



Transitioning to Remote Health & Wellness Services in Post-Secondary Settings: A Year Later

Best Practices in Canadian Higher Ed: Making a positive impact on student mental health

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Table of Contents

Introduction	3
What adaptations have you made that you see your service continuing with?	3
Dalhousie University, Student Health and Wellness	3
McGill University, Student Wellness Hub	3
Queen’s University, Student Wellness Services.....	3
University of British Columbia Vancouver, Counselling Services, Student Health and Wellbeing	4
University of Toronto, Health & Wellness	4
What opportunities did COVID present your service with?	5
Dalhousie University, Student Health and Wellness	5
McGill University, Student Wellness Hub	5
Queen’s University, Student Wellness Services.....	6
University of British Columbia Vancouver, Counselling Services, Student Health and Wellbeing	6
University of Toronto, Health & Wellness	6
What challenges still exist?.....	7
McGill University, Student Wellness Hub	7
Queen’s University, Student Wellness Services.....	7
University of British Columbia Vancouver, Counselling Services, Student Health and Wellbeing	7
University of Toronto, Health & Wellness	8
Summary	8

Introduction

A year following our initial paper, and at the cusp of things swinging back to “normal” following the COVID-19 pandemic, we decided to follow-up by having each post-secondary institution reflect on some key questions:

- 1) What adaptations have you made that you see your service continuing with?
- 2) What opportunities did COVID present your service with?
- 3) What challenges still exist?

Despite each institution’s reflections being drafted independently of one another, many commonalities exist; an indication of the common pressure points and growth opportunities faced by all. With vaccinated staff and students, we are gearing up to provide in-person services once again in our wellness centres; only things will be quite different from pre-pandemic modes of operation. Our hope is that by sharing our reflections and keeping the conversation going, we will all benefit.

What adaptations have you made that you see your service continuing with?

Dalhousie University, Student Health and Wellness

The necessity of offering virtual health and wellness services during the pandemic has removed a barrier to access of services. Both for reasons of efficiency and with respect to geographic proximity, students have had an easier time to access services this past year. Some students have also identified that virtual counselling had made it easier for them to acknowledge that they are experiencing challenges with their mental health. Whenever we can remove barriers to access of health services, particularly mental health services, we will pursue options to continue virtual delivery of services moving forward.

With students residing in their home provinces, significant effort was devoted to engagement with regulatory bodies to ensure that students were able to receive counselling and psychological services by our Counsellors licensed in Nova Scotia. As well, Dalhousie University has students from over 120 countries. This past year we purchased a counselling resource from a global multilingual network as a support for our international students who chose to study from their home country. Having navigated the landscape of cross-jurisdictional service-delivery, we may very well continue to consider this an option for our students who are pursuing study externships outside of the province in the future.

McGill University, Student Wellness Hub

This last year has been one of adaptation and optimization. From the beginning of the University shutdown, the Hub had been offering a majority of its services remotely. However, as of September 2020 a hybrid service delivery model was launched and since then services have been offered both remotely and in-person, when indicated. The hybrid service delivery model reflects an iterative re-envisioning of the ways in which care can be delivered and the streamlining of processes and procedures. The outcome has been improved access, decreased wait times, and significant increases in attendance of group programming and satisfaction with both professional services and customer service. Given the aforementioned outcomes, the hybrid service delivery model is one that the Hub would like to continue offering with the caveat that it would need to be permitted by regulatory bodies and covered by insurers for fee-for-service care provision, such as the care offered by our family doctors and psychiatrists.

Queen’s University, Student Wellness Services

The COVID-19 pandemic required a swift change from in-person to remote provision of care. The feedback from students has been fairly positive, with most requesting the option of ongoing remote care even when the necessity for it is no longer present. Queen’s will continue providing the *option* of remote-virtual medical / counselling appointments beyond the reach of the COVID-19 pandemic. In addition, providers will retain their access to the secure network via VPN allowing staff /physicians the option to continue to work from home. We envision the “new

normal” to consist of a hybrid of in-person and remote access, with staff also working from both the office and from home. Similarly, several of our wellness programs have been adapted to be delivered virtually (i.e. Prescription Exercise program; therapy groups, workshops, one-on-one support for healthy lifestyle appointments etc.) and we anticipate continue to offer some remote access to programs in a similar manner, moving forward.

As a necessity to adapt the child-care responsibilities of staff during the lockdown periods, flexible work schedules were organized. Some would work evenings and weekends instead of their regular scheduled times. While the intent was to adapt to staff needs, it became evident that this also allowed for staff to meet needs of students who may not be available for appointments during regular 9-5 hours. Staff have come to appreciate the gains that such flexibility allows for (including self-care) and are requesting that some of this flexibility be maintained. We are considering how to move forward with this shift in mind.

The challenge on how to meet needs of students who have limited privacy in their living spaces, affecting their ability to speak freely in online appointments, encouraged us to try out a new iCBT software that we have now decided to continue with (OPTT Inc). This platform not only supports students in this fashion, but also features an evidence-based tool for our health care professionals to use, and provides a different option that may be more suitable to certain student preferences.

To meet the many needs of students who were seeking academic accommodations during the pandemic, we developed a quick and supportive intake process into the accessibility service (QSAS), as well as increased flexibility in implementing interim accommodations while awaiting documentation. We intend not only to continue with this practice, but to expand on it as well.

University of British Columbia Vancouver, Counselling Services, Student Health and Wellbeing

Many of our service adaptations have been welcomed by both staff and students alike. The first concerns flexibility of access to service by our students. Offering appointments by phone and/or video calling has meant that students no longer need to travel to campus in order to seek and receive support. We envisage continuing to offer this option in tandem with in-person counselling services as our campus returns to ‘the new (new) normal’.

In addition, remote working and flexible scheduling has, overall, had a positive impact on the work-life balance of our staff. Many are reporting increased satisfaction, associated with reduced commute times, the ability to weave self-care throughout their day in a home environment and the capacity to work on certain tasks outside of the usual 9-5, freeing up time during the day for other commitments (e.g. caring responsibilities) as needed. For the fall, we plan to look carefully at opportunities that may exist for maintaining some flexibility while , keeping the needs of the students we serve front and centre.

We have also managed to move to near 100% paper-free operations within our unit in this time. New online forms have been created that have enabled secure capture and transmission of sensitive data without the need for print, as well as streamlined processes to ensure they reach their destination safely. We will definitely continue to make use of these advances going forward.

University of Toronto, Health & Wellness

We plan to continue with a “hybrid” model by providing both virtual and in-person visits, which provides enhanced flexibility for our students. During the pandemic, we have noted a decrease in no-show appointments, suggesting that the provision of virtual care has reduced some barriers to care for some students. While counselling/ psychotherapy and other wellness services will continue with this model, for medical services, this will be dependent on the availability of billing codes for virtual care.

We have significantly expanded our lower intensity mental health programming to include a virtual peer navigation and community peer support group. As well, we have expanded our psychoeducational programming to be delivered virtually, including a series of CBT-based coping skills modules, an effective communication series, overcoming perfectionism/self-criticism and building self-compassion series, a wellness series, and pandemic-related workshops. These will also continue to be offered virtually and in-person, as we transition back to campus. Our next step will be to increase asynchronous workshop and skills-building online offerings.

Transitioning to more of a paperless office has been challenging during the pandemic, but we will be implementing new technology to allow secure transfer of forms, documents, and questionnaires that can then be uploaded directly into our electronic medical record.

What opportunities did COVID present your service with?

Dalhousie University, Student Health and Wellness

Working virtually required the exploitation of technology that advanced several health and wellness processes and activities. We automated online clinic and consent forms that can be electronically distributed to those accessing services and can be submitted and uploaded to our EHR in a keystroke. Some group psychoeducation content and presentations were delivered by webinars via video platforms that attracted greater numbers than comparable in-person offerings. Mental health and wellness outreach work received a boost, provoked both by the adverse impacts of the pandemic as well as the enhanced opportunity to deliver content virtually. Virtual meetings made it easier to bring together various groups on campus that had not typically assembled. The necessity of optimizing technology provided gains, the procurement of equipment, and increased familiarity and capacity, that we would otherwise not have experienced.

Training and educational opportunities were easier to access this past year given the universal online nature of training. Staff have been able to access continuing education without travel or significant expense.

McGill University, Student Wellness Hub

The same rigorous process of launching the Hub using the implementation science framework has also prepared Hub staff for the unprecedented changes brought upon by COVID-19 and the implementations required to create a hybrid, holistic service delivery paradigm in a responsive, agile and iterative fashion taking into account notions of change management, student co-design, consultation, evaluation and assessment. This iterative process has allowed the Hub to address two important facets of care: 1) Equity, diversity and inclusion (EDI) and 2) scaling up of the Stepped-Care 2.0 model.

Equity, diversity, and inclusion have been at the heart of the Hub's values since the beginning. Over the last year, the pandemic and several global events have further highlighted the importance of continuing our efforts to create safer and braver spaces. Over the last year, the Hub has embarked on a number of EDI initiatives that range from hiring of new roles to provide services to under-represented groups to updating of the Hub's call centre prompts, intake paperwork, use of pronouns and a number of other collaborative initiatives in order to optimize the creation of a braver and safer Hub. Now, one third of the Hub's Counsellors identify as being part of the BIPOC and/or 2SLGBTQ+ communities.

The second opportunity has been that of scaling up the Stepped-Care 2.0 model through initiatives such as increasing virtual group-based service offerings and the strengthening of relationships with community organizations and the public healthcare system in order to be able to offer students the full range of steps of the Stepped-Care model.

Queen's University, Student Wellness Services

The pandemic allowed us the opportunity to develop efficient ways of communicating amongst colleagues and providing healthcare via online platforms, is viewed as positive outcome of the COVID-19 pandemic. Along with that came the opportunity to develop a level of comfort/proficiency in connecting with one another virtually and in delivering care. The biggest shift was experienced amongst the counsellors, where at first remote care was seen as quite stressful and challenging, and now is seen as comfortable and appropriate in most cases. Students are saying the same.

The inherent stress caused by the pandemic, screen fatigue, the lack of social in-person connections, and poor distinction between office and home life, provided us with the opportunity to highlight the importance of work-life balance and encourage staff to actively engage in self-care.

Opportunity to develop new offerings (Mindful Moments, new therapy group for ASD students, workshops, etc.) presented themselves as way of addressing the evolving needs of students.

The pandemic has also resulted in increased/enhanced positive relationships with community resources, such as hospitals and Public Health, as the need to collaborate was more pronounced.

With many students struggling with remote learning, especially those with disabilities, there was a sharp increase among those seeking academic accommodations. This allowed for cracks in our academic accommodation system to be highlighted, especially around communication of disability and definition of terms (what is accommodation and what is not?).

University of British Columbia Vancouver, Counselling Services, Student Health and Wellbeing

Once we had settled into our new way of virtual communications, we realised how many opportunities this opened up for collaborative efforts. It was much more straightforward (and time-efficient) to join other unit-level meetings and/or workshops over zoom. In addition, we were able to have regular collaborative meetings with our colleagues who worked at other UBC campus locations. Latterly, this meant we were also able to open up some of our clinical offerings across campuses, such that students had access to an even wider range of support options.

Moving to virtual ways of working (together perhaps with decreased numbers of students accessing the service) seemed to allow space for staff to bring creativity to their working life in a way that had perhaps not seemed previously possible: piloting new support groups, creating new content 'on the fly', learning new skills, expanding their roles, as well as finding new ways of connecting and bringing a little more of the 'personal' to their working life.

University of Toronto, Health & Wellness

Health promotion and workshop programming has been open to all students of all three U of T campuses, allowing for more cross-campus collaboration. As noted above, we were able to enhance our workshop programming for in person, online and asynchronous delivery. While jurisdiction issues limit delivery of medical and mental health care delivery out of province of country, our reach expanded to outside the Greater Toronto Area, meaning an ability to provide services for students beyond city boundaries but within province.

While the pandemic and working virtually contributed to increased isolation amongst our teams, we also experienced greater team engagement as video conferencing enhanced staff ability to join inter-professional meetings and case conferences. On the one hand, there is less overall team engagement (formal and informal) but organized/scheduled meetings have seen greater uptake by staff. For some teams, we created project-related working groups that also enhanced team-building and connection.

Over the course of the pandemic, our clinic created a quarantine clinic, rapid testing services, and a vaccine clinic in partnership with a teaching hospital. These initiatives created strong collaborations and partnerships with other campus colleagues and departments, enhancing an overall sense of campus community.

What challenges still exist?

Dalhousie University, Student Health and Wellness

While we anticipate a return to campus in September 2021, albeit with the flexibility of some of the adaptations above, there will continue to be challenges to navigate. Deferred practicum placements may lead to greater numbers of placements being accessed in the future. Cross-jurisdictional licensure accommodations will likely be eliminated requiring a new solution for virtual service delivery outside of the province. The pandemic and its consequences have been hugely disruptive to the day-to-day activities of universities and to the lives of students. Much has been written about the impact of the pandemic on mental health. However, our university mental health services experienced decreased volumes this past year, even with significant promotion of service availability. Whether this reflects decreased need, other supports available to university students, or concerns about the extent of screen time, is unclear. As we emerge from the pandemic, there may likely be residual health and wellness impacts from this singularly unique disruption that will require thoughtful solutions, compassion and will need to be addressed.

McGill University, Student Wellness Hub

While students have voiced being quite satisfied with the Hub's service offerings some challenges exist with regards to the complexity of a hybrid model as well as jurisdictional access limitations set by regulatory bodies. Although a hybrid service delivery model has proven to be extremely beneficial, our clinicians are bound by their regulatory bodies to providing services to persons physically located in their province of practice, thus, direct access for students not physically located in Quebec has been somewhat of a challenge. Given that McGill University has a significant number of international students, the Hub has been working intensively on ensuring that all students have access to care, no matter where they are located. We anticipate that this challenge may be a less significant one in the near future as we predict that students will be returning to campus over the next few months.

Queen's University, Student Wellness Services

Running a remote clinic highlighted the need for our service to offer online booking options, and the need to render all document exchanges with students less laborious for admin staff, and for the students. We are exploring the use of a platform that will connect with our EMR and allow for 1) online booking, 2) offer secure connection with health care providers via video, phone or secure messaging, 3) offer secure transfer of referrals, requisitions, prescriptions, and all other documents.

Supporting out-of-province students remains a challenge. While we have a SAP (Empower Me), those providers do not supply students with documentation (medical notes) that can help them access accommodations, or help advocate for their needs to faculty. We are communicating with Empower Me to discuss this limitation, and are hoping for a positive resolution.

And finally, for those staff needing to remain in-person in the clinic, it has been challenging given all the PPE and cleaning needs, as well as the constant fear of being exposed. We are looking forward to better times ahead.

University of British Columbia Vancouver, Counselling Services, Student Health and Wellbeing

We are fortunate to be able to offer students counselling services no matter where they are located in the world through our UBC Student Assistance Program (UBC SAP). Nonetheless, the limitations on cross-province and out-of-country service provision remain an ongoing frustration for staff and students alike.

Additionally, the necessary use of a VPN connection in completing our essential paperwork is very challenging for some students. At times, this can seem cumbersome and time-consuming and appear to detract from the seeking and receiving of support. We plan to take this up with our IT team to explore ways of streamlining this process for students.

Last, remote service provision continues to pose challenges to staff connectivity. Staff tell us that they miss the opportunities for everyday connection and clinical consultation, to which in-person working lends itself so well. In addition, as an active training centre, we are always considering the impact that remote service delivery has had on our cohorts of interns and practicum students, and how best to ensure a rounded training experience.

University of Toronto, Health & Wellness

Social isolation resulting from pandemic has impacted our ability to meet student mental health needs from an intervention perspective. It has been difficult for students to successfully create or maintain social supports and/or to engage with online campus or off-campus communities. This is especially pronounced for first year students or students newly registered with the University. Family and partner violence within shared households have been extremely difficult to navigate for both students and clinicians. Jurisdiction issues limit delivery of health and mental health services for students who are residing out of province or country but who are U of T students. My Student Support (and International SOS), however, did provide real-time and ongoing counselling services globally.

Due to the pandemic and current regulations around personal health information, clinical supervision of trainees did not allow for recordings of clinical sessions delivered by trainees and their overall training experience was limited to remote supervision. This may have compromised the quality of training and supervision for our supervisees.

Online platforms for document transfer and outcome monitoring continue to be barriers for the clinic, but we are nearing the implementation of new technology to facilitate these processes.

The transition back to campus remains uncertain, though anticipated for fall. Making our buildings and spaces safe for our community will likely present many challenges, though rigorous guidelines and policies are well under development and implementation.

Summary

The most consistent commonality is the plan to proceed with hybrid services which was demonstrated to remove barriers to care access. Increased online programming, increased collaborations and stronger community partnerships also topped the list. Transition to a paperless service and the use of new technologies or systems also emerged during this time. Greater ease in providing remote care, and increased awareness of the need for self-care surfaced. Despite the hardships brought on by the pandemic, we are grateful for the silver linings.

Common struggles included the support of students outside of our jurisdiction, supervision of clinical interns and practicum students, and an ongoing sense of isolation amongst our staff. We have learned that we can adapt to extreme circumstances, quickly and efficiently. We look forward to what many refer to as the “new normal” and we anticipate that ongoing flexibility and openness in management and decision making will be pivotal to a successful return.