The Benefits of a Collaborative Model Utilizing Specialized Social Work Services

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Emory University Student Health and Counseling Services
Objectives

- Describe how social workers within student health and counseling clinics can contribute specialized and diverse services in support of college students with chronic mental health concerns utilizing a collaborative care model.

- Explain the role of a Student Intervention Services Team, utilizing social worker expertise, in providing urgent and long term supports to students with diverse crisis and mental health needs.

- No Conflicts of Interest to Disclose
Many Possible Paths…

- Multiple administrative models exist for providing mental health and counseling services to students on colleges campuses.

- How well is your system working for students?
  - Access
  - Cost
  - Quality of services
  - Acute vs routine care
  - Short term vs long term treatment

- Providers?
  - Sense of value by institution
  - Opportunities for professional development
  - Available resources to assist students
  - Work/life balance

- College Community?
  - Campus safety
  - Availability for consultation
  - Academic success and retention
Evolving Role of Emory Student Psychiatry Services

• Challenging to have well defined and mutually agreed upon view of psychiatrist role.

• Previous psychiatry model at EUSHCS:
  • Physical location at Student Health, but separate floor from primary care.
  • Electronic records in separate system from CAPS.
  • Reporting directly to CAPS Director.
  • Separate intake system and patient population from CAPS.
  • Long term treatment model, CAPS with short term model.

• 2011-2012 all student health psychiatrists resigned.
Evolving Role of Emory Student Psychiatry Services: External Review

- **External review** was conducted to assist in making improvements to mental health services:
  - Supported a recently modified reporting structure, with **psychiatrists administratively part of student health services**.
  - Encouraged improved **communication** between psychiatrists and CAPS.
  - Supported recently created **psychiatric social worker position**.
  - Encouraged addition of **case managers** for student health and CAPS, to assist with triage, referral, and psychosocial support.
Evolving Role of Psychiatry Services: LCSW Psychotherapist

- **LCSW Psychotherapist** available to help students receiving psychiatrist medication management services, but with barriers to other therapy referrals.
  - Outside of CAPS scope of services.
  - Financial, transportation obstacles to community providers.
  - Stabilization of acute presentations.
  - Dual Diagnosis.
  - Wellness Group led by LCSW psychotherapist.
  - Community Collaboration.
Evolving Role of Psychiatry Services: Case Manager

- **Case manager** for EUSHCS was added in Fall 2013.
  - Dual reporting: Associate Directory-Psychiatry, Associate VP Campus Life.
  - Development of protocols to address **student crises** in collaboration with Psychiatry, CAPS and Primary Care.
  - Available for **acute or ongoing case management** referrals from psychiatrists and other providers.
  - Participates on newly created **Student Intervention Services Team** (SIS Team).
  - Strengthen connections to **community services**.
  - Revision of application process for **special needs fund**.
Evolving Role of Psychiatry Service: Improved Collaboration

- Psychiatry Service now fully staffed:
  - Spring 2014 student satisfaction levels at 90%.
  - Significantly reduced wait time for initial appointment.
  - Addition of administrative support staff.
  - Agreement with academic psychiatry department for 24/7 coverage.
  - Regular joint learning activities with CAPS.
  - Weekly staff meetings with psychiatrists and LCSW’s.
  - Improved staff morale.
CASE STUDY

INTRODUCTION OF STUDENT CASE STUDY AND CHALLENGES

- Meet Jack, fourth year undergraduate student
- Psychiatry
- Diagnoses
- Alcohol issues
- Self care, stress management, self esteem, social phobia issues
- Hindrances to CAPS or off-campus therapy

PSYCHIATRY TEAM REFERRAL AND RESPONSE

- Referral to psychiatric social worker/psychotherapist
- Connection with campus resources
- Therapy focus
- Increased social phobia with significantly decreased academic engagement and denial of issues
- Need for medical withdrawal and community resources
- Referral to social work case manager
Psychiatric Social Worker/ Psychotherapist Role Description

Work in conjunction with psychiatric care of students

- Referrals only from psychiatrists

- Referrals include patients meeting following criteria:
  - Newly evaluated and/or started on medication and need early follow up
  - Would not meet criteria for short term therapy at CAPS, or have already maxed out therapy sessions
  - Would thus benefit from ongoing therapy, but have obstacles to meeting with off-campus therapists

Obstacles to following up with community therapists include:

- Lack of transportation
- Lack of necessary financial resources
- Choice not to use insurance as they don’t want parents to know
- Lack of motivation, trust, or level of functioning necessary to follow through with off-campus therapists
- Needing help with logistics of transferring to new therapist; thus are provided “bridging” and specific referral support during this process
Psychiatric SW/Psychotherapist Role Description, Continued

Therapy, in conjunction with ongoing psychiatric care

- **Eclectic approach**, meeting patients where they are
- Supportive
- Strengths-based
- Stress management and grounding techniques, as appropriate
- “Holistic wellness” self care
- **Substance abuse** harm reduction strategies or recovery work, including referrals

Campus and Community Liaison

- **Meet and Greet** sessions with psychiatrists and campus or community resources
- **Liaison** between patients and campus resources as needed
- Serve on campus life committees and attend campus life staff meetings
- Interact with campus departments to build and sustain relationships benefiting students
Psychiatric SW/Psychotherapist Role: Wellness Skills Building Group

• Created, following observation that many psychiatry and therapy patients can benefit from education, motivation, and support in building and utilizing healthy self care skills and practices

• This motivational support is often incorporated into individual therapy sessions

• Some students can benefit from group skills building, motivation, and peer support

• “Flourishing on the Go” skills-based group created and offered to patients referred by psychiatry staff beginning Fall Semester 2014

• Based on “stealth health” model of incremental changes, “holistic wellness” approach to balanced lifestyle, and behavioral goal-setting and follow-through
Wellness Skills Building Group, Continued

• **Research and evidence-based**, including **motivational interviewing** and stages of change models

• **Four modules** offered, one per week, with two more in process of development. Goal-setting and practice during week, with follow-up check-in and discussion. Participant assessment of group process and efficacy.

• Initial session, “**Balancing Your Act**” includes hands-on wellness self assessment exercise in five areas: physical, mental, emotional, social, and spiritual

• Follow up modules:
  • “Recharging Through Sleep”
  • “Noshing Nutritionally on the Go”
  • “Breathing Your Way Through Exams”
CASE STUDY

Case Study as it relates to Case Management

- Student was referred to Case management from Office of Undergraduate Education
- Student was identified as having increased GAD symptoms and paranoia
- Student had dysfunctional family with limited supports
- Student was doing poorly in school
- Student had a cat in the dorms

Adrienne’s Role as Case Manager on Emory campus

- Assist the student to navigate wrap around services (Psychiatry, Counseling, academics)
- Wellness checks when student had SI
- Random “APB” regarding students grades
- Assisted with filling prescription
- Assist in placing cat into safe environment
- Assisted to get appropriate accommodations with ADSR
The Role of Case Management

- Maintaining relationships with University and external constituents, including Academic offices, CLP on-call, Emory Police Dept., Student Conduct, Financial Aid, and community resources.

- Provide safety planning and mobilization of support systems to assist students access resources.

- Updating EUSHCS referral database, and tracking referral outcomes.

- Communicating with staff, parents, families or other emergency contacts regarding mental health emergencies.
Case Management: Continued

• Notifying faculty when a student requires coordination of academic services as a result of a crisis.

• Informing appropriate University staff of the situation as well as ensuring confidentiality.

• As member of Student Intervention Services Team, available to take leadership for situations outside of normal business hours.

• Demonstrated commitment to working with diverse clients.

• LCSW or eligible in GA. Four years SW experience required.
Student Intervention Services Team

- Similar teams at peer institutions (U Penn, Cornell).
- Created at Emory Fall 2013 to replace Crisis Team.
- Initiated and chaired by Senior Associate VP of Campus Life.
- Ten member team consists of nonclinical professional Campus Life staff (Assistant and Associate Directors of existing programs), and new case manager.
- Training provided to team members in working with students in crisis and providing immediate and longitudinal supports.
- 24/7 access through single phone number and online forms.
- Referrals may be initiated by students in need, other students, faculty, staff, family, etc.
- Over 300 cases since inception until Winter Break 2015.
Case Management Process

Identifying a Case Level

**High**
- Currently poses a threat to self/others.
- Posed threat to self of others within past 6 months (includes all in-patient psychiatry admissions in past 6 months).
- High profile student and/or student receiving large scale attention.
- Three or more incidents identified in SIS CARE within past 6 months.
- Posed threat to self/others over 6 months prior (student will remain in this category until graduation).
- Evaluated in ER for mental health concerns within past 6 months, not admitted.
- Two ER evaluations for substance use within past 6 months.
- Student has psychosocial/mental health related concerns within past year (does not meet criteria for High LOC).
- MLOA (Mental health related) return in past 2 semesters.
- All referrals from RLHS staff/Academic Deans that do not involve threat to self or others (after psycho-social assessment student is re-categorized).

**Low**
- Evaluated in ER for substance use within past 6 months. Student concerns limited to minor impact on self, no others involved (may be time limited incident).
- Student previously subject of threat, harassment, or altercation; no longer in contact with other party.
- Student who previously sought assistance no longer reports need for follow-up, however concerns have not been completely resolved.
- All wellness checks in past 12 months (issues do not meet criteria for moderate or high LOC).

The Process
Questions/Comments