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## **Doctor on Campus – A Mental Health Early Intervention Model for schools**

**By Colin Sibly – Coordinator Student Services (Counselling), on behalf of Principal, Amanda O’Shea, Assistant Principal (Wellbeing), Lindsey Cowper, (Counsellor) Sally Clarke and the Student Services Team, Victor Harbor High School.**

### **For the Doctor on Campus Partners**

- **Dr Anke Doley, Dr Karen Humphrey and the Victor Medical Centre**
- **Victor Harbor High School**
- **Torrens House (Psychology) – Mr Chris Wigg (Clinical Psychologist), Ms Jane Pool (Social Worker /Psychologist)**
- **Southern Adelaide Fleurieu Kangaroo Island (SAFKI) Medicare Local**

### **The Background.....**

After an initial 6month trial, and now over eight years of successful operation at Victor Harbor High School we believe that the Doctor on Campus initiative has proved itself as a worthy model of early intervention in adolescent mental health. Now with support from Departments of Education and Health ((Via Medicare Local – local/regional health coordination) this model is ready to be shared with DECD sites and health practitioners, within and beyond our region. We believe that the community partnership approach to early intervention in adolescent wellbeing developed here has great potential in schools and regions across South Australia and beyond. We believe that its unique, adolescent-friendly features, would be particularly beneficial in regional centres and in rural areas, apart from having great value in City schools.

### **Introduction**

The Doctor on Campus initiative commenced, on a trial basis, in 2004, as a result of the sharing of concerns about issues surrounding local adolescents and their wellbeing, between members of Student Services at Victor High, and Medical Practitioners at the Victor Medical Centre. Essentially, like School Counsellors elsewhere, we were finding a level of acute frustration in getting teenagers who presented to us with apparent mental health/wellbeing issues to access the professional medical help that we felt that they needed. It was hard to get kids to see doctors. *So, why not bring the doctor to the kids!*

### **Hence Doctor on Campus.**

## **Our Challenges Were...**

- As School Counsellors, we were being confronted with a significant number of students with emotional health/wellbeing issues – depression, anxiety, self harming / suicidal ideations, related drug / alcohol issues, anger, grief, eating disorders, sexual management, etc. Because of our unique position in relation to adolescents we were often in the front line of dealing with students with important wellbeing issues. How often did we find ourselves, after a heartfelt discussion with a student, saying...”so who else knows about this?”.....
- At this point we were faced with a challenge. If we felt that the student was in need of Medical/Professional help – often the students wanted the issue “kept quiet” and for *us* to manage it – an acute challenge presented itself, in getting the level of help needed, in the time frame that the case demanded. Often the student did not have a family doctor, or students were concerned about seeing the family doctor about “that sort of issue”, or wait lists at clinics were out of step with the urgent needs of the student. Wait lists at CAMHS / support agencies were equally as formidable.
- Contacting home in relation to our concern was not a guarantee that the student would get to see a doctor. Many hurdles such as parental perception of mental health; fear of financial cost, or parental functionality and proactive capacity were impediments to intervention.
- If we were able to secure a medical appointment, our challenges were not over. Could we get the student to face the “Doctor’s Waiting Room” given the stigmas associated with mental health issues? This is especially the case in regional / rural communities where the chance of being “spotted” in the clinic waiting room is a real impediment to attendance. If the appointment was for the standard 15minutes, how could the Doctor, in the midst of a busy daily schedule, get more than a superficial overview of the needs of the young person?
- In discussion with Counselling colleagues in other schools, we found that their concerns and frustrations were similar to our own. In facing the challenges of adolescent Mental Health, Victor High was just like other schools, public or private; rural or urban.
- A concern arising from the above was that of School Counsellors ending up having to provide a level of support in Mental Health issues that often went beyond our training.

For Counsellors, and teachers, whilst we maintained our close support for students, there was no doubt that the chances of students achieving better wellbeing outcomes were being compromised by our inability to access the level of professional help that was required.

For us, Doctor on Campus changed all that.

## **Doctor on Campus – how it operates at Victor High**

The key operational structure of Doctor on Campus is as follows.

- School Counsellors handle all referrals to our Doctor, Dr Anke Doley, Victor Harbor Medical Centre. We identify students following referrals from teachers, parents/family, friends of students, and the students themselves. Clearly only some of the school-based referrals that we manage require DOC support.
- Dr Doley consults at VHHS, in a designated, private office one morning a fortnight.
- Counsellors provide case notes for all new referrals at the initial consult, which is always 45mins in length. The case notes are critical to the success of DOC, because at the point of agreeing to the DOC consult, students are able to be reassured that Dr Doley will know in advance of their situation, leading to a more effective use of the initial consultation time. We also believe it critical for our Doctor to be able to develop a quality Doctor/student relationship, one that best facilitates an individual management plan.

- The school manages the appointment schedule for the consulting day - catering for absences, bringing students from class should they forget their appointment. We do this because appointment times are not matched to school bell/lesson change times, and often students do not wear watches. We now use texted reminders for students – this use of teen-friendly technology works well. Student appointment slips are generic and do not indicate that a student has a DOC appointment. This preserves essential confidentiality for the student.
- We manage contact with parents where legally required, and as often as possible (for senior students) to gain required permission for the consult. We believe it to be essential to involve parents in the process of overall case management. Parental attendance at consults, or part of consult, often occurs – students have input in this, and sometimes this is requested by our Doctor.
- All consults are bulk-billed, thus removing any financial impediment to the intervention.
- Dr Doley advises us on follow-up appointments, their timing, length, and who should attend (often, parents are requested attend these).
- Dr Doley manages referrals to other health professionals, as she deems it necessary via SAFKI Medicare Local.[see OUTCOMES].
- Dr Doley provides feedback, where appropriate, for Counsellors/teachers to be better placed to provide support at school for the student in the DOC follow-up process.
- Where students have an existing relationship with a family doctor, and they are comfortable with this pathway of support, it is strongly encouraged by us. Our case notes are then provided to the local GP. Sometimes local doctors, being aware of the DOC process, refer students directly to Dr Doley at school.
- Regular Case Conference meetings are held at school with Dr Doley (plus personal or provided input from counselling / Psych support consultants Jane Pool / Chris Wigg), and Student Services (counselling) staff to discuss individual student cases, progress for individuals, etc.

## **EXAMPLE**

To assist in the practical understanding of DOC, the following is the actual schedule that we prepared with Dr Doley for one of her consultations.

- Senior male student, self-referral with senior student and his girlfriend following series of emotional episodes at home. Admits to suicidal ideation and some self harm (cutting). New Client - 45mins. Case notes by counsellors to Dr Doley from interview with students.
- Junior female student, referral by counsellors following discussion re shared concern with parent and student. New client – 45mins. Counsellors to provide notes.
- Senior male student, ongoing follow up re significant mental health risk factors as per case management plan, following input from parents, and recommendations from VHMC consulting Psychiatrist. 30mins.
- Senior female student, following grief related family tragedy – referral from family via us. New client – 45mins. Case notes by counsellors.
- Junior female student, case review request for continuation of consults - from Jane Pool. 30mins.

## **OUTCOMES**

From our ongoing connections with students both present and past, with parents, and with teachers, we are convinced that the DOC initiative has been an outstanding success, illustrating the benefits of tailored intervention, as per the DECS Learner Wellbeing Framework. Elevated outcomes for students have been profound and measurable. We have had excellent feedback from students, grateful parents, and from teachers. No longer do we face the impediments to intervention that we once had!

A clinical bonus has been Dr Doley's identification of the need for on-campus psychological support for some students with elevated needs, and the subsequent attraction of Jane Pool (Social Worker/Psychologist) and Chris Wigg (Clinical Psychologist) as consultants at Victor High to underpin the outcomes of DOC.

Doctor on Campus is a practical and working model of early intervention in mental health; a model that fits national needs identified by 2010 Australian of the Year, Professor Patrick McGorry. Our bottom line is and will remain – that our desire is to see students return to improved functionality; as students, within family, socially, and ultimately as members of our community.

DECD schools interested in considering Doctor on Campus as a part of their whole-school / community approach to wellbeing are invited to contact Colin Sibly at Victor Harbor High School Student Services for additional information and support.

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## **Contacts**

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