



SUFFOLK
UNIVERSITY
BOSTON

Suffolk University Counseling, Health & Wellness Integration Journey

*Jean M. Joyce-Brady, Ph.D.
Director, Counseling, Health & Wellness*

Suffolk University - Context



- 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
Combined outreach programs = 182		

Why is an integrated health model important to Suffolk University?

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

- 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

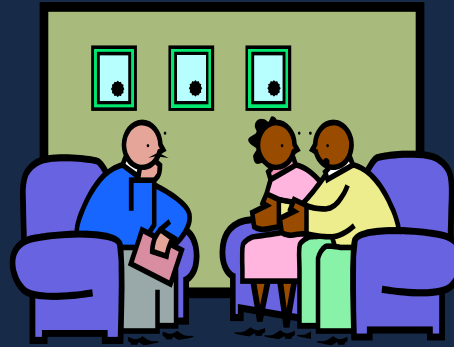
- Administrative (interdisciplinary meetings, shared EMR & kiosks)
- Facilities (renovated shared waiting room, new wellness center)
- Professional Development (Grand Rounds, peer educators -increased mental health training)
- Policy & Practice (common consent form, urgent consults, cross-referrals, 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

- 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.

