The Role of Triage in a Regional University Counselling Services

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Abstract

University counselling departments have seen a consistent rise in student demand for psychological services and with students who present with severe poor mental health. This increase has led to managers of university counselling services exploring creative and dynamic ways to respond to the changing needs of the university student. While universities have introduced a range of models to address student mental health and wellbeing, the University of the Sunshine Coast (USC) counselling team introduced a centralised same-day telephone triage service in response to student demand. The present article aims to discuss the process and outcomes of the new triage service.

Introduction

For the last decade university counselling departments have seen a significant increase in the complexity, chronicity and severity of students with poor mental health coupled with an increased demand for psychological services (AMA, 2013; Orygen, 2017; Rockland-Miller, & Eells, 2006; Shaffer, love, Chapman, Horn, Haak and Shen, 2017; Stallman 2008 & 2010). This increase has led to managers of university counselling services exploring creative and dynamic ways to respond to the changing needs of the university student. While universities have introduced a range of models to address student mental health and wellbeing (Curtin University 2017; Hardy, Weatherford, Locke, Hernandez-DePalma & D’luso, 2011; Shaffer 2017 et al.; The University of Western Australia 2017), in 2017, the University of the Sunshine Coast (USC), counselling team decided to introduce a centralised telephone triage service.

Background

USC is a regional university with a student population of nearly 13.5 thousand and campuses in Hervey Bay, Gympie, Sunshine Coast, Caboolture, and Southbank in Queensland (QLD). The introduction of the centralised triage service was in response to the increase in students presenting to the service with chronic and severe poor mental health coupled with greater demand for counselling intervention. The triage process aimed to provide a timely assessment of a student’s level of clinical acuity (emergent, crisis, routine, urgent) and risk (for example, homicidal, suicidal, self-harming, delusions, sexual and physical assault); standardise triage practice across all USC campuses; an immediate response to reduce student distress; appropriate referral pathways; assistance to students to self-manage their concerns with the provision of self-help resources; and prioritise the allocation of resources. It also provided an opportunity to gather demographic data about requests for support based on campus location, time of greatest demand for counselling service, presenting issues and the number of students where their concerns were resolved at triage. There was also concern that the front desk staff who are not clinicians nor trained in crisis assessment were responding to students in psychological distress and the emotional implications this had on the administrative staff.

Triage Service at USC

In 2017, second semester of university, a 15 minute ‘counselling call back’ appointment was established as the initial contact means for students seeking support through student wellbeing – counselling service. The triage worker is an experienced clinician whose brief also included responding to all crisis presentations. The triage role is staffed by a counsellor who remained in the role for the entire semester. Students were provided with a phone call to assess their request, the urgency of it and if the matter could be resolved without a face to face session (intake). Students can self-book a call back, or request reception staff to make the booking for them. All call-backs were made on the day of the request.

The triage worker’s role is to only gather information essential to conduct the triage. Three (3) triage questions are considered: 1) If proceeding to intake, is the matter urgent – ie – high risk? 2) Does the student identify the problem? 3) Can self-help information or referral out resolve the issue without risk to the student? If the matter is urgent, a risk assessment is undertaken. Based on the risk assessed, the student may be asked to come in to the counselling service straight away to meet with either the triage worker or the senior counsellor for further assessment or a welfare check may be mobilised to ensure the safety and wellbeing of the student. It is important to note at this point that there are times when the triage call-back appointment resulted in a crisis response. In these instances, de-escalating the situation to prevent further deterioration of symptomology is the priority.
If the triage worker assessed that the student met the criteria to progress to an intake, they would book an intake appointment at the time of the call-back. The purpose of an intake is to establish treatment goals, and assess the suitability of ongoing counselling (brief solution focused) through student wellbeing – counselling services, or interim, make some recommendation about other options that maybe more suitable, which may include specialist services for student’s long term or chronic mental health issues. In addition, for students who had previously accessed counselling at USC, there was a period of socialisation to the new process.

The Data

**Campus statistics**

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**Outcome of requests**

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When students are triaged, they are asked what their presenting concerns are. Students may have indicated more than one presenting issue, for example – e.g. study related stress and anxiety, failing/declining grades were the top two (2) reasons students requested counselling support. Students requesting evidence for support for extensions, VTA, deferrals etc., was also a common contact request. This may indicate a more systemic response to manage these requests such as an online form or additional support to academics in managing the initial requests from student as records indicate most request were referred via academics.

Through a more appropriate referral to through provision of information, resulting in 246 less face to face individual presentations with counsellors.

**Presentations by week of semester**

The above graph indicates the peak times throughout the semester when students are seeking support from student wellbeing – counselling services. These peaks are indicative of when assessments are due and exams are scheduled.

**Presenting Issues**
The top two (2) presenting personal issues for students seeking counselling support were anxiety and stress management. Overall requests for service that related to stress or anxiety either related to student or personal life totalled 453 (this includes multiple presenting issues – e.g. a student may present with personal anxiety and study related stress).

Risk and Vulnerability

When students are triaged they are also screened for risk factors and vulnerabilities. These include suicidal behaviour/thoughts, retention, and vulnerability indicators such as international status, Lesbian Gay Bisexual Transgender Intersex (LGBTI).

Discussion

The post semester statistical analysis demonstrates a reduction in staffing resource allocation for face to face consultations, allowing for streamlined work practices and greater availability of counsellors for participation in mental health projects and wellbeing campaigns. It is expected that this trend will enable the counselling service to expand further into pre-emptive and proactive mental health promotion, planning and subsequent service provision in future in the main focus areas and corresponding peak stress times. Though there has been an empirically proven positive transformation of service for the counselling staff and anecdotally reported improvement in client load and correlating work satisfaction, evaluation of the triage service’s impact on student health and wellbeing requires additional exploration.

Conclusion

The introduction of the ‘same day callback’ triage process in counselling services at USC has produced a decrease in the need for intake (face to face) consultations. It has been established that through the use of a trained clinician at the initial point of contact, a significant number of student issues can be resolved at this time either by provision of information or other appropriate referrals. Finally, using the risk analysis embedded in the triage process, those students requiring face to face interventions are equipped with de-escalation strategies and coping skills in a more timely and focused manner.

Reference

Australian Medical Students’ Association (2013). University Student Mental Health: The Australian Context. ACT, Australia.


