

# Queen's University: Collaboration and Building Capacity in the Community on Campus

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**CICMH 2018**

## Agenda

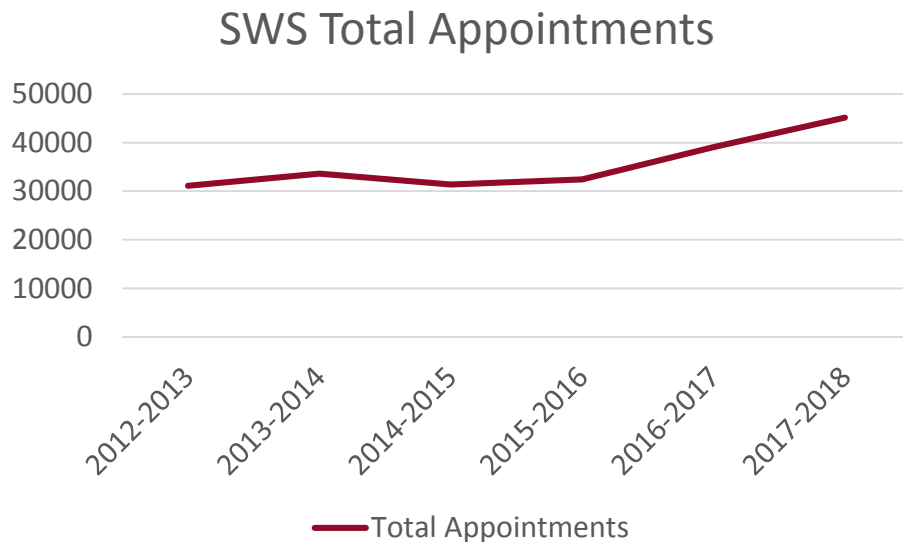
- Introduction and Context Setting
- On Campus Collaborations
  - Collaboration partners and process
  - How they help us build capacity
- Campus-Community Partnership
  - Transition Aged Youth Mental Health

## Overview of Context

- Kingston
  - 124,000 people
- Queen's University
  - Medium size institution: approximately 24,000 students
  - 95% of first year class lives in residence
  - Majority of students not from Kingston
  - 10% International students

## Overview of Context

- Student Wellness Services
  - Integrated Service (Health, Counselling, Psychiatry, Accessibility Services, and Health Promotion)



40% Mental Health  
> 18,000 appointments

13,000 more appointments  
than in 2015-2016.

## Team (Sept – April)

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5-7 FTE	GPs (20 PT physicians)
5 FTE	Nurses
1 FTE	Mental Health Nurse
2 FTE	OTs
1.2 FTE	Psychiatrist
1 FTE	GP Psychotherapist
2 FTE	Psychologists
8 FTE	Counsellors (Central) <ul style="list-style-type: none"><li>• Sexual violence, LGBTQ, cross-cultural, trauma, crisis, eating disorders, complex care coordination</li></ul>
9 FTE	Embedded Counsellors (Faculties, Residence, Athletics)
5 FTE	Accessibility Advisors
2 FTE	Health Promotion Educators
4.5 FTE	Support Team (Intake Coordinator, IT, finance, program assistant, Note-taking Co-ordinator)
6 FTE	Receptionists / Phone Calls
6 FTE	Administrative / Program Assistants
4 FTE	Managers / Director

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## Beyond Appointments ('17-'18)



SWS

35 SafeTALK  
and Mental  
Health Training  
sessions for  
students, staff  
and faculty



Health Promotion

52 staff-led  
presentations  
and 20  
peer-led  
workshops



Health and Counselling

8 weekly groups  
(support, therapy,  
psychoeducational,  
skill building)

## Big Campus in a Small City – Impetus for Collaboration



- Few students have local providers
  - Student Wellness Services sees close to 50% of students in any given year
- Student Wellness Services has limitations
  - Space, Resources, Scope
- Local services are limited and at capacity
  - One acute care hospital, one community mental health agency
- You get to know your community partners well but there are also challenges.

# Identifying the Need & Gaps in Services



Crisis Support  
Evenings,  
nights and  
weekends



Student who  
want to talk  
to a peer



Students with  
significant  
financial needs



Extenuating  
Circumstances



Need for  
more health  
promoting  
activities



# Collaborative Programs

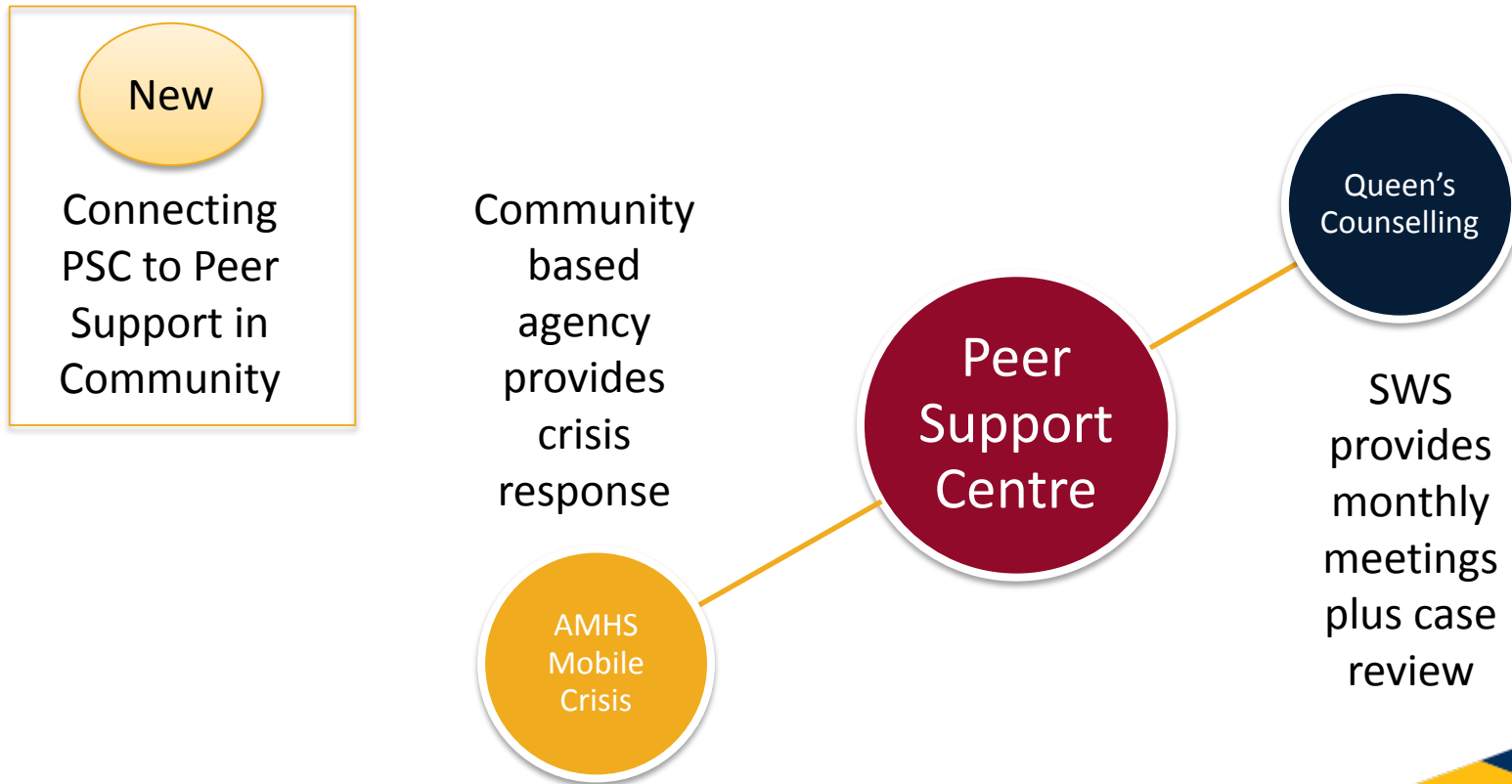


- Campus
  - PE-Q (Prescription Exercise at Queen's)
  - AMS Peer Support Centre
  - Swipe it Forward
  - Extenuating Circumstances Policy
  - Mental Health Working Group
- Community
  - Transition Aged Youth and Mental Health

# AMS Peer Support Centre (PSC)



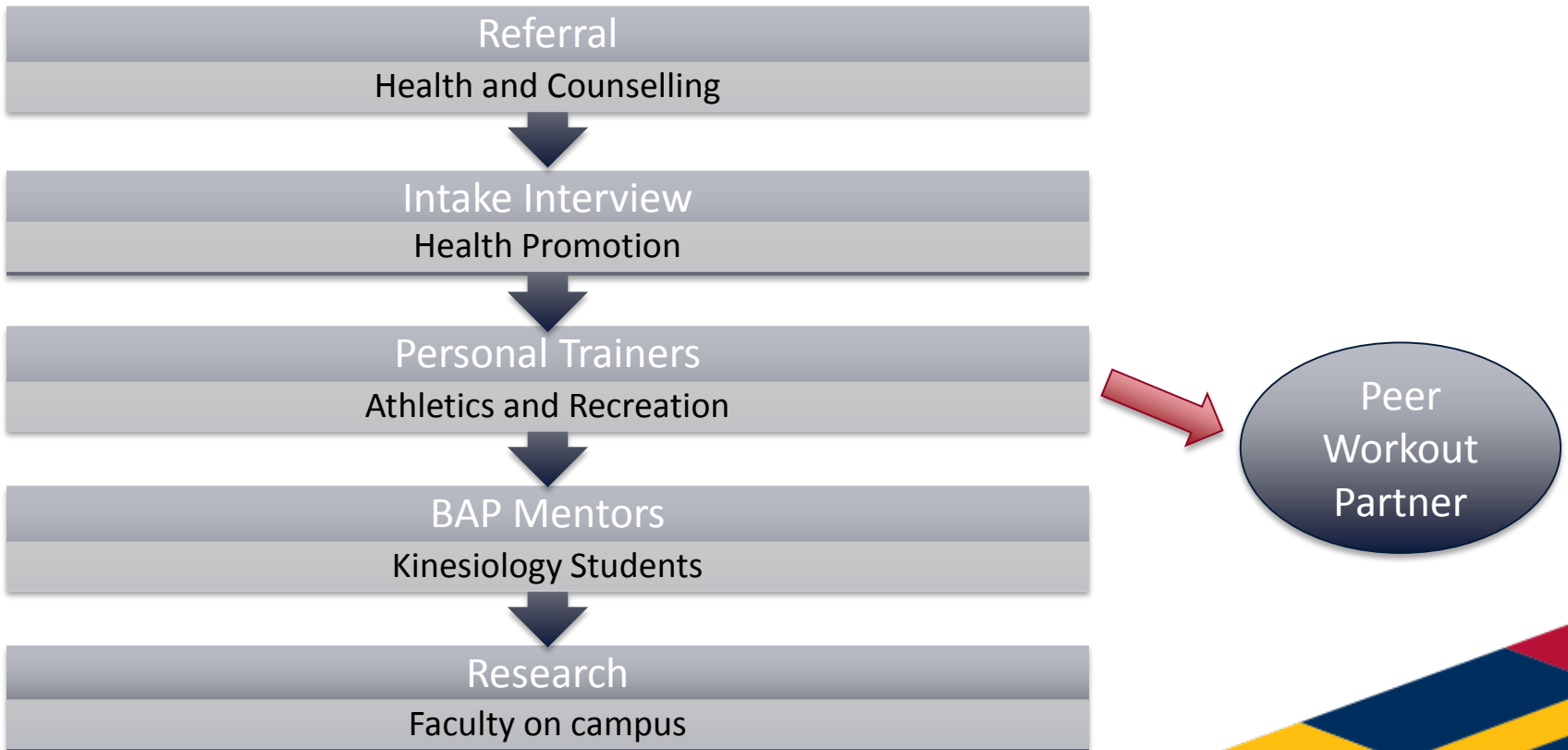
- Group of student volunteers who provide peer-based support to students at Queen's operated by the student government (AMS). Open evenings and weekends.



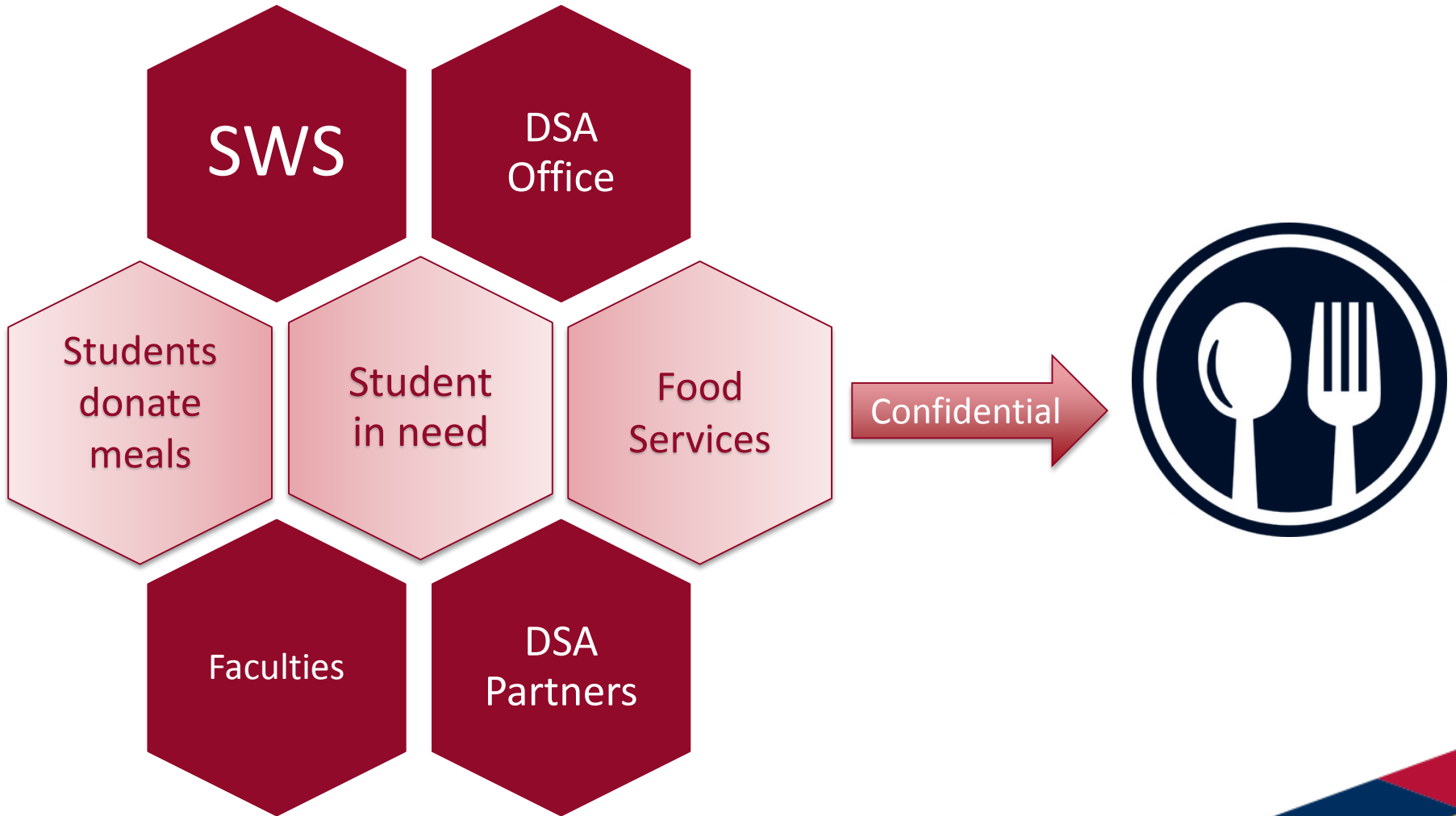
# Prescription Exercise at Queen's



- Program to connect students with low to moderate symptoms of anxiety and/or depression to a personal trainer and behaviour activation



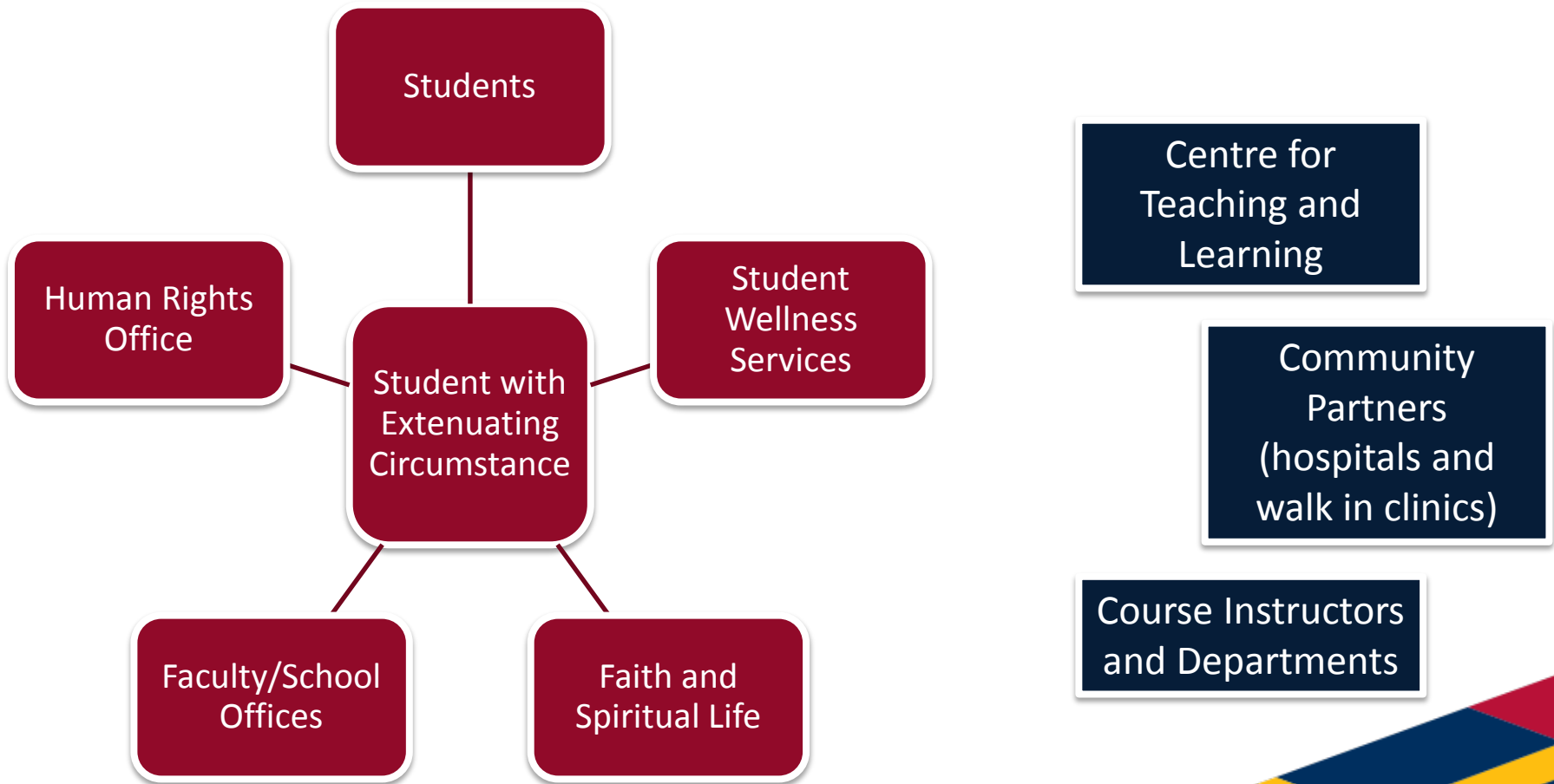
# Swipe it Forward



# Extenuating Circumstances Policy



- Policy to standardize the process for students requesting consideration for short-term extenuating circumstances



# Extenuating Circumstances Policy



- Initial conversations
  - Academic Accommodations Committee
- Development of Policy
  - Consultation with Faculties/Schools
  - Consultation with staff at Student Wellness Services
  - Ongoing revisions throughout implementation
- Contact person in Student Wellness Services
  - Questions (parents, students, staff & faculty)
  - Identify challenges with implementation , complex cases

## Extenuating Circumstances Policy



- Intended to add appointment capacity
  - Reduce need for appointments to provide documentation **only**
- Common processes for students & enhanced consistency across instructors
- Challenges:
  - Reduce number of informal considerations (increase need for documentation)
  - Centralizing a previously decentralized process added significant volume

# Mental Health Working Group



- Faculty, staff, and student representation
- Focus on cohesive approach to mental health across campus  
- collaborating and communicating
- Discussion and small group work to look at areas of concern

## Students

- Student government
- Student clubs
- Students with vested interest

## Staff

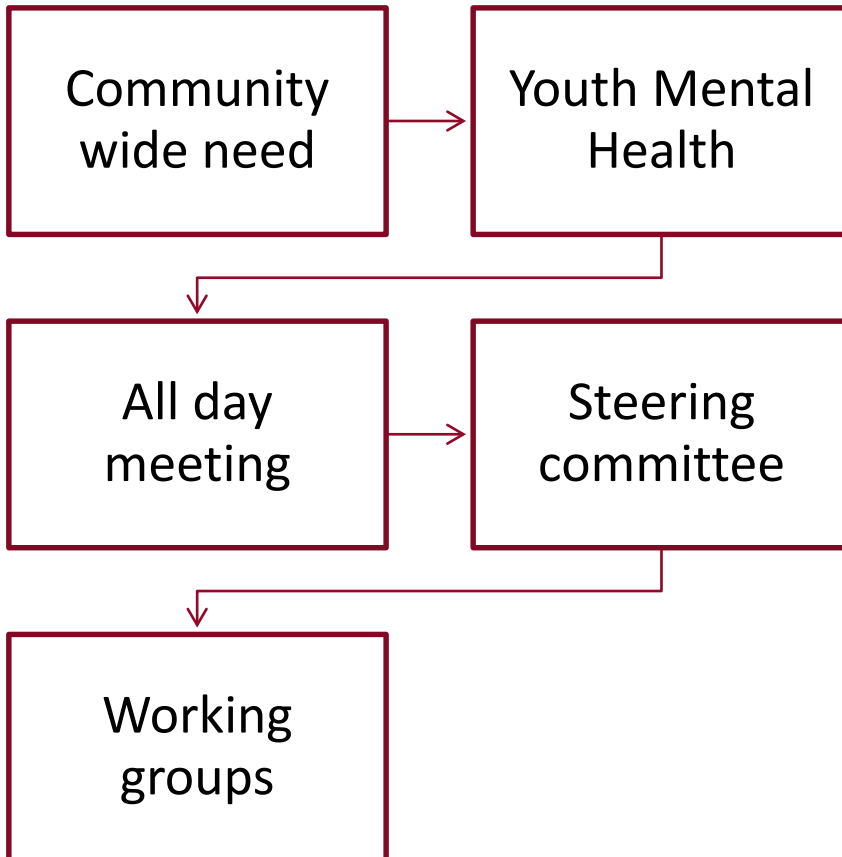
- Residence
- SWS
- Academic advisors
- Reps for specific populations

## Faculty

- Research
- Teaching and learning
- Mental health as area of expertise



# Transition Aged Youth and Mental Health



- Heterogeneity of youth
  - 16-24
  - Post-secondary - high school – employed – NEET
  - Living / Support context
  - Transition to adult services (SMI)
- Shared need
  - Crisis support (24/7)
  - Warm hand offs
  - Youth oriented services

## Lessons Learned about Collaboration



- Time Commitment
  - Seamless for students = work behind the scenes
- Building relationships on the ground
  - Relationships are foundational to sustainability of initiatives
- Creative thinking to leverage capacity when everyone is at capacity
- Need for clear mandate and action plan
- Ongoing communication and feedback
- Establishing a contact person

# Challenges



- Resources
  - Time
    - Process and admin aspects
  - Funding
    - Sustainable
  - People
    - Too many people can create inefficiencies
- Addresses one need, sometimes creates another need
- Greater capacity can lead to greater demand

## Final Thoughts



- Needs are continually shifting
- Shifts towards collaboration that focus on strengths
- Everyone on campus is a partner
- Skill building, health promoting collaborations
  - Focus on promotion / prevention vs intervention
- Capacity has limits

## Contact Information & Questions



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Services

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