An Exploration into Counsellors' Experience of Working with Student Suicidality in Irish Higher Education Institutions: An Interpretative Phenomenological Analysis

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DPsych **2024**

An Exploration into Counsellors' Experience of Working with Student Suicidality in Irish Higher Education Institutions: An Interpretative Phenomenological Analysis

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MSc. in Integrative Counselling & Psychotherapy

Thesis Submitted for the Award of Doctor of Psychotherapy

The School of Nursing, Psychotherapy and Community Health

Dublin City University

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August 2024

Declaration

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of DPsych is entirely my own work, and that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

Signed:_____ **Student ID:** 20212545 Date: 26/08/2024

Acknowledgements

First and foremost, I would like to thank the counsellors who kindly offered their time to participate in this study. Your honesty and selflessness are deeply appreciated.

My sincere thanks to my academic supervisors, Stephanie and Mary, for their guidance, support, kindness, and encouragement throughout this journey. They were the best academic supervisors I could have asked for.

Thank you to Nita Whelan, former TUDublin head of counselling, for encouraging and supporting me in my decision to undertake this journey. I am also very grateful to TUDublin Staff Development for supporting my education and journey.

My heartfelt thanks to all my peers for their shared learning and encouragement.

Thank you to my parents for their unwavering encouragement and support.

Thank you to my son, for not just encouragement, but also for his patience, understanding, empathy and kindness shown to me throughout this journey.

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List of Abbreviations

Abbreviation	Explanation
PET	Personal Experiential Theme
GET	Group Experiential Theme
HEA	Higher Education Authority
HEI	Higher Education Institution
PCHEI	Psychological Counsellors in Higher Education in Ireland
IACP	Irish Association for Counselling and Psychotherapy
IAHIP	Irish Association of Humanistic and Integrative Psychotherapy
CAMS	Collaborative Assessment and Management of Suicidality

Key Terms Used

The term "Student Counsellor" in this thesis refers to a fully qualified and accredited counselling psychologist or psychotherapist employed or contracted by a higher education institution to provide psychological counselling to students.

The terms "counsellor", "practitioner", and "therapist" are treated as interchangeable terms in this thesis.

Abstract

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An Exploration into Counsellors' Experience of Working with Student Suicidality in Irish Higher Education Institutions: An Interpretative Phenomenological Analysis

Irish national reports and studies have indicated the rising prevalence of suicidality among students and an ever-increasing demand for counselling in HEIs over the last decade. Client suicidality has been associated with the most stressful and distressing work-related occurrence within the counselling and psychotherapy profession. While studies identified in the literature review explored the experience of counsellors working with suicidal clients in various organisational settings and as lone practitioners, there have been no research studies of counsellors working with client suicidality in Ireland's HEIs. Therefore, this study seeks to gain a deep understanding of participants' lived experiences of working with student suicidality in the context of their roles within Irish HEIs.

Eight in-depth, semi-structured interviews were conducted and recorded, then transcribed and analysed using Interpretative Phenomenological Analysis. The findings of the data analysis of the interviews were presented as three group experiential themes generated from the interpretation of the data; these included (1) Navigating a Delicate Tightrope, (2) On a Precarious Edge of Responsibility and (3) Needing A Safety Net.

The perceived prevalence of student mental health issues and suicidality in Irish HEIs seems to have presented challenges for participants of this study. All participants report facing higher caseloads, complex client presentations, and the emotional burden of working with suicidal students. The study's findings indicated that participants have felt trapped, or "caught" by the weight of their professional responsibilities, which in turn exacerbated their stress and sense of vulnerability. The overall findings provide insight into participants' perceptions of professional responsibilities and their need for professional boundaries, self-care, and a supportive work environment to respond effectively to students at risk of suicide. The implications for counsellors, supervisors and service managers suggest a focus on creating supportive person-centred and adequately resourced work environments, and access to regular personal and group supervision to mitigate the fear associated with responsibility and accountability when working with student suicidality.

Chapter 1: Introduction to Thesis

Recent national reports have suggested an increasing prevalence of suicidality and mental health issues among young adults attending higher education in Ireland (Fox et al., 2020; Dooley et al., 2020). In addition to these concerns, a rise in help-seeking behaviours, as identified in recent national studies, has indicated an increase in demands on student counsellors over the last decade (Fox et al., 2020; Dooley et al., 2020). While there are numerous quantitative and qualitative research studies on the impact of suicidality on counsellors, no studies have investigated counsellors' experiences of this issue in the context of Irish HEIs. These concerns have inspired this study, where the phenomenon under investigation is counsellors' experience of working with student suicidality in Irish HEIs.

1.1 Background and Rationale of the Study

In 2018, a study by the Students Union in Ireland surveyed 3,340 out of 223,743 higher-level students, revealing that 38.4% experienced severe anxiety, 29.9% severe depression, 17.3% severe stress, and 32.2% had a formal mental health diagnosis at some point (USI, 2019, p.2).

The 2020 My World Survey 2 (MWS-2) of over 19,000 Irish students found a significant rise in mental health issues since 2012, with decreased protective factors, such as, lower self-esteem and a reduction in one good adult. Notably, 63% of young adults aged 18-25 had suicidal thoughts, 35% within the last year, 38% had self-harmed, and 12% had self-harmed with suicidal intent (Dooley et al., 2020, p.96).

The above studies also gave insight into the reasons behind the ever-increasing demand for student counselling services. Over half (54.5%) of respondents in the National Report on Student Mental Health emphasised the importance of free on-campus counselling (USI, 2019, p.53). The My World Survey 2 (MWS-2) found that 45% of

students sought formal support from psychologists, counsellors, or therapists, and 44% relied on student counselling services for this (Dooley et al., 2020, p.82). Additionally, the Reaching Out in College Survey (2015) reported that 72% of students who had used mental health resources utilised student counselling services, and 63% would likely use them again if needed (Karwig et al., 2015, p.28).

Despite the above widely reported sharp increase in demand for counselling and perceived prevalence of suicidality among higher education students, there are no studies or literature available regarding how counsellors are experiencing the presentation of suicidal students in Ireland's HEIs.

Many international research studies have shown that suicidal clients' or the loss of a client by suicide have a short and long-term emotional and professional impact on a counsellor. A recent study by Van der Hallen (2021) indicated a significant impact of a client's suicide on the practitioner, citing PTSD, anxiety and guilt related to the client's suicide and considering leaving the profession. Another study by Sherba et al. (2019) focuses on the impact of client suicide on counsellors and organisational responses to client suicide or suicide attempts, indicating the participant's most distressing work-related experiences as the suicide or suicide attempt of a client under their care (Sherba et al., 2019, p.279).

With the perceived increase in suicidality among higher education students in Ireland and no sign of demand for student counselling services abating (Fox et al., (2020), it would be prudent for all concerned to understand the experience of working with student suicidality from the counsellor's perspectives.

The findings of this study may provide feedback to HEI management teams and student counselling service managers regarding how counsellors are responding to and managing student suicidality. The findings can inform clinical practice and supervision in the field

of counselling and psychotherapy and may have implications for clinician support. It could also be helpful to add the Irish HEI student counsellors' experience of student suicidality to the growing body of literature on this subject.

1.2 Research Question, Aim and Objectives of the Study

The broad research question, which is the focus of this study, is "What are counsellors' lived experiences of working with student suicidality in Ireland's HEIs?"

The aim of this study is to give voice to the participants' experiences of working with student suicidality in Irish HEIs and to address the study's main objectives as follows:

The study's specific objectives were as follows:

1. To illuminate the participants' lived experience of working with student suicidality in the context of Irish HEIs.
2. To understand how this work may affect participants personally and professionally.
3. To uncover participants' perceptions of what is most helpful or challenging in supporting them to respond effectively to students at risk of suicide.

1.3 Methodology

The chosen methodology for this study is Interpretative Phenomenological Analysis (IPA) (Smith et al., 2022). Semi-structured, in-depth interviews about participants' experiences in working with student suicidality were conducted individually with eight counsellors employed by Irish HEIs across Ireland. Throughout the entire research process, a commitment to IPA led to interviews that provided rich descriptions of participants' experiences in working with student suicidality. These descriptions were then systematically and rigorously analysed to generate the findings of this study.

1.4 Thesis Outline

This chapter introduces the thesis, summarising the background rationale, aim, and objectives of the study and the methodology chosen to carry it out. It concludes with a researcher's reflection on why this study was chosen.

Chapter two presents an extensive review of the literature on the prevalence of mental health issues and suicidality among students in Irish HEIs and the increased demand for counselling services. The chapter then transitions to literature focusing on the stress factors within the counselling and psychotherapy profession, with a particular emphasis on the impact of client suicidality on counsellors working for institutions. Literature that identifies support systems and resources to help counsellors manage the demands of their role is also reviewed.

Chapter three outlines the objectives of the study and explains the rationale for using IPA as the chosen methodology. It highlights the key philosophical underpinnings of IPA: phenomenology, hermeneutics and idiography, and addresses critiques of the approach. The chapter also outlines the research design and discusses the processes of sampling, recruitment, data collection, and data analysis. Ethical considerations and the criteria used to assess the quality of the study are also outlined.

Chapter four presents the findings of this study. The experiences of participants are described using their own words through direct quotations, accompanied by the researcher's interpretation of the data. The researcher generated a master table of personal experiential themes and group experiential themes through the analysis and interpretation of data. Each theme is presented and explored at length, highlighting noticeable patterns of convergence and divergence.

Chapter Five discusses the findings and positions them within the existing literature. It explores the study's strengths and limitations, followed by an outline of the implications

and recommendations for counsellors working for Irish HEIs, supervision, managers of student counselling services, and future research. The chapter concludes with a final reflection on the study, the participants' contributions, and the insight gained during the research.

1.5 Researcher's Reflexive Comment

Having previously gained significant work experience at a centre for suicide prevention and self-harm and subsequently as a student counsellor at an Irish university, I began this study with my own situated and subjective experience of working with student suicidality. As an 'insider researcher' the challenge I faced throughout this study was managing my own personal biases in order to give voice to my participants without distorting their words or colluding with their views of the phenomenon under investigation.

I was drawn to a quote from Howard (2000) in his book about Philosophy in Psychotherapy. He quotes Heidegger's belief that "only he who already understands can truly listen" (p.327). This quote was important for me as an insider researcher as I felt it justified and supported me in conducting this study. Before conducting interviews, I was aware of my fore-structure regarding the phenomenon and the importance of reflective practice, but importantly during the interview process, I felt my knowledge of the subject area helped me truly understand the participants in this study.

My biases around working with student suicidality in Irish HEIs included my belief that student counsellors in higher education are generally not confident in responding to client risk, there are not enough supports available for counsellors, there is a lack of training and there is an unhealthy prevalence of anxiety and fear related to suicidality among counsellors. I also experienced a mix of emotions at times during my career, especially related to working with suicidal clients that impacted me personally and professionally. I

also held the view that pressure was being exerted on counsellors by the general public, social media, the Government and institutional stakeholders to resolve the rising mental health issues among young people, with little understanding or concern for the pressures and impact this increased demand would have on counsellors.

Having received training in the Collaborative Assessment and Management of Suicide (CAMS) Framework in 2021 along with all counsellors working in Irish HEIs, I considered that an exploration of how counsellors experience working with student suicidality was an important study to pursue since there is a significant impact for both the counsellors and students in HEIs.

Conducting the study had its challenges as it was a very long and iterative process that lasted two years. However, the findings of the study were surprising and enlightening, as they revealed to me that changes have been taking place in educational institutions over the last years, particularly since 2021. Increased investment in employment of more staff, training for counsellors, and changes in management styles has led to most of the participants in this study experiencing a more supportive work environment enabling them to work with complex cases of suicidality more effectively by reducing their overall levels of stress and burnout. This was contradictory to my own previously held beliefs.

Chapter 2: Literature Review

Chapter two reviews recent literature on the perceived prevalence of mental health issues and suicidality, as well as the increased demand for counselling among students in Irish HEIs. Various risk factors contributing to mental health among students are identified, including the recent challenges of COVID-19. The Irish Higher Education Authority's (HEA) response to creating a healthy campus is then outlined along with the role of student counselling services. The chapter then transitions to the literature regarding stress factors within the counselling profession and the impact that client suicidality has on counsellors working in various institutional contexts, such as, lone counsellors or within a team environment. Finally, it reviews literature identifying support systems and resources for counsellors to help cope with the rising demand and complexity of cases, including suicidality.

2.1 Terminology and Definitions

Although there is not a universally agreed-upon single definition of "suicidality," a generally accepted definition in mental health is that suicidality encompasses a range of thoughts, behaviours, and actions related to the intention or potential to end one's own life, including suicidal ideation, planning, attempts, and completed suicide (Silverman et al., 2007; WHO, 2014)

2.2 Literature Search Strategy

Articles and reports were sourced from the Dublin City University (DCU) Library, accessed online from January 2022 to May 2024, using the database EBSCOhost and by selecting search all for APA PsycArticles. Google Scholar was used for additional studies. References from relevant articles also led to more literature for this review.

Search terms were divided into two groups. The first focused on counselling practice in institutions, specifically student counselling in higher education and related occupational stresses, using terms like college counsellor, burnout, and stress among counsellors.

The second group of search terms used were related to suicidality, with an emphasis on mental health among youth and third-level students, the prevalence of suicidality and the counsellor's experience of working with client suicidality. Examples of search terms included student suicide in Ireland, student suicide, mental health issues in higher education, student/youth mental health, therapeutic approaches to suicidality, national reports on suicide, and supporting counsellors to cope with burnout/client suicide.

Various combinations of search terms yielded abundant literature on therapists' work-related stress and experiences with student suicidality. Abundant literature has also surfaced in other care professions, such as nursing, medical, disability, chaplaincy, and teaching; however, the related literature did not specifically address the occupational difficulties associated with student counselling in higher-level education.

2.3 Student Mental Health in Irish HEIs: The Current Context

Mental health issues among students have increased in prevalence and complexity over the last few decades. According to the OECD (2018), Ireland has one of the highest rates of mental health issues in Europe, with 18.5% of the population having conditions such as anxiety, bipolar disorder, schizophrenia, depression, or substance misuse. With half of all severe mental health disorders first emerging by age 14 years and three-fourths by age 24 years (Kessler et al., 2005, p.593), recent studies indicate that mental health issues are common among Ireland's growing student population, which currently stands at 256,785 (HEA, 2023).

Table 1: *Number of Students in Higher Education*

Year	*Full-Time / Part-Time Total*
2017/18	231,710
2018/19	237,710
2019/20	246,630
2020/21	259,900
2021/22	261,010
2022/23	256,785

-http://www.hea.ie/statistics (HEA, 2023)

2.3.1 Rising Mental Health Issues and Suicidality Among Students in Ireland

Between January and April 2018, the Students Union in Ireland (SUI) created a National Report on the prevalence of mental health issues among higher-level students. Their study gathered insights via survey from over 3,300 students of the 231,710 who enrolled in 2017/2018. The primary aim of this survey was to provide an overview of students' mental health in third-level education in Ireland. The main objectives were to describe the demographic, explore the proportion of students reporting mental health issues, report on the usage of mental health services, and produce policy recommendations related to student mental health.

The respondents to the survey were aged 18-24 (82.7%), female (73.5%), and primarily undergraduates (88.3%). Around 20% identified as LGBTQI+. The respondents came from various universities, institutes of technology, and art colleges across Ireland, with a significant majority from the Republic of Ireland (97.8%). Overall, the response rate was low for this study (0.89%). The national report recognised that there was not a large enough sample to be considered nationally representative. Also, the sample was not fully representative of the entire student population in Ireland and predominantly sampled female and undergraduate students, which may skew the generalisability of the findings. Furthermore, only 74 students from Northern Ireland participated, which limited the transferability of the results across the entire island of Ireland. Importantly, the findings need to be interpreted in light of the possibility that those who did respond may have

been motivated by their own experiences of mental health issues which could result in an inflated picture of the prevalence of mental distress.

However, USI believed this study still holds value as it points to areas of concern for students. The study indicated "a high prevalence of anxiety (38.4%), depression (29.9%), and stress (17.3%). Moreover, nearly one-third (32.2%) of these students had been formally diagnosed with a mental health difficulty at some point in their lives" (Price et al., 2019, p.2). While these percentages are high, it's important to consider the potential for response bias, as those who had mental health issues may have been more inclined to respond to the survey.

Between October 2018 and May 2019, the My World Survey 2 (MWS-2) collected data from over 19,000 individuals aged 12-25 years to understand youth mental health in Ireland. The study was the most comprehensive of its kind and included adolescents in secondary school and young adults in third-level institutions. The surveys were issued in paper or online and took roughly 45 minutes to complete them. However, despite offering both paper and online surveys the quality of the responses may have been impacted, especially in areas with limited internet access. Importantly, the participation was voluntary, and responses were collected anonymously.

The surveys asked questions on demographic characteristics, lifestyle factors, mental health indicators, such as depression and anxiety, and protective factors such as self-esteem, and resilience. Additional questions were included on emerging issues like social media use, pornography, sexual content, and body image.

Although the study aimed for a representative sample, the response rate for secondary schools was only 47% and only half of the eligible students in those schools participated, which allows for potential bias as certain groups or regions may be underrepresented. The study also included a larger proportion of female students 56% in the adolescent

group and 69% in the young adult group, which might have skewed the results, especially because the study found higher rates of depression and anxiety among females. Importantly, participants in this study may have been motivated to participate in a mental health survey as they had concerns about their own mental health, which may not be representative of the overall population.

Of the 19,000 students, 10,459 students aged 12 to 19 years were from 83 schools. The young adult population included 8,290 individuals aged 18 to 25 years, of which 85% were in higher level education and 15% were in employment. Also, 314 young adults were in Youthreach, 292 in further education and 52 had physical disabilities.

Importantly, the young adult population showed significant increases in depression, anxiety, non-suicidal self-harm, suicidal thoughts, and suicide attempts compared to the initial 2012 survey of 15,000 students. There were also notable decreases in protective factors such as self-esteem, optimism, problem-based coping, support-focused coping, and friend support. See a comparison of key findings in Table 2 below (Dooley et al., 2019).

Table 2: *Summary of key findings among young adults between MWS-1 and MWS-2.*

Indicator	**MWS-1 (2012)**	**MWS-2 (2019)**
Negative Domains		
Bullying	62%	56%
Stressed by financial issues	60%	48%
Depression	14%	21%
Anxiety	15%	26%
Deliberate Self-Harm	22%	33%
Thought Life was not worth living	43%	53%
Suicide Attempt	7%	8 %
Ease of accessing support after a suicide attempt	37%	18%
Hazardous or alcohol dependence drinking.	62%	53%
Positive Domains		
Presence of One Good Adult	18%	15%
Talking about problems	62%	60%
Talking to family about problems	33%	42%
Talking to friends about problems	50%	42%
Formal help-seeking	15%	24%

Further to the above findings, a recent concern for HEIs has been the increasing severity and complexity of mental health issues resulting in suicidality among the young adult population, 85% of whom are higher education students (Dooley et al., 2019). The MWS-2 revealed that "63% of this cohort had thought about suicide, with 35% having suicidal thoughts in the past year and 14% in the past six months. Additionally, 38% reported deliberate self-harm at some point, with 12% doing so with suicidal intent, and 10% had made a suicide attempt" (Dooley et al., 2020, p.74).

2.3.2 Rising Demand for Mental Health Counselling in Irish HEIs

To address rising student suicidality and mental health issues, HEIs heavily rely on student counselling services. Fox et al. (2020), developers of the Irish National Student Mental Health and Suicide Prevention Framework, stated, "Student counselling services largely provide the increasing demand for professional support for student mental health" (p.13).

Recent national studies have also evidenced an ever-increasing demand for student counselling services. Over half of the respondents (54.5%) to the SUI's National Report on Student Mental Health expressed "a strong need for free face-to-face counselling services on campus" (USI, 2019, p.53). MWS-1 and MWS-2 indicated that formal help-seeking moved from 15% in 2012 to 24% in 2019 among the young adult population, of which 85% were higher education students.

MWS-2 also revealed that the most cited source of formal support came from student counselling services which accounted for 44% of participants (Dooley et al., 2020, p.82). Mair (2015) provided an insight into this, suggesting that the increase in demand for student counselling services in the UK corresponds with changing attitudes towards seeking help for mental health issues. He states, "Where stigma once prevented many from seeking the psychological help they needed, a new openness and willingness to

reveal and talk about emotional problems has emerged within Western culture, resulting in a sharp rise over the last decade in demand for university counselling services" (p.13).

2.3.3 Impact of Covid-19

Another recent driver of mental health was the COVID-19 pandemic, which some students still feel the impact of to this day, including disruptions in education, mental health struggles, financial instability, safety concerns, difficulties in maintaining relationships, uncertainty about the future, and mistrust in COVID-19 information (Hawley et al.,2021).

An international study by Hawley et al. (2021) examined the impact of Covid-19 on higher education students in seven countries, including Ireland (n=68), South Korea (n=30), China (n=27), Malaysia (n=21), Taiwan (n=3), Netherlands (n=69) and USA (n=426). The study included 1,761 students who responded to qualitative questions related to academic pressures, health concerns and social isolation during the pandemic. Out of the 1,761 participants who responded to the qualitative questions, 63% (or 1,117 participants) indicated they had no concerns. The remaining 644 students (37%) provided open-ended responses, which became the focus of the detailed qualitative analysis.

Most participants were female (73%) and aged under 25 years (76%) which could introduce gender bias in the results. Also, the majority of respondents were from the USA which could potentially skew the findings towards concerns important in that region. Therefore, the generalisability of the findings may be limited.

Nevertheless, the responses revealed that 113 students had mental health issues as a result of the pandemic. This included heightened anxiety and depression, loneliness due to isolation and stress from academic pressure. Importantly, the study found that isolation from peers and loved ones significantly impacted students' mental health. Also,

188 students were concerned about online learning and interaction with peers and professors, and 183 were concerned about the safety of family and the community.

The findings of this international study highlight some of the more recent potential contributing factors for the perceived increase in suicidality among young people and the increasing demand for student counselling services throughout Ireland, which required a response from the Irish Government and Higher Education Authority through the National Student Mental Health and Suicide Prevention Framework.

2.3.4 The National Student Mental Health and Suicide Prevention Framework

The National Student Mental Health and Suicide Prevention Framework, launched in 2020 during the COVID-19 pandemic, was part of the Department of Education and the HEA's response to rising mental health and suicidality among students in Ireland.

The framework was developed by the SynthSCS Project[1] Team and funded by the Higher Education Authority Innovation and Transformation Fund 2018. The SynthSCS Project was led by representatives from the Athlone Institute of Technology, Health Service Executive, National Office for Suicide Prevention (NOSP), and Union of Students in Ireland, and also involved collaboration with Trinity College Dublin and University College Dublin.

The framework focuses on establishing mental health and suicide prevention policies, raising awareness, and training to recognise and address mental health problems (Fox et al., 2020). It aims to ensure student access to essential support services, highlighting the importance of student counselling services in HEIs. It states, “Having counselling services means that higher education students usually have access to support for their

[1] Synthesising Student Counselling Services

mental health without the barriers that people in the wider community often experience" (Fox et al., 2020, p.13).

The framework considers the importance of specialist training of counselling staff in suicide prevention techniques, stating, "Student counselling services are most often called on to assess a distressed student's level of need and 'hold' the student, often managing suicidality, until a referral can be made" (Fox et al., 2020, p.37). Referencing a study by Munnelly and Cox (2017) with GPs (N=469), the framework encourages specific training in suicide prevention for counselling staff, stating, "those who had undergone this training reported more positive attitudes to suicide prevention and felt more confidence in dealing with the needs of suicidal patients" (p.37).

The framework encourages a supportive environment that helps students succeed academically and personally while reducing the risk of suicide. The working group behind the framework recognised that numerous mental health issues have contributed to the rise in student suicidality. They took the view that "suicide prevention in higher education cannot be viewed as a stand-alone issue and must sit within wider national guidelines for student mental health, and for that reason, the scope of this framework was expanded to cover wider mental health issues" (Fox et al., 2020, p.3).

2.3.4.1 Connecting to Life

To place the National Student Mental Health and Suicide Prevention Framework (2020) in a broader context, the "Connecting to Life" Ireland National Strategy to Reduce Suicide (2015-2020) played a fundamental role in shaping national suicide prevention efforts. The Department of Health and the National Office of Suicide Prevention (NOSP) developed this strategy to reduce suicide across Ireland.

The goal was to reduce suicide by more than 10% before 2020, as per recommendations by the World Health Organisation. To achieve this, the strategy set out to involve all

segments of society to improve understanding of suicide behaviour, target high-risk groups, such as young adults and adolescents, enhance service accessibility, support community responses, reduce access to lethal means, and provide better data and research (National Office for Suicide Prevention, 2015; HSE, 2015)

The National Student Mental Health and Suicide Prevention Framework aligns with the broader national "Connecting for Life" strategy, highlighting Ireland's comprehensive commitment to addressing mental health and suicide across all community segments.

2.4 Risk & Protective Factors Related to Suicide Among HEI Students

The National Student Mental Health and Suicide Prevention Framework (2020) recognises that some student groups and demographics are more susceptible to mental health difficulties and suicide. These include "the LGBTQ+ community, students bereaved by suicide, international students, asylum seekers, students who have experienced trauma, and male students because they are more likely to die by suicide than females, but female students are more likely to self-harm" (Fox et al., 2020, p.09).

2.4.1 Risk Factors

Findings from MWS-2 indicated that young adults with suicidal ideation were less likely to be in the normal range for depression and anxiety. Those with depression and anxiety outside of the normal range (58%) were more likely young adults who identified as LGBAP or as ‘other’ gender, experienced conflict with parents, violence in the home, and young adults who had possible alcohol and drug dependence were more likely to be in the very severe category for depression and anxiety (Dooley et al., 2020).

The MWS-1 to MWS-2 findings showed an increase in young adults using social media to extend real-life social connections. However, spending more than three hours online per day was significantly associated with severe depression, anxiety, and lower body

esteem. About 73% of males and 17% of females reported watching pornography. Females who regularly watched pornography were more likely to experience severe depression. Regardless of gender, weekly pornography viewers had significantly lower self-esteem and body esteem than those who never watched pornography (Dooley et al., 2019).

Young adults who attempted suicide had significantly lower self-esteem, body esteem, resilience, and optimism and were more likely to abuse drugs and alcohol. They also reported low support from at least one special adult.

The National Student Mental Health and Suicide Prevention Framework (2020) identified several factors associated with student life that increase mental health difficulties and suicidal ideation, including "academic pressures, exam and assignment stress, financial burdens, managing jobs and academic work simultaneously, social and cultural pressures that include family, friends, intimate relationships, and social media" (Fox et al., 2020, p.2). Factors that specifically increased suicide risk among students included, "students who self-harm, having health and psychological issues, alcohol and drug misuse, and suicide contagion/clusters (p.3).

Universities have been referred to as potential sites for suicide clusters (Diab & Andrews, 2024, p.609). Fox et al. (2020) identify suicide clusters as being another great cause of concern in education institutions, as they predominantly occur in people under twenty-five years old as a result of suicide contagion where "one or more deaths by suicide influence another person to engage in suicidal behaviour that in turn increases their risk of suicide" (p.51).

2.4.2 Protective Factors

The protective factors for young people's mental health identified in MWS-2 and the National Student Mental Health and Suicide Prevention Framework included familial, social, and community contexts. Protective factors were linked to resilience, self-esteem, social-esteem, social support, and the presence of key supportive figures, such as "One Good Adult" (Dooley et al., 2019, p.5).

Findings from MWS-2 particularly emphasised crucial protective factors, such as, high social support, particularly family and friends, personal resilience and self-esteem. MWS-2 also emphasised that young people who have a trusted adult available during time of need displayed much better mental health outcomes, including lower anxiety and depression and a better life satisfaction, which is a critical factor in youth mental health (Dooley et al., 2019, p.55).

The National Student Mental Health and Suicide Prevention Framework identified connectedness, particularly school connectedness and neighbourhood safety as key protective factors, stating that HEIs need to foster the development of student wellbeing through "community connectedness, purpose, engagement and belonging" (Fox et al., 2019, p.24).

Importantly, decline in protective factors have been observed between MWS-1 (2012) and MWS-2 (2019). For adolescents, self-esteem dropped from 28.67 in 2012 to 26.99 in 2019; optimism decreased from 13.83 to 12.85; and life satisfaction reduced from 32.19 to 31.61. Additionally, resilience measures like personal competence fell from 29.07 to 28.03 (Dooley et al., 2019, p.119). For young adults, self-esteem decreased from 28.1 in 2012 to 26.21 in 2019; optimism declined from 13.56 to 11.97; and friend support slightly reduced from 20.67 to 20.21. There was also an increase in avoidance-based coping, rising from 17.37 to 18.77 (Dooley et al., 2019, p.126).

However, the findings of MWS-2 should be interpreted cautiously due to sample bias, where the samples were predominantly female which limits the generalisability of the results. Also, potential bias related to socioeconomic and geographic background should be considered, as only 35% of schools that participated in the study were from lower socioeconomic backgrounds and therefore, under-represent students from these locations, who may experience different levels of protective factors (Dooley et al., 2019).

Despite the studies limitations, the broad range and scale of all the above issues related to increased risk factors and reduced protective factors, which potentially contribute to rising instances of student suicidality, highlight complexity of cases and the growing demand that counsellors experience in Irish HEIs.

2.5 Role and Function of Student Counselling Services

The International Accreditation of Counselling Services (IACS) describes student counselling services in HEIs as vital for student mental health and well-being. These services provide individual counselling, teach skills for educational and life goals, support student development, and contribute to a healthy campus environment (IACS, 2010). Not only are student counselling services in greater demand, but they must also offer a broader base of services and functions. Counsellors in higher education are central to addressing college students' mental health concerns, including managing rising levels of student suicidality (Fox et al., 2020).

Despite their expanding responsibilities, Irish higher education student counselling services face a stark resource challenge, averaging only one counsellor for every 2,240 students (PCHEI, 2023), highlighting a significant gap in meeting the International Accreditation of Counselling Services' standards, which is “one counsellor for every 1,000 to 1,500 students” (USI, 2023; O’Callaghan, 2017). Such an over-extension of

counsellors raises concerns regarding counsellor burnout, safe practice, and effective support for students at risk of suicide.

The National Student Mental Health and Suicide Prevention Framework (2020) has committed to promoting good mental health on campus and empowering institute managers to enhance student services. As part of its implementation, the framework recommends that institutions conduct an initial baseline assessment of their current practices, track and analyse student risk and protective factors, and repeat these assessments annually. It also recommends that a campus mental health task force be established to initiate planning and evaluation of student mental health through frequent data collection, evaluation, and strategic auditing (Fox et al., 2020).

While the framework also strongly emphasises training and continued professional development (CPD) for student support professionals, including counsellors, it overlooked the importance of specifying the required work conditions and care needs of the counsellors with responsibility for managing the rising cases of student mental health and suicidality. In fact, no studies have yet been published that explore the counsellors' experience of working with student suicidality in Irish HEIs.

It is acknowledged that studies on the psychological health of psychotherapists are lacking in psychotherapy (Lawson, 2007; Simionato et al., 2019). However, literature related to occupational stressors among counsellors is reviewed below, with a particular focus on their experience of working with client suicidality. Some published studies have demonstrated the negative impact of working with clients at risk of suicide (Richards, 2000; Whitfield, 2011; Scupham & Goss, 2020) which will be discussed in section 2.6.4.1 below. Also, losing a client to suicide (Sherba et al., 2019; Van der Hallen, 2021; Dauhoo et al., 2024) will be discussed in section 2.6.4.2 below.

Additionally, other studies have explored the experience of stress and burnout among counsellors, suggesting the counselling profession can be potentially dangerous (Lawson, 2007; Moore et al., 2020; Finan et al., 2022; Simionato et al., 2019; Van Hoy & Rzeszutek, 2022) which will be discussed in section 2.6.1.

Exploring the experience of counsellors working in Irish HEIs will contribute knowledge to the field by illuminating their current situation and by identifying any conditions or requirements that particularly support a good standard of service for students in most need of mental health care. While specific research on the occupational challenges faced by student counsellors is limited, numerous studies also shed light on the occupational stress associated with counselling work within educational institutions and the experience of working with client suicidality, which will now be reviewed.

2.6 Challenges for Counsellors in Higher Education Institutions

Work-related stress is experienced when "the demands of the work environment exceed the workers' ability to cope with or control them" (EU-OSHA, 2002, p.14). According to the HSE (2018), work-related stress is "the conditions, practices and events at work which may give rise to stress" (p.6).

The literature acknowledges that counselling and psychotherapy can be a hazardous profession, with stress coming from the "professional role and social expectations associated with psychotherapy and the client work" (Deutsch, 1984, p.833). Mair (2015) compares "surviving" as a counsellor to rock climbing, where one can "learn the ropes, build up experience, continually check our kit is fit for purpose, but at any time we can fall off the rock face, or the rock structure may give way beneath us" (p.197). Miller et al. (2010) note that while therapists focus on clients' problems, "there is not much known about the impact of providing psychotherapy on the therapist" (p. 229). This is also true

for counsellors who work in Irish HEIs, as evidenced by the lack of published studies focusing on their well-being.

Glassman & Hadad (2013) describe how "the individual's interpretation of the situation may be the most important determinant of the effects of “stressful situations" (p.74). Therefore, stress and stress responses are considered personalised, subjective experiences. This is important in team environments and counselling services where the stress event for one counsellor may not be stressful for another. Importantly, most studies have tried to find commonality and categorise the individual therapists' perceived stressors into themes that can be applied universally.

Factors contributing to counsellor stress are categorised similarly to occupational stress for all professions, such as ‘the stress associated with doing the job (job content), interpersonal relationships and the work environment (work context)’ (World Health Organisation, 2020).

The literature reviewed below describes the occupational stresses that can occur within the counselling and psychotherapy profession, with a particular focus on working with client suicidality in the context of a team environment and working as sole practitioner in institutional contexts.

2.6.1 Challenges within the Counselling and Psychotherapy Profession

In counselling and psychotherapy, various work-related stress responses exist, and some of the most commonly investigated work-related stress responses are counsellor burnout, compassion fatigue, and secondary traumatic stress (Moore et al., 2020).

Burnout is defined as a state of chronic stress characterised by emotional exhaustion (EE), depersonalization (DP), and reduced personal accomplishment (PA). It is

particularly relevant in emotionally demanding professions, leading to issues such as fatigue, detachment, and a diminished sense of efficacy (Simionato & Simpson, 2018) .

Burnout is a major cause of work-related issues for psychotherapists and their clients. Finan et al. (2022) describe burnout as an "occupational hazard among psychotherapists that may result in poorer quality of care for clients and a diminished quality of life for clinicians" (p.1). According to Simionato & Simpson (2018), "Psychotherapists are inclined to develop burnout as a result of being exposed to consistently emotionally taxing job demands" (p.1), which is concerning in the context of rising demand for counselling in Irish HEIs and inadequate staffing to meet this need (O'Callaghan, 2017).

Delgadillo et al. (2018) conducted burnout and job satisfaction surveys with 49 UK therapists working with depressed and anxious clients in publicly funded mental health services. Their findings indicated that "therapists' occupational burnout is associated with poorer psychological treatment outcomes" (p.849). Other studies have linked high stress and burnout in psychotherapists to diminished well-being, including somatic complaints, sleep disturbances, and memory impairments (Maslach et al., 2001). This is concerning for counsellors in Irish HEIs, as their impairment can impact the client-therapist relationship, which is "one of the most healing aspects of counselling, consistently accounting for approximately 30% of client outcomes" (Moore et al., 2020, p.123).

Figley's (2002) article, which focused on self-care among psychotherapists, described the concept of compassion fatigue, a form of caregiver burnout, stating it as "a function of bearing witness to the suffering of others" (p. 1435). Figley posits that "the costs of direct exposure to the suffering of others are high, and it is impossible to know how many have chosen to abandon direct practice because the price was too high for them" (p. 1437).

Clarke et al. (2020) looked at the perceived effects of emotional labour among twenty-four psychologists providing individual psychotherapy. The following themes suggest the consequences of emotional labour emerging from the data collected: feeling depleted and exhausted, craving space free from people and work-related emotions. Interestingly, the theme of feeling depleted and exhausted was "general" for early career psychologists but "high in midcareer (85.7%) and among experienced participants (87.5%)" (p. 6). Participants attributed exhaustion, fatigue, and resource depletion to managing emotions during sessions, suggesting that as careers progressed, increased exposure may lead to burnout and compassion fatigue.

However, Simionato et al. (2019) carried out a systematic review of 40 articles related to counsellor stress and burnout. Interestingly, in their review, they found it was younger age, having less work experience, being over-involved in client problems, and having perfectionistic beliefs that were the most common personal risk factors for high levels of stress and burnout among psychotherapists. These findings are particularly important for Irish HEIs to consider in light of the known shortage of counselling staff and the possibility of recruiting younger counsellors to rectify the shortage.

Moore et al. (2020) conducted a qualitative study exploring counsellors' experiences of interpersonal stress. Thirteen professional counsellors participated, all with advanced degrees and at least ten years of clinical experience. Their findings drew attention to the "difficult and, sometimes, threatening situations that counsellors encounter in their clinical work" (p. 133). Many participants felt compelled to neglect their own needs for their clients, reflecting a tendency towards self-sacrifice that Moore et al. (2020) describe as a "natural aspect of a true, one-sided relationship" (p.133).

Additionally, Moore et al. 's (2020) findings also revealed that a client's unpredictable behaviour was the main cause of interpersonal stress resulting from difficult counselling

sessions. The participants described feeling triggered by clients' "threatening behaviour in session, their self-destruction and impulsivity, and their loose boundaries with the counsellor" (p. 129). These findings are important in light of Dooley et al. 's (2020) research, which evidenced "a rise in anger and suicidality among young people" (p. v), highlighting the potential impact these presentations may have on counsellors working in Irish HEIs.

Furthermore, Clarke et al. (2020) discuss how "psychotherapeutic approaches can differ in the emphasis placed on the interpersonal exchange of emotion between psychotherapist and client" (p.2). Gestalt therapists may experience increased emotional labour because the interpersonal experiential exchange between psychotherapist and client is a fundamental pillar of this intervention. In contrast, those practising cognitive behavioural therapy may experience less emotional labour because they primarily focus on thought and behaviour patterns.

In Ireland, student counsellors in higher education come from diverse training backgrounds, but they typically use a short-term, solution-focused approach in order to address increasing demand and growing waiting lists (Gavin, 2020; Mair, 2015). However, important to note is that other studies indicate that "no one particular orientation affords protection from burnout; all therapists, regardless of orientation, are susceptible to burnout" (Ackerley et al., 1988, p.630). This is because, regardless of their orientation, counsellors may be facing demanding situations, including heavy workloads, limited resources, and organisational/institutional factors which could exceed their capacity and capabilities.

2.6.2 Counselling Work in Institutions

Maslach & Leiter (2005) surveyed over 10,000 people across various organisations and identified six contributors to burnout: "workload (too much work, not enough resources);

control (micromanagement, lack of influence, accountability without power); reward (not enough pay, acknowledgement, or satisfaction); community (isolation, conflict, disrespect); fairness (discrimination, favouritism); and values (ethical conflicts, meaningless tasks)" (p.44). These categories are also relevant and apply to counsellors working in HEIs.

Lees & Vaspe (1999) note that, unlike private practice, counselling in educational institutions is integrated into the broader educational framework. They state, "In a university or college, the educational priorities will structure and contain the counselling experience for the student. University counselling is a unique, dynamic and therapeutic practice in its own right" (p.39). However, institutional counselling can lead to greater stress and burnout due to challenges such as lack of autonomy, resource issues, working conditions, work overload, administrative tasks, and feelings of being marginalised and undervalued (Harrison & Gordon, 2021; Hallett, 2012; Jupp & Shaul, 1991; Wheeler & Hewitt, 2004; Wilkinson et al., 2017; Vivolo et al., 2024).

Harrison & Gordon (2021) explored counsellors' experiences in Irish university-level institutions. One theme generated in their study was "fighting for recognition", which captured the participants' struggle to gain a sense of value within their institutions. Another theme emphasised the need for flexibility and creativity to meet student needs in an unpredictable environment. Their qualitative study (N=8) revealed challenges impacting counsellors personally and professionally, consistent with other studies, including work overload, unpredictability, and conflicts between counsellors' expectations and institutional values.

McCormack et al. (2018) conducted a systematic review of 29 articles on burnout, identifying workload and work settings as common stress factors. They found that private sector counsellors experienced lower burnout levels than those in the non-private

sector due to a greater sense of personal accomplishment, personal autonomy, and less administrative burden.

Vivolo et al. (2024) also conducted a systematic review of nine studies on therapist burnout. The studies were all peer-reviewed in the English language and focused on the experience of burnout. Their findings revealed that systemic and organisational pressures were the most significant factors which contributed to therapist stress, burnout, and participants' sense of powerlessness and hopelessness: "The lack of adequate resources, time pressures, working overtime, and the impact of administration tasks, high caseloads, poor quality supervision, and the clinical complexity of their work were the most commonly faced challenges" (p.9). These were all a significant challenge due to the disparity between increased demand and insufficient resources.

These findings are particularly important in the context of publicly funded Irish HEIs, which are currently experiencing a €307 million annual funding deficit and a current shortfall standing at €614m, and capacity stretched to the limit (Gataveckaite & Donnelly, 2023).

Hallett (2012) examines the ethical dilemmas confronting practitioners working in UK-based student counselling services in HEIs. She presents cases involving counsellors who were impacted by time constraints and explores their experience of institutional ambivalence toward university counselling services at times of reduced resources. The case review highlighted "increased counsellor stress related to rising levels of psychological disturbance amongst students in the face of a reduction of time resources" (p.262).

These findings are also concerning for Irish HEIs in the current context of an increasing student population, ever-increasing demand for counselling, rising case complexity and suicidality among students, making counsellors more susceptible to stress and burnout.

Gavin (2020b) conducted a qualitative study on short contract counselling in an Irish university, typically limited to six sessions. She states that urgent student needs and the institutional demands for quick resolutions usually drive this short-term counselling approach. Importantly, Gavin's study highlights the impact of high demand and insufficient resources, creating a high-pressure environment in Irish HEIs. She states, "This sense of pressure, the need for speedy interventions, the awareness of the waiting lists and the need to demonstrate progress were experienced by all the participants" (p.366).

Another challenge for counsellors in educational institutions is the nature of short-term work. Wheeler & Hewitt (2004), in their study of lone counsellors working in institutions, agreed that difficulty can arise by offering brief, short-term work. They state, "It is not satisfying for a counsellor or client just to scrape the surface of a problem", describing this type of work as providing a lack of "nourishment" (p.541). Their findings highlight the challenges that short-term counselling in higher education can create in terms of professional dissatisfaction caused by a lack of deep therapeutic engagement. Other factors that impact lone counsellors in HEIs are discussed below.

2.6.3 Being a Lone Counsellor Working for an Institution

Counsellors working in an institution or group can experience a number of specific factors that contribute to stress and burnout, as noted above. However, studies of lone counsellors working in institutions or private practice have described additional stress factors faced in the course of their work. These factors can include loneliness due to environmental, social, and professional isolation; ethical issues; conflict with non-clinical staff; and lack of institutional support and understanding of the counsellor's role (Winning, 2010).

Wheeler and Hewitt (2004) conducted a qualitative study on the experiences of eight lone counsellors in UK higher education colleges. This study was motivated by the prevalence of such roles in the UK. They identified key stressors, including "the absence of support and isolation" (p.542). Participants also reported increasing caseloads in both the number and severity of disturbances, similar to the situation in Ireland as per Dooley et al. (2020). The findings of Wheeler and Hewitt (2004) highlight the important considerations that institutions have in terms of supporting counsellors who work alone in the context of rising demand and increased severity of student presentations.

They also noted that "for lone counsellors, there is no choice about which clients to see; matching a student and counsellor with appropriate expertise is not an option" (Wheeler and Hewitt, 2004, p.541), requiring them to stay updated with current practices. In Irish HEIs, lone counsellors must receive proper training in assessing and managing suicidality, as they have no colleagues to rely on to help manage critical instances.

Furthermore, Wheeler & Hewitt (2004) identified ethical issues and a lack of understanding and support from non-clinical colleagues regarding roles and responsibilities as sources of stress for lone counsellors. They noted that "A common assumption was that if a student receives counselling, they will be enabled to stay on their course and complete their studies" (p.539); however, after counselling sessions, they might consider it best to leave their course. Wheeler & Hewitt (2004) posit that with the risk of being considered a failure, student counsellors must contend with the question of what constitutes a successful outcome in therapy. This highlights the two-way conflict lone counsellors can face when caught between the interests of their employer and the student. Maslach & Leiter (2005) also noted that disputes over values and ethics contribute to counsellor stress.

Maintaining confidentiality is crucial in counselling but often misunderstood by non-clinical colleagues. Wheeler & Hewitt (2004) and Winnings (2010) highlighted that tutors inquiring about a student's progress can risk breaching confidentiality. Winnings (2010) found that "a barrier to establishing workplace relationships was that other members of staff did not understand the boundaries of confidentiality" (p.252). This lack of understanding can leave lone counsellors feeling isolated in their efforts to protect client confidentiality, especially when dealing with clients at risk of suicide.

The following literature review highlights the impact of client suicidality.

2.6.4 Impact of Client Suicidality on Counsellors

Suicidality is defined as "the risk of suicide, usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicidal plan" (Bühlmann et al., 2021b). Other definitions of suicidality can include 'completed suicides' in addition to the above (Silverman et al., 2007; WHO, 2014).

Working with suicidal clients can evoke fear and stress responses among counsellors and elevate anxiety levels, particularly anticipatory anxiety (Reeves & Mintz, 2001; Miller et al., 2010; Scupham & Goss, 2020).

However, the emotional responses arising from the loss of a client to suicide and those associated with a client's suicidal ideation are distinct. Numerous studies investigating the impact of client suicide on practitioners conclude it to be one of the leading sources of stress within the counselling and psychotherapy profession, causing strong emotional responses. These emotions include shock and surprise, grief, sadness, shame, guilt, a sense of failure, fear, anxiety, and post-traumatic stress disorder (Bühlmann et al., 2021; Dauhoo et al., 2024; Gulfi et al., 2010; Deutsch, 1984; Salpietro et al., 2023; Sherba et al., 2019), and evoke thoughts of wanting to leave the profession (Van der Hallen, 2021).

Below is a review of the literature, firstly addressing the impact on counsellors' working with suicidal clients and then the impact on counsellors who experience client suicide.

2.6.4.1 The Impact of Working with Suicidal Clients

Richards (2000) explored the experience of five psychotherapists working with suicidal clients, who were selected from an initial survey of 100 psychotherapists. The study found that "suicidal clients could evoke intense feelings within the therapist who described being affected by the work, both personally and professionally" (p. 325) - commonly used responses included "feelings of hopelessness and helplessness; a sense of failure; feeling upset, distressed, and sad; anxiety in the weeks that followed; and increased concern about the patient's self-destructiveness" (p.333). These emotional responses give insight into the potential for emotional fatigue in counsellors within Irish HEIs, given the prevalence of suicidal risk among students.

Scupham & Goss (2020) conducted an online survey that covered questions in relation to the impact of working with suicidal clients and then applied thematic analysis to qualitative elements of the data. One hundred and ten UK-based respondents, 18% male and 82% female, were counsellors, psychotherapists, and other mental health workers who had clients with suicidal ideation. Findings showed a complex variation of emotions felt by the respondents: "Feeling hopeless one moment, but a moment later feeling hopeful. Feeling guilt or a feeling of calm, followed by a sense of dissociation, also emotions of satisfaction for successful work done" (p.528). Additionally, Respondents also felt anxious and vulnerable in trying to make the right decisions to help their suicidal clients (Scupham & Goss 2020).

These findings underscore the various and fluctuating emotions that individual counsellors can experience when working with client suicidality. This is important to

acknowledge and understand in the context of the participants in this study who work with increasing numbers of students, indicating a level of suicidal risk.

Whitfield (2011) conducted a qualitative study using semi-structured interviews with six experienced counsellors to explore their experiences of working with suicidal clients, particularly focusing on responsibility and ethical dilemmas. Key findings indicated that while clients are ultimately responsible for their actions, the severity of suicidal risk often made counsellors feel partially responsible for the client's safety. Working with suicidal clients evoked strong emotional responses such as anxiety and fear and a sense of helplessness, which sometimes threatened the counsellors' ability to maintain an empathic connection with their clients. Counsellors were concerned about the adequacy of their training for handling suicidal clients, feeling that while their core training emphasised respect for client autonomy, it did not fully prepare them for the emotional and practical challenges of dealing with suicidal ideation (Whitfield, 2011).

While the findings of Richards (2000), Whitfield (2011), and Scupham & Goss (2020) identify universal challenges faced by counsellors when working with suicidal clients, it is also important to understand counsellors' experiences from different contexts, such as working within Irish HEIs, to gain a deeper understanding of their experiences in their specific contexts, which this study aimed to achieve.

2.6.4.2 The Impact of a Client Suicide

A study by Sherba et al. (2019) focused on the impact of client suicide on counsellors and organisational responses, surveying 121 clinicians in Ohio, USA. Most clients were receiving community-based mental health services at the time of their suicide. The study found that the most distressing experiences for participants were "the suicide of a client under their care and client suicide experienced at their agency/practice" (p.279). At the same time, the majority found organisational responses "helpful or very helpful" (p.292);

“more than a third considered a career change due to the client's suicide. Only 12 participants took time off work, ranging from one to four days” (p.291). Publicity around suicides caused significant distress, highlighting potential distress for counsellors in Irish HEIs when students die by suicide on campus.

Similarly, Dauhoo et al. (2024) conducted a qualitative study of 12 NHS clinical psychologists affected by client suicide. Participants struggled to discuss their experiences due to “a sense of anticipated discomfort and a fear of being judged or misunderstood” (p.60). However, when they engaged in discussions about suicide prevention approaches, they felt discomfort associated with “shame or guilt and a fear of being judged, alongside tensions between their understandings about suicide and the policies they are required to follow” (p.61). A number of recommendations were suggested based on this study’s findings. Firstly, “the absence of open conversations about suicide was related to not feeling safe enough and a fear of judgement, recommending the importance of considering how to enable mental health professionals to feel safe enough to speak out about this topic” (Dauhoo et al., 2024, p.54). Additionally, this study recommended the need for “broader conversations around suicide bereavement within the fields of mental health and clinical psychology” (p.54), another important consideration for Irish HEIs.

Moreover, a recent study by Van der Hallen (2021) sampled 213 international mental health practitioners through an online survey on the impact of client suicide. The participants consisted of psychologists (46%), counsellors (10%), psychiatrists (13%), social workers (9%), and psychiatric nurses (14%), all based in Europe (79%), USA (15%), and other countries (6%). The study investigated the short and long-term impact of a client's suicide on the practitioner. Based on the measures used, the "short-term" impact is evaluated within the first seven days following the client’s suicide using the Impact of Event Scale-Revised (IES-R), which measures symptoms like intrusions,

hyperarousal, and avoidance. For "long-term" impact, the study uses scales like the Long-Term Emotional Impact Scale (LTEIS) and the Professional Practice Impact Scale (PPIS) to assess ongoing emotional and professional effects. While the exact duration for "long-term" is not specified in this study it refers to sustained periods after the initial short-term period.

Results revealed a significant impact, including post-traumatic stress disorder, anxiety and guilt related to their client's suicide and considering leaving the profession due to their client's suicide. The results showed a “43% short-term and 69% long-term emotional, and 60% long-term professional impact” (p.1).

The above findings are consistent with results from other studies (Sandford et al., 2021; Bühlmann et al., 2021; Salpietro et al., 2023) and are important to consider in the context of this study and counsellors working student suicidality in Irish HEIs.

2.7 Support Systems and Coping Mechanisms for Counsellors

The combined challenges of complex client issues and high demand for counselling services can significantly increase stress and anxiety among counsellors working in HEIs (Gavin, 2020; Hallett, 2012). The responsibility that counsellors bear in urgently responding to at-risk students in crisis can also evoke anxiety (O'Gorman, 2023), particularly given the unpredictable environment (Harrison & Gordon, 2021). The fear of making an error (Bühlmann et al., 2021b) can often increase the pressure if counsellors are not adequately trained in a suicide-specific intervention or do not have the calendar time and space to implement the intervention (Murray et al., 2020; Hallett, 2012; O’Gormon, 2023).

Numerous studies have identified and suggested areas of support for counsellors, which are outlined below.

2.7.1 Training and Education

Mitchell et al. (2020) suggest that sufficient suicide-related training focused on risk assessment can "decrease mental adverse and anxious reactions toward suicidal individuals and enhance confidence in suicide risk management among practitioners" (p.359).

In keeping with the National Student Mental Health and Suicide Prevention Framework, the Higher Education Authority in Ireland allocated funding in 2021 to train HEI Counsellors in the Collaborative Assessment and Management of Suicidality (CAMS) approach (Jobes et al., 2016).

David Jobes developed the CAMS in the early 1990s. He designed it to be highly collaborative, emphasising a strong therapeutic alliance between the client and therapist. It does not follow any one theoretical approach and can be adapted to each client's needs, allowing a personalised treatment plan. The approach has been supported by numerous studies showing its effectiveness in reducing suicidal ideation and attempts compared to treatments as usual (Ryberg et al., 2016; Brown et al., 2020; Tyndal et al., 2021; Swift et al., 2021).

Studies like Ryberg et al. (2016) have indicated that CAMS (Collaborative Assessment and Management of Suicidality) is superior in reducing suicidal ideation, offering a structured framework that fosters strong therapist-client collaboration. However, it is important to consider the context and specific population where CAMS is applied. Some studies suggest that while CAMS offers a comprehensive approach, the differences in outcomes may not be statistically significant across all settings compared to other evidence-based treatments, such as dialectical behaviour therapy and brief cognitive therapy for suicide prevention. Ellis et al. (2017) provided insight into the use of CAMS in an inpatient setting, noting some improvements but also recognising the need for

further research to understand its full impact compared to control groups using other evidence-based treatments.

Contrastingly, a randomised controlled trial conducted by Pistorello et al. (2021) on 62 suicidal American university students highlighted CAMS as most effective in a university setting as it has evidence-based results, short-term efficacy for reducing suicidal ideation, and can be easily integrated into college counselling centre operations without altering existing practice (Pistorello et al., 2021).

In a recent qualitative study conducted by O'Gormon (2023), mixed feedback was received from six counsellors working in Irish HEIs trained in CAMS in 2021. Findings indicated that participants appreciated the CAMS training, which gave them a "mechanism to identify people at risk of suicide; explain how to inquire about suicide clearly and confidently; and provide additional signposting" (p.7).

However, some expressed concerns that while the training was valuable, it did not substitute for the practical experience they felt was necessary to gain the confidence to ask clients direct questions about suicidality. Concerns were also raised about the feasibility of implementing CAMS within the limited time available, leading some to adapt it to fit their schedules. It was also identified that the implementation of CAMS was better supported through team and group supervision where individual cases were discussed.

2.7.2 Clinical Supervision

Vivolo et al. (2024) found in their systematic review that seven studies discussed the impact of supervision on counsellors. Participants described "good quality supervision as a fundamental space to process difficult feelings and emotions related to their work without feeling judged" (p.26). Interestingly, Bühlmann et al. (2021), in their study on therapists working with suicidal teenagers, noted that supervision helps clinicians by

fostering a supportive environment. They state, "focus on how therapists can be supported to feel comfortable in challenging situations and emphasise a clinical culture that allows for errors and uncertainties to be established" (p.8). Both these studies underscore the important role supervision plays in creating a non-judgmental, person-centred work environment and an atmosphere and culture of support.

Clinical supervision also plays a vital role in supporting counsellors who have experienced client suicides. Sanger (2010) explored the experiences of 11 practitioner-supervisors who had provided clinical supervision to practitioners who experienced a client suicide. He found their supervision often took the form of providing "reassurance and/or normalising" (p.128); they found it beneficial to engage in "self-disclosure of their own similar experiences, and discussing outside additional resources, such as personal therapy to process the event" (p.129).

A number of studies have also highlighted counselling supervision as a vital support for counsellors working in HEIs, particularly the lone counsellor. They emphasised that funding should be allocated to enable lone counsellors to access external supervision support, as it is the only established method that allows lone counsellors to explore coping strategies for stress and loneliness (Winning, 2010; Wheeler & Hewitt, 2004).

The findings again show that clinical supervision plays a crucial role in managing the emotional strain of client suicidality, emphasising the importance of a supportive and tolerant clinical culture for counsellors in Irish HEIs.

2.7.3 Peer Support

Van den Berg et al. (2017) highlighted the importance of social support from peers, organisations, and personal friends in preventing loneliness on the job. In their study of thirteen practitioners, they identified three main positive outcomes from peer support:

"feeling reassured and confident; feeling encouraged and determined and feeling a sense of relatedness and acknowledgement of their role" (p.302).

Barlow & Phelan (2007), in their study on the formation of peer collaboration groups among counsellors, found that peer collaboration can serve as a forum for self-care and restoration, especially among grief counsellors. However, they also observed that a crucial aspect of peer support and collaboration is "the creation of a space to meet, to be real, to feel safe, and to trust" (p. 14).

These findings emphasise the importance of creating a supportive work environment that helps make this kind of collaboration possible for counsellors working with student suicidality.

2.7.4 Self-Care and Organisational Responsibility for Support:

Gutierrez & Mullen (2016) suggested that unmanaged psychological distress in counsellors could unintentionally harm clients. Their email survey of mental health counsellors (n=539) found that higher emotional intelligence negatively predicted burnout. They emphasised the ethical responsibility of counsellors to "monitor his or her own risk for impairment and limit, lessen, or suspend services accordingly" (p.195).

O'Halloran & Linton (2000) also suggest that counsellors have a "personal and ethical responsibility to maintain health and wellness" and recommend "personal therapy, ample free private time, stress-reduction techniques, development of an attitude of detached concern, and clarification of expectations and beliefs about counselling" (p.356).

However, Mair (2015) argues that it is important for institutions to take responsibility for the well-being of their counsellors. He believes that third-level institutions have a legal duty of care to staff to ensure good working conditions. This includes safeguarding counsellors who are working with risky clients and ensuring that they receive adequate

support in dealing with the ongoing stress associated with challenging client cases. Otherwise, “the institution may be in danger of incurring legal proceedings for failing to meet its duty of care to staff” (p.198).

Moreover, Delgadillo et al. (2018) raised concerns about the well-being of counsellors in publicly funded services, suggesting that institution managers should implement “organisational redesign and interventions to enhance coping and resilience for mental health care practitioners and support those with a propensity towards occupational burnout” (p.849).

Counselling and psychotherapy training programs and their accrediting bodies also bear responsibility. They should equip graduates with self-care skills and the ability to handle complex client presentations. As an outcome of her study, O’Gormon (2023) suggests that suicide-specific therapeutic models be introduced into professional psychotherapy training programs for counsellors as an "ethical responsibility in education in order to better equip graduates for such an important phenomenon"(p.9).

2.8 Conclusion

Chapter two of this thesis includes a review of the literature related to the rise of suicidality and increased demand among students within Irish HEIs and the potential impact on counsellors working in this context. Literature has indicated that increased demand for counselling services is connected to a greater openness in discussing emotional problems and help-seeking among students, as well as an increase in student mental health issues, including suicidality.

The impact of these trends on student counsellors is explored, along with the occupational stressors they could face as counsellors working in institutions. These stressors discussed are categorised into those related to the counselling profession,

counselling within organisations, counselling as a lone practitioner, and stress related to a client's suicidal ideation and a client's suicide. Finally, literature that identifies supports and support systems for counsellors experiencing high demand and client suicidality is reviewed.

2.9 Researcher's Reflexive Comment

My inspiration for this study and review was based on the recent national reports showing high rates of suicidality and increased demand for counselling among students in Irish HEIs. I reviewed numerous studies about the negative impact of working in the counselling and psychotherapy profession, focusing on the stress and burnout counsellors can experience working in institutions facing high demands and clients at risk of suicide. My goal was to better understand student counsellors' experience of working with student suicidality in Irish HEIs in order to uncover the challenges they could face and consider what support and resources could help them to manage more effectively.

As a student counsellor, I was surprised by the complete lack of any studies exploring the experiences of student counsellors in Ireland as they encounter ever-rising demands and a reported prevalence of student suicidality. In light of the mandate from The National Student Mental Health and Suicide Prevention Framework (2020) to improve mental health support services to students, particularly in identifying and responding to students at risk of suicide, I wondered how it could be achieved unless those charged with carrying out this duty felt resourced and capable. This has motivated me to explore the experiences of student counsellors employed in Irish HEIs so that I can try to bridge the gap in the existing literature.

Chapter 3: Methodology

Chapter three begins with an outline of the aim and objectives of this study and then provides the rationale for choosing a qualitative, Interpretative Phenomenological Analysis (IPA) methodological approach. The philosophical underpinnings of IPA are described, along with the steps taken to carry out the study, including a description of recruitment procedures, data collection, and data analysis. Also described are the measures that aim to ensure the quality and integrity of the research, along with the ethical considerations to safeguard the participants at each stage of the research.

3.1 Aim and Objectives

The aim of this study is to give voice to the participants' experiences of working with student suicidality in Irish HEIs and to address the study's main objectives as follows:

1. To illuminate the participants' lived experience of working with student suicidality in the context of Irish HEIs.
2. To understand how this work may affect participants personally and professionally.
3. To uncover participants' perceptions of what is most helpful or challenging in supporting them to respond effectively to students at risk of suicide.

3.2 Research Design and Method

Moser & Korstjens (2017) describe qualitative research as a type of research that aims to provide in-depth insights and understanding of real-world problems through the gathering of "people's experiences, perceptions, behaviour processes, and the meanings they attach to them" (p.272). One of the strengths of qualitative research is its ability to explain the patterns of human behaviour that can be difficult to quantify. According to Tenny et al. (2024), "Phenomena such as experiences, attitudes, and behaviours can be complex to capture accurately and quantitatively… Qualitative research, at its core, asks

open-ended questions and looks to answer the hows and whys instead of how many or how much" (p.1)

Importantly, for this study, qualitative research is the approach that allows for a detailed examination of people's lived experiences and, therefore, was deemed most appropriate to uncover counsellors' experiences of working with student suicidality in Irish HEIs. Qualitative research contains a variety of potential approaches. However, phenomenology, in the form of Interpretative Phenomenological Analysis (Smith et al., 2022), was considered most appropriate to meet the aims and objectives of this study. The epistemological and ontological assumptions which informed this choice are explained below.

3.2.1 Qualitative Research

A qualitative researcher's epistemological position counters the quantitative researcher's positivist paradigm that assumes "reality is fixed, [...] with only one external reality" (Rubin & Rubin, 2005, p.14). As explained by Smith & Osborn (2003), " The qualitative researcher sees that a world exists for each person, which must be understood from each person's perspective" (p.11). The primary objective of the qualitative researcher, fundamental to this study, is to "rely as much as possible on the participant's views of a situation" (Creswell, 2007, p.20). The qualitative researcher seeks "people's perspectives to understand the meaning and interpretation they give to behaviour, events, objects" (Hennink et al., 2010, p.9) and "their life experiences" (Willig, 2013, p.8).

The qualitative researcher assumes the constructivist ontological position articulated by Jean Piaget, which posits that "people construct their understanding and knowledge of the world through experiencing things and reflecting on those experiences" (Olubunmi et al., 2023, p.10).

Therefore, creating research data using qualitative methods involves a process of inductive reasoning, which is developing theories or patterns from people's experiences by “discovering trends in data derived from interviews, observations, and interpretations” (Creswell, 2007, p.9). Inductive reasoning starts with specific observations and moves towards broader generalisations and theories. This approach is different from the positivist quantitative researcher's approach, which uses deductive reasoning, where they start with existing theories or hypotheses and then test them through specific observations, aiming to confirm or refute the theories.

From the literature review, we know that quantitative research studies such as survey research have been successfully used for decades to study large samples of clinicians and have yielded important statistical information on client suicidality, including verifying it as the leading cause of therapist stress. More recently, national studies have indicated the rise in student suicidality and demand for counselling in Ireland, which has inspired this qualitative study to explore and illuminate the lived experiences of counsellors who are encountering student suicidality more frequently in Irish HEIs.

Initially, considerations were made for using narrative inquiry (Connelly & Clandinin, 1990) or grounded theory (Glaser & Strauss, 2009) as potential research methods. However, both were ruled out due to the primary focus of this study, which did not centre on theory development or individual narratives.

Narrative inquiry is considered a valuable qualitative approach to exploring and understanding personal stories, which would be very suitable for gaining an in-depth understanding of an individual case of a counsellor working with a suicidal student. However, the primary aim of this study is to understand the collective experience of a sample of counsellors working with student suicidality in the context of Irish HEIs. This required a qualitative methodology that could capture broader themes and experiences of

participants in their working contexts to understand the convergences and divergences of the individual participants' experiences.

Grounded theory was also explored, but while effective in developing theories, it did not fit this study's purpose of gaining a deeper understanding of lived experiences rather than developing new theories.

Instead, a qualitative phenomenological research design, specifically interpretative phenomenological analysis (IPA) (Smith et al., 2022), was deemed most suitable to meet the aim and objectives of this study. IPA can provide valuable insights into participants' specific experiences of working with students at risk of suicide in the context of Irish HEIs, and it offers a structured framework for interpreting and understanding these experiences in a way that narrative inquiry does not.

Below, the rationale for using IPA is explained, followed by a comprehensive exploration of its theoretical underpinnings: phenomenology, hermeneutics, and idiography.

3.3 Rationale for Interpretative Phenomenological Analysis (IPA)

The primary aim of this study is to explore the experiences of a small group of counsellors to give voice to their experiences of working with cases involving students' suicidality and to understand the meaning(s) that they have given to their experiences in the context of their work in Irish HEIs.

IPA takes account of the uniqueness of the individual human experience of the phenomenon under investigation and is the most suitable approach for this study because of its ability to gain a depth and richness of participant experiences when examining "topics which are complex, ambiguous, and emotionally laden topics" (Smith & Osborn, 2015, p.41).

IPA has been developed specifically to enable the researcher to construct a theoretical framework based on the participants' terminology and conceptualisations, “drawing upon a considerable 'interpretative range' to achieve this” (Larkin et al., 2006, p.114), allowing the researcher “flexibility and creativity while following clear guidelines” (Pietkiewicz & Smith, 2012, p.366). While IPA recognises the researcher's interpretations as an essential part of the process, it also requires researcher reflexivity and understanding of fore-structure so the research is rooted in the participants' own perspectives and experiences.

IPA aligns with the values of counselling and psychotherapy practice and ethics as it respects the uniqueness of human experience. IPA is concerned with “examining personal lived experience, uncovering the meaning of a person’s experience, and how people sense that experience” (Smith, 2011, p.9). IPA uses semi-structured interviews relying on the researcher’s relationship with the participant to uncover rich findings. Noon (2018) explains the importance of this: “I hold that active listening, empathy, and the ability to build trust and rapport with participants were all crucial to the production of rich data in my study” (p.76).

IPA looks for converging and diverging aspects of participants’ experiences, which distinguishes it from other qualitative methodologies. Any patterns identified across cases can be used to develop and inform counselling training, supervision, personal therapy, and working conditions to better support counsellors in their work with students.

3.4 Theoretical & Philosophical Background of IPA

IPA was first developed by Johnathan Smith and his colleagues in the mid-1990s. It is a distinctive approach to qualitative research because of its three theoretical underpinnings: phenomenology, hermeneutics, and idiography. Phenomenology is focused on how a person makes sense of their experience of the phenomenon under scrutiny; Hermeneutics highlights the explicit role of the researcher as an interpreter, making sense of a person

making sense of their own experience; and its idiographic focus seeks to privilege both commonality and divergence of experiences within a group of homogenous individuals.

3.4.1 Phenomenology

IPA, as the name indicates, is significantly underpinned by phenomenology. A phenomenological research approach was most important for this study as phenomenologists are specifically interested "in thinking about what the experience of being human is like, in all its various aspects, but especially in terms of things that matter to us and which constitute our lived world" (Smith et al., 2022, p.7). In this study, the interest is in the counsellor's experience of working in the context of a HEI (their lived world) and the experience of working with student suicidality (the phenomenon that matters to them).

Husserl, Heidegger, Merleau-Ponty, and Jean-Paul Sartre are the major philosophers of phenomenological approaches. They all contributed to developing a method of understanding lived experiences.

Husserl (1913/1962) argued that we should "go back to the things themselves" (Smith & Nizza, 2022, p.7). His idea of having a "phenomenological attitude" is essential to the IPA researcher as it introduces the idea of "reflexively restraining pre-understandings" (Flynn et al., 2018, p.8). This first step of Husserl's method called 'bracketing,' involves the researcher "setting aside their previous experiences, preconceived ideas, or the taken for granted about a given phenomenon" (Smith et al., 2022, p.9). In this way, the experience of individual study participants is seen on its own terms and captured without distortion, which is fundamental to IPA and this study.

The next step in Husserl's method, which he called 'eidetic reduction', is a process of getting at the 'essence' of an experience of a phenomenon by focusing on the experience itself and describing it in terms of its particular and essential features" (Smith et al., 2022,

p.10). Husserl's purely descriptive phenomenology established the importance and relevance of focusing on and describing lived experience and perception.

In further developing Husserl's work, Heidegger, Merleau-Ponty and Jean-Paul Sartre contributed to a more interpretative approach to understanding an individual's experience. They viewed an individual as "embedded, immersed or thrown into a world of objects, relationships, language and culture, projects, and concerns" (Smith et al., 2022, p.17).

Heidegger believed that all human understanding and description involve interpretation. In his book In Being and Time (1962/1927), Heidegger uses the expression Dasein ("being there" or "presence" or "existence") to refer to the experience of 'being' that is peculiar to human beings. In terms of IPA, Heidegger believed "Dasein means being present in the experience in relation to objects which Dasein (Human existence) cannot be meaningfully detached from" (Smith et al., 2022, p.13).

IPA researchers need to understand Merleau-Ponty's belief that we can experience empathy for another but never share the other's experience entirely because "their experience belongs to their own embodied position in the world" (Smith et al., 2022, p.14). To respect this aspect of IPA, this study sought to uncover the embodied experience of counsellors working with student suicidality.

Sartre's existential phenomenological belief that "existence comes before essence" is important to IPA as it draws attention to analysing a human's experience of existence in the context of their environment, history, social relationships, and moral encounters. For this study, it was important to capture participants' training, work experience and working environment, which informed and shaped their perspectives and experiences.

3.4.2 Hermeneutics

Schleiermacher, Ricoeur, Gadamer, and Heidegger were the hermeneutic theorists who influenced IPA. All of them were interested in the methods and purpose of interpretation.

Schleiermacher believed that if one engages in a detailed and comprehensive analysis of text, "one can understand the utterer better than he understands himself" (Smith et al., 2022, p.18). However, Smith et al. (2022) guide the IPA researcher, stating, "It does allow us to see how the analysis might offer meaningful insights which exceed and subsume the explicit claims of our participants" (p.18).

Ricoeur emphasised how the interpretation of a person's use of language can reveal something about their experience and meaning-making of a phenomenon. He believed that "experience reveals itself only when expressed in poetic, figurative and rhythmic language. Thus, through interactive and textual interpretation, hermeneutic theorists utilise their subjective expressions to reconstruct original meanings during textual interpretation" (Tuffour, 2017, p.3).

Heidegger formulates phenomenology as an explicitly interpretative activity. He argues that interpreting something will always be founded upon a preconception, and he emphasises the relationship between interpretation, fore-structures of understanding, and the role of bracketing. Heidegger's belief that "only he who already understands can truly listen" (Howard, 2000, p.327) is important as an insider researcher who has fore-structure of the phenomenon, emphasising that the researcher must reflect on their presuppositions and aim to understand each participant's experience without distortion.

Gadamer agreed with Heidegger's position on hermeneutics and understood a person's preconception of new objects. He believed that interpretation is a multifaceted and dynamic process where a phenomenon, "the thing itself, influences the interpretation,

which can influence the fore-structure, which can itself influence the interpretation" (Smith et al., 2022, p.21). This process of "reading and understanding are forms of engaging in a dialogue between something that is old (a fore-understanding) and something new (the text itself)" (Smith et al., 2022, p.21).

Important to the IPA researcher is the concept of the hermeneutical circle, which is the idea that we always understand or interpret out of some presuppositions… "as finite and historical beings, we understand because anticipations, expectations, and questions guide us" (Grondin, 2015, p.299). The hermeneutical circle "results from the relationship between parts and wholes: any part of a work can be explained only in relation to the whole, but the latter must be "presupposed" in building up relationships between parts" (Martin, 1972, p.98).

An IPA researcher is said to engage in 'double hermeneutics' by trying to make sense of the study participants' sense-making of their experience. This process echoes the hermeneutic circle's relationship between the 'part' and the 'whole', where the 'part' corresponds to the encounter with the participant in a research project, and the 'whole' is the drawing of the researcher's knowledge and experience (Tuffour, 2017, p.4).

3.4.3 Idiography

The most distinguishing feature of IPA is Idiography. Idiography is committed to 'the particular' in the sense of the depth of analysis and understanding of how a particular experience has been understood from a particular individual's perspective in a particular context. For this reason, IPA only uses small, purposively selected, and carefully situated samples.

The process of understanding each individual experience is considered complex according to Smith et al. (2022), because, "on the one hand, the individual's experience is embodied, situated, and perspectival in line with Idiography; however, on the other hand,

an individual's experience is considered worldly and relational" (p.24). Researcher positioning plays a vital role in shaping the interpretation of data.

Insider researchers often share the same embodied and situated understanding of the phenomenon as their participants which can offer deep insights into their experiences. However, it also can introduce challenges, as the researcher must distinguish between insider knowledge and being critically reflective to avoid overshadowing their participants' voices by their own preconceptions. Heidegger's 'Dasein' explains the experience that is particular to the individual but who is "thoroughly immersed and embedded in a world of things and relationships" (Smith et al., 2022, p.24). By this Heidegger believes that we cannot easily detach from our fore-structure and preconceptions, therefore as an insider researcher reflective practice is important which is further discussed in section 3.6.

In this study, the small sample of counsellors each has their unique Dasein in relation to working with higher education students at risk of suicide. Each participant has their own life, biographical history, embodied perspectives, particular work environment and unique relationship with colleagues, unique client relationships, and individual thoughts and meaning-making about suicide and psychotherapeutic work with suicidal clients.

IPA data analysis uncovers the convergences and divergences in participants' individual experiences. It allows a theoretical generalisation of findings so they can be applied to the broader population represented by these participants. Therefore, the idiographic approach is the primary influence on data analysis in IPA. It requires a cautious, slow approach and analysis of one case at a time. Data from each case is examined in detail, seeking patterns of meaning and coming to a working closure. The researcher moves to the next participant to understand their perspective of a particular phenomenon using

precisely the same method. Finally, the researcher then looks for convergence and divergence across all of the participants' accounts.

3.5 Critique of IPA

While IPA has become an established research approach that has gained popularity in recent years, it has also received some criticism in the literature.

Willig (2013) suggests that IPA is merely descriptive by documenting participants' lived experiences but does not attempt to explain them. She states, "IPA can generate detailed, rich descriptions of participants' experiences of situations and events but does not tend to further our understanding of why such experiences take place or why there may be differences" (Willig, 2013, p.95). Similarly, Noon (2018) acknowledges the challenge for IPA researchers in keeping the idiographic commitment while searching for connections across cases. He states, "that the emphasis on commonality of experiences can lead individual differences to be obscured, appearing at odds with the idiographic underpinning of IPA" (p.80).

Tuffour (2017) critiques IPA's limited emphasis on language, arguing that IPA provides "unsatisfactory recognition of the integral role of language but accepts that meaning-making takes place in the context of narratives" (Tuffour, 2017, p.4). Noon (2018) highlights the challenges of interviewing individuals possessing difficulties with expressive and receptive language, articulation or understanding questions, believing it would "lead to sparser interview transcripts and challenging to access the respondents' experiential worlds" (Noon, 2018, p.8).

Giorgi (2010) criticises IPA for being unscientific and lacking rules, referring to its lack of rules and guidance about conducting research (Giorgi, 2010, p.4). He also implied the potential for researcher bias as the researcher's interpretation of the raw data can heavily

influence the findings. He states, "For IPA workers, there is not even a rule that all raw data has to be accounted for" (Giorgi, 2010, p.12).

Finally, Kacprzak-Wachniew (2017) argues that IPA lacks transparency regarding context and participants, providing an extensive critique of IPA, pointing to a lack of "theoretical justification of participants' selection, arbitrariness in deciding to what extent the groups should be homogeneous, lack of respondents' description, insufficient information about conditions in which the interviews were conducted, absence of interview schedule or information about the fields of interests" (Kacprzak-Wachniew, 2017, p.56).

Despite the popularity of IPA in qualitative research, it was important to consider the above criticisms. Nevertheless, I took detailed steps to address these identified concerns through transparency, my positioning, and reflexivity, aiming to ensure that validity and rigour were maintained. These will be described below.

3.6 Researcher Positioning and Reflexivity

Finlay (2011) states, “In qualitative research, the relationship between participants, researchers, and the wider social world is actively acknowledged. The researcher recognises their central role in a co-construction of tentative data and is required to explore these dynamics reflexively” (p.9). By being reflexive, the researcher can better understand how their own context interacts with the research context. In IPA, “the researcher’s position in relation to the population group and issues under study may impact the research process and its analytic stance” (Berger, 2015, p.229). Therefore, the process of reflexivity is important in IPA since hermeneutics is fundamentally about interpretation; the process of reflexivity helps the researcher recognise and examine their own subjectivity.

In this study, the researcher's position is that of an 'insider researcher' studying the experience of 'insider participants'. My motivation for this study has come from my recent years of employment as a counsellor in a HEI, as well as my previous experience working at a centre to prevent suicide and self-harm.

To become aware of my own experiences that could influence this study, I conducted a reflexive interview with a DCU supervisor. This process helped me identify any personal biases, preconceptions, and assumptions that I held, which I also continued to note as they emerged throughout the research process. These biases included, for example, my own experiences of overwhelming demand, poor management structures, increasingly complex cases, including suicidality, and the experiences of losing people close to me through suicide. I needed to be aware and mindful of these personal experiences so as not to collude with or overshadow the participants' accounts of the phenomenon.

3.7 Application of the IPA Methodology

This section will provide a detailed account of the sampling and participant recruitment, data collection, and data analysis procedures undertaken in this study in accordance with the IPA stages described by Smith et al. (2022).

3.7.1 Sampling and Participants

In IPA research, the objective is to gain deep insight into how participants make sense of their personal and social worlds. The "issue with sampling" in IPA is largely about balancing sample size with the quality of the data collected. According to Smith et al. (2022), "There is no right answer to the question of sample size…the issue is quality, not quantity" (p.46).

IPA studies involve a small sample population to facilitate a detailed case-by-case analysis, giving a full appreciation of each participant's experience. While this process is very time-consuming, it allows for a detailed examination of data to uncover participants' similarities, differences, convergences, and divergences (Pietkiewicz & Smith, 2014).

According to Pietkiewicz & Smith (2014), "Sample sizes are typically small, often between 6 to 8 participants for clinical psychology doctoral programs. This size allows for a thorough examination of similarities and differences between individuals without being overwhelming" (p. 10). Similarly, Smith et al. (2022) state, "IPA studies usually benefit from a concentrated focus on a small number of cases. For a professional doctorate, “six to ten interviews are about right" (Smith et al., 2022, p.46).

While IPA advocates for a homogenous sample to ensure that participants share a common experience, this can conflict with the need for varied and rich data that captures diverse perspectives. However, this is resolved by focusing on a specific shared experience and allowing for differences in participants' background and perspectives of the shared phenomenon to enrich the data.

For this study, after eight interviews, ample data was retrieved, sufficiently meeting the aims and objectives of this study.

The eight participants were recruited from the purposefully identified population. The inclusion criteria included them having three years’ experience as fully accredited counselling psychologists or psychotherapists, all employed or contracted by Irish HEIs and each with experience in addressing suicidality among their student clients.

The rationale for this purposely recruited homogenous group was to gather perspectives from seasoned professionals. Participants with over three years of counselling experience were expected to offer in-depth insights into the phenomenon of working with student suicidality within the higher education context.

To avoid bias, the respondents excluded from the study were direct colleagues or those with any previous personal connections or interactions with me. Also excluded were counsellors who did not have three years of post-accreditation counselling work in HEIs and those who required more experience working with students experiencing suicidality.

3.7.2 Recruitment

Consistent with the idiographic focus of IPA, this study sample was selected purposively. Permission to access participants was sought through the Irish Association for Counselling and Psychotherapy (IACP), the Irish Association of Humanistic and Integrative Psychotherapy (IAHIP) and the Psychological Counsellors in Higher Education in Ireland (PCHEI), which are the associations that counsellors working in HEIs are often affiliated.

The study was advertised on a phased basis. Firstly, the study advertisement (see Appendix A) was sent to IACP and IAHIP, accompanied by a plain language statement explaining the study (see Appendix C). IAHIP featured the study in its February 2023 member's bulletin, while IACP posted both the study advertisement and the plain language statement on its members' notice board in February and March 2023. These advertisements yielded two respondents who met the study criteria and participated in the study.

In April 2023, the study advertisement (see Appendix B) and plain language statement (see Appendix C) were sent to the PCHEI gatekeeper, who oversees research applications to access members. The gatekeeper approved the study and subsequently forwarded the advertisement to members of the association located in HEIs throughout Ireland. This campaign yielded six more participants directly or through a snowballing approach, which involved the researcher asking respondents to mention the study to their colleagues.

Finally, the study comprised a small, homogeneous group of two male and six female counsellors, all of whom were fully qualified psychotherapists. This group broadly represented the demographic of counsellors working in HEIs across Ireland. Each respondent met the criteria for participating; they worked for a HEI in Ireland and had over three years of experience in psychotherapeutic work with students in higher education, including students presenting with suicidality.

Table 3 below represents the demographic information of the study participants**.**

Table 3: *Participant Demographic Information*

Pseudonym	**Isabella**	**Josh**	**Dan**	**Ruth**	**Rose**	**Pearl**	**Grace**	**Jane**
Gender	F	M	M	F	F	F	F	F
Years in HEI Practice	7+	4+	15+	5+	5+	20+	20+	20+
Profession	Psycho-therapy	Psycho-therapy	Psycho-therapy	Psycho-therapy	Psycho-therapy	Psycho-therapy	Psycho-therapy	Psycho-therapy
Full-time / Part-time	FT	PT	FT	FT	FT	FT	PT	PT

3.7.3 Data Collection

Collecting data for this study involved in-depth, semi-structured interviews with eight volunteers who responded to the study advertisement. The interviews lasted approximately one hour, in line with an "in-depth interviewing approach" (Smith et al., 2022, p.59). This approach was the preferred means of collecting rich data where participants could think, speak, and be heard. "Deep engagement is core to IPA where the qualitative research is often described as a conversation with a purpose" (Smith et al., 20022, p.54).

The interviews were guided by a short set of key open-ended questions and prompts based on the aim and objectives of the study. This 'interview schedule' (see Appendix E) functioned as a framework to guide the interview, forming a basis for the

conversation, and was not intended to be prescriptive or limit the expressed interests of the participants. The semi-structured and open-ended approach was used to create a reflective response from participants, allowing participants to access their core attitudes and experiences and voice opinions without being constrained by the researcher (Creswell, 2003).

The interviews were conducted online through the Zoom video conferencing system, which proved the most convenient for participants. The Zoom security and privacy settings were appropriately adjusted to follow DCU safety recommendations (https://www.dcu.ie/iss/zoom-security-settings).

The interviews were recorded using Zoom's recording option and stored on the secure DCU Google Drive. After each interview, the recording was transcribed into a Microsoft Excel document and analysed for experiential statements using the steps outlined by Smith et al., 2022, pp. 75 to 108. The audio recordings were then deleted, and the transcribed interviews were stored on a DCU Google Drive in a folder specifically for the research study and shared with the two DCU-appointed academic supervisors.

3.7.3.1 Interview Technique Pros and Cons of Approach Used.

The interview technique that I used was empathetic as per Merleau-Ponty's philosophy. I aimed to get as close as possible to the participants' experience and meaning making of the phenomenon under investigation. My approach involved asking the questions listed on the interview schedule (see Appendix E) and allow the participants to speak as much as possible without too much interruption from me, apart from prompts to follow up on areas of particular interest. In considering my position as an insider researcher, I was cautious not to influence or collude with the interviewees to ensure their individual meaning and sense-making were captured properly. I felt that this strategy allowed data to be collected without much distortion of the participants' sense-making and meaning-

making of their personal experiences. As per Schleiermacher's philosophy, I anticipated that deeper insights would be gained through the interpretation of the interview text rather than during the interview itself.

Importantly, my interview skill and technique improved with confidence over time as the interviews progressed, however, the approach I adopted sometimes limited the depth of exploration and potentially prevented the opportunity of gaining a fuller and deeper understanding of the participants' personal experiences of the phenomenon. During the data analysis it became apparent that there were some missed opportunities to delve deeper into participants' experiences. Therefore, a challenge for the IPA researcher is to decide if you want to choose to let participants lead rather than have a more fragmented interview, where you interrupt their flow with questions like 'Why did you choose that word?' or 'Can you describe this further?'. This is an issue that IPA researchers, particularly insider researchers, should consider as a potential challenge.

3.7.4 Data Analysis

"IPA data analysis is characterised by a set of common processes moving from "the 'particular' to the 'shared' and from the 'descriptive' to interpretative" (Smith et al., 2022, p.76).

The data analysis for this study began with interview recording, which provided a complete account of the participants' experiences. The audio-recorded interviews were meticulously transcribed word for word, capturing not only the spoken words but also the non-verbal utterances, pauses, and hesitations of both the participants and the researcher.

While Zoom's transcription software was used, it failed to capture all dialogue accurately, requiring manual intervention to correct the data line by line. However, this also allowed for the opportunity to become more familiar with the data as each interview audio was

listened to repeatedly for an accurate transcription. The transcribed data was then analysed using steps and guidelines outlined by Smith et al., 2022, pp. 75 to 108.

During this analysis, it was noted that Smith et al.'s (2022) steps for data analysis stayed the same as the original steps of Smith et al. (2009). However, some changes in terminology were essential to be mindful of. Terms like emergent theme, superordinate theme and master theme, which appear in all IPA studies published pre-2022, have been updated as per Table 4 below.

Table 4: *Change in IPA Terminology*

Old Term as per Smith et al. 2009	**New Term as per Smith et al. 2022**
Emergent Theme	Experiential Statement
Superordinate Theme	Personal Experiential Theme (PET)
Master Theme	Group Experiential Theme (GET)

Therefore, to carry out the data analysis in this study, I was required to think about and uncover experiential statements rather than emergent themes. Emergent themes are now known as experiential statements, superordinate themes are now called personal experiential themes, and master themes are now referred to as group experiential themes, as per Smith et al. 2022, p.76.

The new terminology made data analysis straightforward because the focus of the analysis was simply on the participants' experience, where the job of the researcher was to interpret the text and generate themes to capture how participants felt or perceived their experiences, which were derived from descriptive, linguistic, and conceptual understanding of the research data from each participant's interview.

The transcribed data for each interview was placed in a Microsoft Excel spreadsheet and named using a pseudonym for the participant. A column to the left of the transcription

was available for the participant's experiential statements, while columns to the right captured the researcher's thoughts, feelings, and observations, as per the example below.

Table 5: *Example of Excel Spreadsheet used for Data Analysis*

Interview with Josh					
Emerging Themes		RAW Data	What did they tell me	How did they tell me	What do I make of it
Experiential Statements	#	TRANSCRIPT	Descriptive Note	Linguistic Note	Conceptual Note
	41	11:05:43 Joseph Donohue What were you feeling when you said what can I do			
	42	for this person.			
	43	11:05:47 Josh It's a little bit, it's a little bit, a little bit helpless, actually, because, you know, I see him for 60 minutes a week, and I can't sit and watch him for			
	44	24 Hours a day.			
	45	11:06:02 Josh	Josh Describes feeling helpless as he can't prevent the client from ending their life, and he only has 60 minutes once a week with the client. If he follows the general protocol and referral system for a client at risk, he feels that is all he can do.		
Helplessness -Limited Control To Prevent Suicide.	46	So, there's a feeling of, like well this is all I can do and all I can do is what I've done already, all those things that I've said, so it seems a bit, a bit, a bit helpless, like what can I do?		A sense of limited control - not a 24/7 monitor. Helpless	Can only do what he can do.

In the following sections, the steps involved in analysing the interview data of the eight participants are outlined.

Step 1:
The Initial Reading and Re-Reading of Transcribed Data:

The initial phase of analysis involved reading the Zoom transcripts while simultaneously listening to their corresponding recorded audio. This process aimed to capture the transcript data correctly before being organised into an Excel spreadsheet for further analysis. The transcript was then re-read, and initial personal reflections and observations were noted down, which "helped reduce noise, where the focus can remain solely on the data" (Smith et al., 2022, p.78).

Step 2:
Exploratory Noting:

The exploratory notes had a phenomenological focus and tried to capture and describe what mattered most to the participants in terms of their feelings and sense of being. Anything of interest within the transcript (descriptive and linguistic meaning, language use, and conceptual pieces of information) was recorded in the right-hand column, capturing my interpretative understanding of the text. See the example in Appendix G. As per Smith et al. (2022). The aim was to create "a detailed and comprehensive set of

legible notes and comments on the transcribed data to facilitate a deeper analysis during the next steps" (p.79-85).

Step 3:
Constructing Experiential Statements:

This stage involved developing experiential statements by analysing the exploratory comments connected to chunks of the transcript. The Experiential statements were related directly to my interpretation of how the participants made sense of or described their experiences in response to the interview questions. The statements were ordered as they came up and noted in the left-hand column of the transcription worksheet, while the quotations that inspired the statements were highlighted in red. See the example in Appendix G. This process resulted in a reorganisation of the data, which demonstrated "a hermeneutical circle where the whole interview became broken up into smaller parts represented by the experiential statements that captured the essence of the participant's experience" (Smith et al., 2022, p.87).

Step 4:
Searching for Connections across Experiential Statements:

During this stage, the entire transcript worksheet, along with the experiential notes and statements, was reviewed again. All experiential statements generated during the analysis were subsequently transferred to a separate Microsoft Excel worksheet, and a significant amount of time was devoted to rearranging them until various interconnections were identified. Ongoing discussion and collaboration with my DCU supervisors also helped me to create these interconnections, eventually leading to the formation of statement clusters, following the framework outlined by Smith et al. 2022 (p.9). See the example in Appendix H.

Step 5:
Naming Personal Experiential Themes (PETS), Consolidating & Organising into a table:

Each cluster of experiential statements was given a title describing the essential characteristics of the participants' experience and labelled based on the researcher's interpretation of the participants' sense of feeling or being. These titles were then consolidated and organised into an overall table that included all the PETS for that participant. The table was organised with the PETS in UPPER-CASE BOLD, along with their associated cluster of experiential statements and the line number in the interview transcript, following the framework outline by Smith et al., 2022, p.95. See the example in Appendix H.

In summary, the PETS represented the participant's sense of "BEING", indicating a state or condition, or the participant's "FEELING", indicating an emotional or psychological state as interpreted from clusters of experiential statements.

Step 6:
Continuing the individual analysis of other cases:

This step involved moving to the next participant's transcript and repeating the entire process from step one to step five, as above. See the interview order in Appendix I. The eight interviews were analysed independently, which was in keeping with IPA's idiographic commitment. However, the same analytic process as in the first case was systematically applied to each subsequent case, which gave the opportunity to discover new analytical elements.

Step 7:
Working with the Personal Experiential Themes to develop Group Experiential themes:

The final step was time-consuming, concentrating on identifying patterns of similarity and difference among Personal Experiential Themes (PETS) in each case to create Group Experiential Themes (GETs) across all cases. This phase involved grouping the PETS

and naming them so their meaning represented the experience of individual participants as well as the collective. Three overarching themes capture the connections made between the PETS from each interview, which is presented as a table of themes to illustrate the study's overall findings as per Smith et al., 2022, p.101. See Appendix J.

3.8 Ethical Considerations

"An important starting point for any research project is avoidance of harm by evaluating the extent to which simply talking about sensitive issues might constitute 'harm' for any participant or group" (Smith et al., 2022, p.47).

Careful consideration of ethical issues was given at all stages throughout the research process. Considerations to avoid harm to participants can be grouped into the following: research supervision, adherence to research guidelines, informed consent and data collection, protection of anonymity, reciprocity, and right to withdraw.

3.8.1 Research Supervision

The risk management put in place around this study was having the research project supervised by two academic supervisors who are highly experienced and knowledgeable about the ethical concerns of conducting an IPA study. DCU supervisors reviewed the initial research proposal before submission to the DCU ethics committee, which scrutinised the proposal to assess potential risk to participants.

3.8.2 Adherence to Research Guidelines

The study followed ethical guidelines outlined by Dublin City University for research involving human participants, ensuring careful consideration of potential risks to the participants.

3.8.3 Data Collection

"With regard to data collection, it is normal practice to let the participants know the types of topics to expect to be covered in the interview" (Smith et al., 2022, p.48).

The details of this research study and its aim and objectives were provided in the study advertisement and plain language statement and were verbally explained to participants before their interview. Also, all recorded interviews were transcribed, password-protected and deleted at the first appropriate opportunity. The recorded interview data went through a process of pseudonymisation in the hope that no participant or their place of work could be directly identified.

3.8.4 Informed Consent

"One of the most frequently used strategies for dealing with ethical dilemmas is to rely on the fact that participants have been fully informed about research procedures and the risks entailed, and therefore take personal responsibility for any negative consequences of participation" (McLeod, 2003, p.170).

Before participating in this study, participants were required to read and sign a consent form. The consent form asked the participants to confirm their understanding of the study's aim, objectives, risks, benefits, and procedures, as explained in the plain-language statement.

3.8.5 Anonymity

Due to the small sample size, pseudonyms were used in the written reports, and every effort has been made to protect participants' identities from the extracts of interviews used in this final thesis report. Participants were also made aware of the limits of confidentiality, and that direct quotes would be used, which was included in the informed consent form that they all signed. Also, all data transferred onto electronic equipment

was encrypted and saved on my password-protected DCU Google Drive, which only the academic supervisors can access.

3.8.6 Reciprocity

"It is ethically important to consider how participants will gain from participation in a research study" (Creswell, 2007, p.47).

During this study, all participants stated that they found it interesting to talk about their own experiences and were happy to assist a fellow psychotherapist in an area of mutual interest. The findings could inform counselling training and supervision programmes and HEI managers on how to better support the participants and other counsellors working in higher education in Irish HEIs.

3.8.7 Right to Withdraw

Participation in this research was voluntary. The consent form (see Appendix D) informed participants that they could withdraw from the study without prejudice. This includes before, during and after interviews – up to the point at which the data has been published. However, no participant has availed of this.

3.9 Quality and Validity

Some Literature, for example, Giorgi (2010), Kacprzak-Wachniew (2017), and Noon (2018), has shown discontent with measures of quality and validity for qualitative research methods, referring to it as unscientific in comparison to quantitative studies. However, (Smith, 2011, p.15) and Smith et al. (2022, p.148) have recommended Yardley's four broad principles for assessing diverse qualitative research processes. These included 'sensitivity to context', 'commitment and rigour', 'transparency and coherence', and 'impact and importance'.

3.9.1 Sensitivity to Context:

This IPA study was considered worthwhile in light of the studies and literature that indicated an ever-increasing demand for counselling in higher education, a rise in student suicidality, and a significant impact of client suicidality on counsellors.

As an 'insider researcher, 'sensitivity to context' was at the forefront of planning for quality and validity from the study's inception to its final data analysis. This involved participation in a reflective interview and recording personal reflections. Furthermore, considerable effort was made so that each participant's view and understanding of their experience of this phenomenon was recorded as accurately as possible without distortion.

3.9.2 Commitment and Rigour

During the research process, there was a complete immersion in the literature concerning this subject area and the underpinnings of the Interpretative Phenomenological Analysis (IPA). This immersion process was essential in order to develop the skills required to conduct the study competently.

Rigour was maintained through the completeness of the data collection and data analysis. This entailed the proper selection of a sample population relevant to the research topic and then spending huge amounts of time on data analysis, which involved "sophisticated theorising to come to a common-sense understanding of the participant's experiences" (Yardley, 2000, p.222). All the necessary steps were taken to make sure the study was accurate, reliable, and trustworthy, which included two academic supervisors reviewing each stage.

3.9.3 Transparency and Coherence

Transparency in all aspects of the research process was described clearly and concisely, including the advertising of the study, recruitment of participants, my insider position, the investigatory procedures, and the Zoom technology used. Also, transparency in the

presentation of the analysis and data was achieved by detailing every aspect of the data collection process, the rules used to code the data, and by presenting excerpts of transcribed interview data in which readers themselves can discern the patterns identified by the analysis as per Yardley, 2000, p.222.

3.9.4 Impact and Importance

The impact and importance of this study can be assessed in terms of its theoretical, practical, and sociocultural worthiness (Yardley, 2000, p.223). The findings can add to existing knowledge by uncovering new insights into the counsellors' experience of working with student suicidality in Irish HEIs. Practical measures could be identified to better protect both counsellors and students in Irish HEIs and raise greater awareness of the need for changes in ideas and beliefs concerning how counsellors and institutions approach counsellor care when managing students at risk of suicide. The findings of this study may also be relatable to other clinicians in other working contexts beyond Irish HEIs.

3.10 Conclusion

Chapter three begins with a brief outline of the aims and objectives of the study and justifies the reasons for selecting the qualitative research methodology, Interpretative Phenomenological Analysis (IPA). The justification for choosing IPA was emphasised, particularly for gaining an in-depth understanding of participants' experiences in responding to student suicidality within Irish HEIs.

The theoretical and philosophical underpinnings of IPA are examined, and each stage of the research process is then described with emphasis on how IPA's underpinnings influenced it, including the recruitment process, data collection methods, and data analysis procedures. The final sections outline the measures taken, which aimed to ensure that all ethical considerations were adhered to so that no harm came to

participants. Also, the quality and validity measures taken when carrying out this study were described, and rigour was demonstrated through the documentation of each phase of the research process.

3.11 Researcher's Reflexive Comment

The analysis of each individual interview required a lot more time than I had originally anticipated when drawing up my Gantt chart for this study. The slow and reflective approach felt like a never-ending process. However, I learned that the long hours spent analysing the data were necessary to uncover the participants' experiences sufficiently. The iterative nature of IPA also contributed to my sense of an endless process throughout the data analysis phase. New insights emerged unexpectedly, sometimes long after I thought an interview analysis was completed. The initial excitement from uncovering a new insight was very quickly overshadowed by the frustration of having to revisit and refine my findings again. However, this iterative process, while very tedious and time-consuming, did lead to much more meaningful results and increased my confidence in the overall findings.

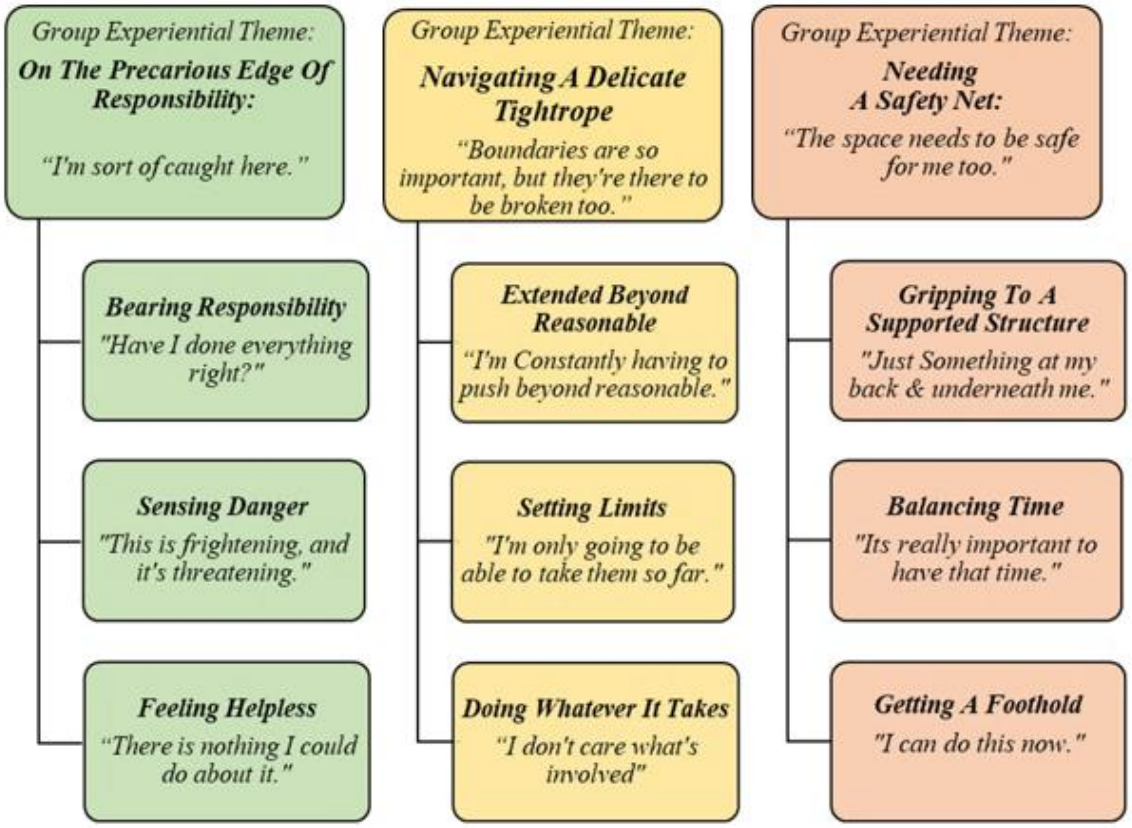
Chapter 4: Findings

Chapter four presents the findings generated from the data analysis of eight semi-structured interviews conducted with counsellors working for HEIs in Ireland. The findings fulfil the primary aim of this study, which is to give voice to the participants' experiences of working with student suicidality in Irish HEIs and to address the study's main objectives as follows:

1. To illuminate the participants' lived experience of working with student suicidality in the context of Irish HEIs.
2. To understand how this work may affect participants personally and professionally.
3. To uncover participants' perceptions of what is most helpful or challenging in supporting them to respond effectively to students at risk of suicide.

The study's findings are represented by three Group Experiential Themes (GETS) generated from the data analysis: (1) On a Precarious Edge of Responsibility: *'I'm sort of caught her*e', (2) Navigating a Delicate Tightrope: *'Boundaries are so important, but they are there to be broken too',* and (3) Needing A Safety Net: *'The space needs to be safe for me too'.* These themes were formed through the clustering of Personal Experiential Themes (PETS) drawn together from each of the interviews. They capture the patterns of convergence and divergence in the sense and meaning participants have attributed to their experiences of working with student suicidality in their professional roles. Table 6 presents a visual summary of the overall findings below.

Table 6: *Group Experiential Themes with nested Personal Experiential Themes*



The first Group Experiential Theme, **On a Precarious Edge of Responsibility:** *"I'm sort of caught here,"* illustrates the participants' sense of threat and helplessness arising from the weight of professional responsibility and the pressure of being held accountable for their actions in preventing student suicide.

The second Group Experiential Theme, **Navigating A Delicate Tightrope:** "*Boundaries are so important, but they're there to be broken too,*" captures the delicate balance between fulfilling professional duty and navigating the limits of professional capacity experienced by the participants when responding to students at risk of suicide, reflecting the views of some participants who felt that maintaining boundaries is crucial and others who believed that breaking them when necessary is equally important.

The third Group Experiential Theme, **Needing A Safety Net:** *"The space needs to be safe for me too,"* elucidates the participants' experiences of safe and effective practice in responding to student suicidality, capturing the participants' experiences of certain

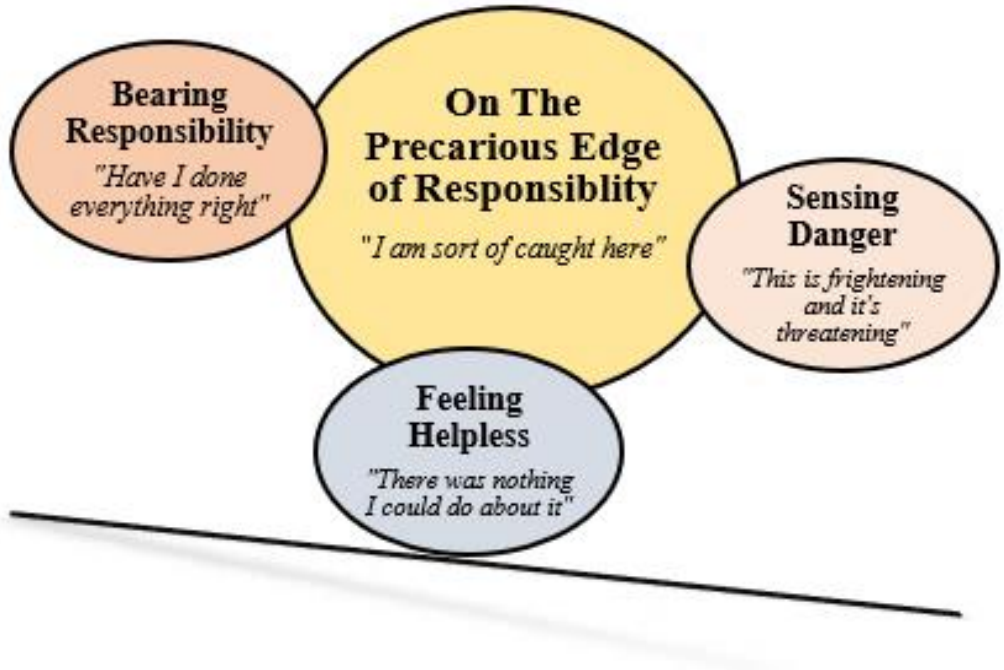
environmental factors which have supported and empowered them to work with student suicidality effectively.

Each Group Experiential Theme and its related Personal Experiential Theme will be presented and explained below. Quotations, anonymised to prevent any identifiable data, will be used to support the experiential statements that were generated during the data analysis phase. Some of the quotations have been edited for clarity and relevance, involving the removal of verbal fillers and extraneous words while ensuring the meaning and focus of the quotes have not changed.

4.1 On the Precarious Edge of Responsibility:

"I am sort of caught here."

Figure 1: Group Experiential Theme One and related Personal Experiential Themes.



The first Group Experiential Theme uncovers how participants felt caught or trapped by the disclosure of a student's suicidal ideation while also illustrating the participants' sense of the threat to their professional reputations and careers, which hung in the balance. This theme also reflects the participants' deep sense of helplessness, participants arising

from their inability to prevent a student's suicide. For some participants who experienced a client suicide, the feeling of helplessness was exacerbated during the subsequent scrutiny of a review process, where they were held accountable for their professional actions and their professional conduct.

Five participants described a sense of threat in these precarious situations where they were responsible for a student's risk but ultimately had no control over their actions. The three personal experiential themes clustered to form this overall group experiential theme were - (1) Bearing Responsibility: *"Have I done everything right?"* (2) Sensing Danger: *"This is frightening, and it's threatening."* (3) Feeling Helpless: *"There is nothing I could do about it."*

Each of these themes will be expanded upon below.

4.1.1 Bearing Responsibility

"Have I done everything right?" (Ruth L.307)

'Bearing Responsibility' was a common theme among participants due to the rising number of students with mental health issues, which they felt a duty of care toward. Importantly, some participants described being held accountable for their professional decisions and actions, heightening the pressure to ensure their professional responsibilities were carried out in line with organisational policy and best practice.

Six participants expressed their sense of responsibility through multiple examples of encountering at-risk students. When asked if they had any standout experiences with students at risk of suicide, Rose stated, *"I have so many standout cases" (L.18*). Isabella also explained, *"I actually have so many of them. I don't know which one to start with"* (L.35). Both represented a common experience for all the participants.

Josh described his understanding of what bearing responsibility means when one of his clients indicated a risk of suicide, stating, *"It's like what's the right thing to do, the practice procedure that I should follow to make sure that everything is being done enough to help this person"* (L.62). This comment reflected his immediate sense of pressure and concern about taking the appropriate actions to safeguard his client, recognising it's a requirement of his role for which he is accountable.

Ruth described her team's protocol for responding to students at risk. She explained, *"Our team has an agreement on the level of suicidality and how we will place them. So, the counsellor will decide whether they want to use CAMS or how best they can work with the student"* (L.15). From this we are understanding how the counsellor could bear responsibility for clinical decisions for which they would be held accountable.

As with Ruth, the main approach and procedure adopted by all participants was the Collaborative Assessment and Management of Suicidality (CAMS) protocol. Ruth detailed how she would carry out her duty to manage a client's suicidality using CAMS. She explained, "*We track it weekly using the CAMS tracking form until we get to the outcome (no risk). [...] We would hone in on the drivers, like the goals for therapy, and then we would evaluate the stabilisation plan"* (L.27). Ruth gave further insight into her sense of 'bearing responsibility, ' which involved ensuring that procedures were followed according to CAMS. She stated, *"Have I done everything right by the organisation and for the student... So, have I followed protocol?"* (L.307).

However, most participants found themselves in a precarious situation, caught between trying to implement CAMS in the time available and using their clinical judgement to choose another course of action for which they were also accountable.

The following of the CAMS protocol was important in guiding participants in making clinical decisions regarding at-risk students. Equally important was the participant's

ability to draw on personal experience to exercise their clinical judgement. Rose elucidates, *"I used my clinical judgement to know he could go home. If I were questioned or grilled on Monday morning, I could stand over what I did step-by-step"* (L.129). While Rose expresses confidence in her actions, her use of the word "grilled" suggests a sense of the threat that accompanies the responsibility she bears, highlighting the potential for intense questioning and scrutiny of professional decisions within her team and creating a sense of 'us versus them' between counselling staff and management.

Ruth gave the example of finding it difficult to implement the full CAMS protocol and explained how she used her clinical judgement to modify it on a case-by-case basis as it was not working for her otherwise. She explained, *"It doesn't work. It has to be individualised. With that student in psychosis, I stuck to a safety plan, Mental Health History, and then skipped the therapeutic pieces because that wasn't the priority"* (L.177). Ruth's comment highlights the need for flexibility, indicating that strict protocol may not be effective in all cases. It illustrates the idiographic application of clinical protocols, like CAMS, where counsellors must tailor interventions to the specific needs and circumstances of each individual client.

However, Isabella explained her challenge was being caught between the responsibility of implementing CAMS and her inability to ensure that it was properly implemented in the time available: *"The problem with CAMS is that we don't have time to do a whole assessment. We're being told to use it, yet if I can't do a whole assessment with CAMS within the time allowed, then CAMS isn't holding it. It's a partial CAMS"* (L.231). Her concern was about being held accountable for carrying out a partial procedure, rather than the full procedure, in the aftermath of a student suicide.

Despite following procedures correctly, some participants still faced scrutiny for their actions. Isabella described a chaotic team environment where poor communication led to mistakes in the implementation of procedures. She explained, *"It could have ended up tragically. I was pulled into two incidents because others weren't following protocols. I ended up being questioned, but I did everything by the book. After that, I was so upset"* (L.124). Isabella's situation illustrated how team dynamics and poor communication could still lead to undue scrutiny even when procedures were followed meticulously. The quote, 'After that, I was so upset,' highlights the sense of unease, frustration, and unfairness that Isabella experienced, contributing to a feeling of unsafety within the team environment, which was distressing for her.

Grace, who had experienced a client suicide, expressed her concern for younger counsellors starting out. She described the heavy burden of responsibility working as a counsellor in higher education, particularly the worry and weight of concern that a client might die by suicide. Grace explained how the impact of a client's suicide escalates depending on where potential accountability lies, *"When the client takes their life in the college, it's one thing. When that client is known to the service, it's another thing, and when the client is known to you, it's another thing"* (L.300). Grace's reflections highlight the systemic impact of a student's suicide, but particularly the emotional toll it takes on the counsellor involved.

Grace shared her personal experience of the chaos and turmoil she experienced when one of her clients completed suicide and emphasised the need for proper support and debriefing. She elucidates, "*It's messy, and it's scattered. It is a very tough place when a student has taken his or her life. That's a hard place for counsellors to sit, and I really worry about younger counsellors. Are they getting the validation and support for what they did and the debriefing that's not critical questioning?"* (L.312). Her sense of deep concern was about how institutions respond to counsellors who fulfil their duty of care to

students during their darkest moments yet also find themselves in need of guidance and support in the aftermath of a tragic student suicide.

4.1.2 Sensing Danger

"This is frightening, and it's threatening." (Pearl L.160)

All participants described feeling a sense of threat and danger when they encountered a student who was at a high risk of suicide. Some participants recognised the profound impact it could have on them, with some already experiencing the loss of a client to suicide during their careers. A number of reasons contributed to participants' sense of danger, including uncertainty about the most appropriate action, the anticipated workload of contacting and coordinating with external support, concerns that none might be available, and the accountability associated with cases where a student had completed suicide.

Dan stated, *"I see it as becoming a very fearful space for therapists to sit into with clients"* (L.17), and he further expressed concern, stating, *"I think we're being driven more by fear, not therapy"* (L.75). Dan believed one of the reasons why fear was prevalent among counsellors is because they work under a duty of care. He spoke of three particular fears associated with the client's suicidality. "(1) *There's the fear that I don't feel this often. It's beyond me. I'm not able to cope. (2) I have to cover my ass. I have to do something. (3) There is fear when you work for a service; if anything goes wrong, there's always the -what happened?"* (L.317). Other participants, including Pearl, Isabella, Josh, Ruth, and Grace, also reiterated these fears in different ways, affirming Dan's observations.

However, both Dan and Pearl expressed scepticism about the level of fear associated with student suicidality among counsellors. They believed that the prevalence of counsellor fear is not warranted because the actual number of students at risk is not as

high as it seems. Throughout their interviews both participants expressed a deep sense of care for their client's welfare and willingness to care for clients beyond the normal counselling practice. However, they also interestingly challenged the current discourse around escalating mental health and fear among practitioners. Despite being caring, experienced and empathetic their scepticism toward rising mental health issues and fear among practitioners regarding suicidality appeared to be part of a possible defence mechanism against their own fear around suicidality.

Dan expressed both his scepticism and fear: *"I think it's been blown out of proportion in relation to the number of students who have suicidal ideation"* (L.5). *"I have definitely heard over the last ten years a whole change in people saying, oh, I'm struggling with my mental health"* (L.10). *"If you look at the National Statistics around suicidality, they're not massive"* (L.16). While the loss of even one client has proven to be profoundly impactful, Dan expresses strong scepticism towards the social discourse and sense of drama around mental health as if it's a pandemic throughout the country. His quotes appear to be an attempt at tempering the national conversation so that we stay grounded in the facts, rather than getting swept away with the discourse of rising mental health issues and fear among counsellors.

Dan gives the example, that while the students are indicating suicidal ideation on screening forms they are in fact not suicidal when met in person. *"It's becoming more frequent that students write "sometimes" for suicidal thoughts. And then when you talk to them, they say 'Ah No', that was four years ago"* (L.197). His frequent experience of this highlights how risk screening forms used by counselling services can needlessly alert counsellors to suicidal risk, causing undue apprehension. While at the same time falsely reporting a prevalence of suicidality within student counselling services. Dan also seems to use this quote as a sense of reassurance for himself which could also be a defence mechanism in coping with the stress of increasing cases of suicidality in his practice.

Pearl's experience aligns with Dan's. In reference to student suicidal ideation, she states, *"How serious it is, I don't know. Is it just in their vocabulary? - because when you actually explore their thoughts, it was just a fleeting thought"* (L.12). Her question, "Is it just in their vocabulary?" draws attention to the potential shift in students understanding and/or usage of the term 'suicide'. Pearl explains, *"I'm always fascinated about why every student is saying, 'I've got to kill myself'. When I was growing up, it was something you would never say. It was taboo. Rather than now, it's totally acceptable to say that and almost glorify it"* (L.281). Pearl too appears sceptical in these quotes, a scepticism that seems unique to experienced practitioners who have observed changes in students' presentations over their careers, as she reminisces on the past and more peaceful and less tumultuous times in their careers.

However, Pearl believes that counsellors' fear of student suicidality is linked to the prospect of additional work, which might exceed their capacity. She explained, *"There's fear because if somebody discloses, then I have to do something. It's this 'then I have to' that causes the fear*" (L.177). This quote seems to reflect Pearl's view that a counsellor's fear stems from the need to do more work when faced with student suicidality. This is a fear that Pearl does not experience, because during her interview she has described being more than willing to do whatever it takes to ensure a client's safety regardless of what's involved, even if it takes from her personal time. Therefore, Pearl appears slightly annoyed by what she perceives as other counsellors becoming anxious due to capacity issues, and she seems somewhat condescending towards those who use professional boundaries to not work with clients at risk. Pearls perspective may be informed by her experience of losing a client to suicide which profoundly impacted her.

Dan further described his sceptical position about counsellor fear, stating, *"Once suicidality has been flagged on the assessment form, it takes over from what the student actually wants. It becomes about whether we should be doing a CAMS this and CAMS*

that, it's taking us off on a tangent" (L.63). Dan's concern was that any indication of suicidality prevented him from being able to offer counselling therapy to the student, instead, he must follow his team's protocol by implementing CAMS, regardless of the students' risk-level. The quote, "CAMS this and CAMS that," seems to express Dan's frustration with the implementation of the protocol, which he feels overshadows "what the student actually wants". Dan appears frustrated because he would like to work with these students therapeutically, believing that their expression of suicidality is a natural experience and part of life, and not something to be afraid of, which is in conflict with other participants in this study, such as Grace and Rose, who believe their job is to manage suicidality rather than work with it.

However, other participants gave reasons for genuine concern. Jane spoke about a student who already had a number of suicide attempts before counselling, evoking a sense of danger because she felt it would happen again. Jane expressed that the most challenging aspect was that the level of risk was not taken seriously, leaving Jane alone with a constant sense of concern. She explained, *"There was a lot of minimising how serious the suicide attempt was and how much support she needed. It was a justified concern because there was another suicide attempt"* (L.68).

As a lone practitioner contracted by a university, Josh had sole responsibility to take the actions required to keep the client safe. Working in private practice and being paid by the university for the students they sent him, Josh did not benefit from a team environment having no colleagues to consult or share the burden with. He stated, *"It's stressful. I'm feeling alone because it's* just *me and him in the room, and really, I need to go outside the room"* (L.171). Josh described the situation of encountering a student who openly disclosed his intentions to complete suicide on a specific date unless something significant changed in his life. He recounts the student's words: *"If things don't improve by a certain date, I'm going to do it"* (L.82). The student's disclosure

forced Josh to initiate a crisis intervention. He explained, *"This guy means business. He has a date; I have to take that as real, and there was that urgency and need to intervene and to support him"* (L.102).

The burden of managing this crisis weighed heavily on Josh, as his worries were further compounded by the need to find time to respond during his already packed schedule of four to five clients per day. Josh described the situation: *"You're juggling clients back-to-back. I'll finish at 5:00 pm, and the student service is closed, so I can't contact anyone. The time is ticking, and if this is Thursday, it can be three days before I hear anything back"* (L.163).

The presentation of his client's clear suicidal intent pushed Josh out of his comfort zone and into an unfamiliar place, particularly challenging because Josh worked alone. He explained, "*I felt in the unknown. I really wasn't sure. I felt alone in it. What can I do for this person?" (L.28).* He described feeling caught in a dangerous situation the first time he encountered this student at risk: "*The very first time that happened was a feeling of panic. Oh God, what do I do here?"* (L.61).

However, Ruth spoke of the fear that can be evoked within an organisational setting due to the accountability for actions taken. She stated, *"It's scary when my client comes in and says, I took an overdose at the weekend. I suppose there is that feeling of anxiety. There are those automatic thoughts of 'Did I tick all the boxes? Did I manage this correctly?' Because there's that anxiety when you're working in an organisation. (*L.47). She further stated, *"Working in an organisation is really helpful, but there is always that, did I cover everything?"* (L.47).

Grace used a vivid image of a frog caught in headlights to describe the vulnerability she experienced when faced with a suicidal student, especially at those times when there were fewer services available for onward support: *"There's an anxiety… I'm sort of*

caught here… there's a startle […] you know, the frog in front of lights *[…] There's a threat to me and to my profession. And also, escape is not going to be my route here"* (L160). This image highlights her profound sense of caughtness and the immense pressure she felt, knowing she was accountable for her crisis intervention decisions yet had few support or referral options available to her.

Isabella also experienced a profound sense of dread at times when onward support services were reduced, and she was on call for emergencies. She described her worst-case scenario as being *"the time pressure, and if it's evening time, and risk comes up, and things are closed. So, the expectation is that if somebody needs to go to A&E, it's me who has to take them"* (L.178).

One of Isabella's fears is being burdened with the responsibility of managing mentally ill or suicidal students without having the proper collegial support. She stated, "*If I don't handle this properly and then the student does whatever [kills themselves], there will be an inquiry, and I don't want to have to go through that process again" (*L141). She stated, "*The biggest fear is that I'll be held responsible for something that I have no control over"* (L.94). Her fear was related to being helpless in preventing a student's suicide and fear of blame for not adequately safeguarding the student despite having no control over their actions, which ultimately contributed to Isabella's occupational stress.

4.1.3 Feeling Helpless

***"There is nothing I could do about it."* (Jane L.161)**

This theme illustrates the sense of helplessness experienced by some participants because they felt that their best efforts may not always prevent the student from ending their life. The failure to notice the signs of suicidality during initial assessments, either because they were not evident or because a student was reluctant to speak about it, left some

participants with a sense of helplessness and vulnerability in their positions of responsibility.

Dan explained that his two standout cases were significant for him because, in both incidents, neither had indicated any level of risk during their assessments. It was only during counselling appointments they gave indications that a risk of harm was imminent, which required him to take immediate action. He explained, *"They were just two experiences where people who ended up being very seriously suicidal but had not had that data captured at assessment"* (L.180). Dan described his anger about relying on an assessment tool that was not working, leaving him vulnerable and helpless if they were to complete suicide. He stated, *"It was a shock because it came completely out of the blue. I remember being quite angry about relying on an assessment form "(*L.236).

Dan elucidated the sense of vulnerability and helplessness experienced when carrying out his responsibilities, stating, *"If somebody does not want you to know, they are not going to let you know whether it is through a screening tool or not"* (L.165). Pearl, too, commented, *"No matter what we do, people will complete suicide. The person's right is theirs, and you're doing your best, but it's their ultimate decision"* (L.181). Josh also spoke of feeling helpless in preventing a student from ending their life: *"If someone really wants to do it, I can't stop them unless I'm looking at them 24 hours a day"* (L.116).

Within the scope of his counsellor/psychotherapist role, Josh accepted that he could only do his duty to address the risk by following the institution's protocol. He stated, *"So, there's a feeling that this is all I can do, and all I can do is what I have done already. It seems a bit helpless, like what can I do?"* (L.46). Josh expressed his helplessness but felt safeguarded by having procedures and risk-management protocol to follow. He

commented, *"It's not down to me if they decide to take their own life. I feel* helplessness, *but I don't feel like it's all down to me. It's acceptance of that"* (L.58).

However, despite Jane's best efforts to follow typical protocol and procedure, such as creating a safety plan, checking the client's next steps, ensuring he was staying with family that night who could ensure he was safe, and also contacting the client's GP and arranging an appointment, Jane was helpless to prevent the tragedy of her client dying by suicide. Jane gave the example of this standout case where her client ended his life soon after their appointment. She stated, *"He was my last client; I had done the equivalent of a safety plan, I had spoken to his GP, and he was meeting his GP the following morning. He was going out to meet his sibling, and after the appointment in their house, he took his life"* (L.216).

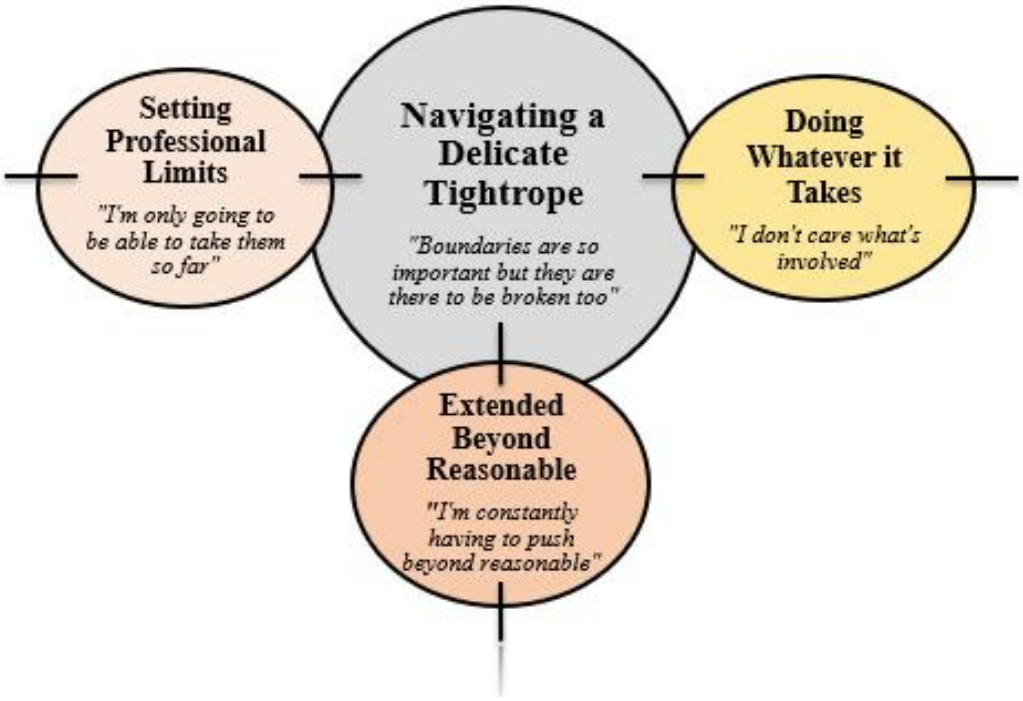
Jane described her sense of helplessness in the aftermath of a client's suicide as her notes were taken and scrutinised: *"Even the going through the client's file. Did I do this? Could I have done something else? Did I miss something? It caused a lot of anxiety, and my files had to be taken"* (L.224). Having her client files taken also left Jane with a sense of vulnerability and helplessness, and she wondered if she had done everything right.

Jane shared another incident that occurred later in her career, but by then, she had more experience. She described how the experience of a student attempting suicide between their appointments stirred up feelings of helplessness once again; however, at this stage in her career, Jane had learned to accept the limitations of what she can control and accepted that she is sometimes helpless to prevent suicide among her clients. She explained, *"They might end their life, and there would be nothing I could do about it. I'm not trying to stop suicide from happening... I'm not taking that responsibility"* (L.161).

4.2 Navigating a Delicate Tightrope:

"Boundaries are so important, but they're there to be broken, too."

Figure 2: Group Experiential Theme Two and related Personal Experiential Themes.



The balance between setting professional boundaries and doing whatever it takes emerges as the second group experiential theme. This theme captures the participants' experiences of trying to balance their duty of care to safeguard a student at risk of suicide with their efforts to maintain personal capacity and resources while staying within the scope of their counselling practice.

This theme highlights the professional burden participants have experienced in their roles while emphasising their need for clear professional boundaries amid increased demand and the rising complexity of client issues, including issues like suicidality.

All participants emphasised the importance of maintaining clear professional boundaries to prevent themselves from being extended beyond the scope of their practice and their professional capabilities. This involved making triaging choices about how to respond to a student while also being mindful of the limits of short-term counselling. Participants, like Isabella, Josh, Ruth, Rose, and Dan, defined their role as managing suicidality rather

than counselling and expressed huge relief and a sense of reassurance when an at-risk student was successfully referred to another appropriate service.

However, a few participants, particularly those with previous experience of losing a client to suicide, gave examples of going beyond normal professional practice to do whatever it took to help an at-risk student. This mostly involved a personal commitment beyond what was normally expected of them in their professional roles.

The three personal experiential themes clustered to form this overall Group experiential theme were - (1) Extended Beyond Reasonable: *"I'm constantly having to push myself beyond reasonable."* (2) Setting Professional Limits: *"I'm only going to be able to take them so far." (3)* Doing Whatever It Takes: *"I don't care what's involved."*

Each of these themes will be expanded upon below.

4.2.1 Extended Beyond Reasonable

"I'm constantly having to push myself beyond reasonable." (Isabella L.236).

Extended Beyond Reasonable is a metaphor that captures the sense of burden participants have faced in their roles. This theme encapsulates the participants' experience of being extended beyond what is reasonably expected of professionals trained in counselling and psychotherapy. The interpretation arises within the context of participants' experience of increasingly complex cases of student suicidality, a concern expressed by all participants.

The participants, all experienced psychotherapists and counsellors within Irish HEIs, have observed a concerning trend of increased student suicidality in recent years. Isabella, who has seven years of experience, highlighted the escalating demand for support regarding suicidal risk, noting, *"The demand has increased, and the demand for support around risk has hugely increased"* (L.19). Ruth, with five years of experience, acknowledged that *"Suicidality is quite prevalent and suicide attempts, Yes. It has*

happened" (L.4). Pearl, with over twenty years of experience, explained that at the beginning of her career, students at risk of suicide only presented occasionally. However, she observed, *"The answer for most students, have you ever had suicidal thoughts?' is now Yes, which is a huge change"* (L.10). Rose, with just over five years of experience, explained, *"Within the context of working in a college, suicidality is commonplace"* (L.4). Jane, with twenty years of experience, explained that "*we now see quite regularly suicidal thoughts, suicidal ideation, and that somebody has already attempted suicide" (L.6).*

All participants expressed feeling burdened trying to manage the increasingly complex mental health issues among students. Many of these issues extended beyond the scope of their counselling skills and qualifications. For example, Rose acknowledged these challenges in her interactions with suicidal students, describing the students as increasingly complex, multifaceted, and sometimes surpassing her capabilities. She explained, *"They're so complex, dynamic, and multifaceted and sometimes involve far more people than just me"* (L.8). She illustrates these complexities with some examples of client cases. In one case, she described her client, stating, *"He presented with a very complex mental health history, psychiatric involvement, medications, cultural differences, an international student, financial issues and suicidality"* (L.18). Rose's example gives insight into how she had faced complex cases going beyond what her counselling and psychotherapy skills could offer.

Similarly, Dan, a psychotherapist who has worked in higher education for over fifteen years, described several incidents of encountering complex cases of students at risk. The two examples below highlight the complex and challenging crisis situations that have extended Dan beyond the scope of his counselling profession.

In one case, a client arrived for counselling after consuming numerous boxes of paracetamol. Dan responded immediately by referring them to medical services. He reflects, *"For me, I thought, okay, he wants me to know this and to do something about it"* (L.179). In another situation, Dan was required to respond to a student threatening to jump out of a window on campus. He recalls, *"I went in, and he was like, I'm going to kill myself, I'm gonna throw myself out the window.* (L.558). Dan contacted the student's parents and discovered the student had autism and a history of mental health problems. While Dan responded to both situations with the skills and expertise acquired through his training and experience, both students needed far more care than Dan could provide through counselling.

Rose described another incident where she spent over two hours assessing a student that she considered was in imminent danger of suicide. She created a safety plan but felt it was not sufficient, and the student could not be left alone. Confronted with the student in crisis, Rose recalled her duty of care, stating, *"I can't let this student leave my office today. They're not safe"* (L.22). Such a situation gave insight into the professional burden faced by Rose. Not only was she responsible for making a professional decision regarding a student's welfare, but time dedicated to the assessment and care of the student demanded a lot from her.

The impromptu arrival of a student in crisis not only placed a heavy burden on the participants but was further complicated by the timing of these emergencies, which significantly impacted their personal and professional lives. Isabella explained, *"I suppose the time pressure if it's evening time and risk comes up and things are closed, so the expectation is if somebody needs to go to A&E, it's we that have to take them*" (L.178). Her experience highlighted the expectation to fulfil duties of care at the expense of her personal time, which contributed to an understanding of how she was so fatigued when she stated, *"I'm just bone tired"* (L.98).

Insights gained from Josh's experiences illuminated the particular burden of managing time that most participants bear in the context of crisis intervention. He stated, *"As a therapist, there's a certain structure and locked into that timetable. Then this happens, it throws everything wide open. I have to try and re-organise my time and schedule"* (L.167). He gave a sense of the pressure felt in managing time during crises, stating, *"More practical stuff, contacting those various people, it's stressful because there's a timeline on it"* (L.129). Josh, one of the least experienced participants in this study and the only participant not working within a team environment, identified time management as a major stressor. In this quote he describes how the acute stress caused by a client's disclosure of suicidal intent can profoundly destabilise his experience in work, which offers insight into the real impact suicidal clients can have on counsellors lived experience.

Grace gave insight into the trigger for this particular burden of time, stating, *"Friday afternoon or the evening and a bank holiday coming. Services are shutting, or services are less. Parents might be away; colleagues don't want to know" (*L.236). The burden was exacerbated if a student presented in crisis when external support services were closing, which gave insight into how such a situation left her with the extended responsibility of ensuring the student's safety.

Dan gave another example of feeling the burden of encountering a student at risk. He explained that the student completed a pre-counselling screening questionnaire form and scored very high for suicidality, but the student did not show up for his scheduled counselling appointment just before Christmas; he also did not respond to any phone calls or emails, leaving Dan concerned about his welfare over the holiday period.

Dan explained, *"Having somebody on your mind if that somebody doesn't show up for an appointment. Their risk score on the questionnaire was very high in suicidality. Now,*

what do we do? There was no time. Christmas was coming" (L.392). Dan's experience provided further insight into the type of scenario that can occur, leaving him with work-related burdens extending into his personal time, in this case, during a period meant for rest and holiday. In this example Dan expresses his sense of the fear of being held accountable for a situation he has little control over. His frustration toward the assessment form was also clear as the pre-assessment screening form gave him information about risk that he could do nothing with as the client did not attend the initial appointment. The scenario gives deeper insight into the reasons why Dan believes counsellors should not be assessing for risk which is in conflict with counsellors like Rose, and Grace, which illustrates how different lived experiences can shape different professional opinions.

Of all the participants, Isabella stood out as feeling particularly burdened in her role, and she explained why, *"So the problem is that our demand for our service is way too high"* (L.236). She described an extremely challenging work environment which affected her personally and professionally, and she explained that responding to suicidal students has felt like an unfair, heavily weighted burden, *"It's just weight, heavy. It's a burden. I feel like the professional burden on me is not fair, and it's not sustainable"* (L.152). Isabella seemed to be profoundly affected by the demands of her work and conveyed a sense of being overwhelmed and constrained when faced with student suicidality.

Isabella expressed how the impact from being overworked could affect her ability to recall details that could impact the care of a suicidal student, stating, "*When we're overworked, and we're too busy, our capacity to recall is impacted hugely. What if I forget a detail later on?"* (L.128). The overall impact of rising demand, increased levels of suicidality, and the complexity of student issues also left Isabella struggling to care for herself while striving to provide effective care for students at risk. She described, *"Any kind of self-care, yoga, swimming, that kind of stuff helps, but having to go out in the*

evening. I'm so tired, I'm really not able" (L.361). Her experience underscores the personal impact and potential for burnout resulting from what she described as an overly subscribed, under-resourced and poorly managed counselling service.

4.2.2 Setting Professional Limits

"I'm only going to be able to take them so far." (Rose L.149)

'Setting Professional Limits' represents the participant's experiences of limiting their professional burden by maintaining clear professional boundaries, especially with at-risk students who require interventions beyond the scope of their counselling practice.

Participants, such as Rose, Ruth, Dan, and Grace, believed that, as counsellors, their duty of care for at-risk students was fulfilled by managing the situation through assessment and triaging rather than through counselling. Rose described her response to risk, stating, *"You have to almost set aside the therapeutic hat and put on the triage risk management hat"* (L.6). Grace described student assessment and triaging as a challenging but crucial part of her role. She explained it as *"Looking at what the student is presenting with; what they believe they're wanting; and the clinician's decision as to what we can offer them"* (L.34).

When suicidality was identified, Grace further described her role as getting as much information as possible to determine the best course of action. She explained the importance of having accurate information, stating, *"I absolutely need to know the level of risk and whether this person can leave me"* (L.172). Rose also emphasised that her role was not focused on suicide prevention, explaining, *"You are doing your important part in suicidality management; we are not doing suicide prevention"* (L.123).

While assessment and triaging were crucial aspects of the participants' roles, Rose maintained clear professional boundaries throughout this process. That meant considering her qualifications, capabilities, and the practical constraints of providing

short-term counselling when considering which clients to offer counselling to. It seemed that Rose was comforted by feeling part of a process, the part that identifies suicidality, yet also seemed clear that she was not going to take the responsibility of preventing suicide, strongly believing that this was not her responsibility. From Roses interview I learned that she would choose to refer clients at risk of suicide to services that would support their longer term needs rather than attempt to work with them therapeutically. Rose was comforted and confident by focusing on assessment and triaging rather than an expectation to work with a client a risk of suicide, which in some ways was her coping style.

Grace explained her professional boundary when high risk was identified at assessment, stating, *"I'm requiring very high risk to be handled by a psychiatrist because we are a short-term service"* (L.106). Dan strongly expressed his opinion, stating, *"I screen for suicidality, but the only people who should be assessing it are the HSE. That is where it belongs so that I can do my job*" (L.349). Rose expressed a sense of sadness with the inevitability of needing to refer a complex student onwards, stating, *"I'm only going to be able to take them so far. I have to ethically offer this person a referral to longer-term service"* **(**L.149).

Dan was most vocal about needing professional boundaries as a student counsellor. He explained, *"There are limits to what counselling can do with people who are at risk. That's a safety issue. It's not a counselling issue"* (L.252). Similarly, Isabella explained, *"I'm saying I'm not a diagnostician. As a therapist, you know there are limits to our training"* (L.308). These perspectives were widely shared among other participants, such as Grace, Josh, Rose, and Ruth, as they faced ever-increasing demand and complex students at risk of suicide.

Josh, as a private practitioner contracted as part of a university's outsourcing strategy for the last five years, had a similar opinion to the above, stating, *"The very fact that they're suicidal is enough in itself to actually say I can't work with that person"* (L.209). However, Ruth felt her duty of care was to support an at-risk student by referring them to another service, stating, *"We would always provide that support through referring"* (L.81). Rose provided further understanding with this response, "*We have to really be crystal clear about our scope of practice. The kindest and most ethical thing I should do is refer them to a practice where they will get the time and space and proper attention they need"* (L.44).

While establishing professional boundaries was mainly associated with referring at-risk students to other appropriate services, for some participants, it also meant ensuring they had space, time, and support to function as counsellors.

For Dan and Josh, establishing professional boundaries meant pushing back against the management of services regarding the number of clients seen in one day. Josh stated, *"I don't take them on unless I have space"* (L.217). This quote gives insight into Josh's ability to set clear professional limits. It seems that as a contracted private practitioner, he is able to set the professional limits easily without feeling judged by a team manager or colleagues.

In contrast, Dan was vocal about his experience of his counselling service before a recent change in management. He stated, *"I remember saying at the time, you're asking us to be dump trucks, […] Just could you pile in some more?"* (L.694). This quote gave a sense of Dan's evident frustration because of the lack of care and support that he felt in his work environment, gave a strong sense of being unappreciated, uncared for, and taken for granted by the management at that time. Dan's use of the term 'dump truck' and 'pile' emphasises that the rubbish being piled on him was more and more clients which

was diminishing the quality of his counselling work and impacting him somatically. Dan's analogy gave a strong sense of the overwhelming and tense environment he faced, highlighting his need to assertively push back against those in authority in order to ethically maintain self-care as a professional psychotherapist. Dan explained his motivation for maintaining clear professional and ethical boundaries. *"I think self-care is extremely important in our profession. I will never see more than four students because of the impact somatically on me"* (L.528).

For another participant, like Grace, having professional boundaries meant ensuring they would not be left solely responsible for a client's welfare once high-risk was identified. Rather than simply referring the student onward, Grace agreed to work with a client as long as others held the risk. Grace gave an example of meeting a student who sought counselling support. The student had eight previous suicide attempts and was once again at high risk of suicide.

Grace explained how she established a firm boundary, stating, *"I insisted on meeting a parent. I absolutely just insisted"* (L.48). Knowing others would happily burden Grace with the responsibility for the student, she wrote a carefully crafted letter to the parents and the psychiatrist, establishing her conditions of engagement with the student. She recounted, *"Our service is short-term and not 24/7, and in this case, we would absolutely have to make sure the student is engaging with the psychiatrist. And that psychiatry carries the risk"* (L.76). By involving the client's psychiatrist and significant others it seemed that Grace gained a great sense of reassurance that she was not solely responsible for managing the client's risk. This seemed to unburden Grace, giving her a willingness and ability to support the client through counselling.

4.2.3 Doing Whatever It Takes

“I don't care what's involved” (Pearl. L.59)

This theme reflects the reassurance experienced by some participants when they went beyond counselling practice to support an at-risk student. The therapeutic alliance with a student became the most important aspect, and the counsellor enforced fewer boundaries within a collaborative client-therapist relationship.

Interestingly, while the CAMS protocol had guided participants to refer-on students who had unresolvable suicidality, so too did it guide participants to do whatever it took to resolve a student's suicidality, often conflicting with standard counselling and psychotherapy practice.

Pearl spoke of the CAMS training that all student counsellors working in higher education received. The CAMS tutor gave an example of helping a suicidal client by going to a building society and helping them work out a plan to pay their mortgage, which was what was driving their suicidality. Pearl was delighted with this example because it validated the approach she had been taking with at-risk students for years.

Unfortunately, Pearl had the experience of losing a client to suicide early in her career, as well as having a close friend who lost a child to suicide, which both left her with unanswered questions, “*Why didn't I pick up on it? Why didn't I know?”* (L.65). She explained that the feeling was so horrendous that she was unapologetically willing to do whatever it took to prevent ever again feeling that loss, stating, “*So, anything that can prevent you from feeling that I'm going to do it”* (L.67).

Pearl was the participant who stated, *“Boundaries are so important, but sometimes in certain circumstances, they are there to be broken too”* (L.49). For Pearl, those circumstances were when a student was at risk of suicide. She stood out as the

participant most willing to do ‘whatever it takes’ to help a student at risk, which was in line with the CAMS training she received. She explained, *“I know for some counsellors, giving out their personal phone number is something they would never do under any circumstances. But for me, it's a great thing. Our role is to prevent cases where it's preventable, and I don't care what’s involved”* (L.59). From this quote we gain a sense of Pearl's willingness to go beyond the requirements of a boundaried therapeutic relationship. She unapologetically acknowledges that this is a different approach to other practitioners which provides insight into how personal lived experiences can inform professional decision making, given that Pearl acknowledged earlier that she is willing to do anything to never feel the loss of a client again.

She gave the example of working with a high-risk student, and when creating a safety plan for the student, she added her personal and private numbers along with other helpline numbers. Subsequently, that student had phoned her when she was with her family. However, Pearl explained that she felt reassured knowing that they could make contact in a crisis, stating, *“Any of my at-risk clients, I would have given them my personal phone number, so they could reach me at any time”* (L.40); She elaborated stating *“Rather than create or exacerbate my stress it actually alleviates it completely”* (L.255). From this quote we can understand the extent of Pearl's willingness to go beyond normal practice. Pearl seems to feel personally reassured when the client contacts her rather than burdened which is an example of her personal approach to risk management which diverges from the other participants in this study.

Pearl gave another example of helping an at-risk student move into student accommodation because she had no other support in her life. Pearl laughed and stated, “*I mean the things you do”* (L91). Pearl went beyond her role as a counsellor, showing her sense of duty to care for this particular client; she explained, “*I actually moved her*

stuff in my car. It took hours, not to mention the actual sessions with her." (L.95). This scenario illustrates Pearl's willingness to sacrifice her personal time to ensure her client's risk was reduced in whatever way it took.

While Pearl was most vocal about her willingness to do anything to prevent a preventable suicide, other participants also conveyed a willingness to help an at-risk client by going beyond the confines of a counselling room, such as sacrificing personal time to accompany a student to the hospital.

Importantly, both Isabella and Grace referred to the increasing number of international students who have been actively recruited by HEIs but left unsupported while here in Ireland, which placed counsellors in a position to do whatever they could to help these students beyond counselling practice. Isabella underscored the sacrifices made by counsellors, stating, "*like a colleague had two trips to A&E overnight with students, international students because they have no one here to support them"* (L.51

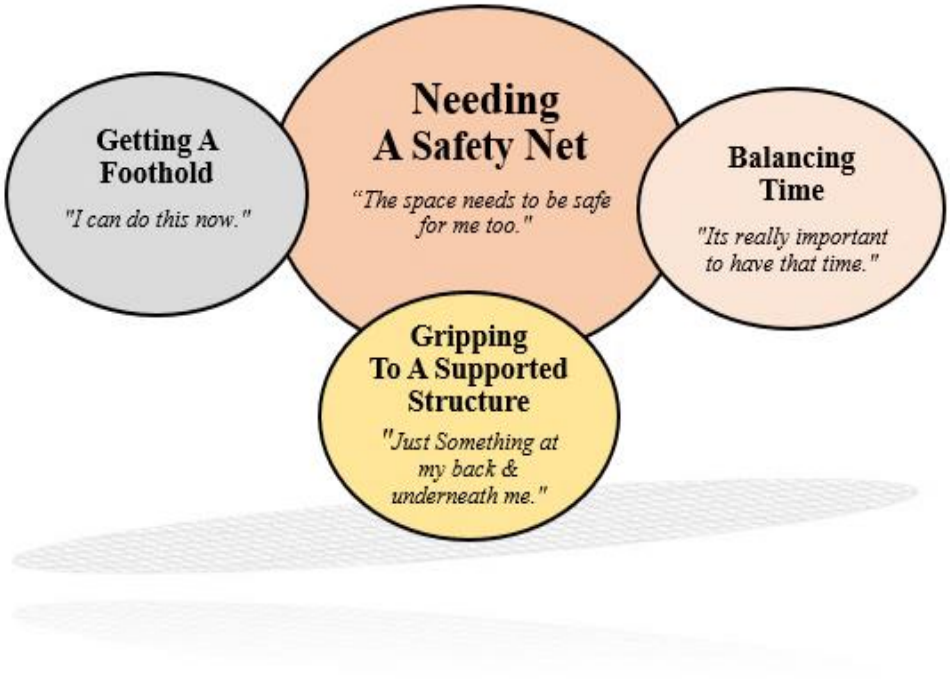
Grace, who also lost a client to suicide and was on site when another student completed suicide on her campus, had also gone beyond counselling practice to support at-risk students. Apart from bringing students to the hospital, she also mentioned that she spends a lot of her free time advocating for students with no one else to support them. She explained, *"I'm always in the process of soliciting funds where students are at rock bottom. Poverty is a very big driver for all of these things, including suicidality"* (L.22).

Pearl sums up the empathy and care shown by the participants who sacrificed their own time and personal lives to support at-risk students, often thrown into what could be perceived as a parental role rather than counselling, "*It's a lifeline for them. Somebody cares enough to be there. I think that's the big thing when you're in that dark place, that there's a pinpoint of light, and sometimes that's your number*" (L.44).

4.3 Needing A Safety Net:

"The space needs to be safe for me too."

Figure 3: Group Experiential Theme Three and related Personal Experiential Themes.



The third Group Experiential Theme identified through data analysis represents the participants' sense of feeling safe in their work environment, knowing they had adequate training and well-defined policies, procedures, and protocols to ensure safe practice as well as the necessary resources within an effectively managed service. Additionally, in such an environment, participants benefited from being able to collaborate with colleagues if they had any self-doubts and felt safe knowing they had the backup of their manager and colleagues. Another crucial factor was that participants had plenty of time and space to respond to at-risk students, as experienced by participants fortunate to work in a well-managed and well-resourced team.

Overall, participants who experienced the above type of supportive work environment tended to feel more confident and empowered to respond to students at risk, particularly in the context of rising demand and increasingly intense and critical mental health issues.

The three personal experiential themes clustered to form this overall Group experiential theme were - (1) Gripping To A Supported Structure: *"Just Something at my back and underneath me"* (2) Balancing Time: *"It's really important to have that time." (3)* Getting A Foothold *"I can do this now."*

Each of these themes will be described below.

4.3.1 Gripping To A Supported Structure

"Just having Something at my back and underneath me." (Dan L.482)

'Gripping to a Supported Structure' is a metaphor that captures the participants' sense of feeling held within a supportive team environment, which they depended on for guidance and empowerment to respond effectively and safely to students at risk of suicide. For all participants but Isabella, this support came from trusted colleagues and a work environment that fostered collaboration, openness, and approachability among team members, which was particularly comforting when faced with the challenges and responsibilities of their roles.

Rose described how important it was to have safety through the support and backup of colleagues at times when she was working with students at risk of suicide: *"When suicidality comes in, the space is to be safe for me too, and sometimes the safest thing to do is to get additional support from a colleague"* (L.39).

Luckily, Rose also had the pleasure of working with supportive colleagues. She mentioned the importance of this for her: *"I feel held in the workplace knowing I have people that I can turn to for support"* (L.197). The feeling of being held suggests counsellors could rely on each other, which enhanced Rose's ability to manage workplace stress. Rose further explained collegial support, stating, *"It really is my colleagues. They have repeatedly proven that a service doesn't have to collapse under the weight of at-risk*

students" (L.197). Rose's previous experience in a poorly managed, unstructured, and unsafe work environment compelled her to quit her job. Working in this new team environment gave her new hope and insight that counselling services can be run efficiently and effectively to meet demand.

Dan also described the greatest support he felt as having a sense of collegial support: "*Definitely the support of colleagues 100%. Having something at my back and underneath me and even having somebody reflect with me on my rationale for action or inaction"* (L.482). This description conveys a sense that Dan feels held within his team environment, providing him with a safe, secure, and collaborative support structure to rely on.

Pearl described a safe work environment, stating, *"My boss is very supportive. Having colleagues who trust you; It's great because you feel empowered, supported, respected, and that makes you more able*" (L.238). The transformative effect of a supportive team environment, where team dynamics were positive and encouraging, made her feel safe and secure and, therefore, more effective and resilient in her work.

Jane described a person-centred work environment that validated her and helped her feel safe in responding to the prevalence of student suicidality: *"We're all about the person"* (L.9). *We're fortunate to have a very good team, a very good head of our service, and just very human-centred"* (L.13). Her comment reflects a team culture where individual well-being is prioritised creating a safe environment for all especially when responding to high-risk cases. Jane stated, *"You're not carrying something on your own. There is a kind of a team sense of that. We have more fun at work. The heaviness of feeling one student after another is lifted"* (L.21). Her comments provide an understanding of the importance of her having a sense of being held within a supportive environment.

Dan highlighted the importance of having autonomy over his self-care and client work, stating, *"If I came out of one appointment and felt I could not do my next appointment, nobody in our service would judge me for saying that I couldn't do the next. There's a deep respect amongst us"* (L.659). His comments suggest that he was now benefiting from a trusting and respectful team environment rather than one that would scrutinise him for prioritising his health above attending to the client's needs.

While the importance of collegial support and collaboration was highlighted above, the lack of it significantly affected those who experienced services with no communication or support between team members, such as Isabella.

Isabella's experience of an unsupportive work environment with poor communication among colleagues had an emotional impact on her. She stated, *"We are very much siloed. We don't have a strong team at all"* (L.114). Isabella gave a sense of feeling alone and vulnerable, describing a difficult situation where support and resources did not match the increased demand and complexity of clients. She explained, *"The systemic supports aren't strong enough to hold me in a way that I feel safe"* (L.102). She tearfully expressed the impact: *"The job has changed dramatically, has gotten much bigger in its volume, we need help and support, and we're just not getting it. I'm feeling it in my head and my heart (tearful)"* (L.171). Isabella embodied a profound sense of hopelessness and overwhelming stress as she reflected on the huge demands made of her without the prospect of adequate support.

Ruth described what had empowered her most at work and what did not, "*We're very supportive of each other, and that's everything. But if I were in a team where I felt anxiety, I'd not be able to work"* (L.331). Grace similarly explained her need for supportive colleagues, *"I would find it very difficult to work on a team with no support. I would find myself not wanting to work on that type of a team"* (L.316). Both expressed a

strong sense that they needed a supportive and safe team environment to function as counsellors and an unwillingness to tolerate an unsafe environment.

Jane described her previous experience in a poorly managed service with little communication between staff and no support from management, stating, "*We were working very much in silos in the past. We were just responding, responding, responding"* (L.272). Her recollection of a time in another Irish HEI counselling service gave a sense of the isolation and overwhelming demand she experienced, which she knows can happen in poorly managed services.

Rose also shared her previous experience in a poorly managed service where she and all her colleagues quit their jobs solely because they lacked proper management and support: *"There was no system in place. It was down to each counsellor to use their own clinical judgement and ability* (L.111). She further explained, *"It was complete and utter isolation. Each man is in his own boat to the point where I genuinely considered that this work isn't for me"* (L.201). Her recollections reveal a deep sense of desperation to escape; the isolation and burden of responsibility led Rose to contemplate changing careers and ultimately quitting her position in that service.

Other participants, such as Ruth and Rose, had similar experiences of needing to change institutions or had changes made within their current institution, underscoring the importance of having a sense of safety and support as a counsellor, which ultimately benefited the students. Ruth stated*, "I feel safe in my team now. I feel support, and that's is exactly what I try to give to students. When I don't feel safe, I feel anxious"* (L.137). Rose, too, evidenced this, explaining the reasons why she had become so calm in responding to students at risk of suicide: "*It comes from having not just robust policies, procedures, rules and standards in place. It comes from the trust that we genuinely have in each other"* (L.57).

Apart from collegial support and collaboration, other factors within successfully managed student counselling services were having adequate referral options and readily available access to medical staff and psychiatrists. Josh stated, "*It's a massive comfort and relief when others are involved, whether it's the student service, GP, supervisors or going to psychiatric services. I'm not holding by myself"* (L.183). His comments gave a sense of his need for shared responsibility.

Additionally, regular individual and group clinical supervision meetings provided the opportunity to share the burden of responsibility and learn from each other's experiences. Group supervision gave most participants a positive experience of feeling safe and supported in responding to students at risk. Ruth stated, *"Having that group support is very important; I don't really know what it would be like working with people that are at high risk on my own"* (L.103). Josh described the importance of availability to his supervisor in critical situations, *"My supervisor was a tremendous help. I could talk to her outside of our normal supervision sessions"* (L.32). Pearl also mentioned the significance of supervision for her and having someone to speak to during a crisis, stating, *"I think supervision is really good, I think just being able to talk"* (L.238). This gave a sense that supervision provided a critical safety net for her, helping her to manage the stress and emotional burden associated with her work.

4.3.2 Balancing Time

"It's really important to have that time." (Ruth L.171)

'Balancing time' is an analogy that illustrates the participants' emphasis on having enough time to safely respond to students at risk of suicide while maintaining a proper work-life balance. Several key factors contributed to participants' sense of feeling safe at work, which often came down to the proper management of their counselling services,

where participants had adequate space, time, and capacity to fulfil their responsibilities without affecting their time for rest and self-care.

Ruth mentioned how her manager supported and empowered counsellors to have autonomy over time management and capacity: *"You've got to take responsibility for yourself as a practitioner if there are too many clients"* (L.159). Her description of a working day gives a sense that Ruth enjoyed control over her schedule, allowing her to plan time to attend to her own needs and prevent becoming overwhelmed; she stated, *"How I structure my day is really important. I give half an hour between every client because I can get my notes up, have a break, have a snack, or have a toilet break. I don't like to be rushed or stressed. I don't want my students to be stressed"* (L.165).

Awareness of the number of at-risk students each team member had and spreading them out evenly was also crucial to ensuring that no one individual became overwhelmed. Ruth explains, *"What's helpful is that my caseload is not just all high-risk students. We are always mindful of how many CAMS students everybody has"* (L.151). Jane also highlighted the importance of making time for alternative types of counselling work to prevent burnout and improve her mood: *"Work other than one-to-one sessions. Each of us has been encouraged to do other programs that might benefit students. It's just a different energy"* (L.302). This gives a sense that having variety in her work, not just dealing with complex and suicidal students, helps Jane feel more energised.

Participants, like Ruth, Rose, and Jane, agreed that hiring more counselling staff was essential for having enough time to complete day-to-day tasks and maintain a healthy work-life balance. Ruth stated, "*We're able to meet the demands more because we have more on the team* (L.259). Jane noted a significant change within her current team a few years ago, which changed her experience from a chaotic 'firefighting' atmosphere to an environment where the team felt properly resourced. She stated, "*It's been quite a*

dramatic difference that is so noticeable. Talk to anybody on our team" (L.272). *"I think we are better resourced. We're not firefighting, as we used to be"* (Line 306).

Rose also spoke about the benefit of recruiting more counselling staff, which gave her manager the opportunity to introduce a new approach to tackle critical incidents. She explained, *"Five days of the week, one member of staff is on duty. Their calendar is empty, and on call to take somebody at the last minute or to step in and help another colleague with their crises"* (L.81). This approach also allowed for other counselling staff to continue uninterrupted with their day-to-day duties and to leave work on time without feeling the additional burden.

A well-resourced team was important for a healthy work-life balance, and most participants emphasised the importance of time for personal life and rest. Ruth described the importance of having time outside of work for rest and to unwind; she stated, "*I'm always looking at my own resources outside of work. Switching off at the weekend. It's really important to have that time"* (L.171). Pearl strongly emphasised having a work-life: *"Just having a life that's totally separate. Switch off completely; Have a laugh with friends; it's so important"* (L.259). Jane spoke of the benefit of a reduced working week, which gave her more time for her personal life and empowered her to meet the demands of her role. She stated, *"I'm very happy to work a shorter week"* (L.271) […] *So it's happy days; we have all sorts of stuff coming in, but it's manageable"* (L.296). This may indicate why Jane did not express the same level of pressure, apprehension, or sense of burden as other participants in this study.

While it was evident that most participants now worked on teams that were more supported and time-resourced than in the past, Isabella was still experiencing a less supported and under-resourced work environment. She stated, "*I'm afraid for my health; I definitely want to reduce my hours and go part-time. I'm considering going on a*

sabbatical and doing something else entirely. I'm hoping I can just reduce my working days in the Institute, and I have that to support me" (L.327). Her comments gave a sense that Isabella was seeking escape options to prevent burnout and support a proper work-life balance.

4.3.3 Getting A Foothold

"I can do this now." (Josh L.187)

The final theme, 'Getting a Foothold,' encapsulates the participants' increasing confidence in addressing cases of student suicidality. Many participants expressed gaining self-confidence through their recent CAMS training and their practical experience in implementing it. Also, simply having experience led to some participants' confidence in trusting their instincts when making decisions and taking action to safeguard a student's well-being.

Josh reflected on the value of having practical experience, conveying a sense of gaining more confidence after successfully managing a challenging case, saying, *"Definitely having been through it is massively supportive. I have been here before, and I know how to do this now"* (L.147). Pearl also mentioned the importance of having experience and trusting her gut when confronted with students who expressed suicidal ideation, positing, *"It is all about knowing. There is no substitute for experience, is there?"* (L.139). Both their perspectives suggest that practical experience enhances a counsellor's ability to manage critical situations, and it implies that the insights and skills gained through experience can be more important or effective than strictly following established protocols.

While Jane experienced the trauma of losing a client to suicide, she spoke of gaining knowledge and the value of experience from the ordeal: She stated, *"Experience brings that confidence because it happened to me and made me accept and realise that this can*

happen. I had to work through all that in supervision" (L.234). Her experience of losing a client and overcoming the loss through supervision has given her an acceptance of the limits of her role in a suicidal client's life. The experience gained through this tragedy may have also informed her decision to work a shorter week and prioritise her work-life balance.

Grace, too, who was devastated by the loss of a client to suicide, picked herself up after the traumatic event and continued her career**.** She stated, *"It takes a lot of experience and maturity to absolve yourself"* (L.304). Grace's language was reflective, capturing the emotional weight of her experience. The need to absolve herself suggests a period of guilt and grieving followed by a deep process of self-forgiveness and acceptance, conveying a sense of her resilience and determination to continue her career despite the trauma.

All participants expressed a greater sense of confidence in responding to at-risk students due to the recent training in the Collaborative Assessment and Management of Suicidality (CAMS). The structured approach and clear step-by-step guidelines ensured that all appropriate questions were asked during the assessment and that all measures were taken to safeguard the student. CAMS also took the focus away from the counsellor and created a collaborative approach with students, which gave participants more confidence when responding to risk.

Pearl, most of all, appreciated the collaborative aspect of CAMS. She explained, *"CAMS just takes you through a process, and it becomes a collaborative piece. This is what's wonderful because it puts you on the same page as the client, and I think that's been very valuable"* (Line 28). Pearl's use of CAMS gave her confidence and reassurance through a structured checklist, ensuring that she had done everything as per the protocol to support the at-risk student. She explains, "*It provides a real framework, and it took away*

lots of the anxiety from counsellors because there was a process to follow that's quite holding" (Line 24).

Grace also found the CAMS approach a very effective tool that often prevented the need to send a student to Accident and Emergency (A&E). Importantly, she expressed her confidence in CAMS, stating, *"It was helpful to realise that there was a way of questioning and being with somebody that leads to most not needing to go to A&E"* (L.216). Her comments seem to suggest that having a structured guide of the questions to ask a suicidal client often leads to de-escalating the crisis and the student's risk, whereas, before CAMS, her team's protocol required sending students to A&E regardless of their level of suicidal intent.

While the step-by-step CAMS approach was important for Rose, it was also important for her to know when to use CAMS and when to adapt it. Rose describes a case of a student who presented with suicidal ideation: *"Ringing next of kin isn't always appropriate. The student's main presenting issue was around his family, and the solution, according to CAMS, was to ring the family. I'm not going to do that. That will further escalate the suicidality and his feelings that no one cares"* (L.180). Rose's example gives insight into how she felt confident and assured in trusting her professional judgement to resolve a dilemma rather than strictly following protocol, which seems to be a testament to the positive, reassuring, and supportive work environment she described during her interview.

However, Ruth conveys growing confidence in responding to critical incidents and managing suicidal students since her CAMS training, "*It can often be managed within six CAMS sessions. So yeah, I feel much more confident because of CAMS training than when I first started here"* (L.95). Ruth also speaks about the importance of the practical experience of implementing CAMS; *"When you've trained in something, and then you're*

putting it into practice all the time, it builds up confidence, even in how I conduct the CAMS. Now it's just very natural" (L.109). Her description conveys a sense of CAMS acting as a safety net, giving her confidence through a structured mechanism for approaching difficult situations.

4.5 Conclusion

The findings of the data analysis of the eight interviews were presented as group experiential themes generated from the interpretation of the data; these included 'On a Precarious Edge of Responsibility', 'Navigating a Delicate Tightrope', and 'Needing A Safety Net', which capture the participants' insights into the tension between their professional responsibilities, self-care, managing professional boundaries and their absolute need for a supportive work environment to respond to suicidal students effectively.

Policies and procedures to safeguard counsellors' time and resources were identified as important in supporting them in responding to students in need. Also important was a trusting and safe work environment that fostered an atmosphere of open communication and collaboration and promoted support between counsellors, supervisors, and, importantly, institutional managers.

Adequate and well-managed resources, primarily more counselling staff, were also identified as of vital importance. More staff gives scope for planning to deal with critical incidents alongside day-to-day duties without stretching counsellors' capacity beyond reasonable limits. Having proper referral options for complex clients to alleviate counsellors of the burden of responsibility was vital, and the manager's ability to manage resources properly so counsellors could have a proper work-life balance was identified as a crucial factor in helping to cope with the responsibilities of their role in higher education. Having trained in CAMS gave participants confidence through a structured

mechanism to assess clients at risk of suicide and a step-by-step guide for dealing with a crisis. However, having the practical experience of working with suicidal students gave both confidence and intuition to participants so they could know better how to manage dilemmas and critical incidents without making situations worse.

4.6 Researcher's Reflexive Comment

After a long and enduring iterative process that lasted nearly ten months since interviews were conducted, I have truly gained an understanding and appreciation of an IPA study that is not as easily gained through theoretical learning as was through the practical experience of carrying out the research, analysing interview data, and generating findings myself.

While I felt each step of the data analysis process was a difficult and onerous journey into the unknown, my academic supervisors gave me invaluable reassurance that I was on the right track. Trusting my supervisors as they guided me through the research process also involved submitting to the process myself. I also now understand and appreciate that conducting an IPA study for a professional doctorate requires personal dedication, commitment, and motivation to immerse deeply into the data, generate and articulate interpreted findings, and complete all the necessary work in order to meet the required timeline.

Chapter 5: Discussion

This study aimed to gain an understanding of counsellors' lived experiences of working with student suicidality in Ireland's HEIs. To achieve this, eight counsellors' experiences of working with students at risk of suicide were gathered through in-depth interviews, and these accounts underwent analysis using Interpretative Phenomenological Analysis (IPA) to identify recurrent and experientially significant themes. The Group Experiential Themes generated: (1) On a Precarious Edge of Responsibility: *"I'm sort of caught here* ", (2) Navigating a Delicate Tightrope: *"Boundaries are so important, but they are there to be broken too"*, and (3) Needing A Safety Net: *"The space needs to be safe for me too"*, reflects the participant's embodied and lived experience of working with student suicidality in Ireland's HEIs, as conveyed by the participants in this study and interpreted by the researcher.

Firstly, this chapter discusses the prevalence of suicidality among students and the corresponding rise in demand for counselling services as reported by participants in this study, situating these findings in the context of secularisation and modernisation in Irish society.

Secondly, the participants' sense of responsibility and fear of accountability are discussed in context with the Irish legal frameworks and ethical standards within the counselling and psychotherapy profession. This includes where responsibility actually lies within the challenging and stressful work environments counsellors face.

Thirdly, the emotional toll and potential risks involved in managing student suicidality are discussed in relation to participants' working contexts and the balance they find between their desire for personal autonomy and the need for a supportive and collaborative team environment to respond effectively to students at risk.

Fourthly, the idiographic implementation of professional boundaries is discussed based on how individual counsellors' unique circumstances, work environments, and personal experiences can influence their use.

Relevant literature is referenced to contextualise the participants' experiences in societal changes to help understand the prevalence of suicidality, rising demand, and its impact on counsellors in Irish HEIs. The chapter also discusses the strengths and limitations of this study and includes implications and recommendations for counsellors, supervisors, institutions and further research. The chapter ends with the researcher's final reflexive comments.

5.1 The Prevalence of Student Suicidality and Demand for Counselling

All participants in this study reported the increased prevalence of suicidal risk among higher education students attending their counselling services, which is consistent with a trend of increasing mental health issues and help-seeking in Ireland. One participant in this study, Pearl, explained that she had experienced this prevalence of suicidality only in recent years, noting that when she began her career over twenty years ago, a client presenting with suicidal ideation was a rarity.

Understanding suicidality as a construct would suggest that its prevalence is shaped by social and cultural factors, not just psychological ones. Therefore, changes in culture and other sociological factors may have influenced the perceived prevalence of suicidality in today's Irish society. This may be explained by Emile Durkheim's belief that suicide is a "symptom of the collective breakdown of society" (Mueller et al., 2021, p.2). In his work 'Suicide' (1897), Durkheim posited that the quality of social relationships plays an important role in either protecting people from suicide or making them more susceptible to suicidal behaviour. His theory on suicide suggests that social integration and moral regulation significantly impact suicide rates (Mueller et al., 2021).

In Ireland, the Catholic Church was the main provider of social integration and the regulator of moral standards, which historically may have acted as a broad structural protective factor against suicidality. For example, when Durkheim explored the differences between Protestants and Catholics, he found a lower rate of suicide among Catholics. He theorised that this was due to the stronger forms of social control and cohesion among them than among Protestants (Crossman, 2020).

The Catholic Church considered suicide to be a mortal sin based on their belief that life is a gift from God and that suicide was seen as rejecting God's will. This belief significantly influenced attitudes in Irish society, leading to a stigma around suicide, which may have also acted as a protective factor. Shame was associated with mental illness, and punishment in the afterlife was connected to suicide, which in some way regulated people's suicidal behaviours. An example of such punishment was that a person who ended their life was not granted traditional funeral and burial rites. It was not until the 1980s that the Church began to recognise the medical and psychological factors contributing to suicidal behaviour and dropped the ban on funerals for suicides from its Canon law code (Dine, 2020).

The shift from perceiving suicide as a moral failing to understanding it as a mental health issue reflects the broader changes that have happened in Irish society over the last thirty years. The secularisation of Irish society led to the reduction of social integration and moral regulation associated with the Catholic Church's influence. Rapid modernisation, urbanisation, technological changes and changing cultural norms altered the traditional structures that provided social support and moral guidance, which may have contributed to the recently perceived increase in suicidality. This aligns with Durkheim's theory that rapid societal changes can disrupt social cohesion and normative regulation, leading to a rise in suicide rates (Mueller et al., 2021).

Recent studies, such as the My World Survey One and Two (MWS-1 and MWS-2) conducted in 2012 and 2019, highlight this shift. They suggest the increased prevalence of suicidal ideation may signify unique challenges that young adults encounter in their lives, distinct from previous generations. For example, MWS-2 connects extended periods of time using social media among young adults to a decrease in self-esteem and an increase in depression.

A study by Mendes et al. (2023) addresses the rising concern of suicide rates and their association with social media addiction among young adults. They identified addiction to social media, especially "TikTok" (p.7), as a significant predictor of suicidal ideation. Their study also highlights the negative effects of social media, like cyberbullying, stress from social interactions, and exposure to suicide-related content. Increases in exposure to suicide through social media and social networks were also highlighted by MWS- 2. This study emphasised the effects of social contagion and the spread of suicidal behaviours through social networks, which have caused suicide clusters among young people in Irish society in recent years (Fox et al., 2020).

Interestingly, while national studies, like MWS-1 (2012), MWS-2 (2019) and SUI's National Report on Student Mental Health (2018), have indicated a rise in mental health issues and suicidality, the actual rates of suicide among young people aged 15 to 24 have reduced from 20.6 males/ 5.7 females per 100,000 in 2012 to 10.6 males/ 4.8 females per 100,000 in 2020 (Horgan, 2021). This overall decline suggests that while awareness and reporting of mental health problems may have increased, actual suicide rates have not risen correspondingly. This could be due to a range of factors, including better mental health support services and societal changes in addressing mental health stigma. While MWS-2 indicated a reduction in protective factors since 2012, such as less support from one good adult, it also showed a corresponding increase in help-seeking through mental health professionals, such as student counsellors.

5.1.1 Help-Seeking and Protective Factors

The noticeable reduction in the presence of ‘one good adult’ in recent years may be due to various factors such as family breakdowns, addiction within a family, increased work demands on parents, social isolation as well as the secularisation of society. The idea of having one good adult aligns with Donald Winncott’s (1953) concept of the ‘good-enough mother’, who is sufficiently responsive and attuned to her child's needs, capable of managing and containing the child’s emotional states and providing a stable and secure environment for healthy emotional and psychological development. ‘The good enough mother’ is one who makes active adaptation to the infant’s needs, an active adaptation that gradually lessens according to the infant’s growing ability to tolerate the results of frustration” (DeVille, 2018). Over time, the mother adapts less perfectly, allowing the child to experience manageable frustrations and develop independence and emotional resilience (Masterson, 2024; Narvaez, 2022; Wedge, 2016).

In his article, DeVille (2018) argues that the Catholic Church acted much like Winnicott's notion of the ‘good enough mother’, referencing the ‘maternal sense of the Church’ and stating that you don't need to be the actual mother to act as a good enough mother. He elaborates on how the Church provides a nurturing environment without needing to achieve perfection and thereby supports people in their personal and spiritual development.

Counsellors and Psychotherapists are gradually stepping in to fill the void left by the absence of consistent, supportive figures and the Catholic Church in Ireland. Student counselling services are increasingly fulfilling Donald Winnicott's concept of the 'good enough mother' by providing a nurturing, supportive, empathetic, responsive, and holding environment for students as they attempt self-determination as adults in the real world. In this way, student counselling services in Irish HEIs have become increasingly popular

as student support, acting as a protective factor in many young people's lives, as confirmed by recent national studies (USI, 2019; Dooley et al., 2019).

Another protective factor seems to have come from the increased awareness and openness in discussing mental health issues in modern Irish society, acting as a positive social contagion spreading help-seeking behaviours, where increased awareness and reduced stigma have encouraged more individuals to vocalise their struggles as a cry for help. In the literature review, Mair (2015) highlights how less stigma around mental health issues has helped individuals feel more comfortable about reporting their struggles, leading to increased medical and psychological treatment. However, this has also led to an increase in demand for counselling and, subsequently, an apparent increase in reported prevalence, a finding supported by the current study.

One participant, Dan, identified this reported prevalence and suggested that the conversation around mental health among young people is being blown out of proportion. He stated, *"If you look at the National Statistics around suicidality, they're not massive"* (Dan, L.16), and he expressed concern that everyone now thinks they have a mental health problem. Pearl, too, expressed concern and fascination that every student now expresses wanting to kill themselves, suggesting a societal shift where once these things were contained through integration and regulation in Irish society, it has now become acceptable to speak about them openly.

Both Dan and Pearl's experiences in Irish HEIs may reflect the effects of further social contagion regarding the expression of suicidal ideation among young people, where expressing suicidal ideation normalises and encourages others to do the same, underscoring Pearl's comment, *"How serious it is, I don't know. Is it just in their vocabulary? - because when you actually explore their thoughts, it was just a fleeting thought"* (L.12).

Adding to this issue is the difficulty students have in accessing counselling services due to high demands and shortage of services, as evidenced in findings from MWS-2. This may have resulted in some students indicating a level of suicidal risk on pre-assessment screening forms to be given priority before others, thereby falsely inflating the reported prevalence. According to Zwick et al. (2021), "Studies have found that 10%-12% of adults admitted for suicidality later endorse malingering (p.1). Participants in this study, like Pearl and Dan, may suggest malingering among help-seeking students who are desperate to access student counselling services. A novel finding of this study is that they state assessment screening forms, to their frustration, frequently report suicidal thoughts, which the students later clarify as being in the distant past or a fleeting thought, underscoring how risk screening forms used by student counselling services can falsely register suicidal risk and the overall prevalence of suicidality.

Nevertheless, in Irish society, counsellors and psychotherapists have mostly taken over the role of attending to people's psychological well-being, a role that was historically handled through institutions run by the Catholic Church. In the 1990s, Child sexual abuse scandals contributed significantly to the decline of the Church's authority. O'Morain et al. (2017), in their article on the history of counselling in Ireland, state, "It is probably not coincidental that the Irish Church scandals have been accompanied by a growth in the demand for counselling as people turn away from the Church as a source of guidance".

The shift from a predominantly Catholic Ireland, where guidance and emotional support were provided by the local priest, to a society that views mental health through a medical and psychological lens has significantly increased the demand for mental health services. Issues once considered personal and addressed through religious practices such as confessions, prayer and holy water are now more commonly addressed through personal one-to-one counselling as well as medical treatment.

However, Durkheim posited that instead of focusing interventions on suicidal individuals, the protection of their well-being lies in “collective public projects to produce protective structural changes in society” (Mueller et al., 2021, p.2). His position suggests that the rising levels of suicidality and ever-increasing demand for counselling in Irish HEIs could be more effectively addressed through a broader strategy within a stepped-care model. This approach would focus on enhancing student integration on campus rather than relying solely on providing them with personal one-to-one counselling.

While Durkheim's position overlooks the significant role of biological factors in the causation of psychological problems, considering his theories of regulation and integration may be prudent in determining how to reduce some of the overwhelming demands experienced by student counselling services. His theories imply that the answer to reducing the prevalence of suicidality among young people goes beyond the responsibility of the participants of this study, their colleagues and student counselling services and should involve the entire campus community in Irish HEIs as well as the wider Irish society.

Dr Joseph Duffy, chief executive head of mental health services Jigsaw, suggested in a 2022 interview with the Irish Times that “student support services across campuses are fragmented and inconsistent, where HEIs are relying on individual staff members or student bodies, rather than a coherent, cross-campus, approach to mental health” (O’Brien, 2022). This reliance may be particularly burdensome for counsellors in Irish HEIs, as in this study it was interpreted through data analysis that a strong sense of responsibility was felt among participants.

5.2 Responsibility and Accountability

While the influence of the Catholic Church was waning in the 1990s, advances in psychology and psychiatry treatment, along with increased public awareness, redefined and reinforced mental health as a medical and psychological issue. As time passed, there was a need for the development of legally enforceable professional standards and regulations to protect patients and clients' safety through effective treatments, which was the beginning of holding healthcare professionals legally accountable for their actions.

The theme 'On a Precarious Edge of Responsibility' was generated in this study to express participants' perceived sense of danger and threat to their professional careers and reputations while caught between adhering to risk protocols, facing scrutiny for their professional actions, and feeling helplessness in ultimately being unable to control their clients' suicidal behaviour.

While all participants in this study portrayed a strong sense of duty and care toward their clients, 'duty of care' for counsellors and psychotherapists has been a subject of both significant concern and debate over recent years, as currently there is no properly developed statutory regulation or specific framework that governs counsellors and psychotherapists in Ireland. To date, the responsibilities of counsellors and psychotherapists, especially when dealing with suicidal clients, are somewhat dealt with under various legislative frameworks, including the Mental Health Act 2001 and the Health and Social Care Professionals Act 2005 (Department of Health, 2016).

The Mental Health Act 2001 and its 2008, 2018 and 2021 amendments outline the rights of clients/patients receiving mental health care and stipulate the duties of their healthcare professionals. While the counselling and psychotherapy profession is not directly identified, mentioned, or included in the legislation, this act emphasises several key

responsibilities around the best interests of a client that could be interpreted as applying to counsellors and psychotherapists.

Section four of this legislation emphasises that the best interests of the person (client/patient) must be the principal consideration in making decisions about their care or treatment, including protecting their dignity, respecting their wishes, and protecting them from harm. This could be interpreted as also including identifying and responding to signs of suicidal ideation. While client confidentiality is most important, the 2001 Act allows for breaches of confidentiality if it is necessary to prevent harm to the client or others, as long as disclosures can be justified. Also, under the 2001 Act, if a client is assessed to be at significant risk of self-harm or suicide, they can be involuntarily admitted to a psychiatric facility (HSE, 2024; Law Reform Commission, 2023).

However, the counsellor's clinical judgement in acting in the best interests of clients can be idiographic, as evidenced by this study. Participants like Dan, Ruth, Rose, and Grace believed that onward referral to more suitable services was in the best interests of at-risk students. They stated that counselling in higher education is a short-term service; therefore, the most ethical thing to do is to refer at-risk clients to a service that can handle their longer-term needs. Pearl believed that the best interests of her clients would be served better if she helped them directly, which, for example, could involve going beyond the role of a counsellor.

Ongoing developments under CORU, the Health and Social Care Professionals Council in Ireland, are anticipated. However, no specific date is stipulated on their website. CORU will act as a regulatory body that will oversee the registration and regulation of counsellors and psychotherapists. CORU's objective aims to ensure that practitioners meet high standards of professional conduct, education, training, and competence to

provide safe and effective services to the public (Department of Health, 2016; CORU, 2024)

It is expected that counsellors and psychotherapists, including those working in Irish HEIs, will be held directly accountable for their actions and could face disciplinary action or cancellation of their CORU registration if found guilty of negligence (CORU, 2024). This could occur, for example, in cases where they fail to adequately address the needs of a suicidal client in a professional manner. Consequently, the threat of being held accountable can be heightened for counsellors when dealing with unpredictable and risky clients, especially if counsellors feel inadequately trained in risk management.

This is evidenced in allied professions such as social work, which have been regulated by CORU since 2011. Halton & Wilson's (2013) article on changes in social work education in Ireland addresses the concern of being held accountable. They highlight that social work education in Ireland faces significant challenges due to high-profile public inquiries by the HSE (2010), which have questioned the competence of social workers, causing them concerns about accountability in the profession.

Moreover, a counsellor's ability to fulfil their obligations is often curtailed by environmental factors within their workplace, such as a lack of staff, resources, and support. As described in this study by Josh and Grace, these limitations can be most felt during times when fewer services are available, such as evenings, particularly Friday evenings, and holidays, increasing the pressure and perceived threat to counsellors.

Other participants, like Ruth, Pearl, and Dan, shared past experiences in under-resourced HEI counselling services where they felt isolated and unsupported while bearing the responsibility of responding to high demand and students at risk. This situation compelled them to challenge their management or seek work elsewhere. In contrast, Isabella described the impact her current experience in an under-resourced,

oversubscribed, and poorly managed service was having on her. She stated, *"When we're overworked, and we're too busy, our capacity to recall is impacted hugely. What if I forget a detail later on?"* (L.128). Her experience gives insight into the potential for counsellors to be held accountable for mistakes that were caused by issues such as burnout and emotional fatigue, directly resulting from working conditions and lack of resources and support.

While counsellors can be held responsible and accountable for their actions under the Mental Health Act 2001, institutions in which they work bear a significant responsibility in creating conditions that could prevent them from adhering to best practices. The legal requirements for organisations to create a safe workplace are outlined in the Safety, Health and Welfare at Work Act (2005). For counsellors, this means institutions should aim to provide proper training, maintain adequate staffing levels, and have enough resources and support systems to prevent burnout and emotional fatigue. It also means employers are required to assess and mitigate risks to students by ensuring that counsellors are qualified, adequately trained, competent and capable of handling their responsibilities effectively.

Pope & Vasquez (2016), in 'Ethics in Psychotherapy and Counselling', noted that "the single biggest problem in treating suicidal clients is that most therapists have inadequate training and experience in the assessment and treatment of suicide risk" (p.323). Similarly, O'Gormon (2023) noted that traditional counselling and psychotherapy training programmes in Ireland do not provide specific training in risk management. This was also evidenced in this study, as all participants, despite being seasoned professionals, only received formal training in a suicide assessment and management approach in 2021, when they received CAMS training.

Therefore, to fulfil their obligations to act in the best interest of students, Irish HEIs must either provide this training themselves to their counselling staff or require that contracted counsellors already have it. Institutions will also benefit from the guidance and enforcement of the long-anticipated regulation of the counselling and psychotherapy profession through CORU, which will establish training and qualification guidelines for counsellors and psychotherapists.

However, in response to the rising levels of suicidality among students, the Higher Education Authority funded training in the Collaborative Assessment and Management of Suicidality (CAMS) for all counsellors working in Irish HEIs. O'Gormon (2023), in her study, found mixed feedback from counsellors working in Irish HEIs regarding the CAMS training they received in 2021, which was also echoed by participants in this study. While participants in both studies appreciated the structured approach CAMS training offered for assessing and responding to suicidal risk, there were concerns about the feasibility of implementing CAMS given the high demand and limited time available to the counsellors working in HEIs.

All participants noted that environmental conditions impeded the implementation of CAMS. In this study, Isabella explained that her team is instructed to use CAMS as part of their risk management protocol but struggles to complete the full assessment due to high demands and understaffing. This raises a concern that she may be held accountable for using a partial CAMS approach, which was not covered in her training and lacks proven efficacy. Other participants, like Grace, Dan, Ruth, and Rose, shared similar experiences, again raising the debate about who might be perceived as culpable if a student suicide occurs after only a partial CAMS procedure was completed.

As mentioned above, the 2001 Mental Health Act emphasises that practitioners must work in the best interests of their clients, while the Safety, Health and Welfare at Work

Act 2005 mandates that institutions provide the necessary conditions to implement best practices. In this study, participants, like Jane, Dan, Rose and particularly Isabella, described challenging work environments, overwhelming demand and working in isolation with little support, leading to a lack of time to complete the full CAMS procedures.

This issue highlights the need for a systemic approach to risk management in Irish HEIs. Institutions must recognise that funding CAMS training for counsellors alone is not enough; they must also aim to ensure adequate resource allocation so that counsellors can efficiently carry out a comprehensive risk assessment.

5.2.1 The Working Context: Responsibility, Autonomy & Responding to Risk.

Counsellors' responsibilities and the impact of those responsibilities vary significantly depending on whether they work in an institutional context or in private practice. In this study, all participants except Josh worked on a team in a higher educational institution. Josh, while contracted by a university, worked alone in his private office. The other participants worked within institutions benefiting from multidisciplinary teams and quick access to on-campus health centres. However, both settings can create their own contextual pressures, challenges, and benefits related to the responsibility of managing suicidal risk among students.

Counsellors working in institutions can benefit from established protocols and structured support systems, which are often guided by the Mental Health Act 2001 and the Safety, Health and Welfare at Work Act 2005. Winning (2010) asserts that protocols and procedures should ensure a safe work environment to protect not only counsellors but also enable them to provide the best possible care to their clients. For example, the CAMS procedure offers a guided step-by-step approach to managing at-risk clients, providing counsellors reassurance as long as they adhere to the protocol.

However, in his blog post on how to become a more flexible therapist, Tyrrell (2023) argues that strict adherence to institutional policy and protocol can limit counsellors' flexibility in working with at-risk clients. He makes the point that adhering to generic and strict institutional policies, procedures, and administrative requirements may hinder effectiveness due to the lack of flexibility required to tailor interventions to specific clients' needs.

As Milton H. Erickson emphasised, psychotherapy should be formulated to meet the uniqueness of the individual's needs rather than tailoring them into rigid theoretical frameworks (Wheeler, 2021). Similarly, Tyrrell (2023) argues that blind adherence to therapeutic ideologies without considering context can make therapists less effective, as real-life client reactions often defy theoretical expectations. Therefore, counsellors need to be open-minded and adaptable to tailor their approaches to the unique needs of each client.

Importantly, a lack of personal autonomy within a student counselling team can be stressful for counsellors, as their role is to enhance their clients' capacity for personal autonomy. Yet, they often find themselves constrained by institutional protocols and oversight from their management. This paradox creates a professional environment where participants of this study have felt 'on a precarious edge of responsibility' and burdened with accountability without sufficient support or control over their work or work environment.

Participants, such as Rose, Ruth, Dan, and Jane, all had difficult experiences for periods during their careers working in Irish HEIs. At those times, they described feeling siloed and unsupported, experiencing continuous oversight but receiving little support from management while still being held accountable for their actions. In many ways, their

experiences reflected those of lone counsellors but without the benefit of personal autonomy.

Interestingly, Cook (2013), in her paper 'Relating Winnicott with Counselling Experience', argues that 'true autonomy of an individual can only be achieved when recognised by another' (p.54), suggesting that recognition is validation and a Rogerian approach to counselling where the counsellor and client are both independent but respectful of each other. Winnicott's theories, as explored by Cook (2013), suggest that autonomy involves interdependence rather than total independence, stating, "Independence is never absolute. The healthy individual and the environment can be said to be interdependent" (p.55).

From this perspective, counsellors working as part of a team can benefit from interdependence but do need validation, respect, genuine engagement from their institutions, and a sense of being held, much like what their clients need from them. Participants in this study, such as Pearl, Grace, Dan, Rose, and Ruth, all emphasised this support, which is represented by the theme 'Needing A Safety Net'. Dan mentioned a new team setting where he felt he could prioritise his well-being without judgement, allowing him to cancel sessions if needed. Rose also emphasised that the space needs to be safe for her too, to work effectively.

Furthermore, greater autonomy is linked to higher levels of professional satisfaction, such as counsellors enjoying ownership over their own work and professional achievements (Dose et al., 2019). Autonomy in private practice also allows counsellors more freedom to develop personalised approaches, which potentially leads to better outcomes for clients without the constraints of institutional policies.

However, those working in private practice or in isolated institutional roles do not have the immediate support of a multidisciplinary team, which is challenging, especially with

high-risk clients. Winnings (2010) states, "The range of challenges faced by lone counsellors include environmental, social, and professional isolation, and organisational structures" (p.251). In this study, Josh emphasised the stress and isolation he experienced as a lone counsellor with a suicidal student, knowing he needed more support. This was also highlighted by Wheeler & Hewitt (2004), who stated, "Lone counsellors are particularly vulnerable to stress due to professional isolation and lack of support" (p.542).

Regardless of the setting, counsellors face the immense pressure of ensuring client safety, especially with suicidal clients. This pressure can become overwhelming when demand exceeds the counsellor's personal capacity. Compounded to this can be the constant exposure to clients in distress, which evokes a wide range of intense emotions impacting a counsellor's well-being and professional performance. Therefore, whether in an institutional or private practice setting, balancing autonomy and responsibility is crucial for effective risk management and counsellor well-being. The importance of this was expressed in the theme 'On the Precarious Edge of Responsibility', which particularly emphasises the sense of burden of responsibility shared by all participants and the need for proper procedures and protocols.

5.2.2 The Emotional Roller Coaster

Given the rising demand, prevalence, and level of exposure to students expressing suicidal ideation in Irish HEIs, the participants in this study could be susceptible to the emotional fatigue and burnout associated with continuous and intense emotionally laden work. Emotional labour, as described in numerous studies in the literature review, is caused by the significant emotional efforts required in the counselling and psychotherapy profession, which can lead to emotional exhaustion and distress.

The emotions interpreted from participants in this study included feelings of danger associated with a client's disclosure of suicidal ideation, helplessness due to being ultimately unable to control or prevent a client's suicidal behaviour, and strong feelings of anxiety related to the participants' sense of responsibility to safeguard a suicidal client or concern about forgetting or missing a step in their protocols, which could be construed as negligence for which they would be accountable. Finally, grief and guilt were deeply felt in the aftermath of a client's suicide. Notably, these emotions – anxiety, helplessness, grief, and guilt may be connected to the concept of moral injury (Litz et al., 2009).

The concept of 'moral injury' was initially explored within the context of war veterans and is now increasingly recognised in other professions, such as mental health (Litz et al., 2009), and may be strongly connected to the emotions of participants in this study. Mantri et al. (2020) define moral injury as "a deep sense of transgression including feelings of shame, grief, meaninglessness, and remorse from having violated core moral beliefs" and "a betrayal of what's right, by someone who holds legitimate authority, in a high-stakes situation" (p.2324). Another similar definition by Williamson et al. (2018) describes moral injury as 'perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations, which can cause psychological distress' (p.338). Essentially, both of these definitions identify moral injury as a violation of deeply held principles that guide a person's sense of right and wrong.

In the context of Irish HEIs, moral injury may manifest when a counsellor feels they have not done enough to prevent a student's suicide or suicide attempt. In this study, participants like Jane, Pearl, and Grace all expressed helplessness, anxiety and loss following their client's suicide, indicating a sense of moral injury. Their emotional experiences, while connected to their professional responsibilities and accountability, also connected deeply with their core moral beliefs about their duty to protect their

clients. From the literature review, we know that Whitfield (2011) identified that counsellors feel partially responsible for a client's safety despite knowing clients were ultimately responsible for their own actions.

With the potential for any at-risk student to kill themselves, a sense of worry about being morally injured was strong among participants. One example was Ruth, who described scanning her thoughts to see if she had failed to prevent a client's suicidal behaviour, stating, *"It's scary when my client comes in and says, I took an overdose at the weekend. I suppose there is that feeling of anxiety. There are those automatic thoughts of 'Did I tick all the boxes? Did I manage this correctly?* (Ruth, L.47). This quote illustrates how self-scrutiny and the anxiety related to moral injury can be experienced when counsellors worry about meeting their own ethical and professional obligations.

Importantly, the potential for burnout among counsellors is heightened when moral injury responses are compounded by high demands and limited resources. This is important for institutional managers and counsellors themselves to consider. In fact, counsellors may experience moral injury-related emotions if employed in under-resourced and over-subscribed institutions, conflicting with the ethical standards of their professional accrediting bodies. For example, Principle 2 of IACP ethics states, "Practitioners recognise that their capacity for work is limited, and take care not to exceed the limits", and Principle 4 "Practitioners take steps to manage personal stress, maintain their own mental health, and ensure that their work is professionally supervised" (IACP, 2024, p.2). These situations and challenges to ethical principles at work can often lead to counsellors conflicting with their managers and driving them to quit their jobs, as was evidenced in this study by participants like Ruth and Jane.

5.2.3 From Demand Overload to Resilience

The pressures experienced in Irish HEIs due to increased demand and lack of resources were highlighted by one participant, Isabella, who noted, *"I'm constantly having to push myself beyond reasonable"* (Isabella, L.236). We know that work environments with high demands, limited resources and low autonomy significantly contribute to burnout, creating a challenging environment for maintaining counsellor well-being and for providing effective care to clients (Maslach & Leiter, 2005).

Additionally, Farber (1990) recognises that "burnout is most often the consequence of feeling inconsequential" (p.7), which refers to the feeling that the counsellor's efforts lack meaningful impact or that their hard work and dedication do not lead to significant results or recognition. Harrison & Gordon (2021) generated a theme that represented counsellors in Irish HEIs fight for recognition, which captured their participants' struggle to gain a sense of value within their institutions. This concern can be heightened by the endless and ever-increasing demand for counselling in Irish HEIs, which may leave some counsellors feeling that their efforts are unable to make a difference within their institutions.

Interestingly, while burnout is a complex construct that is significant for both organisations and individual counsellors to consider and mitigate, Farber (1990) recognises that the problem with the term ‘burnout’ is that it has been “overused, misused, and adopted indiscriminately to describe temporary states of disaffection with work” (p.1).

Farber's early insights were more recently echoed in an article from the New Statesman, which argued that discussions about burnout often do not address the deeper systemic issues within the workplace or society. They describe the term "burnout" as being used like a catch-all explanation for different states of exhaustion. They also suggest that the

broad and vague use of "burnout" has diluted the seriousness of genuine cases of severe and chronic stress. They further describe that the term “burnout” is associated with a modern workplace epidemic, especially among millennials, but who misunderstand and misrepresent it, stating “the word is frequently attached to any problem that could be loosely described as a ‘millennial’ one" (Manavis, 2023).

While only two participants in this study, Ruth and Rose, were of the millennial generation, all described genuinely concerning experiences of environmental conditions that could lead to the potential for burnout. However, importantly, Ruth and Rose and participants such as Dan, Josh, Pearl, and Grace also showed resilience and an ability to cope that could prevent burnout. This reminds us of how stress reactions and coping can be individualised, which aligns with the views of Glassman & Hadad (2013), who argue that an individual's interpretation of a situation often critically shapes their stress response.

Farber (1990) also argued that compared to other professions like teaching, burnout among psychotherapists appears to be low, which is ‘largely attributed to their ability to employ effective coping strategies and maintain a supportive network of colleagues’ (p.1). Interestingly, this was echoed by all the participants in this study, who indicated that the most important factor in sustaining them in their work was support from their colleagues and clinical supervisors. A novel finding in this study is that apart from Isabella and Josh, who yearned for collegial support, all other participants felt safer and more confident knowing they were supported by colleagues and managers and had access to regular supervision, which helped them manage their professional responsibilities without overwhelming stress.

The responsibility for preventing counsellor burnout may not just be the legal responsibility of institutions under the Safety, Health and Welfare at Work Act (2005). It

also seems to depend on each counsellor's willingness and capacity to self-care and also care for and support each other. This may involve pushing back against management to fight for their ethical standards to be maintained through adequate time for collegial support, supervision and preventing isolation. Those working alone, whether in institutions or as lone practitioners, should aim to establish robust networks for peer supervision and emergency consultations to reduce the risk of professional isolation, which is most important when managing suicidal risk.

Another responsibility for counsellors is the establishment and maintenance of clear professional boundaries. For example, the IACP Code of Ethics states that practitioners must "set and monitor appropriate boundaries during the practitioner/client relationship and make these explicit to the client" (IACP, 2024, p.5). Well-defined and communicated boundaries are crucial for protecting both counsellors and clients, ensuring safety, well-being, and a professional environment where ethical standards are upheld. While most counsellors rely on training, supervision, and guidance from the ethical standards of accrediting bodies to establish and maintain professional boundaries, they can also be influenced by idiographic experiences and circumstances, highlighting another novel finding of this study, discussed below in section 5.4.

5.3 Flexibility and Rigidity in Professional Boundaries

In this study, a novel finding was that boundaries were applied idiographically as each participant's individual circumstances, supports, work environment, and life experiences were somewhat different, which influenced their implementation. Some participants, like Dan, Ruth, and Rose, adhered strictly to professional boundaries to protect themselves and maintain a clear structure within which they work, while others, like Pearl and Grace, who both experienced client suicide, occasionally extended beyond these boundaries, especially in crisis situations, to ensure the safety and well-being of their clients.

Bleich et al. (2011), in their position paper representing views of the Israel Psychiatric Association, highlight the dual aspects of boundaries in clinical settings, which protect the clinician from over-involvement and emotional drain and safeguard the patient from potential harm. They state, "Boundaries ensure that treatment remains within the scope of professional practice" (Bleich et al. 2011, p.653). They further speak about the need for clinicians to protect themselves from emotional fatigue, stating, "Clinicians often use boundaries to protect themselves from the over-involvement, emotional drain, which is particularly vital in cases dealing with high-risk patients such as those with suicidal ideations" (Bleich et al., 2011, p.653).

However, a counsellor's ability to establish clear boundaries can be challenged when resources are low and demand is high. In these circumstances, participants in this study reported being caught between stretching their efforts beyond what is professionally recommended or risking inadequate care for their clients.

Gavin (2020a) discusses the pressures on counsellors in Irish HEIs who must navigate short-term counselling models driven by managerial and economic considerations. She described how these environmental constraints often force counsellors to deliver quick results, which may come at the cost of comprehensive and ethically sound care. Despite the protective function of professional boundaries, there are instances where counsellors feel compelled to extend beyond these limits to address immediate risks, such as suicidality. This extension, while ethically complex, is sometimes seen as necessary to save a client's life.

Roman & Whiteman (2012) illustrate how a counsellor crossed personal boundaries by sharing their own experience with suicidal ideation to build trust, which was instrumental in their client's recovery, highlighting that under certain circumstances, going beyond professional boundaries may be therapeutic and necessary. In this study, Pearl had no

problem going far beyond the role of a counsellor by helping a suicidal client to move accommodation or by giving her personal phone number to high-risk clients.

Pearl highlighted the CAMS training she received in 2021 as a validation of her approach. David A. Jobes, who developed CAMS, describes it as a "philosophy of care" that does not prescribe treatments or theoretical approaches. He states, "This approach to suicidal risk proposes some significant departures from conventional clinical practice" (Jobes et al., 2016, p.3).

Pearl described how her CAMS tutor suggested that if a client's suicidal thoughts are driven by difficulty understanding loan payment plans, he would go to the bank with the client to help them work out a payment plan, emphasising the power of collaboration in addressing the drivers for suicide, albeit through unconventional methods that go beyond a typical therapeutic relationship.

However, given the prevalence of suicidality among students in Irish HEIs, it raises the question of how often such unconventional boundary-crossing approaches should be adopted. Participants in Gavin's (2020) study reported that the emotional toll of managing suicidality within the constraints of short-term counselling models often left them feeling overwhelmed and unsupported by their institutions. Similarly, in this study, Isabella and Grace described counsellors supporting international students beyond their contracted hours, which not only blurred their professional boundaries but also took from the counsellor's personal time and well-being.

While extending beyond boundaries can sometimes be justified, it is crucial to have ethical safeguards in place to protect both the client and the counsellor. Gutierrez & Mullen (2016) argue that counsellors have an ethical duty to monitor their own risk for impairment and adjust or suspend as necessary to prevent harm to clients. Principle 4.1.1 of IACP ethics states, 'Engage in self-care activities which help to avoid conditions (for

example, burnout, and addictions) which could result in impaired judgement and interfere with their ability to benefit their clients' (p.6). This could include a counsellor engaging in personal therapy, regular supervision, or doing stress reduction techniques. However, it could also be interpreted as ensuring a proper work-life balance by not over-extending professional boundaries. This could mean accepting the limits of short-term interventions and the importance of referring clients to longer-term services where necessary.

On the one hand, strict adherence to professional boundaries is seen as a way to prevent the emotional toll that leads to burnout, which supports the idea that boundaries keep everyone safe. On the other hand, the reality of dealing with high-risk clients can often require a more flexible approach. In life-and-death situations, counsellors may need to extend themselves beyond traditional boundaries to provide the level of care required to prevent a crisis or to keep a client alive, thereby also avoiding the potential for moral injury.

Adding further complexity to the above are the personal experiences and beliefs of the counsellors themselves, like those who have had past experiences with client suicide, which significantly influenced their approach to at-risk clients. In this study, Pearl explained that she was willing to do whatever it took to ensure a client's safety so she would never feel the sense of loss she felt after her client's suicide. Her avoidance of becoming morally injured again seems to have informed her willingness to go beyond normal boundaries. Moore et al. (2020) also found that participants, some of whom had clients with suicidality, "intentionally sacrifice their own safety or well-being for the well-being of the client" (p.98).

While some argue that rigid adherence to boundaries is necessary to keep everyone safe, others advocate for a more flexible approach that considers a client's context and specific

needs. Further and maybe ongoing ethical reflection and discussion within the field of counselling and psychotherapy will be needed to better support and direct counsellors in making context-sensitive decisions. Importantly, participants in this study, including Ruth, Rose, Jane, Pearl, Grace, and Josh, emphasised the role of supervision, especially group and peer supervision, in helping them address challenges with clients and to learn from each other, particularly when implementing CAMS. Group and peer supervision could be the forum to share ideas and discuss the ethical limits of boundaries when implementing risk management protocols.

The participants' convergence and divergence of experience in this study reflected the complex and idiographic nature of boundaries among counsellors dealing with student suicidality. While strict adherence to boundaries provided them with structure and protection, flexibility was sometimes necessary to address immediate risks and ensure client safety. Therefore, balancing the delicate tightrope between maintaining professional boundaries and addressing the needs of high-risk clients requires a context-sensitive and nuanced approach to support both client care and counsellor well-being.

5.4 Contribution of this Study to Literature.

Overall, this study makes a modest but important contribution to the literature on counsellors' experiences of working with student suicidality in Irish HEIs. It is the first time a study focusing on this phenomenon has been conducted in the context of Irish HEIs. A lot of the recent studies tend to focus on suicide management protocols or discourses within Irish HEIs. This study gives a unique insight into the lived experiences of eight counsellors who are responsible for working with student suicidality in higher education. As a qualitative study generalisability is not the aim, but the transferability of their interpreted experiences needs to be considered in light of their particular contexts.

The study generated three key themes: "On a Precarious Edge of Responsibility," "Navigating a Delicate Tightrope," and "Needing A Safety Net. These themes present a deeper understanding of how counsellors manage their professional responsibilities, engage in self-care and establish professional boundaries when working in this increasingly complex and demanding environment. They also provide a deeper understanding of what specifically supports counsellors in their work with student suicidality in this context.

5.5 Strengths and Limitations of this Study

5.5.1 Strengths:

The aim of this study was to understand and describe the meaning and sense-making that counsellors attributed to their lived experiences of working with student suicidality. No specific studies have yet been conducted on counsellors' experience of this phenomenon in the context of Irish HEIs. A considerable strength of this study is that it will help close a gap in the qualitative literature on Irish HEI counsellors' experiences of working with student suicidality in their working contexts.

A number of quantitative, qualitative, and mixed-method studies have already provided important information and understanding of counsellors' occupational stresses in various working contexts, including institutions and private practice (Dauhoo et al., 2024; Gulfi et al., 2010; Rodolfa et al., 1988; Salpietro et al., 2023; Scupham & Goss, 2020; Van der Hallen, 2021). These studies back up the findings of the current research, reinforcing its contribution to a more comprehensive understanding of counsellors' experiences in managing student suicidality within Irish HEIs.

However, a novel finding of this study related to assessment accuracy, where participants reported meeting large numbers of students who indicate a level of suicidal risk on pre-assessment screen forms, yet later, during in-person assessments, indicate that these

thoughts were either in the distant past or fleeting thoughts. Possible reasons for this include malingering to bypass long waiting lists, misunderstanding the question, or misusing suicidal language to express themselves without truly understanding its implications. This novel finding may serve as a catalyst for further research to explore how students are understanding the pre-screening assessment questionnaires.

Additionally, this study identified specific supports for counsellors in HEIs working with suicidal students. While the student mental health and suicidality framework recommends ongoing CPD for counsellors as the main support, the participants in this study specifically identified collegial support, supervision, group supervision and a supportive, person-centred work environment that allows for personal autonomy over self-care. The participants also identified the need for flexibility in their application of boundaries so that interventions can be adapted to suit individual clients' needs without being held accountable for not following strict protocols.

The Interpretative Phenomenological Analysis (IPA) approach allowed for rich and detailed qualitative data to be collected through semi-structured interviews. IPA, through its one-to-one interview process and subsequent detailed analysis, also allowed for a more idiographic and in-depth focus, providing a deeper exploration of the nuanced experiences of counsellors dealing with student suicidality in their working contexts.

Finally, another strength of this study was the manner in which the data analysis was conducted. Excel files containing the transcribed interviews, along with line-by-line descriptive, linguistic, and conceptual analyses, aimed to ensure the transparency and traceability of the research process, which was overseen by two experienced DCU supervisors.

This study adhered to rigorous ethical standards. All participants were informed of the researcher’s insider role as a counsellor in an Irish HEI. Participants were provided with

informed consent, confidentiality, and the right to withdraw at any stage, which was crucial due to the sensitive nature of the research.

The researcher's participation in reflexive interviews and commentary throughout the study minimised bias and enhanced the credibility, transparency, and trustworthiness of the research process.

5.5.2 Limitations:

Despite all of the above strengths of this study, there are some limitations that need to be considered. Firstly, as an insider researcher, I understand that the phenomenon introduces the risk of subjective bias, which could influence the research process. Despite the reflexive approach taken, there is always a small risk of researcher bias, particularly in qualitative research, where the researcher plays a central role in data collection and interpretation. My own experiences and perspectives of the phenomenon under investigation may have inadvertently influenced findings despite all efforts to mitigate this from happening through the reflexive practices taken. This could happen by introducing bias that subtly shaped the study, particularly in the data collection and interpretation processes. My prior experiences and perspectives may have impacted how themes were identified, interpreted, or prioritised, potentially leading to an overemphasis on findings that aligned with my own views and understandings.

While qualitative research prioritises depth over breadth, the experiences of the eight participants, two male and six females, may only partially represent the broader population of counsellors in Irish HEIs working in their various contexts. Therefore, a limitation of the study may be its small sample size as the study prioritises detailed exploration of individual experiences over broader conclusions.

However, another limitation could be that the recruitment process for this study relied on voluntary participation, which may have attracted counsellors who hold particularly

strong views or impactful experiences, potentially influencing the outcome of this study. Moreover, this study may have attracted participants who were motivated by disgruntlement with their institutions or who had particularly impactful experiences with student suicidality rather than counsellors who did not share those experiences. This sampling bias could skew the findings with strong views, particularly impactful experiences, or grievances related to their work with student suicidality. Therefore, the findings may over-represent more extreme perspectives that are less representative of the entire counselling population in Irish HEIs.

Importantly, individual counsellors' experiences and perceptions influence their stress responses and implementation of professional boundaries (Glassman & Hadad, 2013). Therefore, establishing broad, generalised solutions to address the emotional toll and potential for burnout among counsellors in Irish HEIs may not be feasible. Therefore, the findings of this study may not be easily transferable. However, this study highlights the potential for emotional fatigue and burnout among HEI counsellors due to increased demand and the prevalence of suicidality which policymakers and institutional managers should be aware of. This may require greater vigilance and mechanisms for continuous monitoring, and a forum for ongoing support may be necessary.

5.6 Implications and Recommendations for Practice.

5.6.1 Implications for Counsellors Working in Irish HEIs

The perceived prevalence of student mental health issues and suicidality in Irish HEIs seems to have presented challenges for participants of this study. All participants report facing higher caseloads, complex client presentations, and the emotional burden of working with suicidal students. The study's findings indicated that participants could feel trapped, or "caught" by the weight of their professional responsibilities, which in turn exacerbated their stress and sense of vulnerability. This can lead to professional

burnout, emotional exhaustion, and a diminished ability to provide effective support to students.

While this study is a small IPA exploration, the voices of the eight participants strongly indicate that counsellors working in Irish HEIs need to carefully attend to their professional responsibilities, consider how to apply professional boundaries flexibly and preserve their own mental health, well-being and ensure ethical practice when working with student suicidality.

5.6.2 Recommendations for Counsellors Working in Irish HEIs

1. Consider continuous development of skills for managing student suicidality and complex mental health issues through training that acknowledges the challenges of short-term counselling.
2. Aim to establish strong professional support networks both internally and externally to institutions.
3. Consider attending regular one-to-one and group clinical supervision to discuss the emotional impact of work and learn from peers, especially through sharing experiences of student suicidality.
4. In supervision, reflect on and discuss implementation of professional boundaries to ensure decisions made will protect both clients' and counsellors' welfare.
5. Counsellors may benefit from implementing self-care strategies, including maintaining a work-life balance to allow time for restoration and enough quality time in their personal lives.
6. Engage in ongoing clinical supervision and personal therapy after a client's suicide to address moral injury and avoid overextending with future at-risk clients.

5.6.3 Implications for Supervisors

Findings of this study indicated that effective and supportive supervision and easy access to supervisors during a crisis has been a crucial support for the participants in their work with student suicidality in Irish HEIs. Group supervision was identified as a forum where participants could learn from each other's experiences on how to implement the CAMS protocol for managing suicidal risk and learn from each other's subjective experiences.

5.6.4 Recommendations for Supervisors

1. Consider further developing skills in supervising counsellors working with suicidal clients, focusing on emotional toll and potential for moral injury.
2. Consider attending training on suicide interventions and protocols like CAMS.
3. Aim to create a non-judgmental environment where counsellors can safely discuss challenges and receive support.
4. Try to recognise early signs of emotional fatigue and provide interventions to prevent burnout, dedicating time to restorative supervision.
5. Consider encouraging counsellors, especially those working in isolation, to build and maintain professional support networks.
6. Aim to understand and support the implementation of professional boundaries and provide guidance on ethical dilemmas where flexibility in practice may be needed for the best care of a suicidal client.

5.6.5 Implications for Managers

The findings from this study suggest that Managers of services in Irish HEIs hold pivotal positions that influence the environment in which counsellors and students interact with

each other The findings of this study strongly suggest that those participants who had support, felt safe in the workplace, reported far less burnout, more satisfaction, and a proper work life balance. Those participants who reported not having adequate support suffered from greater levels of anxiety and burnout.

Participants in this study also suggested that managers who implement policies that promote well-being practices and personal autonomy among their staff ultimately create much healthier work environments for both the counsellors and their clients. Finally, another finding from this study indicated that pre-assessment screening forms should be reviewed by managers to ensure their effectiveness before enforcing their implementation.

5.6.6 Recommendations for Managers

1. Ensure all counselling staff are trained in suicide assessment and management protocols and engage in ongoing professional development.

2. Consider a review of all pre-assessment screening forms to ensure students understand the questions to prevent false reporting.

3. Aim to create a culture of open communication and team collaboration to support counsellors within a person-centred work environment.

4. Foster a collaborative environment where responsibility and accountability are shared, reducing stress.

5. Try to build connections between counselling services and internal/external mental health supports to facilitate seamless referrals.

6. Aim to provide enough resources and staff to:
    - Prevent burnout and support work-life balance.

- Manage critical incidents effectively without overburdening any counsellor.
- Meet day to day service demands, while allowing time for thorough risk management and assessment during crisis situations.

7. Collaboratively develop and regularly review service strategies, policies and procedures to ensure a unified understanding of the service function, capabilities, resources and supports and the changes necessary to meet emerging needs.

5.7 Future Research

A novel finding of this study was that participants experienced meeting large numbers of students who indicated a level of suicidal risk on pre-assessment screening forms; however, later, during in-person assessments, they indicated that these thoughts were in the distant past. For this reason, it is advisable that studies are conducted with the student population to truly understand why there is a mismatch between their pre-assessment screening and assessment.

While important in the Irish context, this study has only recruited counsellors who work for Irish HEIs, which may have limited applicability and transferability to HEIs in other countries. Therefore, future studies could explore counsellors' experiences in international HEIs to understand how their various cultural contexts impact or influence their experiences of managing students at risk of suicide.

It is important and urgent to aim for a greater understanding of the factors that exasperate counsellor stress in Irish HEIs. A future study could focus specifically on counsellors' occupational stress factors within Irish HEI institutions other than student suicidality. Another study could focus on occupational stress specific to the context of contracted counsellors working in private practice. These types of studies would inform policy and

institutional changes to create a more supportive work environment for counsellors, which ultimately benefits the students who need support.

5.8 Conclusion

The current study aimed to gain an understanding of counsellors' lived experience of working with student suicidality in Irish HEIs. The study's findings clearly evidenced this, further adding to a growing body of literature regarding the impact that client suicidality can have on counsellors. However, this study is unique as it is the first to explore the experiences of counsellors employed by Irish HEIs in their work with student suicidality.

The IPA methodology used for this study was well-suited as it provided a way to uncover a deep understanding of the participant's personal and subjective experiences of the phenomenon under investigation. The reflexive and intuitive capacity of the participants contributed significantly to the richness of the data. Participants gave rich examples and thick descriptions of their personal and lived experiences of working with students at risk of suicide. Their accounts gave voice to the emotional toll they experienced due to their responsibilities and subsequent accountability for their professional decisions and actions. Participants also gave voice to the support that would most sustain them in their work to prevent occupational stress and give them the capacity and capability to respond effectively to students at risk of suicide.

The study's findings are significant for both counsellors, supervisors, and institutional managers in Irish HEIs. The study has identified that support is crucial and there is a need for robust supports to be in place, in particular, the support of colleagues and clinical supervisors and the sense of feeling and knowing that someone is always there to support them when dealing with complex, challenging cases of suicidal students. -*"Just something at my back & underneath me"* expresses the need for a work environment

where support is ever-present, which can provide a greater sense of shared responsibility and accountability.

The study recommends that managers of counselling services implement policies and procedures that aim to facilitate counsellors with the time and resources to meet the demands of their roles safely and effectively. This includes providing sufficient staffing levels and fostering a collaborative and trusting person-centred work environment, which creates a balance between facilitating a counsellor's personal autonomy and their need to follow risk management procedures and protocols. Managers should aim to ensure that time and funding are available for counsellors to attend ongoing professional development focused on suicide assessment and management protocols, as well as regular one-to-one and group clinical supervision.

5.9 Researcher's Concluding Reflexive Comment

The entire process of conducting this research study has been an intensive but very insightful journey guided by my two DCU supervisors. Transitioning from each stage of this journey has been quite challenging and, at times, gruelling. The constant shift in perspective that was needed to find a way from the data collection and data analysis phase to generating and discussing the findings has been very much an enlightening experience. Trusting the IPA process required support and guidance from my two DCU supervisors, as it often felt like a journey into the unknown. For instance, the move from the findings chapter to the discussion chapter was challenging and required a shift in my perspective to help me resituate and elevate the participants' experiences within a broader context.

Learning the practical application of IPA and creating this thesis was also both enlightening and satisfying. The process of consolidating the personal experiential themes to generate the group experiential themes through my own interpretative lens

gave me a strong sense of my personal involvement in this study's findings. It was satisfying to see the fruits of my labour, which captured and gave voice to the accounts of the participants. It also taught me the practical importance of reflexivity in aiming to represent each participant's experience without distortion.

The support from my DCU academic supervisors was invaluable. Their feedback and objective perspectives guided me to keep the data analysis grounded and relevant. The supervisors also encouraged and activated my own constant reflection. This resulted in a long and iterative process of constant refinements during the data analysis phase, which was essential to uncover deeper insights from the participants.

Despite understanding the emotional toll of working with suicidal clients, the findings of this study were still surprising. The sense of danger and level of fear triggered by students' disclosures of suicidal risk was eye-opening, highlighting the genuine need for more support from institutional managers, policymakers, and each other. In fact, this study has enlightened me about the true value of continuous collegial support in combating the emotional toll of working with suicidal clients. It made me realise that creating a caring environment starts with each counsellor's engagement and participation in fostering a supportive atmosphere for all. This could be considered an ethical responsibility of each counsellor rather than solely a concern for institutional managers, given that so much depends on an atmosphere of care and support.

Finally, the participants' willingness to share their personal experiences has made this research important. Their stories have provided valuable data, bringing to light the real-world implications of working with suicidal students in Irish HEIs. This study aims to honour their contributions by advocating for changes that recognise and address the challenges they face.

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Appendices

Appendix A: Study Advertisement for IACP / IAHIP

Research Study
Call for Volunteers

Research Title
"An exploration into counsellor's experiences of working with student suicidality in the higher education institutes of Ireland."

Researcher Introduction
Joe Donohue is an accredited member of the IAHIP and has worked for a number of years with students in higher education and previously in a crisis counselling service with clients at risk of suicide and self-harm. Joe is interested in researching counsellors working in the higher education sector with experiences of working with student suicidality.

The Research
In light of recent Irish national reports and studies, such as My World Survey II (2020) and the USI National Report on Mental Health (2019), which indicated the prevalence of suicidality among students and an ever-increasing demand for counselling in higher education institutions, this study seeks to understand the experiences of working with suicidal students from the perspective of counsellors at the front line of higher education institutions in Ireland.

Participants that are being sought
This study seeks qualified and accredited counsellors with over three years of experience counselling students in the context of a higher education institution and who have experience of working with a suicidal student.

The method of data collection and time commitment required from participants

If you are interested in participating in this study, a plain-language statement with further details about the research will be emailed to potential participants. Data collection will be collected via an online interview on ZOOM or in person if you prefer. The interview will last 45 minutes to 60 minutes.

The deadline for participation
The research study will be conducted between February and May 2023.

Contact details of research
If you are interested in participating in this research, please contact Joe using the below.
Email: joseph.donohue5@mail.dcu.ie: or Mobile Phone: +353 86 067 1557.

Appendix B: Study Advertisement for PCHEI

Research Study
Call for Volunteers

"An exploration into counsellor's experiences of student suicidality in the higher education institutes of Ireland."

This study seeks qualified and accredited counsellors with over three years of experience counselling students in the context of a higher education institution and who have experience in responding to and managing a suicidal student.

Time commitment → 45 - 60 minutes.

Research Interview → On Zoom

If you are interested in taking part in this study, a statement with further details about the research will be emailed to potential participants. Data collection will be through a semi-structured interview on ZOOM. The interview will last up to 60 minutes.

If interested, please contact Joe by email or phone.

Email: joseph.donohue5@mail.dcu.ie

Phone: +353 86 067 1557.

Appendix C: Plain Language Statement

Research Study Title:

An exploration into counsellors' experiences of working with student suicidality in the higher education institutes of Ireland.

The principal investigators:

Researcher: Joseph Donohue
Email: joseph.donohue5@mail.dcu.ie
Research Mobile Phone: +353 86 067 1557
Department: School of Nursing, Psychotherapy and Community Health, Dublin City University.

Academic Supervisor: Dr Stephanie Finan
Email: Stephanie.Finan@dcu.ie
Department: School of Nursing, Psychotherapy and Community Health, Dublin City University.

Academic Supervisor: Dr Mary Farrelly
Email: Mary.Farrelly@dcu.ie
Department: School of Nursing, Psychotherapy and Community Health, Dublin City University.

Background:

The researcher is Joseph Donohue, a doctorate in psychotherapy candidate. Joseph currently works with students in higher education and previously in a crisis counselling service with clients at risk of suicide and self-harm. Joseph is interested in researching counsellors working in the higher education sector who have experience with student suicidality.

This study aims to give voice to the lived experience of a sample of student counsellors in Irish higher education institutions who have experienced working with student suicidality.

The main objectives of this study include the following:

The study's specific objectives were as follows:

To illuminate the participants' lived experience of working with student suicidality in the context of Irish higher education institutions.

1. To illuminate the participants' lived experience of working with student suicidality in the context of Irish higher education institutions.
2. To understand how this work may affect participants personally and professionally.
3. To uncover participants' perceptions of what is most helpful or challenging in supporting them to respond effectively to students at risk of suicide.

The findings of this study may provide feedback to Higher Education Institute Management and Student Counselling Service Management regarding how HEI student counsellors are experiencing student suicidality in practice. The findings may inform training in the field of counselling and psychotherapy. They may have implications for support for clinicians working with this population, such as supervision and continuous professional development.

Adding the Irish HEI student counsellors' experience to the growing body of literature on this subject area could also be helpful.

What does take part entail?

1. If you decide to participate,
2. You will be required to sign a consent form to participate in this study.
3. You will take part in a forty-five- to sixty-minute-long interview.
4. The interview can take place via Zoom or, if you prefer, in person at a location of your choosing (e.g., in your office or a neutral private meeting room that protects your anonymity and adheres to social distancing guidelines).
5. During the interview, you will be asked questions about your experiences as a counsellor to higher education students who are experiencing suicidality.
6. The interview will be recorded on an audio device or by using the recording software available on Zoom.

What are the possible benefits/risks of taking part?

There is the potential that participating in this study will provide you with an opportunity to speak in-depth about experiences of working with student suicidality in your practice. You may appreciate the space to reflect on your important work with suicidal students, which will contribute significantly to this study but may also contribute to your professional development.

Importantly, there is also a possibility that you could become distressed as we explore your experience. If this occurs, the researcher will give you time to discuss your emotional responses and decide how best to proceed.

Do you have to take part?

Taking part in this study is voluntary, and you have the right to withdraw at any point up until the publication of the thesis. Therefore, participation in the research study will end at the point participants are notified of their desire to withdraw. If you wish to withdraw from the study, you can contact the researcher via his email or phone number provided above, and he will arrange the removal of all your data associated with the study as per the data protection/privacy notice. Irish Data Protection Commission.

How will your privacy be protected?

All personal information will be stored electronically in password-protected and encrypted folders; only the researcher will have access to this. All interview transcripts will be anonymised before being available to DCU-appointed supervisors or the appointed external examiner (see next paragraph below). No identifying information will be used in the thesis or any other reports. A small number of interviews are taking place, and direct quotations will be used to illuminate the findings. However, best efforts will be made to remove any information that can identify you.

What will happen with your data?

Your interview recordings will be typed up and analysed with the other interviews for similarities and differences to form the findings of the study. The transcribed data collected

will be anonymised before being stored securely on the researcher's DCU Google Drive, and no hard copies of transcribed data will be held at any time. The researcher's DCU Google Drive, containing only anonymised data, will be shared with two DCU academic supervisors, Dr Stephanie Finan and Dr Mary Farrelly, at the School of Nursing, Psychotherapy and Community Health, Dublin City University. Your anonymised data may also be shared with an independent panel member, Dr Siobhan Russell.

The Doctorate thesis may be available in the O'Reilly Library on the DCU Glasnevin Campus. All pseudo-anonymised data will be held for five years after the publication of the final doctorate thesis in case articles based on the study's findings are submitted for consideration for publication in a psychotherapy journal or used to address a conference by the researcher. After five years, the electronic data will be permanently erased.

If you have any concerns about data management in this study and wish to make a complaint, you have the right to lodge a complaint with the Irish Data Protection Commission. Irish Data Protection Commission.

Also, you have the right to access your own personal data. If you have any concerns about data control or wish to access your own personal data, you can contact the researcher, Joseph Donohue, by email at joseph.donohue5@mail.dcu.ie or by phoning his phone at +353 86 067 1557. Alternatively, you can contact the DCU Data Protection Officer – Mr Martin Ward, at data.protection@dcu.ie or by phone at 7005118 / 7008257.

Will your taking part be confidential?

All data will be kept secure. Participants' names, genders, locations, places of employment and other identifiable information will be pseudo-anonymised in the findings of this study. However, total anonymity cannot be ascertained due to the small number of participants and because direct quotations will be used to present the findings. Also, the confidentiality of information can only be protected within the limitations of the law - i.e., it is possible for data to be subject to subpoena, freedom of information claim or mandated reporting by some professions. Also, your information will be protected within the limitations of the Children First Guidelines.

(https://www.tusla.ie/uploads/content/Children_First_National_Guidance_2017.pdf).
Therefore, if you advise of a risk to yourself, a child, another person or a malpractice incident, these issues will be disclosed to the appropriate authorities. If this were to occur, the researcher would consult with his DCU-appointed supervisors and will discuss the management of the matter with you.

Would you like further information?

If you have any queries regarding this study, you can contact the researcher, Joseph Donohue, by Email: joseph.donohue5@mail.dcu.ie or by Mobile Phone: +353 86 067 1557.

Do you want to express any concerns?

If participants have concerns about this study and wish to contact an independent person, please contact the Secretary, Dublin City University Research Ethics Committee, c/o Research and Innovation Support, Dublin City University, Dublin 9. Tel 01-7008000, e-mail rec@dcu.ie.

Appendix D: Informed Consent Form

You have been invited to participate in a Research Study Entitled:
An exploration into counsellors' experiences of working with student suicidality in the higher education institutes of Ireland.

This study is being completed by Joseph Donohue, who is a Doctorate in Psychotherapy candidate under the supervision of Dr Stephanie Finan and Dr Mary Farrelly at the School of Nursing, Psychotherapy and Community Health, Dublin City University.

The Purpose of this Study.
The purpose of this study is to explore your experiences of working with student suicidality in the context of your role as a student counsellor/therapist in higher education institutions.

Participant – please complete the following (Answer Yes or No for each question)

	YES	NO
I have read the Plain Language Statement (or had it read to me)		
I understand the information provided		
I understand the information provided is related to data protection.		
I have had an opportunity to ask questions and discuss this study.		
I have received satisfactory answers to all my questions.		
I am aware that my interview will be audiotaped.		

Involvement in this Research Study is Voluntary
I understand that my involvement in this study is voluntary, and I have been advised of my right to withdraw it study at any point before its publication and advised on whom to contact if I wish to withdraw.

Confidentiality of Data

My data will be kept secure, and my name, gender, location, place of employment and other identifiable information will be pseudo-anonymised in the findings. However, I have been notified that total anonymity cannot be ascertained due to the small number of participants and because direct quotations will be used to present the findings.

Retention of Data

I have been advised that confidentiality will be subject to the limitations of the law and that my data will be securely disposed of within five years after this research has been completed.

Signature
I have read and understood the information in this form. The researchers have answered my questions and concerns, and I have a copy of this consent form. Therefore, I consent to participate in this research project and understand that I can withdraw before publication.

Participants Signature: _____

Name in Block Capitals: _____

Date: _____

Appendix E: Interview Schedule

1. **Welcome and Introductions.**
   - Reading the Plain Language Statement and signing the informed consent form.
   - Reminding the participants of the confidentiality obligations to their clients.

2. **Brief Background questions.**
   How long have you been accredited as a counselling psychologist or psychotherapist? How long have you worked as a counsellor in the Irish higher education sector? Have you worked with students who presented with suicidality? Do you have a particular psychotherapeutic approach when working with students who present with suicidality? Your age? Gender?

3. **Turn on the Recording Device.**

4. **Opening Question.**
   What was it that brought you to the interview today?

5. **Question:**
   Tell me about your experience of students presenting with suicidality in your role as a student counsellor.
   Prompts: -Describe how common this experience is for you.
   -Please give a standout example of working with a suicidal student.
   -Tell me more about that particular experience.

6. **Question:**
   What thoughts or feelings emerge in you when a suicidal student presents in therapy?
   Prompts: -Why do you sense this is?
   -How does it affect you or your work with the student?
   -Describe any images or metaphors that come up for you or any physical sensations you experience in your body.

7. **Question:**
   What therapeutic approach or interventions do you use with suicidal students?
   Prompts: -Describe any positives or benefits of using the approach/ intervention.
   -Describe any negatives or challenges in using the approach/ intervention**.**
   -How do you deal with that?
   -Tell me more about that.

8. **Question:**
   What supports you personally / professionally when responding to student suicidality?
   Prompts: - How do you avail of that support?
   -Tell me more about that.

9. **Closing Question:**
   Is there something else I have not asked you about that you think I need to know to understand better your overall experience of working with student suicidality in higher education institutions?

10. **The Interview Ends, and the Recording Device Stops.**

11. **Debriefing Session.**
    After the interview, the researcher will check in with participants and address any issues that may have arisen for the participant because of this study. This can be an opportunity to ask participants about metaphors or images that come to mind upon recollecting the experience, which may also yield rich data.

Appendix F: Ethical Approval

Ollscoil Chathair Bhaile Átha Cliath
Dublin City University

DCU

Mr Joseph Donohue
School of Nursing, Psychotherarpy and Community Health

30th[t] November 2022

REC Reference: **DCUREC/2022/203**

Proposal Title: **An exploration into counsellors' experiences of student suicidality in the higher education institutes of Ireland.**

Applicant(s): **Mr Joseph Donohue, Dr. Stephanie Finan, Dr. Mary Farrelly**

Dear Colleagues,

Thank you for your application to DCU Research Ethics Committee (REC). Further to expedited review, DCU REC is pleased to issue approval for this research proposal.

DCU REC's consideration of all ethics applications is dependent upon the information supplied by the researcher. This information is expected to be truthful and accurate. Researchers are responsible for ensuring that their research is carried out in accordance with the information provided in their ethics application.

Materials used to recruit participants should note that ethical approval for this project has been obtained from the Dublin City University Research Ethics Committee. Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made to the REC.

Yours sincerely,

DCU
Research & Innovation

Dr Melrona Kirrane

Dr. Melrona Kirrane
Chairperson
DCU Research Ethics Committee

Taighde & Nuálaíocht Tacaíocht
Ollscoil Chathair Bhaile Átha Cliath,
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Note: Please retain this approval letter for future publication purposes (for research students,

Appendix G: Stage 2 and 3 Data Analysis

Stage 2: Exploratory Noting: Descriptive, Linguistic, and Conceptual Note.
Stage 3: Constructing Experiential Statements

Interview with Jane					
Emerging Themes		**RAW Data**	**What did they tell me**	**How did they tell me**	**What do I make of it**
Experiential Statements	**#**	**TRANSCRIPT**	**Descriptive Note**	**Linguistic Note**	**Conceptual Note**
	1	**00:08:52 Joseph Donohue**			
	2	And well, I guess that's my very first question. If you're ready to go, it would be just, you know. Was there anything about this research that attracted you? Look, is there something that made you participate besides the peace conference?			
	3	**00:09:11 Jane**			
Living With Personal Experiences Of Family Suicide Since Childhood Leaves A Helpless Wonderment Of Why It Is That Somebody Suicides.	**4**	Well, I suppose, yes, maybe on a personal level. **It has been in my family**, so I would have experienced, mmm, yeah, so my dad actually took his own life many years ago. I didn't know him; I was very young. **So, it's always been something quite personal.** Yes, **What is it? Why does somebody suicide? It's very broad, of course: why, the reasons why, how it can be misunderstood, and maybe how it's changed over the years.** I'm talking about decades ago now, of course.	Despite not knowing her father, Jane is still left with questions and a wonderment about how someone brings themselves to a place of suicide.	A sense of wonderment or questioning, bewilderment, and helplessness.	Uncertain, questioning
	5	**00:09:52 Jane**			
More Than She Would Want: Helpless To Control The Ever-Rising Levels Of	**6**	And then, **Seeing a high incidence of students** coming with, you know, when **we have our assessment and our intake, and we see quite**	Describes facing high occurrences of students presenting with suicidal	A sense of facing an ever-increasing level of suicidal students. A sense of	Helpless with Suicidal Students.

Suicidality In Her Practice.		**regularly, you know, suicidal thoughts, suicidal ideation, and more regularly than you would want as well, seeing that somebody has already attempted suicide. So, it's just, I suppose, there's a mix. Yes, there's a mix of that.**	thoughts and a history of suicide attempts. Far more than she would ever want to see.	helplessness to control	
Sceptical About Boxing Off At Risk Clients Under Assessment Labels Rather Than Seeing Their Individuality And Humanness.	**7**	**00:10:19 Jane:** Yeah, but hearing **a fact or a stat about somebody does not give you the picture** of who the person is. And, you know, I think it can anyway. That's another story. But I do feel that there's a, you know, it can be harsh, it can be, you know, **somebody can be boxed into a certain label as well if they've said that they are suicidal, or if they've attempted as well**. And I see that as much more as I would with something else, Joe. It's not just suicidality; we're all human beings, and we've our own brokenness. We all have it, no matter what it is, whatever that is. But **I don't like labelling or boxing people off**. I don't.	Jane describes how pre-assessment forms can often provide insights into a student's well-being before meeting them in person at the initial assessment. This can often lead to prejudice or judgement before even meeting the client which distracts from understanding the whole story getting get a full grasp of the students' needs.	A sense of scepticism about the assessment process is needed because when suicidality is indicated, the counsellor is pulled into just focusing on that issue.	Sceptical
	8	**00:11:17 Joseph Donohue**			
	9	So, the idea of student suicidality, like you're nearly putting all those students into the suicide category, as opposed to seeing them as, you know, individuals with their own individual stuff going on in their life.			
		00:11:35 Jane			
Feeling Lucky To Be Part Of A Person Centred Environment At Work.		I work in a service, and **I've been very fortunate that I'm in a service where I've been very fortunate,** and where I've worked in previous counselling roles as well,	Describes having a person-focused approach.	A sense of feeling safe working in a person-centred team environment.	Being Person Centred/ Feeling Safe.

		in that we're all about the person.			
	10	**00:11:59 Jane**			
Seeing The Benefits Of A Pre Assessment Screening Form: Liking The Responsiveness In Meeting Students Identified Most At Risk.	**11**	And you do have to manage risk. So, I completely understand that, and you know the red flag that pops up on our assessment forms if a student is registering for an appointment and they answer certain risk-related questions. Of course, I see the benefit of that. **I see the benefit of it because potentially, if somebody is in a very serious situation and needs to be seen more immediately, it's fortunate that we have a tool. All tools are limited, but I would think that's a very helpful one that errors on the side of flagging. If you have a waiting list and if you pop up with a red flag, you're going to be seen very quickly.** So, I like that; I **like the responsiveness.**	Describes seeing the benefit in a pre-assessment questionnaire in that it aids in prioritising the triaging process.	A sense of having a supportive tool for the assessment and triaging of students.	Feeling Supported By An Assessment Tool
	12	**00:12:48 Jane**			
Feeling Safe: Fortunate To Be Part Of A Caring And Supportive Team Where Self-Care Is The Priority For Management.	**13**	**We're very fortunate to have a very good team** and **a very good head of our service, and I think it is just very human-centred**. Of course, the clinical part of it is very good. **But by looking after ourselves, we feel a sense of duty and care.** How are we doing? As you said, because sometimes it's always about the students and not about the therapists, and I think that's lovely that we have that. We didn't have it, but we have it more recently.	Describing a team of supportive person-centred clinicians prioritising the personal well-being of the counselling staff.	A sense of benefiting from a caring, supportive, person-centred working environment.	Feeling Safe/Person-centred work environment.
	14	**00:13:21 Joseph Donohue**			
	15	You notice the difference. Do you notice?			
	16	**00:13:24 Jane**			

	17	Absolutely, absolutely.			
	18	**00:13:25 Joseph Donohue**			
	19	What's the difference for you between not having that type of camaraderie and team support and good management and good team compared to right now having it? What was the difference for you in terms of responding to students at-risk?			
	20	**00:13:43 Jane**			
Feeling Safe And Supported Benefiting From Friends At Work: Not Feeling Alone In Her Work With Friends Who Create Lightness And Fun After Consecutive Heavy Client Sessions.	21	Yeah, I think, yes, I think personally, **I would feel that just that much more sense of being supported** that **you're not carrying something on your own.** And **that there is a kind of a team sense of that**, and I suppose **the relationships** then, because they've developed and they've, you know, we're really, **it just supports, and it's lighter**, actually. **We have more fun at work.** Do you know what I mean? **The heaviness of kind of feeling your student after student after student or whatever, there's a difference. There's a lightness about it.**	Describing what a supportive team feels like and looks like: Having developed relationships with colleagues, having fun with colleagues creates a lightness after a continuous stream of challenging clients.	A sense of feeling safe and happy working with friends who are colleagues.	Feeling Safe. A caring warmth
	22	**00:14:28 Joseph Donohue**			
	23	Do you think then what helps you with the heaviness is having a team of very supportive people around you?			
	24	**00:14:38 Jane**			
	25	Ah, I think so. Good supervision, too. And then **a well-managed team** where it's OK to say, "Do			

		you know what? Gosh, **I feel like maybe my caseload is a bit heavy at the moment. I might need to flag that,**" and it's a positive thing to do. It's not seen as, "What? What, what? What's going on with you that you can't?"			
	26	**00:14:59 Jane**			
A Healthy Team Environment: A Manager Empowering The Counsellor To Self-Care And Take Steps To Prevent Overwhelm.	**27**	So, **I think that's very healthy.** So, knowing that you can do it doesn't mean that you have to, but knowing that, yes, you can, you can say that, or you can say, you know what, **just maybe knock out one or two appointments off my schedule** because I just feel like I have a bit of a like t**hat's welcomed, that's actually invited as well.**	(just having the sense that support from management to set boundaries gives the counsellor a degree of autonomy, a sense of care and comfort and creates an environment of support)	A sense of being empowered to self-care, having their own autonomy as a clinician and setting their own boundaries regarding the limits in life.	Autonomy-Empowerment - Self-care. Being Boundaried.
	28	**00:15:08 Joseph Donohue**			
	29	Knowing that it's possible, yes, yeah.			
	30	**00:15:17 Jane**			
Feeling Safe In Busy Times: A New Perspective Of Self-Care And Boundaries From New Management Brings Stress Reduction In A Busy Service.	**31**	And also, you don't have to be busy all the time. **We are busy for sure.** (laughter) **I mean, there was a tendency to hear a lot of people saying, "Oh my God, we're busy, we're busy, we're busy,"** and actually, it's not even within the service. But it's coming across to our colleagues, even outside? It's almost like, "I can't take a tea break." **but I'll tell you, our new head of service tells us to take our tea breaks, take your breaks. Don't want to be stressed.**	Describes a busy work environment but not so busy that they can't take tea breaks, which are encouraged by her manager.	A sense of feeling held by a very warm and empowering manager.	Feeling safe/ Feeling comforted/Feeling held/Feeling supported.
	32	**00:15:54 Jane**			
Feeling Empowered To Create Positive Outcomes For Students: An Atmosphere Of	**33**	**So, it's lovely in a light way, and I mean it.** I don't mean to say it lightly, but it's sort of like its saying, "**Yes, come on, look after yourself," all**	Describes a very positive and respectful atmosphere where counsellors are	A sense of a safe environment where respect and self-care are promoted from the top down.	Empowered

Respect Which Fosters Self-Care Leading To More Positive Relationships With Students.		**those different things that are said in an atmosphere where we are respected and dealt with. I think it really has a knock-on positive effect on how we are with the students.**	treated with respect and feel safe... where there is encouragement to self-care and wellbeing.		
	34	**00:16:19 Joseph Donohue**			
	35	Do you think that you're more empowered, or is it?			
	36	**00:16:21 Jane**			
	37	Yes, definitely. Yes, definitely.			
	38	**00:16:22 Joseph Donohue:** Is it like being empowered to look after yourself?			
	39	**00:16:26 Jane**			
Being Empowered To Know You Can Be Boundaried To Self-Care Brings A Greater Sense of Support When Facing Students At Risk.	**40**	Yeah, **Have clear boundaries.** You know, **which is really important when we're talking about students and suicidality.** You know, **boundaries are important for self-care.** And that, so, **I just feel it helps to be able to come up with the blind spots as well** or **to be more aware of when I am struggling or when the students are pushing my own buttons**. **And I know we have supervision for that as well, but it's the team sense of it that's important to know that we can have firm boundaries when we feel we need them for self-care.**	Describes that not only supervision to remind her but having a sense of being able to set boundaries for self-care within the team environment makes the difference when facing students with suicidality.	Having a sense of or feeling of personal autonomy over self-care without judgement makes the difference when facing students at risk.	Being Boundaried.

Appendix H: Stage 4 and 5 Data Analysis

Stage 4: Searching for Connections across Experiential Statements:

Stage 5: Naming Personal Experiential Themes (PETS), Consolidating & Organising into a table:

Experiential Statement	Line Number	Personal Experiential Themes (PETS)
Sceptical About Boxing Off At Risk Clients Under Assessment Labels Rather Than Seeing Their Individuality And Humanness.	7	BEING SCEPTICAL
Sceptical About The Student's Response To Risk Questions On Screen Forms But Respecting And Honouring Students Who Openly And Honestly Admit Their Suicidality.	139	BEING SCEPTICAL
Sceptical About Judgements Made About Suicide And The Screening Forms Indicating Risk: Seeing The Indication Of Risk On A Screening Form As Being On A Continuum Rather Than A Cause For Overreaction.	153	BEING SCEPTICAL
Confident In Her Therapeutic Response To A Suicidal Client: Directly Addressing Client Suicidality And Exploring All That Is Going On For The Client.	169	FEELING CONFIDENT
Confident In The CAMS Approach To Managing Risk. Finding a Benefit in the CAMS Safety Plan for Imminent Risk and Exploration of The Drivers of Risk.	185	FEELING CONFIDENT
Processing Her Own Fears In Supervisions Restored Confidence In Responding To Risk: Moving Back From Hypervigilance To Treating Suicidality Like Any Other Client Issue.	234	FEELING CONFIDENT
Feeling Confident: Feeling Relieved That The Chaotic Approach To Managing Demand Has Been Addressed.	268	FEELING CONFIDENT
Feeling Safe Through A Resource System And Resources Team Preventing Firefighting And Burnout	306	FEELING DISEMPOWERED
A Healthy Team Environment: A Manager Empowering The Counsellor To Self-Care And Take Steps To Prevent Overwhelm.	27	FEELING EMPOWERED
Feeling Empowered To Create Positive Outcomes For Students: An Atmosphere Of Respect Which Fosters Self-Care Leading To More Positive Relationships With Students.	33	FEELING EMPOWERED
Being Empowered To Know You Can Be Boundaried To Self-Care Brings A Greater Sense of Support When Facing Students At Risk.	40	FEELING EMPOWERED
Empowered To Respond To Students Within A Supportive Team Environment.	284	FEELING EMPOWERED
Empowered By Positive Working Relationships And AN Institutionally Wide Holistic Care For The Students.	310	FEELING EMPOWERED
Empowered To Respond: Feeling Relieved To Have Resources For Students More Than One-To-One Work.	314	FEELING EMPOWERED
Personal Experience Since Childhood Leaves A Helpless Wonderment Of Why It Is That Somebody Suicides.	4	FEELING HELPLESS
More Than She Would Want: Helpless To Control The Ever-Rising Levels Of Suicidality In Her Practice.	6	FEELING HELPLESS
Helpless And Boundaried In Her Role And Emotions Knowing That Her Client Might Kill Themselves.	161	FEELING HELPLESS

Personally, Impacted And Helpless To The Client Killing Himself Despite Her Implementing All The Safety Checks And Planning.	**216**	**FEELING HELPLESS**
In Turmoil Caught Between Feeling Helpless And Responsible After The Suicide Of A Client	**220**	**FEELING HELPLESS**
Feeling The Anxiety Of Professional Self Being Scrutinised: Questioning Self And Answerable To Others Helplessly Wondering If She Did All That Was Possible.	**224**	**FEELING HELPLESS**
Feeling Reassured That Her At-Risk Client Was At Home With Her Parents And Her Parents Were Responsible.	**93**	**FEELING REASSURED**
Feeling Held And Reassured By A Supervisor and Manager When Responding To An At-Risk Client But Feeling Most Relieved When The Client Reached Out After A Suicide Attempt.	**101**	**FEELING REASSURED**
Being Reassured And Validated By A Supportive Team At A Time Of Introspection.	**230**	**FEELING REASSURED**
Feeling Lucky To Be Part Of A Person-Centred Environment At Work.	**9**	**FEELING SAFE**
Feeling Safe: Fortunate To Be Part Of A Caring And Supportive Team Where Self-Care Is The Priority For Management.	**13**	**FEELING SAFE**
Feeling Safe And Supported Benefiting From Friends At Work: Not Feeling Alone In Her Work With Friends Who Create Lightness And Fun After Consecutive Heavy Client Sessions.	**21**	**FEELING SAFE**
Feeling Safe In Busy Times: A New Perspective Of Self-Care And Boundaries From New Management Brings Stress Reduction In A Busy Service.	**31**	**FEELING SAFE**
Seeing The Benefits Of A Pre-Assessment Screening Form: Liking The Responsiveness In Meeting Students Identified Most At Risk.	**11**	**FEELING SUPPORTED**
Supported By A Tool That Works: Feeling Reassured That The CAMS Process Did A Lot To Help An At-Risk Student.	**131**	**FEELING SUPPORTED**
Feeling Supported By The CAMS Assessment Tool To Know The Degree Of Risk.	**173**	**FEELING SUPPORTED**
Using CAMS For A Helpful Exploration Of Risk Among Students With Genuine And Ongoing Suicidality.	**177**	**FEELING SUPPORTED**
Feeling Supported: Finding A Benefit In Screen Tools To Facilitate A Fairer Distribution Of Risk Throughout Out The Team.	**254**	**FEELING SUPPORTED**
Feeling Supported In Having A Work-life Balance, Management And Collegial Support Rather Than The Chaos Of Just Responding From A Silo Like In The Past.	**272**	**FEELING SUPPORTED**
Feeling Supported By The New System Beyond One-To-One Work: Finding New Energy In A Step-Cared Approach To Demand	**302**	**FEELING SUPPORTED**
Frustrated With Being Alone In Her Concerns: Finding It Challenging to Manage A Student At Risk When Their Mental Health Care Was Being Minimised.	**72**	**FEELING UNSUPPORTED**
Frustrated With But Understanding Of The Unintended Actions Of A Lecturer That Triggered A Student's Suicide Attempt.	**77**	**FEELING UNSUPPORTED**
Frustrated: Seeing The Failed Attempts At Securing More Psychiatric Care Resources.	332	FEELING UNSUPPORTED

Appendix I: Stage 6 Data Analysis

Stage 6: Continuing the individual analysis of other cases

Appendix J: Stage 7 Data Analysis

Stage 7: Working with the Personal Experiential Themes to develop Group Experiential themes:

CLUSTERING PETS - STEP 1

ISABELLA	JOSH	DAN	RUTH	ROSE	PEARL	GRACE	JANE
Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8
BEING BOUNDARIED	BEING BOUNDARIED	BEING BOUNDARIED	BEING BOUNDARIED	BEING BOUNDARIED	BEING BOUNDARIED	BEING BOUNDARIED	BEING SCEPTICAL
FEELING ALONE	FEELING ALONE	BEING SCEPTICAL	BEING SELF-REGULATED	FEELING BURDENED	BEING SCEPTICAL	FEELING BURDENED	FEELING CONFIDENT
FEELING APPREHENSIVE	FEELING APPREHENSIVE	BEING SELF-REGULATED	FEELING APPREHENSIVE	FEELING CONFIDENT	BEING SELF-REGULATED	FEELING APPREHENSIVE	FEELING DISEMPOWERED
FEELING BURDENED	FEELING BURDENED	FEELING APPREHENSIVE	FEELING BURDENED	FEELING DISEMPOWERED	FEELING BURDENED	FEELING CONFIDENT	FEELING EMPOWERED
FEELING DISEMPOWERED	FEELING CONFIDENT	FEELING HELPLESS	FEELING CONFIDENT	FEELING EMPOWERED	FEELING CONFIDENT	FEELING EMPOWERED	FEELING HELPLESS
FEELING PRESSURED	FEELING HELPLESS	FEELING RESPONSIBLE	FEELING RESOURCED	FEELING RESPONSIBLE	FEELING HELPLESS	FEELING PRESSURED	FEELING REASSURED
FEELING RESPONSIBLE	FEELING PRESSURED	FEELING SUPPORTED	FEELING SAFE	FEELING SAFE	FEELING RESPONSIBLE	FEELING REASSURED	FEELING SAFE
FEELING SUPPORTED	FEELING REASSURED		FEELING SUPPORTED	FEELING SUPPORTED	FEELING REASSURED	FEELING RESPONSIBLE	FEELING SUPPORTED
FEELING UNSUPPORTED	FEELING RESPONSIBLE				FEELING SUPPORTED	FEELING SUPPORTED	FEELING UNSUPPORTED
	FEELING SUPPORTED					FEELING UNSUPPORTED	

CLUSTERING PETS - STEP 2

FINAL GET	FINAL PET (CLUSTERED)				
	Bearing Responsibility				
On The Precarious Edge Of Responsibility:	Sensing Danger	FEELING HELPLESS	FEELING RESPONSIBLE	FEELING APPREHENSIVE	FEELING ALONE
	Feeling Helpless				
	Extended Beyond Reasonable				
Navigating A Delicate Tightrope:	Setting Limits	BEING BOUNDARIED	FEELING PRESSURED	FEELING BURDENED	FEELING REASSURED
	Doing Whatever It Takes				
	Gripping To A Supported Structure				
Needing A Safety Net:	Balancing Time	FEELING SAFE/UNSAFE	FEELING RESOURCED	FEELING CONFIDENT	FEELING SUPPORTED/ UNSUPPORTED
	Getting A Foothold				