QUEEN’S Health, Counselling, and Disability Services (HCDS)

EXTERNAL REVIEW

Oct 28-29, 2014

Submitted by:

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Terms of Reference

Queen’s takes its responsibility to support students, both in and out of the classroom, seriously, and recognizes that good physical and mental health is a precondition for academic success. The university is committed to promoting healthy living and nurturing a safe, positive and accessible campus environment. Students in difficulty are responded to with care and compassion by on-campus health care professionals and trained staff members.

Queen’s provides a range of programs and services for all members of the campus community. These programs strengthen the supportive aspects of the living and learning environment. These include:

- proactive programs and resources to raise awareness amongst students about how they can support their physical and mental health, and develop the study and life skills they need to build resilience, and maximize their success in and out of traditional learning spaces (classrooms, labs);
- direct health and counselling services for students who need support to deal with the challenges that may affect their ability to thrive at university;
- targeted services that respond to the individual needs of specific students, including international students, students with disabilities, and students who may be struggling academically but who are not reaching out for help.

Purpose

The Office of the Vice-Provost and Dean of Student Affairs established this review to affirm and/or identify opportunities to enhance the provision of high quality and effective health, wellness and accessibility services for students by Health, Counselling & Disability Services (HCDS), recognizing that HCDS operates within a campus-wide system of services offered by Faculties and Schools, as well as student government-run programs and supports. In its November 2012 report, the Principal’s Commission on Mental Health makes several recommendations about HCDS operations and recommended that a review be undertaken to “allow for an in-depth consideration of the present state and future prospects of the unit, its strategic plan, how it is meeting standard expectations of performance, its utilization of best practices, its resources (human, financial, physical) and the identification of particular successes and challenges.”

Debbie Bruckner, Director, SU Wellness Centre, University of Calgary, and David McMurray, Vice-President, Student Affairs, Wilfrid Laurier University conducted the review over two days on campus, Tuesday October 28 and Wednesday October 29, 2014. A short written report of findings, comments and recommendations regarding the strengthening of HCDS’s function and role in meeting the needs of the student population at Queen’s, was submitted.

The reviewers received the following materials in advance:

The majority of the reviewers’ time between Oct. 28-29, 2014 was spent meeting with staff, students and key stakeholders to explore opinions related to HCDS services, supports, programs, structure, resources and best practices. An open invitation was extended to the entire campus community to attend two open meetings. The Queen’s campus community was also invited to engage by submitting comments through an on-line questionnaire.

Meetings were held with the following groups and stakeholders:

- HCDS staff;
- University administrators from across campus;
- Associate Deans and key faculty contacts;
- AMS (including Peer Support Centre), SGPS and the Rector;
- The university’s Mental Health Working Group (staff, faculty, students);
- Division of Student Affairs Directors;
- Key Faculty of Health Sciences and Kingston General Hospital reps, and community organizations and agencies;
- Two lunchtime open meetings for faculty, staff and students.

**Key Areas for Consideration/Questions:**

In keeping with the recommendations of the Principal’s Commission on Mental Health, the on-campus discussions with stakeholders, and the reviewers’ report, were guided by, but not necessarily restricted to, responding to the following questions:

1. Is the HCDS organizational structure and operational model(s), overall and within units, consistent with best practices in the Post-Secondary Education (PSE) sector?
   a. Do they maximize service efficiency and effectiveness?
   b. What changes/enhancements can be suggested to strengthen the delivery of programs and services to students within the current fiscal environment?
2. Is the HCDS resourcing and funding, overall and within units, consistent with best practices in the PSE sector to maximize service efficiency and effectiveness?
   a. What changes/enhancements can be suggested to strengthen the delivery of programs and services to students within the current fiscal environment?
3. What further collaborations with academic departments and units, campus units and community experts and facilities may be proposed to assist and support the operation of HCDS?
Health, Counselling and Disability Services (HCDS)

HCDS is the university’s central health care and related service provider comprising four streams of service:

- Health Promotion;
- Student Health Services;
- Counselling Services;
- Disability Services Office.

Working across the interconnected domains of physical, mental and social health, Health Promotion (HP) contributes to policy development and uses a diverse range of campus-wide programs and activities to encourage increased individual and community control over factors that affect health.

Student Health Services (SHS) offers regular students appointments to see family physicians, psychiatrists, a gynaecologist, general practitioner, psychotherapists and nurses, including a mental health nurse. Students can also receive vaccines, information, and medications for international travel. Appointment-only evening clinics are offered two days a week, and an Urgent Care walk-in medical clinic operates weekdays. All patients with urgent problems are seen and SHS responds to alerts from students, faculty members, staff, family members, or friends, about students requiring urgent attention.

Used by approximately 10 per cent of the student population annually, Counselling Services (CS) provides one-on-one crisis counselling and short-term counselling interventions, as well as group programs focused on skill-development and wellness. Counsellors work in a number of locations across campus. Some work at HCDS in the LaSalle Building, and others (Outreach counsellors) are based in faculty and university buildings, including the John Deutsch University Centre (JDUC). These outreach counsellors work with specific student populations, including students in residences, those in the Faculty of Education and on west campus, graduate students, students in the Faculty of Engineering and Applied Science and students in Queen’s School of Business.

The university is committed to providing a fully accessible learning environment for students with disabilities, meeting its responsibilities under the Ontario Human Rights Code and promoting accessibility as a cornerstone of all of our academic activities. The Disability Services Office (DSO) works with students with documented disabilities to provide them with individualized academic accommodations, which are based on the functional limitations associated with their disabilities. The work of the DSO is guided by the Ontario Human Rights Code and the need to provide equitable and professional academic accommodations to the growing number of students who are seeking services.
Findings

To date, the entire Queen’s community has been engaged in the study and response to enhancing student learning, development, support and service as it relates to health, personal wellness and accessibility through:

a) Principal’s Commission on Mental Health;
b) Provost’s Advisory Committee on Mental Health;
c) Health Promotion Program Overview;
d) Student Affairs unit self-studies; and,
e) National College Health Assessment Survey (2013).

The Health, Counselling, and Disability Services (HCDS) external review Oct. 28-29, 2014 acknowledges, and is complementary to, the substantial work that has been accomplished. The review provides 41 recommendations regarding the HCDS organizational structure and operational models, resources and funding, and sources of collaboration and facilities.

The reviewers are grateful to the staff and contractors of HCDS, as well as the students, senior leaders and community members for their contribution to the content of this report. The individuals who met with the reviewers were generally positive, engaged, and committed to the health and wellness of Queen’s University students. There were many conversations regarding current and potential innovative programming and organizational models. Without exception, each participant was clearly supportive of the Principal’s Commission on Mental Health recommendations and support for campus wide wellness within an integrated model.

The recommendations of the Principal’s Commission on Mental Health 2012 and the Provost’s Advisory Committee on Mental Health Annual Report 2014 provide a strong foundation for the design of a wellness policy framework and the development of a healthy Queen’s community. Vision and strategy are critical to the development and implementation of a centralized wellness model, and the provision of integrated services. A number of efficiencies are possible, but most importantly so is the opportunity to build a new culture that fits the vision of an enhanced student-centred and integrated service.
Recommendations

(A) ORGANIZATIONAL STRUCTURE AND OPERATIONAL MODEL(S)

1. Commit to a process of engaging all associated stakeholders in the development and delivery of a fully integrated circle of care modeled Student Wellness Centre (SWC), composed of the current Student Health Services, Counselling Services, and Health Promotion. The DSO can also be a function within the SWC, a clinical practice common amongst other Canadian universities, or it can remain complementary to the SWC clinical environment but integrated into a more contemporary teaching and learning based setting with Student Academic Success Services (SASS) and the Adaptive Technology Centre (ATC) in the Stauffer Library. Regardless of the alignment, the reviewers support the notion raised during the review of changing the name of the DSO with the view of replacing the word disability with accessibility.

   The reviewers propose a circle of care or similar collaborative model that fully supports the student in all dimensions of wellness. True collaboration is about disciplines working together differently, each profession benefiting from the perceptions and practice of others. Inter-professional competency extends the care provided to students and supports the work of staff. A collaborative care model is about changing the way each person performs their and engages with students.

2. There is a need to build a new culture to support the proposed integration. The Accessibility Self Study is a strong model that could be adapted to wellness. Interdisciplinary committees could be formed very early to begin planning activities as well as provide the foundation for collaborative team work. Existing committees, such as the Mental Health Working Committee could be tasked with specific goals. For example implementing a healthy campus framework, intake/triage design of a new reception area, development of a case consultation model, consideration of inter-disciplinary professional development, and staff orientation processes.

3. Implement a shared electronic record system that has functional capability to support a full circle of care SWC model (i.e. Oscar, Practice Solutions). Explore the capability for physicians to perform their own billing through the use of EMR and reduce the need for billing support. This will require use of system training and a transition plan.

4. Articulate a SWC confidentiality statement and parlay into a shared record system practice with the provision for privacy as requested.

5. Affirm the SWC scope of service for the majority of students needing short term/solution based support, without the declaration of a cap, perceived or real, while making allowances for students requiring longer term support, and/or facilitated referrals. Counsellors may often but not always focus on the short term, with mental health case
management staff and community resources serving mid to longer term student needs. A regular SWC case consultation meeting with the appropriate circle of care professionals could review cases that are extending further than a specified short term target. This would ensure consistency in evaluating the length of treatment extended to students.

6. Continue to support, and where possible expand (ie. Faculty of Arts and Science) the Hub and Spoke Embedded Counselling configuration. Communication opportunities amongst central and embedded counsellors need to be enhanced to improve collaborative support to students.

7. Establish the proper balance of crisis, same day, and booked appointments to accommodate student needs.

8. Review and refine a clear triage process to promote minimal intrusion, one stop intake determination of need, maximum accessibility and comfort. A mental health triage model for urgent care mental health presenting problems could be considered, responding to requests for a physician or for a counsellor. Triage allows quicker response to mental health concerns and remedies the concern regarding students who are turned away when open-appointment times are filled. Short triage appointments assess the student’s presenting concerns and apply a problem solving model, including a same day appointment, a longer appointment booked within the next week, or facilitated referrals for specific issues or to bridge the gap between the triage and next appointment.

9. Consider other appointment types. A Case Manager can work with psychiatry, counselling and health to handle intermittent contact in between appointments and facilitate other referrals. A behavioural health consultant could be used for short term, limited behavioural issues- smoking cessation, cognitive behavioural issues, management of chronic care conditions.

10. Affirm the vision and long term strategy of Health Promotion including: alignment with higher education mission; socio ecological-based practice; collaborative practice; cultural competency; theory based practice; evidence informed practice; professional development and service.

11. With the increasing enrolment of international, Aboriginal, and first-generation students, enhance knowledge and awareness of distinct student populations and how to serve different cultural needs.

12. Review and affirm the institutional medical documentation policy (declaration of illness) and practice to minimize the unfunded burden on the SWC, cost to students, inform the academic petitions process, and ensure consistency and practice.
13. Investigate institutional documentation opportunities to support early alert for matters not exclusively academic in nature to better inform behavioural intervention, and threat assessment.

14. Enhance collaborative case sharing to broaden multidisciplinary team sharing. Consider alternative billing methods to enable compensation for physicians and access to psychiatric consultations. Regular, billable consults with psychiatrics could assist physicians in maintaining mental health patients and enhance collaboration.

15. Sustain and invest in continued health and wellness promotion, education, programming and training including comprehensive on-line resources.

16. Advance research and assessment efforts to support a culture of evidence-based knowledge, communication and decision making. Approach faculties for opportunities to use research-based courses to evaluate wellness programming. Partner with existing mental health and wellness research initiatives to inform current programming and explore possible funding partnerships. Institute brief client feedback mechanisms.

17. Craft a comprehensive, contemporary, multi-level communication strategy to include web-based content, social media, branding and promotion, and assign as a function of the SWC to ensure regular, consistent, professional and effective messaging.

(B) RESOURCING AND FUNDING

18. Re-organize and re-align human resources to support a full SWC integration and the comprehensive circle of care provision of holistic wellbeing. Alignment will include Student Health Services, Counselling Services, Health Promotion, and the DSO. If it is decided to re-align the DSO with SASS and the ATC, a connected and complementary SWC circle of care model can still be achieved. Efficiencies through re-organization and re-alignment can and must be structured to eliminate the existing Student Health Services structural deficit, and support a long term sustainable SWC business plan.

19. Consider the SWC circle of care professional staff team to include: Director, SWC; Lead Physician; Lead Psychologist; Clinic Manager (includes budget and systems coordination); psychiatrists; physicians; personal counsellors and social workers (central and embedded); Coordinator, Accessibility; accessibility advisor(s); learning strategist(s); mental health nurse/case manager; registered nurse(s); registered practical nurse(s); coordinator, health education and promotion; administrative and program assistant(s); front line cross trained receptionists; peer mentors and volunteers. Nursing volunteers could assist in group health education initiatives as well as rooming patients, with limited access to patient information. Clinical placements in nursing, nurse practitioner,
psychology and social work programs can also be considered. Concerns around patient privacy could be handled through specific protocols.

Initiate a staffing review to ensure appropriate, cross trained and shared administrative support.

Reinstate a common orientation retreat for all circle of care stakeholders at the beginning of the fall term for information sharing, new program and system developments, to welcome new staff and to enhance relationships, setting the tone for inter-professional collaborative care.

Ensure the lead physician is empowered to build a comprehensive physician team committed, appreciated and valued. Ensure all counsellors, whether psychologists, social workers, embedded or centralized have equitable status in terms of contracts, pay and benefits. Establish strong clinical support for all counselling staff and a process for clinical support for embedded counsellors.

Ensure strong collaboration and interface between health promotion and physicians. Health promotion has a strong role in building resiliency within the campus community and enhancing a proactive wellness model.

The DSO in the SWC, or aligned with SASS and the ATC should include a coordinator (senior advisor); advisor(s); learning strategist(s); and volunteers.

Build stronger communication, teambuilding and support networking amongst professional counselling staff located in the SWC and embedded in the faculties, residence, and student centre. A strong organizational culture requires clear communication and reporting lines.

Consider the circle of care team expansion of professionals to include: physiotherapy; massage therapy; chiropractic; nutrition; naturopathy; family medicine; sport medicine.

20. The Commission’s Report has driven increased support for mental health on campus most notably in establishing inter disciplinary committees, focusing on health promotion, adding additional counselling resources and decreasing crisis wait times for students. The demand for individual counselling resources may always exceed capacity. However, the consideration of triage models, facilitated referrals and cross campus training will assist in moving support for mental health from a clinical one-on-one model to a full circle of care campus responsibility. Exploring collaborative opportunities with Teaching and Learning to support faculty members would broaden the base of support for students and build well-being into the classroom as a learning objective. A framework of mental health engages the entire campus community.
21. Consider extending urgent care and alternative health care services to staff and faculty to increase revenue and extend viability into the spring and summer months. Continue to restrict family medicine, psychiatry and counselling appointments to students, although dependents of students should be considered. Assess the demand for urgent care service and consider increasing the number of urgent care physicians per shift. Establish a minimum number of physicians per shift to balance the schedule and demands for support staff.

22. Investigate Ontario university practices on physician billing overhead and affirm a percentage rate with fair consideration of physician compensation and university overhead costs. The lead physician would be compensated with an associated stipend, expectation to practice, and to take responsibility for assembling, training, maintaining expertise and continuity of the SWC medical team.

23. The lead psychologist would be compensated with an associated stipend, expectation to practice, and to take responsibility for team building and communication amongst all professional counselling staff.

24. Consider longer contracts for physicians to decrease turnover. New physicians could have one year contracts, renewed for five years at a time. Ensure contractors are considered a key component of the collaborative care model, through multiple communication strategies and collaborative development opportunities.

25. Explore billable group medical/educational appointments, for example orientation to the Canadian health care system, management of chronic care conditions.

26. Engage in fundraising initiatives and advocacy to increase bursary funding for extended student counselling needs, and support for students with accessibility requirements.

(C) Collaborations and Facilities

27. Commit to the contemporary design, operational funding, and management efficiency of an on campus collaborative facility to house the new Student Wellness Centre. The vacant Physical Education Complex (PEC) is an ideal location to house the SWC, central to students and in proximity to the ARC physical wellness, recreation and clinical partners. The potential for moving into the PEC provides an opportunity to design a purpose based facility, allowing for a collaborative model, along the likes of a circle of care or inter-professional care collaboration model. It will be critical to design a purpose built facility to increase efficiencies and promote integration. This would include the use of overlapping common meeting spaces to provide both staff and student collaboration.
28. As a recommended option (A1), the DSO can be a function within the SWC which aligns with the clinical practice of several other Canadian universities, or it can be connected and complementary but located away from the SWC clinical environment into a more contemporary teaching and learning based setting with SASS and the ATC in the Stauffer Library. The thinking associated with this option is that once the student’s clinical assessment accommodations are in place in the very early stages of their academic career, the student’s longer term focus is on learning support and strategy. Importantly, the latter alignment would complement the recommendations offered by the Accessibility Services Self-Study to enhance collaborations with Student Affairs, the Library, ATC, the Accessibility Hub, and the DSO.

29. Conduct an audit of all support/services on campus and in the community to recognize the opportunity for enhanced streamlining and coordination and after hours support. Ensure the results of this service audit are available to all staff for referral purposes. If a model is developed using internal staff for after hours or crisis support, ensure a rotation of these duties.

30. Build strong intentional internal and external partnerships to enhance capacity, community outreach, and hospital protocols to maximize case management support for students, and commit to partnered procedures for student support with agencies most fitting to serve the needs of students (i.e. KGH; Frontenac Community Mental Health and Addiction Services; Kingston Sexual Assault Centre; Regional Assessment & Resource Centre; and others). Continue to ensure broad based campus training in mental health first aid and bystander training, ensuring inclusion of graduate student teaching roles.

31. Consider enhancing addiction programming, in collaboration with community based services and on-campus research.

32. Engage in further discussions with the School of Medicine family practice, Faculty of Health Sciences Department of Psychiatry, Faculty of Kinesiology, and seek potential alliances, collaborative deliver, and community practices. Continue to explore the shared care model and the creation of division of Student Mental Health and Addictions with the Department of Psychiatry. Explore extended cross appointments with the Department of Psychiatry to allow for a psychiatrist(s) to access salary and benefits.

33. Explore and lobby for Ministry of Health support including an extension of the shared care model to post-secondary settings, and access to the primary health care and rostering system.

34. Continue to explore the enhancement of student health plans, in collaboration with the AMS and the Society of Graduate and Professional Students.
35. Maintain the Provost’s Advisory Committee on Mental Health to support the continued strategic response to recommendations of the Principal’s Commission on Mental Health. Consider supporting the Principal’s recommendation for a Chair in Student Mental Health.

36. Continue to resource the current mental health working group as well as other structured group initiatives focused on campus safety, sexual assault, alcohol and drugs to further advance education and training. Ensure a strong student voice in the design of programming and student support initiatives. Activities associated with the new SWC should be communicated on a semester basis to inform progress and continuous improvement.

37. Seek enhanced opportunities to align Queen’s institutional and AMS health promotion, education, engagement, peer mentoring roles and activities.

38. Continue to enhance the collaborative relationship between HCDS and Queen’s University International Centre (QUIC) to support the growing international student enrolment and needs associated with orientation to the Ontario healthcare system, appropriate health care coverage, and mental health initiatives.

39. Engage in a campus wide discussion on the comprehensive role of multiple campus student “advisors” and how a more intentional and integrated student advisor role and collaborative approach may proactively address the ever increasing student demand for service, and potentially reduce the need for clinical response.

40. Further consideration should be given to introduce a Fall Reading period with the view to supporting student academic achievement, personal health and wellness.

41. With planned enrolment increases on the horizon, under the current response to wellness care one could anticipate a correlated increase in demand for student health and wellness support. While the move to a SWC circle of care response is expected to better meet this demand, more systematic preventative action is needed. Integrating student success perseverance skills and competencies into the 1st year curriculum to advance coping skills and resilience may better prepare students to manage the academic rigor and associated pressure to succeed that causes many of today’s student mental health issues.

Advanced knowledge and increased awareness of health and wellbeing as a meaningful component of the Queen’s learning culture, may advance learning skills and competencies for students to cope along the student life cycle transition journey, which in turn may reduce the more reactive mental health demand common in most post-secondary settings.