# University Committee Yearly Report for 2017-2018

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Psychiatric Services Advisory Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person’s Name</td>
<td>Cathie Sheeran</td>
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<td>Contact Person’s Email</td>
<td><a href="mailto:Cathie.sheeran@mcgill.ca">Cathie.sheeran@mcgill.ca</a></td>
</tr>
<tr>
<td>Student Representative(s)</td>
<td>Vithushon Thayalan</td>
</tr>
<tr>
<td>Meeting Dates</td>
<td>December 6, 2018</td>
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## Overview of the Committee

- Accountability meetings
- Can we as students provide some info to guide them

## Highlights or key business discussed this year

### Unit structurally altered
- Multi disciplinary unit to a service composed of psychiatrists and one nutritionist (whose role is in transition out of psych services and into the wellness mandate)
- Affected what could offer and how they were functioning
- McGill felt traditional approaches were confusing for students
  - In response, they moved psychologists into counselling services
- Trying to interface in the university in a new way
- No clinical director of the services for over a year
  - Setting up a structure where they will be able to do that
- Responds mostly to consultations
  - Only University that responds to consultations without a doctor’s referral
  - 22 percent comes from counselling service
    - This doesn’t include walk-ins
- Acute distress
  - Outside of safety appointments, they’ll need to go to counselling first to be referred to psychiatric services
- Notion against treating and preventing
  - In past, a lot of emphasis on treatment. Not sustainable
    - Lengthy waiting times for psychotherapy access
    - Led to creation of the wellness model
    - Self-care, online resources
    - To what extent does the university want to address the treatment part?
      - What is the university’s role in that?
      - Eating disorders unit
        - Conflict b/w admin and psych services concerning vision
          - Treatment vs prevention
          - McGill feels prevention is important.
          - Psych: What happens to our sick students?
          - Not fully resolved
            - Might be a reason why there isn’t a director right now
        - Psych services
          - Fully endorses that the old version was not working well but there needs to
be a place with diagnosed/diagnosable mental disorders.

- Has a responsibility, especially with international students, to provide them with services here
  - That’s what they are trying to develop and maintain

- No system of information shared between counselling services with psychiatric services
  - Psych has their paper charts
  - Counselling has their paper charts
  - Not shared amongst each other

- One stop for health and psychological services
  - Fall 2018
  - Shared information base
  - Electronic medical record
    - Students will have access to a portal with access to their information

- Counselling open to this
  - Perhaps once a month?

- Guest speakers from hospital
  - Refer students to him if anything happens

- Eating disorder program
  - The ex-director of EDP left for Toronto, her position was left in limbo and finally was not replaced
  - With change of admin, it was decided that the EDP was too costly, and not serving enough students for it to be worthwhile.
  - Basically over the past year, lost the nursing and psychologist position
    - Still have a nutritionist but she’s being transitioned more into the wellness model
    - Unclear and unlikely that she’ll be seeing students going forward
    - No groups anymore
    - There are assessments by two psychiatrists
      - Organize blood work
      - Devise plan of treatment
      - Try to use resources in community
      - Unfortunately not enough services in Montreal
    - Counselling service trying to provide support (NOT Treatment)
      - Doesn’t replace what was there before
      - McGill doesn’t want to offer ‘specialized’ services
  - Severity
    - Sever anorexia has the highest mortality rate
  - McGill was highly supportive of it
    - The only one of its kind
    - 1/9 in NA
    - Went from ‘this is amazing’ to ‘not cost-effective’ way too quickly
      - Psychological whiplash
    - Rolling out of that message was something that could of been done differently

**Topics that might carry over to next term or expected topics**

- Eating Disorder
- More Cohesion
- Electronic Medical Record