

A Wellbeing Specialist Case Management Service Providing Support to Students in a University Setting

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Abstract

Development of the Student Wellbeing Connect (SWBC) service was a response to increased student support needs in the initial stages of the COVID-19 pandemic in 2020. Due to the government-imposed restrictions during the COVID-19 pandemic, students often faced complex psychosocial and wellbeing issues (Dodd et al., 2021). Two years on from its inception, the case management service has become a core component of La Trobe University's Student Health, Wellbeing and Inclusion services responding to the complex and compounding factors that can impact the wellbeing and success of university students. Varying psychosocial needs can underly a student's presentation to a counselling service; thus, the case management service complements the counsellor's role by providing practical-based interventions. The focus of the service on practical issues has provided an alternative support model for students who do not identify as primarily requiring mental health or counselling support. This has opened service provision to a broader cohort of students. Using a multi-disciplinary, strength-based, and person-centred case management approach, students work collaboratively with Wellbeing Coordinators to identify internal and external supports to address their needs through psychosocial assessments and implementation of goal-focused planning. SWBC acts as a safety net within the university setting if/when psychosocial difficulties are impacting the student's experience, academic performance, and wellbeing. This paper will outline the operational and service provision framework for providing case management to tertiary students.

Keywords

Wellbeing, Case management, Tertiary education, University, Student services

Introduction

The higher education sector in Australia is made up of public and private institutions, including universities, local branches of internationally-based universities, university colleges, and other higher education institutes (Tertiary Education Quality and Standards Agency [TEQSA], 2022). One of the key standards set by the regulatory body for tertiary education in Australia relates to the learning environment. The standard states that providers must facilitate timely and accurate access to student support services and promote a safe environment on campus and online (TEQSA, 2018).

Research into positive psychology has led to the development of the PERMA model (Seligman, 2011). The PERMA model identifies the importance of five key elements which contribute to a person's wellbeing, these are: Positive emotion, Engagement, Relationships, Meaning, and Accomplishment (Seligman, 2011). Further to this, an Australian study found social capital is closely linked with the wellbeing of tertiary education students (Bye et al., 2020). Case management services focused on student wellbeing have been well documented in the literature as being an effective service provision within the tertiary education system in the United States (Evans et al., 2020; Heitzmann, 2011). A practical case management approach has foundations in building social capital, which is closely linked with the principles of PERMA.

This article aims to describe the wellbeing case management service at La Trobe University, Australia through the presentation of a case example and service statistics which demonstrate the need for such a service. La Trobe University is a higher education institution which serviced 35,215 students in 2021 (La Trobe University, 2022). The case management model has foundations in the PERMA model and draws upon the need to support students to build social capital through linkages

to internal and external services and supports, while also providing emotional support as needed. The model is holistic and draws upon the diverse skillsets of the Student Wellbeing Connect (SWBC) team.

Inception and core function

In 2019, the La Trobe Health, Wellbeing and Inclusion division initiated a pilot case management service, called SWBC, targeted at La Trobe University students requiring support that was not met by a therapeutic counselling model or a disability support service. SWBC receives self-referrals as well as referrals from academics or administrative staff, or other student support services across the university. SWBC works closely with the counselling team, AccessAbility team (i.e., disability and inclusion support), and the student conduct team. Many referrals are received through these collaborations. SWBC also provides secondary consultations to university staff seeking guidance on how to support a student, or whether to refer the student to SWBC. Students presenting with multiple psychosocial stressors may experience impacts to their individual situation or wellbeing and face challenges such as accommodation issues or financial difficulties (Kogler et al., 2015). These students may require wellbeing support in the form of supportive case management which includes: 1) assessment, 2) coordination of services, 3) referrals, and 4) identification of risk more broadly. In early 2020, when the COVID-19 pandemic arose in Australia, the piloted case management service was called upon to provide a response to students affected by COVID-19. The demand for support grew exponentially as students who were already experiencing complex needs prior to the pandemic also faced increased environmental stressors. In many cases, this required a crisis response from the university and affected students often benefited from individualised case management. In recognition of the demand for this service, and in conjunction with a reallocation of resources, SWBC grew to its current design. SWBC provides support alongside counselling, disability support, and other health and wellbeing services to provide a wraparound service to students who have complex needs.

SWBC is comprised of multi-disciplinary clinicians with diverse educational backgrounds in the fields of social work, psychology, and occupational therapy. The team's experience is varied and includes a variety of skillsets and knowledge from sectors including family violence, child protection, homeless services, youth services, public health, carer supports, the National Disability Insurance Scheme (NDIS), and mental health. The core function of SWBC is to provide case management through assessing the systemic and functional needs of students and working collaboratively with the student to find practical-based solutions to achieve their goals.

The team incorporates evidence-based theoretical frameworks into practice, such as implementing a strength-based, trauma-informed, person-centred, and goal-focused approach when working with students. Additionally, the team utilises the family violence Multi-Agency Risk Assessment and Management Framework (MARAM) (Family Safety Victoria, 2018) to ensure family violence risk is effectively identified, assessed, and managed appropriately. SWBC is also responsible for triaging and managing varying types of risk and providing referrals to internal and external services. SWBC includes specialised case management roles focused on supporting the unique needs and challenges experienced by international students. This initiative has been financially supported by the Victorian State Government through the International Education Resilience Fund (Pallas, 2021). It was identified that international students faced significant psychosocial stressors during the pandemic, such as being unable to return to their home country, insecure employment, and financial loss resulting in homelessness and food insecurity. Ultimately, SWBC acts as a safety net for La Trobe University students if they encounter challenges throughout their studies.

Psychosocial stressors

When looking at the intrinsic and holistic wellbeing of students in tertiary education, SWBC works to identify key issues that impede student situations or wellbeing. These key issues are formally known as psychosocial stressors. A psychosocial stressor refers to a life event or situation that creates an unusual or intense level of stress, threat, or can result in a negative life experience (Sharma et al., 2021). These stressors may be historical, current, or in the perceived future and can contribute to the development of maladaptive coping strategies, abnormal behaviours, and/or mental or physical illness (Chen, 2017).

A student's life may be viewed as a series of interconnected cogs that are constantly rotating. Psychosocial stressors contribute to the creation of wellbeing barriers; thus, one compounding psychosocial stressor in the cogs may culminate in multiple areas of a student's life being impacted. SWBC completes comprehensive psychosocial assessments and works with students to collaboratively identify and understand the nature of their psychosocial stressors and how they interact and/or impact on the students' current circumstances.

Whilst there are a multitude of psychosocial stressors, some of the more common ones encountered by university students include financial issues, family stressors, interpersonal difficulties, caring responsibilities, family/domestic violence, accommodation/housing issues, mental health issues, and physical illness. This list highlights the range of issues that students may encounter that can have a significant effect on their wellbeing. Additionally, external psychosocial stressors can also affect a student's ability to engage in their studies and perform academically. The cumulative impact of psychosocial stressors may present in students as elevated anxiety; inability to complete assignments, assessments, or examinations; and difficulty absorbing the course content. Furthermore, these psychosocial stressors may also impact academic staff. Student psychosocial stressors tend to have an "overflow" effect to academic staff, impeding their wellbeing. Power (2022) highlighted that it is unreasonable to expect academic staff to handle concerning or distressing student presentations. By utilising SWBC, both students and staff are able to understand and contain psychosocial stressors through the implementation of effective and safe interventions.

Data and statistics

SWBC collected data surrounding referrals received in Quarter 3 (Q3), encompassing July to September 2022. A total of 222 unique student referrals were received during Q3. Table 1 highlights the initial identified reason for referral from students or referring stakeholders. Table 2 outlines the key issues and psychosocial stressors that were identified after an initial psychosocial assessment.

Table 1: Preliminary reason for referral

Reason for referral	Frequency	%
Difficulties with studies	60	27
Multiple issues	49	22
Mood related	33	15
Other	33	15
Mental health concerns	31	14
Safety concerns	5	2
Accommodation issues	5	2
Financial concerns	4	2
COVID-19	2	<1
TOTAL	222	100%

Table 2: Key issues identified post psychosocial assessment

Key issues	Frequency	%
Mood related/mental health concerns	120	26
Academic concerns	75	16
Financial concerns	34	7
Lack of formal supports	34	7
Lack of informal supports	28	6
Problem solving/case coordination	27	6
Traumatic experience	22	5
Risk*	20	4
Safety concerns (including bullying)	14	3
Relationship issues	14	3
Advocacy issues	12	3
Accommodation issues	12	3
Grief, loss or bereavement	11	2
General health/chronic health issues	10	2
Legal issues	8	2
Family/intimate partner violence	7	1
COVID-19	6	<1
Behavioural concerns	4	<1
Alcohol/substance use (including gambling)	3	<1
Cultural adjustment (including homesickness)	3	<1
Sexuality/gender affirmation	1	<1
TOTAL	465	100%

Note. Risk*= includes suicide, self-harm, and/or sexual harm risk.

A psychosocial assessment is completed by SWBC during the initial appointment with students. Psychosocial assessments evaluate the psychological, social, physical, and environmental factors that impact or cause problems in a student's life (Berkman et al., 2003). The student's individual capacities and strengths that can assist in preventing or alleviating the presenting issues are also

explored (Berkman et al., 2003). To gain insight into the student's circumstances, information is gathered on student presentation, accommodation, finances, university studies, informal supports, formal supports, emerging risks, and goals. This is used as the basis to identify and document key issues.

Of the 222 referrals, SWBC identified a combined total of 465 key issues. On average, each student was found to have a minimum of two key issues identified by SWBC, with many of these being psychosocial interrelated challenges. Of the 222 referrals initially received, the top five reasons for referral were: difficulties with studies (27%), multiple issues (22%), mood related (15%), other (15%), and mental health concerns (14%). This data was collated daily by an SWBC team member based on the referral information provided by the student or referrer (for example, academic staff, counsellor, other stakeholders, etc.). The information provided by the student was generally limited and, therefore, the SWBC team member chose the most accurate key issue based on the information provided at the time. If the key issue for referral was not in the available list of options, "other" was selected. If there was more than one identifiable problem, "multiple issues" was selected.

Once key psychosocial stressors were assessed by SWBC through a psychosocial assessment, the highest presenting problems were recorded as mood related/mental health concerns (26%), academic concerns (16%), financial concerns (7%), lack of formal supports (7%), and lack of informal supports (i.e., friends, family, and other) (6%). Notably, the number of students identified with mood related or mental health issues almost doubled when assessed by SWBC. In addition, there were also 20 students who staff identified as at risk of suicide, self-harm, or sexual harm. Lastly, 14 students identified as having safety concerns (including bullying). This data demonstrates the importance of a trained clinician gaining further information about the students' circumstances by unpacking the underlying issues during the psychosocial assessment. As rapport built, students tended to disclose more information about their specific circumstances that they may not have at the initial referral point. This is highlighted by the difference between the data in Table 1 and Table 2, particularly pertaining to mental health concerns, safety concerns, and academic concerns. Notably, students in high-risk scenarios (i.e., domestic violence or presenting with suicidal ideation) were less likely to report these concerns at the initial referral point, but disclosed this upon SWBC intervention.

Whilst SWBC provides support within the context of the university setting, the data suggest the majority of the psychosocial stressors did not appear to be solely precipitated by their academic studies. The data suggest there is an interconnection between external psychosocial stressors which have a subsequent effect on the students' overall wellbeing.

Case example

The following is an example of the theory, frameworks, and practice used to work with a complex student presentation. For privacy and confidentiality reasons, this case has been deidentified and the student will be referred to as "Student A" throughout. Student A (30-year-old, female, mother of two children) was referred to SWBC by the university senior mental health clinician for case management support related to a longstanding history of domestic and intimate partner violence, physical and mental health issues, and academic concerns (risk of failure/history of failing). In addition to these psychosocial issues, Student A was experiencing financial difficulties, unstable housing, and lacked informal supports. From a procedural perspective, SWBC conducted a comprehensive psychosocial assessment, risk assessment, and mental status examination, and determined Student A's goals (Power & Hanna, 2020). Following the assessment, SWBC and Student A collaboratively formulated the relevant intervention and action plan including engagement with key internal and external stakeholders required to achieve the student's goals. Given the complexity of Student A's case, SWBC utilised four themes (Safety, Security, Support, and Self-Awareness) to ensure that each of her psychosocial difficulties were addressed using an

evidence-based and individualised approach. To give context to the evidence-based interventions employed (i.e., cognitive behavioural therapy, acceptance and commitment therapy, etc.), it is important to note that the primary clinician allocated to this case has an educational background in psychology.

Safety represents an individual's physical and emotional safety. Person-centred therapy was used to facilitate a compassionate, open, and trusting therapeutic relationship (Josefowitz & Myran, 2005). The role of the clinician is to act as a guide in appointments and to provide assistance and/or support where appropriate. Student A often presented with chronic suicidal ideation; thus, thorough risk assessment and safety planning was conducted collaboratively between the student and the allocated SWBC clinician.

Security is tied in strongly with safety and incorporates stability. Student A lacked stability in their life due to fluctuating mental and physical health issues; unreliable informal supports and, thus, limited informal emotional support; and inconsistent engagement with formal supports.

The support offered by SWBC and the senior mental health clinician (from the counselling team) working with Student A aimed to increase the student's sense of security which was a strong protective factor. Furthermore, SWBC conducted a MARAM assessment (Family Safety Victoria, 2018) and subsequently implemented management strategies to help mitigate some of Student A's physical safety concerns that also impacted their emotional safety. This included liaison with external agencies such as The Orange Door (<https://www.orangedoor.vic.gov.au/>) and Anglicare (<https://www.anglicarevic.org.au/>) to provide opportunities for Student A to access specialised family violence support.

Support in this context refers to SWBC acting as a "safety net" that Student A could access throughout their studies to provide advice, guidance, and referrals. SWBC assisted Student A to increase their support network through advocating for them with internal stakeholders, such as disability support and their course coordinator, and external stakeholders, including specialist family violence services, mental health triage, and their general practitioner. A strength-based approach was utilised to identify Student A's strengths, such as their persistence and resilience despite the challenges they had faced, to inform and support problem solving and identifying goals.

Self-awareness is defined by SWBC as the ability to see yourself clearly and objectively through reflection and introspection. Given the pervasiveness and severity of Student A's mental and physical health issues, it was very difficult for Student A to think objectively and engage in reflection. Cognitive behavioural therapy was used to contextualise Student A's interpersonal style, for example, core beliefs surrounding their academic performance/parenting ability and maladaptive help seeking behaviours (Beck, 1993). Acceptance and commitment therapy was used to explore Student A's values and intentions regarding their university studies to bring awareness to their values/intents and to commit to those values despite the challenges that may arise (Harris, 2019). These therapies supported Student A to "accept" factors beyond their control to reduce and contain rumination.

The outcome of this case is still ongoing due to the fluctuating nature of Student A's key psychosocial issues; however, SWBC continues to provide a safety net and be a protective space for Student A.

Conclusion

This article has provided a case example and service usage statistics to demonstrate the need for a specialist wellbeing case management service. The success of SWBC is determined through the organisation-wide awareness of the service and student willingness to self-refer or be referred to SWBC. This can be measured through the number of referrals received. The success of SWBC is also determined through the service's ability to respond to referrals by engaging with students,

identifying issues, and providing support to navigate through these issues. In some cases, this support will allow the student to continue their studies in an appropriate capacity. In other cases it may mean supporting students to pursue an alternate path to completing their studies. Since the inception of this service model in 2019, the model has been refined and the service has grown. The SWBC model is an effective and critical component of the University's offerings to support students. The service is a unique and novel approach to providing holistic support to students to increase their resources and social capital, and to improve their resilience and overall wellbeing. The data presented in this article demonstrate that there is a breadth of issues and stressors identified by SWBC when assessing and supporting students engaged with the service. It is because of this complexity that a case management service is so valuable in addressing student needs.

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