Graduate Student Mental Health
Focus of Psychosocial Wellness

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Outline

• Clinical impressions
• Defining psychological well-being
• Preliminary findings from the Mental Health and Counselling Benchmark Study
• Responding to distress
Clinical impressions

- Is there an increase in the severity & complexity of psychological issues?

- McGill clinical impressions
  - More seeking services (30% increase over 5 years)
  - Problems more complex and severe

- American research indicates...
  - Increase of level of severity of psychological concerns
  - Increase in demand for Counseling Services (MIT 50%; Columbia 40% increase in 10 years)
Our working definition of psychological well-being:

• “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)
Ecological model of well-being

Adapted from Laverick (2004)
Dual continuum model of mental health & illness

Optimal mental health (flourishing)

Optimal mental health with mental illness

Optimal mental health without mental illness

Serious mental illness

No mental illness

Poor mental health with mental illness

Poor mental health without mental illness

Poor mental health (languishing)

Keyes (2002)
How do we better support graduate student success and well-being at McGill?

• What’s out there?

• McGill Counselling Service was looking for a way to better understand the psychological experiences of our student body
Mental Health and Counselling Benchmark Study

• Gives us information about the general student body’s psychological well-being (not just the students seen by our services)

• Psychometrically reliable assessment tool intended to meet clinical, research and administrative needs of psychological service centres

• Comprehensive survey with 62 core questions (8 subscales)
  • Additional questions about trauma, suicide, social support, and student engagement indices
# Mental Health and Counselling Benchmark Study

<table>
<thead>
<tr>
<th>Subscales</th>
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<tbody>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Generalized Anxiety</td>
</tr>
<tr>
<td>Social Anxiety</td>
</tr>
<tr>
<td>Academic Distress</td>
</tr>
<tr>
<td>Eating Concerns</td>
</tr>
<tr>
<td>Family Distress</td>
</tr>
<tr>
<td>Substance / Alcohol Use</td>
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<tr>
<td>Hostility</td>
</tr>
</tbody>
</table>
## Demographics

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>%Level of Study</td>
<td>75% (UG)</td>
<td>25%</td>
</tr>
<tr>
<td>% Full-time</td>
<td>95%</td>
<td>93%</td>
</tr>
<tr>
<td>% Female</td>
<td>57%</td>
<td>53%</td>
</tr>
<tr>
<td>% 25 or younger</td>
<td>80%</td>
<td>35%</td>
</tr>
<tr>
<td>% Aboriginal</td>
<td>1.1%</td>
<td>1%</td>
</tr>
<tr>
<td>% International</td>
<td>23%</td>
<td>25%</td>
</tr>
<tr>
<td>% First-generation university</td>
<td>13%</td>
<td>17%</td>
</tr>
<tr>
<td>% Ethnic Minority</td>
<td>29%</td>
<td>32%</td>
</tr>
<tr>
<td>% LGBT</td>
<td>21%</td>
<td>21%</td>
</tr>
</tbody>
</table>
Depression

<table>
<thead>
<tr>
<th>Category</th>
<th>Somewhat like me</th>
<th>Like me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>38%</td>
<td>3%</td>
</tr>
<tr>
<td>Female</td>
<td>47%</td>
<td>4%</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>44%</td>
<td>3%</td>
</tr>
<tr>
<td>Graduate</td>
<td>45%</td>
<td>3%</td>
</tr>
<tr>
<td>Canadian</td>
<td>43%</td>
<td>3%</td>
</tr>
<tr>
<td>International</td>
<td>46%</td>
<td>4%</td>
</tr>
</tbody>
</table>
General Anxiety

- Male: 37% Like me, 3% Somewhat like me
- Female: 54% Like me, 4% Somewhat like me
- Undergraduate: 47% Like me, 4% Somewhat like me
- Graduate: 47% Like me, 3% Somewhat like me
- Canadian: 45% Like me, 3% Somewhat like me
- International: 55% Like me, 4% Somewhat like me
Eating Concerns

Male
- Somewhat like me: 35%
- Like me: 2%

Female
- Somewhat like me: 49%
- Like me: 7%

Undergraduate
- Somewhat like me: 43%
- Like me: 6%

Graduate
- Somewhat like me: 37%
- Like me: 5%

Canadian
- Somewhat like me: 40%
- Like me: 5%

International
- Somewhat like me: 47%
- Like me: 6%

McGill
Family Distress

- Male: 31% (Like me)
- Female: 40% (Like me), 3% (Somewhat like me)
- Undergraduate: 34% (Like me), 2% (Somewhat like me)
- Graduate: 40% (Like me), 1% (Somewhat like me)
- Canadian: 34% (Like me), 2% (Somewhat like me)
- International: 41% (Like me), 1% (Somewhat like me)
Substance Use

% Substance Use

- **Male**: 36% - 3%
- **Female**: 32% - 2%
- **Undergraduate**: 38% - 1%
- **Graduate**: 25% - 3%
- **Canadian**: 31% - 3%
- **International**: 42% - 1%

Somewhat like me
Like me
<table>
<thead>
<tr>
<th></th>
<th>On-campus</th>
<th>Off-campus</th>
<th>Currently taking prescribed medication for a mental health concern</th>
<th>Registered with the office for disability services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>9%</td>
<td>5%</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>Male</td>
<td>6%</td>
<td>3%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Graduate</td>
<td>6%</td>
<td>5%</td>
<td>7%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>8%</td>
<td>4%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Canadian</td>
<td>8%</td>
<td>4%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>International</td>
<td>5%</td>
<td>3%</td>
<td>4%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Had unwanted sexual contact(s) or experience(s) while at University

Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror while at University

Experienced harassing, controlling and/or abusive behaviour from another person while at University
Seriously considered attempting suicide while at University

- **Female**: 10%
- **Male**: 10%
- **Graduate**: 9%
- **Undergraduate**: 10%
- **Canadian**: 8%
- **International**: 13%
Made a suicide attempt while at University

- Female: 2%
- Male: <1%
- Undergraduate: 1%
- Canadian: 1%
- International: 2%
Financial distress

Current Financial Situation (Often and Always Stressful)

- Female: 29%
- Male: 22%
- Graduate: 30%
- Undergraduate: 24%
- Canadian: 24%
- International: 29%
Social support

I get the emotional help and support I need from my family: 74%

I get the emotional help and support I need from my social network: 73%
Responding to distress
Your role in assisting distressed students

- You play a central role in a student’s help-seeking efforts: in a direct position to observe a student and be aware of their behavior.

- Students frequently turn to faculty and staff like you to obtain advice and support.

- Although you are not expected to provide psychological counselling:
  - At different times in your career you may find yourself having to advise students on issues other than purely academic matters.
What You Should Know About Student Problems

• Stress, pressure, and problems are a normal part of university life.

• While many students cope with these demands successfully, a significant number of students have difficulties that interfere with their performance and general well-being.
Common stressors that students experience

- Isolation and loneliness
- Identity confusion
- Cultural oppression/discrimination
- Serious illness
- Low motivation or inability to establish goals
- Academic pressure or failure
- Prolonged unresolved problems with a supervisor
- Break-up of intimate relationship
- Parenting responsibilities
- Outside work or family pressures
- Rejection by family
Characteristics of distressed students

• Sometimes it is very clear when a student is having difficulty coping and sometimes their distress is masked with less obvious characteristics.

• Some obvious and not-so-obvious signs of distress to look for are…
  • 1) Problems with academic performance
  • 2) Traumatic change in academic status
  • 3) Unusual behaviour
  • 4) Traumatic change in relationships
1) Problems with academic performance

- Poor academic performance: a change in previous functioning
- Excessive absence or tardiness: a change in previous functioning
- Chronic indecisiveness or procrastination
- Repeated request for special considerations
- Increased concern about grades despite satisfactory performance
- Increased dependence
2) Traumatic change in academic status

- Academic Probation: e.g., failing comprehensive exam
- Academic Dismissal
3) Unusual behaviour

- Listlessness, lack of energy, or falling asleep in class
- Disruptive classroom behaviour
- Changes in personal hygiene
- Impaired speech or disjointed, confused thoughts
- Aggressive or threatening behaviour
- Extreme mood changes or excessive, inappropriate display of emotions
- Hyperactivity, irritability, or heightened anxiety
- Prolonged or extreme emotionality
- Dramatic weight loss or weight gain with no apparent physical illness/reason
- Bizarre or strange behaviour indicating a loss of contact with reality
4) Traumatic change in relationships

- Death of a family member or close friend
- Difficulties in a marriage or close relationships
- Problems with family or roommates
- Issues with supervisor
Guidelines for responding to students in distress
A few guidelines for responding to distressed or distressing students are summarized below:

**OBSERVE**

- The first important step in assisting distressed students is to be familiar with the symptoms of distress and attending to their occurrence.
INITIATE CONTACT

• Don’t ignore strange, inappropriate or unusual behaviour- respond to it!
• Talk to the student privately, in a direct and matter-of-fact manner, indicating concern
• Early feedback, intervention, and/or referral can prevent more serious problems from developing
CLARIFY YOUR ROLE

• When you assume or are placed in a helping role, role conflicts are possible and must be understood.
• Some students may see you as a figure of authority and thus perception may influence how helpful you can be.
• You may feel friendly with your students, which may make it difficult for you to act objectively in an academic or class management role.
LISTEN OBJECTIVELY

• Listening has frequently been called an art, but it is also a skill that can be acquired with practice.

• Refrain from imposing your own point of view: withhold advice unless requested, concentrate on the feelings and thoughts of the person you are trying to help, instead of your own.

• Some things to listen for include:
  – a student’s view of him/herself,
  – view of his/her current situation environment and
  – the view of the future.
OFFER SUPPORT AND ASSISTANCE

• Among the most important helping tools are interest, concern, and attentive listening.
• Avoid criticism or judgmental comments.
• Summarize the essence of what the student has told you in a way to clarify the situation.
• Encourage positive action by helping student to define the problem and generate coping strategies.
• Suggest resources that the student can access: friends, family, clergy, or professionals on campus
KNOW YOUR LIMITS!!

• Only go as far as your expertise, training and resources allow.
• If you are uncertain about your ability to help a student, it is best to be honest about it.
• Trust your feelings when you think an individual’s problem is more than you can handle
Signs that assistance of a professional is warranted:

• You find yourself feeling responsible for the student
• You feel pressure to solve their problems
• You feel you are over-extending yourself in helping the student
• You feel stressed-out by the student’s issue(s) or behaviour
• You see a behavioural pattern repeating itself in your interaction with the student
• You feel that the problems the student brings to you are more than you can handle
• You feel anxious/angry or overwhelmed when the student approaches you
OBSERVE

INITIATE CONTACT

CLARIFY YOUR ROLE

LISTEN OBJECTIVELY

OFFER SUPPORT AND ASSISTANCE

KNOW YOUR LIMITS!!!
References to suicide or homicide

- Overt (or veiled) references to suicide – verbally or in writing
- Statements of helplessness or hopelessness
- Indications of persistent or prolonged unhappiness
- Isolated self from friends and family
- Pessimistic feelings about the future
- Homicidal threats
If you feel that a professional intervention is needed...

• Inform the student in a direct, concerned, and straightforward manner.
• Because many students initially resist the idea of getting help, it is useful to be:
  – caring, but firm, in your judgment that counselling will be useful;
  – to be clear and concrete regarding the reason you are concerned;
  – to be familiar with the help-giving agencies on campus.
  – except in emergencies, it is important to allow the student to accept or refuse your recommendations
If you feel that a professional intervention is needed...

- Suggest that the student call or come in to make an appointment at Counselling Service OR Mental Health

- Sometimes it is helpful to assist the student more directly in...making an appointment

  • You might offer the use of your phone or call yourself, while the student is in your office.
  • Occasionally, you may actually walk the student over. This can be especially helpful to students who are intimidated about meeting with a mental health professional for the first time
Emergency situations are **rare**: however, **immediate and decisive action** is necessary when they do occur. Generally, a psychological emergency involves one or more of the following conditions:

- A suicidal attempt, gesture, threat, or stated intention
- A homicidal attempt, gesture, threat, or stated intention
- Behaviour posing a threat to self
- Behaviour posing a threat to others
- Disorganization to the point loss of contact with reality
- Inability to care for oneself
In the event of an emergency, it is helpful to follow these basic guidelines:

• Stay calm, as this will help you respond more effectively; and also help to reduce the student’s anxiety or agitation

• If possible, provide a quiet, private place for the student to rest while further steps are taken

• Talk to the student in a clear, straight-forward manner

• If the student appears to be dangerous to self or others, do not leave the student unattended unless it is safe to do so

• Make arrangements for appropriate intervention or aid by calling the Office of the Dean of Students and Campus Security or 911
Campus Resources

• Office of the Executive Director, Services for Students:
  – Counselling Service (514-398-3601)
  – Mental Health (514-398-6019)
  – Health (514-398-6017)
  – Office for Students with Disabilities (514-398-6009)
  – and other services: http://www.mcgill.ca/studentservices/

• Office of the Dean of Students:
  http://www.mcgill.ca/deanofstudents/helpingstudents