

# STUDENT HEALTH AT MCGILL UNIVERSITY:

A REPORT OF THE FINDINGS FROM THE 2013 NATIONAL COLLEGE HEALTH ASSESSMENT

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McGill University

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### **FOREWARD**

For the first time in 2013, McGill and over 30 Canadian universities participated in one of the largest Canadian health and wellbeing surveys of university students, the National College Health Assessment. I am pleased to share the highlights of these findings with you in this report.

While attending university is often considered an exciting time in one's life, it is also a time of tremendous change that for many McGill students occurs during late adolescence and early adulthood. Many important milestones such as, choosing a career, a life partner and developing lifelong health habits, often occur during the time spent at university. In my 28 years as Director of the Student Health Service, it has been a priority to not only offer medical care to help students deal with diseases of all types, and also work with the McGill community to provide health education so that students can enjoy the benefits of excellent long term health.

To date Student Health Service's promotional endeavours have been guided by evidence in the health care field literature, clinical practice, our own internal student surveys and the availability of external funding for specific programming. In order to better support our students in a holistic way, we required more information as a health check of our student population, as well as their health promotion needs and desires to better guide our efforts. In 2013, the opportunity to participate in a Canadian dialogue about university student health became available through this National College Health Association (NCHA) health and wellness survey initiative. NCHA is a standardized instrument that has been used extensively in United States of America and has been adapted for Canadian university students. This survey allows us to assess not only how we are doing at McGill but also how we compare to the national average.

The goal of this document is to summarize the key survey results and to generate discussions about how the McGill community envisions the future directions of our healthy campuses, both downtown and the Macdonald campus. We hope that you find this information useful and invite all members of the McGill community join the discussion. My colleague, Lina Di Genova, and I are both available to discuss the wealth of information from this national initiative. Furthermore, I would be please to cooperate with anyone or group who may want to discuss health promotion ideas.

Dr. Pierre-Paul Tellier Student Health Services McGill University

# STUDENT HEALTH AT MCGILL UNIVERSITY:

SUMMARY OF RESULTS FROM THE 2013
NATIONAL COLLEGE HEALTH ASSESSMENT

### **General Health**

62% very good / excellent



26% Not getting enough sleep

48% Meet weekly exercise guidelines

60% eating >3 fruits & veggies/ day

75% Healthy weight (BMI between 18.9 – 24.9)





### **Mental Health**

1 in 5 diagnosed or treated within the last year



### **Academic Impacts**

Conditions experienced by most students with >50% negative impact : Stress , Anxiety, Sleep, Depression



### **Feeling Overwhelmed**

90% felt overwhelmed by all they had to do within the last year



### **Personal Safety**

Feeling safe on campus

- 93 % in the daytime
- 56% at night time



Experienced within the last 12 months:

- Emotionally abusive intimate relationship 5%
- Sexual touching without consent 8%

### **Sexual Health**

2 out of 3 students were sexually active within last year



56% of sexually active McGill students used contraception

- 65% used a condom
- 20% used ineffective means

1.4% reported being treated for an STI within last year

### Alcohol

78% consumed within 30 days

36% did something they regretted due to alcohol consumption



### INTRODUCTION

Students face several challenges while studying at university, such as paying for school, balancing social pressures with academic demands, new roles and the need to develop new friendships. (1). This may lead to risky behaviour such as multiple sexual partners potentially leading to unwanted pregnancy, sexually transmitted infections and accompanying psychological distress. In fact, youth under 25 years have the highest incidence of terminated pregnancies and of sexually transmitted infections as demonstrated by various Public Health agencies across North America (2)(3)(4). This age group also has high rates of alcohol use as well as other substances (5), (6). Mental health issues are also a concern with high rates of anxiety, depression and suicide (7) (8).

In addition, several students arrive on campus with a variety of existing health issues that require care. These can include chronic physical and mental health issues which require a different set of skills from practitioners offering service to this population. To date at McGill we have gathered some of this information through locally developed surveys designed to evaluate health promotion activities. These surveys though valuable, do not provide comparative information.

There is a growing need to gather information on a regular basis which will allow us to monitor health behaviour over time and also provide benchmark data comparing the health of our students to those in other universities across North America. To this end, in the spring of 2013, McGill joined 31 other Canadian universities in the National College Health Assessment II. This is an American, non-profit, research effort organized by the American College Health Association. It was developed by an interdisciplinary team of college health professionals in 1998-1999. It has been evaluated extensively for reliability and validity. It was designed to collect local and national data about risk and protective behaviors, perceived norms, and incidence and prevalence of a variety of health problems/conditions, which may affect academic performance and retention (9). The NCHA is a 64-question survey and a Canadian version is also available. The following content areas are covered in this assessment:

- 1) General health of university students
- 2) Disease and injury prevention
- 3) Academic impacts
- 4) Violence, abusive relationships and personal safety

- 5) Alcohol, tobacco, and other drug use
- 6) Sex behavior
- 7) Nutrition and exercise
- 8) Mental health
- 9) Sleep

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

- Defining Health and Wellbeing at McGill
- Goals
- Methodology

- Findings
- Conclusions
- Recommendations

### WORKING DEFINITION OF HEALTH AND WELLBEING AT MCGILL

The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (10). McGill's Student Services units are committed to promoting student success and wellbeing. Our approach to student wellbeing is holistic, culturally-sensitive and comprises the following aspects: academic, career, culture, emotional, financial, physical, social and spiritual.

Chart 1: Aspects of wellbeing



Building on the WHO health definition and applying it to Student Services' holistic approach, our working definition of health includes:

- Feeling vital and full of energy
- Having a sense of purpose in life
- Experiencing connectedness to community
- Being able to do things one enjoys
- Having good social relationships
- Experiencing a sense of control over one's life and one's living conditions (11).

### GOALS

In the winter 2013 academic term, this project was initiated by McGill's Student Health 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)<sup>1</sup>, the survey was launched to develop a better understanding of student health. This survey investigated risk and protective behaviors, perceived norms, incidence and prevalence of a variety of health problems/conditions which may affect academic performance and retention.

### The overall goals of this initiative are to:

- 1) Develop a baseline with national benchmarks: This survey will enable us to monitor changes and compare our findings to participating peer institutions.
- 2) Increase our understanding of students' health habits, behaviors, and perceptions: The survey was administered to a random sample of our general student body, not just the students who use our services, providing us with the opportunity to gain insight from a broad cross-section of our student population.
- **3) Stimulate community discussions:** Disseminating and sharing the findings of this survey 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 committees, to prioritize and build support programs that respond to evolving student needs and create wellbeing promotional campaigns.

### **METHODOLOGY**

In the winter 2013, a random sample of 4,000 undergraduate and graduate students (full-time or part-time; excluding Continuing Studies) was invited to participate in the online survey.

This research project was approved by the Medical Research Ethics Board and the Office of the Deputy Provost, Student Life and Learning.

### **FINDINGS**

A total of 354 students participated in the study, or a response rate of 10%.

### INTERPRETING BENCHMARK COMPARISONS

Whenever possible throughout this report, McGill results are compared to the national average data. T-test comparisons were conducted to assess whether McGill results are statistically different from the Canadian benchmark data. Asterisks are used to indicate the following significance levels: \* for p<.05; \*\* for p<.01; \*\*\* for p<.001. Canadian comparisons were limited to an aggregate report. Only the McGill data are weighted by gender and level of study.

<sup>1</sup> Special thanks to McGill's Planning and Institutional Analysis Office who provided the random sample for this project.

### **DEMOGRAPHICS**

The following table outlines the demographics of McGill and Canadian university respondents.

Table 1

		Canadian			Canadian
	McGill	Average		McGill	Average
Age			International		
Average age	21.1	22.9	Student	22%	11%***
Median	21	21			
Standard Deviation	3.1	5.9			
Gender			Ethnocultural Background		
Female	57.5%	67.6%***	Aboriginal	0%	3.3%**
Male	42.5%	30.9%	White	69.6%	70.1%
Transgender	0%	0.2%	Other ¥	30.4	26.6
Sexual Orientation			Relationship Status		
Heterosexual	87.5%	90.9%	Not in a relationship	56%	48.3%**
Cay/Lochian	5.5%	2.5%	In a relationship but not	33.7%	33.8%
Gay/Lesbian	3.3%	2.5%	living together		
Bisexual	4.5%	4.2%	In a relationship and living	10.3%	18%***
Unsure	2.5%	2.5%	together		
Level of Study			Living Situation		
1st year undergraduate	26%	21%*	Campus residence hall	14%	12%
2nd year undergraduate	22%	20%	Parent/guardian's home	38%	30%**
3rd year undergraduate	25%	20%*	Other off-campus housing	32%	46%***
4th year undergraduate	19%	17%	Other college/university		
			housing	11%	3%***
5th year or more	2%		Fraternity or sorority	0%	0%
undergraduate		7%***	house		
Graduate or professional	4%	14%***	Other	5%	8%*
Other	1%	1%			

<sup>\*</sup>p<.05; \*\* p<.01; \*\*\*p<.001

¥ Other refers to Statistics Canada 2006 Census question options about ethnocultural background: Arab, Black, Chinese, Filipino, Japanese, Korean, Latin American, South Asian, Southeast Asian, West Asian and Multiracial



A greater proportion of McGill students describe themselves as being in good health (very good or excellent), (62%) in comparison to the Canadian average (53%). This difference is most likely due to healthier life style habits, as McGill students also report eating more servings of fruits and vegetables, exercising more, maintaining a healthy weight (see p.19) and higher rates of immunization (p10). McGill students also report lower levels of financial distress (see p.20). These factors should be considered in the interpretation of the data.

Overall, the distribution of common medical problems is consistent with the Canadian data, except McGill students tend to report fewer diagnoses of STIs and back pain (Table 2).

Chart 2: % of students who describe their general health as very good or excellent

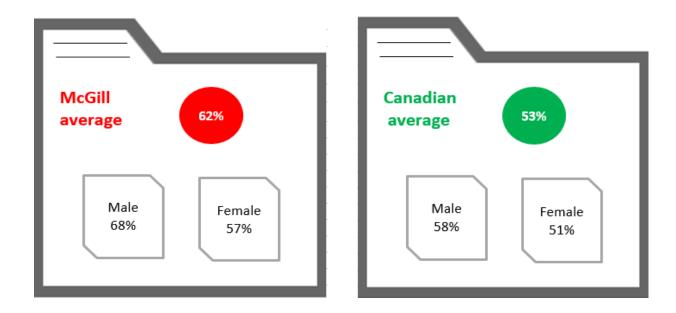
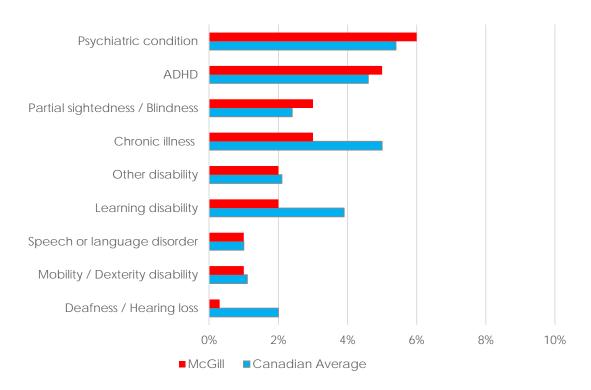


Table 2: Diagnosed or treated by a professional for any of the following health problems within the last 12 months:

		Canadian			Canadian
	McGill	Average		McGill	Average
Illnesses Associated with			STIs	1.4%	3.5%
Stress	9%	11.9%			
			Chlamydia	.2%	1.1%
Migraine Headache	6%	8.3%	Gonorrhea	0%	.2%
Irritable Bowel Syndrome	3%	3.6%	Genital herpes	.2%	.6%
			Genital warts / HPV	.8%	1.2%
			HIV infection	.2%	.2%
Infectious Diseases (Other			Chronic Medical		
than STIs)	37%	35.3%	Problems	42%	54.3%
Sinus infection	10%	11.3%	Allergies	12%	13.7%
Urinary tract infection	8%	10.6%	Back pain	10%	16.9%***
Ctron throat			Broken bone /		
Strep throat	7%	11%*	Fracture / Sprain	8%	7.7%
Bronchitis	6%	5.2%	Asthma	5%	7.8%
Ear infection	5%	6.6%	High cholesterol	2.2%	1.4%
Hepatitis B or C	0%	.3%	High blood pressure	2%	2.2%
Mananuslaasis			Repetitive stress		
Mononucleosis	1%	1%	injury	2%	2.9%
Tuberculosis	0%	0.3%	Diabetes	.2%	.9%
			Endometriosis	.2%	.8%

<sup>\*</sup>p<.05; \*\* p<.01; \*\*\*p<.001

Chart 3 - Proportion of students who reported any of the following...



### DISEASE AND INJURY PREVENTION

McGill students reported higher immunization rates that have been linked to better determinants of health. However, with respect to injury prevention, McGill students reported significantly lower levels of bicycle helmet use. Providing more health awareness as it pertains to accident prevention will be an area of focus as bicycle related accidents are commonly seen in the Student Health clinic.

Table 3 - Students reported...

	McGill	Canadian Average
receiving the following vaccinations (shots) %:		
Hepatitis B	75%	71%
Measles, mumps, rubella	70%	62%**
Meningococcal meningitis	51%	44%**
Varicella (chicken pox)	44%	33%***
Human Papillomavirus/HPV (cervical cancer vaccine)	36%	23%***
Influenza (shot or nasal mist)	25%	27%
Wore a helmet when riding a bicycle within the last 12 months <sup>‡</sup>		
N/A, did not do this activity within the last 12 months	29%	42%***
Never	27%	28%
Rarely or sometimes	30%	22%***
Mostly or always	44%	50%*

<sup>¥</sup> Students responding "N/A, did not do this activity within the last 12 months" were excluded

<sup>\*</sup>p<.05; \*\* p<.01; \*\*\*p<.001



### ACADEMIC IMPACTS

Participants were asked to report on how various factors affected their individual academic performance within the last 12 months, as defined as receiving, a lower grade on an exam, or an important project; a lower grade in the course; or receiving an incomplete or dropped the course.

Examining the areas that have the greatest impact on academic performance, McGill students voiced stress, anxiety and sleep difficulties, along with the frequent physical manifestation of these conditions. In addition 24% of McGill students reported internet use as a growing concern. While the proportion of students who are affected by substance use is low in comparison to other factors, it is nonetheless a concern that needs to be addressed on general health and wellbeing. The participation in extracurricular activities has a greater reported impact on our students than on those in other Canadian universities. This item needs to be further investigated as it could reflect poor time management skills or a greater proportion of over achieving students in our population, both contributing to higher levels of stress and anxiety.

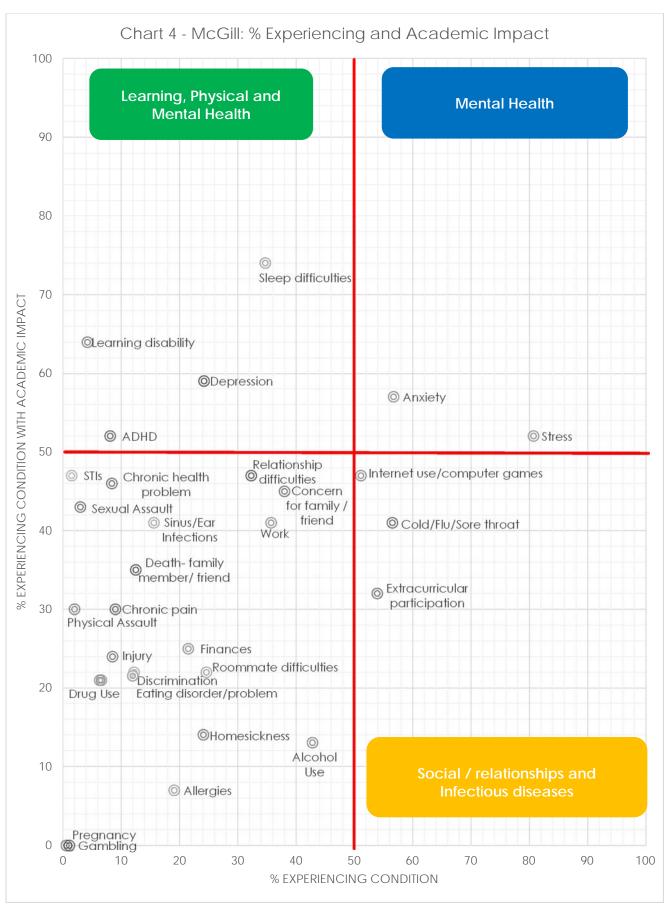
Table 4	McGill	Canada		McGill	Canada
Mental Health and Emotional Traumatic Experiences			Physical Conditions		
Stress	42%	39%	Sleep difficulties	26%	27%
Anxiety	33%	28%*	Chronic health problem or	4%	4%
Depression	14%	17%	serious illness		
Assault (sexual)	1.3%	0.8%	Chronic pain	3%	4%
Discrimination	1%	1%	Injury	2%	3%
Eating disorder/problem	1%	2%	Allergies	1%	2%
Assault (physical)	0.5%	0.6%	Pregnancy	0%	1%
Addictive Behaviours			Infectious Diseases		
Internet use/computer games	24%	21%	Cold/Flu/Sore throat	23%	22%
Alcohol use	6%	5%	Sinus infection/Ear	6%	6%
Drug use	3%	2%	infection/Bronchitis/Strep throat		
Gambling	0%	0.3%	STI	0.7%	0.4%
Finance, Social & Relationships			Learning		
Extracurricular participation	17%	10%***	ADHD	4%	4%
Concern for friend / family	17%	15%	Learning disability	3%	4%
Work	15%	17%			
Relationship difficulties	15%	13%			
Roommate difficulties	6%	6%			
Finances	5%	9%			
Death of a friend /family	4%	7%*			

<sup>\*</sup>p<.05; \*\* p<.01; \*\*\*p<.001

The following scattergram chart presents the number of respondents experiencing a condition in relation their respective reported academic impact. The percentage of McGill students experiencing conditions are presented along the x axis, and the academic impact percentages are presented along the y-axis.

Our Interpretation of the scattergram quadrants is that the conditions and their relative academic impact can by summarized in the following three broad clusters:

- **Learning, physical and mental health:** although experienced by less than 50% of respondents, have a relatively high impact on academic performance
- Addictive behaviours, social / relationships and infectious diseases: these conditions are experienced by over 50% of the respondents with low to moderate impact (30% to 48%)
- **Mental health:** experienced by more than 50% of respondents with the greatest impact on academic performance (over 50%)





# VIOLENCE, ABUSIVE RELATIONSHIPS AND PERSONAL SAFETY

Personal safety on Canadian campuses is highly valued. Violence and abusive occurrences are of great concern. Although the number for personal safety on McGill campuses as presented in Table 5 is relatively high, this number is lower for females compared to males.

Based on the findings in this study, as well as other recent McGill surveys, the number of reported violent incidents is low, nonetheless victims of such occurrences are often severely affected emotionally. As reported in the literature, males are more frequently involved in physical altercation than females and conversely for sexual assault. One in ten females in this study reported being touch sexually without their consent, while not significantly different than the national average it is nonetheless higher and of concern.

Table 5

		McGill		C	anadian Ave	erage
	Male	Female	Total	Male	Female	Total
Within the last 12 months, students reporting experiencing (%):						
A physical fight	5.3%	2.0%	3.4%	9.9%	3.6%	5.6%
A physical assault (not sexual assault)	4.0%	2.0%	2.7%	5.3%	3.5%	4.1%
A verbal threat	22%	13.7%	17.2%	25.2%	17.9%	20.1%
Sexual touching without their consent	2.0%	12.7%	8.4%	3.4%	8.5%	6.9%
Sexual penetration attempt without their consent	0.7%	3.4%	2.1%	0.8%	3.0%	2.3%
Sexual penetration without their consent	0.0%	1.5%	0.8%	0.5%	1.5%	1.2%
Stalking	0.0%	7.8%	4.7%	3.3%	7.0%	5.8%
An emotionally abusive intimate relationship	4.7%	5.9%	5.4%	7.2%	11.0%	9.8%**
A physically abusive intimate relationship	1.3%	1.0%	1.2%	1.8%	1.9%	1.9%
A sexually abusive intimate relationship	0.7%	2.0%	1.4%	1.0%	2.0%	1.7%
Students reported feeling very safe:						
On campus (daytime)	96.7%	90.2%	92.7%	92.1%	87.4%	88.8%*
On campus (nighttime)	72%	40.2%	54%	60.7%	24.8%	36.1%***
In the community surrounding school (daytime)	82%	66.7%	73.3%	73.7%	62.2%	65.7%**
In the community surrounding school (nighttime)	25%	31%	28%	39%	13%	21%**

<sup>\*</sup>p<.05; \*\* p<.01; \*\*\*p<.001



# ALCOHOL, TOBACCO, AND OTHER DRUG USE

Alcohol is the most commonly used substance by McGill students, followed by marijuana and only 2.5% reported cigarette use. The findings are comparable to what is found in population based studies for the 18-24 age group both in Canada and the USA. The findings reveal that a respondent's actual personal use is significantly lower than their perceived use of peer consumption. The findings can be used to inform students of the actual consumption rates as well as to inform personal choices. As on other Canadian campuses, alcohol use and misuse is of concern because of its association with risky behaviors and potentially negative consequences, such as, forgetting ones whereabouts, having unprotected sex, STIs, unwanted pregnancy, physical trauma and legal action. These are more likely to occur when binge drinking is involved. The definition of binge drinking is consuming more than three drinks in one sitting for a female and more than five for males. Approximately 40% of McGill students reported drinking five or more drinks in one sitting during a two week period (Chart 7).

Also of concern is the 3-7% of students who misuse prescription drugs that were not prescribed to them, including, antidepressants, stimulants and pain killers (Chart 9).

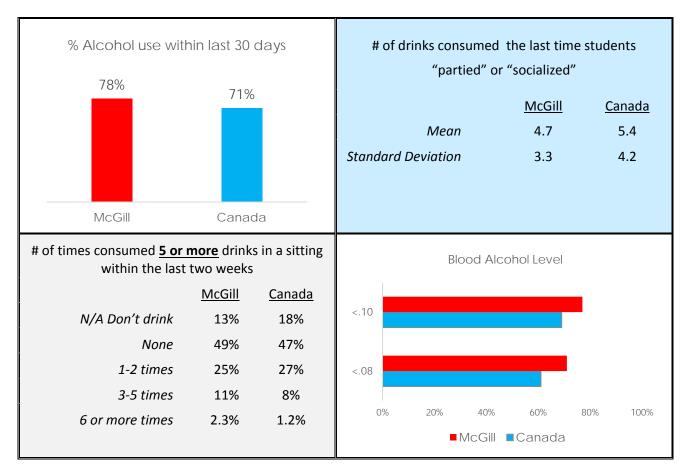
Table 6- Personal use versus perceptions of typical student use

	N	1cGill	Canadia	n Average
	<b>Actual Use</b>	Perceived Use	Actual Use	Perceived Use
Alcohol				
Never used	10.6%	1.0%	16.4% **	2.9%*
Used, but not in the last 30 days	11.9%	1.0%	12.8%	1.4%
Any use within the last 30 days	77.5%	98%	70.8%**	95.6%*
Cigarette				
Never used	67.0%	4.8%	70.8%	7.0%
Used, but not in the last 30 days	17.0%	10.4%	17.6%	13.3%
Any use within the last 30 days	2.5%	84.8%	11.6%***	79.7%*
Marijuana				
Never used	51.7%	3.6%	60.1%**	7.2%*
Used, but not in the last 30 days	23.3%	7.3%	23.8%	9.0%
Any use within the last 30 days	25.0%	89.1%	16.0%***	83.8%**
All other drugs combined *				
Never used	63%	9%	67.3%	9.3%
Used, but not in the last 30 days	26%	25%	22.0%	18.1%**
Any use within the last 30 days	11%	66%	10.7%	72.5%**

<sup>\*</sup>p<.05; \*\* p<.01; \*\*\*p<.001



**Chart 7: Alcohol Consumption** 



### Drinking and Driving Behaviors

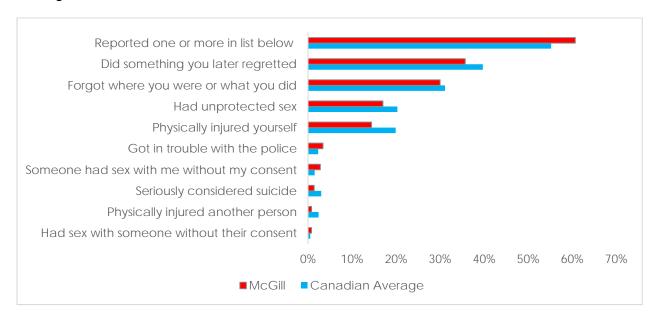
Table 6 - % of students reported driving after having ...

	McGill	Canadian Average
5 or more drinks in the last 30 days	1.1%	1.1%
any alcohol in the last 30 days	11.2%	19.4%***

<sup>\*</sup>p<.05; \*\* p<.01; \*\*\*p<.001

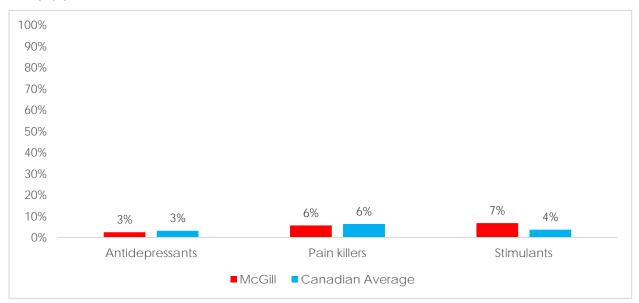
### ALCOHOL AND PRESCRIPTION DRUG USE WITHIN LAST 12 MONTHS

Chart 8: % of students who drank alcohol reported experiencing the following in the last 12 months when drinking alcohol



### PRESCRIPTION DRUG USE

Chart 9: % of students who reported using prescription drugs that were not prescribed to them within the last 12 months



# SEXUAL HEALTH

Over two-thirds of respondents reported having one or more sexual partners within the last year. While serial monogamy is not an unusual finding in this age group, it none the less indicates a potential risk if adequate protection is not used. Of the sexually active respondents, approximately 45% reported engaging in oral or vaginal intercourse, and 5% in anal sex.

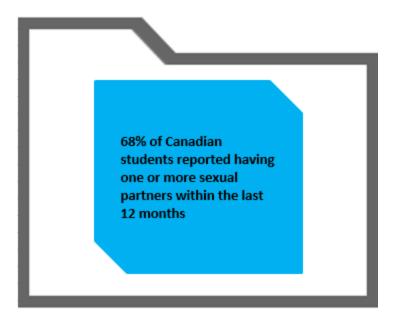


Table 7 - Students reported having:

		Canadian
	McGIII	Average
Oral sex within the past 30 days		
<i>Yes</i> <sup>¥</sup>	44.9%	45.1%
No, have never done this sexual activity	30%	29.3%
No, have done this sexual activity but not in the last 30 days	25.1%	25.7%
Vaginal sex within the past 30 days		
Yes <sup>¥</sup>	46.0%	49.5%
No, have never done this sexual activity	35.0%	31.2%
No, have done this sexual activity but not in the last 30 days	19.1%	19.3%
Anal sex within the past 30 days		
<i>Yes</i> <sup>¥</sup>	4.2%	4.9%
No, have never done this sexual activity	80.2%	75.7%
No, have done this sexual activity but not in the last 30 days	15.9%	19.4%

 $<sup>\</sup>pm$ Students responding "Never did this sexual activity" or " Have not done this during the last 30 days" were excluded from the analysis; McGill students responding yes to the following: Oral sex, n = 157; vaginal intercourse, n = 159; anal sex, n = 14

<sup>\*</sup>p<.05; \*\* p<.01; \*\*\*p<.001

#### STI PROTECTION AND CONTRACEPTIVE USE

Table 8 summarizes the percentage of sexually active students who use protective barriers for STI protection and their contraceptive practices. Only slightly more than half of the McGill respondents use condoms for vaginal intercourse and nearly 40% do not use them for anal intercourse. The 18-24 age group has the highest incidence of chlamydia and gonorrhea two diseases which are condom preventable, often asymptomatic and when not treated can have major consequences especially for females. The 40% who do not use condoms for anal intercourse is very concerning in view of the rising incidence of HIV infections in men who have sex with men of this age group. The contraception figures are consistent with previous studies. However, it also demonstrates that 20% use withdrawal as a contraceptive method and a further 6% use fertility awareness. In this age group both of these methods are unreliable. These numbers speak to the need of continued education pertaining to safer sex.

Table 8

	McGill	Canadian
Using a condom or other protective barrier within the last 30 days (mostly or		
<b>always)</b> Sexually active students reported <sup>¥</sup>		
Oral sex	3%	4.6%
Vaginal intercourse	54.3%	50.3%
Anal intercourse	38.7%	31.7%**
Contraceptive use reported by students or their partner the last time they had		
vaginal intercourse:		
Yes, used a method of contraception	56%	57.9%
Not applicable / Didn't use a method /	44%	42.1%
Don't know		
f YES to contraceptive use the last time student had vaginal intercourse, reported		
means of birth control used among college students or their partner to prevent		
pregnancy		
Birth control pills (monthly or extended cycle)	70%	64.3%*
Male condom	65%	61.1%
Withdrawal	18.4%	27%***
Fertility awareness (Calendar, mucous, basal body temperature)	5.8%	6.3%
Intrauterine device	5.3%	7.2%
Vaginal ring	2.1%	4.0%
Spermicide (foam, jelly, cream)	2.1%	2.6%
Birth control shots	0.5%	1.6%
Birth control implants	0.5%	0.6%
Birth control patch	0.5%	1.6%
Female condom	0.5%	0.6%
Diaphragm or cervical cap	0.5%	0.3%
Contraceptive sponge	0.5%	0.3%
Male condom use plus another method	43%	46.2%
Used (or partner used) emergency contraception within the last 12 months	12%	13.3%
Unintentional pregnancy or got someone pregnant within the last 12 months	1%	1.5%

<sup>\*</sup>p<.05; \*\* p<.01; \*\*\*p<.001



## NUTRITION AND EXERCISE

Overall 60% of McGill students reported eating 3 or more servings of fruit and vegetables and 48% met physical fitness guidelines in a 7 day period. Table 9 also shows that 74% of respondents are at a healthy weight. This finding is higher than the Canadian average.

Chart 10:

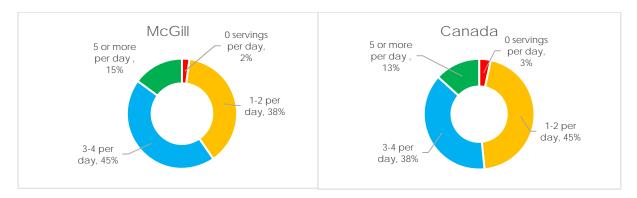


Table 9 – Student Exercise and Body Mass Index Comparisons

	McGill	Canadian
moderate-intensity cardio or aerobic exercise for at least 30 minutes		
0 days	23.3%	23.5%
1-4 days	54%	58.2%
5-7 days	23%	18.4%*
vigorous-intensity cardio or aerobic exercise for at least 20 minutes		
0 days	40%	41.8%
1-4 days	52%	48.9%
5-7 days	8%	8.2%
Students reported meeting the recommendations for moderate-intensity		
exercise, vigorous-intensity exercise, or a combination of the two (2		
moderate-intensity exercise periods = 1 vigorous-intensity exercise period).  Guidelines met	48.1%	44.6%
Body Mass Index		
<18.5 Underweight	8%	7.4%
18.5 - 24.9 Healthy Weight	74%	63.4%***
25-29.9 Overweight	14%	20.0%**
30 - 34.9 Class I Obesity	3%	6.1%*
35 - 39.9 Class II Obesity	0.3%	2.0%
More than 40 Class III Obesity	0.3%	1.1%
Mean	22.30	23.64
Median	21.80	22.68
Std Dev	3.42	4.87

# MENTAL HEALTH

Student psychological wellbeing is a growing concern on Canadian university campuses. Over 60 % of respondents reported experiencing more than average stress and approximately 90% felt overwhelmed by what they had to do or felt tired for reasons other physical than causes. Over 50% of respondents also reported feelings of sadness, loneliness, hopelessness and overwhelming anxiety. Over 30% reported feeling too depressed to function and overwhelming anger. Suicidal thoughts were reported by 7% of respondents, 5% intentional personal injury and 0.3% attempted suicide (Table 10).

The issues that McGill respondents found most traumatic or difficult to handle in the last 12 months were academics, career-related issues and intimate relationships and 66% had two or more reasons to feel distressed (Table 11), with fewer reporting financial concerns than the Canadian average.

### **PSYCHOLOGICAL DISTRESS**

Chart 11 - Within the last 12 months, how would you rate the overall level of stress experienced?

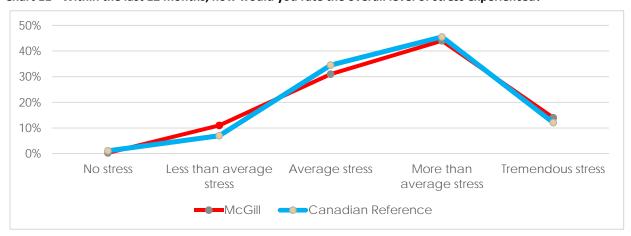


Table 10 - Students reported experiencing the following within the last 12 months:

	McGill	Canadian Reference
Felt overwhelmed by all you had to do	89%	89%
Felt exhausted (not from physical activity)	88%	87%
Felt very sad	67%	69%
Felt very lonely	66%	64%
Felt things were hopeless	56%	54%
Felt overwhelming anxiety	53%	57%
Felt so depressed that it was difficult to function	38%	37%
Felt overwhelming anger	35%	42%**
Seriously considered suicide	7%	9%
Intentionally cut, burned, bruised, or otherwise injured yourself	5%	7%
Attempted suicide	0.3%	1.3%

<sup>\*</sup>p<.05; \*\* p<.01; \*\*\*p<.001

Table 11 - Within the last 12 months, any of the following been traumatic or very difficult to handle:

	McGill	Canadian Reference
Academics	56%	56%
Career-related issue	30%	31%
Intimate relationships	30%	32%
Sleep difficulties	26%	32%*
Family problems	23%	30%**
Finances	23%	37%***
Other social relationships	20%	26%*
Personal appearance	19%	27%**
Personal health issue	17%	22%*
Health problem of family member or partner	14%	21%**
Death of family member or friend	11%	16%**
Other	10%	12%
Students reporting none of the above	25%	19.3%
Students reporting only one of the above	14%	11.9%
Students reporting 2 of the above	14%	13.3%
Students reporting 3 or more of the above	52%	55.6%

### STUDENTS SEEKING SUPPORT FOR MENTAL HEALTH

One in three McGill respondents reported receiving support for mental health concerns, with over 21% at a McGill service (Chart 12 – including the following McGill Services: Counselling Service, Student Health Service and Mental Health Service). Within the last year, 10% or respondents sought support for depression and anxiety (Table 12).

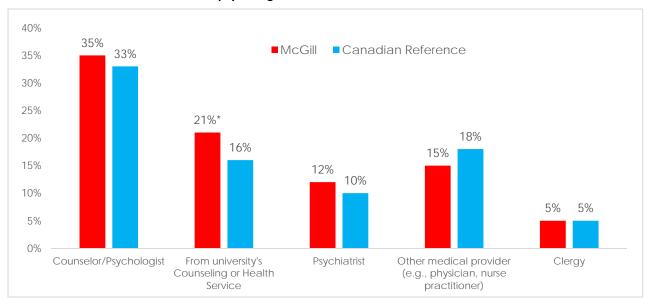
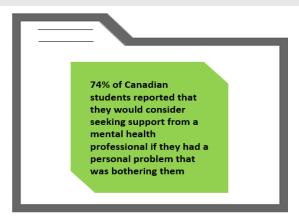


Chart 12: % of Students who received psychological or mental health services:

Table 12- Within the last 12 months, diagnosed or treated by a professional for the following:

	McGill	Canadian Reference
Anxiety	10%	12%
Depression	10%	10%
Panic attacks	6%	6%
Attention Deficit and Hyperactivity Disorder	4%	3%
Insomnia	4%	4%
Other mental health condition	3%	3%
Other Sleep Disorder	2%	2%
Obsessive Compulsive Disorder	2%	2%
Bipolar Disorder	1%	1%
Bulimia	1%	1%
Phobia	1%	1%
Anorexia	1%	1%
Substance abuse or addiction	0.8%	0.8%
Other addiction	0.3%	0.4%
Schizophrenia	0.2%	0.2%

### HELP-SEEKING BEHAVIORAL INTENTIONS:





### SLEEP

As seen above, 26% of respondents reported that lack of sleep adversely impacted academic performance. A closer look at sleep patterns showed that over 44% of McGill respondents indicated problems with sleepiness during daytime activities. The finding is consistent with the Canadian average (Chart 13). While McGill respondents indicated that they felt rested most of the time in the morning, over 60% often felt tired or sleepy or dragged out on 3 or more days in the last week.

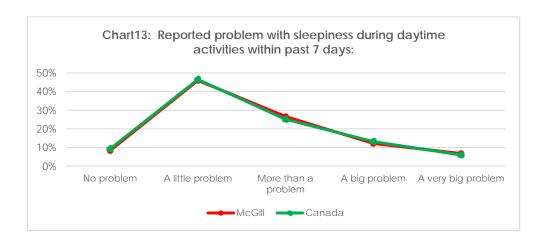


Table 13 - Over a 7 day period...

	Getting enough sleep to feel rested in the morning:		How often felt tired, dragged out, or sleepy during the day:	
		Canadian		
	McGill	Average	McGill	Canadian Average
0 days	9.9%	10.9%	6.6%	7.5%
1-2 days	27.7%	29.7%	33.6%	30.4%
3-5 days	47.7%	47.6%	41.5%	43.3%
6+ days	15.3%	11.8%*	18.3%	18.8%

<sup>\*</sup>p<.05; \*\* p<.01; \*\*\*p<.001

Over half of McGill students reported receiving information about a variety of topics, such as, stress reduction, sexual assault / violence prevention, physical activity, etc. (Table 14). On average, McGill respondents reported receiving more health-related information from the University than other Canadian universities. However, disease, injury and violence prevention were reported by less than 50% of respondents. Although this is consistent with other health education programs across the country, programming adaptations are planned in light of the data above related to sleep and mental health concerns.

Table 14 - Health information received from students' university

		Canadian
	McGill	Average
Stress reduction	64.5%	59.6%*
Sexual assault / Relationship violent prevention	63.6%	47.7%***
STI prevention	61.5%	46.9%***
Alcohol and other drug use	55.8%	46.7%***
Depression / anxiety	55%	52.6%
Physical activity	51.2%	54.5%
Nutrition	48.5%	45.9%
Pregnancy prevention	45%	35.4%**
Eating disorders	34.5%	24.7%**
Cold / flu / sore throat	33.6%	40.3%**
Suicide prevention	27.6%	25.3%
How to help others in distress	25.6%	24.8%
Injury and violence prevention	25.5%	23.1%
Violence prevention	24.7%	23.8%
Grief and loss	21.4%	21.2%
Relationship difficulties	18%	22.7%
Sleep difficulties	17.9%	23.1%**
Tobacco use	13.9%	24.7%***
Problem use of internet / computer games	8.7%	13.4%*

In addition, respondents were also invited to express interest in receiving information from their university about health related topics. Over 75% of McGill respondents reported wanting information about stress reduction and how to help others in distress. Over two-thirds also expressed interest in learning more about sleep, nutrition, physical activity and depression and over half about STI, sexual assault/ relationship violence and suicide prevention.

Table 15 - Interest in receiving information on the following topics from students' university

	McGill	Canadian Average
Stress reduction	79%	74.1%*
How to help others in distress	75%	62.7%**
Sleep difficulties	69.4%	64.5%
Nutrition	67.3%	67%
Physical activity	62.3%	64.1%
Depression / anxiety	67.2%	62.9%
STI prevention	55%	44.6%**
Sexual assault / Relationship violent prevention	53.3%	45.8%*
Suicide prevention	51.5%	42.9%**
Grief and loss	46.8%	45%
Violence prevention	46%	39.7%*
Injury and violence prevention	44.9%	39.6%*
Relationship difficulties	43.7%	45%
Eating disorders	42.7%	35.8%**
Cold / flu / sore throat	42.6%	43%
Pregnancy prevention	38.8%	33.4%*
Alcohol and other drug use	37.3%	35.7%
Problem use of internet / computer games	32.8%	28.1%*
Tobacco use	23.3%	23.9%

### **NEXT STEPS**

One of the goals so Student Health Service is to provide health promotion and education to our community. Based on the current literature and trends in epidemiology, top issues to address for your adults are related to sexuality, common acute illnesses, chronic medical issues such as obesity, substance use and mental health issues.

The NCHA survey has informed us about the areas where we can provide more health-related information, such as, sleep, relationship difficulties and grief and loss.

The data from this survey will now be used to:

- a) inform the planning of health promotion both in the short and long term,
- b) serve as a benchmark to assess if we meet our health promotion target, and
- c) serve as an education tool in providing us with perceived normative behaviour that can be used to educate students.

### **RECOMMENDATIONS**

Below are our recommendation for health promotion endeavours for:

### **Existing programs:**

- 1) Continue and expand the existing health education and promotion program to maintain the existing healthy habits and improve those that are lacking.
- 2) Reformat previously developed self-care information on acute infectious diseases and chronic medical conditions and to present it in a more interesting manner.
- 3) Maintain an already successful sexual health education program focusing on decreasing the use of unreliable contraceptive methods by couples and increasing condom use to decrease transmission of STIs especially during anal sexual intercourse.
- 4) Develop evidence-based and relevant educational material using content experts as writers and editors, student users as reviewers and presented in utilizing a variety of educational modalities.

### **Enhancing existing collaborations:**

 Address topics that have been identified in this study as having an important impact on student performance such as addiction to electronic media, time management, sleep difficulties and stress. This should be done in conjunction with other McGill units.

- Support Counselling Services and Mental Health Services, the content experts related to mental health issues, to improve the ability of students to manage the various symptoms of anxiety and depression, especially sleep related problems.
- 3) Collaborate on endeavours that will decrease violence of all kinds on our campus including physical, sexual and emotional aggression, intimate partner violence and verbal abuse.
- 4) Apply principles of norm theory to highlight the differences in substance use vs perceived use of on campus. Norm theory principles have been shown to help prevent substance misuse and the resulting negative consequences to both physical and mental health for our students.

### Health

- 1) Promote preventive health by encouraging vaccination of students against infectious diseases and use of safety equipment during physical activity such as cycling.
- 2) Increase the number of students who are meeting the Canadian nutrition and exercise guidelines and maintaining a healthy weight.

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## RESOURCES FOR MCGILL STUDENTS

Resources for Students		Student Services		Student Life and Learning
Helping Students in Difficulty http://www.mcgill.ca/deanofs tudents/helpingstudents	Security Services  Downtown: 514-398- 3000  Macdonald: 514-398- 7777 <a href="http://www.mcgill.ca/security/">http://www.mcgill.ca/security/</a>	Student Health Service  William and Mary Brown Building 3600 McTavish Street West Montreal, Quebec H3A 0G3 Tel: 514-398-6017  http://www.mcgill.ca/studenthealt h/	Counselling Service  Brown Student Services  Building, 3600 McTavish Street, Suite 4200  Montreal, Quebec  H3A 1Y2  Tel.: 514-398-3601 <a href="http://www.mcgill.ca/counselling/http://www.mcgill.ca/counselling/http://www.mcgill.ca/wellness">http://www.mcgill.ca/counselling/http://www.mcgill.ca/wellness</a>	Deputy Provost (Student Life & Learning)  James Administration Building Room 621  845 Sherbrooke Street West Montreal, Quebec H3A 0G4  Tel.: 514-398-3109 <a href="http://www.mcgill.ca/studentlife-andlearning/">http://www.mcgill.ca/studentlife-andlearning/</a>
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/ombuds person/	Resources and Services for Students http://www.mcgill.ca/students/	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/mentalhealt h/	Office for Students with Disabilities / my access Redpath Library Building, Suite RS56 3459 McTavish Street Montreal, Quebec H3A 0.09 disabilities.students@mcgill.ca http://www.mcgill.ca/osd/	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/deanofst udents/
Academic Advising http://www.mcgill.ca/student s/advising/ Academic Advising Directory: http://www.mcgill.ca/student s/advising/advisordirectory	Service Point  3415 McTavish St. Montreal, Quebec  H3A 0C8 Canada  Tel: 514-398-7878 <a href="http://www.mcgill.ca/students/servicepoint/">http://www.mcgill.ca/students/servicepoint/</a>	McGill Office for Religious and Spiritual Life Suite 4400, Brown Building 3600 rue McTavish Montreal, QC, H3A 0G3  morsl@mcgill.ca Tel: 514-398-4104  http://www.mcgill.ca/morsl/	First Peoples' House 3505 Peel Street Montreal, Quebec H3A 1W7  Tel.: 514-398-3217  firstpeopleshouse@mcgill.ca http://www.mcgill.ca/fph/	Office of the Executive Director, Services for Students Brown Student Services 3600 McTavish, Suite 4100 Montreal, Quebec H3A 0G3 student.services@mcgill.ca Tel.: 514-398-8238 / Fax: 514-398-3857 http://www.mcgill.ca/students ervices/
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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 s/housing/offcampus	Social Equity and Diversity Education (SEDE)  3610 McTavish, Suite 12 Montreal, QC Canada H3A 1Y2  Tel: 514-398-5645 Email: equity.diversity@mcgill.c a http://www.mcgill.ca/equ ity_diversity/	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/	Scholarships and Student Aid Brown Student Services 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/	Enrolment Services  3415 McTavish St., McLennan Library Building Montreal, Quebec H3A 0C8 http://www.mcgill.ca/es/
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Sexual Assault Center of the McGill Students Society Shatner Bldg. Basement 3480 McTavish, B-27 Montreal, QC H3A 1X9 (514) 398-8500 main@sacomss.org http://sacomss.org/	Legal Information Clinic at McGill University Centre 3480 McTavish St. Montreal, QC, H3A OE7 514-398-6792 (Legal Information Clinic) Tel: 514-398-4384 (Student Advocacy) http://licm.mcgill.ca/site. php?/lang=en&page=legal clinic	Macdonald Campus Student Service 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-stu		Teaching and Learning Services  McLennan Library Building 3415 McTavish Street Suite MS-12 Montreal, Quebec H3A 0C8 Tel.: 514-398-6648 Email: tls@mcgill.ca