

# STEPPED CARE MODEL

 Medicine Hat College

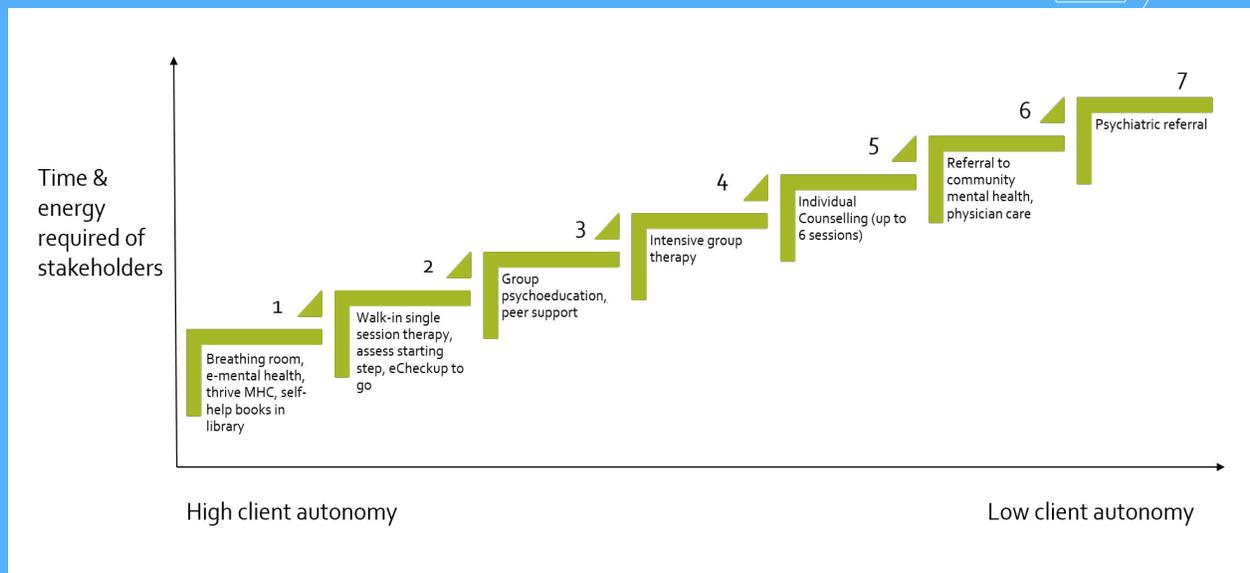


Figure 22. A chart demonstrating the various levels of care and examples available as per the stepped care model.

## THEMES



## THE PROMISING PRACTICE

The stepped care model was developed by Dr. Peter Cornish from Memorial University as a means to provide a framework of care for individuals seeking mental health support. The model demonstrates how limited resources can be used efficiently to their greatest effect. The stepped care model consists of seven steps. As steps progress, the autonomy of clients decreases, while the time and energy required of stakeholders increases. For example, step seven would comprise psychiatric referral, whereas step one would be a referral to online resources. Having lower-level resources for students is meant

to relieve pressures on the counselling and wellness team at a given institution, thereby ensuring that counselling appointments are accessible and timely for those requiring an increased level of support. For those accessing lower steps of care – such as online resources or group support – students learn coping and resilience skills that may be adequate for their needs, so they may not need to seek out formal one-on-one counselling.

In the case of Medicine Hat College, counsellors also use the Behavioural Health Measure-20 (BHM-20)<sup>1</sup> assessment tool to track client progress with varying levels of support. This tool consists of 20 multiple choice questions that assess the severity of client needs, readiness for therapy, and resources that client has. The assessment is based on how the client has felt in the last two weeks or since their last appointment. After voluntarily completing the BHM-20 in an intake session, the counsellor manages their caseload by determining if the student is in need of counselling services or can be referred to a more appropriate resource. Each time a student returns to counselling, another BHM-20 assessment is completed so that their progress can be monitored and support can be adjusted as necessary.

## RATIONALE

In 2017, Medicine Hat College’s counselling department was faced with how to respond to increased need for services with very limited resources. While there was a 46 per cent increase in students using counselling services, the counsellors available to students

fluctuated between 1.5-2 full-time equivalent. Previously, all students were allotted a one-hour counselling slot with little referral to the external community. This resulted in increased caseloads for counsellors and increased wait times for students. When the counselling department appealed to administration for increased funding, they were awarded additional funds for the short-term, but counsellors were acutely aware they would need to devise a sustainable system of providing support to students. Counsellors took the initiative to conduct research on how to more effectively manage their limited resources, leading them to the stepped care model.

## PURPOSE

The model of care is used in co-ordination with the BHM-20 assessment tool to more effectively manage the caseload of counsellors, and to provide students with varying levels of support more appropriate to their needs.



Figure 23. A sample of the charting of BHM-20 scores and results per client.

## GOALS

- 1 To offer care that is flexible but evaluates changes in outcomes at every point of contact.
- 2 To empower students to take responsibility for their health by maximizing the involvement of students in the decision-making process.
- 3 To employ a framework that distributes students among varying levels of support based on their need, including the utilization of counselling, psychological, and psychiatric services.
- 4 To identify the severity of students' symptoms, students' readiness for therapy and resources they already have.
- 5 To provide outcome measures and evaluation.

## IMPLEMENTATION

In 2017, one of Medicine Hat College's counsellors came across the stepped care model when conducting research on sustainable ways to use their limited resources. The counsellors consulted with the creator of

the model – Dr. Peter Cornish – regarding the use of stepped care in small colleges and the benefits of using the model. Dr. Cornish also suggested that counsellors use CelestHealth's BHM-20 in conjunction with stepped care. As per his advice, the counsellors contacted CelestHealth to obtain literature and costs for the BHM-20. A proposal was developed and presented for college leadership shortly thereafter. It was proposed that the licensing for the BHM-20 would cost less than hiring an additional counsellor. Funding was approved for the tool, and it was decided that the BHM-20 would be conducted during an initial intake session with a new client. As such, communications were sent out to the college about the change. It was the responsibility of the front-line staff to book a new client in for a 30-minute assessment, rather than the previously standard 50-minute appointment.

Simultaneously, conversations began around what lower step resources would entail. After discussions, counselling decided on a mix of self-help books, group therapy, and e-resources. In order to reach students who do not access support themselves, Medicine Hat College has incorporated use of the BHM-20 into their early alert programming. Originally, this system was structured such that anyone (e.g., staff, students, or parents) could report a student they believed was at risk. Each referral is primarily directed to the counselling department, who then reaches out to offer support to the identified student. If the student is receptive to meeting with a counsellor, a BHM-20 is conducted at the first session to determine the severity of risk, and identify the appropriate supports. With grant funding

in 2017, counselling put forward a Mental Health Programmer position, who would be responsible for planning group therapy and conducting the BHM-20 at intake. In addition to conducting the BHM-20, the Mental Health Programmer also created and facilitated knitting groups, art therapy, and animal therapy groups. These groups may create a more approachable opportunity for students to connect with others in a meaningful way.

The BHM-20 was officially rolled out in September 2017. Student reception to the new change was very positive and counselling received no pushback. Counselling aimed to do all intake and the BHM-20 at the start of the semester so students could be directed to the appropriate services as required and still have time to access a higher level of support if necessary.

## EVALUATION

The BHM-20 is a comprehensive evaluation tool for counsellors, as it tracks client progress. If students move up through the steps of the model, it shows that the previous level of support was not meeting their specific needs. Use of the BHM-20 has allowed for students who need one-on-one counselling or psychiatric referral to receive support sooner. The BHM-20 has also been used to inform service provision in counselling, such as the addition of walk-in counselling slots.

Prior to implementing the stepped care model and the BHM-20, counselling administered an annual satisfaction survey in the winter semester to all Medicine Hat College students.



*Figure 24. The strategy to support mental health at Medicine Hat College includes support for use of the stepped care model.*

This survey was used to discern the number of students that access counselling services and the overall experience of students with counselling services. Although counselling consistently received high satisfaction rates, the questions pertain more to the quality of the counselling service at that moment in time. The BHM-20 is able to determine if specific resource utilization has led to student recovery. On an annual basis, counselling is able to generate BHM-20 reports, which shows the percentage of students that have deteriorated, improved, or recovered in various areas. For example, counselling saw that of the 46 clients that participated in the BHM-20 in 2019, 54.35 per cent of clients improved in the anxiety category of the tool.

## SUCCESSSES

Medicine Hat College's counselling department is pleased they have been able to provide varying levels of service depending on student need. Since implementation of the stepped care model and the BHM-20, counselling services are able to accommodate more students with different needs and provide more options for care. This experience has shown them the benefit of flexibility in service provision.

## NOTED CHALLENGES

The BHM-20 tool is voluntary for students to complete, however, whether the counsellor speaks to the quality and benefit of the tool is a contributor to student uptake. Therefore, it is important that staff are on board and well-educated in regards to use of the BHM-20. Through experience, Medicine Hat College has seen that if a staff member is not receptive to using the BHM-20, use of the tool can decrease.

## FUTURE DEVELOPMENT

Medicine Hat College is interested in using this stepped care model to reach those students who do not reach out for support on their own or who are not interested in receiving counselling. Already counselling had made strides with students through their early alert programming but hopes to conduct additional outreach, particularly focusing on online outreach promoted to the entire student population. Counsellors identify the value in online resources and tools, and recognize the need to develop these "lower level, broader reach" options on the stepped care model. ●

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### References

- 1 CelestHealth Solutions. (n.d.) *The CelestHealth system for mental health and college counselling centres (CHS-MH)*. <https://www.celesthealth.com/chsmh.asp>