# MULUNGUSHI UNIVERSITY

## STUDENT COUNSELLING SERVICES POLICY AND PROCEDURES

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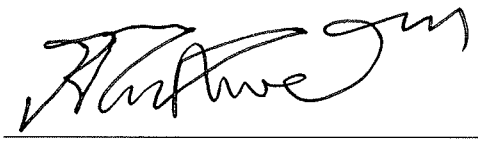
## FOREWORD

The well-being of students is central to the mission of the University as it directly influences academic success, personal development, and overall student experience. In recognition of the increasing social, emotional, and psychological challenges faced by students in higher education, the University remains committed to providing comprehensive and accessible counselling services.

This Student Counselling Policy and Procedures document has been developed to provide a clear framework for the delivery of counselling services within the University. It outlines the guiding principles, scope, standards, and procedures that govern the provision of professional, ethical, and confidential counselling support to students.

As the University continues to expand and evolve, it is imperative that student support systems remain robust, responsive, and aligned with best practices. This policy is therefore a key instrument in strengthening the institutional framework for student welfare and ensuring that counselling services are delivered effectively and consistently.

Management expects all stakeholders, especially students, to familiarize themselves with the policy and to uphold its provisions in order to enhance their well-being and success.



Amb. Prof. Royson R. Mukwena, PhD
**VICE-CHANCELLOR**



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## PREAMBLE

This Student Counselling Policy and Procedures document is established to provide a comprehensive framework for the delivery and management of counselling services within the University. It is developed in recognition of the important role that mental health and psychosocial support play in promoting students' academic success, personal development, and overall well-being.

The University acknowledges that students may face a wide range of academic, social, emotional, and psychological challenges during their studies. In response, the University is committed to providing accessible, professional, and confidential counselling services that support students in effectively addressing these challenges.

This policy sets out the guiding principles, scope, standards, and procedures governing the provision of counselling services. It seeks to ensure that all services are delivered in a manner that upholds ethical practice, confidentiality, respect for individual dignity, and inclusivity.

Furthermore, the policy defines the roles and responsibilities of counsellors, students, and relevant University authorities in fostering a supportive environment that encourages help-seeking behaviour and promotes mental health awareness across the University community.



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**Terms and definitions**

"Counselling" – a professional therapeutic process aimed at helping students resolve personal, social, academic, or psychological challenges.

"Counsellor" – a qualified and appointed staff member providing counselling services.

"Client" – a student receiving counselling services.

"Confidentiality" – The ethical obligation to protect client information except where disclosure is legally or ethically required.

"Crisis Intervention" – immediate professional response to emergency psychological situations.

"Referral" – transfer of a client to an external specialist or institution for advanced care.



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**Acronyms**

M&E – Monitoring and Evaluation



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## 1.0 INTRODUCTION

The Student Counselling Policy and Procedures seeks to ensure that counselling services are delivered in a manner that promotes mental health, resilience, and personal growth while safeguarding the dignity, rights, and confidentiality of all students. It further clarifies the roles and responsibilities of counsellors, students, and the University in fostering a supportive and responsive environment.

## 2.0 POLICY FRAMEWORK

Under the supervision of the Dean of Students, the Counselling Unit shall observe the following principles in the operationalization of this policy:-

i. Professional counselling ethics
ii. Duty of care principles
iii. Student welfare obligations
iv. Confidentiality standards
v. Institutional accountability

## 3.0 SCOPE OF THE POLICY

This Policy shall apply to all registered students, counselling staff, intern counsellors and volunteers, as well as to administrative staff handling confidential information regarding students.

## 4.0 AIM AND PURPOSE OF THE POLICY

The policy is aimed to provide a structured, confidential, professional counselling service that supports student wellbeing and academic success.

## 5.0 POLICY OBJECTIVE

The following are objectives of this policy:-

i. To promote mental health awareness.
ii. To provide accessible counselling services.
iii. To manage crises effectively.
iv. To ensure ethical professional conduct.
v. To establish clear referral mechanisms.

## 6.0 SERVICE PROVISION FRAMEWORK

The following package of services shall be provided to bona fide registered students:-

i. Individual Counselling
ii. Group Counselling
iii. Preventative Mental Health Programs
iv. Outreach and Sensitisation Programs
v. Online / Tele-counselling (where applicable)

## 7.0 ETHICAL STANDARDS AND CONFIDENTIALITY

All staff and volunteers handling counselling services shall exercise highest levels of confidentiality and professionalism at all times. Any departure to



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these standards shall be considered a misconduct and attract commensurate sanctions and penalties as provided for in the Mulungushi University Disciplinary Code and Grievance Procedures for Members of Staff.

Further, confidentiality shall be maintained **except** where:

i. There is risk of harm to self or others.
ii. Disclosure is required by law.
iii. There is court order or lawful directive.

## 8.0 GENERAL REGULATIONS

The following general regulations shall apply:-

i. Counselling services are voluntary.
ii. Abusive conduct towards counsellors shall not be tolerated.
iii. False reporting or misuse of services constitutes misconduct.
iv. Counsellors must adhere to University reporting structures.

## 9.0 INTERPRETATION

Any question regarding interpretation of this Policy shall be referred to the Vice Chancellor, whose decision shall be final.

## 10.0 REVIEW OF THE POLICY

This policy shall be reviewed every circle of the Mulungushi University Strategic Plan or in the event of major circumstances that may require changes.

## 11.0 APPROVAL

This policy is approved by the Council of Mulungushi University this 10th day of July 2026.

Signature _____

**COUNCIL CHAIRPERSON**



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## APPENDICES

**Appendix I**

**MULUNGUSHI UNIVERSITY**
**OFFICE OF THE DEAN OF STUDENTS**

**Authorisation for Release/Exchange of Information**

This form provides your Counsellor with written permission to communicate with other individual providers regarding your treatment (e.g. previous treating therapist, current health care providers, parents or school).

Client Name(s): _____

Client Date of Birth: _____

Release of information from Mulungushi University Student Counselling Office to another Person or Party listed below.

I authorize my Counsellor to release/exchange the following information to:

Name: _____

Number: _____

Address: _____

Information to be released:

(Please Check)

_____ Screening Information _____ Behavioral and Psychological Reports

_____ Treatment Plan _____ Counselling Notes

_____ Coordination of Care _____ Intake and History



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_____ Other: _____

This release will be valid until the termination of treatment or authorization from client to revoke Expiration date: __

.

This authorization may be revoked at any time.

**Name of Patient, Client or Authorized person (print):**

_____

Signature of Patient, Client or Authorized person: _____Date: _____



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**Appendix II**

**MULUNGUSHI UNIVERSITY**
**OFFICE OF THE DEAN OF STUDENTS**
**COLLATERAL/GUEST THERAPY CONSENT**

The purpose of this form is to allow a "collateral" or "guest" to participate in a therapy session as a third-party participant. The role of a collateral/guest can vary according to his/her relationship with the client. The therapist will discuss the role in the client's treatment during the first session the collateral/guest participates.

The collateral/guest, _____, will attend sessions upon the request and permission of the client, _____
.

The purpose of collateral/guest's participation is to provide information to the Counsellor about the client, both factual and from his/her personal perspective, in order to help the client achieve treatment goals. During sessions, the collateral/guest may also be asked to participate in exercises to help further the client's treatment, or to support the client in other ways.

The collateral/guest will not be considered a client of _____(counsellor/*practice*) and will not use this attendance for his/her own therapy needs. The Counsellor's legal and ethical responsibility resides strictly with the client.

I, _____(*client*), do hereby authorize _____ (*collateral/guest*) to participate in my counselling sessions with my Counsellor,_____.

I , _____(*collateral/guest*), understand that my participation is voluntary, and that at any time I can decline to answer any question, to participate in any exercise, or to participate in _____'s (*client*) therapy sessions.

By signing below, both client and collateral/guest understand and acknowledge the following:
1. All information discussed during a counselling session is to be kept



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confidential and private.

2. The Counsellor will not be liable for any violations of confidentiality or privacy by the collateral/guest.
3. Participation in counselling sessions does not grant the collateral/guest access to the client's medical records.
4. The client can terminate the collateral/guest's participation at any time.
5. If the client wants the counsellor and collateral/guest to communicate when the client is not present (email, phone), the client must complete an "Authorization to Release Information" form.

Printed Name of Client: _____

Signature of Client: _____Date: _____

Printed Name of Collateral/Guest: _____

_____

Signature of Collateral/Guest: _____Date: _____

Signature of Counsellor: _____Date: _____



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**Appendix III**

**MULUNGUSHI UNIVERSITY**
**OFFICE OF THE DEAN OF STUDENTS**
**Informed Consent for Counselling Services**

**Introduction**

This document outlines the important details regarding the counselling services the University offer in practice. Please read this information carefully and ask any questions you may have before signing below. By signing this form, you acknowledge that you have read and understood this information and that you have had all your questions answered.

**About Me**

- My name is _____, and I am a licensed Counsellor at Mulungushi University.
- You can find more information about our services on Mulungushi University website at mu.ac.zm.

**Services Offered**

- We provide individual therapy for [adults (ages 18+) or children (under 18)] experiencing a variety of challenges, including anxiety, depression, relationship issues to mention but a few.
- We utilize cognitive-behavioral therapy, mindfulness-based therapies to mention but a few.
- We do not offer medication management and court-ordered evaluations.

**Evaluation**

- The first few sessions will involve our evaluation of your needs. This evaluation typically lasts for a maximum of 45 minutes per sessions.
- By the end, we will discuss if I am the right therapist for you and I will offer a treatment plan.
- I will refer you to another therapist if I believe someone else is better suited.

**Psychotherapy**

- Psychotherapy is a collaborative effort that requires active participation from you.
- The approach used will vary depending on your needs and it may involve discussing uncomfortable topics.



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- There are no guarantees about the outcome of therapy, but studies have shown psychotherapy to be helpful to those who undergo it.

**Benefits and Risks of Therapy**

- Therapy requires a significant investment of time, money, and energy. Therapy can be a helpful and effective way to address emotional and behavioral difficulties.
- Potential benefits of therapy include improved mood, reduced stress, better coping skills, and enhanced relationships.
- However, therapy can also involve some emotional discomfort as you explore challenging issues.
- Throughout any therapy sessions, we encourage you to ask questions. Also, feel free to seek a second opinion at any time.

**Confidentiality**

- All information discussed in therapy sessions will be kept confidential, unless you give us written permission to share such information, with some exceptions as outlined below.
    - We may be required by law to report suspected abuse or neglect, for example regarding children, elders, or disabled adults.
    - We may also be required to disclose information if compelled by a court order.
    - If we believe you may harm yourself or others, we may need to take steps to ensure your safety or the safety of others.
    - We may consult with other professionals about your case to help provide you with appropriate care. If we do such consultations, we will make every effort to avoid revealing information that could identify you to maintain your privacy.
- If you are concerned about confidentiality in any situation, please bring it to our attention.

**Fees**

You are not to pay any fees for the sessions you will have with our counselling services.

**Your Rights**

- You have the right to participate actively in your treatment and make informed decisions about your care.
- You have the right to ask questions and request clarification at any time.
- You have the right to terminate therapy at any time.
- You have the right to seek a second opinion.
- You have the right to access your treatment records, with some exceptions. Please let us know if you would like to discuss.

**Contacting Us**



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- When you contact our office, you are welcome to leave us a message, and we will make every effort to return your call [time frame to return call excluding weekends/holidays if desired].
- If you cannot reach us and require immediate help, send us an email on dos@mu.edu.zm.
- In case of an extended absence on my part, we will provide you with contact information of a colleague who may be able to provide you with services.

**Our Responsibilities**

- We are committed to providing you with competent and ethical psychological care.
- We will respect your privacy and confidentiality.
- We will discuss the limitations of my expertise and refer you to another provider if necessary.

**Agreement**

By signing below, you acknowledge that you have read and understood this Informed Consent document; that you have had all your questions answered to your satisfaction, and you consent to the releases of information described above. You agree to participate in therapy voluntarily.

Client Signature: _____ Date: _____

Counsellor Signature: _____ Date: _____



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