



Mental Health Nurse and Managing Emotions Program



**University
of Victoria**

Health
Services

Who are you?

1. Campus physician
2. Mental health nurse
3. Campus counsellor
4. other campus staff
5. other

Do you have a full time dedicated
Mental Health Nurse?

1 – Yes

2 – No

Our online search found 15 (6%) of 243 Canadian post secondary institutions have only nurses or nurse practitioners providing medical care on campus!


Mental Health Nurse was the main request of our clinic psychiatrists.



Role of the Mental Health Nurse

Cathy Buchan, BScN

1. Crisis Triage and Assessment

- Assess risk and needs
 - Develop care plans
 - Goal setting
 - Develop coping strategies
 - Teaching to communicate re health issues
 - Sign consents to request old medical records
 - Help complete Requests for Academic Concession
- 

2. Care Coordination

1. within clinic

2. on campus

- Regular collaboration with Counselling, Resource Centre for Students with Disabilities, Residence and Case Managers (with Judicial Affairs)
- Follow up of reports from campus security

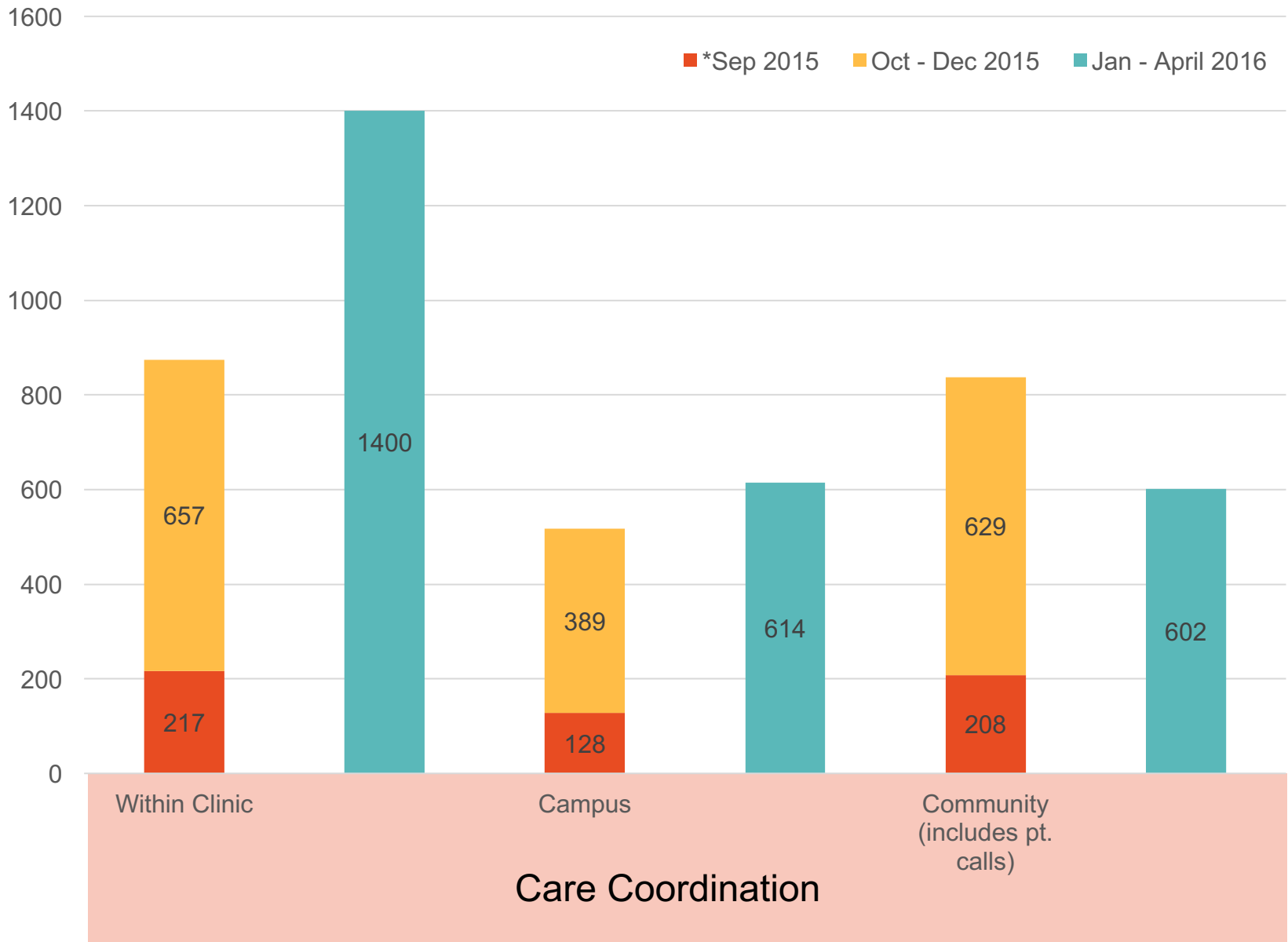
3. with community

- Reports to and from local community hospital and services

2. Care Coordination



Mental Health Nurse Interactions




3. Support patients between visits to physicians assessing risk




- Suicide
- Self harm
- Physical risk (ED)
- Responses to medication
- Pending psychosis

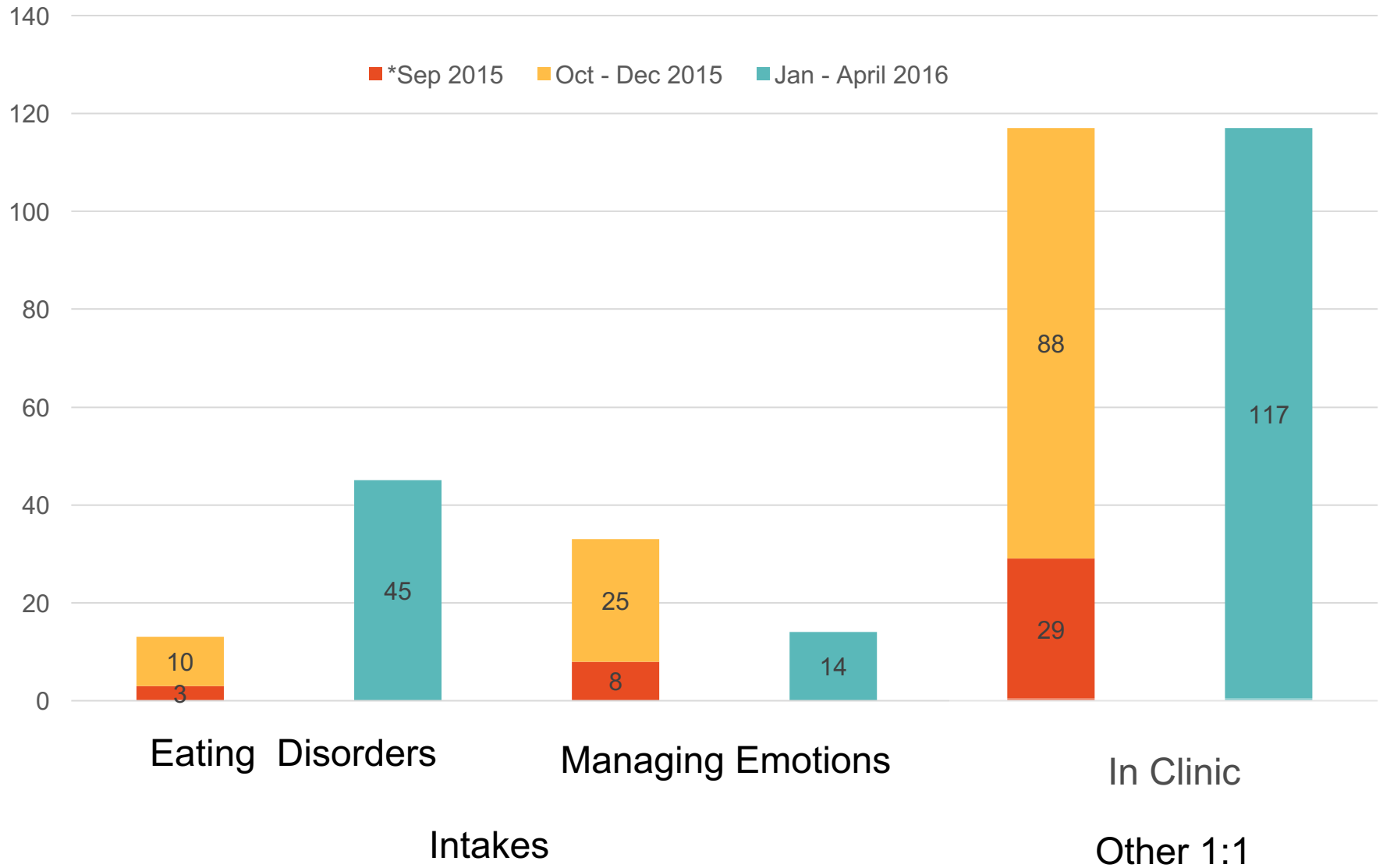
4. Programs

- Diabetes and Depression Focus Group
 - Eating Disorders
 - Managing Emotions
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Eating Disorders Program

- Program intakes - 58 in 2016-17
 - Monitor and follow illness
 - Delegate to and coordinate clinicians
 - Liaison between practitioners
 - Maintain updated records of the status of all patients for the team
 - Leads team meetings every other week
- 

Numbers of Encounters by MH Nurse



Managing Emotions Program

- Intakes - 47 in 2016-17
 - Correspondence about program with students
 - Plan and Co-Lead “Advanced Identity and Mindfulness”
 - Co-lead the Foundations ME Group – not ideal
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5. Liaison

Families

- Support and counsel
- Mental health education
- Inform about returning to school procedures
- Advise on accessing health system access

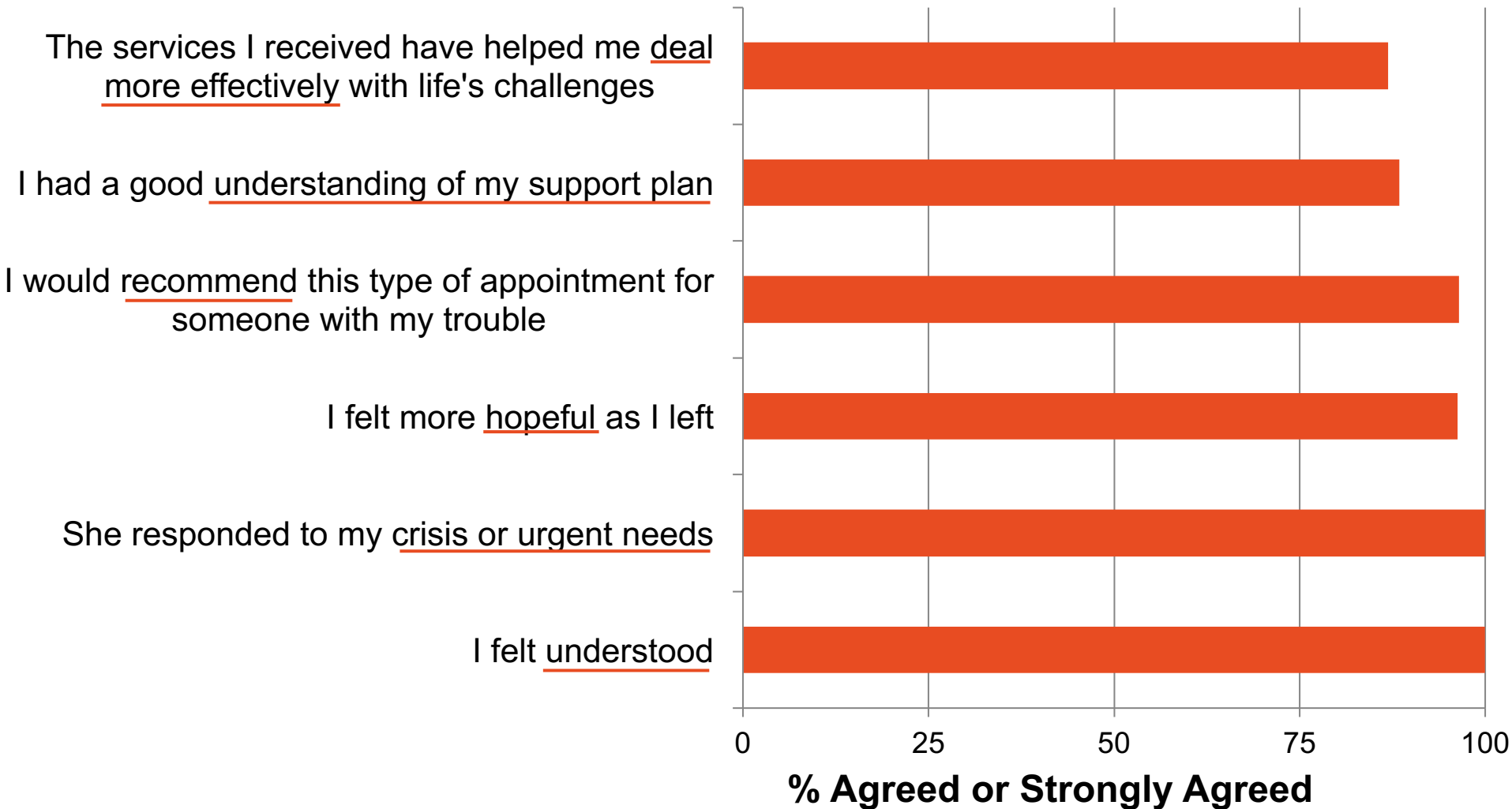
Professors

- Inform about accessing UHS
- advise on managing a student's difficulty
- Coaching on assessing risk

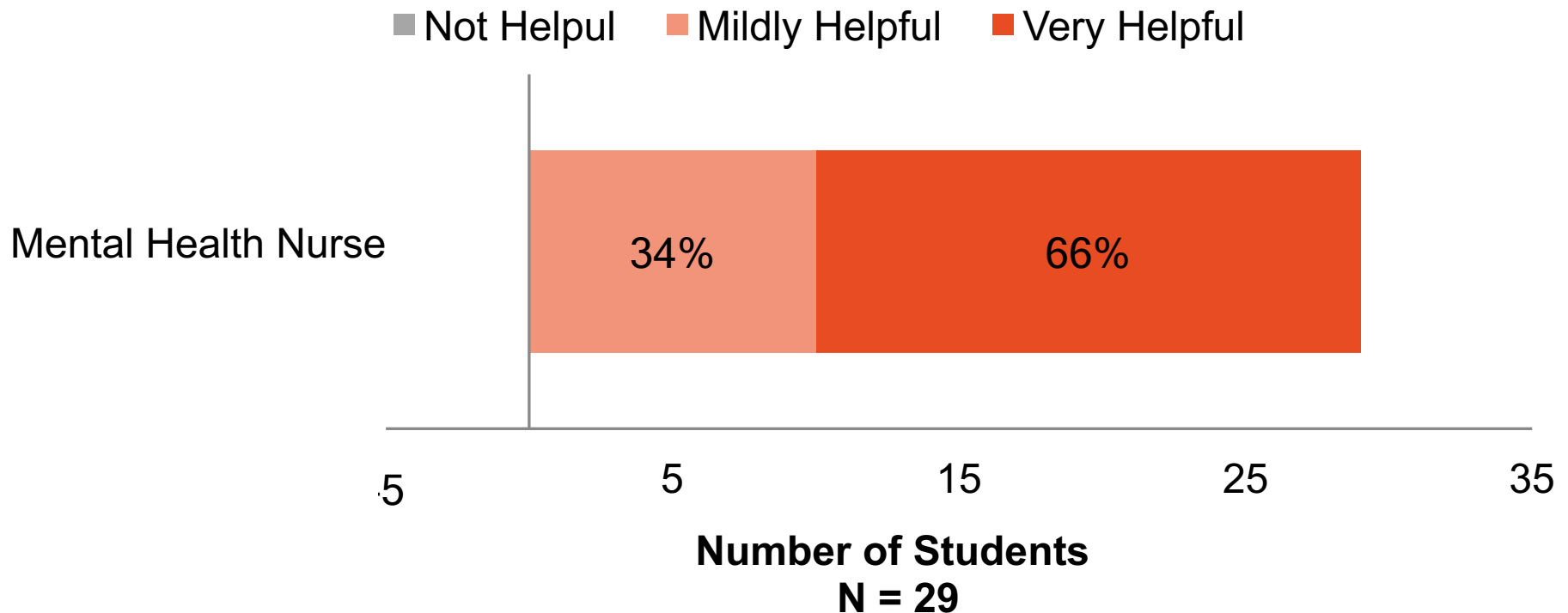
6. Debriefing and Supporting Staff



Most patients rated the MH Nurse positively



All of the student respondents found the Mental Health Nurse Helpful



The position was invaluable
to all staff

100% gave it the highest ratings possible.

Having a designated
MH nurse is a no
brainer!

Open the Floodgates!




Our busy MH nurse

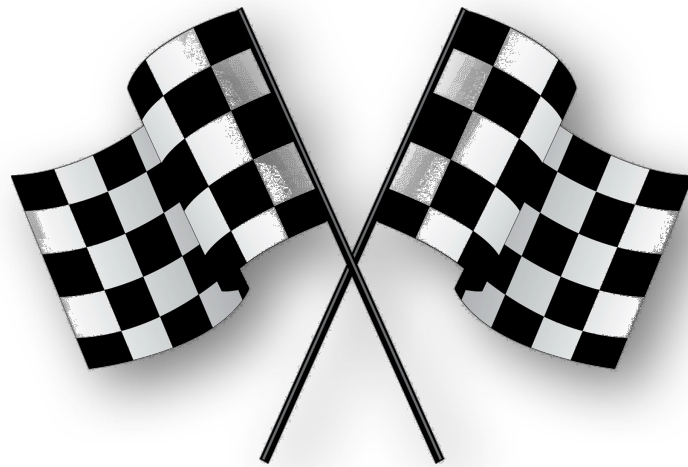


For a campus
of 21,700,
2 MH nurses
were required



Paper in progress showing...

- 52 Nursing Interventions Classification (NIC) skills
 - Case management inseparable from MH nursing role (as is true in other papers about the MH nurse's role)
- 



Questions?

Switching topics...

Is managing or treating individuals with borderline personality traits/disorder a significant issue for your campus?

- 1 – Rarely
- 2 – Monthly
- 3 – Weekly
- 4 – Daily
- 5 – No idea what you mean

Do you have DBT or something like it on campus?

- 1– Yes, managed by University Health
- 2 – Yes, managed by Counselling
- 3 – Both of the above
- 4 – No, we refer to an external program in the community
- 5 – No, and nothing is available in the community

At UVic

University Health Services:

- <1% of GP's mental health patients
- 22% of psychiatrists' patients

PIT Project's Experience with Implementing a Managing Emotions Program

Erin Burrell, Cathy Buchan,
Dawn Olson, Marilyn Thorpe

Purpose of Managing Emotions Program

- To improve participants **capacities** to manage their emotional experiences through the **learning and practice** of practical **acceptance and change strategies**
- To equip participants with **tools and strategies** that enable them to **respond** to triggering events and life situations with **thoughtful choices**

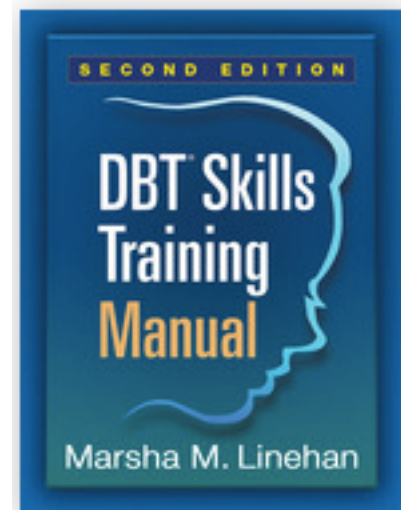
Theory and Approach

- Managing Emotions (ME) draws primarily on DBT Theory
- DBT views central problem in emotional dysregulation as a skill deficit arising from childhood emotional invalidation combined with inherent emotional vulnerability
- Therefore, ME program is firmly oriented toward skills training. This also serves fact of limited availability of resources
- ME is NOT a process group
- One therapy (therapist) per student

- Baer, R. (2014). *The practicing happiness workbook: How mindfulness can free you from the four psychological traps that keep you stressed, anxious, and depressed*. New Harbinger Publications.



- Linehan, M.M. (2014). *DBT skills training manual*, second edition. Guilford Press.



Three Trained Therapists


- Program requires three staff – two facilitators and one mental health nurse
- Each of the three needs a minimum 30 hours DBT training
- Lead facilitator needs minimum two years' experience facilitating DBT groups with proven mastery of DBT skills and concepts, and managing participant behaviours

Criteria and Rationale for Participant Selection


ME criteria formulated to:

- Ensure low drop out rates
- Protect well-being of participants (more severe coping difficulties require more intensive care than ME modules provide)

ME Inclusion Criteria

- Problems with emotional regulation & counterproductive behaviours (avoidance, self-harm etc.)
 - Motivated to complete course & practice skills
 - Agree/capable not to self-harm
 - Can appropriately participate in group discussions and activities
- 

ME Exclusion Criteria

- Psychosis
 - Cognitive/language difficulties that interfere with use of group materials
 - Violent/aggressive behavior
 - Active suicidal behaviours
 - Actively using substances that would interfere in learning or affect others in the group
- 

University of Victoria Managing Emotions Program

Information Session

- Offered monthly, 60 minute presentation
- Overview of symptoms, causes, Borderline Personality Disorder, PTSD, diagnosis, treatment
- Distribution of intake packages

Intake Appointments

- Referral from family doctor
- Approximately 1 hour with Mental Health Nurse
- Review of completed intake package & suitability assessment
- \$ deposit for Foundations Module

Foundations Module

- Six sessions – 1 hour and 45 minutes each
- Offered each semester
- Introduces: Mindfulness, Emotion Regulation and Distress Tolerance concepts and skills
- Is a prerequisite to all advanced modules

Advanced Modules

- Modules are independent and can be taken in any order
- Six sessions – 1 hour and 45 minutes each
- Each Advanced Module is offered once per year

Distress
Tolerance

Mindfulness and
Establishing Identity

Advanced
Managing
Emotions

Interpersonal
Effectiveness

Steps to preparing Clinic Staff for Managing Emotions Program

- Present 'Student Introductory ME Lecture' to physicians and nurses with questions and discussion to follow
- Present 'Orienting Doctors and Nurses to DBT Theory and Skills' powerpoint to clinic staff, with questions and discussion to follow
- Provide doctors and nurses with 'Top Ten DBT Skills' in-office tool for their use with ME patients

Educating Students about Managing Emotions

Students who are interested in ME are provided with a one page handout that describes:

- How ME can help them change their relationship with their emotions
- The structure and approach of ME group—more of a ‘class’ than a ‘therapy group’
- How to tell if ME might be a good fit for them
- Next steps in learning more about ME, determining their eligibility for the program, and signing up

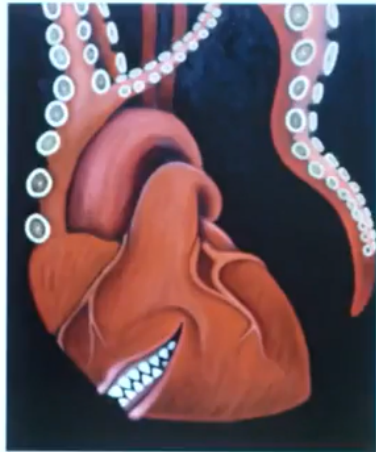
Mandatory Intake Process

Interested students are required to:

- Attend the introductory student lecture

Introductory Lecture

The Hungry
Heart



Mandatory Intake Process

Interested students are required to:

- Attend the introductory student lecture.
- See their GP to discuss and be referred.
- Complete intake forms (re: program fit, strengths, emotional troubles, motivation, goals).
- Arrange for and attend intake appointment.
- Following this, if meet criteria, pay \$60.

Focus of Assessment at ME Intake

- Evidence that emotional dysregulation is the primary mental health concern
 - History
 - ‘What is troubling you?’ list
 - GP referral note
- Motivation / capacity to attend and learn ->
 - attends appointment, arrives on time
 - intake forms are complete
- Client readily identifies with purpose and content of program, and seems keen.
- Evidence (interview, forms, GP) that client will contribute to (rather than detract from) positive group experience.

Clear, Firm ME Boundaries

- **Attendance requirements** are clearly stipulated and no exceptions are made for any reason
 - e.g. one session only of Foundations module may be missed, or entire module must be repeated.
- Group begins/ends right **on time**.
- A **group agreement** is reached through review and discussion of behaviours that are acceptable/not acceptable, including phones, fidgeting, eating/drinking, etc.
- References or allusions to self-harm, suicide, and other destructive behaviours are not permitted, but may be referred to as '**my trigger behaviour**'.

Monitoring of Group Members

- **Check in** –focused on homework review but may include major events/issues
- **Check out** – for a sense of how participant is doing
- **Self-progress reports** – limited space (intentional) contributes to picture of how participant is doing
- **Post session check** - any participant who hasn't spoken up or where there is concern (relatively rare)
- **Regular visits strongly encouraged** with GP
- **Facilitators' debrief** sharing observations
- **MH Nurse follow up**, by facilitator request, with participant of concern

Overview of DBT Skills and
Concepts Taught in Managing
Emotions Illustrated Through...

The Story of Mariko

Mindfully Observing and Describing

Emotions have Urges,
Sensations and
Thoughts

Labelling Emotions

JOY



ANGER



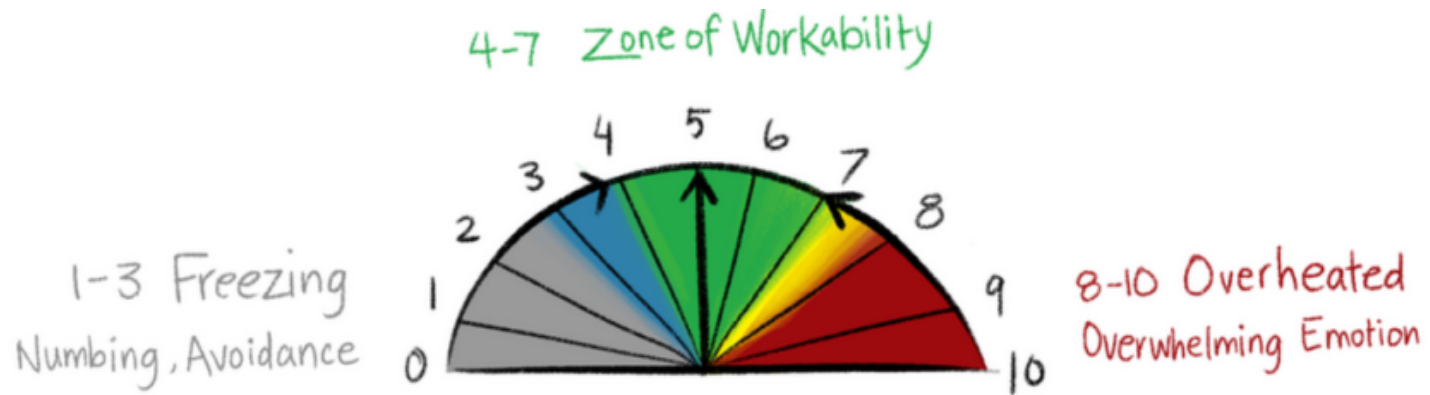
FEAR



One Breath Skill

‘Being Mind’ and ‘Finding the Pause’

The Workability zone on the Emotional Intensity Dial



<https://www.divisionsbc.ca/victoria/CBTskillsgroup>

Emotions are Valid

Mindfulness Bird and its wing of Acceptance



- Bird analogy from Tara Brach, mindfulness teacher

Justified Emotions

Acting on Emotional Urges

only if it is
Helpful and Effective
to do so

Values and Goals

Opposite Action
all the way

Acceptance and Willingness

‘Half Smile’
‘Willing Hands’

Responding rather
than
Reacting

Practices that Increased Effectiveness of Group

- Starting every session with 1 or 2 minute mindfulness practice
- Contained, brief check in/out – one word/one sentence, for e.g. “If I were a car, I’d be a...because...”
- Homework completion increased through
 - 1) linking h/w to skills of acceptance & willingness
 - 2) having participants set homework goals

Practices that Increased Effectiveness of Group

- Self-progress notes:
 - 1) seemed more informative
 - 2) provided increased sense of personal responsibility

Observation: Groups seemed to 'form' in about session 4 of module – increase in confidence, reduction in symptoms with successful use of skills, increase in group energy

One Year of Managing Emotions

# of students	
107	On our radar
76 (71%)	Attended Intro lecture
47 (44%)	Intakes
7	Inappropriate
36/40 (34% / 37%)	Finished Foundations Module
5/5	Finished Advanced Distress Tolerance Module
4/5	Finished Identity and Mindfulness Module

Evaluating the ME Program

- DERRS
 - UHS Feedback Form
 - UHS Self-progress Reports
- 

I am confident handling my emotions

Scale of 1-10

(Average score of group members)

- Prior to group 3
- After Foundations 7

Patient comments:

It gets me actively engaging in skills that are new, or that I had learned before, such that I actually integrate them into my life and lifestyle.

The practical skills helped me take control of my overwhelming emotions.

Getting to be more comfortable with the group over the period of the 6 sessions, a sense of belonging was fantastic in a nervous group like that.

Family doctor's comment:

For so many years, I dreaded these patients and sent them away quickly because I felt overwhelmed.... Now I understand them and I am excited they will get better.... I look forward to their visits because I understand that talking and being understood is important.

Project Team (Pit Crew) Members

CORE

Dr. Marilyn Thorpe – Project Lead
Helen Monkman – Project Manager
Dr. E. Burrell – Creator of Foundations
Dawn Olson – CBT Therapist,
Cathy Buchan – MH Nurse
Dr. J. Cheek – original work
Theresa Brown – MOA for Mental Health
Dr. Oona Hayes – GP Mental Health Lead
Dr. James Felix – GP Mental Health Lead
June Syracuse – Counselling, Facilitator

SECONDARY

Dr. Andre Kushniruk – Co-Investigator
Dr. Elizabeth Borycki – Co-Investigator
Dr. Judy Burgess – Clinic Director
Dr. Leigh Greiner – Data Analyst

FAMILY DOCTORS

Dr. S. Baskerville-
Bridges
Dr. J. Bowles
Dr. M. Brydon
Dr. W. Dyson
Dr. B. Fraser
Dr. K. Foster
Dr. J. Fry
Dr. C. Gray
Dr. T. Garnett
Dr. J. Kim
Dr. C. Levia
Dr. S. Martin
Dr. B. Meeker
Dr. S. Stewart
Dr. L. Warder

CONTACT INFORMATION FOR WEBINARS

Jaworska, De Somma, Fonseka, Heck, MacQueen *Mental Health Services for Students at Postsecondary Institutions: A National Survey*, Can J Psychiatry. 2016. 61(12): 766-775

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University
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Health Information
Science



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Health Services

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Website

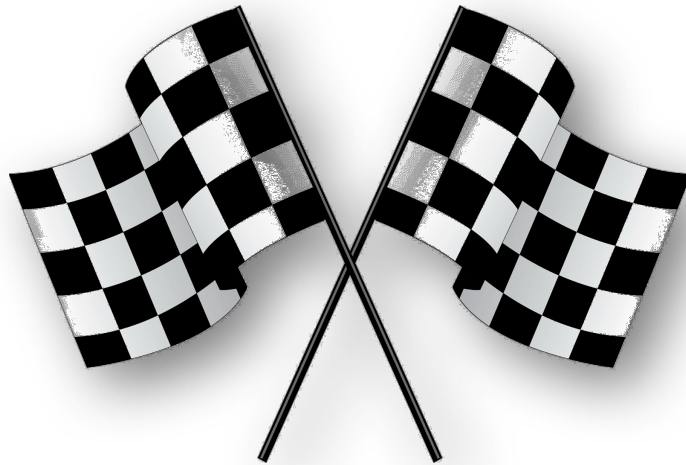
- **Webinar**
- **Introductory lecture**
 - Advertisement
 - **Film**
 - Slides for handouts
 - Attendance list
 - Evaluation form

Website

Getting started

- Preamble
- Overview
- DERRS scale to consider for monitoring
- Informing your clinic
 - Referring Doctor Info Sheet
 - Patient Information Page
 - **Presentation for those delivering care**

Thank you!



Questions?