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# College Counseling and School of Medicine Collaboration

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# Disclaimer

- ▶ *The views, opinions, and content expressed in this publication do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).*

# WCSU & CCSU - psychiatrists

- ▶ WCSU - part-time retired psychiatrist
  - spent an afternoon a week
  - students could contact psychiatrist between sessions
- ▶ CCSU - part-time from Hospital for Central Connecticut
  - spent an afternoon a week and provided contact with local hospital

# MOU

- ▶ CCSU Director of Counseling and UConn Health Chief of Psychiatry discussed the possibility of an MOU between the medical school and the university. Medical School needed clients for their psychiatric interns and the university needed to have students seen for medication. Our students would have an easier path to be seen.

# Process

- ▶ CCSU clinician works with a student and there is a determination that the student is in need of medication (can happen first visit or during treatment).
- ▶ CCSU clinician fills out a referral form with the client and clinician faxes it over.
- ▶ CCSU clinician calls the intake line and speaks to UConn Health staff or leaves a message concerning the referral.
- ▶ Client is contacted by the intake worker from UConn Health dept. of psychiatry and an medication intake appt. is arranged.
- ▶ Student is seen by the psychiatric resident and a decision is made about medication.
- ▶ CCSU clinician typically gets a voicemail about the student and the medication.
- ▶ Student is followed by both treatment providers with communication as necessary between them. Typically communication comes when an issue arises, such as the medication not being effective.

# Referral Form

- ▶ Patient name, DOB, address
- ▶ Referral source
- ▶ Insurance information
- ▶ Chief complaint
- ▶ Medical history
- ▶ Medication, dose, and prescriber
- ▶ History of psychiatric treatment
- ▶ History of substance abuse treatment
- ▶ Diagnosis: Axis I, Axis II

(Intake date, time and Clinician to be seen)

# Outcome

- ▶ CCSU looked at student concerns
  - At times, there are complications in getting an appointment. If we had meetings with the department of psychiatry, this may have been avoided.

# Lessons Learned

- ▶ Psychiatrist and therapist need to have open communication, ROI
- ▶ Setting up in-person meetings with a ED staff at the local hospital helped create better communication and how to best support college students at the ED and after they get discharged
  - Decreased inappropriate referrals



# Challenges

- ▶ UConn Health doesn't have the capacity to take on our students when the psychiatric residents first start their rotation and this causes a gap in service. We are using the Hospital for Central Connecticut as well.

# Contact Information

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- ▶ Thank you