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# How the times have changed...

The journey of transformation of Otago University Student Health's mental health care provision

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# Once upon a time....

There was a Counselling service which functioned as a part of Otago University Student Health (the primary health care practice for OU students).

It consisted of;

- Counsellors/psychotherapists, psychologists, clinical psychologist and psychiatrist. Generally part-time
- Model was booked, clinic-based therapy sessions. No maximum session limit

- Little flexibility for acute demand or crisis response
- Often extended waiting time for counselling (at times 10-12 weeks)
- Very brief assessment/triage process introduced but still a wait time

# The frog becomes.....

- Concerns identified about lack of access to timely support for distressed students
- 2016 - Mental Health Support clinician role introduced to complete more comprehensive assessment including risk assessment, robust triage and brief intervention. Goal was to provide “when required” access to support and reduce the counselling wait-list. Increased to 4.5 FTEs in 2017
- 2017 review held by University with recommendations made for restructuring service, guided by Stepped Care model for primary health services
- End of 2017 counsellor roles dis-established (MHS, Psychiatrist positions retained)

## ..... a handsome Prince

- 2018 - Name change; Mental Health & Well-being Team
- 5 X culturally diverse Wellbeing Counsellors with backgrounds in Counselling, Psychiatric Nursing, Occupational Therapy and Social Work
- 3 X Clinical Psychologists
- 1 X additional MHS clinician
- 0.4 FTE Psychiatrist (already in place)

## The 3<sup>rd</sup> little pig.....

- Initial appointment remains 45 minutes and between 15 – 20 same day appointments available – no charge to student
- Common presentations are stress, anxiety, low mood, eating disorders and relational issues.
- Duty worker provides conduit for information in/out and rapid response within team and wider university

## What we do differently...(MHS)

- Enhanced interaction with/support to wider University community
- Increased involvement in health promotion/prevention/education
- Weekly MDT meetings and daily team huddle with wider MHWB team

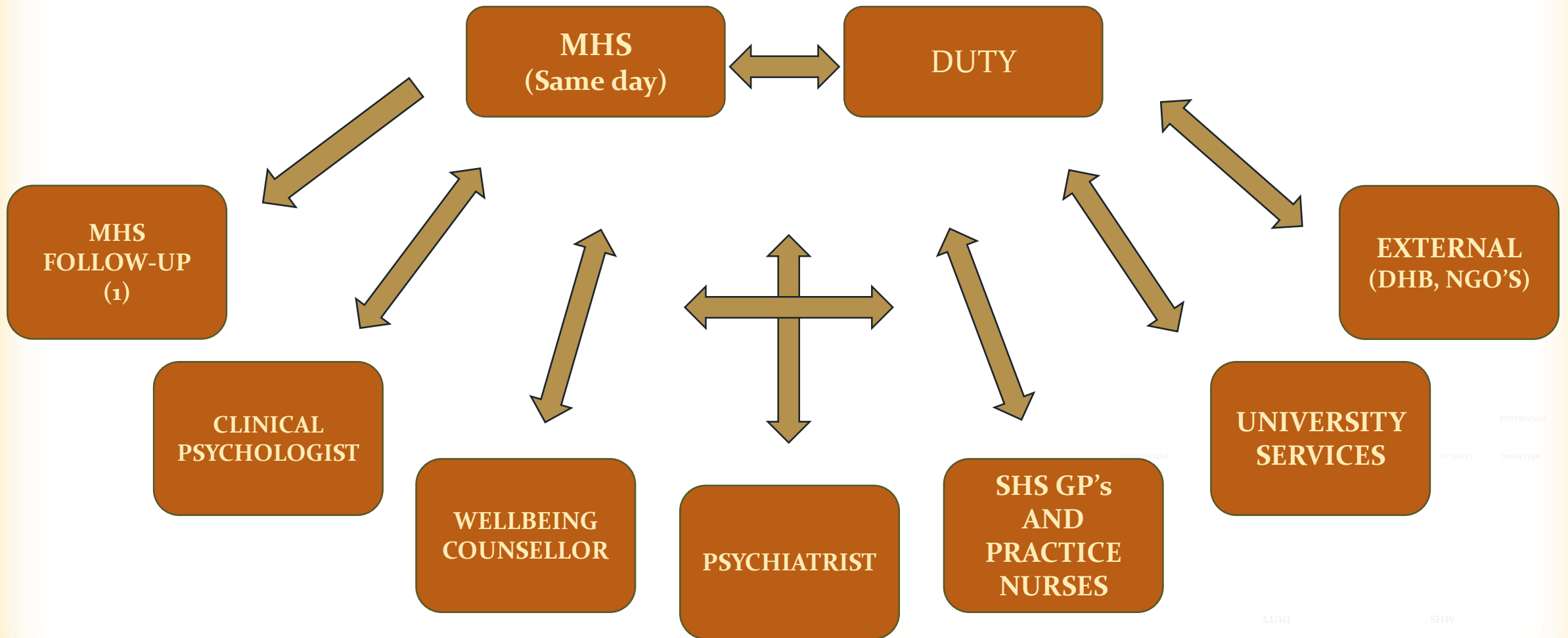
## The 3<sup>rd</sup> little pig.....

- Focused brief intervention by Mental Health and Wellbeing Team (6 session framework)
- Wide range of approaches including ACT, CBT, Solution Focused, Narrative, Schema Based therapy, Te Whare Tapa Wha and the Powhiri model.
- ADHD assessments (summer only)

## What we do differently... (Therapy Team)

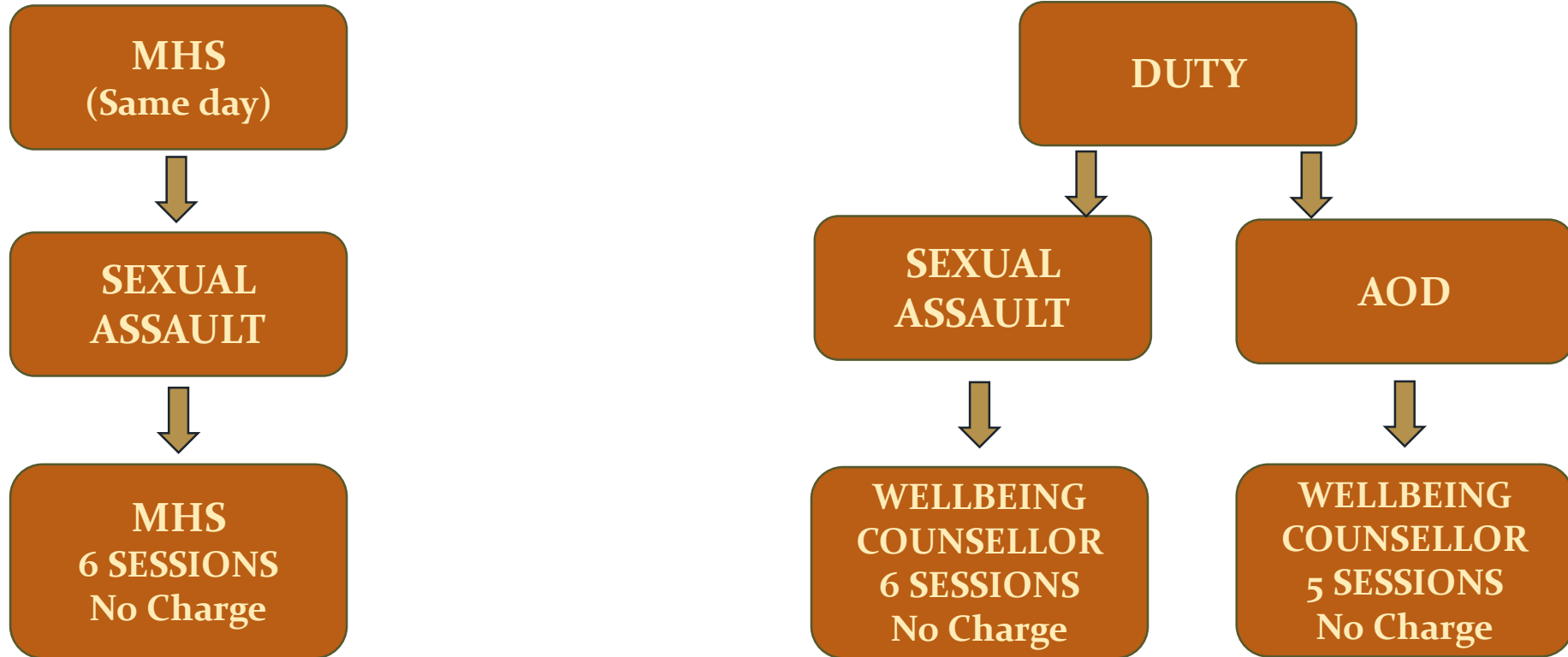
- No waiting list for counselling.
- Clinical psychology waiting list was addressed by additional role

Follow the path; this way....





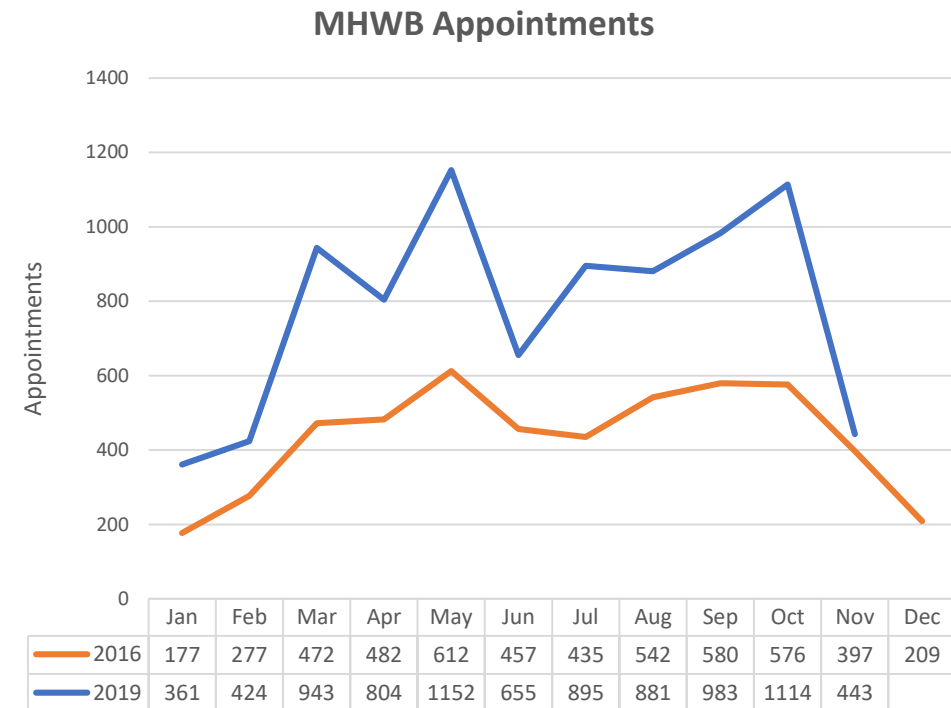
Or these alternative pathways.





...and they all lived happily ever after.

- 2016 MHS appointments 1842  
2019 MHS appointments 2706  
(47% increase)
- Referrals to local CMHT- peaked in 2016 at 58, down to 11 in 2018 (81% reduction)
- +ve feedback from students, University community
- MHWB team well embedded in Student Health making it an integrated Primary Care Practice.
- Visit by the current Minister of Health who described the service as “gold standard”.



## Oh, the places you'll go.

- Extended clinic hours
- Extra MHS clinician
- Extra clinical psychologist
- Enhanced liaison role
- More coordinated approach with the wider university community in line with the Okanagan Charter

The End.



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