

OUR CARE MODEL

Many models of care exist to respond to student mental health needs. Everyone's experience is unique and one day can be very different from the next. That's why we offer a model of care customized to meet students where they are. The University of Toronto has adopted a stepped model of care, which is a flexible and comprehensive system for delivering clinic-based mental health programs. Treatment intensity can be stepped up or down depending on the level of distress, need and readiness to engage in the growth process. Programs can also be selected and arranged based on engagement. There is no starting point or finish line – only resources and supports that deliver the right care at the right time.

STEPPED CARE MODEL 2.0

AUTONOMY



STEP 1

INFORMATIONAL SELF-DIRECTED

Providing information and supporting mental health literacy, including knowing the difference between distress and mental illness.

[VIEW SERVICES AND RESOURCES RELATED TO THIS CATEGORY](#)



STEP 2

INTERACTIVE SELF-DIRECTED

Moves from health literacy to sustained participation. People are active and committed learners. Their participation is self-managed, and they may take on activities such as workbooks or worksheets offered online or paper-based.

[VIEW SERVICES AND RESOURCES RELATED TO THIS CATEGORY](#)



STEP 3

PEER SUPPORT

Formal peer support community services.

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STEP 4

WORKSHOPS

Workshops are primarily educational, but since there is a commitment on behalf of the participant and the leader of the workshop, and some public exposure, these are considered more intensive than Informational Self-Directed education.

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STEP 5

GUIDED SELF-HELP

Guided self-help is a blended model involving both self-directed reading and resources, plus regular support from a therapist, either online or in-person.

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STEP 6

INTENSIVE GROUP PROGRAMMING

Group psychotherapy, which involves regular and ongoing participation for a set number of sessions.

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STEP 7

FLEXIBLE INTENSIVE INDIVIDUAL PROGRAMMING

Most work currently happens in mental health care, involves talk therapy on a routine basis with a health professional such as a social worker, psychologist, counsellor, physician, nurse or psychiatrist. The style, complexity, duration and interval of treatment is often different depending on the provider or discipline.

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STEP 8

CHRONIC CARE AND SPECIALIST CONSULTATION

Consultation with a mental health specialist, such as a Psychiatrist or Psychologist, while the patient remains a client of their primary care provider (e.g., social worker, physician, nurse). This is rare and underutilized in our current system.

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STEP 9

ACUTE CARE, SYSTEMS NAVIGATION, CASE MANAGEMENT & ADVOCACY

Trained peer support workers, case managers, and case management teams work to improve care transitions, ensure follow up by the right provider, and facilitate complex treatment and recovery. For the system of care to function well, this level of familiarity and integration from the lowest to highest level is necessary.

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STAKEHOLDER ENGAGEMENT & READINESS

CORE COMPONENTS

The stepped care model is based on a set of core components that outline the goals of the model. Foremost is the commitment to flexibility and responsiveness, in how treatment is planned, delivered, and continuously improved. The components highlight a student-centric approach, with a focus on recovery and the reduction of stigma. The components guide all aspects of the model and invite students to participate actively in their own care.

STUDENT CARE EXPERIENCE



DAILY ACCESS

Same day access to multiple levels of care.



INDIVIDUALIZED INTERVENTION

Guided by one-at-a-time intervention approach.



ADAPTABLE TREATMENT PLANS

Treatment planning is flexible and responsive by strategically reviewing student data and making data-informed adjustments as needed.



PERSONALIZED CARE

Student-centric treatment planning.

APPROACH & PHILOSOPHY



STAKEHOLDER COLLABORATION

Co-designed with Key Stakeholders.



ACCESSIBLE SERVICES

Services populating the Stepped Care 2.0 model align to a variety of step levels, reflect various intensities, and include both formal and informal services.



EMPHASIZED RISK MANAGEMENT

Risk management is evidence-informed, distributed, and effectively addresses stigma inherent in the dominant risk paradigm.



ONGOING SERVICE IMPROVEMENT

Continuous service improvement is achieved through ongoing monitoring and improvement cycles.



RECOVERY-ORIENTED

Recovery-oriented practice is consistently and clearly demonstrated.