

Authors: Dr Raluca Matei (corresponding author) and Professor Jane Ginsborg

Dr Raluca Matei: Institute of Education, Social and Life Sciences, University of Chichester, Bishop Otter Campus, College Lane, Chichester, West Sussex, PO19 6PE, Chichester, UK.
Email address: raluca.matei@hotmail.com

Professor Jane Ginsborg: Centre for Music Performance Research, Royal Northern College of Music, 124 Oxford Road, Manchester M13 9RD, UK

Biographies

Raluca Matei is Senior Lecturer in Health Psychology at the University of Chichester, and Lecturer in Health at the University of Bath. Her research interests include multidisciplinary approaches to health and wellbeing, designing and evaluating real world health interventions, and musicians' health and wellbeing.

Jane Ginsborg is Associate Director of Research and Professor of Music Psychology at the Royal Northern College of Music. Her research interests include preparation for expert music performance, and musicians' health literacy, health and wellbeing.

Abstract

Music students in tertiary education struggle with a range of health-related problems. We investigated students' self-referrals for counselling at a UK conservatoire in order to explore trends in students' attendance at counselling sessions over time, and identify their reasons for seeking and continuing to attend counselling. We conducted a secondary analysis of data collected from 645 students by two in-house counsellors at the conservatoire between 2000 and 2016. We obtained analogous data on all students registered during the same period for comparison, running chi-square and non-parametric tests of association between groups. A total of 645 students attended a mean of eight ($Mdn=4$) counselling sessions over the 16-year period: 63% were female, 79% were from the UK, and 72.5% were undergraduate students. The percentages of students attending counselling increased from two (1%) in 2000-2001 to 71 (13%) in 2015-2016. The presenting concerns of almost one in ten students who sought counselling were related to self-esteem, self-confidence, ego strength and coping ability. Their main reasons for continuing to attend counselling were also to do with self and identity, relationships, academic concerns, loss, abuse, and anxiety. Female students, postgraduate students, and those studying singing were most likely to attend counselling sessions.

Keywords: health promotion, conservatoire students, mental health, wellbeing, health services

Why do music students attend counselling? A longitudinal study of reasons in one UK conservatoire

Musicians form one of the occupational groups most at risk for mental health problems (Brodsky, 1996). Classical musicians suffer from a range of health-related problems, particularly related to musculoskeletal issues (Cruder et al., 2020; Rotter et al., 2019), mental ill-health (Ackermann et al., 2014; Fishbein et al., 1988; Kegelaers et al., 2021; Kenny et al., 2014; Vaag et al., 2016a; Voltmer et al., 2012), and music performance anxiety (MPA; Burin & Osorio, 2016; Matei & Ginsborg, 2017). When compared to non-musicians, music students reported taking less responsibility for their health and stress management, lower usage of coping strategies, poorer sleep quality, worse health overall, higher rates of anxiety, depression, and MPA (Araujo et al., 2017; Robson & Kenny, 2017; Spahn et al., 2004). However, there is contradictory evidence as to the extent to which musicians seek treatment for psychological issues (Vaag et al., 2016b; Vaag et al., 2021; Wristen, 2013). The predictors of MPA include depression; being female; having experienced a breakdown while performing music (Robson & Kenny, 2017); negative cognitions such as catastrophising (Liston et al., 2003); trait anxiety and fear of negative evaluation (Osborne & Kenny, 2008).

Proportions of music students similar to those of professional musicians report musculoskeletal symptoms, thought to have begun in high school or even earlier (Ackermann et al., 2002; Burkholder & Brandfonbrenner, 2004; Brandfonbrenner, 2009; Guptill et al., 2000; Kok et al., 2013; Lonsdale & Kuan Boon, 2016; Ranelli et al., 2008; Spahn et al., 2002, 2004). Both psychosocial and physical risk factors are associated with performance-related musculoskeletal disorders (PRMDs). Psychosocial risk factors include depression (Kenny & Ackermann, 2015); performance anxiety (Leaver et al., 2011; Steinmetz et al., 2015); pressure from self (Wu, 2007); stress and social phobia (Chan & Ackermann, 2014); and personality traits such as perfectionism (Altenmüller & Jabusch, 2010).

Furthermore, the classical music work environment has been associated with a number of psychosocial pressures that include suboptimal social support, low control, high job demands, competition, and criticism (Detari et al., 2020; Jacukowicz, 2016; Vervainoti & Alexopoulos, 2015), and thus poorer wellbeing (Willis et al., 2019). Stresses associated with conservatoires include their emphasis on "talent" and performance rather than purely academic achievement, competitive ethos, and, often, authoritarian approaches to teaching (Macaskill, 2012; MHF, 2016; Perkins, 2013a, b; Pedrelli et al., 2015; Porter, 1998; Royal College of Psychiatrists (RCP), 2011).

In universities and conservatoires alike, departments of student services (or their equivalent) provide students with health and wellbeing-related help via specific wellbeing, counselling and disability services. Each conservatoire is likely to employ between one and five counsellors who provide students with free, in-house, one-to-one counselling, typically in the form of a course of eight 45-minute weekly sessions, although students can be referred to external providers.

The negative changes in music students' mental health between the beginning of their studies and the third or fourth years of study (Casanova et al., 2018; Matei et al., 2018; Hildebrandt et al., 2012; Rosset et al., 2022; Zander et al., 2010) have already been documented. While there are some data on music students' use of psychotherapy and counselling in Norway and the US (Land, 1979; Vaag et al., 2021), we found no published data on the extent to which music students seek and attend counselling, nor on why they do so. Furthermore, no publications (to our knowledge) have yet reported longitudinal data collected in a higher education institution or discussed them relative to all enrolled students for a better understanding of trends over time. Additionally, given that existing findings on music students' psychological issues come from self-report data, it may be important to explore the perspective of mental health professionals themselves, especially when collected

by the same professionals across an extended period of time, without recall bias. Our findings are embedded in a critical approach to current conceptualisations of mental health, and support an invitation to look at mental health from a much broader, less clinical perspective, namely one that encompasses the curriculum, instrumental and vocal teachers, institutions, culture, and notably the ideology of Western classical music. This is of relevance beyond the single institution presented here. We also discuss some ways in which counsellors could improve their data collection for the purposes of research, given the important contribution they make to knowledge of changes in music students' mental health.

Terminology: anxiety, mental health, mental wellbeing, or distress?

Different terms are used in different contexts. "Anxiety" has a specific meaning in the American Psychiatric Association (APA)'s Diagnostic and Statistical Manual of Mental Disorders (DSM; Baxter et al., 2014). Thus psychologists use "anxiety" as a diagnosis, while members of academic staff at higher education institutions (HEIs) might refer to "normal levels of anxiety" in stressful everyday situations. Counsellors are more likely to refer to "psychological distress." Other terms for mental disorders, such as "mental illness," "mental health problems," and "difficulties" / "issues" (Equality Challenge Unit [ECU], 2014), are used interchangeably, which makes it particularly difficult to synthesise the literature (Sheldon et al., 2021). Mental disorders vary in their severity (Royal College of Psychiatrists, 2011), from mild conditions to schizophrenia and bipolar disorder, both of which are likely to require psychiatric intervention. Similarly, WHO (2018) describes mental disorders as presenting in a variety of ways and says that "they are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others."

The DSM-5 has been criticised given that its roots lie in consensus rather than science, and that a focus on diagnosing individuals can be used to avoid addressing the real problem,

which is social in nature (Davies, 2013, 2016, 2021; Klonsky, 2000; Moloney, 2013; Pickersgill, 2013).

The present study

In the present study we investigated the main reasons why students at one particular UK conservatoire seek counselling and their presenting concerns, by analysing data from the records kept between 2000 and 2016 by in-house student counsellors at the conservatoire.

The research questions were:

- What were the demographic characteristics of all students registered between 2000 and 2016 and those attending counselling sessions?
- What proportion of all students registered were students attending counselling sessions in each year between 2000 and 2016?
- Why did students attend counselling sessions? What were their presenting concerns and main reasons for continuing to attend?
- How severe were students' presenting concerns?
- What were the associations among students' demographic characteristics?
- How were each of students' demographic characteristics associated with their use of counselling?
- What were the potential effects of students' demographic characteristics on the number of counselling sessions they attended?

Method

Design

We conducted a secondary analysis of data from 645 students collected by two counsellors between 2000 and 2016 as part of their routine record-keeping. We also obtained analogous data on all students registered during the same period for comparison. We employed both research question- and data-driven approaches (Cheng & Phillips, 2014). The

first approach was based on asking why music students seek counselling, while the second emerged from our discovery of an unexplored database. The analysis was dictated by the data that had already been collected, independent of our objectives.

Data recorded and stored by one male and one female counsellor, both accredited by the British Association for Counselling and Therapy (BACP), comprised demographic information; year of (self-)referral; number of sessions attended; and presenting and emerging concerns categorised by degree of severity.

Demographic information consisted of the student's (i.e., client's) date of birth, sex, nationality, school of study,¹ programme (undergraduate/postgraduate), and year of study. We computed a new variable called "age" by subtracting the year of birth from the year in which the first counselling session took place.

Demographic characteristics

The total number of students registered between 2000 and 2016 ranged from 140 in 2000-2001 to 567 in 2015-2016 (see Table 1). They were fairly equally distributed between males and females. The majority were undergraduate students, played string, wind, brass and percussion instruments, and were British.

Table 1 here

The ages of the 645 students who attended counselling sessions between 2000 and 2016 ranged between 18 and 33 years ($M = 22$, $SD = 2.89$; $MD = 21$). They attended between one and 69 sessions with one student having attended a total of 130 sessions ($M = 8$, $SD = 11.19$, $MD = 4$; $Mo = 1$). The majority were female ($n = 403$, 63%), undergraduate ($n = 459$, 72.5%), and British ($n = 498$, 79%). They were divided between string players ($n = 183$, 29%), wind,

¹ Students were members of one of five schools of study: keyboards (piano, organ, harpsichord etc.); vocal studies; wind, brass and percussion; strings; composition.

brass and percussion players ($n = 180$, 28%), singers ($n = 171$, 27%), keyboard players ($n = 66$, 10%), and composers ($n = 33$, 5%).

It was mostly first-year students who attended counselling sessions ($n=160$, 35.1%), followed by second-year ($n = 129$, 28.3%), third-year ($n = 100$, 21.9%), and fourth-year students ($n = 67$, 14.7%).

The 645 students attended 5005 sessions in all. The male counsellor delivered sessions to 520 students (80.6% of the total) between 2000 and 2016, and a female counsellor delivered them to the remaining 125 (19.4%) between 2012 and 2016.

Materials

We documented two types of concerns: i) presenting concerns, representing the main reason that the client sought the counsellor's help, and ii) emerging concerns, representing any problem that emerged during the initial session or subsequently and was observed by the counsellor and/or raised by the client. Presenting and emerging concerns were labelled according to the AUCC Categorisation of Client Concerns, the system used by counselling services in the UK and Ireland since 2000 to collect data for the AUCC Annual Survey of Counselling in Further and Higher Education. It lists over 280 concerns, organised into 15 broad categories (see Table 3). The AUCC is a subjective assessment that can be used to compare university and college services and explore trends in the sector (Collins et al., 2012; Murray et al., 2016; University of Oxford, n.d.). Its psychometric properties have not been formally evaluated.

We categorised concerns in terms of their severity on a scale from 0 (*Experiencing normal issues of living, mood stable, functioning well*) to 7 (*Not coping; out of control; despair and hopelessness; emotionally overwhelmed; suicidal thoughts/intent*). We also obtained matching demographic data on all students registered between 2000 and 2016 from the

conservatoire's registry so as to make comparisons between those who sought and those who did not seek counselling.

Procedure

The Conservatoires UK Research Ethics Committee granted us ethical approval. The senior of the two counsellors gave us access to the raw, hand-written records, and we entered the data into SPSS between July and September 2016.

We assessed the numbers of counselling sessions attended in each year against the data on the number of all students registered at the same time. These data included the number of all students registered for each year between 2000 and 2016 and the following characteristics: sex, nationality, school of study, programme, and year of study. We removed the data from those who were labelled as alumni, interrupted, withdrawn or transferred.

Analyses

We ran the data analyses using SPSS version 26.0, and conducted chi-square and non-parametric (Mann-Whitney U and Kruskal-Wallis H) tests of association between groups. We also calculated effect sizes, confidence intervals, and Bonferroni corrections of significance values.

Results

Students attending counselling sessions as a proportion of all students registered

We counted students as attending counselling sessions in the year of their first session only, regardless of whether they attended counselling during that year only, or for more than one year. For example, if a first-year undergraduate student attended their first session in 2005 and went on to have a further 70 sessions during the course of 2006, 2007 and 2008, they would be considered a member of the cohort of students who attended 71 counselling sessions in 2005 only.

As shown in Table 2, the numbers of students attending counselling sessions increased from two in 2000-2001 to a total of 71 in 2015-2016, in the context of a similar increase in the numbers of students registered each year, from 140 to 567. Represented as percentages of all students registered, those who attended counselling sessions ranged from 1% to 17%.

Table 2 here

Why students attend counselling sessions

Presenting concerns

Of the 280 concerns listed by the AUCC, the 20 most common, in terms of number of counts and the percentages of students who presented with them in their first counselling sessions, were as follows: self-esteem/self-confidence/ego strength/coping ability ($n = 62$, 9.6%); relationship with partner ($n = 35$, 5.4%); performance anxiety – not exams ($n = 33$, 5.1%); letting go after a relationship ends ($n = 31$, 4.8%); bereavement – a loss of a relationship through death ($n = 26$, 4.0%); relationships in the family or with a family member ($n = 26$, 4.0%); lack of academic motivation/concentration and procrastination ($n = 23$, 3.6%); anxiety – mild and/or generalised ($n = 23$, 3.6%); relationship with other/s (including staff) ($n = 22$, 3.4%); severe anxiety state ($n = 20$, 3.1%); panic attacks ($n = 20$, 3.1%); struggling academically ($n = 17$, 2.6%); poor study skills/time management ($n = 15$, 2.3%); disappointment with course/course content ($n = 14$, 2.2%); personal growth/search for values and meaning ($n = 13$, 2.0%); low mood ($n = 11$, 1.7%); depression ($n = 11$, 1.7%); bulimia ($n = 11$, 1.7%); relationship with friend(s) and/or house mates ($n = 11$, 1.7%); employment and vocational ($n = 10$, 1.6%).

Undergraduate and postgraduate students presented with similar concerns in their first sessions. The top five presenting concerns for undergraduate students by number of students were: self-esteem ($n = 45$); bereavement ($n = 23$); relationship with partner ($n = 23$); letting go

after a relationship ends ($n = 22$); relationship with family ($n = 21$); performance anxiety – not exams ($n = 18$); lack of academic motivation ($n = 18$). The top presenting concerns for postgraduate students were: self-esteem ($n = 16$); performance anxiety – not exams ($n = 15$); letting go after relationship ends ($n = 9$); relationship with partner ($n = 9$); relationship with others (including staff) ($n = 8$); anxiety – mild or generalised ($n = 8$); employment and vocational ($n = 5$); and severe anxiety state ($n = 5$).

Main reasons for attending counselling

We reported students' presenting concerns in the previous section. Most students continued to attend counselling after their first session and their main reasons for so doing were not necessarily the same as their presenting concerns. Table 3 shows the 20 most common concerns, that is, their main reasons for attending counselling sessions, ordered by the frequency with which the counsellors nominated them, nested within the 15 categories listed in the AUCC Categorisation of Client Concerns. Each concern was counted only once per student. The frequencies therefore represent the number of students who presented with each concern. Accordingly, the most common reasons by category and concern were Self and identity (82%), mostly for self-esteem; Relationships (73%), mostly for relationships within the family; Academic (48%), mostly for performance anxiety unrelated to exams; Loss (31%), mostly for letting go after a relationship ends and bereavement; and equally common, Abuse (20%) and Anxiety (20%).

Table 3 here

Severity of presenting concerns

The counsellors rated the severity of presenting concerns, regardless of their nature, on a scale from 0 to 7. Mean severity was 4 ($SD = 1.06$), i.e., *the issue is causing considerable anxiety and distress which in turn is affecting several areas of functioning*. A total of 68.6% of students presented with concerns rated 4 ($n = 220$, 34.3%) and 5 ($n = 220$, 34.3%).

Associations between demographic characteristics and use of counselling; effects of characteristics on numbers of sessions attended

We carried out a preliminary analysis to explore associations between demographic characteristics: students' sex, programme, nationality and school of study, using chi-square tests of association, post-hoc tests, Cramer's V coefficients, 95% confidence intervals [CI] and Bonferroni-corrected significance values. To deal with missing values, we excluded cases listwise.

We found significant associations between sex and school of study ($\chi^2[4] = 20.70, p = .001$, Cramer's V = .18); programme and nationality ($\chi^2[2] = 53.34, p < .001$, Cramer's V = .29); programme and school of study ($\chi^2[4] = 14.97, p = .005$, Cramer's V = .15); and nationality and school of study ($\chi^2[8] = 23.56, p = .003$, Cramer's V = .13). We conducted post-hoc analyses using adjusted standardised residuals to find out the groups between which the associations were found: we considered adjusted residuals or z scores greater than 1.96 statistically significant. We performed Bonferroni corrections (Beasley & Schumacker, 1995; Garcia-Perez & Nunez-Anton, 2003) by adjusting p values to .05 divided by the number of analyses. Next, we transformed z scores into chi-square scores and calculated new p values. We then compared these to the adjusted Bonferroni-corrected p values. Composers were more likely to be male ($\chi^2(1) = 16.72, p < .005$); postgraduate students were more likely to be from the UK ($\chi^2(1) = 42.90, p < .008$) or overseas ($\chi^2(1) = 50.83, p < .008$) and students in the school of keyboard were more likely to be from overseas ($\chi^2(1) = 12.32, p < .003$). We did not find any other significant associations.

Using the same strategies, we explored associations between students' use of counselling and each demographic characteristic. We found weak associations between use of counselling and sex ($\chi^2(1) = 36.463, p < 0.001$; Cramer's V = .07), programme ($\chi^2(1) = 104.809, p < 0.001$; Cramer's V = .13) and school of study ($\chi^2(4) = 38.992, p < .001$; Cramer's V = .080),

but not nationality. Female students were 1.67 times as likely as male students (OR = 1.67; 95% CI [1.41, 1.98]), and postgraduate students were 2.63 times as likely as undergraduate students, to use counselling (OR = 2.63; 95% CI [2.17, 3.18]). Post-hoc analyses with Bonferroni-corrected significance levels showed that vocal students were twice as likely as keyboard students ($\chi^2(1) = 20.895, p < .005$; Cramer's V = .10; OR = 0.50, 95% CI [0.37, 0.68]), 1.75 times as likely as wind/brass/percussion students ($\chi^2(1) = 25.113, p < .005$; Cramer's V = .09; OR = 0.57, 95% CI [0.45, 0.71]), and 1.69 times as likely as string students ($\chi^2(1) = 22.457, p < .005$; Cramer's V = .080; OR = 0.59, 95% CI [0.47, 0.73]), to use counselling.

We assessed the potential effects of each demographic characteristic on the number of sessions attended, computed as a continuous variable, using Mann-Whitney U and Kruskal-Wallis tests as appropriate. The assumption of normality was violated so we conducted the non-parametric Levene test to check the assumption for homogeneity of variance (by median with adjusted degrees of freedom). We used confidence intervals of 95% throughout. We calculated effect sizes using the following formula: $\eta^2 = Z^2 / (N-1)$, where N is the total number of participants. We interpreted the eta squared (η^2) value as follows: .01 as a small effect; .09 a medium effect; and .25 a large effect (Allen, 2017).

Undergraduate students attended significantly fewer counselling sessions than postgraduate students ($U = 33560, Z = -3.052, p = .002, \eta^2 = 0.01$). We found an association between school of study and number of counselling sessions attended, with a medium effect size ($\chi^2(4) = 10.567, p = .032, \eta^2 = 0.17$). Pairwise comparisons revealed that students in the school of keyboard attended more counselling sessions than those in the school of wind, brass and percussion ($U = 4484, Z = -2.914, p = .004, \eta^2 = 0.03$). We found no other significant differences.

Discussion

What were the demographic characteristics of all students registered between 2000 and 2016 and those attending counselling sessions?

A total of 645 students attended a mean of eight and a median of four counselling sessions over the whole 16-year period. Sixty-three percent were female, 79% were from the UK, 72.5% were registered on the undergraduate programme and all schools of study were represented. Numbers of undergraduate students attending counselling sessions decreased from the first to the fourth year of study. Perhaps they become accustomed to college life and become more resilient and/or more able to cope with it after their first year. However, data from the same conservatoire also suggest that third-year students may experience more severe depression, distress, and lack of vitality compared to first year students, as well as lower positive and higher negative affect (Matei et al., 2018).

What proportion of all students registered were students attending counselling sessions in each year between 2000 and 2016?

There were year-on-year increases in the numbers of students registered annually during the period. Numbers and percentages of students attending counselling sessions fluctuated, but there was an overall increase from 2 (1%) in 2000-2001 to 71 (13%) in 2015-2016 with a peak of 86 (17%) in 2013-2014 (see Table 2). The peak might be explained at least partially by the rise of UK's undergraduate tuition fee cap to £9,000 per year from 2012 (Department for Business, Innovation & Skills, 2010). The UK's neoliberal university culture characterised by competition and part-time work as a way to afford high tuition fees has been criticised for the impact it has had on music students' stress levels and (Jääskeläinen et al., 2020; Ritchey, 2019). The overall increase could be due to various factors including stigma-reducing campaigns and relevant policies, better promotion of counselling and other relevant services in-house, but also to the increased medicalisation of otherwise normal reactions to real-life

situations (Broglia et al., 2021; Hunt & Eisenberg, 2010; The Midlands Psychology Group, 2022; Priestley et al., 2021; Vidourek et al., 2014).

Why did students attend counselling sessions? What were their presenting concerns and main reasons for continuing to attend?

The presenting concerns of almost one in ten students who sought counselling were related to self-esteem, self-confidence, ego strength and coping ability, for undergraduate and postgraduate students alike. Their main reasons for continuing to attend counselling were also to do with self and identity, relationships, academic concerns, loss, abuse and anxiety (see Table 3). These findings contribute to the literature showing that, besides stress, mental health issues, and academic difficulties, relationship issues constitute the most common presenting concern in students seeking counselling (Barr et al., 2011; Cairns et al., 2010; Connell et al., 2006, 2008; Hope & Henderson, 2014; Ibrahim et al., 2013; Pérez-Rojas et al., 2017; Raunic & Xenos, 2008; Said et al., 2013).

Self-esteem was the most common reason for seeking counselling. However, the concept of self-esteem is problematic in several ways, not least because low self-esteem cannot always be distinguished from an overall negative attitude (Baumeister et al., 2003). Furthermore, it is only weakly linked with task performance, interpersonal relationships, and health-promoting behaviours. It is unclear whether interventions aimed at boosting self-esteem may improve any desirable outcomes.

Also unclear is whether "performance anxiety – not exams" and/or "anxiety – mild and/or generalised" also included MPA. This lack of clarity may be unimportant, however, as Wiedemann et al. (2021) found that general anxiety may be the main predictor for MPA.

How severe were students' presenting concerns?

The counsellors rated most students' presenting concerns as causing considerable or severe anxiety and distress affecting several or all areas of functioning, including their coping

ability. This too is not surprising, given that students may wait until their coping ability is impaired before seeking help (Broglia et al., 2017).

How were each of students' demographic characteristics associated with their use of counselling?

While associations were weak, female students, postgraduate students and those studying singing were most likely to attend counselling sessions. There is evidence that females are more likely than males to disclose mental health conditions and make use of counselling (RCP, 2011; Schwarts, 2006; Thorley, 2017), and that psychological distress, depression and anxiety all increase during undergraduate years (Andrews & Wilding, 2004; Bewick et al., 2010; Connell et al., 2006). This may help explain why a comparatively large proportion of postgraduate students attended counselling sessions. Also, the relatively high levels of distress reached during the undergraduate years may not return to baseline (Andrews & Wilding, 2004; Cooke et al., 2006). Singers might draw on their emotional resources, particularly when singing operatic roles. Some evidence suggests that string players have the highest levels of performance anxiety, while singers have the lowest (Tamborrino, 2001). We could speculate that perhaps singers make more and better use of coping strategies when it comes to stress and anxiety, or perhaps because they tend to struggle with them less, for whatever reason, they are more willing to talk about them openly.

What were the potential effects of students' demographic characteristics on the number of counselling sessions they attended?

Postgraduate students attended more counselling sessions than undergraduates, and students of keyboard instruments attended more sessions than those studying wind, brass and percussion. As we already mentioned, students of keyboard instruments (particularly pianists) were more likely to be from overseas. It might be the case that being a foreigner or from a different cultural background makes it harder to adapt, and therefore to have more need of

counselling. Yet we found no associations between nationality and students' use of counselling.

Limitations and strengths

A number of limitations are associated with the secondary analysis of existing data as a research method. New research questions arise that cannot be answered using the data available. More importantly, we may not have access to all the information needed as to how data were collected or the types of problems that might have occurred while it was being collected. For instance, counsellors were unable to explain exactly how they distinguished between very similar concerns such as shock state and post-traumatic stress disorder (PTSD); stress and anxiety; and difficulties in the workplace and work-related stress. That said, the AUCC categories they used span a huge spectrum of types of mental illness experienced at different levels of severity. Rating a concern as most severe, namely describing the client as 'Not coping; out of control; despair and hopelessness; emotionally overwhelmed; suicidal thoughts/intent', implies that addressing the concern reaches beyond the clinical expertise of a counsellor. We might expect that students so described were referred on to psychiatric services but the data do not specify whether this was so or not.

We computed dichotomous yes/no variables for each concern rather than continuous variables to capture frequencies, so total counts of main reasons for attending counselling sessions may not be as accurate as those for presenting concerns only. It was rare for the same concern to be mentioned in all of the sessions attended by a single student. The data derive from counsellors' rather than clients' notes and ratings: given that counsellors are motivated to see improvements in their clients, they might tend to rate concerns more severe at the outset and/or overestimate improvements over time. The dataset from this single HEI for music is valuable since there are no comparable data from musicians. However, the AUCC categories do not represent a valid measurement tool. Research using other types of

measurement, such as standardized effectiveness outcomes and feedback from clients, may be needed to paint a bigger and more accurate picture. Other measures that could be included are estimations of academic coping; therapeutic alliance; treatment satisfaction; waiting times; short term and long term effects; drop out/completion rates; whether the ending was planned or unplanned; and potential adverse effects (Broglia et al., 2017).

Despite these limitations, the data were freely available since they had been collected for purposes other than those of the present study: rigorous, contemporaneous record-keeping, unlikely to have been affected by memory biases, given that the counsellors took in-the-moment notes, in the form of diaries, rather than recalling events or selecting cases for their atypicality. A longitudinal approach could be taken to the exploration of trends in a large sample, saving money, time and effort. To our knowledge, the present study is the first of its kind.

Future research

It would be worth investigating the barriers to, and facilitators and perceived benefits of help-seeking attitudes and behaviours, as well as students' attitudes to and awareness of in-house counselling and their reasons for and for not seeking counselling. After all, while support may be available, conservatoire students might not be aware, not know how to access it, might want to avoid stigma, or may not consider their struggles are bad enough (Matei & Ginsborg, 2022; Pecen et al., 2018; Perkins et al., 2017).

In this study we investigated only the use of an in-house counselling service. The extent to which students needed high-intensity support and had to be referred on from the in-house counselling service remains unclear. Analysis of data on referrals to external health providers and professionals such as psychologists, psychotherapists and/or psychiatrists accessed via the British Association for Performing Arts Medicine (BAPAM) and other routes, and the use of counselling services outside the college, could reveal further insights.

Implications for practice

It would be helpful for counsellors to also engage with students outside the context of counselling on topics such as relationships, anxiety and academic stress that are particularly prevalent (Hinderaker, 2013). This might make it easier for music students who do not seek help because they feel uncomfortable about doing so (Matei & Ginsborg, 2022). After all, ways in which counsellors work preventatively include involvement in introduction or induction weeks for first year students, and special days dedicated to mental health; training other members of staff; helping to develop mental health policies; collaborating with colleagues such as student union officers, chaplains and/or disability advisers; and liaising with external health professionals (BACP, 2017; Hinderaker, 2013).

The most effective approaches are likely to be holistic, based on whole-setting health promotion, as recommended by the Healthy Universities Network (WHO, 1998). A strategy aiming to embed help at all levels of an institution might lighten the load on counsellors and help prevent a potential increase in the severity of students' distress. For example, it might be that a course or at least a series of sessions on issues of particular concern to students could be particularly useful (for example, the course and its evaluation described by Matei et al., 2018; Matei & Ginsborg, 2022). Topics could include distinguishing between reliable and unreliable sources on the internet; interpersonal communication and healthy relationships; financial literacy; and educational, career and/or vocational success. Occupational health courses at undergraduate level and encouraging students to engage with healthcare resources have already been recommended for some time (Chesky et al., 2006). More information about stress management, coping strategies such as adequate planning, and physical activity has also been recommended (Araujo et al., 2017; Bonneville-Roussy et al., 2017; Kreutz et al., 2009; Matei & Ginsborg, 2020; Matei & Ginsborg, 2022; Matei & Phillips, 2023b).

There are other ways in which the existing promotion of psychological health in conservatoires could be (and indeed, at the conservatoire where the research was conducted, is already being) further enhanced: through materials such as welcome packs, leaflets, magazines, newsletters and bulletins, videos, websites and emails as to what is available; during induction week and at events such as open days, and guest lectures; and awareness-raising campaigns (Thorley, 2017).

Instrumental and vocal teachers in higher education music institutions are key allies when addressing music students' health, considering their influence on students (Gaunt, 2010; Guptill, 2012; Leech-Wilkinson, 2016; Norton et al., 2015a, b; Williamon & Thompson, 2006; Norton, 2016). While they cannot be expected to provide expert health advice, it is important for them to recognise key signs of distress and refer students to relevant services, given that the lack of perceived access to health services may be a barrier to optimal health and engagement with health content among conservatoires students in the UK (Matei & Ginsborg, 2022; Perkins et al., 2017). As such, they could be ambassadors in the promotion of health and wellbeing. Building a healthy relationship based on trust and empathy with students is key in both engaging students in the pedagogical process and in enabling them to talk about their worries. After all, greater levels of perceived social support have been associated with reduced performance anxiety (Schneider & Chesky, 2011).

Pecen et al. (2016) suggest that performance psychology/science and coaching may be particularly useful in conservatoire, given the key role of the music institutions in the development of musicians and its applied nature focused on enabling musicians to perform under stressful conditions. However, performance psychology needs to be tailored to the cultural specificities of classical music, in order to be more smoothly integrated.

At the same time it is advisable to consider the ideology and potentially a set of misconceptions related to Western classical music that can be seen to restrict musicians'

freedom of expression and creative autonomy to an unjustifiable extent, thereby interfering with their wellbeing. Unless we question these norms, any attempt to help fix individuals or make them more resilient and adaptive to a profession which is potentially harmful is, arguably, unethical (Leech-Wilkinson, 2020). It may be time, now, to focus more on co-operation, creativity, and artistic autonomy rather than competition, thus questioning the neoliberal focus of educational approaches in the conservatoire (Jääskeläinen et al., 2020). We could achieve this by facilitating separate training sessions and group discussions for music students and instrumental/vocal teachers in higher education. Current misconceptions such as "If my teacher says it, it must be right," "If I was good enough, I wouldn't be getting nervous," the obsession with quantity over quality in practice, and/or "suffering for art" (Roos et al., 2021; Matei & Phillips, 2023b) may limit the extent to which musicians seek help (Pecen et al., 2016). We need to question such assumptions as part of the broader training of musicians' critical thinking (Matei & Phillips, 2023a, b). We need to also question the conservatoire culture characterised by pressure, competition, socially prescribed perfectionism and a celebration of "star" players (Detari et al., 2022; Matei & Phillips, 2023a, b; Perkins, 2012), and the political and ethical assumptions surrounding contemporary perceptions of virtuosity (Leech-Wilkinson, 2018). Specific ways in which norms in classical music could be questioned have already been documented (Leech-Wilkinson, 2016, 2018, 2020; Ritchey, 2019). The integration of improvisation in students' interpretations of classical music scores and a generally freer approach to music performance has been found to have beneficial effects on the wellbeing of both musicians and their audience (Dolan et al., 2013, 2018; Hill, 2017, 2018). Less focus on criticism, conforming and not making mistakes, and focusing more on creating engaged, freer performances that lead to greater agency on the part of the performer, could further lead to less guilt and emotional pressure (Dobson, 2010;

Leech-Wilkinson, 2018), less anxiety and depression (Flett et al., 2002), and perhaps more vitality (Miksza et al., 2021).

For pre-university levels, Leech-Willkinson (2020) recommended including improvisation in the national standard examination curricula delivered by bodies such as the Associated Board of the Royal Schools of Music as a way of counteracting the excessive focus on accuracy, and teaching classical music aurally in schools as a way of making children more confident and less obedient to the score. A greater willingness to question the status quo could also lead to more flexible career identities and the identification of more opportunities that may reduce the gap between aspirations and reality (Bennett and Bridgstock, 2015; Bridgstock, 2013; Pecen et al., 2018; Perkins, 2012; Palmer & Baker, 2021).

Other practical ways forward could include incentivising good practice, integrating training in teachers' contracts; communicating relevant health-related information via policy, documents, and institutional websites (Jääskeläinen & López-Íñiguez, 2022); and designing teacher training focused on musicians' psychological health from a broad perspective (Boyle, 2020; Norton et al., 2015a, b; Matei & Phillips, 2023a, b). Such training could help teachers reduce competition between students, encourage students to build social support networks, allow more space for creativity, provide career support, and advise the use of effective practice strategies and psychological skills (Jääskeläinen et al., 2022; Jääskeläinen & López-Íñiguez, 2022; Miksza et al., 2021).

We also need adequate regulation given the lack of agreed standards and alignment between current conservatoire teaching and recent pedagogical evidence, and the tendency for conservatoires to employ famous performers as teachers in preference to good pedagoges (Carey et al., 2013; Gaunt, 2010; Pecen et al., 2018; Palmer & Baker, 2021; Wootton, 2018).

Mental health problems are too often detached from their social, cultural, political, and ideological contexts (Detari and Egermann, 2022; Detari et al., 2022; Leech-Wilkinson,

2020). We need initiatives that address mental health from the perspective of the wider determinants of health and wellbeing, encompassing regulations, policies, educators, training, institutions, culture, and assumptions (Araújo et al., 2017; Perkins et al., 2017; Wijsman & Ackermann, 2019). Perhaps we also need to explore what it may mean to view anxiety as a normal response to an imperfect system that needs to change (Leech-Wilkinson, 2020; The Midlands Psychology Group, 2012).

This research was funded by the UK's Arts and Humanities Research Council, Grant number AH/K002287/1. For the purpose of open access, the authors have applied a CC BY public copyright licence to any Author Accepted Manuscript version arising from this submission.

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Table 1*Characteristics of students registered in 2000-2016*

Acade mic year	Regi stered stud ents	Sex		Programm e*		School of Study**			Nationality***				
		M	F	UG	PG	K	S	VOS	WB P	C	EU	Hom e	OS
00-01	140	59	81	118	22	22	39	30	44	5	11	121	8

01-02	248	114	134	224	24	32	83	43	85	5	16	212	20
02-03	370	164	206	332	34	41	137	54	120	15	27	324	19
03-04	327	153	174	308	19	42	131	36	103	14	19	283	25
04-05	328	149	179	307	19	47	118	33	113	16	24	267	37
05-06	375	175	200	335	39	46	139	36	140	14	38	302	35
06-07	443	195	248	400	38	54	152	61	160	14	30	368	45
07-08	435	188	247	360	67	53	151	70	147	12	27	354	54
08-09	432	206	226	387	42	56	136	74	129	12	23	360	49
09-10	455	228	227	360	95	57	131	85	131	17	34	355	66
10-11	483	243	240	373	10	59	136	91	121	24	44	382	57
					5								
11-12	454	231	223	369	82	59	108	93	139	17	40	362	52
12-13	463	225	238	377	78	68	113	104	127	13	36	366	61
13-14	499	262	237	425	74	54	106	123	131	19	42	389	68
14-15	504	259	242	419	83	59	113	96	125	24	38	392	74
15-16	567	302	265	477	90	46	144	91	137	28	47	435	85
Total	6523	3153	3632	5571	99	79	1937	1120	1952	24	49	5272	75
					1	5				9	6		5

*UG = Undergraduate, PG = Postgraduate; **K = Keyboards, S = Strings, VOS = Vocal and Opera Studies, WBP = Wind, Brass and Percussion, C = School of Composition; ***EU = European Union; Home = UK & Channel Islands; OS = Overseas (anywhere other than UK and EU)

Table 2

Numbers and percentages of students attending counselling sessions relative to all registered students in each year

Academic year	Number of all registered students	Number of students attending counselling sessions	Percentage represented by students attending counselling sessions
00-01	140	2	1%
01-02	248	14	6%
02-03	370	47	13%
03-04	327	27	8%
04-05	328	17	5%
05-06	375	27	7%
06-07	443	31	7%
07-08	435	34	8%
08-09	432	28	7%
09-10	455	41	9%
10-11	483	46	10%
11-12	454	38	8%
12-13	463	60	13%
13-14	499	86	17%
14-15	505	76	15%
15-16	567	71	13%

Table 3

Main reasons why students attended counselling sessions (AUCC categories)

Main reasons by category	n*	% **
1. Self and identity	530	82%
a) Self-esteem	376	58%
b) Personal growth/search for values and meaning	80	12%
c) Other	74	11%
2. Relationships	469	73%
a) Relationship in the family or with a family member	173	27%
b) Relationship with partner	77	12%
c) Relationship with other/s (including staff)	71	11%
d) Relationship with friend(s) and/or house mates	44	7%
e) Difficulties in relationship with the opposite gender	26	4%
f) Other	78	12%
3. Academic	311	48%
a) Performance anxiety – not exams	49	8%
b) Lack of academic motivation/concentration and procrastination	47	7%
c) Poor study skills/time management	40	6%
d) Struggling academically	33	5%
e) Disappointment with course/course content	24	4%
f) Other	118	18%
4. Loss	203	31%
a) Letting go after a relationship ends	71	11%
b) Bereavement – a loss of a relationship through death	62	10%
c) Other	70	11%
5. Abuse	128	20%
a) Persecution/bullying/harassment/stalking	47	7%
b) Other	81	13%
6. Anxiety	126	20%
a) Anxiety mild	38	6%
b) Severe anxiety state	27	4%
c) Panic attacks	22	3%
d) Other	39	6%
7. Physical Health	70	11%
8. Services, Welfare and Employment	66	10%
a) Employment and vocational	36	6%
b) Other	30	5%
9. Depression, Anger and Mood Change or Disorder	44	7%
10. Self Harm	44	7%
a) Intentional self-harm	25	4%
b) Other	19	3%
11. Eating Disorders	39	6%
12. Transitions	33	5%
13. Other Mental Health Conditions	25	4%
14. Sexual issues	21	3%
15. Addictive Behaviour	14	2%

*n = number of all students who raised a concern in this category; **% = percentage of all the students who attended counselling between 2000 and 2016