Developing Staff Referral Pathways to Aid in Proactive Management and Maintenance of Student Health and Wellbeing

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Abstract

The escalation of the COVID-19 situation throughout 2021 saw a dramatic increase in the number of ad-hoc referrals and requests submitted to the Student Health and Wellbeing (SHW) team at La Trobe University. While the SHW team was pleased to be receiving these referrals and requests, the incomplete nature of many of the requests made it incredibly difficult for them to follow up. A standardised form was developed to better enable non-clinical and all university staff to request consultations, make referrals, and effectively hand over students of concern to the SHW team for wellbeing support. Although a challenge to develop appropriately, this form has seen enormous success and has improved service delivery and capacity to an unprecedented level. Although somewhat counterintuitive, by standardising the requests and referrals process, the team were better able to deliver non-standard, individualised support for the at-risk and distressed students who required it.

Keywords

Wellbeing, Student, Tertiary student, University, Student support, Secondary consultation, Case management, Wellbeing check-in, Psychosocial wellbeing, Referral, Standardising referrals, Online referrals, Referral pathways, Emotional health, Mental health, Wellbeing, On-campus accommodation, International student services, Proactive outreach, Supporting academics, Service planning

Background

Throughout 2021, the continued impacts of COVID-19 were evident across many aspects of daily life. The emergence of the new, more infectious, Delta Variant increased the fear of infection. More COVID-19 variants arose before the end of the year, all with varying infection, contagion, and mortality rates. Further research into the complications of infection, such as "long COVID" and the increased rate of younger people becoming unwell, has contributed to more determined avoidance behaviours, and stricter isolation in communities. Ongoing regulations and behavioural limitations, imposed through lockdowns and restrictions implemented by the Victorian Government, continued to influence people's life decisions, often on the shortest of notice (Scott & Thorne, 2021; ABC News, 2021; Schraer, 2021; Centers for Disease Control and Prevention, 2021; The Guardian, 2021; Department of Health and Human Services, 2021).

While in isolation, our communities became used to the practicalities of this "new world". Adjusting to "COVID normal", rather than an anticipated COVID-free society, posed significant risks to the mental health and wellbeing of our community members.

During 2021, a significant number of student referrals and requests for consultations were submitted to the SHW team at La Trobe University (LTU), perhaps due to students' general uncertainty and instability. Often, these were sent by academics and professional staff based in Residential or International Student Services, concerned for the wellbeing and contextual or situational crises situations of students with whom they worked. Several consultations were based on concerns for students required to self-isolate with minimal preparation within the residential colleges.

Typically, these "students of concern" were not students that had accessed SHW support services on their own terms or initiative.

These concerned staff members frequently reached out to the Wellbeing Connect[1] (WBC) manager, who also operated the Wellbeing Check-In (WBCI) service[2], through ad-hoc email requests for consultation or assistance[3].

Some of these requests were suitable for immediate action, containing all the necessary information for a team member to thoroughly understand the situation of concern, and to make an informed decision and develop an appropriate action plan. However, a number of these emails lacked significant or crucial contact information. Back-and-forth contact was then required with the referrer to obtain the full details before they were able to establish whether the student in question required SHW support. This "behind the scenes" work, involving liaison, outreach, and clarification, often required several emails or calls to address appropriately — a time-consuming solution in an already time-poor environment. Additional concerns were also held by the SHW team as this coordination delayed their ability to assist the student, leaving them at a potentially unknown risk level.

Design and description

Reasoning

In considering the holistic journey of students through their tertiary studies, the SHW team quickly realised that COVID-19 would continue to be a significant, and typically prohibitive or limiting, influence in students' lives for the immediate and intermediate future. The operational difficulties associated with these ad-hoc staff referrals needed a more permanent and sustainable solution.

While this issue of incomplete, ad-hoc requests was acknowledged early as an operational challenge, there was some difficulty in identifying achievable, implementable solutions. An online, internal form, hosted on the WBC intranet page, was developed and approved for implementation in 2021 as a trial solution.

The support offered by the WBCI service is bespoke, and consultation requests are highly varied in nature. There was some initial concern that a standardised form would not be able to capture the detailed information required on the individual, contextual levels at which the service operated. This concern was a primary consideration in the design phase. However, in-depth assessment of ad-hoc email requests demonstrated staff members were consistently describing their primary reason for referrals and consultation requests in more detail, without being prompted. This assessment indicated that, as long as a form field was clearly provided, the consistent inclusion of this information would not be compromised.

[1] Please note, at the beginning of 2022, the Wellbeing Connect team changed their name to Student Wellbeing Connect. As the initiative in focus was begun and instituted early in 2021, the team will be referred to as Wellbeing Connect throughout. Similarly, the Student Health and Wellbeing division were renamed Health, Wellbeing, and Inclusion. The division will be referred to as Student Health and Wellbeing throughout.

[2] For further details on the WBCI service, including its design, development, and rollout to the LTU community, see Power and Hanna (2020).

[3] Interestingly, several staff filled out the self-referral form designed for students to request a WBCI, on behalf of the student. Unfortunately, because the design of the student self-referral form was so specifically tailed to *students* requesting this service for *themselves,* several key fields on this form were unable to be completed adequately or were inaccurately completed to bypass "required" completion. Additionally, descriptions and contexts provided were of perceptions of student presentations, rather than self-described actualities, and usually limited WBC staff's ability to further consult with the referring staff member. Issues of privacy and consent were also problematic as the staff member completing the form was indicating consent on behalf of the student — a situation that SHW found difficult to operate with, given the variable parameters under which this consent could be obtained.

This same assessment revealed the operational problem of staff members frequently omitting key information from their referral. This included elements such as the student's name[4], their campus of study[5], and, in a few notable examples, the student's contact details[6].

In some cases, the referrer subsequently revealed that this censorship had been intentional in order to preserve what they perceived to be the student's right to privacy[7]. In others, however, this was more attributable to the referrer being overwhelmed by their interaction with the student and worried about inaccurately describing their concern. Many referrals also indicated varying levels of uncertainty as to what information was required for WBC to facilitate proactive outreach for the student of concern.

The WBC team identified the need to specifically inform LTU staff what they needed to include in referrals. It was unreasonable to expect referring staff to be able to handle a distressing or concerning interaction with a student, in the same way as a SHW team member. Similarly, they may not intuitively know what information was needed to follow up and "check-in" with the student.

The initial phases of form development attempted to incorporate this required demographic and contact information, so the request or referral was immediately actionable (if necessary), while also featuring a free-text field that allowed the referrer to expand upon their concerns for the student. This achieved a compromise, developing a format that could scaffold the referral process for the person completing the form while allowing free-form explanations.

This structured, standardised method of referral did not necessarily mean that the WBC team member would not still contact the referring staff member before reaching out to the student. However, it did mean that important time did not need to be used to clarify missing details required to action a referral.

As a secondary design priority, there was also a desire to keep the form simple and easy to complete. It was believed that a referral form that was too lengthy or perceived as too difficult to complete would obstruct, or prevent, staff from utilising this standardised referral method.

Broadly, the SHW team holds to the "no wrong door" approach of operation. This form was designed to adjust SHW service provision to an approach that not only guided LTU staff to the "door", but also held it open for them to enter[8].

Form questions and format

As the WBC team also handles Complex Case Management (CCM) for students requiring short- to medium-term intensive support, the form was designed to enable requests for consultations in this space, as well as the more typical requests for a proactive WBCI[9].

[4] While some referrals left out both the student's first and last names, others only provided their first name without any other identifying details — in a community with many thousands of students, this was an equally problematic omission.
[5] This was required information as it aided staff in estimating eligibility for community-based supports the student may be able to access, should the university not be able to provide suitable solutions. For example, knowing whether the student attended LTU's Bundoora or Bendigo campus allowed for preparation and investigation to ascertain service catchments and community supports for which the student may qualify.
[6] This was particularly problematic in combination with other missing information. While WBC staff can access the student's contact information through LTU's Student Information System, if only the student's first name was provided in the referral, it was almost impossible to identify the correct file. When this lack of information was combined with elements of risk, this was of particular concern to the WBC staff.
[7] This is further discussed in the "Challenges" section of this article.
[8] This is in line with recommendations made in the recent Mental Health Commission (State of Victoria, Royal Commission into Victoria's Mental Health System, 2021).
[9] For a more in-depth description and details on the development of an operational model of WBCI, see Power and Hanna (2020).

Several small adjustments were progressively made, creating iterations of the referral form as its trial continued and gaps were identified. However, the questions outlined in the form mostly remained the same.

Firstly, the referring staff member must provide their name and email address, then their preferred contact method and time, to ensure they can be reached for further discussion if required. The referrer is also asked to specify if they are requesting a consultation for CCM or a WBCI.

Following this, referrers identify the operational team of which they are a member. This aids the SHW team to track trends or patterns and identify potential knowledge gaps that could be addressed with educative outreach. This also aids in identifying higher-risk population groups that are repeatedly referred and may require additional supports in the short term.

The referrer must also identify whether the student is aware of the request being made about them, or on their behalf, and whether the student is willing to be contacted by SHW. While WBC and SHW prefer students be aware of referrals made on their behalf, and want to receive assistance, SHW staff do recognise and acknowledge that this is not necessarily always possible, or even ideal in all situations. When the referrer is prompted to provide information about the student's consent and engagement, this recognition is stated clearly for the referring staff, reassuring them that WBC would still contact them for further discussion.

Concern was raised that this part of the form may make staff feel like they needed to be part of difficult or uncomfortable conversations for which they felt ill-equipped, or that would make them feel unsafe, in order to submit a request. This was not at all desirable. Many university staff are inexperienced in the variability of mental health and wellbeing presentations of the students with whom they work. This was particularly the case with the potential added complexity of COVID-19 impacts. This element of consent-seeking has been difficult to define and communicate operationally, not only in the development of the standardised form, but also as it relates to referral acceptances more broadly. In addition, the form allows referring staff to request a consultation for advice only; a student's permission or consent is not a requirement for this.

The next section of the form requires the referring staff member to provide at least the name and student identification number (SID) of the student they are referring. This information was considered accessible by any staff member working with a student. The staff member is also asked to provide the student's current phone number or email address, if known.

Among the ad-hoc referrals the WBC team had been receiving prior to the introduction of the form, several contained phone numbers and email addresses not attached to the student's official file. In other cases, where these details were not provided, it was not possible to contact the student through the details available on their official file. Where the staff member was unable to provide this information, the WBC coordinators would default to using the contact details provided in the student's official file to attempt to make contact.

Further details are requested in the form, such as the student's campus, and whether they are domestic or international students, if known to the referrer.

With clarification of available service provision for offshore students permitted by professional registration bodies, an additional question was added (July 2021), querying whether the student is onshore or offshore, to ensure best practice service while complying with professional requirements.

To clarify current known supports in place for the student, the referring staff member is asked whether they have previously contacted SHW with concerns about this student, and whether they are aware of the student being currently engaged with the SHW team. To preserve privacy, this is

clarified as a "to your knowledge" question, and staff are informed that they should not directly ask the student.

Finally, to complete the form, referrers are provided with an open, free-text field where they can describe the situation, and why they are requesting a check-in or consultation regarding the student. Options to upload documents, images, or emails are also provided, in case the referrer wants to attach supporting information or documentation that the student has supplied to them. At the time of this report, this field had not yet been used by a referrer.

These referral submissions are sent to the WBC business mailbox, accessible by the entire team, for them to then triage and action appropriately.

Contingencies

It remains an option for WBC staff to reach out to the referring staff members based on the information provided in the form, as facilitated by the initial questions posed.

Usually, this is to gain additional information, expanding on or clarifying the context already provided to support WBC staff in making informed, "complete picture" action plans. This is particularly the case if it is indicated that the staff member has not spoken to the student about their concern or if they are unable to confirm that the student is willing to engage with SHW.

Similarly, this form and process does not prohibit LTU staff from being able to reach out to WBC staff through emails and phone, as they had previously. Indeed, this has still occurred, often for the referrer to confirm the legitimacy of the situation and validate their choice to complete a request or referral. Since this form was initiated and consolidated as a referral method, the WBC team were yet to encounter a staff referral situation where the individual was unwilling to complete the form to communicate their concerns.

Funding and resources

There was very minimal funding or resources required in the development of this form, as it was created by existing staff, within their normal roles. While liaison with the ICT team assisted in the technological build of the form and embedding it into the intranet, this too was handled as a routine process.

The highest associated resource cost was the time spent in developing and finetuning the proposed questions and their format, as well as determining exactly which responses were required and which questions were supplementary.

Minor work continues on this project. Adjustments to the questions have been required in response to feedback, and notations added or removed to advise referrers when staffing limitations may result in longer-than-usual response times.

Planned evaluation

This new method of referral and requests for consultation is still a relatively new operational process for the WBC team. As such, no formal evaluation or feedback process has yet been conducted.

The most straightforward, and most likely, method to obtain feedback would be through formalised surveys. However, this would be complicated as WBC are generally unable to report outcomes to the referring staff member due to privacy legislation. Thus, two audience-tailored surveys are anticipated. One would aim to seek insights into staff experience with the enquiry form, and the service more generally. The second would target students referred to the service through this method, investigating their experience of referral, as well as the SHW service itself.

Even though official evaluation and feedback requests are yet to be started, there have been multiple cases of positive feedback received by the team. Notably, academics have expressed gratitude that professional staff are available and able to assist them when they are concerned about students. Figure 1 is an example of this type of feedback.

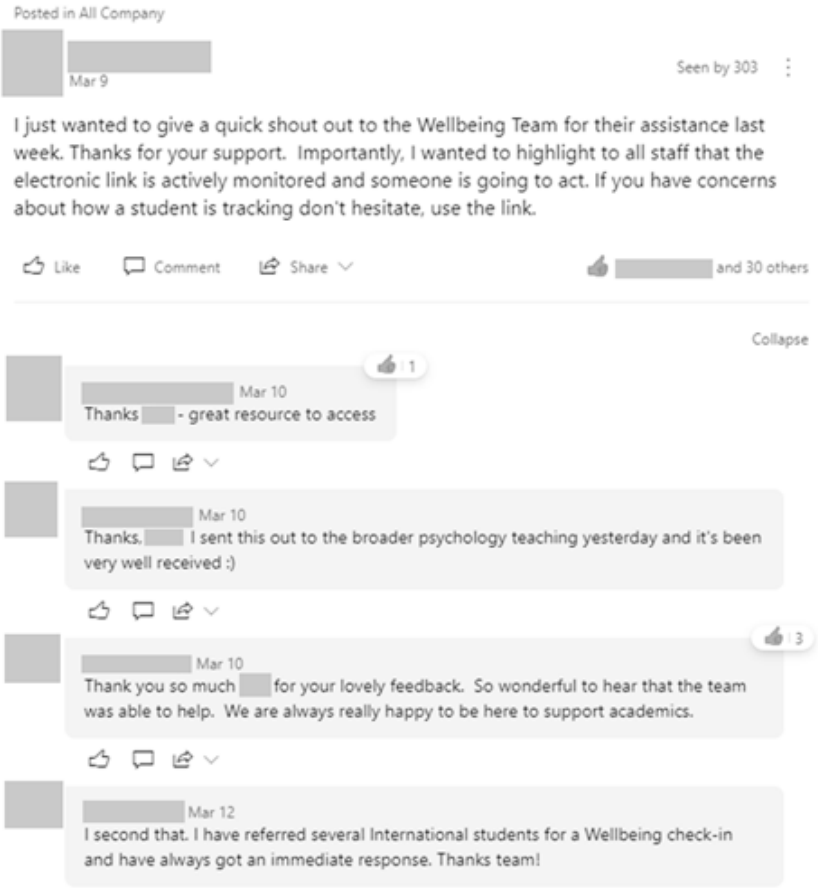

Figure 1: Screenshot of feedback from an LTU academic after requesting a WBC through the standardised referral form, posted in the "All Company" Yammer

As expressed in Figure 1, having WBC team members actively monitoring these requests assures staff of professional action and response when their concerns warrant it.

This model of operation means LTU staff have a ready and available platform to consult with the SHW team, who are typically more knowledgeable and experienced in concurrently managing privacy issues with a person's safety. As professionals in the mental health and wellbeing space, the WBC—and SHW staff more generally—are aware that consulting on a legitimate concern for a student's wellbeing is not a breach of their privacy. However, this was a common concern referenced in the initial ad-hoc emails received before the introduction of the enquiry form, and often cited as a reason for a staff member not directly referring a student (or not providing the known or complete context), for whom they are concerned.

Figure 1 also supports the rationale behind the design of the standardised form as a methodical approach to creating a "complete" referral and is demonstrative of its success. Referrers are clear as to what information they are required to provide as it is detailed by professional SHW staff working in the mental health and wellbeing space, and clearly outlined in the form prompts. This required information is reasonable knowledge for staff to consider making a referral. Referrers have not

reported that they found the form difficult, nor that it does not meet the needs of the referral that they wish to make.

As this form allows academic and other professional staff to refer students of concern to a mental health and wellbeing professional more appropriately equipped to evaluate and appropriately address the concerns, this initiative seems a positive step in improving wellbeing support for both the student and referring staff member.

For now, WBC find the informal positive feedback an encouraging sign. The more staff who utilise this standardised method of referral and have a positive experience, the further this referral method is communicated. This idea is also supported by Figure 1, in the on-referral and acknowledgement of several academic and professional staff.

Outcomes

This outcomes analysis data report on a 17-month period from the introduction of this referral pathway. Initially, establishing community knowledge of this form as a referral pathway took some time, with a concerted effort of communication to raise awareness among LTU staff, across all campuses.

Requests received

Between 1st February 2021, and 30th June 2022, a total of 361 submissions were received (See Figure 2).

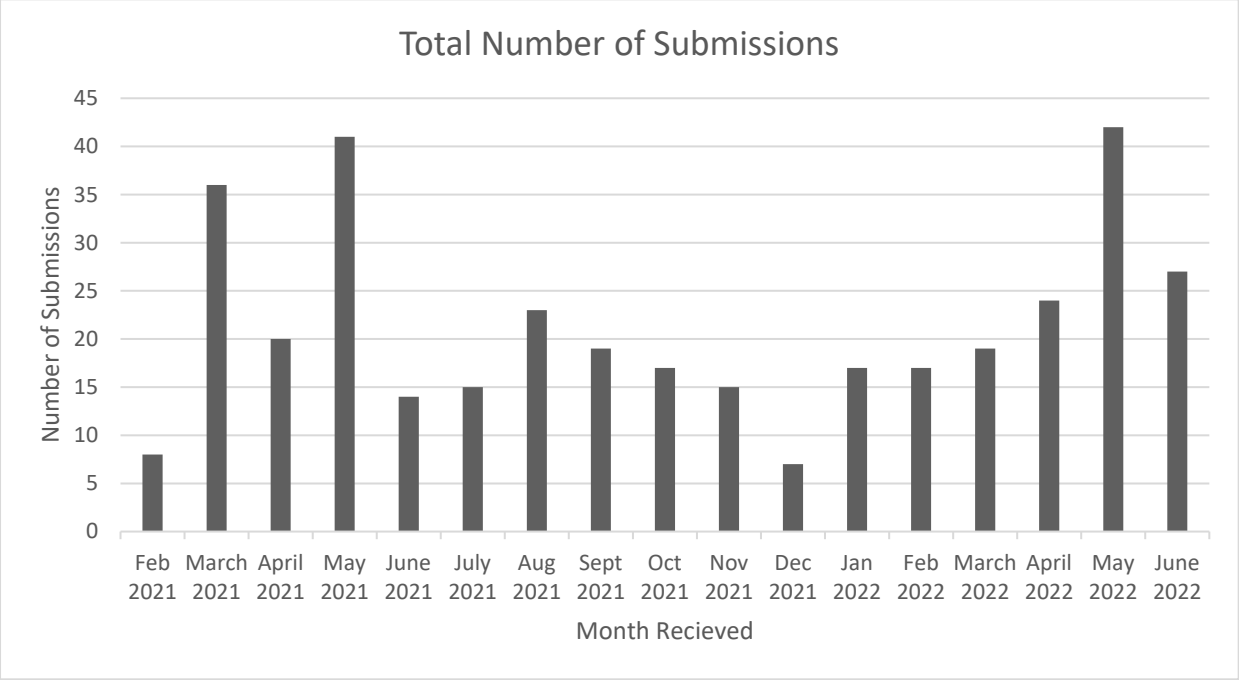

Figure 2: Number of submissions received each month

The initial influx of submissions through this referral method was observed in March 2021. This coincided with the initial communication and advertising push that included this new method of standardised referral at the beginning of Semester 1 at LTU.

Victoria's "snap lockdowns" (May 28th–June 10th 2021; July 16th–July 27th 2021; August 5th–October 21st 2021), and the uncertainty prevalent in the days immediately preceding these dates

contributed to the number of submissions received between May and August 2021. This was evidenced by forms indicating referrals being made as a direct result of the increased COVID-19 infections occurring at this time, or due to lockdown conditions which were not conducive to positive mental health/wellbeing.

The peak observed in May 2022 mirrors that observed in May 2021; however, under closer examination, these peaks are for very different reasons (See Table 1). In May 2021, the primary source of referrals originated with Residential Services/Accommodation staff (*n*=25), while in May 2022, the primary source of referrals were the General Misconduct staff (*n*=14), followed closely by SHW staff requesting consultations(*n*=8), academics (*n*=7), and Safer Community (*n*=6).

Table 1: Numerical breakdown of referrals received from La Trobe staff, grouped by operations team, for May 2021 and May 2022

Team	**May 2021**	**Team**	**May 2022**
Residential Services/Accommodation	25	Investigations & Misconduct	14
Academics	6	SHW	8
SHW	4	Academics	7
Student/Academic Advising	3	Safer Community	6
Other	2	Residential Services/Accommodation	4
OHS	1	Student/Academic Advising	2
		La Trobe International	1

When examining this “big picture” data, the initial consideration investigated was the dual purpose of the standardised form, designed to suit both CCM consultations, and WBCI requests. Most submissions received were requests for a brief, one-off, WBCI session, for which students are also able to self-refer (See Figure 3).

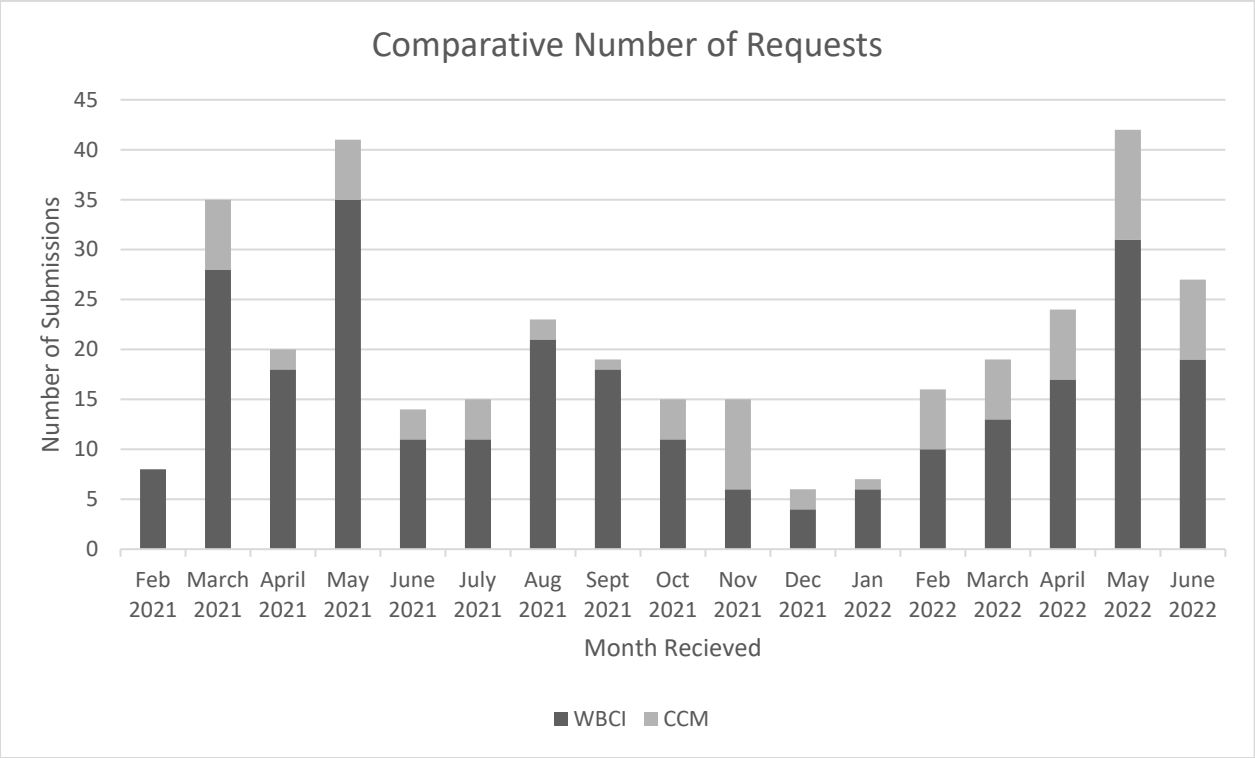

Figure 3: Comparison of the number of requests received for CCM consultations, compared to WBCI requests

The requests for WBCIs mirror the overall patterns of received submissions seen in Figure 2. In comparison, the peaks observed in CCM consultation requests correspond with the beginning of semesters, and "high pressure" time periods, such as examinations and release of results.

It should be noted that because CCMs and WBCIs are conducted by the same team, there have been some instances where requests and referrals were received for WBCIs that would consequently be transferred to CCM due to previously undiscovered elements and/or additional complexity. Similarly, after discussion with the referring staff member, some requests for CCM consultations only required a WBCI with the student to resolve the concerns. This is not reflected in the data presented here, which reports on the referral received, not the process or client work that followed.

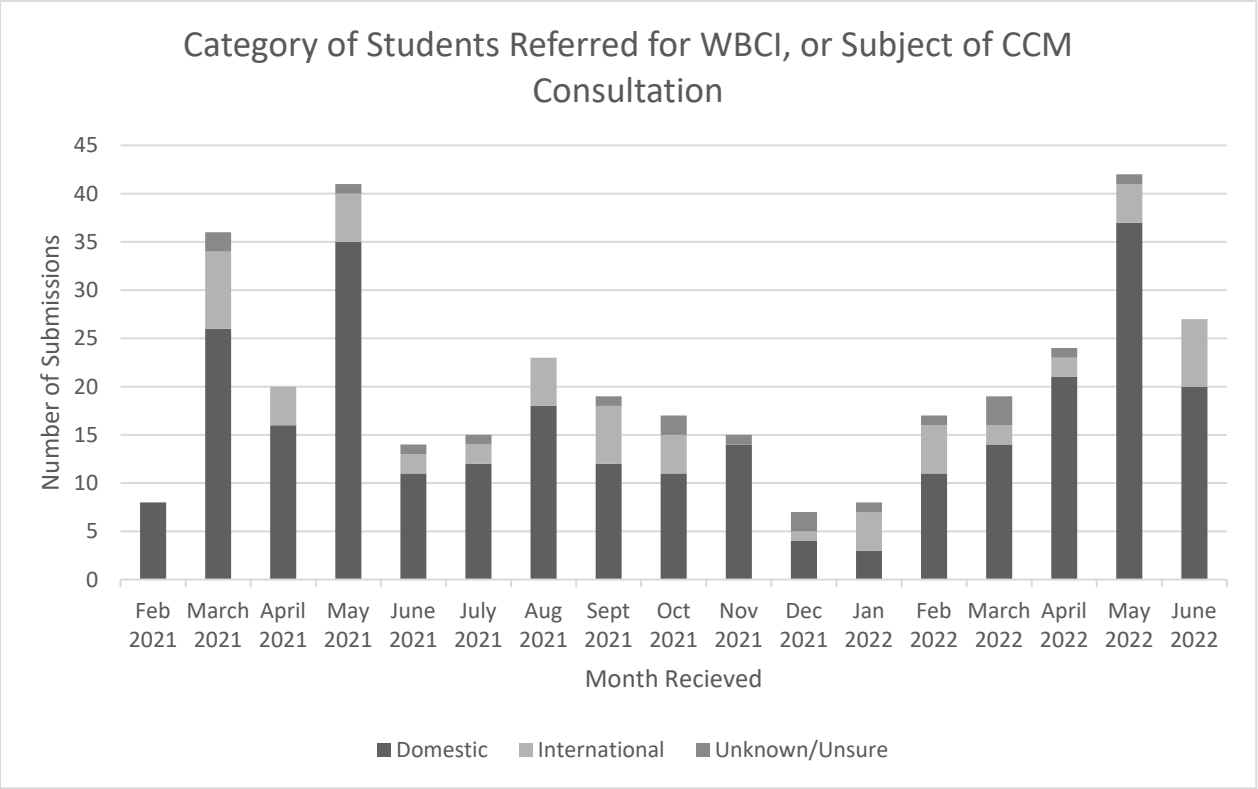

Figure 4: Category of student referred for CCM consultations and WBCI requests

Most referrals received were for domestic students; however, there was also a notable presence of international student referrals (See Figure 4). Considering LTU's overall student population, with an estimate of approximately three-quarters being classed as domestic students (La Trobe University, 2020), this is not entirely unexpected.

Given the approximate one-quarter international student population of LTU, however, the number of referrals received for international students was proportionally higher than anticipated.

Currently, it is difficult to determine reliably whether this is a statistically significant variation due to the overall data count, particularly given the influence of COVID-19 and associated lockdowns on referral statistics. Further data tracking would be required, from the point where lockdowns and restrictions were eased, to allow for accurate analysis.

Primary referring teams

As can be seen in Table 2 (Appendix 1), there are a high number of referrals from Residential Services and Accommodation staff in the data collected. The pattern of referrals from this team corresponds almost directly to the changing contexts caused by state-mandated lockdowns and behavioural restrictions. The increased incidence of self-isolation for residential students living on campus, combined with Residential Services and Accommodation staff's increased duty of care for students confined to their residence, accounts for almost all these referrals. This increase also demonstrates how disproportionately LTU student populations could be affected by adverse circumstances, both in actual terms, as well as through staff perception of situations.

Aside from the referrals from staff members working with students in the on-campus accommodation space, a significant number of referrals were being regularly received from across the university community after interactions of concern with students. Table 2 demonstrates

numerous referrals, including Academics, Academic Advisors[10], Misconduct units, and even other SHW teams not based in mental health service provision.

Tables 3 and 4 (Appendix 1) compare the referring teams for CCM consultation requests, and WBCI requests, remembering that there have been significantly less CCM requests to date (See Figure 3).

For CCM consultation requests, most of the received inquiries came from either residential and accommodation staff members, or SHW team members. These situations were invariably requests for assistance to help manage more complex, or higher risk, student presentations.

Considering WBCI requests, a similar pattern as in Table 2 is observable. Residential and Accommodation staff were the most frequent and consistent referrers, with Academics, International Student Services, and SHW contributing regular referrals, although less in number.

Student awareness and consent to referrals

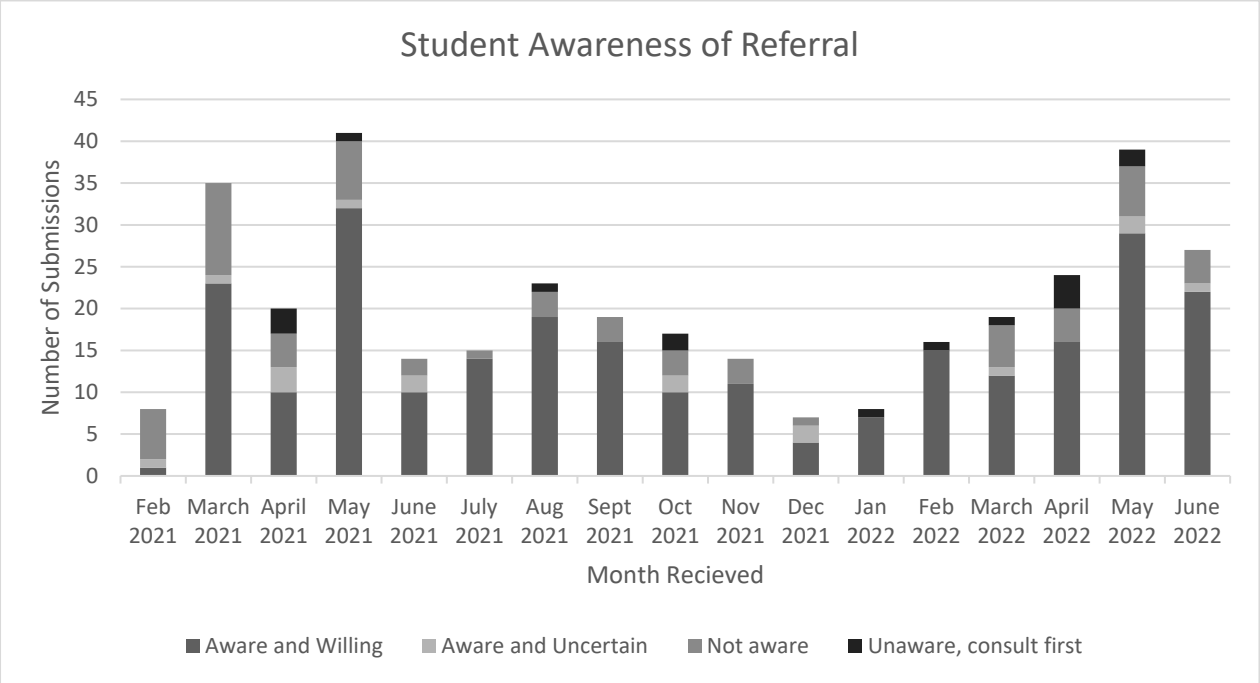

Figure 5: Student awareness of referral by month received

Figure 5 demonstrates what seems to be an increasing proportion of staff advising the student of their referral to the WBC team. This could indicate an increase in staff confidence (where staff make repeated referrals) in communicating about issues regarding mental health presentations[11], or potentially that LTU is presenting as a more interactive staff team and community.

Figure 5 demonstrates the continued occurrence of referrals where the student is unaware of the contact being made on their behalf, or about them. The WBC team are comfortable with the proportionally low presence of these referrals, considering that there would be some scenarios

[10] Note: the reduction and absences of academic and academic/student advisor referrals in June, July, and December 2021, and January and June 2022 can be attributed to the minimal teaching offerings held during semester breaks.
[11] SHW offer several resources on the staff intranet in addition to in-person training and workshops centred on conversations with students presenting in a concerning manner.

where student consent is simply not possible. The minimal number of consultation requests was somewhat surprising to the team, as it was anticipated that there would be more of these.

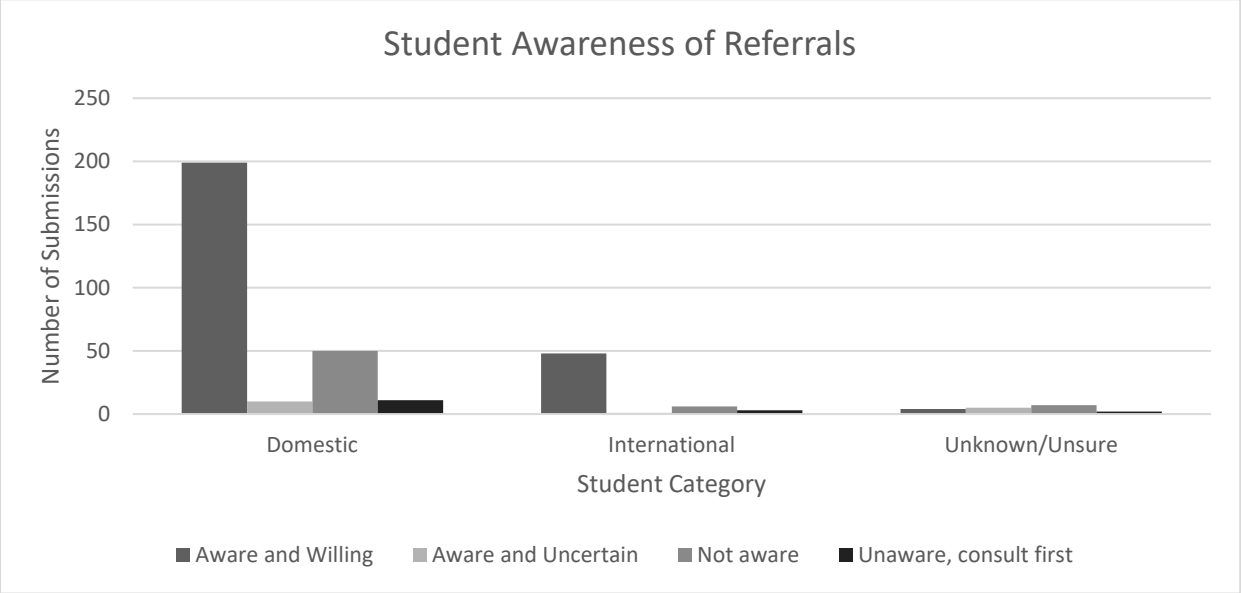

Figure 6: Proportion of student awareness of referral in each student category

As demonstrated in Figure 6, most referrals to the WBC team were made with the awareness and consent of the student, who was willing to engage with the services the team could offer.

Perhaps cynically, there was an expectation that, due to language barriers, there would be a smaller proportion of international students who were aware of their referrals and willing to participate. However, this student group provided the most aware and willing to engage in referral processes.

The Aware and Willing, and Aware and Uncertain referrals of domestic students made up approximately two thirds of this referral group: another positive indicator for the communication ability and confidence of staff members participating in these conversations.

Contexts and current support

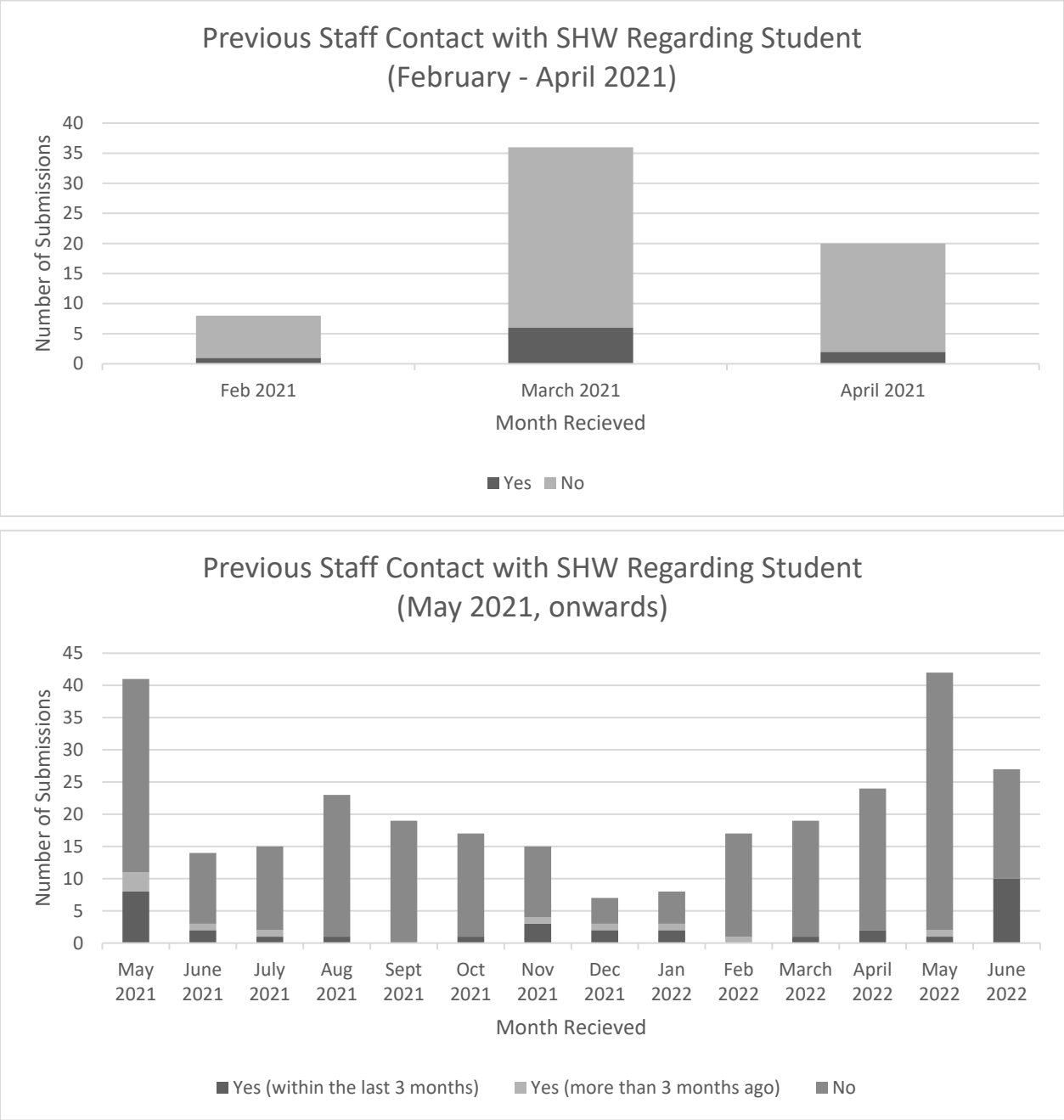

Figure 7: Initial measure of previous staff referrals (top); Ongoing measurement post-adjusted measure of previous staff referrals (bottom)

Figure 7 demonstrates that, for most staff members completing the referral form, there had been no previous contact with the SHW team regarding the student. However, there were a small but persistent number of cases where the received referral was not the first or, in some cases, even the second time the staff member had required support while working with a particular student.

In a refinement of the form in May 2021, a timeframe was introduced to contextualise the last time that the referrer had reached out to the SHW team about the student. Findings showed that those

referring staff members who were reaching out for a second time were typically doing so within three months of the first contact.

In May 2021, there was an additional question added to aid in further understanding the students' current engagement with SHW (See Figure 8). This was an attempt to more accurately assess the level of support that the student had available to them; however, this was difficult to frame within the form's question. As it was not an appropriate question for the staff member to directly ask the student due to privacy considerations, the referrer was asked if they already knew whether the student was currently engaged with SHW.

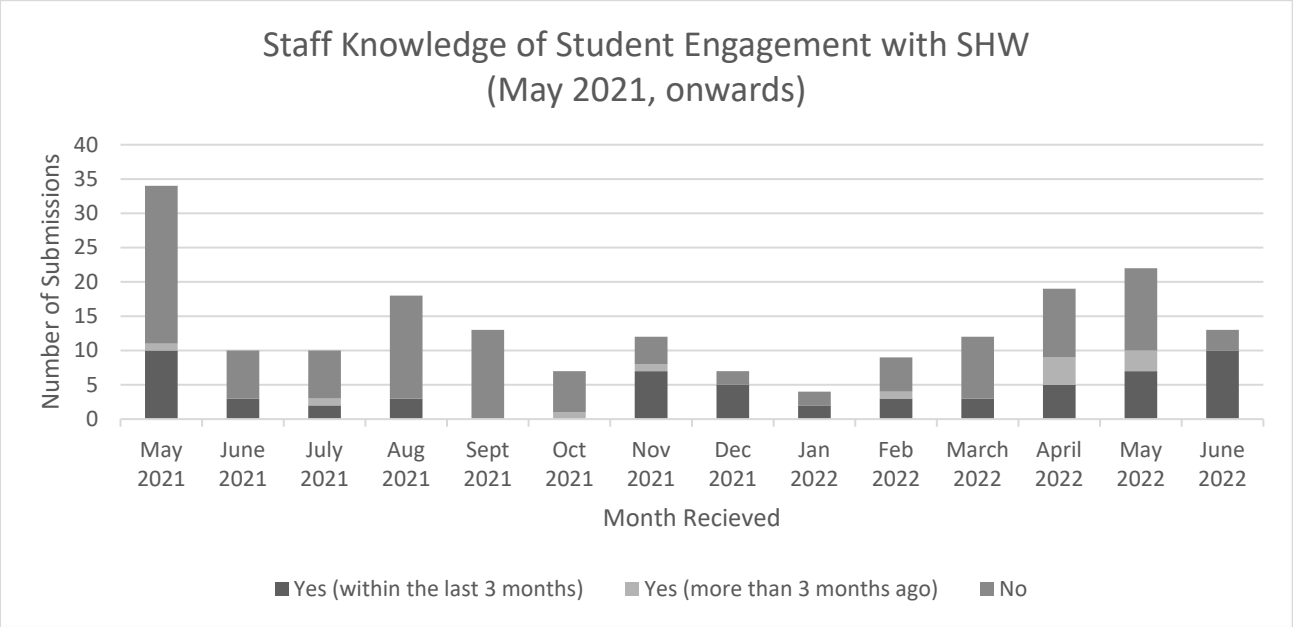

Figure 8: Staff knowledge of existing student engagements at point of referral

While conclusions drawn here are not definitive, they do indicate that, to the knowledge of the staff members, approximately half of the students they were referring for support were not engaged with a SHW service at that time.

This supports that the form was primarily being used to refer "new" students to the SHW portfolio. For the most part, these students had not been known to SHW, either directly by current independent engagement with student supports, or indirectly through previous staff referrals and consultations.

Identified benefits:

After implementation of the standardised referral method, several benefits to utilising this approach were identifiable:

Risk management

- efficiency of referrals,
- provision of all required information and context of referral at first contact,
- received in business mailbox, accessible to whole team,
- increased psychological safety of referring staff, and
- increased safety and risk management of students perceived to be at risk.

Operational design

- clear communication to referrers regarding required information to facilitate SHW contact with students of concern,
- reducing barriers and increasing access for referrers and facilitating contact for students previously unwilling to access support services, without removing any existing pathways to access professional support or consultations, and
- minimal installation prerequisites, minimal associated cost, minimal upkeep requirements easy design, sustainable operation, and user-friendly interface.

Availability of empirical, quantified data

- collection of referral data and associated demographics, not practical with ad-hoc emails,
- reporting function, exportable to Microsoft Excel, allowing deeper levels of analysis,
- accurate analysis and assessments of service trends to inform future delivery and design, and
- evidence of the significant community uptake of the WBCI service, supporting the continued operation of the relatively new program to fulfill a real, supportive need in the university staff community.

Informed and data-supported strategic planning and delivery

- identification of frequently referring staff teams, enabling development of targeted support and resources, to complement tailored education and training packages,
- supported and developed service comprehension of the university community's help-seeking behaviours, and
- cohort tendencies for independent help-seeking and service access, compared to help-seeking that is supported and encouraged by a trusted and caring intermediary person.

Challenges

There were some abstract challenges faced while bringing this initiative into practice.

In the initial phases of designing and developing the form, several draft versions were necessary to refine language to convey the required information in the more complex and open-ended response fields.

People's vocabulary is built from a highly contextualised base of knowledge and experience through our background, culture, social, and professional worlds. The SHW team and team members working specifically in the context of CCM with WBC, have very specific vocabulary and distinct meanings associated with particular terms or words. That was exemplified in this project by the various definitions of "privacy", although there were several other instances where this was the case.

It was challenging to compose questions, answers, and instructions in layman's terms. This sometimes required phrasing questions in such a way that softened the definitions typically applied by professionals in the mental health and wellbeing field.

Again, there was a concerted effort made to ensure that the team administering this form took on the responsibility of communicating the exact information needed to those asking for consultations or making referrals.

Professionals in the health and wellbeing field must impart a workable level of knowledge to the person creating the referral request. This was particularly important for referrers to understand what they were able to include on the form without breaching students' privacy.

The issue of privacy and responding to student disclosures is a surprisingly common issue that SHW have come across when handling referrals from LTU community members, both staff and students. A significant amount of professional development and training has been targeted to this, to create a broader understanding of the reality of disclosure situations and the prioritisation of a person's safety over their privacy. This training is available to all university staff, and planning for targeted student audience rollouts have begun as a first step to making similar training available to all LTU students.

Within the university context, a tension between preservation of privacy and duty of care exists, not only for LTU, but in university communities internationally. Cases where student privacy has been preserved, even when they have reached a level of crisis, are not uncommon and typically have tragic endings (Coughlan, 2021). Situations such as this have led to entire policy and process changes within university SHW teams[12]. This is currently being considered and investigative work has commenced to consider development of a proposal for implementation at LTU.

As a secondary consideration, careful thought was also given to what questions should have required responses in order to make a submission. The idea behind the form was to ensure that the SHW staff received an adequate level of information and contextual details. If too many, or the wrong type of questions were made mandatory, it would make the form difficult or prohibit the referrer from completing it. This was considered through a broad range of scenarios, detailing the likely knowledge level the referring person would be able to access in each case. In some questions, options that allowed for uncertainty or missing knowledge (such as "unsure" or "unknown") were also included as a selectable option. Additionally, some questions were tagged with a notice that WBC team members could contact the referrer for further information if required, which also encouraged referrers to simply include what they could, as best as they could.

This was an ideal compromise as it allowed for referrals to still be submitted while missing some information. Due to the structure of the form, the staff member referring a student was also identifiable and contactable, which meant that they could always be contacted by a WBC team member to offer at least some assistance. Should the form have been created more restrictively, it is possible that no submission would be created, no information would reach SHW, and the student would be left in need, or at risk.

In terms of data analysis, the previously noted adjustments to the form make it difficult to accurately interpret the early collected and collated data. This is a relatively small challenge, however, and one that will lessen as more submissions are received and a larger data pool becomes available.

With the additional pressures of changes to FTE staffing in the WBCI program, leave requirements under the Australian Job Protection Framework, and an overall high demand for assistance, standardising the form and centralising the receival point meant triaging referrals was much simpler. An increase in referrals and requests received due to LTU students returning to campus and face-to-face life was efficiently managed within the standardised structure. This simplified coordination of the team's workflow and better enabled ongoing appropriate and considered responses within the staffing levels of the team.

Conclusions

Although counter-intuitive, standardising the referral pathway for staff has meant that the team has been far more able to deliver the bespoke service their area of operation requires.

It has enabled the team to evaluate their way of working, identifying not only who is making these referrals, but being able to quantify the number of referrals and the types of referrals received. It has

[12] The University of Bristol is a good example of this (see University of Bristol, n.d.).

also enabled planning and delivery of more targeted proactive support to both staff referrers and students. Within the limited staffing profile of the team, this form has enabled a more streamlined response to staff requests for assistance. It has also allowed for development of a standard triage assessment process which has been crucial in daily operation as the team has grown in numbers.

Although some significant work was required in the design and setup of the form, as well as the subsequent communications to increase awareness, this referral method requires no ongoing staff interaction or maintenance. In practice, referrers simply follow intranet prompts and complete the form, which is then sent to the WBC business mailbox for SHW staff to triage and follow up.

This initiative, although initially started under a trial period, will be continued. It is anticipated, pending further feedback and data submissions, that it would not only be a way to better deliver service, but also to evaluate areas of need.

Acknowledgments

The author would like to acknowledge Georgina Hanna and Leah du Plooy for their ongoing encouragement and support in development of this initiative, the writing of this paper, and her career more broadly.

They would also like to acknowledge and thank Alex Hayes, for their very kind patience, advice, and support in handling the delightful quirks of this dataset.

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Please cite this paper as:
Power, S. (2022). Developing staff referral pathways to aid in proactive management and maintenance of student health and wellbeing. *Journal of the Australian and New Zealand Student Services Association*, *30*(1), 63–83. doi: 10.30688/janzssa.2022-1-05

Appendix 1

Table 2: Number of requests received from primary referring teams

Month/ Year	Residential Services/ Accommodation	Advocacy	Ask LTU	Complaints	Misconduct	La Trobe International	Placements	Safer Community	Special Consideration	Student Health and Wellbeing Unit	Student/Academic Advisor	An Academic	Unsatisfactory Progress
02/2021	6	1										1	
03/2021	23	2				4				2	1	4	
04/2021	6									4	3	7	
05/2021	25									4	4	6	
06/2021	1	3	1	1		1				5	1	1	
07/2021	7	1								4	3		
08/2021	9		2	0	1	1	1			2	2	4	
09/2021	11			1			2		1	1	1	2	
10/2021	3			1	1		4		1	1		6	
11/2021	1	2					1			8	1	2	
12/2021					2					4		1	
01/2022	1	1					2			4			
02/2022	10				3					2	1	1	
03/2022	7		1		1					4	2	1	
04/2022	4									7	1	2	1
05/2022	4				14	1		1		8	2	7	
06/2022	3				2					9		10	

Table 3: Number of requests for WBCI by referring team members

Month/ Year	Residential Services/ Accommodation	Advocacy	Ask LTU	Complaints	Misconduct	La Trobe International	Placements	Safer Community	Special Consideration	Student Health and Wellbeing Unit	Student/Academic Advisor	An Academic	Unsatisfactory Progress
02/2021	6	1										1	
03/2021	18	2				4					1	3	
04/2021	6									3	2	7	
05/2021	23									3	3	5	
06/2021	1	3	1	1		1				2	1	1	
07/2021	6	1								1	3		
08/2021	9		2		1	1	1				2	4	
09/2021	11			1			2		1		1	2	
10/2021	3			1			4		1			2	
11/2021		1					1			1	1	2	
12/2021		0			2		2			1		1	
01/2022	1	1								2			
02/2022	7				1						1	1	
03/2022	4		1		1			3		2	1	1	
04/2022	4							4		4	1	2	1
05/2022	4				14			5		2	1	5	
06/2022	2				2			3		4		8	

Table 4: Number of requests for CCM consultations by referring team members

Month/Year	Residential Services/ Accommodation	Advocacy	Misconduct	La Trobe International	Safer Community	Student Health and Wellbeing Unit	Student/Academic Advisor	An Academic	OHS
02/2021									
03/2021	5					2			
04/2021						1	1		
05/2021	2					1	1	1	1
06/2021						3			
07/2021	1					3			
08/2021						2			
09/2021						1			
10/2021			1			1		2	
11/2021	1	1				7			
12/2021						2			
01/2022						1			
02/2022	2		2			2			
03/2022	3					2	1		
04/2022					3	3			1
05/2022				1	1	6	1	2	
06/2022	1					5		2	