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# The Stepped Care 2.0 Landscape

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PETER CORNISH, PHD

# SC2.0 Defined

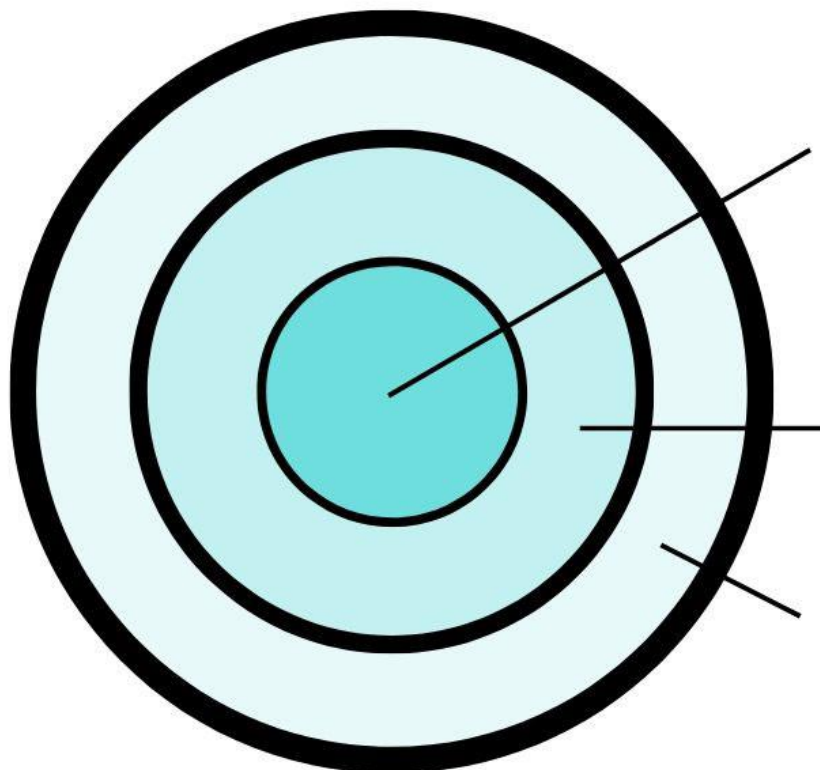
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A sustainable, efficient, flexible, 9-level, comprehensive system for developing, adjusting, delivering, and monitoring evidence-based, recovery-oriented population level and clinic-based mental health programs which are aimed at promoting social justice, both community connection and client responsibility, client empowerment and resilience, and a respect for client choice and preference.



# Start with WHY

Simon Sinek



**"WHY" / IDENTITY**

LIMBIC SYSTEM

- Long wait times?
- Challenges managing risk?
- Staff burnout?

**"HOW" / PROCESSES**

LIMBIC SYSTEM

- Co-Design?
- Implementation Science?
- Bold Leadership?

**"WHAT" / OUTCOMES**

NEOCORTEX

- Upstream care?
- Rapid access?
- Improved ROI?
- Other?

# Access Points

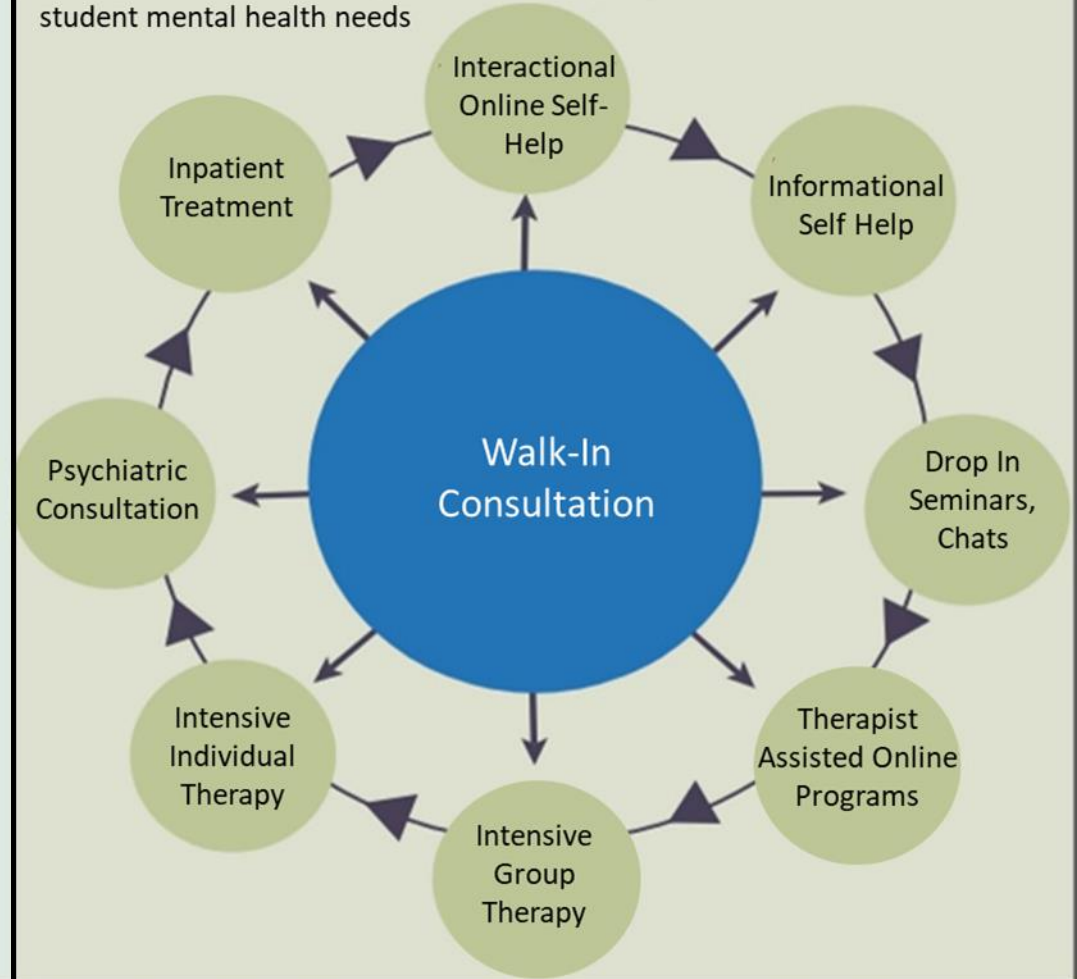
To the Stepped Circle of Care





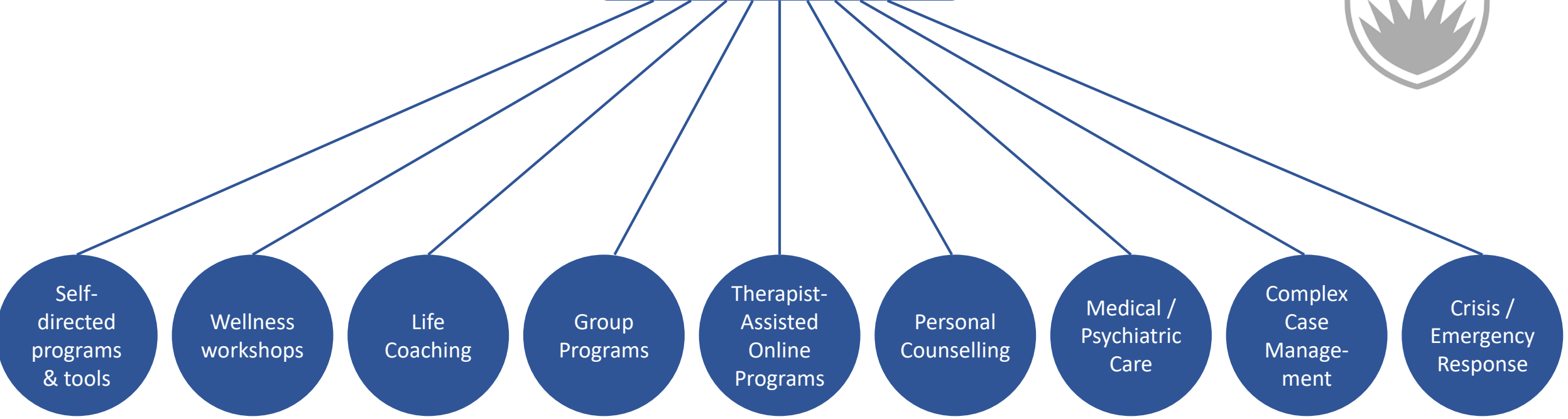
### The Stepped Care Model

A flexible, multi-faceted approach to addressing student mental health needs





# Stepped Care



Health Promotion Specialists

Counsellors & Psychologists

Physicians  
Psychiatrists

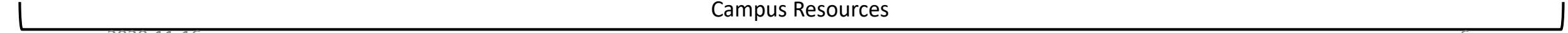
Managers  
Student Support

VGH / AAC /  
Urgent Care



Learning Strategists

Accessibility Advisors



Campus Resources

# Rossy Wellness Hub







## IMPLEMENTATION SCIENCE (I.S.)

Implementation science can be defined as “the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services” (Eccles & Mittman, 2006)



SC2.0 is bold & disruptive and, as such, requires considerable attention to implementation strategy; otherwise, current practices upheld by established tradition will hold sway

## Formula For Success





# The risk paradigm

“corporate-oriented risk management strategies, overly focused on the possibility of danger, obscure the value of risk-taking activities. Such negative “risk thinking,” sets the stage for narrow and defensive practice, reduces opportunities for therapeutic intervention and privileges meeting service providers’ (rather than service users’) goals” (p. 194).

BEYOND THE RISK PARADIGM IN

## Mental Health Policy and Practice

EDITED BY SONYA STANFORD, NINA  
ROVINELLI HELLER, ELAINE SHARLAND,  
AND JOANNE WARNER

SERIES EDITOR: NIGEL PARTON



# SC2.0 Post-Secondary, Provincial, Territorial & National (Canada) Implementation





# Moving beyond the risk paradigm

- Open-access, multimodal care upstream
- Population health approaches integrated in to care system
- Less assessment up front
- Balance of deficit and strengths-based assessment
- Rely less on clinical trials and more on regular therapeutic measurement
- Adopt client-centric decision making
- Integrate recovery principles throughout the care continuum

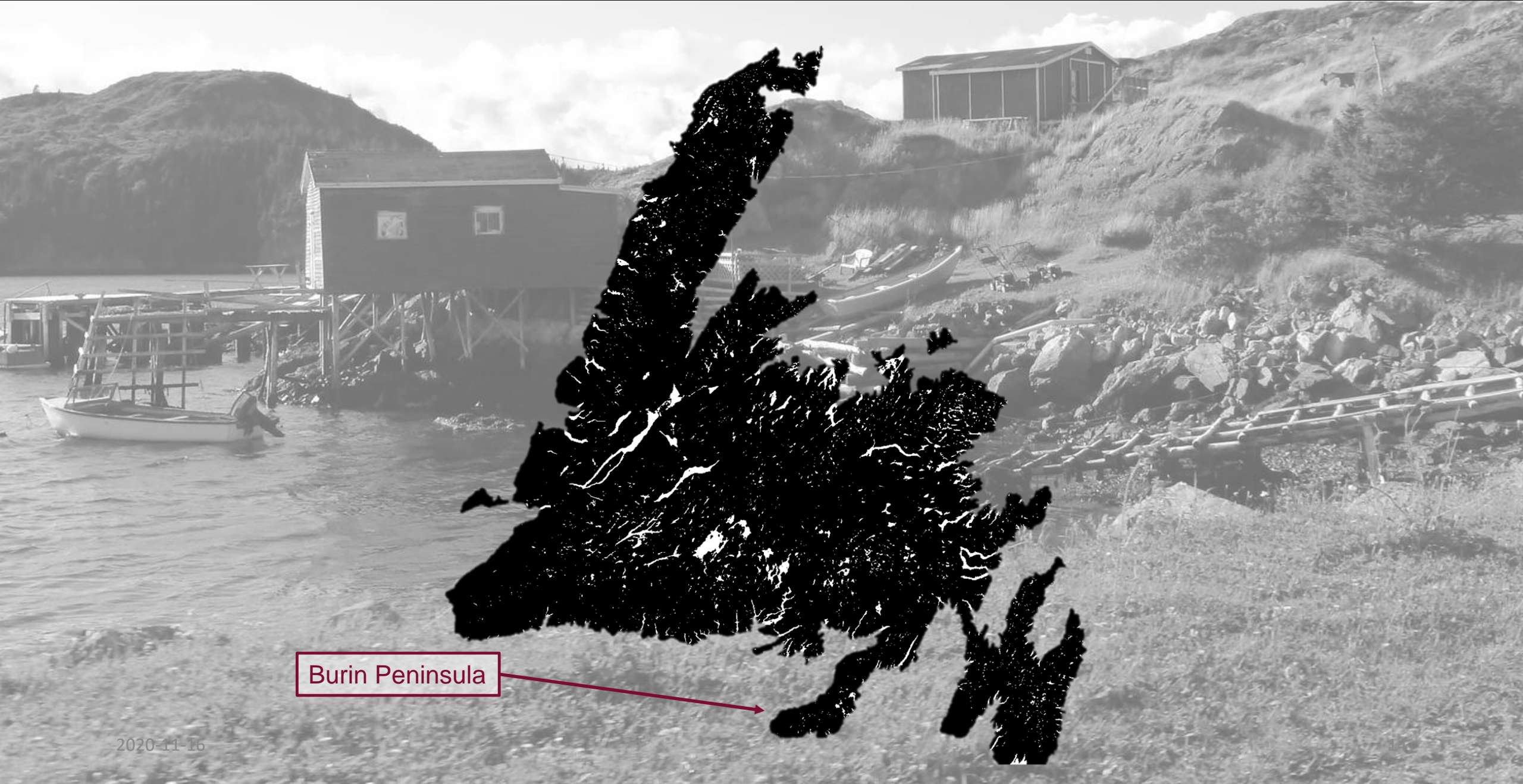
BEYOND THE RISK PARADIGM IN

## Mental Health Policy and Practice

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- Initially, *postvention* teams descended on the community to identify “those at risk”
- Advocacy groups rejected this plan
- Rather than focusing on the negative, or targeting those “at risk”, the people of the Province drew on the *Towards Recovery* policy demanding same-day care for all

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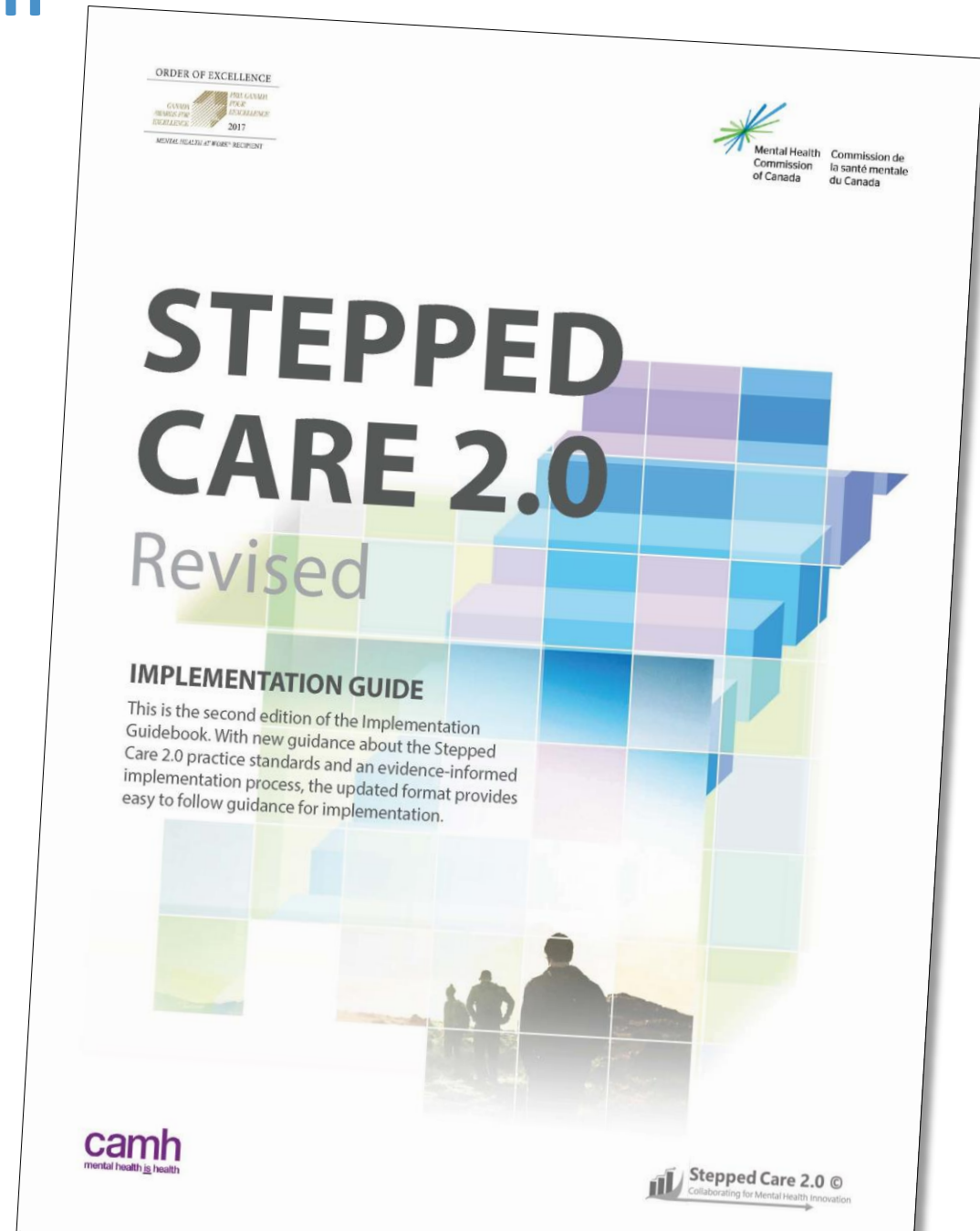
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- **2017: Doorways single session clinic opened in Burin Peninsula**
- **End of wait list**
- **Community members report high satisfaction**
- **2018 – Doorways and Stepped Care scaled across the province**





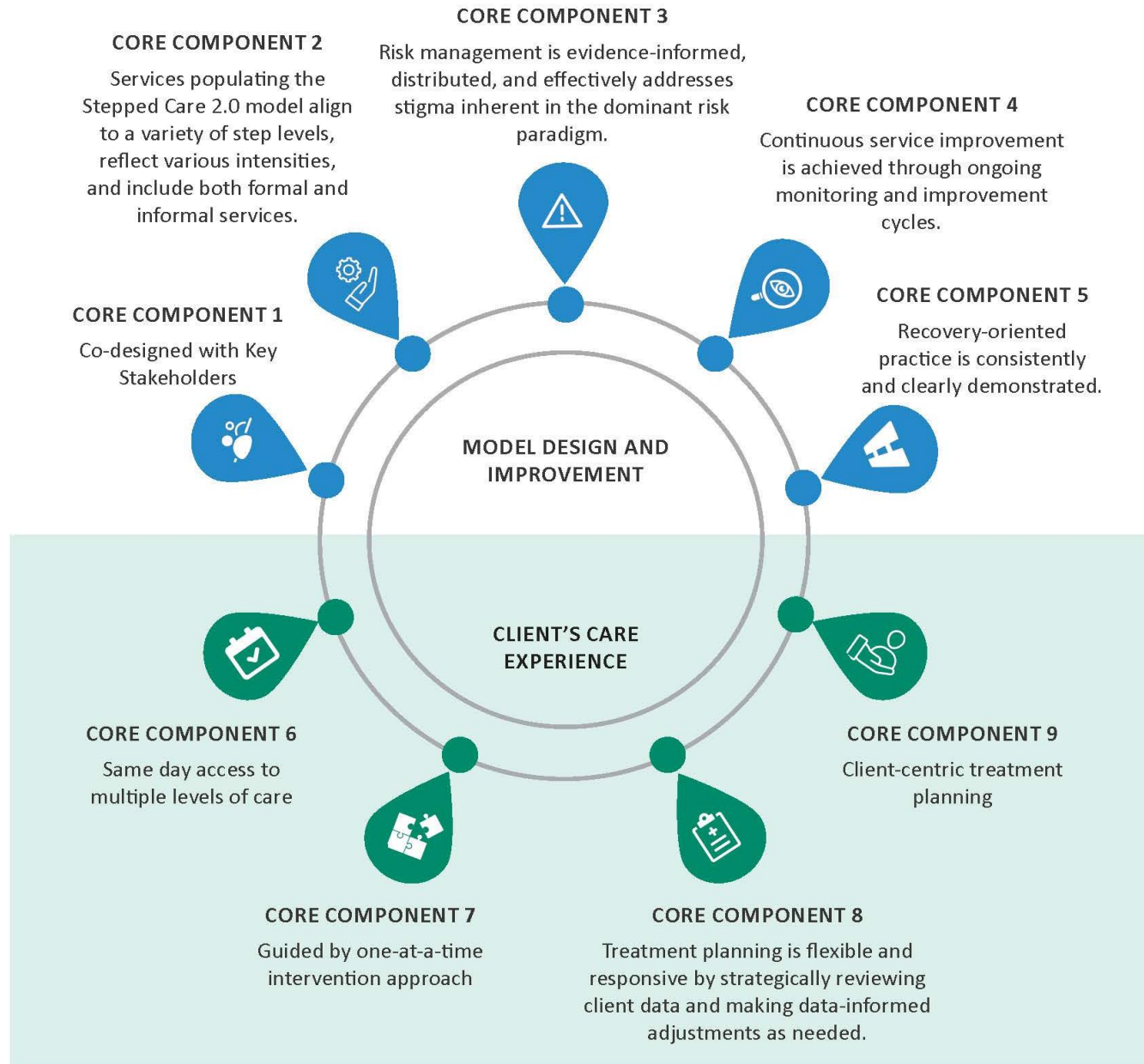
# SC2.0 Implementation Guide

- Co-designed & adapted with all community stakeholders
- 2-4 year process
- Includes standards of practice & drivers for success





# Essential Components of SC2.0



- Standards for:
- Model design and improvement
  - Client's care experience



Thank you



# End of Opening Statement