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

Jennifer Dods
Executive Director of Student Wellness Services

Tess Grant
Occupational Therapist

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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)

  SWS Total Appointments

  40% Mental Health
  > 18,000 appointments

  13000 more appointments than in 2015-2016.
Team (Sept – April)

- 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)
  - Sexual violence, LGBTQ, cross-cultural, trauma, crisis, eating disorders, complex care coordination
- 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
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

Extenuating Circumstances

Students with significant financial needs

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

Referral
Health and Counselling

Intake Interview
Health Promotion

Personal Trainers
Athletics and Recreation

BAP Mentors
Kinesiology Students

Research
Faculty on campus

Peer Workout Partner
Swipe it Forward

Students donate meals

Student in need

Food Services

Confidential

Faculties

DSA Partners

DSA Office

SWS
Extenuating Circumstances Policy

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

Students

- Human Rights Office
- Student with Extenuating Circumstance
- Faculty/School Offices
- Student Wellness Services
- Faith and Spiritual Life

Centre for Teaching and Learning
Community Partners (hospitals and walk in clinics)
Course Instructors and Departments
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

Community wide need → Youth Mental Health

All day meeting → Steering committee

Working groups
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

Jennifer Dods, Executive Director of Student Wellness Services

jennifer.dods@queensu.ca

Tess Grant, Occupational Therapist

tess.grant@queensu.ca