



SUFFOLK  
UNIVERSITY  
BOSTON

## Suffolk University Counseling, Health & Wellness Integration Journey

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# Suffolk University - Context



SUFFOLK  
UNIVERSITY  
BOSTON

COUNSELING, HEALTH  
& WELLNESS SERVICES

- Private, urban, 4 year
- Undergrad, grad & law
- Enrollment 7,680
- A&S, Business, Law
- International 23%
- Students of Color 26%
- Commuters 75%

<u>2016-2017</u>	<u>Counseling</u>	<u>Health</u>
#visits/appts	3,940	4,418
#students	662	2,087
<b>Combined outreach programs = 182</b>		

# Why is an integrated health model important to Suffolk University?

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University history of being decentralized; desire for coordinated care and coordinated safety net.

Simplify access to care for a busy student population.

Opportunities for coordinated treatment plans & cross-referrals.

“More than 75% of primary care visits involve some kind of mental [health] issue.”  
Pratt, K.M., DeBerard, S., Davis, J. and Wheeler, A.J. (2012). Physical and emotional well-being are intertwined. Medical staff prevent/detect more mental health disorders and counseling staff consider medical factors more often.

Decrease the stigmatization of mental health.

APA emphasis— psychology must play a bigger role in integrated care



# Suffolk Merger Journey

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- 2010 Counseling moves from Academic Affairs (Psych Dept) to Student Affairs to reside on same floor wing as Health & Wellness Services
- Fall 2013 administrative decision to merge CH&W & new Director is hired to implement the merger

## Merger Journey

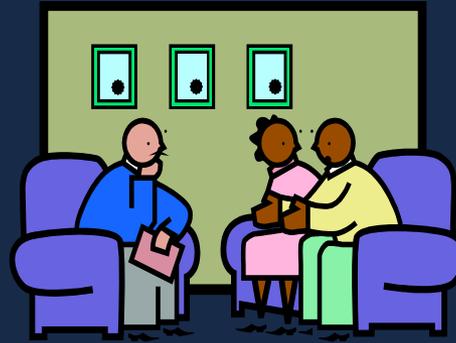
- Administrative (interdisciplinary meetings, shared EMR & kiosks)
- Facilities (renovated shared waiting room, new wellness center)
- Professional Development (Grand Rounds, peer educators -increased mental health training )
- Policy & Practice (common consent form, urgent consults, cross-referrals, med staff – depression screenings)
- Outreach Model (interdisc. outreach, e.g. yoga, Healthy U)
- Assessment (Learning outcomes, M/C issues – survey, outreach)
- Future? Co-led groups, counselors in med exam room, completely merged health records, wellness collages by all medical, counseling, wellness staff for waiting room.

# CHW Suffolk Challenges

## Professional cultural differences!



Expert model  
Hierarchical  
Disease based  
Facts based  
15-20 minute visits  
Western view – career  
prestige/power



Shared power  
Strengths based  
Process based  
50 minute visits  
Worry re: devalued  
view of mental health

Where does psychiatry  
belong?

Does office geography  
support integration?



How will  
accreditation and  
policies & procedures  
manuals overlap?

# Suffolk Lessons Learned

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- Administrative structures and practices need to necessitate interdisciplinary interaction. Interaction among teams does not spontaneously happen.
- Director must visibly advocate for and support consideration of all disciplines' points of view.
- Director must conceptualize center work in holistic health & interdisciplinary terms.
- Geography of offices is a major variable for change.
- Change takes time and it is critical that staff and student input helps shape change.

