National and International conferences and/or published in scientific journals. A copy of the research findings will be made available to you upon request. What are the possible disadvantages of taking part? It is not envisaged that there will be any negative consequences for you in taking part. However, as the questions relate to expectations of student counselling, it is possible and some students may become upset. Should this occur, you may terminate participation at any time and/or consult the supports provided at the end of the survey for details of where to avail of psychological support. What if there is a problem? At the end of the survey, you will be presented with a list of options for availing of psychological support should you need to do so. You may contact my supervisor Dr. Rebecca Maguire, (Rebecca.maguire@mu.ie) if you feel the research has not been carried out as described above. Any further queries? If you need any further information, you can contact me: Chiara Seery, chiara.seery.2016@mumail.ie

Page Break

Q1 Please confirm the following: I am currently enrolled in a third level institution in the Republic of Ireland I am NOT currently undergoing psychiatric treatment The purpose and nature of the study has been explained to me in writing I am participating voluntarily It has been explained to me how my data will be managed and that I may access it on request I understand the limits of confidentiality as described in the information sheet I understand that my data, in an anonymous format, may be used in further research projects and any subsequent publications if I give permission below

- 2 Yes (1)
- 3 No (2)

Skip To: End of Survey If Please confirm the following: I am currently enrolled in a third level institution in the Republ... = No

Page Break

Q23 Part 1: Demographic Questions

Q2 What gender do you identify as?

- 4 Male (1)
- 5 Female (2)
- 6 Non-binary / third gender (3)
- 7 Other (specify) (4) _____

Q3 What is your age in years?

Q4 What type of Institution are you currently enrolled in?

8 University (1)

9 Technological University/IT (2)

10 Other (please specify) (3) _____

Q34 Are you currently enrolled as a(n)

11 Undergraduate (1)

12 Postgraduate (taught) (2)

13 Postgraduate (research) (3)

14 Other (please specify) (4) _____

Page Break _____

Q35 What is your current year of study?

15 Year 1 (1)

16 Year 2 (2)

17 Year 3 (3)

18 Year 4+ (4)

Q5 Are you currently engaged in any employment outside of college?

19 Yes (1)

20 No (2)

Skip To: Q45 If Are you currently engaged in any employment outside of college? = No

Q25 Approximately how many hours per week are you employed?

	Very strongly disagree (1)	Strongly disagree (2)	Mildly disagree (3)	Neutral (4)	Mildly agree (5)	Strongly agree (6)	Very strongly agree (7)
There is a special person who is around when I am in need (1)	21	22	23	24	25	26	27
There is a special person with whom I can share my joys and sorrows (2)	28	29	30	31	32	33	34
My family really tries to help me (3)	35	36	37	38	39	40	41
I get the emotional help and support I need from my family (4)	42	43	44	45	46	47	48
I have a special person who is a real source of comfort to me (5)	49	50	51	52	53	54	55

My friends really try to help me (6)

56 57 58 59 60 61 62

I can count on my friends when things go wrong (7)

63 64 65 66 67 68 69

I can talk about my problems with my family (8)

70 71 72 73 74 75 76

I have friends with whom I can share my joys and sorrows (9)

77 78 79 80 81 82 83

There is a special person in my life who cares about my feelings (10)

84 85 86 87 88 89 90

My family is willing to help me make decisions (11)

91 92 93 94 95 96 97

I can talk about my problems with my friends (12)

98 99 100 101 102 103 104

	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
In uncertain times I usually expect the best (1)	105	106	107	108	109
It's easy for me to relax (2)	110	111	112	113	114
If something can go wrong for me, it will (3)	115	116	117	118	119
I'm always optimistic about my future (4)	120	121	122	123	124
I enjoy my friends a lot (5)	125	126	127	128	129
It's important for me to keep busy (6)	130	131	132	133	134
I hardly ever expect things to go my way (7)	135	136	137	138	139
I don't get upset too easily (8)	140	141	142	143	144
I rarely count on good things happening to me (9)	145	146	147	148	149
Overall, I expect more good things to happen to me than bad (10)	150	151	152	153	154

	Disagree (1)	Partly disagree (2)	Partly agree (3)	Agree (4)
If I believed I was having a mental breakdown, my first inclination would be to get professional attention (1)	155	156	157	158
The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts (2)	159	160	161	162
If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy (3)	163	164	165	166
There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help (4)	167	168	169	170
I would want to get psychological help if I were worried or upset for a long period of time (5)	171	172	173	174

I might want to get psychological counselling in the future (6)	175	176	177	178
A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help (7)	179	180	181	182
Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me (8)	183	184	185	186
A person should work out his or her own problems; getting psychological counselling would be a last resort (9)	187	188	189	190
Personal and emotional troubles, like many things, tend to work out by themselves (10)	191	192	193	194

Q18 The following items relate to how you have felt in the last two weeks, please indicate how often, during the last two weeks you have felt the below statements

	All of the time (1)	Most of the time (2)	More than half of the time (3)	Less than half the time (4)	Some of the time (5)	At no time (6)
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I have felt cheerful in good spirits (1)	195	196	197	198	199	200
I have felt calm and relaxed (2)	201	202	203	204	205	206
I have felt active and vigorous (3)	207	208	209	210	211	212
I woke up feeling fresh and rested (4)	213	214	215	216	217	218
My daily life has been filled with things that interest me (5)	219	220	221	222	223	224

Page Break

Q24 Part 3: Engagement with student counselling services

Q6 Does your college have a Student Counselling Service available to you?

225 Yes (1)

226 No (2)

227 Unsure (3)

Q7 If you felt you needed counselling support, would you know how to access this at your college?

228 Yes (1)

229 No (2)

Q8 How have you engaged with your Student Counselling Service?

- 230I have browsed the website but not made contact (1)
 231I have made contact (emailed, phoned, dropped in) but not spoken to a counsellor (2)
 232I have received an initial assessment but not a full counselling appointment (3)
 233I am currently on a waiting list to attend the counselling service (4)
 234I previously attended counselling at the Student Counselling Service but not am not attending currently (5)
 235I am currently engaged and attending my Student Counselling Service (6)
 236I have never engaged with my Student Counselling Service (7)
 237My college does not have a Student Counselling Service (8)
 238Other (please specify) (9) _____

Q9 Outside of Student Counselling, have you previously received any formal psychological support (for example, from a private counsellor/therapist, HSE, CAMHS or other)?

- 239No, I have never received formal psychological support outside of college (1)
 240Yes, I am currently receiving formal psychological support outside of college (2)
 241Yes, I have previously received psychological related support outside of college, but am not receiving support currently (3)

Q10 If you have engaged with Student Counselling Service provided by your college, was/is this your first time engaging with any psychological support?

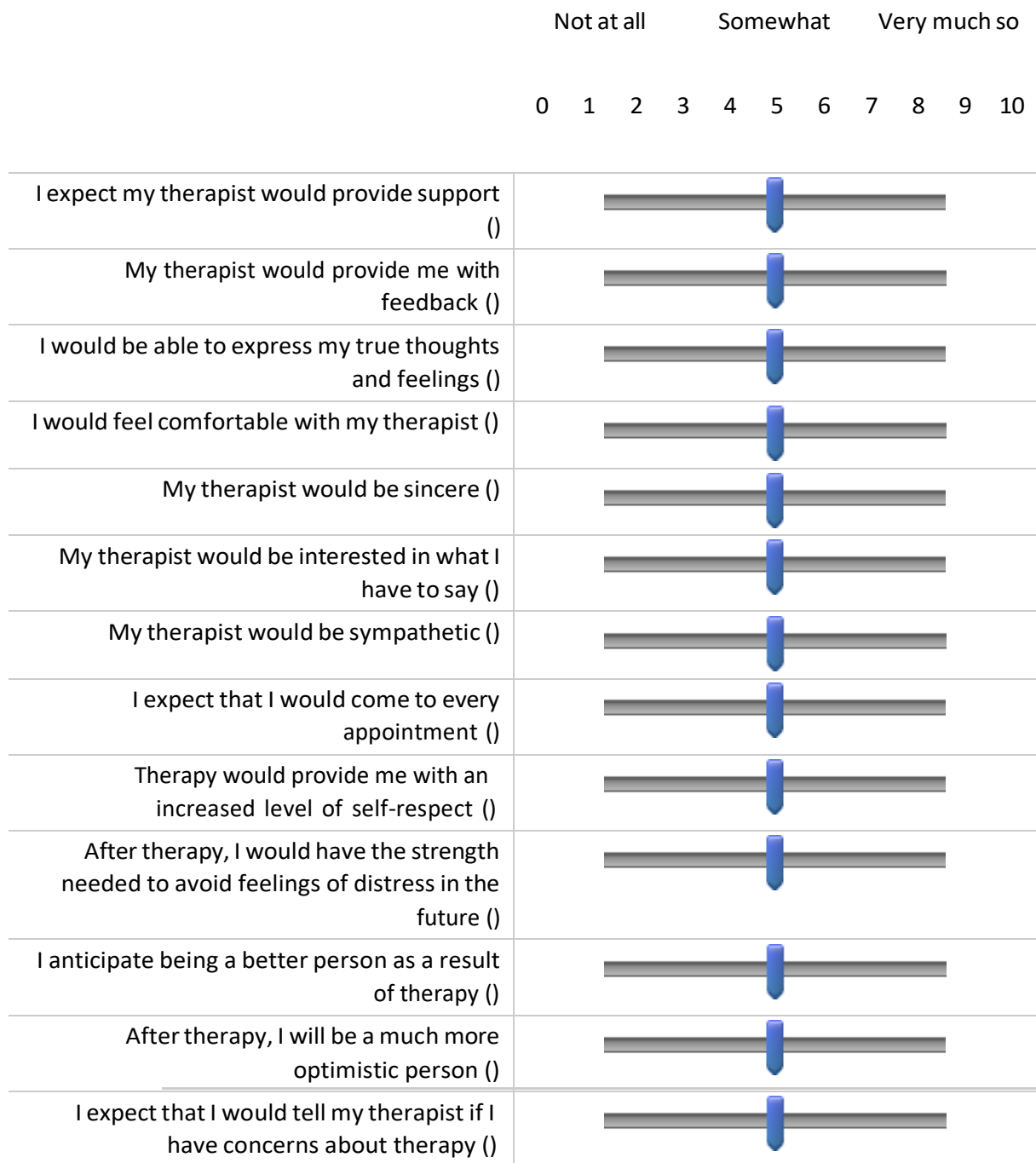
- 242Yes, this was my first time receiving psychological related support (1)
 243No, I had previously engaged in psychological support before engaging with my Student Counselling Service (2)
 244I have never engaged in any kind of psychological support either through college or otherwise (3)

Page Break

Q26 Part 4: Expectations about counselling

Q15 Below is a list of statements describing expectations about therapy that you may have. These statements cover expectations regarding your own behaviour in therapy, your future therapist, and the therapy setting. Some of these expectations you may not have considered previously, however we would like for you to think about them now. Read each statement carefully and indicate the number that indicates the strength with which you find yourself

expecting what it is described in the statement. These are hypothetical scenarios, so please consider what you WOULD expect If you WERE engaging in therapy with your college counselling service



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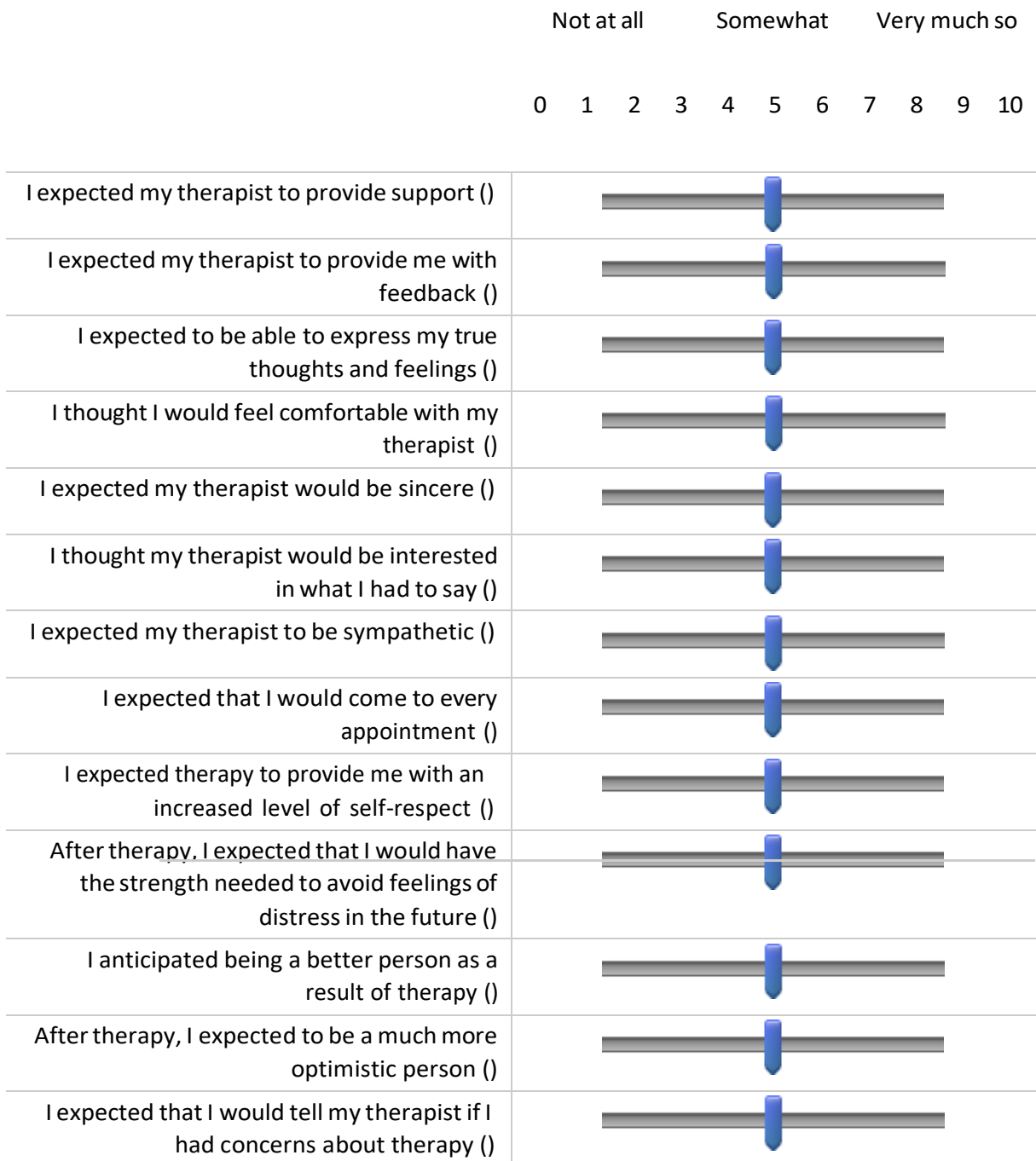
Q36 The next set of questions is only for those people who have received counselling with college counselling services. Please indicate again if you have received counselling with a college counselling service.

245Yes (1)

246No (2)

Skip To: Q27 If The next set of questions is only for those people who have received counselling with college cou... = No

Q38 Please consider the following questions as a reflection on how you felt BEFORE engaging with your college counselling service. Rate your agreement with the following statements with consideration to your feelings PRIOR to engaging with your college counselling service. Thinking back on your experiences with counselling, what were your initial expectations regarding this?



Q27 Part 5: The final set of questions ask for your additional thoughts and expectations in relation to student counselling specifically, beyond what was discussed above.

Q20 Can you describe, if any, what your current expectations are in relation to Student Counselling Services?

Q21 Have your expectations of your Student Counselling Service changed or altered at all? Can you explain how/how not?

Q22 Please only answer this question if you have engaged (in any way) with your Student Counselling Service: Were your expectations met using this service? Please elaborate how/how not.

Q23 In your opinion, do the Student Counselling Services offered in third level, in general, meet the expectations of students? Please explain why/why not

Q24 If you have considered engaging in Student Counselling previously, but have not done so, can you describe why you did not engage?

Q25 If you would like to add any other thoughts/comments on this topic, please feel free to do so below.

Q43 Thank you for taking the time to complete this survey. Your responses have been recorded and will contribute to informing recommendations for Student Counselling Services in all third level institutions in ROI. If you have experienced any distress during your participation in this survey, please see below options for availing of psychological support. Mental Health Ireland (<https://www.mentalhealthireland.ie/get-support/>) is an online resource with information on where to seek psychological support. Please consult this website if you are experiencing any distress. The researcher (Chiara Seery, chiara.seery.2016@mumail.ie) is also available should you need to discuss this survey any further. Your participation code is PS090986

End of Block: Default Question Block

Appendix L: Ethical Approval for Study 4

Main Details

- Project Title : Students' expectations about Student Counselling
- Status : APPROVE
- Principal Investigator (PI) : Chiara Mary Seery
- Suggested request tier / level : Tier 2
- Suggestion approval committee : Social Research Ethics Sub-Committee
- Details / Rationale :
- Proposed Start date : 02/01/2023
- Proposed End date : 02/07/2023
- Is your project in receipt of research funding? : Yes
- Relevant project / grant if applicable :
- Previous ethical approval for this project : No
- Add contact details of institution if applicable :
- Research Methodology and Methods to be used : Surveys and questionnaires
- Other methodologies :
- Total number of participants : 200
- Will the research be carried out with persons under age 18? : No
- Will the research be carried out with adults who might be considered vulnerable in any way? : No
- What will be the nature of their participation? : One-time / short term contract
- Other participation type :
- Personal Data Categories :

- Sensitive Personal Data Categories :

- Other Sensitive Data Categories : n.a

- Please indicate the indicative date when that the personal identifiable data will be destroyed or rendered irreversibly anonymised : 02/01/2023

- Has a Data Protection Impact assessment been completed and submitted? : No
