

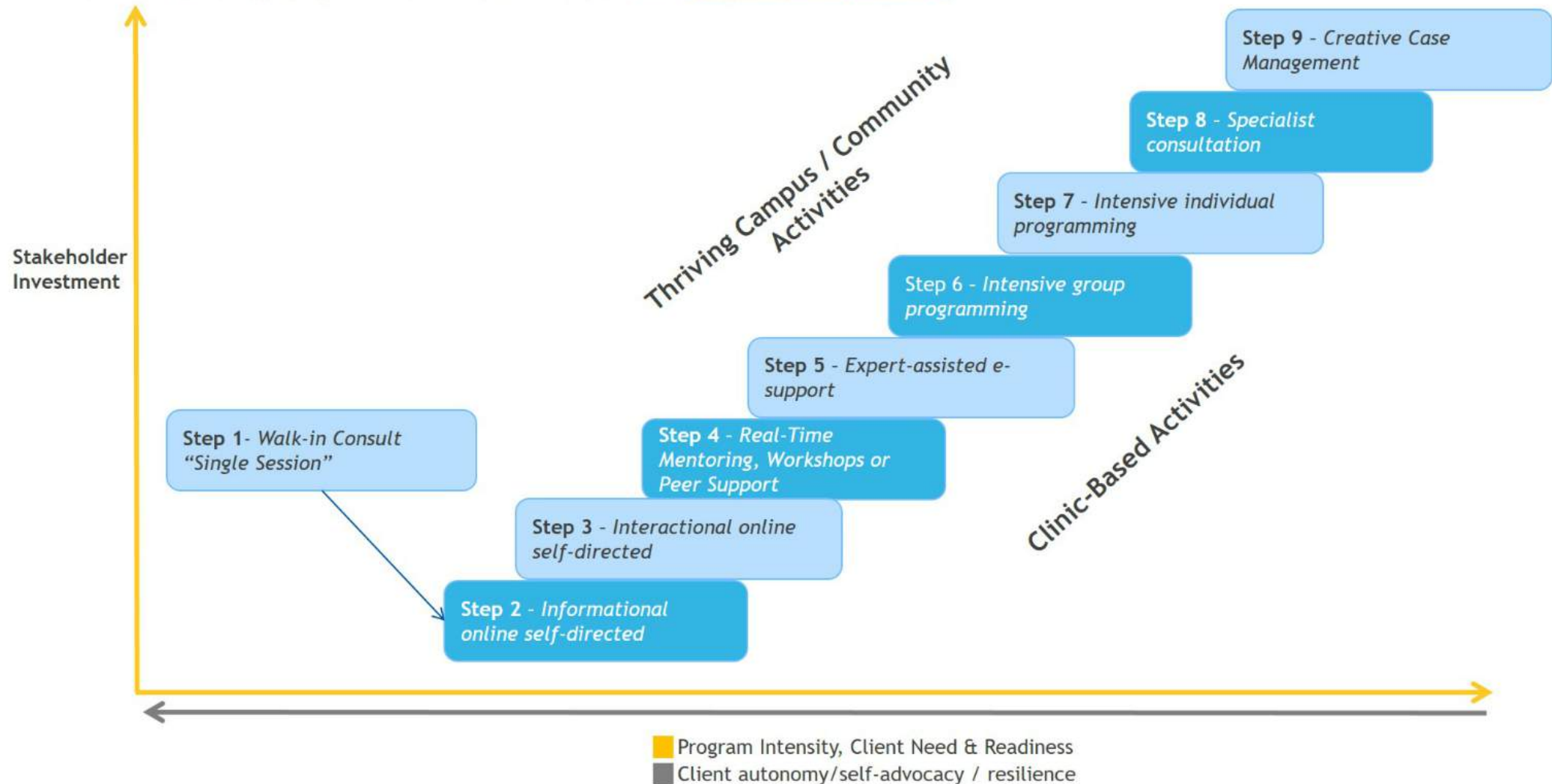
Workshop: Implementing Stepped Care 2.0 in Post-Secondary Settings



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Stepped Care 2.0 © for Rapid Access & Improved Outcomes

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Challenges facing Stakeholders

- Increasing demand
- Long wait times or limited access
- Diversifying, Internationalizing & Indigenizing the academy
- Increasing media attention on "mental health crisis"
- Low resilience
- False positive referrals
- Stigma -> "pass the hot potato"



Stepped Care 2.0 ©

- Primary care model.
- System of delivering and monitoring programs, while promoting student responsibility, autonomy & resilience.
- Online components to meet students where they are in change process.
- Most effective yet least resource intensive programming is offered first.
- Programming intensity is only stepped up to the next level with evidence or prediction of failure.

Shifting the Paradigm through Universal Design for Student Wellness & Success

- Requires intersectoral collaboration.
- Shifts beyond the consumer model and risk paradigm.
- Wellness and education as opportunities with citizen responsibility.
- Supports *failing forward*.
- Bold exercise in systemic change management of stakeholder expectations.
- Involves risk-taking and disruption.



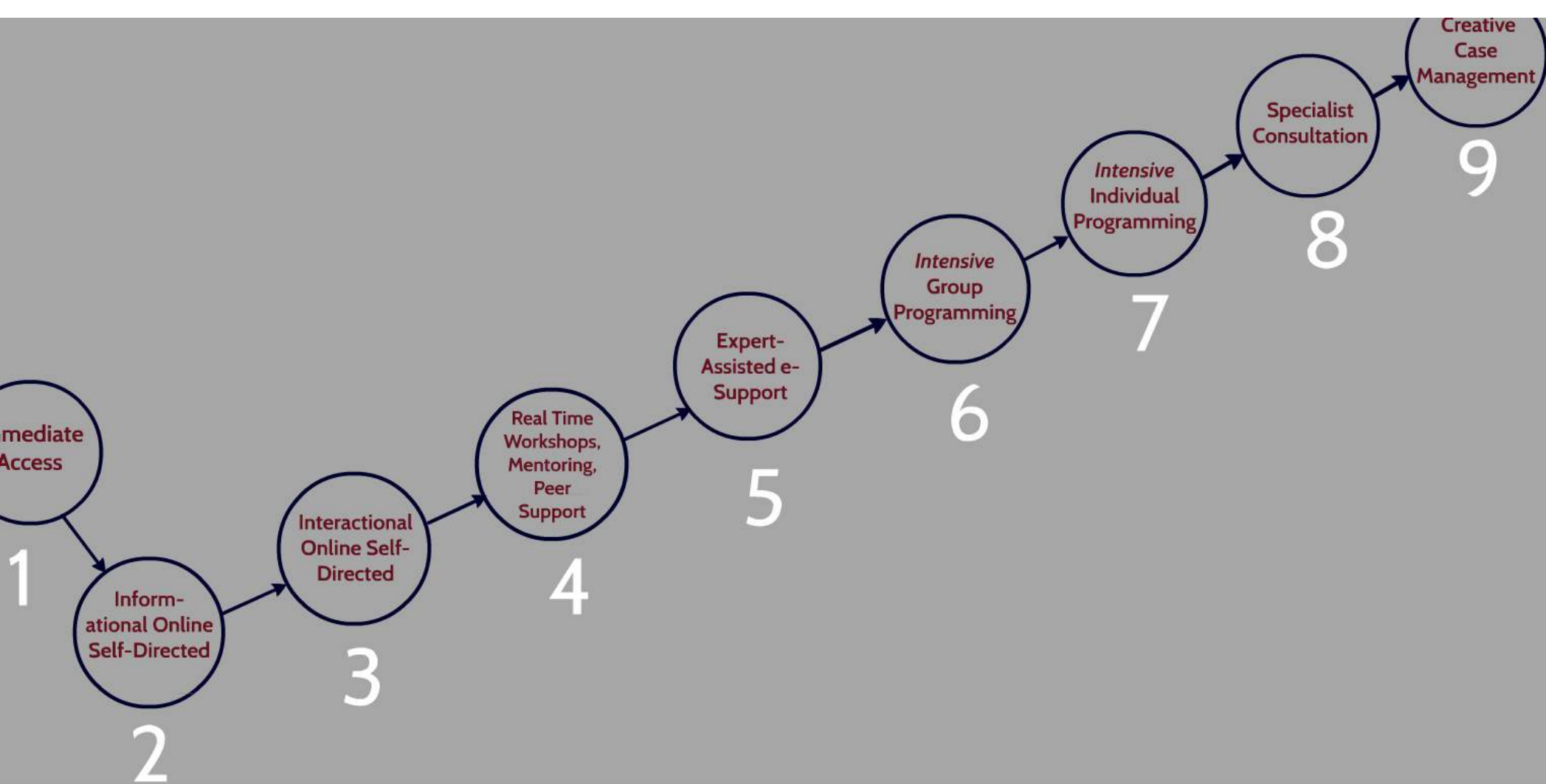


Stepped Care 2.0 Scaffolding for Mental Wellness©

Time &
Energy
Commitment
Required of
Stakeholders



→ Program Intensity, Client Need & Readiness
← Client autonomy/self-advocacy / resilience



➡ Program Intensity, Client Need & Readiness
➡ Client autonomy/self-advocacy / resilience



Stepped Care

Time &
Energy
Commitment
Required of
Stakeholders



Immediate
Access

1

Inform-

Interacti
Online S
Directe



1

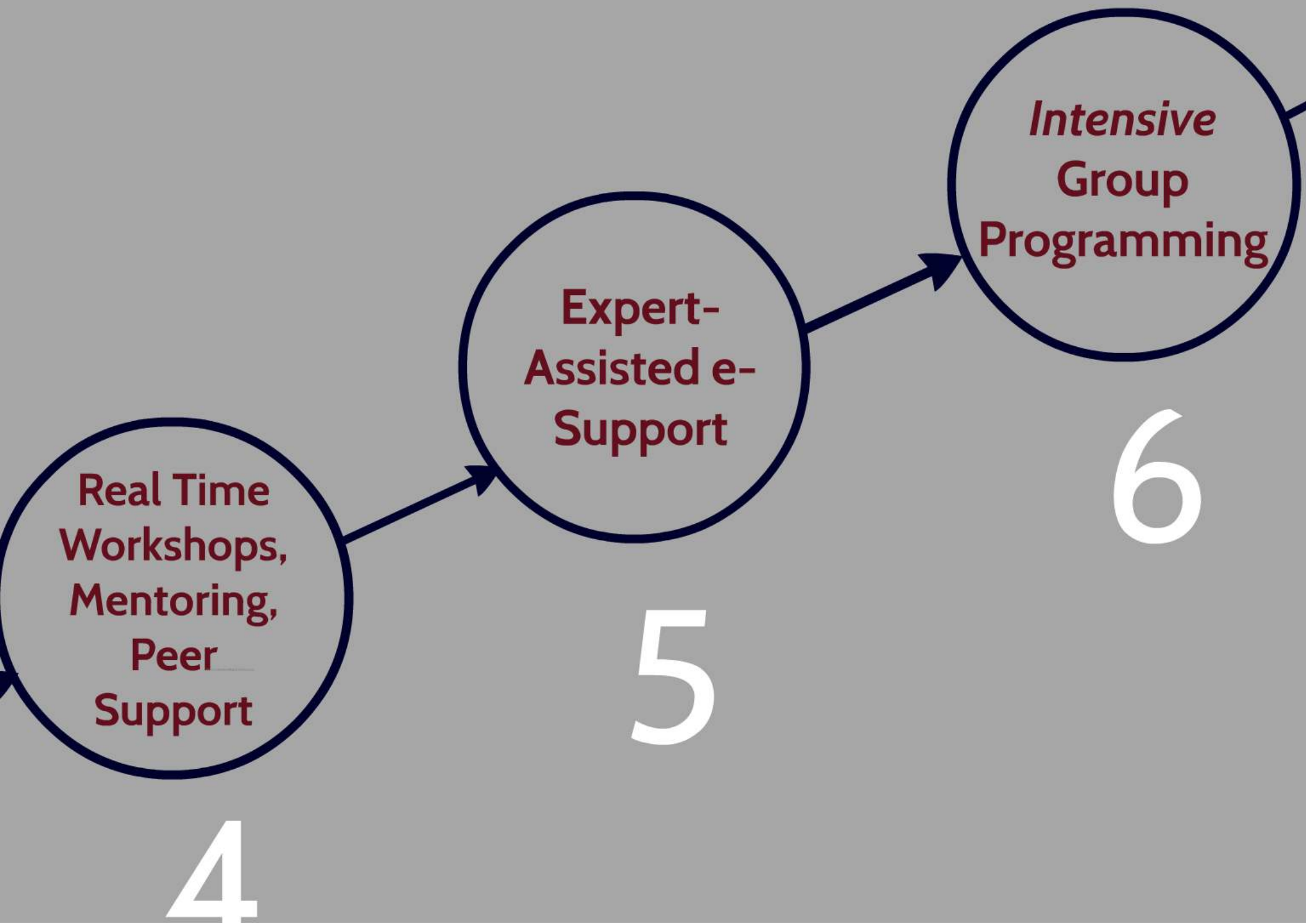


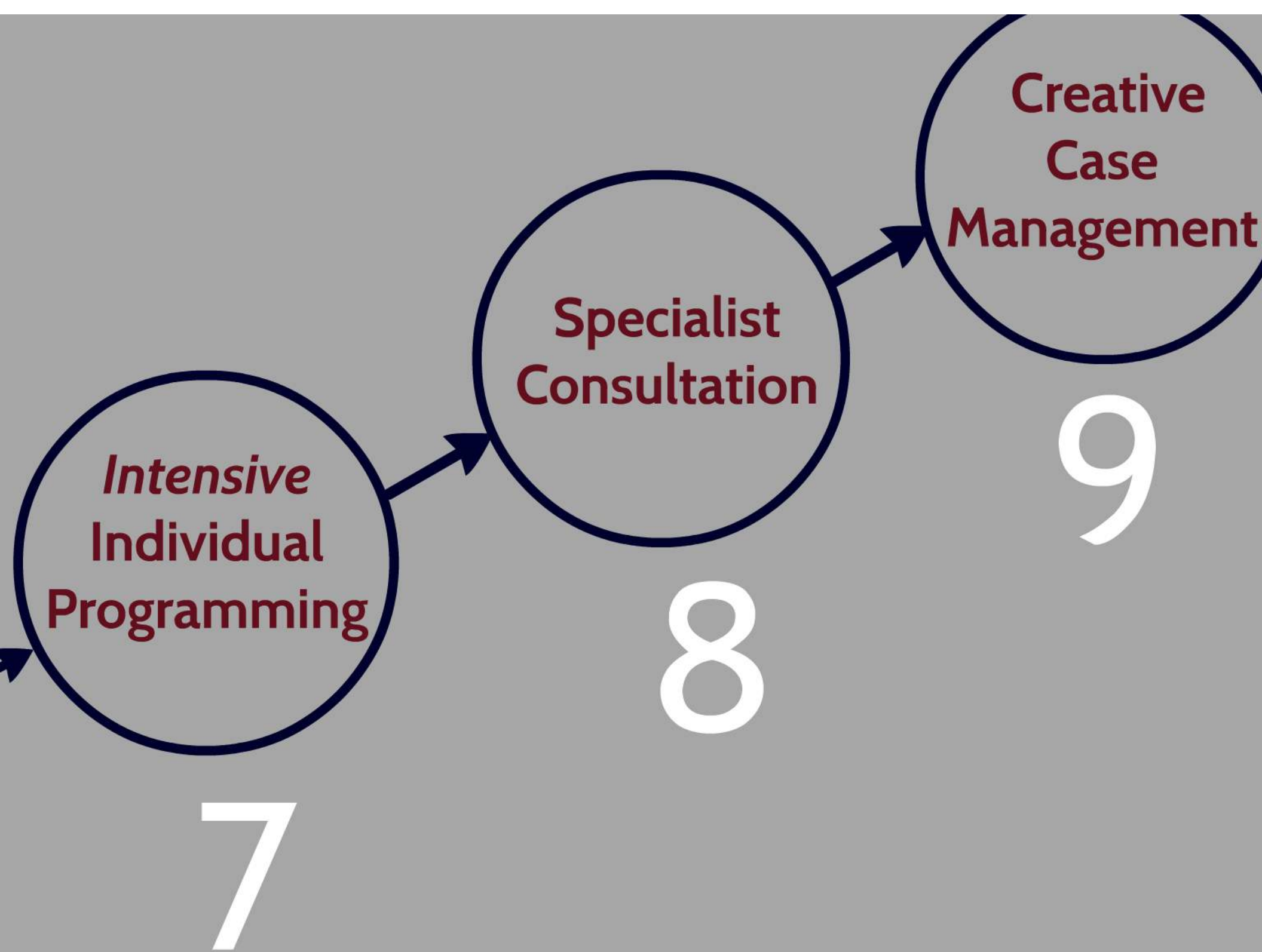
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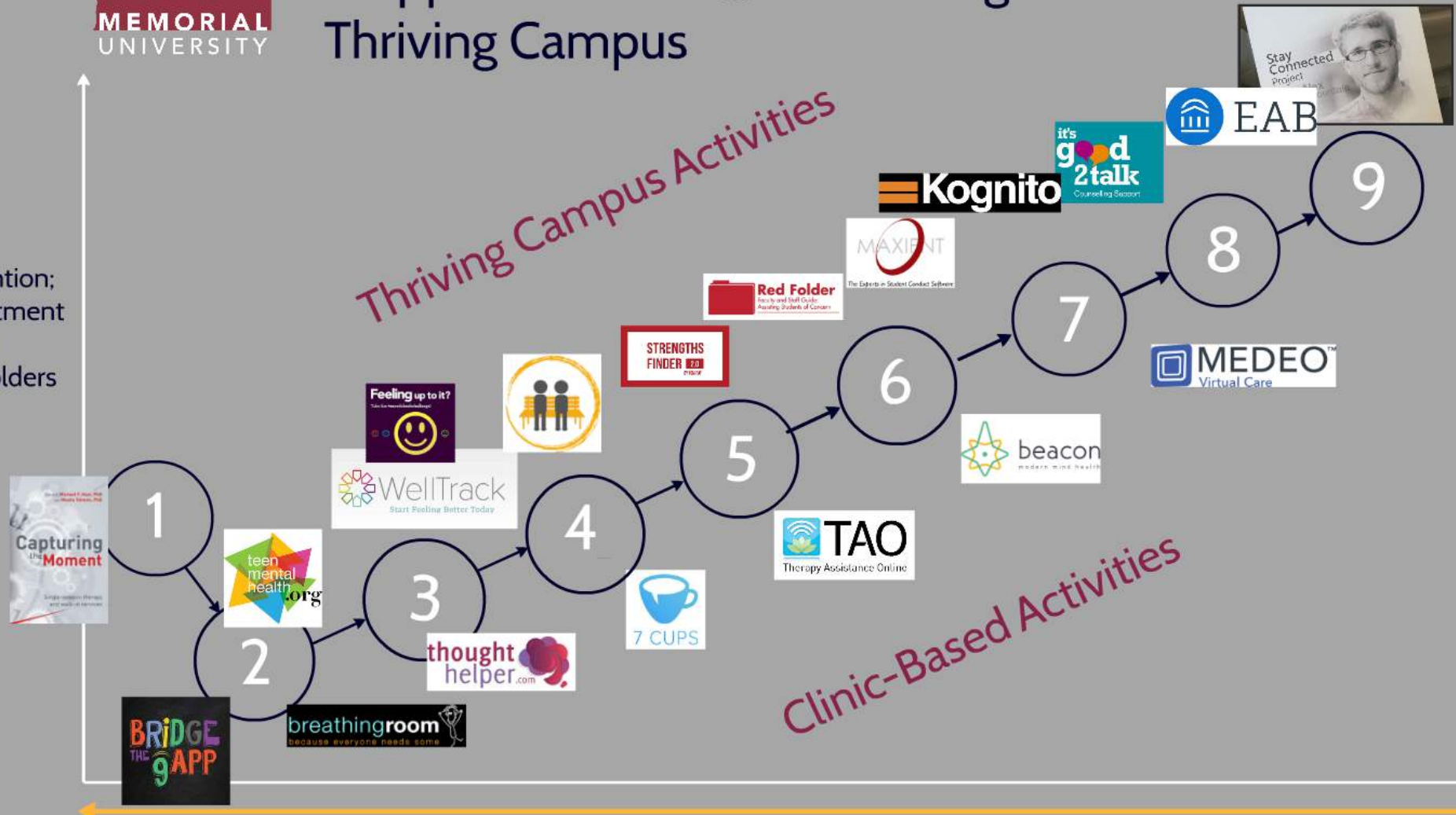


Stepped Care 2.0 @ Scaffolding for a Thriving Campus

Cost of Intervention;
Commitment Level of Stakeholders

Thriving Campus Activities

Clinic-Based Activities



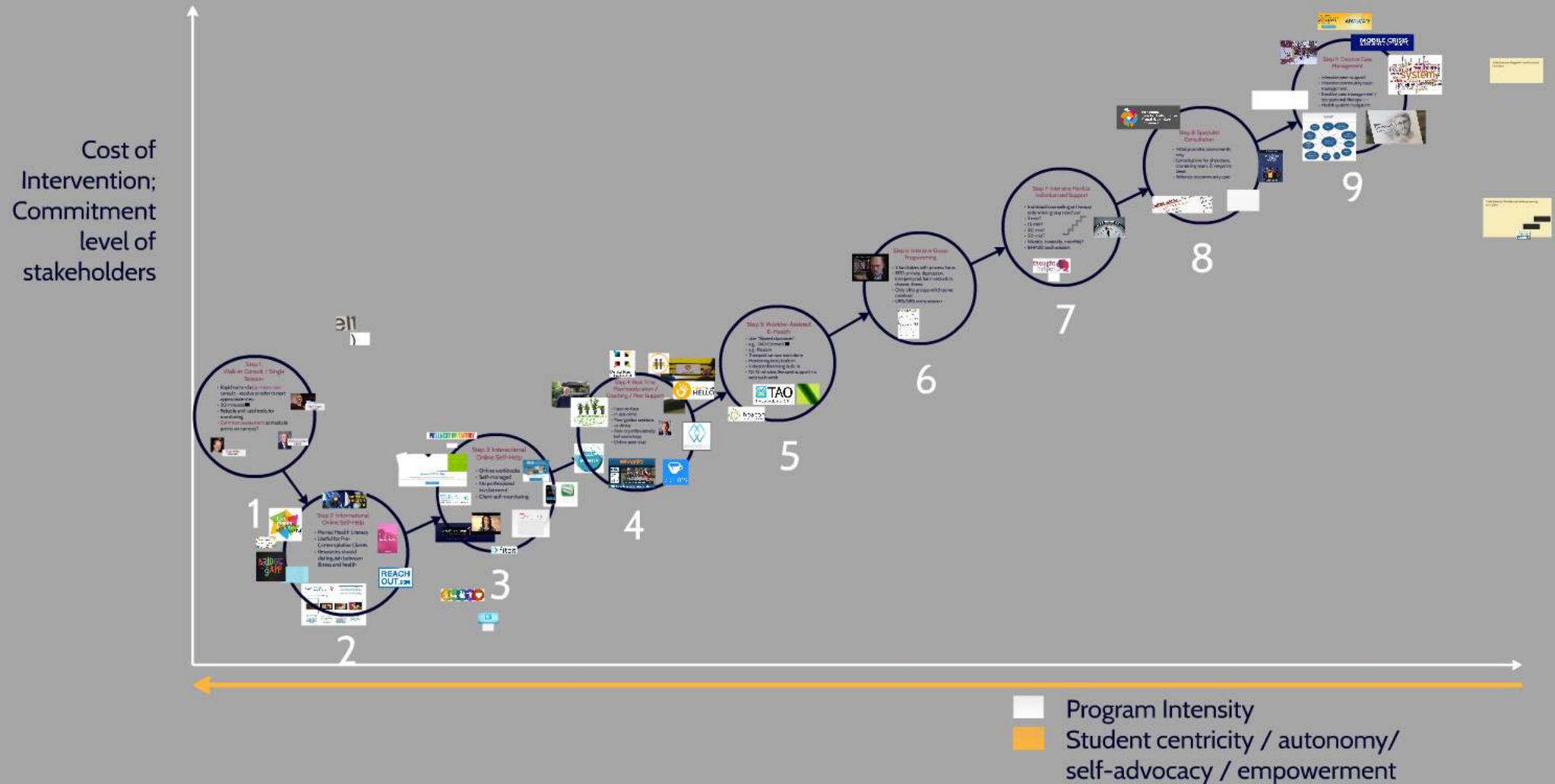
- Program Intensity, Client Need & Readiness
- Client autonomy/self-advocacy / resilience

Workshop Activity - using colour post-it notes


- **Now.** Current successes & pain points.
- **Wow!** What kind of care system can you imagine?
- **How?** What are a few practical steps?



Stepped Care 2.0 for a Thriving Campus



Step 1: Walk-in Consult / Single Session

- Rapid same-day **primary-care** consult - resolve or refer to next appropriate step
- 30 minutes 
- Reliable and valid tools for monitoring
- **Common assessment** at multiple points on campus?



Mark Kopta
BHM20




Scott Miller
ORS/SRS



Michael Lambert
OQ45

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Step 2: Informational Online Self-Help

- Mental Health Literacy
- Useful for Pre-Contemplative Clients
- Resources should distinguish between illness and health





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Hesling can come from a variety of places—not just the therapeutic setting. Although YouTube can often feel like falling into a rabbit hole, when used intentionally, it can be a source of helpful information and inspiration. These are a few of our favorite videos at MHS!

Recommended YouTube Therapy



Music & Life: An Alan Watts Animation (5:22)
Philosopher Alan Watts



This is Water (22:43)
Philosopher Alan Watts



It? (14:48)
Eric Thomas Talks RT The Hip



Caterpillar (3:18)
Warren Iwano discusses about

WELLNESS INVENTORY



Step 3: Interactional Online Self-Help

- Online workbooks
- Self-managed
- No professional involvement
- Client self-monitoring



TAO

Therapy Assistance Online

Welcome to TAO Self-Help

Self-Help will help you to manage your own emotional well-being without the help of a counselor. It is for developing your ability to bounce back from disappointments and setbacks, often referred to as resilience training.

[SIGN ME UP](#)

Walk Along
Your Journey to Mental Wellness



the desk promoting student success and wellbeing

Tools • Modules • Quizzes

www.thedesk.org.au



breathingroom
because everyone needs some



<https://www.yourbreathingroom.com/Default.aspx?Site=MBU&start>



WellTrack

Start Feeling Better Today

General Anxiety, Depression, Bipolar Disorder

<https://www.welltrack.com/>




Step 4: Real Time Psychoeducation / Coaching / Peer Support



- Face-to-face
- In real-time
- Peer guided sessions or clinics
- Peer or professionally led workshops
- Online peer chat



Step 5: Provider-Assisted E-Health

- Like "flipped classroom"
- e.g., TAO-Connect 
- e.g., Beacon
- Therapist can see work done
- Monitoring tools built-in
- Videoconferencing built-in
- 10-15 minutes therapist support via web each week



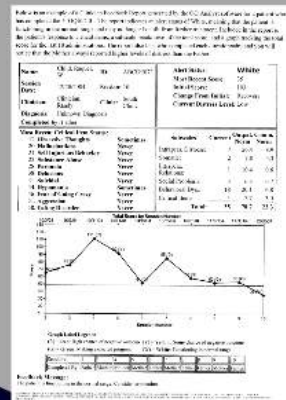
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Step 6: Intensive Group Programming

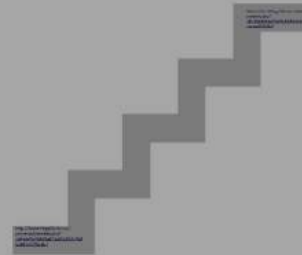


- 2 facilitators with process focus
- BPD, anxiety, depression, interpersonal, harm reduction, chronic illness
- Only offer groups which serve caseload
- ORS/SRS every session



Step 7: Intensive Flexible Individualized Support

- Individual counseling or therapy only when group ruled out
- 5 min?
- 15 min?
- 30 min?
- 50 min?
- Weekly, biweekly, monthly?
- BHM20 each session

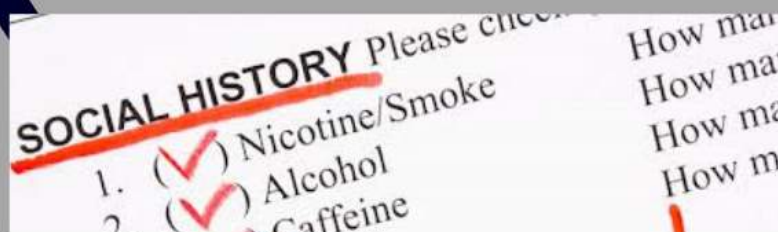
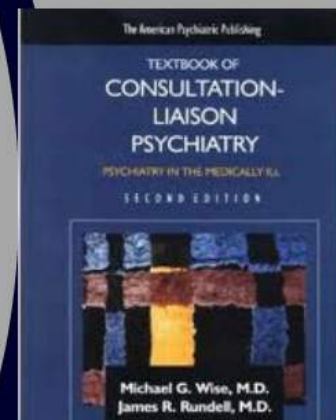




16th Annual Canadian Collaborative Mental Health Care Conference

Step 8: Specialist Consultation

- Initial psychiatric assessments only
- Consultations for physicians, counseling team, Emergency Dept.
- Referrals to community care



MOBILE CRISIS INTERVENTION SERVICES



Step 9: Creative Case Management

- Intensive peer-support
- Intensive community case-management
- Creative case management / occupational therapy
- Health system navigation



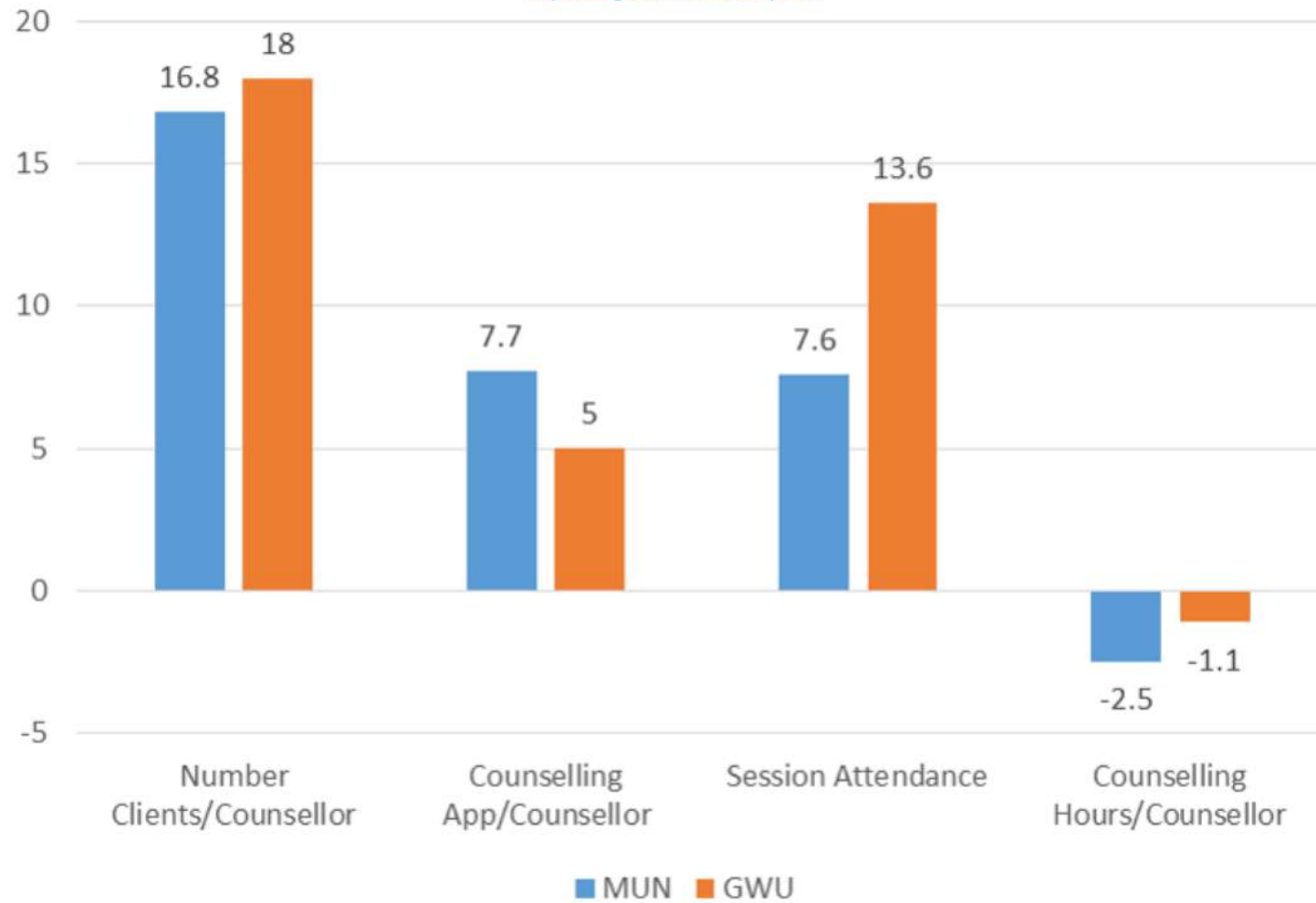
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Faculty and Staff Guide:
Assisting Students of Concern



Percentage Change Pre-Post Launch

Psychological Services (in press)

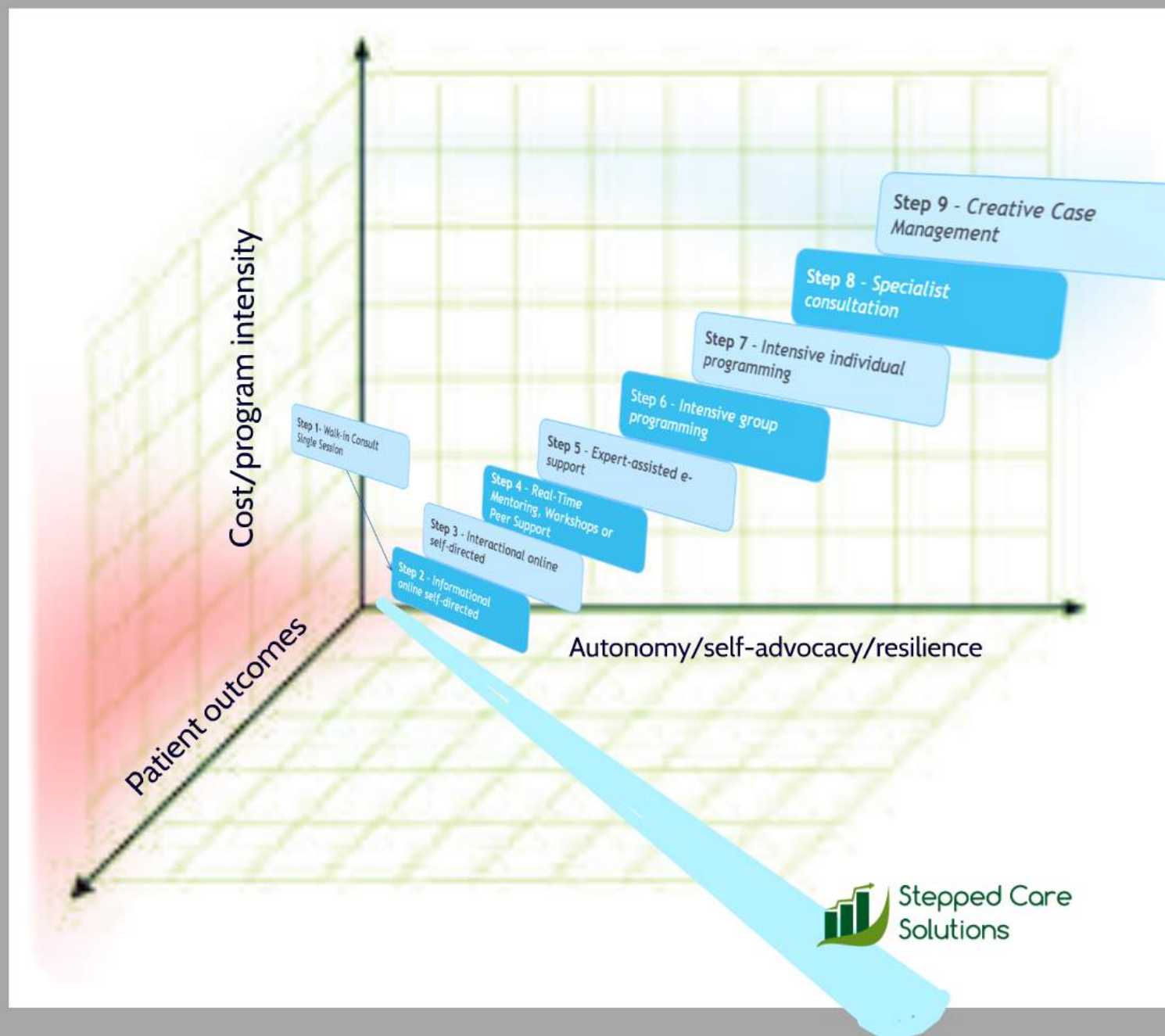


Stepped Care Efficiencies

Psychological Services (in press)



Potential for EHR Analytics Organizing Principles



Stakeholder Experiences

SC2.0 Clients:

"I liked that there was a differentiation in the online program between normal anxiety and problematic anxiety."

"TAO challenged me to think of the topic of core beliefs that I had not thought about before."

"connection to services"

"It covered all the bases"

"a walk-in in a moment of crisis"

After a brief 10 minute intervention:

"I think I'm ready to go back to class."

"I like having to give my own input."

"Engaging!"

"Guiding through the steps made the process easier."

"Speed!"

What can we do better?:

"Give me something to do in the waiting room."

"Options"

"I really like having this plan."

"Taking five while doing a regular daily activity such as walking shows how simple it is to incorporate mindfulness into my daily routine."

"the TAO interactive activities allowed me to apply the scenarios to my own life."

"Efficient"

"It is self-paced"

Having a system in place

"I am taking the time to think before responding or jumping to conclusions."

"It showed me how to monitor and how to do things myself."

"Life has been extremely stressful lately, and the messages and texts make it feel like someone is looking out for me, reminding me that I need to take care of myself, and that is very, very helpful and comforting."

"Hire more walk-in counsellors"

SC2.0 Counsellors/Trainees:

“I now have more time for other duties.”

“Freedom to innovate”

“I don’t have to do it all!”

“I can do it my way”

“But we didn’t train for this!”

“It fits with a our mental health strategy.”

“I can see more people!”

“Energized!”

“I can work fast”

“I can spend more time with clients who are ready to really work”

“We are struggling with this model; it clashes with our values”

“I like sharing more responsibility for care with clients.”

“I carry the burden of a bigger caseload”

“I feel good that clients do not need to wait weeks to be seen”

“I worry that I am not helping enough”

“Efficient”

“Engaging!”

“No wait list – fantastic!”