

# Enhancing a Mental Health Team at University of Victoria Health Services

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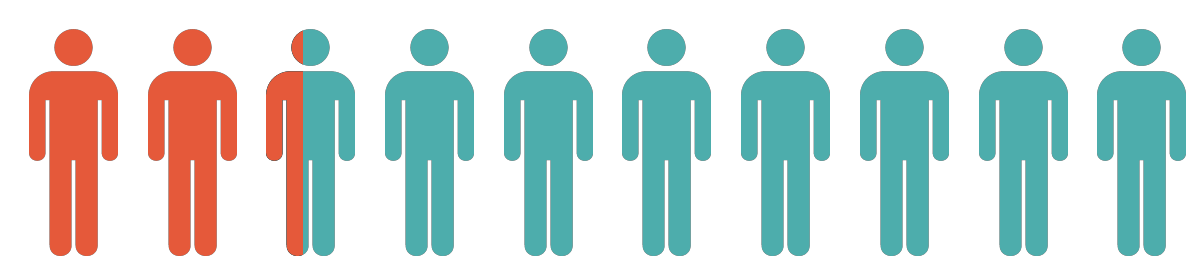
## Aim

Our aim was to complement and enhance existing services to develop a comprehensive mental health team at our university which could be used as a model for other Canadian campuses by August 2017.

## Background

Post-secondary institutions have seen a rise in mental health issues. In the past year, many Canadian students have felt overwhelming anxiety (65%) and/or so depressed it was difficult to function (44%) (NCHA, 2016). Moreover, many Canadian students felt that anxiety (33%) and/or depression (22%) affected their academic performance in the past year (NCHA, 2016).

### University of Victoria Health Services in 2013



**24%** of UVic students (*N* = 1454) reported a mental health diagnosis or treatment within the last year (NCHA, 2013)

### Shortage of psychiatric resources

<2 psychiatrists (full time equivalent)

students had long wait times for psychiatry

minimal care coordination and psychiatric support staff

100% of staff were dissatisfied with psychiatry

### Existing resources

satellite eating disorders clinic

30 min mental health appointments with family doctors

daily mental health appointments available to address urgent student issues

6 sessions for students with emotional dysregulation or Borderline Personality Disorder (BPD)

4 sessions for students with Attention Deficit Hyperactivity Disorder (ADHD)

Family doctors had been educated on how to diagnose and manage students with Attention Deficit Hyperactivity Disorder (ADHD)

## Changes Implemented



### Pit Appointments

A family doctor, psychiatrist, and student meet for a 30 minute consultation.



### Program Development

Initial sessions built out into a comprehensive program for students with BPD and emotional dysregulation.



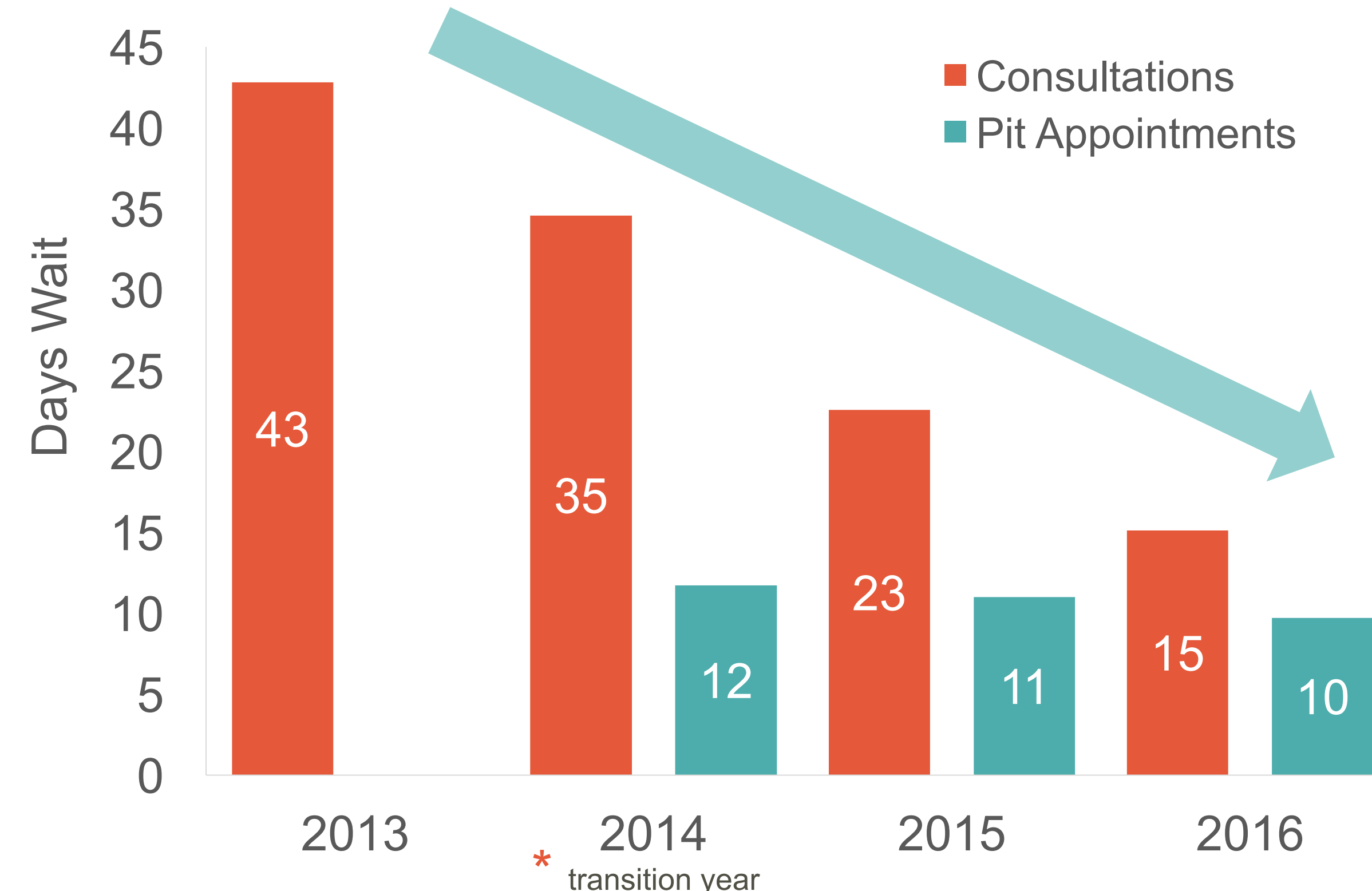
### New and Extended Roles

1. Medical Office Assistant for psychiatry (1.0 FTE)
2. Mental Health Nurse (0.8 FTE)
3. Cognitive Behavioural Therapist (1.0 FTE)

Funding for this initiative was provided by the Specialist Services Committee (SSC), a joint collaborative committee of Doctors of BC and the BC Ministry of Health. Island Health, University of Victoria's Health Services and School of Health Information Science also supported this project with contributions in kind.

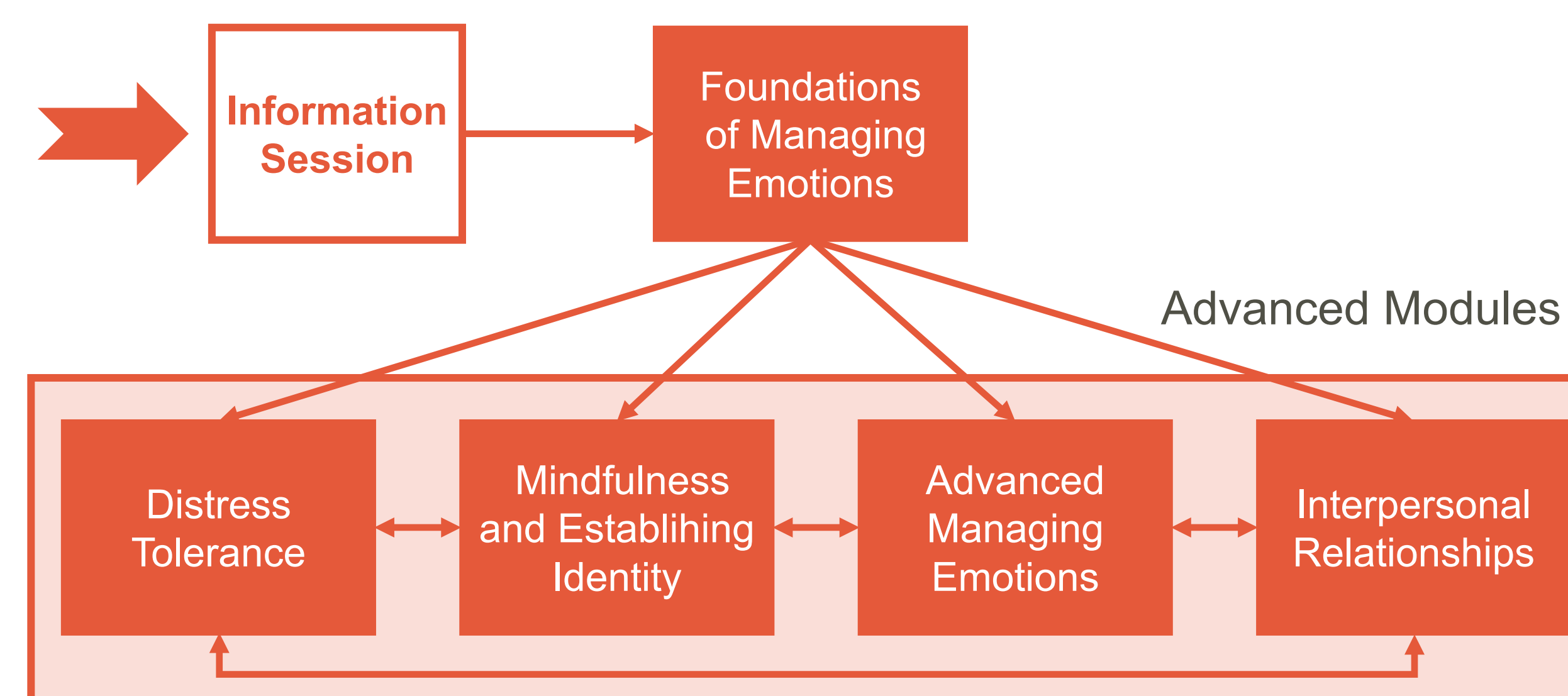
## Results

### Psychiatry Wait Times Significantly Reduced



Pit appointments and more ADHD patients managed by family doctors significantly decreased wait times for psychiatry.

### Managing Emotions Program



Our program begins with an information session. If students with emotional dysregulation or Borderline Personality Disorder are interested and deemed suitable for group participation, they can participate in up to 5 modules (a module = 6 x 1.5 hour sessions).

**27** Students Completed at least one Managing Emotions module in 2016

## Lessons Learned

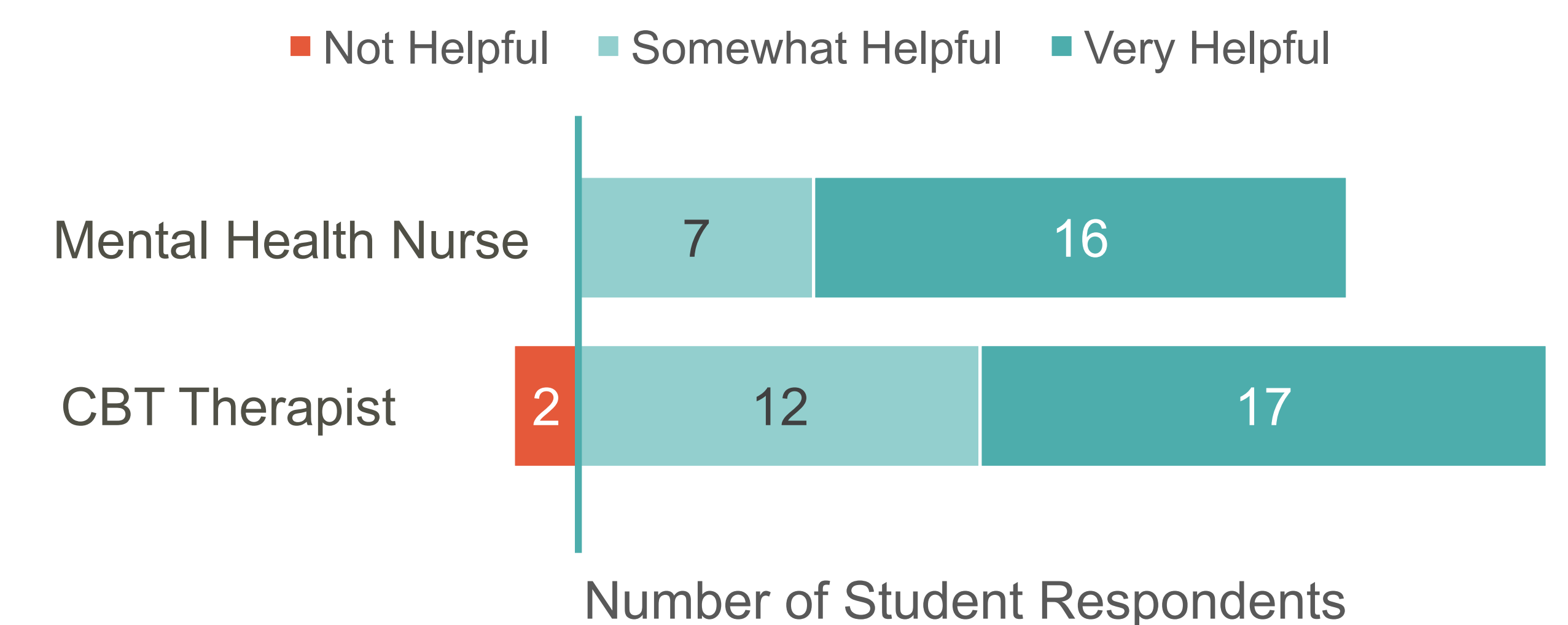
1. Needs are identified by creating a team atmosphere and giving a voice to its members
  - Family doctors identified the need for a CBT therapist
  - Psychiatrists identified unmet needs in depressed diabetic patients
2. Solutions often require a team working towards a common goal
  - Pit appointments
  - ADHD workshops
3. Collaboration can have unanticipated benefits
  - Health informaticians facilitated deploying surveys and navigating university processes.
4. Despite our best efforts not all ideas are successful with patients
  - After voicing wishes for companionship, patients with Asperger's were unwilling to join a group
5. Nimble grass roots efforts may inspire and engage staff, but can challenge bureaucracy. Knowledgeable intermediaries can help this process.
6. Anticipated responsibilities of a new role can be overwhelming
  - Our mental health nurse's workload became unmanageable
7. A project grows in directions one never intended.
8. It is important to understand metrics and the data source
  - Our Electronic Medical Record could not produce data needed to assess some project outcomes.

### Increased Care Coordination



Our mental health nurse liaises with different services on and off campus improving coordination of care.

### The Mental Health Nurse and Cognitive Behavioural Therapist are Helpful



The majority of students found the mental health nurse and/or Cognitive Behavioural therapist helped them.

**127** Students finished short term (6 – 8 sessions) Cognitive Behavioural Therapy in 2016

## Sustainability

All parts of the project have contributed to the whole. University funding has been requested to maintain resources piloted during the project, such as mental health nursing and Cognitive Behavioural Therapy (CBT). Workload management will require ongoing monitoring. Sustainability will need continued nurturing and funding.

## Next Steps

In the upcoming months we will be preparing our final report for both the funder and the university as final data becomes available.



We plan to deliver 3 webinars this summer to discuss our programs and techniques in hopes of inspiring other organizations



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