



Student Psychological Wellbeing at McGill University:

*A report of findings from the
Counselling and Mental Health Benchmark Study*

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Introduction

Universities are increasingly expected to create environments that actively promote student success and wellbeing. To succeed in a complex and ever-changing world, university students need to acquire both academic knowledge and life skills that promote wellbeing, such as, resiliency, collaboration, creativity and engaged citizenship. Research shows that educational institutions that purposefully prioritize wellness also enhance student learning, engagement, satisfaction and persistence. Wellbeing is one of the most important contributors to the success of individuals, communities and societies overall (Healthy Campuses, 2013).

Students enter university with their own level of resources, such as, academic preparedness, finances, resilience, social support, etc. The majority of Canadian university campuses offer students a number of services that can enhance students' educational, professional and personal development when needed. Regardless of the resources that students come to university with, they are affected by the campus community and the demands of workload, access, tuition, and the need for a sense of belonging. University decisions, policies and actions greatly impact students' learning environments and shape their experiences and connections to the broader community (Healthy Campuses, 2013).

Over the last decade, addressing student psychological wellbeing has become increasingly important at McGill University, as well as on campuses across Canada and around the world (Canadian Association of College and University Student Services and the Canadian Mental Health Association, 2013). A 2006 study of student mental health illustrates the new reality facing university students and campus communities, whereby students reported grappling with: depression (15%), anxiety (6%), eating disorders (6%), attention deficit/hyperactivity disorder (4%) and post-traumatic stress disorder (3%), (Soet & Sevig, 2006). The onset of most psychological disorders occur by the age of 24 while many adolescents and young adults are studying on university campuses, which is a critical time to assist students who need treatment (Eisenberg, Hunt & Speer, 2012).

Overall, there are three main challenges facing universities with respect to psychological wellbeing:

- 1) the steady rise of university students seeking access to campus psychological resources,
- 2) the increased complexity and severity of symptoms (Kitzrow, 2009) and
- 3) how to implement a systemic approach to campus wellbeing.

Recent national (e.g., Canadian Association of College and University Student Services and the Canadian Mental Health Association, 2013) and international (e.g., Healthy Minds, 2009) publications emphasize universities' role in enhancing optimal student psychological wellbeing by creating inclusive and supportive campus environments. In addition to concerns about the impact of student psychological wellbeing on academic success (Eisenberg, Goldberstein, & Hunt, 2009) is the need to consider comprehensive approaches that are conducive to creating transformative learning

communities that lead to lifelong wellness strategies. The challenge for most Canadian university campuses is to be strategic and innovative with limited resources in responding to existing and emerging student needs where all students can learn and thrive. In order to improve campus psychological wellbeing, there is a need to understand where we are today. This report seeks to understand the psychosocial issues facing McGill students, as well as perceptions of support.

The remainder of this report will be presented in the following sections:

- Defining Psychological Wellbeing
- Goals
- Methodology
- Response Rate and Respondent Characteristics
- Findings
- Conclusions
- Recommendations

Defining Psychological Wellbeing:

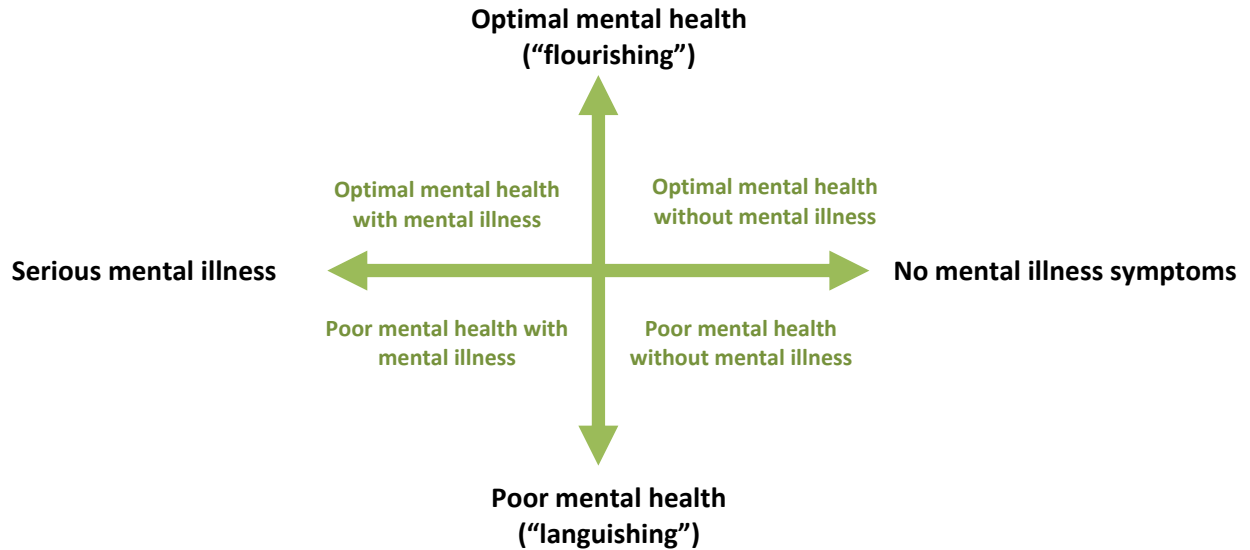
Our working definition of psychological wellbeing is:

“The capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice, interconnections, and personal dignity” (Public Health Agency of Canada, n.d.).

Throughout this report, the terms *mental health* and *psychological wellbeing* will be used interchangeably.

A recent joint publication from the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA), (2013) entitled *“Post-Secondary Student Mental Health: Guide to a Systemic Approach”* endorses this definition of psychological wellbeing and the dual continuum model of mental health and mental illness presented in Figure 2 (World Health Organization, 2003; Keyes, 2002). The mental health continuum ranges from poor (or languishing) to optimal (or flourishing), whereas the mental illness continuum ranges from serious to no mental illness. According to this model, “a student with mental illness may flourish and conversely, someone without mental illness may languish with less than optimal health” (CACUSS & CMHA, 2013, p.6).

Figure 1: Dual Continuum Model of Mental Health and Mental Illness



Goals

In the winter 2012 academic term, the project was initiated by McGill's Counselling Service and carried out with the Student Assessment Office. With the support of the Executive Director, Services for Students and the Office of the Deputy Provost, (Student Life and Learning)¹, the survey was launched to develop a better understanding of the psychological wellbeing of our student body.

The overall goals of this initiative are to:

- 1) **Develop a baseline:** This is the first systematic and comprehensive survey on student psychological wellbeing at McGill University. Subsequent administrations of this survey will enable us to monitor changes and compare our findings to participating peer institutions.
- 2) **Increase our understanding of the psychological distress of our student body:** The survey was administered to a random sample of our general student body, not just the students who use psychological our services, providing us with the opportunity to gain insight from a broad cross-section of our student population².
- 3) **Stimulate community discussions:** Disseminating and sharing the findings of this survey will enrich the McGill community's understanding of the mental health challenges faced by our students. We

¹ Participation from the Planning and Institutional Analysis Office, McGill Mental Health Service, McGill Student Health Service and the Office for Students with Disabilities.

² <http://www.campuslabs.com/2013/05/national-benchmarking-spotlight-mental-health/>

encourage all members of the McGill community to discuss the findings, share insights and use the information to proactively support the collective wellbeing of our student body.

- 4) **Use the evidence to design healthy campuses (downtown and Macdonald Campus):** The data collected from this survey will be used to provide data for campus task forces, to prioritize and build support programs that respond to evolving student needs and create wellbeing promotional campaigns.

Methodology

Survey Instrument

The Mental Health and Counselling Benchmark Study (CMHB) is one of several assessment projects endorsed by NASPA Knowledge and Assessment Consortium³.

The CMHB is comprised of student demographic questions and 62 items from the standardized instrument entitled Counseling Center Assessment of Psychological Symptoms (CCAPS-62). The instrument was developed by the Counseling & Psychological Services at the University of Michigan and managed by the Center for Collegiate Mental Health (CCMH) at Penn State University.

The instrument is a comprehensive psychometrically reliable assessment tool intended to meet clinical, research and administrative needs of university psychological service centres. The CCAPS-62 consists of eight subscales related to psychological symptoms most common in university students.

The eight subscales are:

1. Depression	5. Eating Concerns
2. Generalized Anxiety	6. Family Distress
3. Social Anxiety	7. Hostility
4. Academic Distress	8. Substance Use

(CCAPS Manual, 2010)

The overall CMHB survey administered at McGill was adapted for Canadian students and available in both English and French.

Sample

2,500 students were randomly selected to participate in the survey. The sample included 1,800 undergraduate and 700 graduate students.

³ <http://www.naspaconsortium.org/> administered through CampusLabs.

Procedure

Students were invited to complete the online, bilingual, anonymous survey via an email message in February 2012.

Important Considerations:

- i. The CCAPS-62 is a relatively new instrument that was released in 2009. Access to American peer benchmark data is limited. Whenever possible, comparisons to Association of American Universities (AAU) and US national averages will be presented throughout the report. In 2012, four AAU peer institutions (both public and private) participated in the study. Since McGill was the first Canadian institution to administer the survey, no Canadian benchmark data are available at this time.
- ii. The CCMH has used recent research findings to revise the CCAPS-62 instrument. Subsequent administrations of the CCAPS-62 will include a resiliency measure.

Response Rate and Respondent Characteristics

The response rate is 19% (n=463). A higher proportion of females and graduate students responded to the survey, therefore the results presented in this report are weighted to adjust to the McGill student population parameters. Overall, 75% of respondents were undergraduate students and 25% were registered as graduate students at the time of survey completion.

Table 1 – McGill Respondent Characteristics at a Glance

	Survey	Population ⁴
% Full-time	95%	95%
% Female	57%	57%
% International	23%	21%
<hr/>		
% 25 or younger	80%	78%
% Aboriginal	1.1%	0.7%
% First-generation university	13%	13%
% Ethnic Minority	29%	30%
% LGBTQ	16%	12%

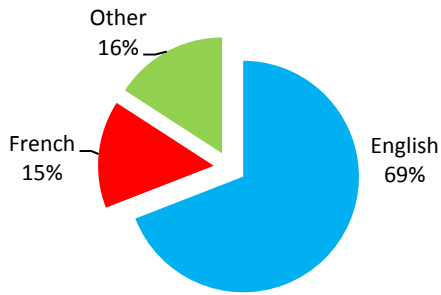
The following charts provide more information about the respondent characteristics, living arrangements and their registered Faculty (or discipline of study)⁵ at McGill. The respondent characteristics are consistent with other large scale McGill surveys and enrollment statistics.

⁴ Table 1: % Full-time to % International statistics population comparisons: <http://www.mcgill.ca/es/registration-statistics/fall-2011>

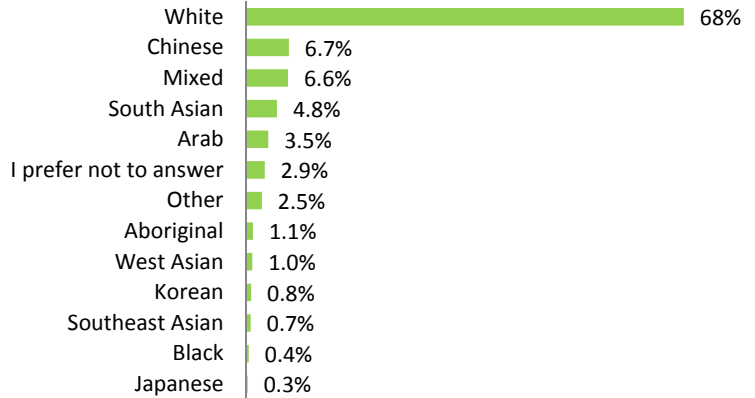
% 25 or younger to % LGBTQ population comparisons: <http://www.mcgill.ca/studentlifeandlearning/diversitysurvey/final-report>;

⁵ Faculty comparisons: <http://www.mcgill.ca/es/registration-statistics/fall-2011>

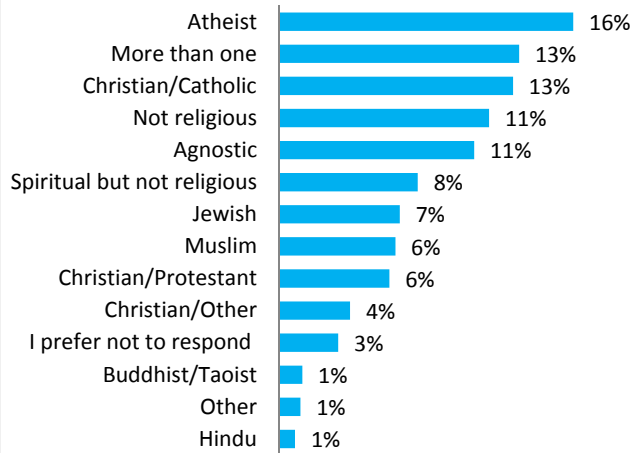
Language most often spoken at home



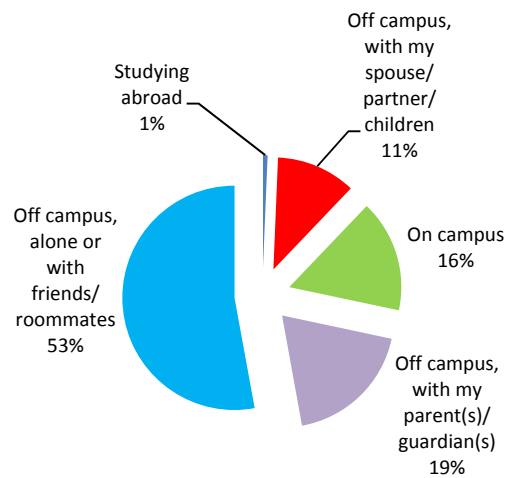
Ethno-Cultural Identity (based on Statistics Canada's census question)



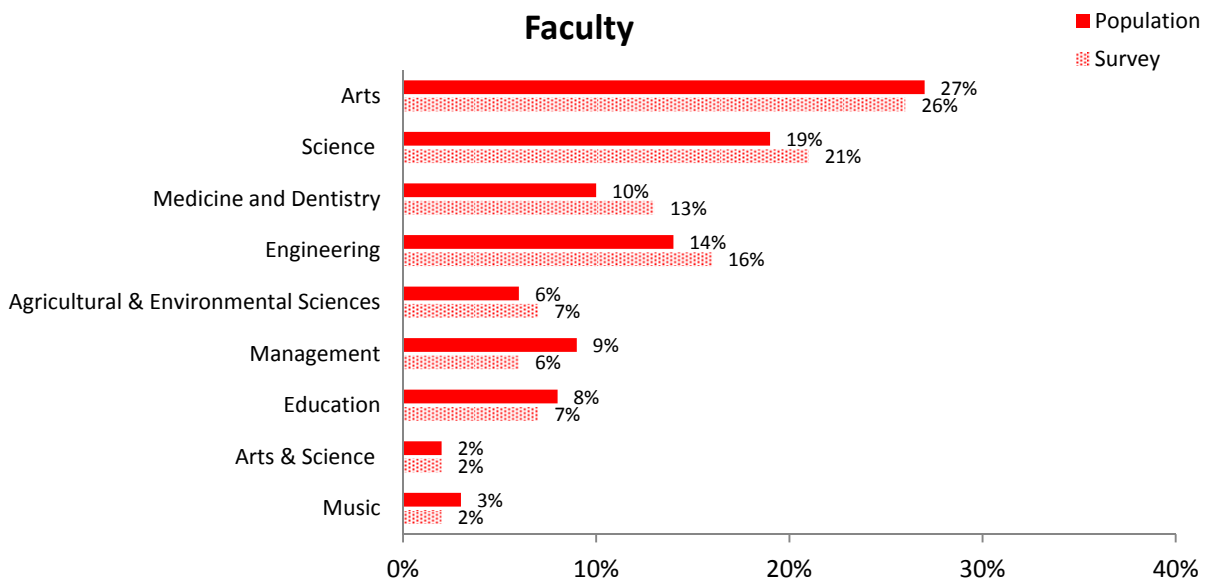
Religion



Housing



Faculty



Findings

Overview

The key findings of this study are discussed below. The topics presented in this report include psychological distress, as well as positive facets of mental health and psychosocial wellbeing.

The topics include:

- Proportion of respondents who accessed resources
- High risk issues (suicidality, trauma)
- The eight subscales (depression, anxiety, academic distress, etc.)
- Financial distress
- Social support

The results for each of the aforementioned topics are displayed for McGill data by gender, level of study (Undergraduate / graduate) and geographic origin (Canadian / international). Whenever possible, comparable American benchmark data are included.

Interpreting the Results

The participants were randomly selected from the McGill student body to get a snapshot of the psychological wellbeing issues common in university settings. Although this report includes items of psychological distress, the findings should not be interpreted as official clinical diagnoses, particularly with respect to the eight subscales, trauma and suicide. The results should be interpreted as the percentage of participants who report feelings that are consistent with psychological issues to varying degrees.

The CCAPS survey items were scored on a 5-point scale ranging from 0 (not at all like me) to 4 (extremely like me). The results are reported on the basis of percentage of respondents who endorsed the items or scales as follows:

0	Not at all like me
1 + 2	Somewhat like me
3 + 4	Like me

Interpreting benchmark comparisons

Whenever possible throughout this report, McGill results are compared to AAU and US national average data. T-test comparisons were conducted to assess whether McGill results are statistically different from the American benchmark data. Asterisks are used to indicate the following significance levels: * for $p < .05$; ** for $p < .01$; *** for $p < .001$.

As mentioned above, the benchmark comparisons are limited. While the respondent characteristics are comparable for course load, gender and first generation status, there are considerable differences in demographics for the number of international and graduate students (Table 2). The higher proportion of international and graduate student responses should be taken into consideration when interpreting the comparisons.

Table 2 – McGill Respondent Characteristics at a Glance

	McGill	AAU Group	US National Average
% Full-time	95%	97%	91%
% Female	57%	61%	64%
% International	23%	3%***	3%***
% Graduate	24%	0%***	11%***
% First-generation university	13%	10%	15%

* $p < .05$; ** $p < .01$; *** $p < .001$

Proportion of Respondents who Accessed Resources

Over the last 10 years, reports of increased use of psychological services on university campuses have been widely reported (Castonguay, Locke, & Hayes, 2011). Hypothesized reasons for the increased help-seeking behaviour include less stigmatized attitudes towards mental health and the increased severity of psychological issues (Eisenberg, Speer, & Hunt, 2012). Benton and colleagues' 2003 study of the frequency and severity of psychological issues tracked client symptomology over a 13 year period in a university setting. Their findings found that during that period rates of suicidal ideation had tripled and depression doubled. These shifts in student mental health-seeking behaviours and needs have challenged universities to assess their existing programs and services and consider new opportunities to address emerging trends. Similarly, over the last decade, McGill psychological support services have reported similar trends.

As seen in Table 3:

- Between 5% and 9% of McGill respondents reported receiving psychological support services on campus compared to 3% to 5% off campus.
- 6% of respondents reported taking a prescribed medication for a mental health concern (4% to 7% range).
- 1% to 3% are registered with the Office for Students with Disabilities (OSD).

Table 3-Percentage of McGill Respondents who Accessed Resources

	Currently receiving counselling or other therapeutic services on campus	Currently receiving counselling or other therapeutic services off campus	Currently taking prescribed medication for a mental health concern	Registered with the office for disability services
Female	9%	5%	7%	2%
Male	6%	3%	6%	2%
Graduate	6%	5%	7%	0%
Undergraduate	8%	4%	6%	3%
Canadian	8%	4%	6%	3%*
International	5%	3%	4%	1%

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 4 compares the proportion of McGill respondents who have accessed resources with AAU peers and the US National average. Overall, 7% of McGill respondents reported receiving therapeutic services on campus compared to 4% for the AAU peer group and 5% for the US national average. In contrast, rates of off campus support were higher for the US national average (6%) than McGill (4%), a higher proportion of students in the US national average reported taking medication for a mental health concern. Overall, the proportion of students registered with their university's disability services was in the 2%-3% range.

Table 4- Benchmark Comparisons of Respondents who Accessed Resources

	McGill (n=463)	AAU Peer Group (n=3,191)	US National Average (n=29,686)
Currently receiving counselling or other therapeutic services on campus	7%	4%**	5%
Currently receiving counselling or other therapeutic services off campus	4%	5%	6%
Currently taking prescribed medication for a mental health concern	6%	6%	9%*
Registered with the office for disability services	3%	2%	3%

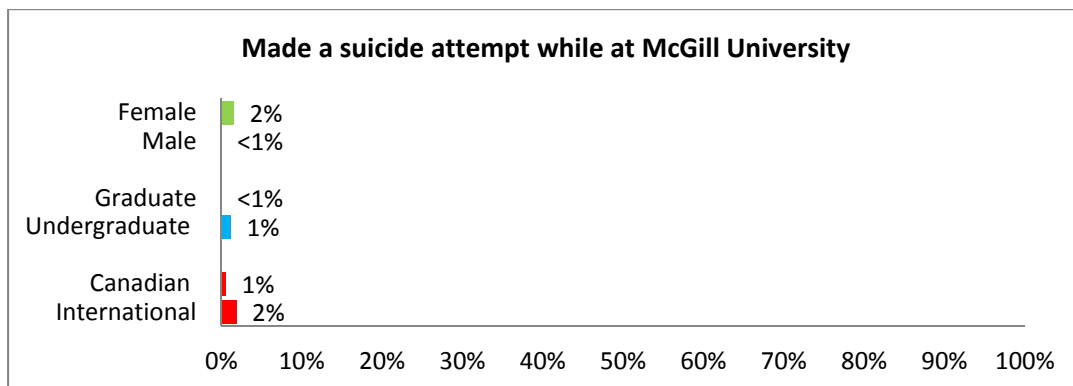
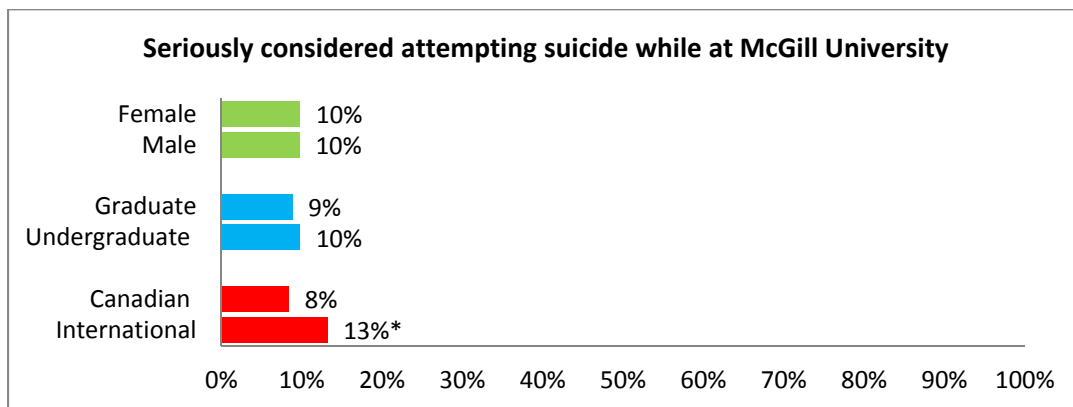
* $p < .05$; ** $p < .01$; *** $p < .001$

High Risk Student Populations: Suicidality and Trauma

Suicidality

Suicidality is defined as thoughts related to taking one's life and attempts to do so. Suicide is one of the leading causes of death in University students (Jed Foundation, 2013). A recent American national study of university students indicated that 6% of students seriously considered suicide and 1.3% attempted suicide (Locke, Bieschke, Castonguay & Hayes, 2012).

This study examined suicidal ideation and attempted suicide. Approximately 10% of McGill respondents indicated that they seriously considered attempting suicide while at University. Suicide attempts while at University ranged from 0% to 2%.



In comparison to the American benchmarks, McGill respondents' reported statistically significant higher thoughts of attempted suicide while at University. Suicide attempt comparisons were similar to the American data.

Table 5 presents comparison benchmark findings with respect to suicidality. Overall 18% the participants from McGill reported having seriously considered attempting suicide in their lifetime and 4% made a suicide attempt. Although the results related to seriously attempting suicide are statistically higher for McGill respondents in comparison to the AAU peer group, it is important to note that graduate students were included in our sample, whereas only undergraduate students completed the survey in AAU participating institutions. As a result, we caution against over interpreting this finding. When compared to the US national average, whereby some institutions sampled graduate students to complete the survey, the McGill results are statistically similar.

Table 5- Benchmark Comparisons of Reported Suicidality

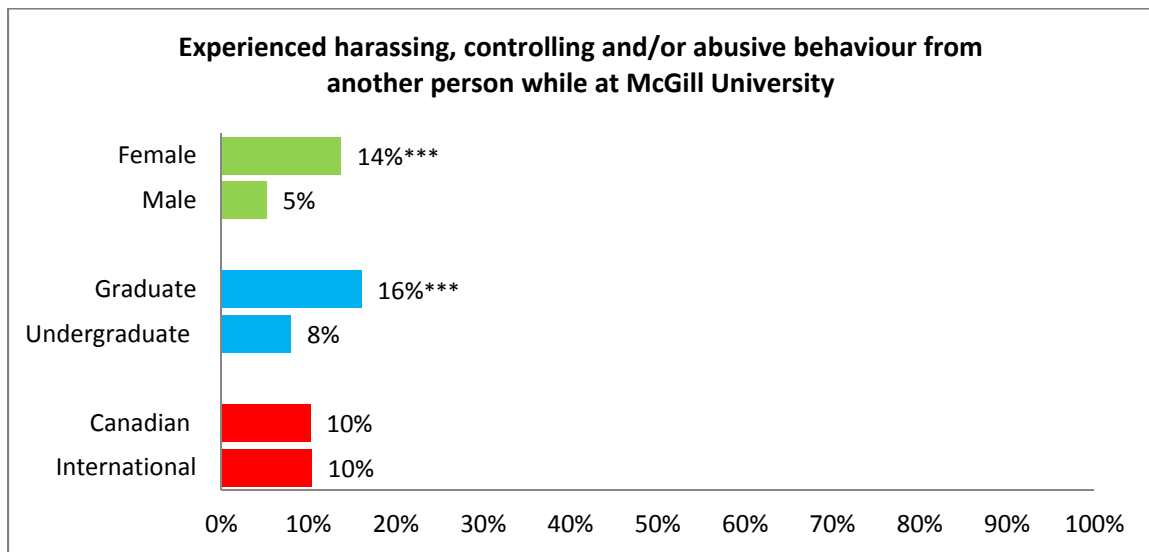
	<u>McGill</u>			<u>AAU Group</u>				<u>US National Average</u>			
	Never	At least once in lifetime	N	Never	At least once in lifetime	Sig	N	Never	At least once in lifetime	Sig	N
Seriously considered attempting suicide	82%	18%	459	87%	13%	**	3,076	84%	16%	ns	28,447
Made a suicide attempt	96%	4%	458	97%	3%	ns	3,077	95%	5%	ns	28,409

* $p < .05$; ** $p < .01$; *** $p < .001$

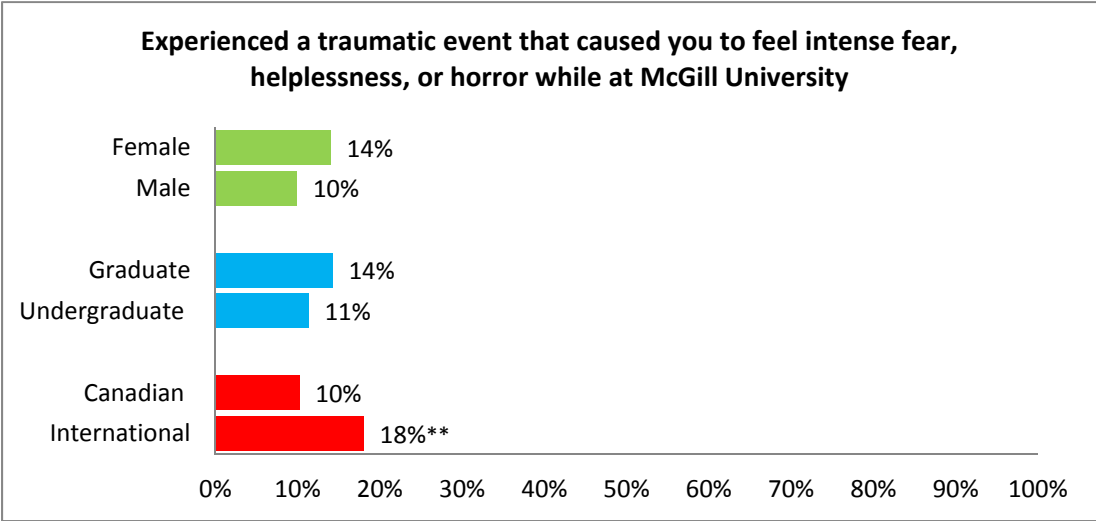
Trauma

Traumatic experiences have been linked to short and long term psychological distress that can impact a person's ability to function on a daily basis. Post-traumatic stress disorder (PTSD) has been linked to elevated rates of depression and suicide. Little research has been conducted across University campuses to understand contributing factors of PTSD despite data that university students are at risk for certain types of trauma. Of particular concern are sexual assault, accidental death, homicide and suicide that have become more prevalent in university communities (Soet et al., 2006).

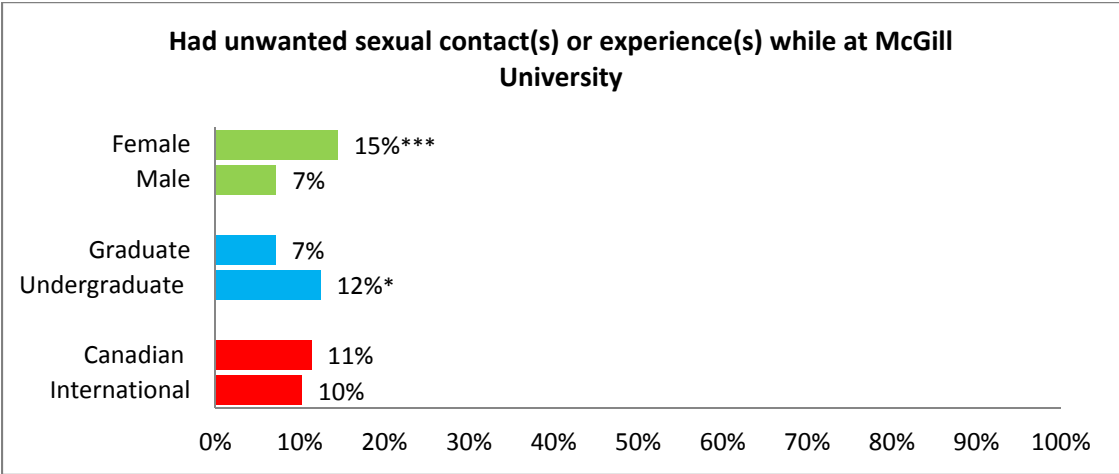
The CMHB study examined the most common types of traumatic experiences found in university aged populations, more specifically, harassing or controlling behavior, traumatic events that caused intense fear or hopelessness and unwanted sexual experiences. The proportion of McGill respondents having experienced harassing, controlling and/or abusive behaviour from another person while at University ranged from 5% to 16% with rates significantly higher for females (14%) and graduate students (16%).



The proportion of respondents having experienced a traumatic event that caused them to feel intense fear, helplessness, or horror while at University spanned 10% to 18%. International students reported the highest incidence at 18%.



Self-reported incidents of unwanted sexual experiences range from 7% to 15%, with females reporting higher rates than males.



The following Table contrasts the proportion of McGill respondents to US benchmark data. Overall traumatic experiences range from 10% to 14% and the McGill findings are similar to that of the US comparators.

Table 6- Benchmark Comparisons of Reported Traumatic Experiences

	McGill (n=463)	AAU Peer Group (n=3,191)	US National Average (n=29,686)
Experienced harassing, controlling and/or abusive behaviour from another person while at University	10%	10%	13%
Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror while at University	12%	11%	14%
Had unwanted sexual contact(s) or experience(s) while at University	11%	11%	11%

p<.05; ** p<.01; *p<.001*

Eight CCAPS Subscales

Research in university psychological service settings has shown that the eight subscales presented in the table below are typical concerns for university students.

As mentioned above, the subscales are not official diagnoses. The responses should be interpreted as the percentage of students endorsing items that are consistent with symptoms of each of the eight subscales.

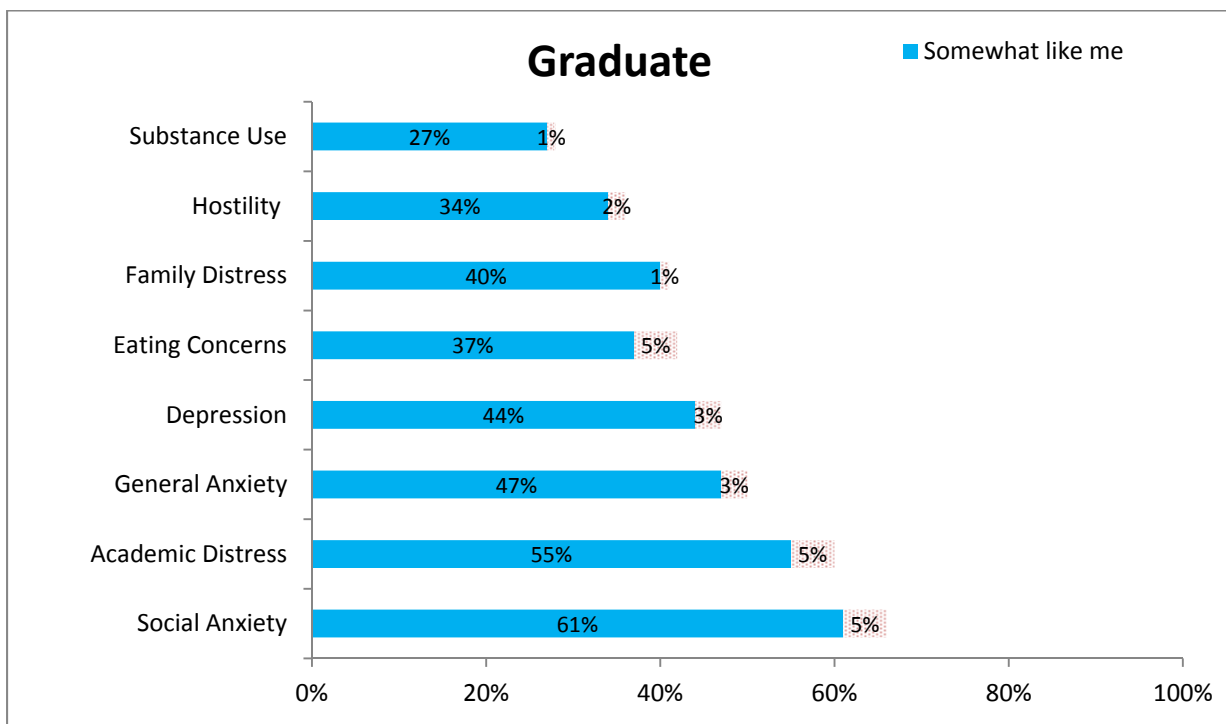
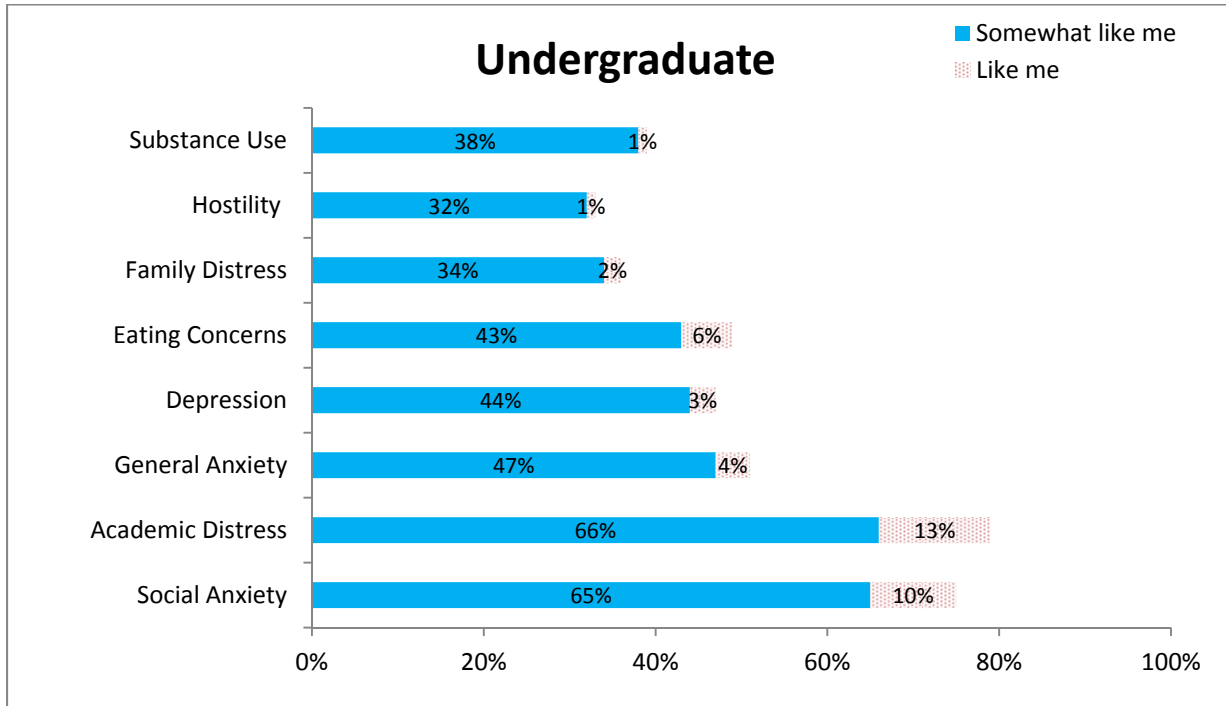
Table 7: Eight CCAPS Subscales

Subscales	# of items	Sample Items
1. Depression	13	<i>I don't enjoy being around people as much as I used to</i> <i>I feel isolated and alone</i>
2. Generalized Anxiety	9	<i>My thoughts are racing</i> <i>I am anxious that I might have a panic attack in public</i>
3. Social Anxiety	7	<i>I become anxious when I have to speak in front of audiences</i> <i>I feel self-conscious around others</i>
4. Academic Distress	5	<i>I am not able to concentrate as well as usual</i> <i>I am unable to keep up with my school work</i>
5. Eating Concerns	9	<i>I am dissatisfied with my weight</i> <i>I diet frequently</i>
6. Family Distress	6	<i>I get sad or angry when I think of my family</i> <i>My family gets on my nerves</i>
7. Hostility	7	<i>I have difficulty controlling my temper</i> <i>I am afraid I may lose control and act violently</i>
8. Substance / Alcohol Use	6	<i>I have done something I have regretted because of drinking</i> <i>I use drugs more than I should</i>

Overall scores were computed for each of the subscales and were based on the scoring rules provided by the CCMH.

Breakdown of Eight Subscales by Undergraduate and Graduate Student Populations at McGill

The charts below provide a summary overview of the eight subscales by undergraduate and graduate populations. Of the eight subscales, social anxiety and academic distress were endorsed by the majority of respondents at both undergraduate and graduate levels.



Overall mean comparisons across the eight subscales for McGill and the American benchmarks are presented in Table 8 below. Overall, a higher proportion of McGill respondents endorsed depression and academic distress in comparison to the AAU group and the US national averages. Also, McGill respondents endorsed the alcohol and substance use items than the US national average.

Table 8- Benchmark Comparisons of the Eight Subscales

	McGill (n=463)		AAU Peer Group (n=3,191)				US National Average (n=29,686)			
	Mean	Std. Dev	Mean	Sig	Std. Dev	Effect Size	Mean	Sig	Std. Dev	Effect Size
Depression	1.07	1.15	0.88	***	1.08	0.17	0.85	***	1.08	0.19
Generalized Anxiety	1.13	1.16	1.03		1.12	0.09	1.04		1.15	0.08
Social Anxiety	1.57	1.24	1.51		1.19	0.05	1.51		1.21	0.05
Academic Distress	1.57	1.18	1.34	***	1.15	0.19	1.23	***	1.21	0.29
Eating Concerns	1.05	1.17	1.08		1.16	-0.03	0.99		1.13	0.05
Family Distress	0.83	1.06	0.74		1.02	0.08	0.81		1.08	0.02
Hostility	0.67	0.86	0.6		0.83	0.08	0.61		0.85	0.07
Substance / Alcohol Use	0.82	1.14	0.78		1.07	0.04	0.69	***	1.07	0.11

* $p < .05$; ** $p < .01$; *** $p < .001$

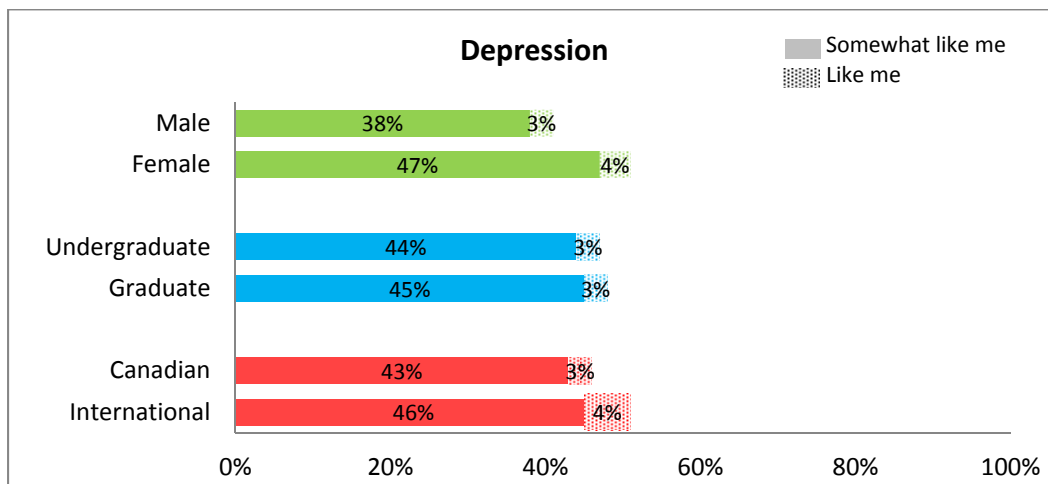
Depression

The National Institute of Mental Health characterizes depression as “a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities.”

<http://www.nimh.nih.gov/health/publications/depression/index.shtml>.

Depression is a significant issue given that it is a leading cause of suicide (Eisenberg et al., 2012).

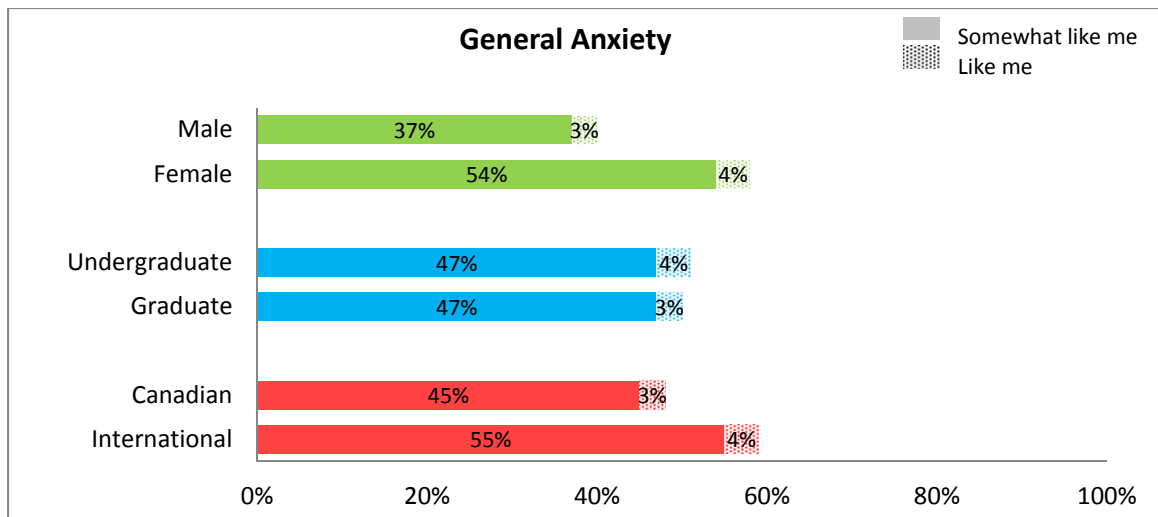
The depression subscale consists of 13 items, such as, I don't enjoy being around people as much as I used to, and I feel isolated and alone. Depression endorsement levels varied by gender (51% for females and 41% for males); but were similar at 50% for level of study and geographic origin.



General Anxiety

According to the American College Health Association (2005), anxiety is a significant health issue for University students and counselling centres report elevated rates of anxiety in clinical practice (ACHA, 2005; Benton et al., 2003; Soet, 2006).

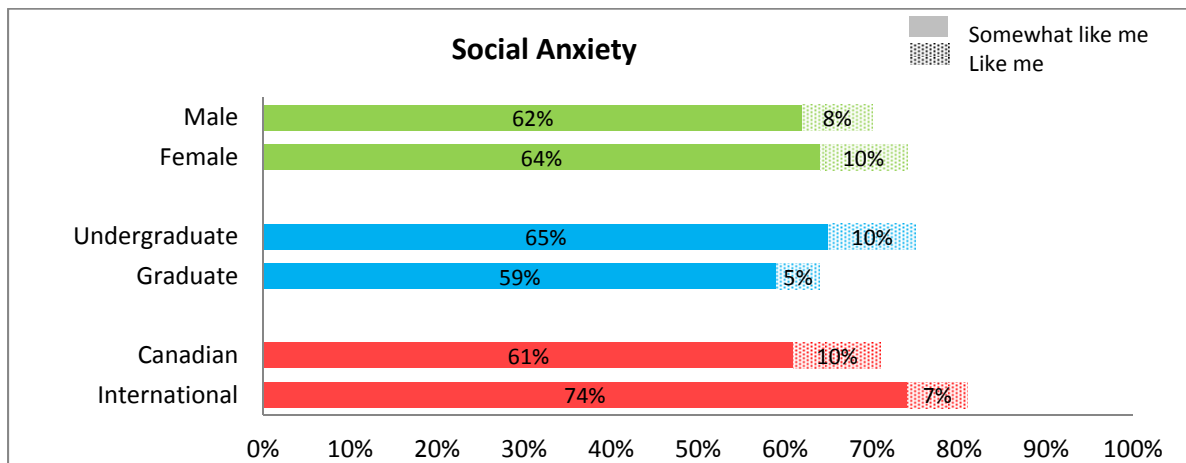
The General Anxiety subscale is characterized by racing thoughts and spells of terror or panic (9 items). A higher proportion of females (58%) and international students (59%) reported feeling anxious; and consistent by level of study



Social Anxiety

Social anxiety includes feeling self-conscious around others, and fear of speaking in front of audiences and is comprised of 7 items in this study.

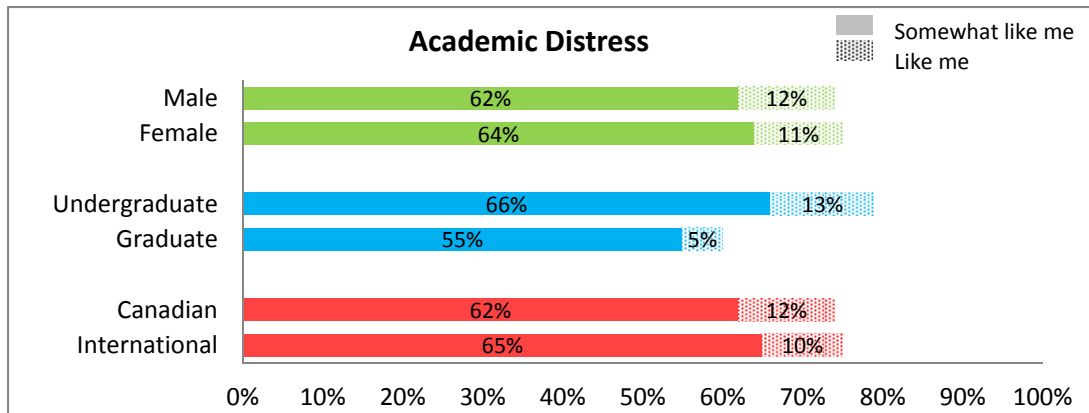
Endorsement levels were similar by gender (over 70%); higher amongst undergraduate students (75% compared to 64% for graduate students) and international students (82% compared to 71% for Canadian students)



Academic Distress

Concerns regarding academic performance have been widely reported in the literature with over 75% of students indicating that they had some concerns about their ability to succeed (Soet, 2006; Lockard, Hayes, McAleavey, & Locke, 2012).

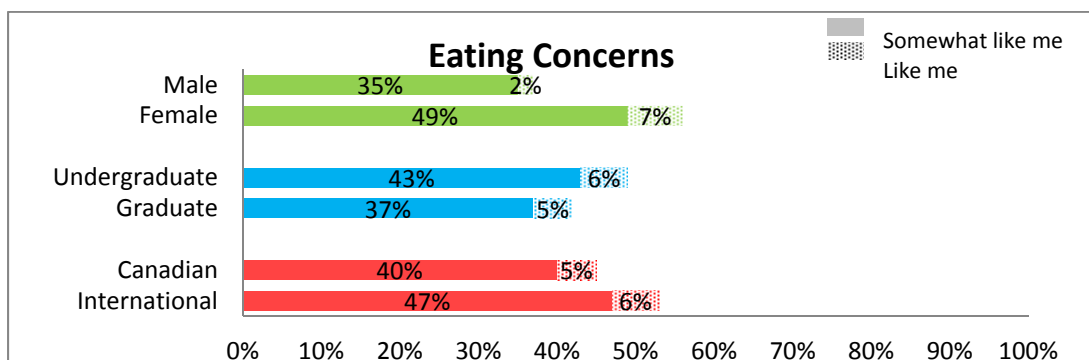
This subscale consists of five items and includes difficulty concentrating and keeping up with schoolwork. The academic distress subscale was also endorsed by the majority of respondents (over 70%) and highest among undergraduate respondents (80%).



Eating Concerns

Eating concerns have been reported as an issue relevant to university aged populations. In particular, eating disorders “affect between 1 to 3% of women and less than 0.5% of men” (Nelson, Castonguay, & Locke, 2011, p158). Over 76% of female respondents in a recent study of college students reported some dissatisfaction with their weight (Soet et al., 2006). The eating concerns subscale for this study consists of nine items dealing with body image and feeling out of control when eating.

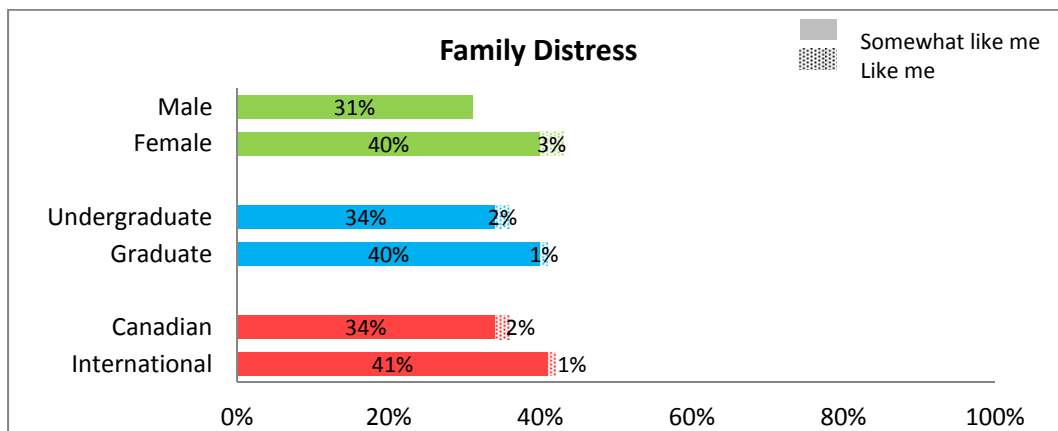
Eating concerns were higher for females (56% compared with 37% for males), undergraduates (49% versus 42% for graduate students) and international students (53% versus 45% for Canadians).



Family Distress

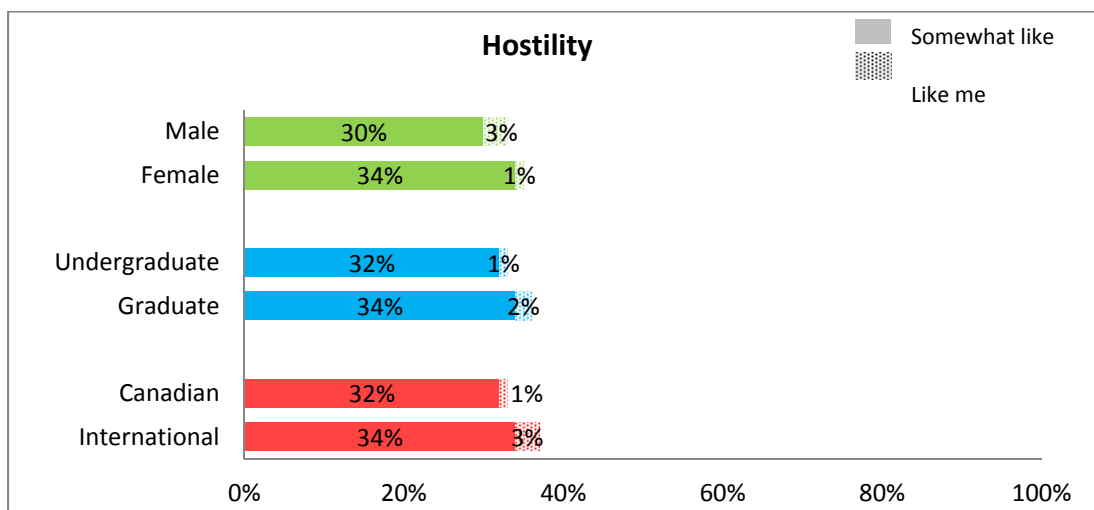
As young adults enter university, dealing with stressors from family has been reported as a common concern. In a recent study, 22% of students reported some history of abuse in their family.

The family distress subscale consists of six items, such as, *I get sad or angry when I think of my family; My family gets on my nerves*. The percentage of respondents who endorsed the family distress items is below 45% across the various categories and higher for females (43%), graduate students (41%) and international students (42%).



Hostility

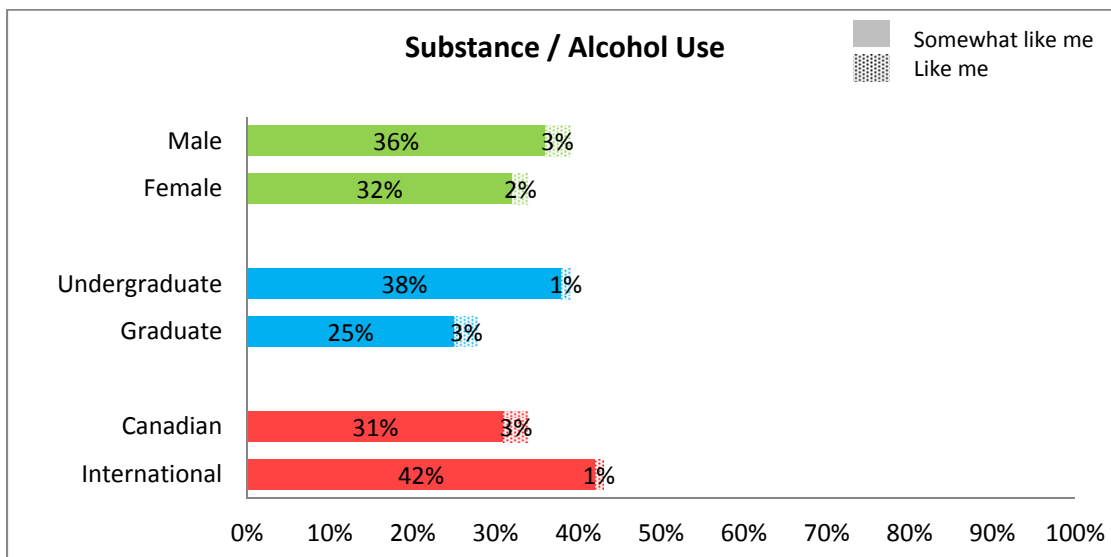
The hostility subscale is characterized by having difficulty controlling ones' anger and feeling afraid of losing control and acting violently (7 items). Overall, less than 35% across all groupings reported somewhat endorsing the hostility items (somewhat like me) and between 1% and 3% selected "like me".



Substance / Alcohol Use

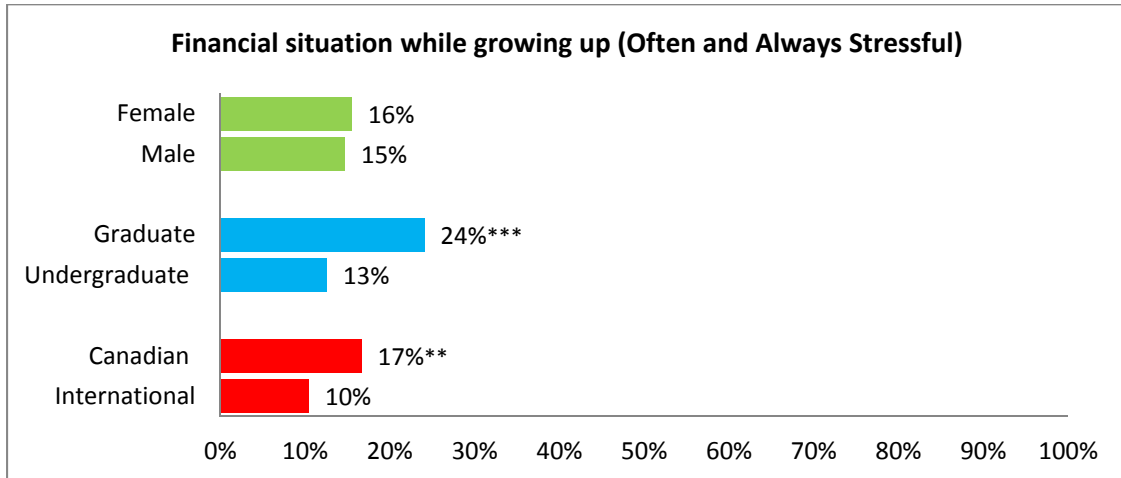
Heavy drinking and substance use remains a concern for university students and as many as 33% of students reported drinking more than they should (Soet, 2006). Further evidence on American campuses suggests that approximately 30% university students met the criteria to receive a diagnosis of alcohol abuse, and 6% met the criteria for diagnosis of alcohol dependence (Graceffo, Hayes, Chum-Kennedy, & Locke, 2012).

The substance use subscale consists of six items regarding drug and alcohol consumption. A higher proportion of undergraduates (39% compared with 28% graduate respondents) and international students (43% compared with 34% Canadian students).

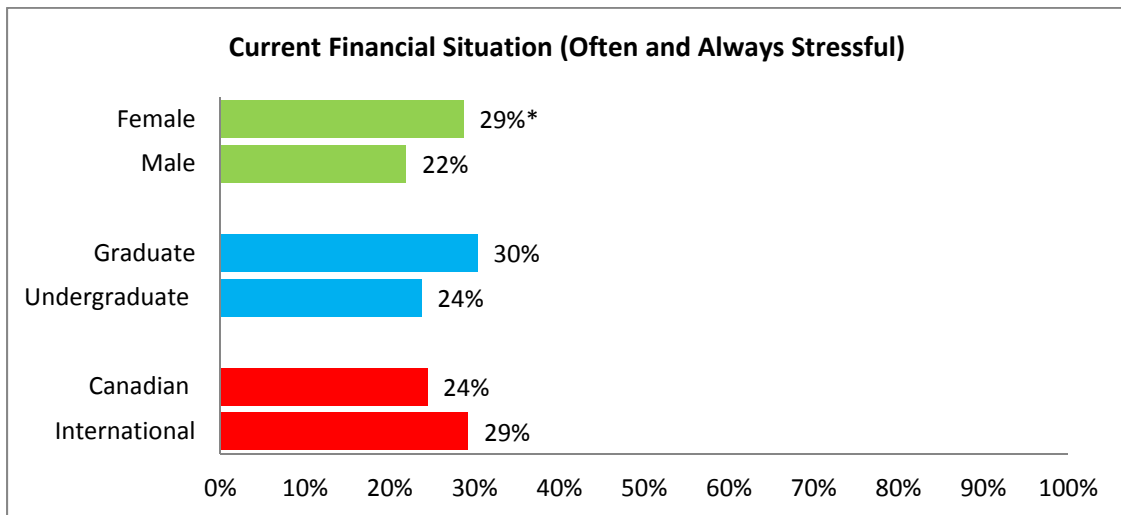


Financial Distress

Difficult financial circumstances have also been linked to psychological distress. In particular, economic downturns have exacerbated these issues and have been linked to increases in symptoms of depression (Eisenberg et al., 2013). Given that educational attainment is linked to employment opportunities and upward mobility, this study investigated financial distress while growing up. Between 10% and 24% of respondents reported financial situations were stressful while growing up. Stressful financial situation was highest among graduate students (24%).



Over 25% of respondents reported financial distress at the time of survey completion.



Overall when compared to American benchmarks, McGill students reported lower levels of financial distress (table 7).

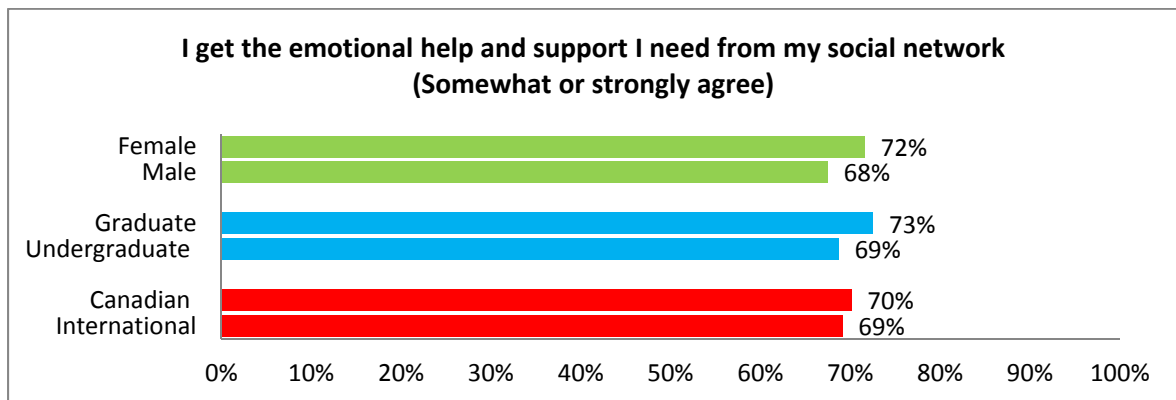
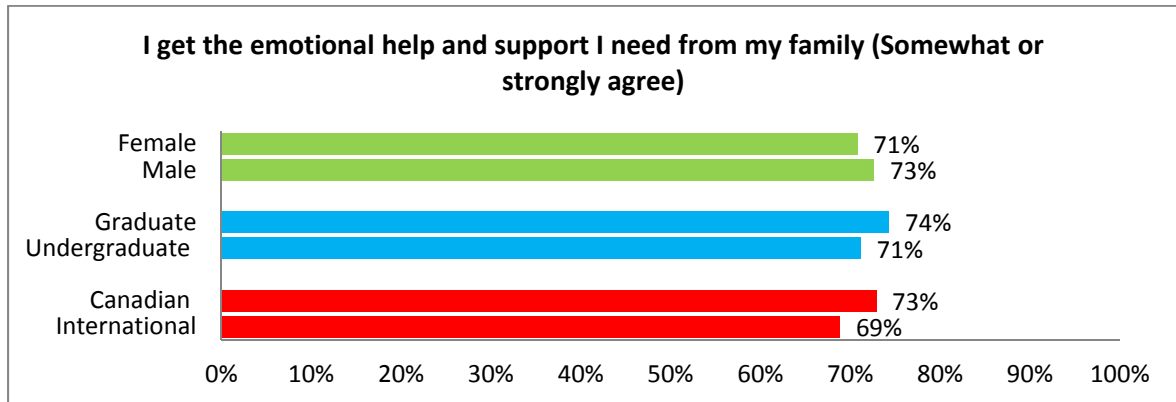
Table 7- Benchmark Comparisons of Reported Financial Distress

	McGill (n=463)	AAU Peer Group (n=3,191)	US National Average (n=29,686)
Financial situation while growing up <i>(Often & always stressful)</i>	16%	16%	20%*
Current financial situation <i>(Often & always stressful)</i>	26%	32%*	37%***

* $p < .05$; ** $p < .01$; *** $p < .001$

Social Support

In addition to stressors, this study also examined positive aspects of psychological wellbeing. Overall, seven out of ten McGill students reported getting the emotional help and support they need from family and social networks.



In comparison to the American data, McGill students reported feeling less supported by their family and social networks (Table 8).

Table 8- Benchmark Comparisons of Reported Social Support

	McGill (n=463)	AAU Peer Group (n=3,191)	US National Average (n=29,686)
I get the emotional help and support I need from my family (Somewhat or strongly agree)	72%	80%***	79%***
I get the emotional help and support I need from my social network (Somewhat or strongly agree)	70%	80%***	79%***

* $p < .05$; ** $p < .01$; *** $p < .001$

Conclusions

The need to address the rising demand and complexity of symptoms while implementing a systemic approach to student psychological wellbeing has become increasingly important at McGill University, across Canadian campuses and around the world (CACUSS and CHMA, 2013). The findings in this report are an important first step in documenting and monitoring the evolving needs of McGill students' psychological wellbeing.

Overall, in comparison to the American benchmarks, McGill students reported higher academic distress and more depressed mood. In addition, McGill students reported feeling less supported by their social networks, friends and family. Also of concern are the high feelings of anxiety amongst McGill students. Given the high relationships reported in the literature between academic performance distress, feelings of depression, anxiety, and less perceived social support, it is not surprising to see these trends emerge in this study.

Recommendations

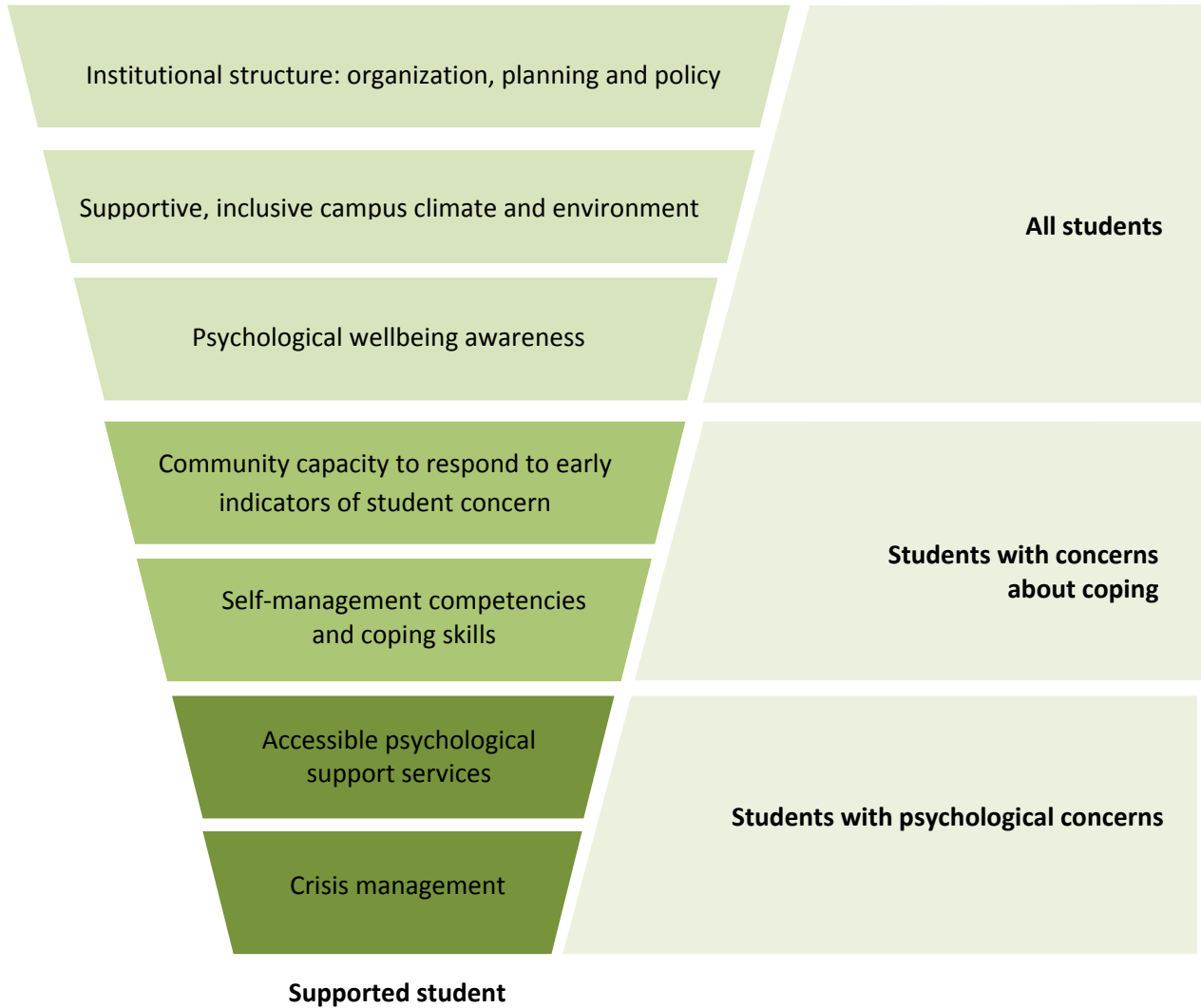
We recommend the following next steps:

1. Continue to monitor the psychological wellbeing of our student body. We recommend conducting this study every three to five years and join national and international benchmarking initiatives whenever possible. This will enrich our understanding of issues and allow us to share best practices.
2. Share the findings and disseminate the results with the McGill community. By sharing the results, the community discourse will be based on evidence and can collectively identify properties and strategies that are appropriate for members of the McGill community.
3. Explore national and international models of community wellbeing best practices. Examples include:

National models:

- For example, the systemic approach to post-secondary mental health proposed by CACUSS /CMHA (2013).

Figure 2: Framework for Post-Secondary Student Mental Health (Adapted from CACUSS & CMHA, 2013)



- Principal's Commission on Mental Health, Queen's University (2012) recommended a four-level pyramidal approach



International models:

- UK Healthy Universities Toolkit: <http://www.healthyuniversities.ac.uk/toolkit/>
 - Jed Foundation Guide to Campus Mental Health Action Planning: <https://www.jedfoundation.org/professionals/programs-and-research/campusmhap>
 - NASPA Leadership for a Healthy Campus (2010): <http://www.naspa.org/membership/mem/pubs/ebooks/HealthyCampus.pdf>
 - Cornell University Mental Health Framework (2011): <http://www.gannett.cornell.edu/campus/welfare/framework.cfm>
 - Healthy Minds (2009): <http://healthymindsnetwork.org/>
4. Use the evidence from this study to inform task forces on psychological wellbeing and the Joint Board-Senate meeting on mental health in November 2013.

Resources for McGill Students

Resources for Students		Student Services		Student Life and Learning Group
<p>Helping Students in Difficulty http://www.mcgill.ca/deanofstudents/helpingstudents</p>	<p>Security Services Downtown: 514-398-300 Macdonald: 514-398-7777 http://www.mcgill.ca/security/</p>	<p>Counselling Service Brown Student Services Building, 3600 McTavish Street, Suite 4200 Montreal, Quebec H3A 1Y2 Tel.: 514-398-3601 http://www.mcgill.ca/counselling/</p>	<p>Mental Health Brown Student Services Building 3600 McTavish, Suite 5500 Montreal, Quebec H3A 0G3 Tel.: 514-398-6019 mentalhealth.stuserv@mcgill.ca http://www.mcgill.ca/mentalhealth/</p>	<p>Deputy Provost (Student Life & Learning) James Administration Building Room 621 845 Sherbrooke Street West Montreal, Quebec H3A 0G4 Tel.: 514-398-3109 http://www.mcgill.ca/studentlifeandlearning/</p>
<p>Office of the Ombudsperson 3610 McTavish Street Suite 14 (Main Floor) Tel.: 514-398-7059 Fax: 514-398-1946 Email: ombudsperson@mcgill.ca http://www.mcgill.ca/ombudsperson/</p>	<p>Resources and Services for Students http://www.mcgill.ca/students/</p>	<p>Student Health Service William and Mary Brown Building 3600 McTavish Street West Montreal, Quebec H3A 0G3 Tel: 514-398-6017 http://www.mcgill.ca/studenthealth/</p>	<p>Office for Students with Disabilities Redpath Library Building, Suite RS56 3459 McTavish Street Montreal, Quebec H3A 0C9 disabilities.students@mcgill.ca http://www.mcgill.ca/osd/</p>	<p>Office of the Dean of Students William Mary Brown Student Services Building 3600 McTavish, Suite 4100 Montreal, Quebec H3A 0G3 Tel.: 514.398.4990 http://www.mcgill.ca/deanofstudents/</p>
<p>Academic Advising http://www.mcgill.ca/student/advising/ Academic Advising Directory: http://www.mcgill.ca/student/advising/advisordirectory</p>	<p>Service Point 3415 McTavish St. Montreal, Quebec H3A 0C8 Canada Tel: 514-398-7878 http://www.mcgill.ca/student/servicepoint/</p>	<p>Chaplaincy Suite 4400, Brown Building 3600 rue McTavish Montreal, QC, H3A 0G3 chaplaincy@mcgill.ca Tel: 514-398-4104 http://www.mcgill.ca/students/chaplaincy/</p>	<p>First Peoples' House 3505 Peel Street Montreal, Quebec H3A 1W7 Tel.: 514-398-3217 firstpeopleshouse@mcgill.ca http://www.mcgill.ca/fph/</p>	<p>Office of the Executive Director, Services for Students Brown Student Services Building, 3600 McTavish, Suite 4100 Montreal, Quebec H3A 0G3 student.services@mcgill.ca Tel.: 514-398-8238 / Fax: 514-398-3857 http://www.mcgill.ca/studentservices/</p>
<p>Welcome Centre 3415 McTavish St. McLennan Library Building Montreal, QC H3A 0C8 Tel.: 514-398-6555 welcome@mcgill.ca http://www.mcgill.ca/undergraduate-admissions/introducing-mcgill/visit-mcgill</p>	<p>Student Affairs Office (faculty specific) http://www.mcgill.ca/students/advising/advisordirectory</p>	<p>International Student Services Brown Student Services Building 3600 McTavish Street, Suite 4400 Montreal, Quebec H3A 0G3 Tel.: 514-398-4349 international.students@mcgill.ca http://www.mcgill.ca/internationalstudents/</p>	<p>Campus Life and Engagement William & Mary Brown Student Services Building, 3600 McTavish Street, Suite 3100 Montreal, Quebec H3A 0G3 Tel: 514-398-6913 Fax: 514-398-6944 firstyear@mcgill.ca http://www.mcgill.ca/firstyear/</p>	<p>Athletics and Recreation 475 Pine Ave. West Montreal, Quebec H2W 1S4 Tel: 514-398-7000 http://www.mcgillathletics.ca/</p>
<p>Off-Campus Housing University Hall 3473 University Street Montreal, Quebec H3A 2A8 housing.residences@mcgill.ca Tel: 514-398-6368 http://www.mcgill.ca/student/housing/offcampus</p>	<p>Social Equity and Diversity Education (SEDE) 3610 McTavish, Suite 12 Montreal, QC Canada H3A 1Y2 Tel: 514-398-5645 Email: equity.diversity@mcgill.ca http://www.mcgill.ca/equity_diversity/</p>	<p>Career Planning Service Brown Student Services Building 3600 McTavish St., Suite 2200 Montreal, Quebec H3A 0G3 Tel.: 514-398-3304 careers.caps@mcgill.ca http://www.mcgill.ca/caps/</p>	<p>Scholarships and Student Aid Brown Student Services Building 3600 McTavish Street Suite 3200 Montreal, Quebec Canada H3A 0G3 Tel.: 514-398-6013 scholarships@mcgill.ca student.aid@mcgill.ca http://www.mcgill.ca/studentaid/</p>	<p>Enrolment Services 3415 McTavish St., McLennan Library Building Montreal, Quebec H3A 0C8 http://www.mcgill.ca/es/</p>
<p>Students' Society of McGill University http://ssmu.mcgill.ca/ 3600 rue McTavish, Suite 1200 Montreal, QC H3A 0G3 P: (514) 398-6800 frontctr@ssmu.mcgill.ca</p>	<p>Post-Graduate Students' Society of McGill University 3650 McTavish Montreal, Quebec, H3A 1Y2 Tel.: (514) 398-3756 https://pgss.mcgill.ca/en/about</p>	<p>Student Engagement and Assessment Brown Student Services Building, 3600 McTavish, Suite 4100 Montreal, Quebec H3A 0G3 Tel: 514-398-7072 http://www.mcgill.ca/student-services/about/assessment</p>	<p>Tutorial Service Suite 4200, Brown Student Services, 3600 McTavish Street Montreal, Quebec H3A 0G3 Tel.: 514-398-5816 Fax: 514-398-8149 tutoring.service@mcgill.ca http://www.mcgill.ca/tutoring/</p>	<p>Housing and Hospitality University Hall 3473 University Street Montreal, Quebec H3A 2A8 housing.residences@mcgill.ca 514-398-6368 http://www.mcgill.ca/student/housing/</p>
<p>Sexual Assault Center of the McGill Students Society Shatner Bldg. Basement 3480 McTavish, B-27 Montreal, QC H3A 1X9 (514) 398-8500 main@saomss.org http://saomss.org/</p>	<p>Legal Information Clinic at McGill University Centre 3480 McTavish St. Montreal, QC, H3A 0E7 514-398-6792 (Legal Information Clinic) Tel: 514-398-4384 (Student Advocacy) http://licm.mcgill.ca/site.php?lang=en&page=legalclinic</p>	<p>Macdonald Campus Student Service Centre Centennial Centre, Suite CC1-124 21,111 Lakeshore Road Ste-Anne-de-Bellevue, Québec H9X 3V9 Tel: 514-398-7992 Email: stuserv.macdonald@mcgill.ca http://www.mcgill.ca/macdonald-studentservices/contact-us</p>	<p>Teaching and Learning Services McLennan Library Building 3415 McTavish Street Suite MS-12 Montreal, Quebec H3A 0C8 Tel.: 514-398-6648 Email: tl@mcgill.ca</p>	

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