



**Committee on Student Services**  
**Wednesday, September 27th, 2017 – 1:30-3:30 PM**  
**James Admin, 302**

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**Present:** Jim Fyles (Co-Chair), Axel Hundemer, Cesaree Morier-Gxoyiya, Dusica Maysinger, Ian Simmie, Isabella Anderson, Isabelle Oke, Jemark Earle, Jenny Ann Pura, John MacMaster, Martine Gauthier, Freddy Lee, Tre Mansdoerfer, Kyla Hosie (Secretary)

**Regrets:** Lina Di Genova, Tamara Western, Alyssa Wooster, Ahmer (Muhammad) Wali

Meeting called to order 1:34

**1. Approval of Agenda**

The Committee approved the agenda

**2. Approval of Minutes**

The Committee approved the minutes of the May 4, 2017 meeting.

**3. New Business**

- a. Membership Update and Introductions
  - Members present introduced themselves
  
- b. Ratification of 2017-2018 Student Co-Chair
  - J. Fyles raised the need to identify a student co-chair and indicated that the process for selection remain somewhat undefined. Duties for co-chair include chairing meetings, developing agenda, reviewing and approving minutes, assisting with the Annual Report, etc. Student members will organize among themselves and will nominate someone for the co-chair. Nomination will be ratified at the Oct 24, 2017 meeting.
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- c. Who are we working for? [2016 NCHA Report](#)
  - J. Fyles gave an overview of the 2016 National College Health Assessment (NCHA) Report with comparison to 2013 findings.
  - Concerns expressed included: Mental Health (Higher than average, 1/4 students diagnosed or treated within last year); decrease of overall general health, decrease of feeling safe on campus

J. MacMaster: Do you have a sense that our population is getting better treatment or that we are diagnosing more students?

M. Gauthier: more students are being diagnosed, but the survey also includes students who are undiagnosed. 1/5 statistic (national average) also includes undiagnosed respondents. More students with mental health concerns are able to come to university due to medication and new treatment. Research shows that level of resiliency is lower than past populations.

V. Romano: Diagnostic criteria has been expanded, categories have increased by ¼; It is now easier to get diagnosed.



M. Gauthier: this benchmark is only on mental health. Our students report over 80% debilitating academic anxiety.

I. Oke: questioned the usefulness of BMI to assess healthy weight

D. Maysinger: Agreed. Criteria is important - whether you can set your own threshold or if it is determined by professionals

J. Fyles: We are using the survey numbers as general picture; we are not interpreting them to use as cut-off criteria. More important to ask ourselves questions: what does this mean to us at McGill?

D. Maysinger: What struck you as being the key, essential problem that we should be dealing with and how should we deal with it?

M. Gauthier: this report and other reports that our students have done in terms of health and wellness echo the following concerns: academic distress, anxiety, depression rates, suicidality (10% of McGill students considered suicide with attending McGill). These areas of concerns are higher at McGill than other institutions.

V. Romano: concern for mental health is not surprising. Primary areas of concern: anxiety (academic and mood), substance, suicidality. Don't forget other things that come up such as touching without consent, sleep, etc. Sleep deprivation is the foundation of a lot of health/mental health issues. Need to look at the report wisely.

M. Gauthier: The report has a nice section on what students would like more info on, helps us to understand what students are looking for in terms of information. Another section about where do they want to get this info from. As we move forward in developing Student Services Strategic Plan, there are some topics/concerns that students want to talk to students about and some they want to talk to professionals. This will help us decide where we put the peer support, where we build our capacity in terms of working with students on different issues.

- d. Discussion of CSS mandate and activities for the year ahead
  - Review of feedback from brainstorming session on CSS mandate (from April 2017 Meeting)

CSS received a categorized list of the points contributed at the brainstorming session and a 'wordcloud' that emerged from the key words. Four broad categories of responses were distinguished.

### **Communication**

J. Fyles: do we have a mandate to communicate to someone that leads us to have a newsletter? Unclear on the other ways that S2 business gets communicated to students and to Senate; what role should this committee have a role in this communication?

M. Gauthier: different channels of communications. A lot of communications to students happens through CLE (social media, websites, etc.)

I. Simmie: how does S2 communicate its progress/accountability to students/the larger community? Revising briefing book, way of communicating around assessment, units as a whole



M. Gauthier: in terms of S2, in order to be more accountable and have more structure, we will develop a strategic plan with objectives, measurables. Had an audit done this summer and the first recommendation was to develop strategic plan.

Role of this committee is recovering/providing information – students will take information back to their groups.

J. Fyles: according to Senate's mandate, CSS advises the Executive Director but we may want to be looking at changing the structure. This group acts as forum that you can bring your concerns to the table. Students can consult with their constituencies and bring it back to this table.

M. Gauthier: do you want me to bring things we are doing or thinking of doing to this table for feedback? Want to be able to get feedback from students but decision timeliness is a concern.

I. Anderson: important to bring ideas to the committee, a lot of students feel blindsided by things that are happening in S2 as there was no consultation. Communicate ideas, then have time to do consultation.

M. Gauthier: agrees with this but with the understanding that some things are time sensitive and there has to be certain decisions made.

### **Planning/Prioritization/Initiatives**

Does this group have a mandate to set priorities?

A. Hundemer: setting priorities is a bit too strong, we are not in a position to know what can be implemented – don't have the expertise for that. Our role should be more to give advice.

J. Pura: rolling basis: not necessary to set something, topics and conversations will be ever changing as the year progresses, everyone should have the understanding of what this committee is used for.

The first sentence of the CSS Terms of Reference refers to "formulate broad policies" - relates to setting priorities. Goes against first paragraph which says "advise the Executive Director..."

### **Accountability/process (financial)**

J. Fyles: in the past, students have been very vocal about the budget so would like to hear from students concerning this.

J. Pura: decisions are often made without consultation. We can only have a say after the fact. Trying to understand the process of how decisions are made. We can do our best to start conversations with our own committee but we are also playing catch up with what has been done.



M. Gauthier: Many ongoing decisions; need clarity on the types of things I can bring to the table. Things move very fast in S2 - we have to in order to stay one step behind. What types of things would you like discussed here?

J. Fyles: to be discussed, students will take it back to their groups to get more information. Can also get information from Martine's end regarding the constraints that we work with.

#### **High level/strategic direction/advice**

A. Hundemer: most important thing we should do. Last year, we spent too much time on budget issues. This is more important and we can contribute more to this.

#### **4. Executive Director's Report**

##### **a. Student Services Audit**

-S2 had an audit done in Summer 2017. In process of responding to internal audit committee, audit results aren't normally shared. Will have audit recommendations condensed to share. 13 recommendations, 11 were high priority. Most of it is operational: strategic plan, checks and balances in financial operations, processes and procedures, HR practices. Overall audit rating was unsatisfactory. M. Gauthier requested audit, felt it was important that it was done. It was a process audit.

##### **b. Staff updates:**

- New Director of Operations (Evelina Balut). Main duty is overseeing audit. There used to be an Associate Executive Director, Martine decided to hire a Director of Operations instead.

- Administrator of Office of Religious and Spiritual has left; currently in the process of hiring. Will reach out to students to be on hiring committee.

-Psychiatric Services currently has two interim co-directors. Position should be posted very shortly.

-Recently hired an Associate Director of First Peoples House (Allan Vicaire).

##### **c. Committees that are coming up that students will want to think about:**

1. Wellness Hub (4-5 students)
2. S2 Strategic Plan (large number of students)
3. Student communications - advisory committee

##### **d. Health and wellness strategy - going to advisory committee soon and to P7 (Principal's table)**

1. Background information: when MG came on board there was a document that was tabled but it was felt that there wasn't enough consultation and it was too prescriptive. In March 2017, the consultation process started (over 80 people on committee, around 20 students). This is a strategy for all of McGill. Received extensive feedback, taking time to incorporate feedback. McGill has pledged money to the strategy. Developing clear goals for the next 3 years.

##### **e. Eating Disorder Program (EDP). Changes in the EDP have received some negative media attention. Originally, the EDP was within Psychiatric Services-the psychiatrists started the program in 2009 (consisted of director, dietician, 2 psychologists, nurse, nutritionist and support groups). In summer 2017, when clinicians were integrated, it affected the**



EDP as it had been originally developed (within Psychiatric Services). The conversation was: how to provide the students with ongoing support with counsellors in Counselling Services. Funding for the three day a week nurse was through a grant and it had allowed us to put the nurse up to 5 days. When the grant ended, nurse went back to three days and the nurse decided to leave - this affected the program. Moving towards collaborative care model, working together to support students. All of the program components still exist within Student Services, however, Psychiatrists weren't comfortable with it continuing to be called a "Program" because it was no longer under their purview.

J. MacMaster: the program is running independently, without cross referencing?

M. Gauthier: Cross referrals across units continues. The program costs around 300-500K to run, depending on the level of human resources, active students were around 60. Principal, Provost, and Deputy Provost have been clear that we should provide support therapy for students and not intensive treatment programs.

J. MacMaster: what resources are in community to replace this program and what is the waiting time?

V. Romano: in public sector, there are programs but it depends on language, degree of severity: public resources are not always as accessible to English students. Clinicians that worked in EDP are now working in Counselling.

A. Hundemer: how accessible are private programs to international students?

V. Romano: when we talk about resources, it is important to remember that the clinician who was working in Psychiatric Services is still working in Counselling. There are also additional clinicians who work in Counselling that have experience in ED and other things. Resource hasn't been eliminated, it has just moved.

A. Hundemer: had a conversation with a student who was under severe distress, student had to go to McGill as her insurance wouldn't cover any external clinics.

M. Gauthier: I'm sure there are students who can't access external resources but there are still all the resources here at McGill. We now have 4 clinicians who specialize in ED, not just 2. Concern of equity: 60 active students in program. We have much larger numbers of students who are diagnosed with severe depression who don't have a similar program. EDP costs our students between \$300-500k/year to resource the program. When there was a Director(s)/admin staff, satisfaction rates were high. At 300k/year (with no director/admin, satisfaction was low). With 200k/year can hire 3 additional counsellors, which can service more than 2000 students/year.

A. Hundemer: cost of program seems very high for 60 students.

MG: very emotional decision but I have to make decisions for larger population. Want to integrate programming into collaborative care model so we can continue to serve the students.

J. Earle: can program only hold 60 people?



MG: many more students were being assessed, getting therapy, etc, but not in the program.

J. Earle: If more people were in the program, would that have been a factor in deciding to continue it?

M. Gauthier - hard to say, not a huge increase in the number of students accessing the program over the past 8 years.

J. Fyles: what is the process for students to join EDP?

MG: in order to be assessed, go to psychiatrists, just as in the past. Psychiatric Services asking for doctor's referrals (doctor's referral pays a psychiatrist most money). If student goes without referral, ministry pays around 100 less. Psychiatrist would do assessment with dietician, refer student to counselling, group therapy, etc. Depends on who is the lead clinicians, may stay with Psychiatric Services or go to Counselling Services.

J. Fyles: Connectivity is still within McGill?

M. Gauthier: Yes, psychologists are in Counselling instead of Psychiatric Services.

V. Romano: Not unlike other types of programs, example: in Counselling, there is a substance misuse program. Particular clinicians who specialize in a certain area; may not be run as a program but has intersectionalities. Collaborative Care model is a community care paradigm, we share care.

M. Gauthier: there is always one lead clinician who ensures that the student is getting the care they need. Also hiring case manager; recognition that system is confusing to navigate for students. Case Worker will work with students having to negotiate our services and ensuring that they don't fall through the cracks.

MG: strength of EDP is that it was under one area, no trying to negotiate the system. For the other 6K students a year who negotiate services, they were feeling loss. Students with ED will now have support of case worker.

V. Romano: costs of this program reflects half of CS budget, seeing 1000's of students.

I. Oke: If all of the pieces of the program are still in place, how is it possible to be saving money?

M. Gauthier: Clinicians [formerly with EDP] are now with Counselling Service so they aren't just seeking students with an ED. Administrative work took up some of their [EDP staff] time. Now they are with an administrative unit so instead of doing that admin work, they can see students. Nurse hasn't been replaced as we have nurses in Health Services. In discussion: Mac campus doesn't have any medical services, have been trying to get a nurse practitioner there for years but couldn't attract a candidate with the salary we could offer. With the extra funds, will post a nurse practitioner position with higher salary. With dietician, 3 days/week: starting to work more with Healthy McGill and working on prevention with larger population. Still working with students with ED but spreading out to do training, outreach, etc. With athletics and rec, they are looking at developing "nutrition lab" for students: ED component to nutrition lab, connecting our nutritionist with them so we can expand that to all students.

I. Oke/J Fyles: how should these things should be communicated to students?



M. Gauthier: conversations that were happening with Psychiatrists were confidential, hadn't yet made a decision about the EDP. In future, when these types of things are happening, best way to address it is to give student association a confidential a heads up that this is happening.  
I Oke: added issue of students who were planning on using the program. No communications to students using program.

M. Gauthier: head psychiatrists and I were working on messaging to students. Students apply then are called for assessment, students had to wait a couple more weeks. Messaging that we decided on (because we had no nurse, group therapy programs hadn't started): we would say we are putting it on hold for the semester, doing an evaluation then get back to them in November/December. In the meantime, all the components of the program are still there.

J. Fyles: do those students who need to be communicated to receive communications?

M. Gauthier - my understanding is that the students in the program were communicated to but I don't have access to the student's names.

**There was no other business**

**Meeting adjourned 3:13**

**Action items:**

Students to meet to nominate co-chair, to be voted on at next meeting

Students to think about how they want to be communicated with

Kyla will send out NCHA report



**NEXT MEETINGS:**

Tuesday, October 24	10:00-12:00	Brown, 3001
Wednesday, November 29	1:30-3:30	James Admin, 302
Wednesday, January 31	1:30-3:30	James Admin, 301
Wednesday, February 28	1:30-3:30	James Admin, 301
Thursday, March 29	10:00-12:00	TBC