

Expanding the emergency support services at the University of Malta: the case for an after-hour service

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The research was carried out prior to a reorganisation of the Health and Wellness Centre. The mental health services delivered were extended and the Centre is now open on weekdays between 8.00am and 8.00pm to deliver a service to both staff and students. During the Covid-19 pandemic, services were extended online.

Introduction

Wellness is taking a new shape at an institutional level as organisations realise its social and economic importance (Baxter et al., 2015). The World Health Organisation estimates that a quarter of the population in Europe will experience a mental health illness throughout their life (World Health Organisation- Regional Office for Europe, 2015). Therefore, the organisation has focused its strategic vision on the engagement and integration on both physical and mental health care (World Health Organisation, 2019). Like all other organisations, the University of Malta (UM) aims to safeguard the physical and psychological wellbeing of the community which is present on campus.

The UM's Strategic Plan 2020-2025 aims to expand the current health and wellbeing services that are being offered. It also targets to achieve a more inclusive campus. The recent assembly of the UM's Health and Wellness Centre plans to improve the mental health



support through counselling services while also providing healthy lifestyle programmes (University of Malta, 2020).

Research Objective

The aim of this research project was to analyse the viability of extending the current emergency services offered by the UM Health and Wellness Centre beyond normal working hours. The UM is already providing a number of services; however, due to an increase in the demand for services to be offered in universities, the research attempted to answer the following research question:

“Does the UM require expanding its current emergency support services?”

This research question was best represented by the following two sub questions:

“To what extent is it viable for the UM to expand its services beyond normal work hours?”

“What is the viability of such an action?”



Articles by Students

Literature Review

Research on wellbeing has been growing exponentially; however, the exact definition of the term ‘wellbeing’ still remains unanswered (Dodge et al., 2012). Although the World Health Organisation’s (WHO)WHO’s definition (1948) links wellbeing and health, the complexity of it seems underestimated. Arguments on how wellbeing should be measured and analysed are still ongoing; and questions arise as to whether wellbeing lies in the subjective and objective arena (La Placa et al., 2013).

One of the main missions of Higher Education Institutions (HEIs) is to reduce work stress and staff burnout whilst assisting students to accomplish career, personal and academic goals, hence improving the wellbeing of the individual. Campuses are becoming increasingly diverse and the current generation requires different needs. Issues such as serious psychological problems, life transition, stress and gender issues are a few examples which offices need to tackle in their support towards the HEIs internal customers (Watkins et al., 2011).

The services offered by three public universities from islands and small states were evaluated comparatively. In addition, these services were contrasted and compared to the services offered by the UM’s Health and Wellness Centre and other support offices:

	Mental health service	Counseling service	Career guidance and support	Pastoral service and care	Disability support service	International students support services	Occupational safety and health service	Library service
University of Malta	✓	✓	✓	✓	✓	✓	✓	✓
University of Iceland	✓	✓	✓	✓	✓	✓		✓
University of Luxembourg	✓ (solely for students with special needs)		✓	✓	✓	✓	✓	✓
University of Cyprus	✓	✓	✓ (although the university has a Careers Office, no information is provided on the website)	✓	✓	✓		✓

Table 1: A comparison of the services offered by the universities

Method

A mixed method was adopted for collecting the data. This project utilised a number of data sources, which included both primary and secondary data, opting for a triangulation approach (Fusch et al., 2018).

This project had three critical phases:

Phase 1: Obtaining reliable secondary and primary data

Phase 2: Extrapolating from the obtained data as to the viability of the extended service

Phase 3: Specific recommendations

For phase 1, a quantitative method of analysis was adopted to obtain the secondary data whilst a qualitative method of analysis was adopted to obtain the primary data, after analysing the secondary data. The secondary data was obtained from three offices and consisted of:

1. UM student population;
2. UM staff population;
3. Number of customers who made use of the service.

The primary data was obtained by adopting a qualitative method of analysis through a semi-structured in-depth interview with the Head of Counselling Services. This was based on a set of prepared questions which were partly driven by the secondary

data. The questions of the interview related to the strategy and operations of the centre. The interviewee was given the option to elaborate, whilst explaining certain issues which arise by making use of open-ended questions.

After analysing the collected data, a meeting was held with the UM's Pro-Rector for Student & Staff Affairs and Outreach (UM Health and Wellness Centre falls under the Pro-rector's remit), who is also a stakeholder to discuss further in relation to the obtained data, before proceeding to making the specific recommendations.

Results of main research question

This project started off in 2019. It is important to note that initially, the aim of this research project was to analyse whether it is viable for the UM's Health and Wellness Centre to extend the current service beyond normal working hours and if this is the case, to what extent. From the obtained data, it was noted that as of the 1st of March 2020 the service was extended to 8pm from Monday to Friday for an indefinite period, excluding the UM's summer working hours between the 16th June and the 30th September.

The UM's population in relation to the number of clients making use of the service

Table 2 presents the UM's student population for academic years 2017/2018, 2018/2019 and 2019/2020. This is categorised by full-time day, full-evening, part-time day and part-time evening.

	Full-time day	Full-time evening	Part-time day	Part-time evening	Total
2019/2020	8198	86	767	2017	11068
2018/2019	8513	52	779	2340	11684
2017/2018	8689	49	1241	1394	11373

Table 2: UM's student population



Articles by Students

Table 3 presents the UM's staff population for years 2017, 2018 and 2019. The UM's staff population for year 2017 is being considered as academic year 2017/2018, year 2018 is being considered as academic year 2018/2019 and year 2019 is being considered as academic year 2019/2020.

	Academics	Non-academics	Total
2019	1693	1296	2989
2018	1741	1229	2970
2017	1746	1115	2861

Table 3: UM's staff population

One of the key data which was required to assess whether the UM Health and Wellness Centre should extend its current services beyond normal working hours was to identify how many students who made use of the service were reading for a day or evening course. By having this data at hand, one could gauge

the percentage of students making use of the service in relation to the population on campus. The centre does not keep track of this data but asks its clients, in this case the students, which course they are reading for as this is part of the requirement.

Table 4 presents the total number of internal customers (both students and staff) in relation to the UM's population.

	Total: internal customers	Total: UM population (including students and staff)	Percentage of the population making use of the service
2019/2020	263 (as of 9 th April 2020)	14057	1.87%
2018/2019	382	14654	2.61%
2017/2018	401	14234	2.82%

Table 4: The number of UM internal customers who made use of the service, the UM's population and the percentage of the population who made use of the service





Clients are making use of the service either because they are more aware of the service or are more required to make use of the service...

When comparing the UM's population of the last three academic years, it was derived that the academic year 2019/2020 recorded the lowest population. Although the UM's population decreased, the number of the registered customers (as of 9th April) and the forecasted customers which will be recorded until September 2020 will result in an increase. Thus, this suggests that although the UM's population recorded a decrease, the number of customers might still increase. This is based on the rough estimate of 15 to 20 clients a week; which data was obtained from the UM Health and Wellness Centre. Clients are making use of the service either because they are more aware of the service or are more required to make use of the service. This can also be the result of the promotion that is being offered by the centre through the UM's website. Furthermore, promotion is also supported by the UM Health and Wellness Centre Facebook page, leaflets, posters, word of mouth, assertive outreach through Heads of Departments and leaders of associations. The centre introduced group sessions which are being held once a month (one hour and a half each session) with students in a number of departments (currently three) and with non-academic directors.

Tables 5 and 6 present the number of intakes per month. It was noted that the number of customers decrease drastically between July and September. This factor can be attributed to the summer months, when students are largely not present on campus. Therefore, the rough estimate of 15 to 20 clients a week will probably not be the amount that the centre will record in the summer months, keeping in mind that the majority of clients are students. 15 to 20 new clients a week is equivalent to an estimate of 60 to 80 new clients a month. This data is inconsistent when being analysed in relation to the data which pertains to monthly intakes, since the centre has recorded an estimate of 45 clients a month between October and March. To date, the only month which recorded more than 60 clients was October 2018.

2018-2019	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep
Sessions	225	257	145	155	150	213	172	257	174	201	106	170
Intakes	67	53	33	26	36	39	31	26	18	14	13	26
Waiting list	0	17	21	14	32	31	21	17	1	0	0	0

Table 5: The waiting list per month for academic year 2018/2019



Articles by Students

2019-20	Oct	Nov	Dec	Jan	Feb	March
Sessions	179	168	126	249	335	308
Intakes	45	57	48	37	54	32
Waiting list	43	55	48	34	53	32

Table 6: The waiting list per month for academic year 2019/2020

Variables impacting number of clients

When comparing the number of client waiting list of 2018/2019 to 2019/2020 [Tables 5 and 6], a drastic increase was also noted. This figure might be the result of a change in the Head of Counselling Services. Between October 2019 and January 2020, the centre was without a formal Head and case-assignments had effectively stopped. Concurrently, the number of counselling professionals decreased from three to one full timer. Due to an overhaul of the staff, the hours of input also decreased. The support staff was employed gradually between January and March, and case assignments were established and assigned to the five counselling professionals and to the five new sessional therapists. This is reflected in the number of increased offered sessions and the accompanying decrease in waiting list.

In fact, a new client is required to wait between 1 to 4 months. However, if the client is exceptionally urgent or suicidal, a session is provided immediately by the first-available therapist to assess the situation further.

Results of two sub questions

The prevalence of the condition

The data was not being collected by the UM Health and Wellness Centre. Currently, an assumption of what the

customer's condition might be is made and is updated by the centre throughout the therapy. Nevertheless, the centre was planning to introduce psychological assessments to be carried out, either upon intake, or thereafter, by the professional. This is based on a case-by-case basis. This plan will be enacted after the pandemic of the COVID-19 issues have been solved.

The number of professionals

At the time of data collection, the centre had five offices and seventeen employees. A roster had been put in place to be able to locate all of the therapists. A total of two to three employees are on site after 5 p.m. Two to three employees on site after 5 p.m. (between 5 p.m. and 8 p.m.): three hours of overtime per day per counsellor (daily).

Over a 5-day working week, every four weeks the number of hours is calculated below:

3 hours * 5 days = **15 hours (weekly)**;

15 hours * 4 weeks = **60 hours (monthly)**.

Therefore, two to three employees on site after 5 p.m. (between 5 p.m. and 8 p.m.) are equivalent to **120 to 180 hours** of overtime.

A total of one hundred and twenty one (121) clients made use of the service after 5 p.m. between January and March. Each session takes up to an hour. Therefore, if an estimate of forty clients a month (forty contact hours) were seen to after 5pm, the remaining 80 to 140 hours were utilised to process notes and any administration work which was required. However, if each client required an average of four sessions, this totals up to 160 contact hours. This result would mean a total of two to three employees are required to manage the customers who are seen to in the evening.

All of these calculations assume that the client requires four sessions each month (one session a week), which data was also obtained from the UM Health and Wellness Centre.

The estimate salary of a professional therapist

The estimated salary of a professional therapist was also obtained from the “Collective Agreement for Administrative, Technical and Industrial Staff of the University of Malta 2017-2021” and verified with the Office for Human Resources & Development to have an idea of what is costing the UM to implement an extension of the service.

An estimate of a counsellor’s salary: €27,500 yearly which is equivalent to €13.20 per hour.

Therefore, with a 1.5 overtime rate, this amounts to a rough estimate of €19.80 per hour.

Monitoring seasonal demand

The centre does not monitor seasonal demand. However, it has been noted that the sessional therapists were not offering their full potential prior to exams. The centre is aware that students tend to access services in higher numbers during and after the examination periods. This is particularly prevalent in students who fail their exams. The number of weekly hours increases from three to eight during the peak season.

To maintain an even key, group sessions are offered to those departments who request group support for their students. This exercise was carried out with three departments in two faculties. The unit, with the support of the Pro Rector for Student & Staff Affairs

and Outreach, plans to continue carrying out outreach sessions throughout the year offering group sessions to promote psychoeducation like handling stress, time management, self-growth, managing anxiety, mindfulness, and so on.

Recommendations for the UM Health and Wellness Centre

- In view of the fact that at times the data was incomplete and inconsistent, the UM Health and Wellness Centre should adopt a data collection strategy to be more accurate prior to extending a service. Therefore, each therapist is to keep track of the cases and the centre is to have a common file which can be shared by all therapists and by the Head of Counselling to monitor the amount of pending cases. Keeping track as to whether a student is reading for a day or evening course can be crucial so as to gauge the percentage of students who are making use of the service in relation to the population which is present on campus. This applies to both day and evening students.
- The UM Health and Wellness Centre is to continue operating until 13.30pm during the summer months (between the 16th June and the 30th September) since the number of cases drops drastically.
- Should the centre reduce its current waiting list, it should return to offering its service until 5 p.m., however, extending the service for one or two days a week until 8 p.m. Nevertheless, the factor of stigma was taken into consideration.



- Monitoring seasonal demand may also prove to be crucial as at times the centre might need to extend its services to 8pm during the whole week, especially during the examination period and straight after. This was also pointed out by the centre itself.
- Take note of the exact prevalence of the customer's condition to be able to plan ahead in relation to the number of cases the client would require.

7.3.2 Recommendation for relevant stakeholders

- One of the points which were raised when collecting the data was the lack of office space. Therefore, to address this challenge, it was recommended to obtain new offices for counsellors/sessional therapists to have adequate space from where to work. The fact that the centre has five offices

for seventeen employees is proving to be quite a challenge. Acquiring more space for employees to work during the day may also decrease the number of hours needed beyond 5 p.m.

Following these recommendations which are being put forward, an action plan was proposed.

Action plan

The UM Health and Wellness Centre introduced group sessions which are being held once a month with students and non-academic directors. The plan being proposed to the centre was to design two wellbeing programmes, targeting both students and staff. This should be made mandatory to prevent rather than react. The implementation of health and wellness programmes will aim to maximise both the mental and physical health of the UM community through prevention,

assessment and treatment of possible health issues (Berry et al., 2011). A number of factors such as stress management, drug and alcohol addiction and counselling may also be included in these programmes to enhance the health and safety of the UM community (Aldana, 2001).

Conclusion

The main purpose of this study was to analyse the viability of extending the current emergency services offered by the UM Health and Wellness Centre beyond normal working hours. This research was conducted in light of the UM's Strategic Plan 2020-2025 which also aims to expand the current health and wellbeing services that are currently being offered. The study was conducted in a form of an audit which would ultimately result in continuing to push the UM's Health and Wellness Centre to have a structured data collection to gauge whether it was viable to extend the service.

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