

Transforming Youth Mental Health at the University of Alberta

Summary of 'Transforming youth mental health services in a large Canadian post-secondary educational institution' in the ACCESS Open Minds Early Intervention in Psychiatry Supplement



Vallianatos H, Frieze K, Perez JM, et al. ACCESS Open Minds at the University of Alberta: Transforming student mental health services in a large Canadian post-secondary educational institution. *Early Intervention in Psychiatry*. 2019;13(Suppl. 1):56-64. <https://doi.org/10.1111/eip.12819>

Introduction

ACCESS Open Minds is a national evaluation project transforming youth mental health services across the country. The project was initiated through Strategy of Patient-Oriented Research (SPOR) and it funded by the Canadian Institutes of Health Research and the Graham Boeckh Foundation.

The ACCESS Open Minds network is made up of 14 communities located in 6 provinces and 1 territory. The service transformation framework consists of 5 objectives: early identification, rapid access, appropriate care, continuity of care, and youth and family engagement. Due to the diversity of geographic, political and cultural realities at each of the 14 sites, the transformation framework and objectives were designed to be adapted to each site in order to meet the specific needs of local youth in those communities.

The supplement describes how service transformation was achieved in seven of the ACCESS Open Minds sites. This document summarizes the article describing the service transformation which took place in the ACCESS Open Minds University of Alberta site.



SPOR network funded by the Canadian Institutes of Health Research (CIHR) and the Graham Boeckh Foundation.



ACCESS OM Objectives



Early Identification



Rapid Access



Appropriate Care



Continuous Care



Youth and Family Engagement

Context

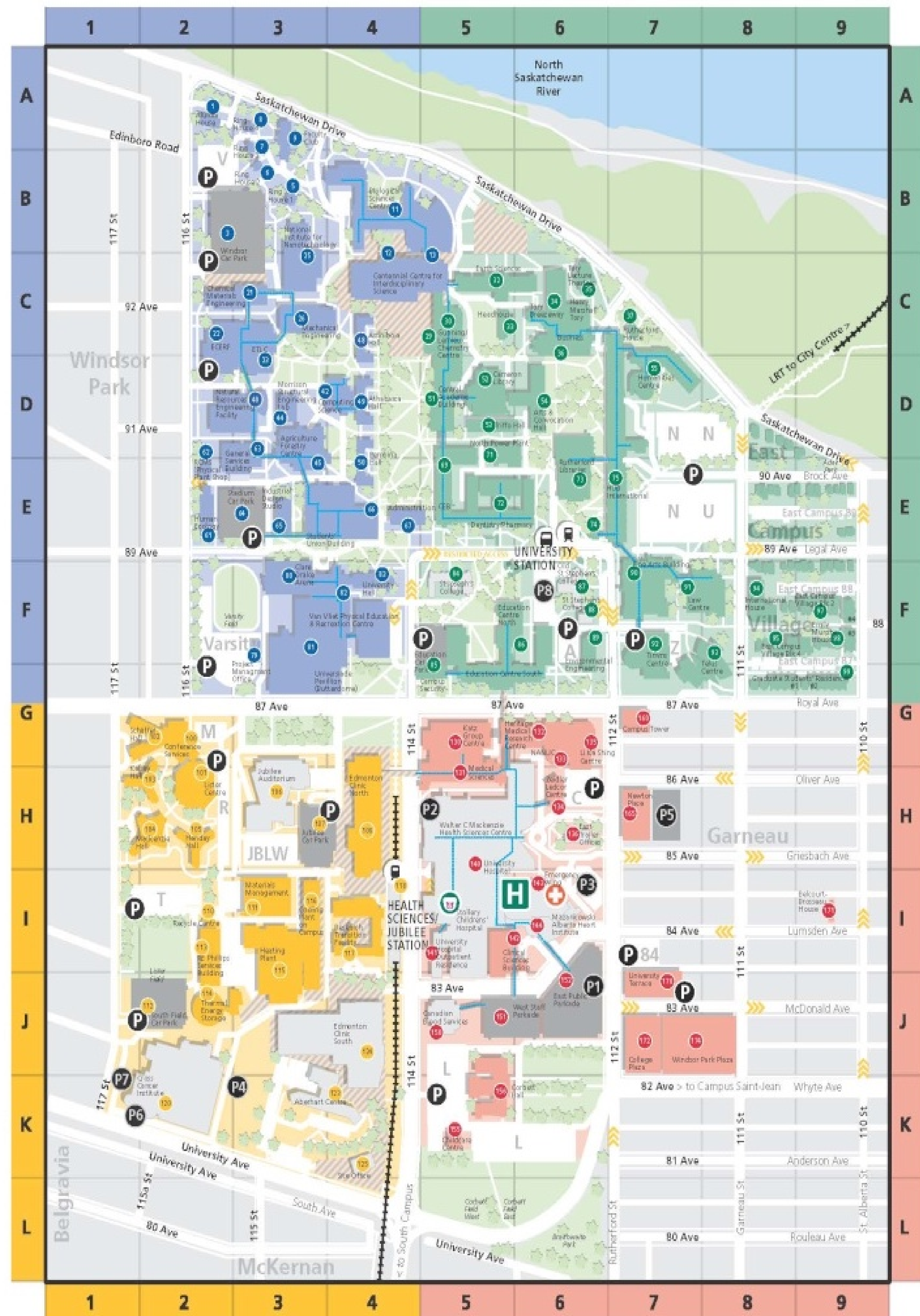
ACCESS Open Minds University of Alberta is the only ACCESS OM site in a post-secondary institution. It's focus is on first year students, mainly those aged 18-25, as they are at risk of first onset mental illness. This risk is often made worse as a result of stressors associated with postsecondary life (financial constraints, academic and volunteer commitments and new social networks).

The student body at the University is broad. There are about 38,000 students of which about 81% are undergrads. Students often come from rural, First Nations, Metis and Inuit communities. Because of the age range of students, some are parents themselves. The campus is spread over 5 campuses, and services available to students vary based on the campus they are studying at.

Fact Sheet



- Established in 1908
- Urban campus
- Post-secondary institution
- 150 buildings on 92 hectares
- 5 campuses
- 200+ undergraduate programs
- 500+ graduate programs



Background

PROBLEM

In 2012, the Dean of Students was asked by the University to lead a reorganization of campus mental health services.

Outcome: addition of community social workers as central figures in the university setting. Their role was to destigmatize mental illness, build mental health literacy and create a culture of support and resiliency.

Outcome: a shift in the intake model at the University's Counselling and Clinical Services from a first-come-first-served model that resulted in a long wait-list to a model that allowed students to book an intake consultation with a clinician within 72 hours of first contact.

OUTCOMES

Challenge: Demands continued to increase, students with mild and moderate concerns were less likely to access services.

Challenge: There was also no way to establish a follow-up with students who were referred to external resources/services.

(allowed for a type of triage that would allow the team to identify and prioritize the most serious cases requiring immediate care)

SOLUTION

Solution: In the midst of these issues, ACCESS Open Minds entered the scene with a framework to improve early intervention and enhance rapid access to appropriate care.

CHALLENGES

Community Mapping

Prior to ACCESS Open Minds, the primary mental health service was Counselling and Clinical Services (CCS) which was made up of psychologists and psychiatrists. This service was located in the same space as most of the student services.

The CCS team worked closely with the Health Centre, the Sexual Assault Centre as well as the Community Social Worker (CSW) team and additional non-health services and staff across campuses. Students had the option to self-refer to services.

As part of the implementation of the ACCESS Open Minds project, a series of focus groups were run to assess students' beliefs and practices regarding their mental health, needs, and suggestions about how needs could be better met.

ACCESS Open Minds University of Alberta clinicians soon began outreach to staff and community stakeholders. They formed the ACCESS OM UA Network. The network meets monthly to discuss referral processes, barriers, and concerns that may arise.

Community mapping involves
diverse stakeholders!





Early Identification



While students can self-refer for services, the majority of students seeking help are in fact referred to the ACCESS Open Minds UA Clinicians.

The ACCESS Open Minds clinicians conduct a number of early case identification activities!

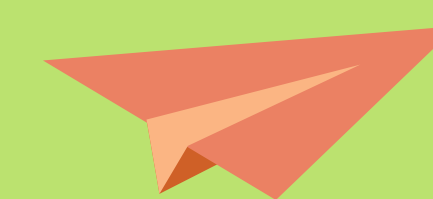


Early Case Identification Activities

Initial consultations with first year students



Working to improve the referral processes and directly connect struggling students



Advertising to students through various channels



Providing yoga classes



Connecting with students who are struggling academically to provide assessments and check-ins throughout the year.



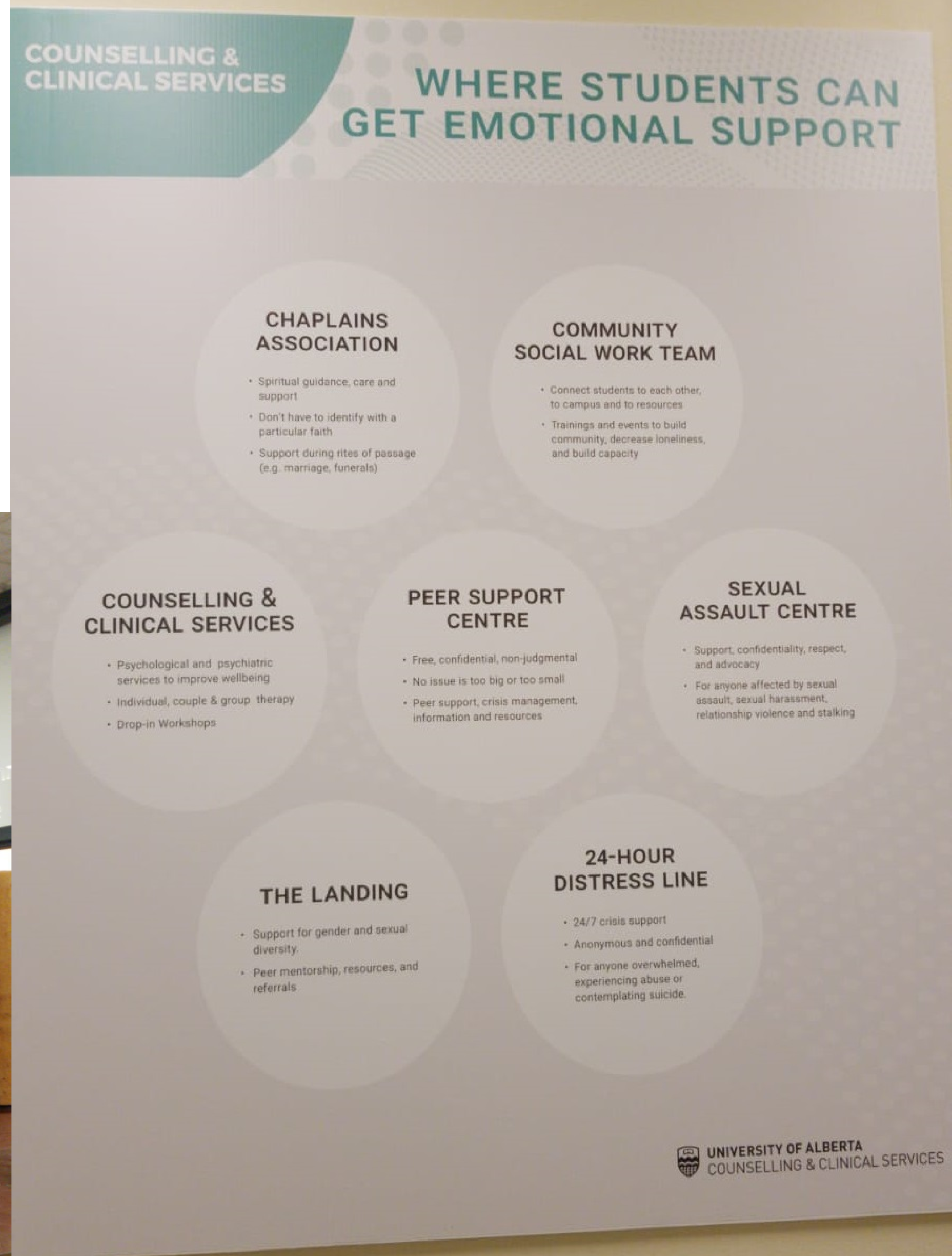
Consulting with non-health service providers

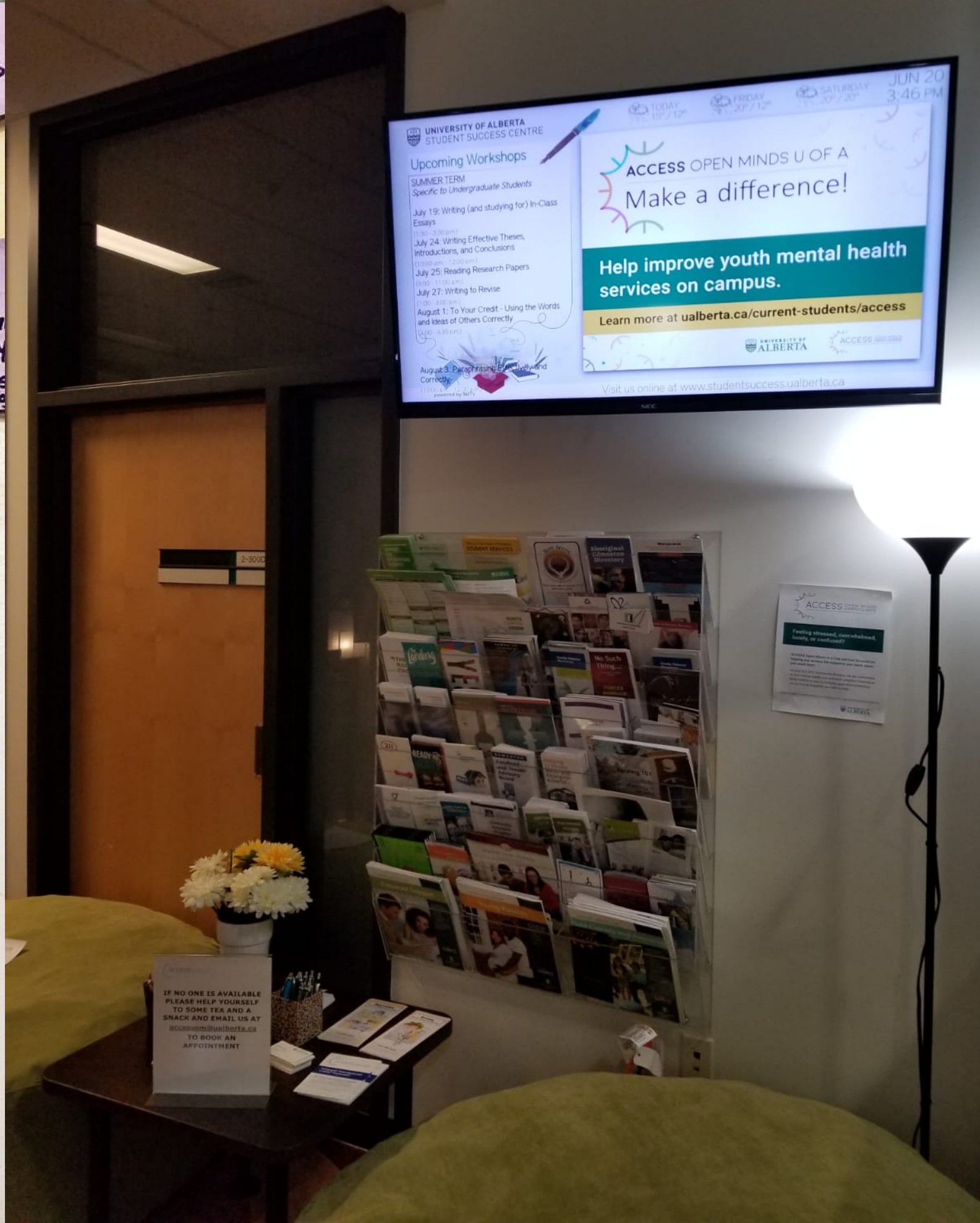
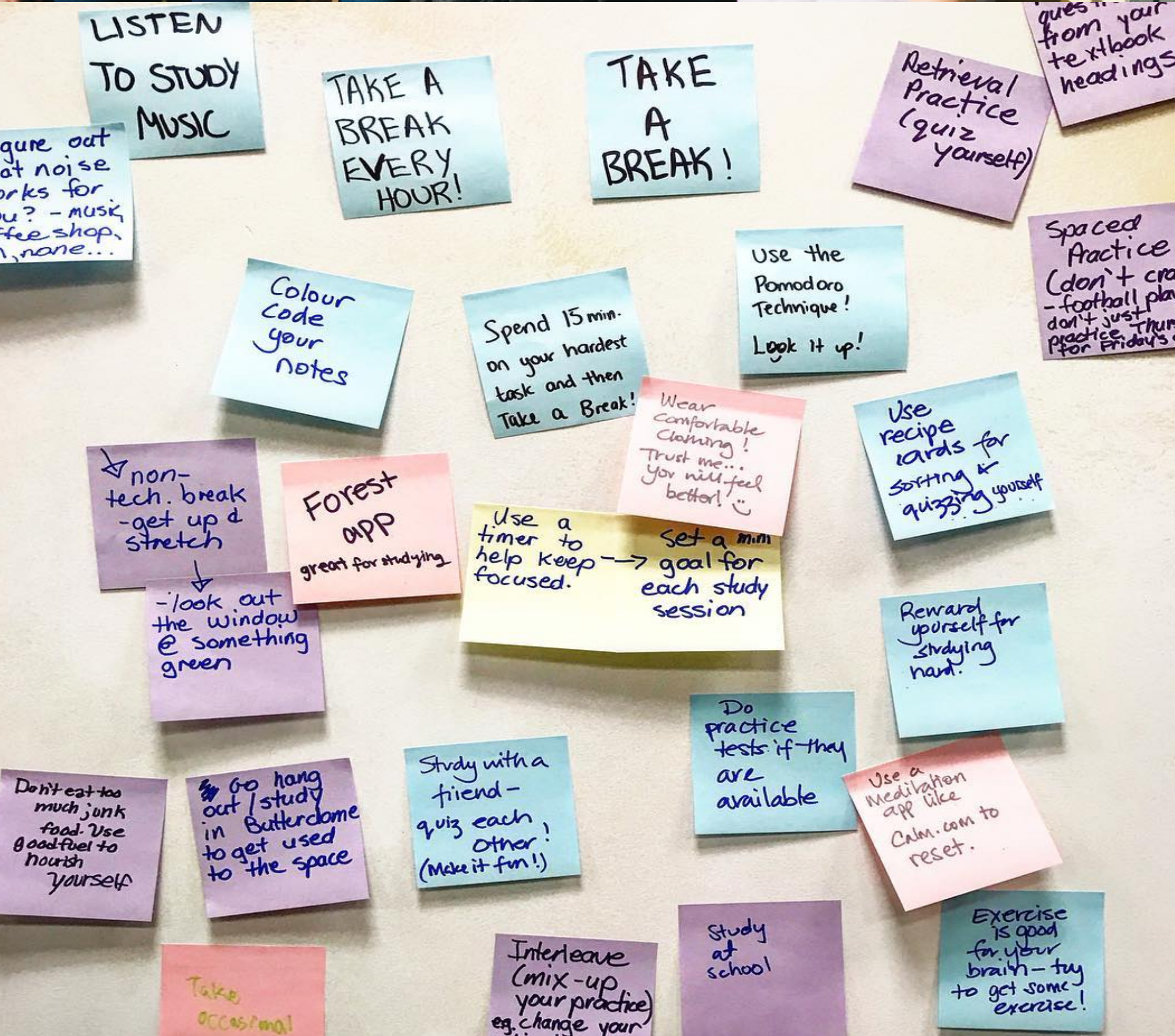


Rapid Access

Thanks to the ACCESS Open Minds UA Network, students can seek help through multiple portals of entry that all lead to ACCESS OM UA clinicians.

The clinicians strive to provide an initial session within 72 hours of referral. They also keep flexible schedules and offer to meet students at a variety of locations based on student preferences. After their initial evaluation, students are connected to other network partners based on their needs.

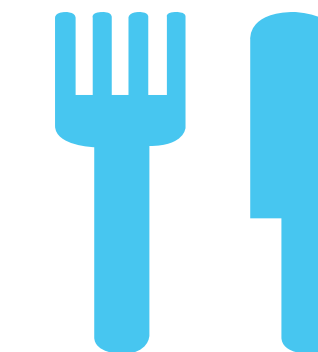




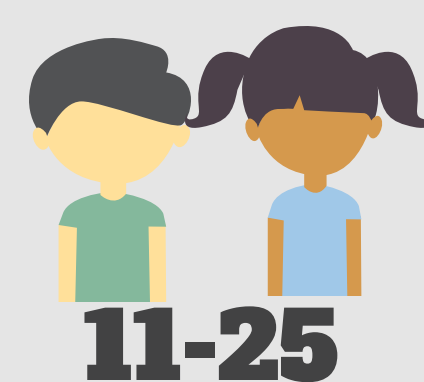
Appropriate Care



ACCESS Open Minds sites aim to provide a point of entry to appropriate services within 30 days. Based on the ACCESS Open Minds assessment, the clinician will collaborate with students to develop an appropriate care plan. This can include connecting with social supports, addressing basic needs (food, housing, etc.), and providing a warm hand-off to clinical services in the case of crisis. ACCESS Open Minds clinicians will also make the connections to other services in the university, in specialized care (eating disorders, etc.) or to community supports all within the 30 day benchmark. To support the mental health of students, it is crucial to address the social factors that may be affecting mental health.



Continuous Care



11-25

This site is unique in that most students are already 18 when beginning their studies at the University. Eliminating age based transitions is not applicable to this site.

Youth and Family Engagement

An ACCESS OM UA youth council was formed to ensure that services are designed in collaboration with students. They promote the ACCESS OM project and other wellness initiatives on campus. The council has acted as a consulting body for the site (e.g. they provide feedback on the protocol (length, flow, etc.)

The ACCESS OM UA youth council members also participate in the ACCESS OM National Youth Council to provide the perspectives of youth from post-secondary contexts.

Youth and family/carers are considered equal partners in all aspects of the ACCESS OM project. A student's appropriate care plan may include family members, friends, or other key people in the student's life. "Carers" can include supporters such as peers, friends or roommates as well.



Research and Evaluation

Evaluation is critical to the ACCESS Open minds project. It is what will inform care for youth and will allow us to better understand the evolution of the quality of service being provided.

The hiring of the first ACCESS OM US Clinician was instrumental in determining a protocol that integrated the ACCESS OM tools into the provision of care in a way that wasn't overwhelming for the student or the service provider. As a result, a number of options have been identified to make data collection easier for clinicians, including the hiring of a dedicated Evaluator of the ACCESS OM UA team. They have been essential to the project, making it possible to conduct follow-up interviews.

Qualitative data is also being collected that will allow the feedback from diverse student voices to be heard. This is important so that we can continue to best serve students in the future.



Challenges and Sustainability

ACCESS OM UA leadership has been working with university decision-makers to try and advocate for the sustainability of the site. The provincial government has asked postsecondary institutions to modify their campus mental health services to shift the focus to health promotion and early intervention programming while reducing actual clinical services. Complex cases would then be shifted to community resources that are best suited to provide care for more long-term needs.

Since the launch of ACCESS OM UA, the site has contributed to significant changes across the campus. Within one year, ACCESS Open Minds had become the primary source for responding to, and supporting students in need.



As knowledge of early identification increases and stigma around discussing mental health issues has decreased, the number of students dropping in for services has increased significantly. This has resulted in the need to creatively troubleshoot ways for students to still be able to access care within 72 hours.

Other challenges include supporting sustainable and meaningful youth engagement given the busy lifestyle of many students. Finding ways to educate and inform family members while maintaining confidentiality can also be a struggle. Finally, managing the expectations of the role of ACCESS OM UA, especially as demand for services increases, is an ongoing challenge.

