EMBEDDED COUNSELLING MODELS: A Tale of 10 Cities

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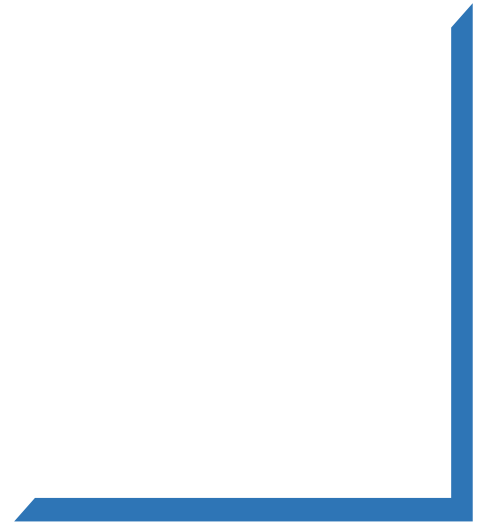
Presenters

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Land Acknowledgement

Outline

- **Framing our discussions**
  - Why study embedded models?
  - Participating universities
  - Learning outcomes of today's session

- **Project methodology**

- **Key findings**
  - Common drivers
  - Approaches to service delivery
  - Successes, challenges, key lessons
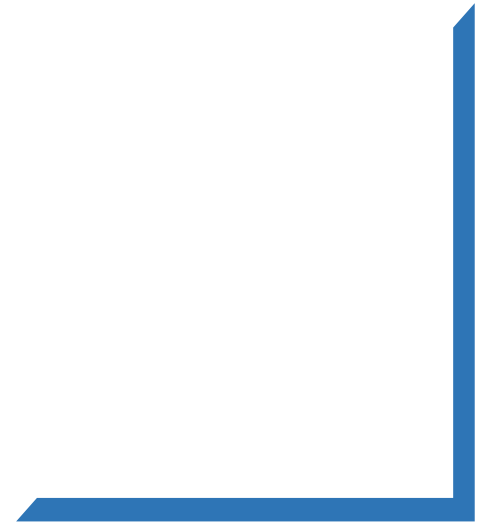
- **Metrics**

- **Q&A**
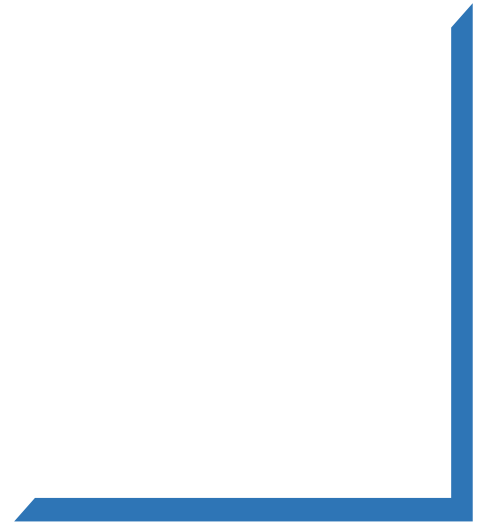
Why study embedded models?

- Background on embedded models

- Key drivers for embedded models

- Overview of different embedded models in North America

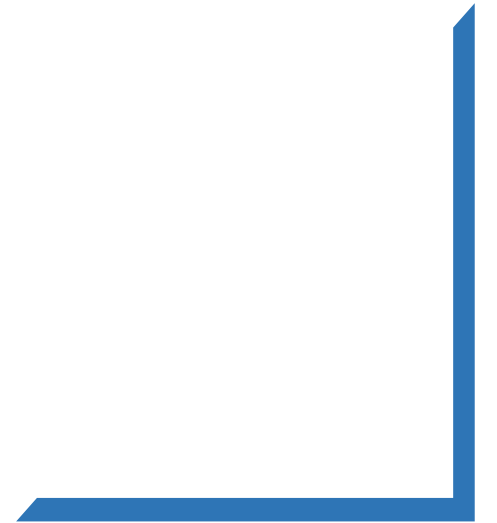- Tips for developing embedded models
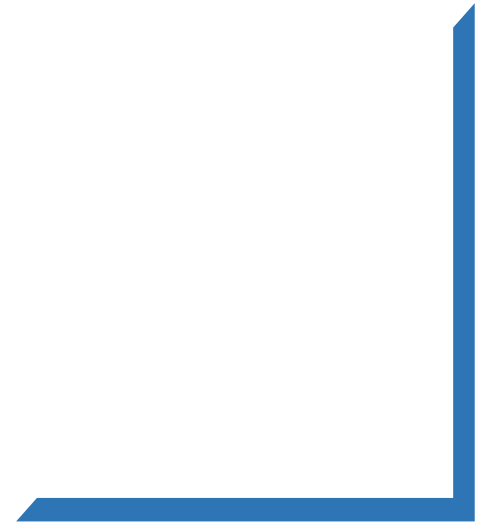
Participating Universities

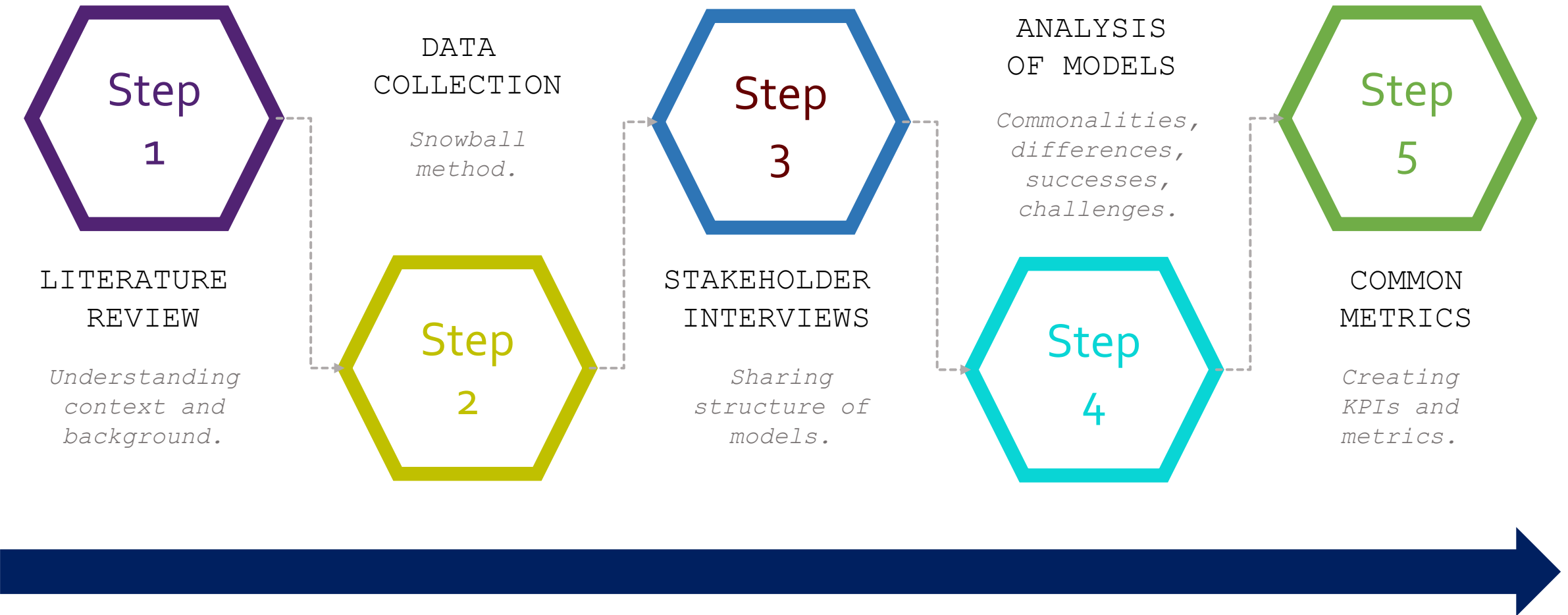|	
Concordia University	QC
Dalhousie University	NS
Memorial University	NL
University of British Columbia	BC
University of Calgary	AB
University of Toronto: St. George	ON
University of Windsor	ON
University of Waterloo	ON
Queen's University	ON
Ryerson University	ON

Learning Outcomes

- Background on embedded models

- Key drivers for embedded models

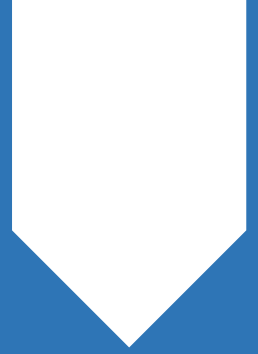- Overview of different embedded models

- Promising practices

PROJECT METHODOLOGY

Process

Step 1

LITERATURE REVIEW

Understanding context and background.

DATA COLLECTION

Snowball method.

Step 2

Step 3

STAKEHOLDER INTERVIEWS

Sharing structure of models.

ANALYSIS OF MODELS

Commonalities, differences, successes, challenges.

Step 4

Step 5

COMMON METRICS
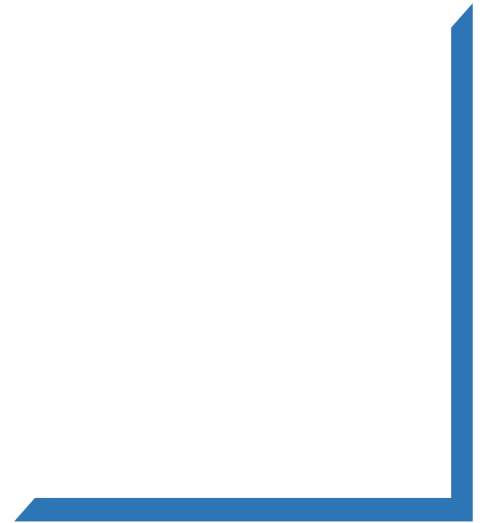
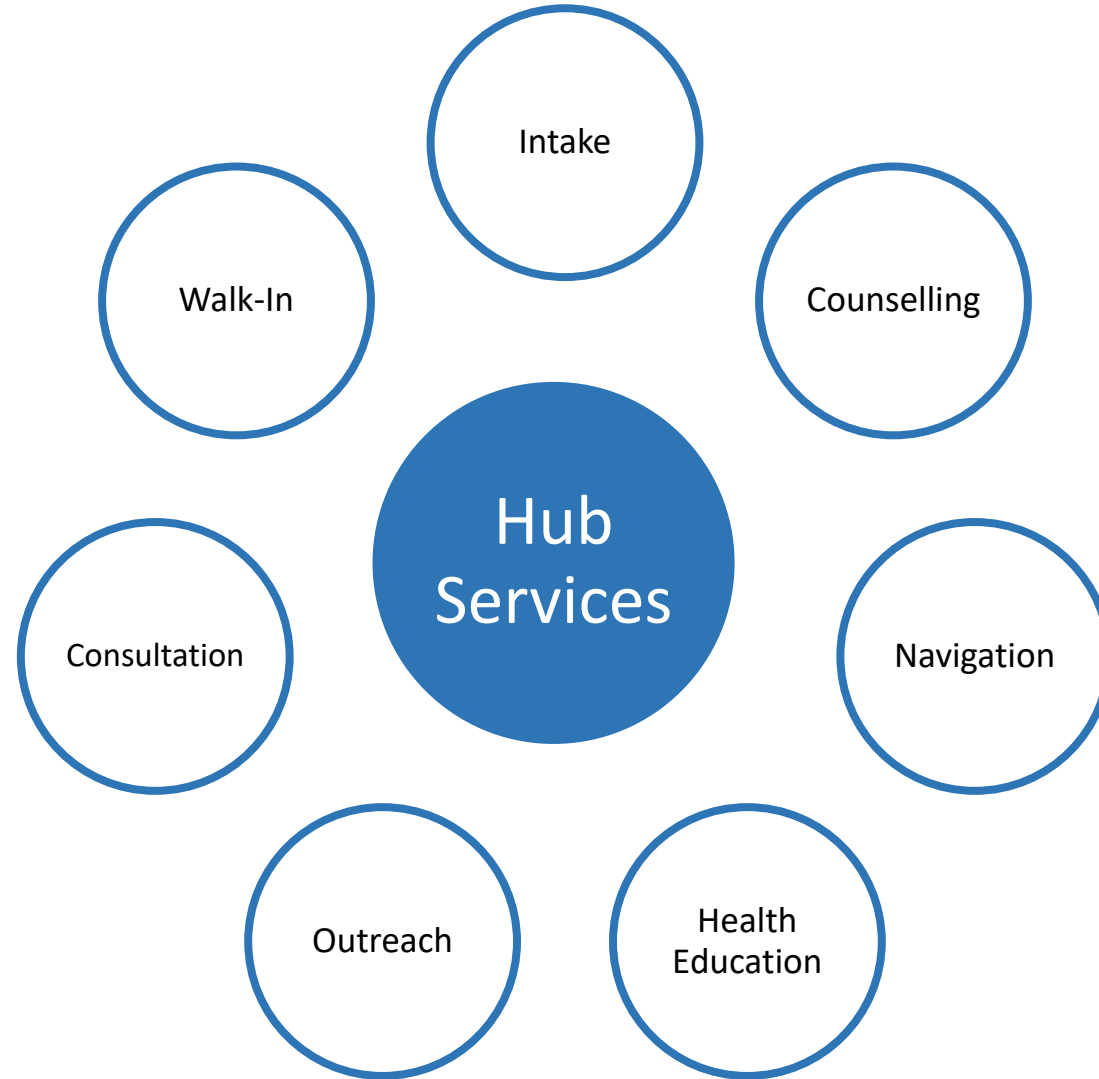*Creating KPIs and metrics.*

KEY FINDINGS

Common Drivers

- Increase accessibility
- Reduce stigma
- Enhance awareness & referral
- Tailor resources to community needs
- Intervene early to reduce downstream demand.
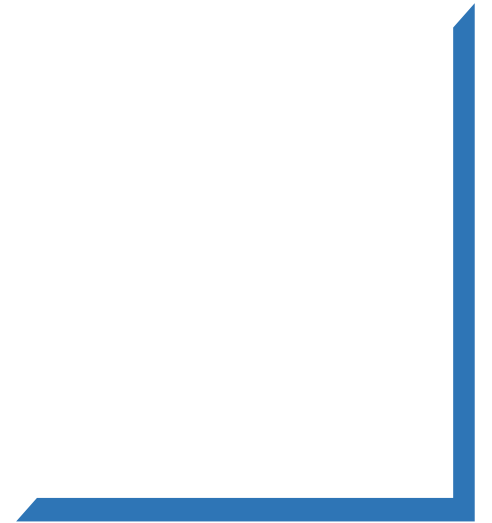- Strengthen Partnerships
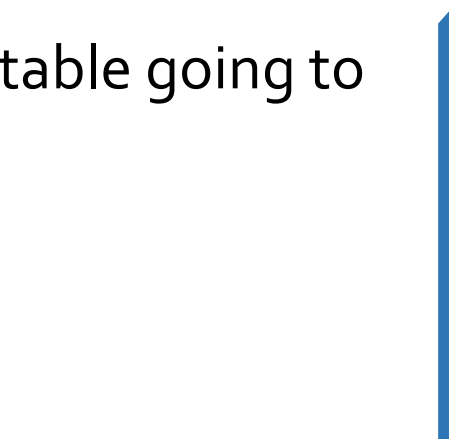
Common Services in Hub

Features

- Where do students access services?

- What services are provided?

- Who is served?

- Who provides services?

Embedded Site as Point of Access

- 5/10 function as first point of contact for students

  - Offer some combination of triage, single session and/or anonymous drop in sessions.

  - Serve as an access point for students who may find it difficult accessing central service due to time or distance

  - Low barrier access point for students who may not feel comfortable going to central services

- 5/10: Triage is done centrally, through the Hub.

  - Students are referred to embedded services as appropriate.

Level of Intervention Provided

- 7/10 : Spokes see a wide variety of cases: low to high risk

  - Tend to replicate many of the services and programs offered in the Hub:

    - Individual counselling, group counselling (2)

    - Wellness programming, workshops (e.g. stress management)

    - Consultation and crisis support

- 3/10: Spokes see low-moderate severity cases primarily

  - Tend to focus on early intervention, low-mid intensity interventions including:

    - Anonymous drop-in conversations, single session (walk-in & by appt.), brief counselling

    - Psycho-educational workshops (e.g. stress management) & consultation

Single Site vs Neighborhood

- 2/10: Serve "neighbourhoods" rather than a single faculty

    - Embedded staff may move from site to site as needed and depending on the time of year which helps them build expertise across faculties and reduce faculty reliance on a single counsellor.

- 8/10: Embedded staff are assigned to a single faculty.

    - Can have a positive effect on capacity building, partnerhships and opportunities for collaboration over time. Faculties tend to provide space/equipment and tend to fund counsellor salaries in full or part.
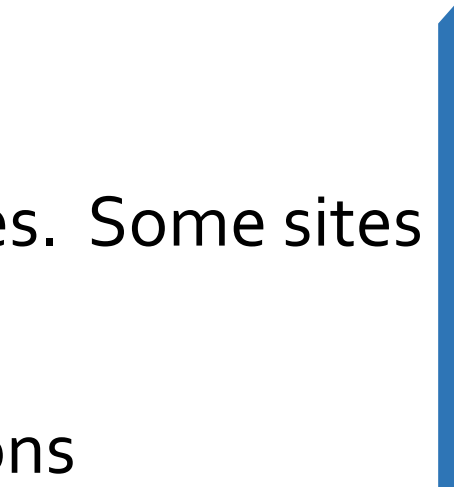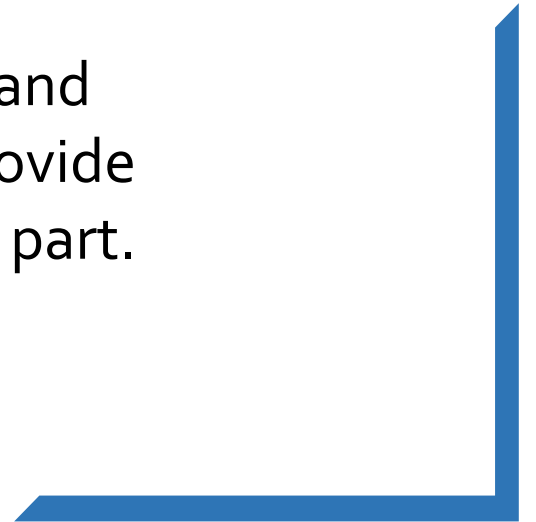
Multi-Disciplinary Embedded Teams

- 2/10: Multidisciplinary team approach implementated.

- Teams may consist of providers from Nursing, Counselling, Careers, Accessibility, International Student Advising and Chaplains as well as peer support.

- Students have an opportunity to meet with those who they feel most comfortable approaching.

- Intentionality of development process varies.

    - Intentional design of embedded model

    - Coordination/integration of existing embedded staff in other disciplines

Successes

- Students have greater access to resources

- Increased ability to build student's mental health literacy

- Counsellors develop a strong understanding of faculty culture

- Early intervention

- Greater support for Faculty

- Stronger partnerships & opportunities for collaboration

- Lower costs

Challenges

- Counsellors can feel isolated and function as "one-person clinics"

- Maintaining boundaries; working within scope

- Location and office space can compromise confidentiality and privacy.

- Program support varies (coordination/supervision, reception/clerical)

- Faculty drop by needing support with their own concerns

- Variability in fee structures and inequity between faculties. Some sites may not have funds to support embedded counselling.

- Leadership changes resulting in loss of program champions

Promising Practices

- Program Expectations

- Relationship Management
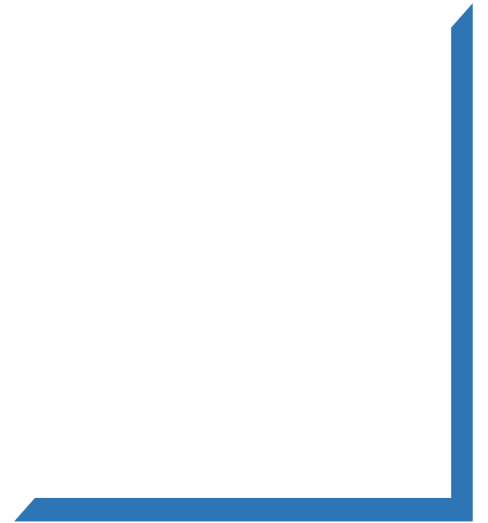
- Staff Support

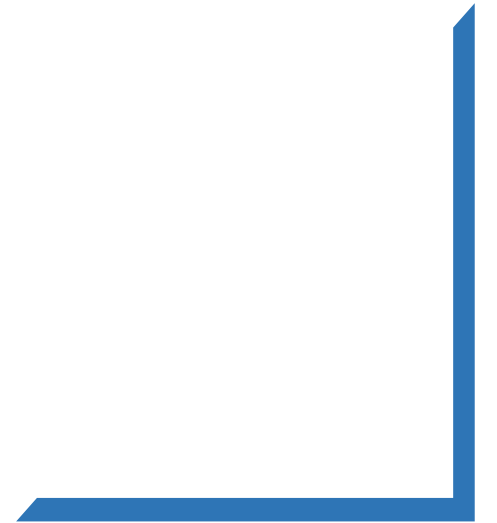- Program Evaluation
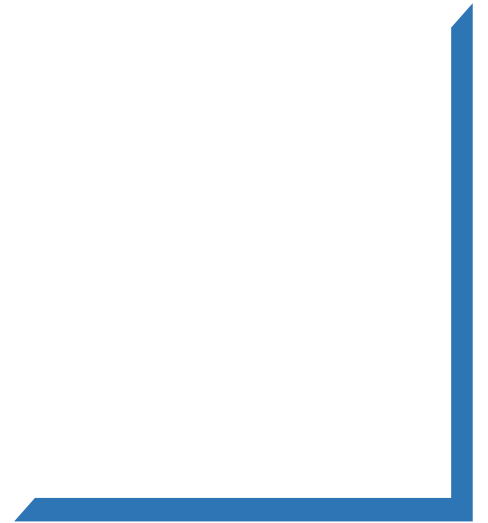
METRICS
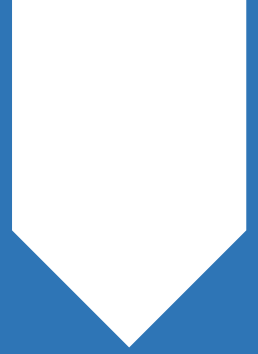
Metrics

- Perceived value

- Usage rates

- Presenting issues and outcomes

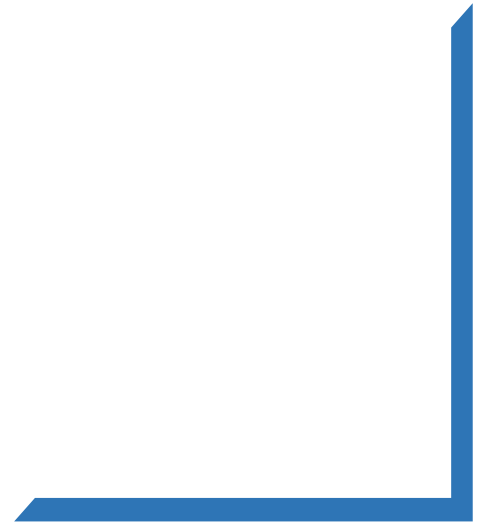- Embedded therapist experience

Perceived Value

- Student perception of the value of a faculty-embedded office

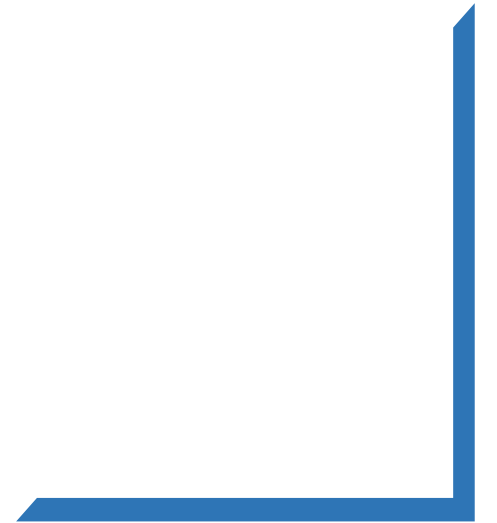- Partner perception of the value of a faculty-embedded office

Usage Rates

- Service usage (quantitative)

- Percentage of on-location services (vs. all mental health services)

Presenting Issues & Outcomes

- Top 5 presenting issues (student's self-report)

- Top 5 presenting issues (clinicians)

- Learning outcomes

- Client satisfaction

- Pre- post treatment outcome

Embedded Therapist Experience

- How supported they feel being away from the main centre

- How much they experience "mission creep" - being asked to do more than the role is defined to do
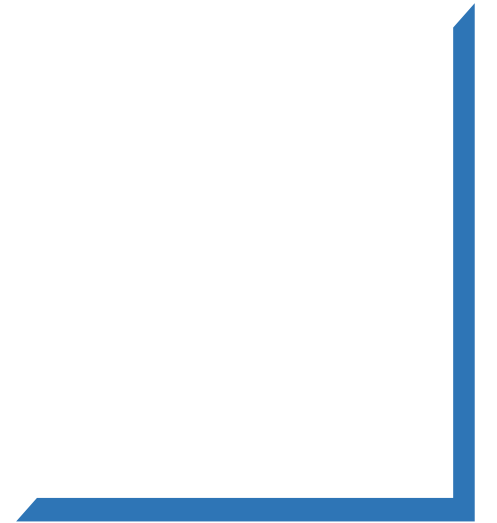
THANK YOU

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