



SOCIAL CONNECTEDNESS
FELLOWSHIP PROGRAM

Tackling Youth Mental Health in Canada: Applications for Student Wellbeing and Mental Health at McGill University

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ABSTRACT

This paper explores the development of mental health policies and programs within Canada in relation to youth, and examines the mental health climate at McGill University from a policy perspective. The topic of mental health has become a pressing concern for all post-secondary institutions within Canada and around the world bringing to light the need for these institutions to create inclusive and supportive environments for students. In this case study of McGill, the results from interviews and online research reveal many ongoing challenges including the remodelling of Counselling and Mental Health Services, the apparent disconnect and lack of coordination between mental health resources, the limited scope of promotion and outreach to students regarding mental health, the vulnerability and isolation of specific groups of students, and an overall environment that can be seen as contributing to anxiety and disconnection. Recommendations to begin addressing these challenges include promoting mental health literacy for both students and faculty, greater concerted action and resource coordination, better, targeted data collection and analysis and evidence-based research to examine how the current academic system impacts student well-being.

INTRODUCTION

It is estimated that 1 in 5 youth are affected by a mental health disorder or illness, the highest incidence of mental disorders of any age group in Canada (Canadian Mental Health Association – Fast Facts about Mental Illness). As more and more youth enroll in university and as the dialogue around mental health opens in Canada, there has been a sharp increase in the demand for mental health services and programs within universities. Therefore, the topic of mental health has become a pressing concern for all post-secondary institutions and has brought to light the gaps in providing adequate services and reducing an isolating campus environment. The goal of this report is two-fold: first, to explore the development of mental health policies and programs within Canada in relation to youth, and second, to examine more specifically the mental health climate at McGill University from both a program and a policy perspective. The report begins with defining mental health and mental illness, followed by a brief literature review and summary of the research methodology. The report then delves deeper into the Canadian

context, outlining reports, policies and organizations dedicated to mental health and youth mental health. The remainder of the report provides a case study of McGill University examining current services and programs in place, identifying gaps and challenges within these resources and the overall system, and finally proposes recommendations to address these issues and strive towards an institution that recognizes and supports the mental health of all its students.

DEFINING MENTAL HEALTH / PROBLEMS / ILLNESSES

According to the Mental Health Commission of Canada, mental health is a “state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community” (2012: 14). The Canadian Mental Health Association defines mental health as “striking a balance in all aspects of one’s life: social, physical, spiritual, economic and mental” (Canadian Mental Health Association - Frequently Asked Questions from Media). However, balancing all these aspects can be difficult at time and environmental stressors, such as poverty, loss of a loved one, academic stress, can lead to mental health problems. Furthermore, these stressors can result in emotional, cognitive, physical, perceptual or behavioral symptoms, and possibly short-term decrease in daily functioning, such as anxiety or distress (Kutcher, 2015). Mental health problems are usually addressed through community resources and traditions, such as self-help organizations, support networks (including family and friends), counselling services or religious traditions, and spirituality (Ibid.). A mental illness or disorder differs in that beyond complex interactions with one’s environment, there is a perturbation in brain function that affects brain development, which creates alternations in thinking, mood and/or behavior (Kutcher, 2015; Canadian Mental Health Association – Fast Facts about Mental Illnesses). Common mental

illnesses include anxiety disorders, such as social anxiety disorder or post-traumatic stress disorder, and mood disorders such as bipolar disorder or depression. Mental illnesses require specialized care, such as psychotherapy, hospitalization, medication and/or other treatments. However, mental disorder treatments also benefit from support groups, peer support and self-help plans as well (Mental Health America, n.d.).

Another widely used working definition for reframing mental health derives from a document published by the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA), which endorses a dual continuum model of mental health and mental illness (Appendix 1). Health and illness are conceptualized as separate continuums in which a student with a mental illness may flourish. In contrast, someone without a mental illness may languish from poor mental health (Canadian Association of College & University Student Services and Canadian Mental Health Association, 2013). Thus, mental health is no longer viewed as solely the absence of mental illness, whereas in recent years there has been a shift towards a more holistic definition and understanding of mental health (McGill Counselling and Mental Health Services, n.d.).

LITERATURE REVIEW

There is a vast amount of North American scholarly literature that addresses mental health among university student populations, including academic accommodations and serving students with mental health disorders (Condra et al., 2015; Condra M. & Condra E., 2015). A few other works are worth elaborating upon that relate directly to Canadian mental health, and reflect the issues/challenges to mental health that were raised during outreach and interviews with McGill stakeholders.

Iarovici (2014) addresses the need for an interdisciplinary approach to dealing with the wide range of issues students bring to their university life. Universities must first recognize that students have unique mental health needs and in addition to providing adequate mental health services, universities should teach students to take care of their mental and physical health. Furthermore, the author emphasizes the aspect of loneliness on campus, which can lead to or exacerbate mental health difficulties. The campus landscape has rapidly changed over the past few years due to technology and the increasing diversity of student populations, both of which can create new connections and relationships or conversely, pockets of isolation. Creating a sense of ‘belongingness’, according to Iarovici, is thus an important dimension in students’ sense of wellbeing on campus.

Kutcher (2015) explores the challenges and needs facing children and youth mental health during their school years. Mental health problems or illnesses, if unrecognized or untreated, may lead to negative social and civil consequences such as school drop-out/incompletion, poor social relationships, early mortality (including suicide), and a higher burden of disability. Kutcher also highlights Canadian initiatives/organizations that are targeting school mental health in a collaborative and sustainable manner. These include the Canadian Coalition for Children and Youth Mental Health, the British Columbia School Centered Mental Health Coalition which focusses on creating school connectedness across the province, and Transitions – a comprehensive life-skills resource created by Nova Scotia’s Ministry of Education to help students address common challenges when transitioning into post-secondary school life.

Anderson (2016) focuses on furthering wellness in higher education. He examines various aspects of student wellness, such as emotional, social, intellectual, and physical wellness,

and provides strategies targeted towards educators, administration, staff, and other stakeholders involved in student wellness. These include creating inclusive environments for students with disabilities, promoting healthy lifestyles and body positivity, and balancing hectic student schedules. Anderson provides campus applications, which include guiding principles, to help universities/colleges ensure the overall success of their students. His applications are incorporated in the recommendations section of the report.

RESEARCH METHODOLOGY

Research was conducted in two parts. The first part consisted of online research documenting scholarly work on mental health and student wellbeing in universities, Canadian policies and institutions dedicated to mental health including youth mental health, and McGill's policies and services targeted towards students' wellness and mental health on campus. The second part of research consisted of outreach and interviewing relevant stakeholders involved in McGill and/or youth mental health initiatives across Canada. The research from part one, particularly the research on McGill, guided the creation of general interview questions and contact people for outreach. The questions addressed the challenges facing mental health promotion and access on campus, the initiatives and policy changes required to tackle these challenges, the role of administration and faculty in promoting mental health and wellbeing, and how social connectedness can be fostered on campus. A general email template was created along with a contact list of people. Emails were sent out by the beginning of the second week of the fellowship, along with a research consent form explaining the project and voluntary participation in the research. Points of contact included student leaders involved in shaping mental health policies or running peer-support organizations at McGill or in other parts of

Canada, staff from McGill Student Services, and faculty involved in student mental health or classroom connectedness. Participants could choose to fully identify their name and the organization they represented, or remain anonymous by name and/or organization. Over the next three weeks, 13 structured interviews took place either in person, on the phone or through skype for roughly 30 minutes each. In addition to asking general questions, a few additional questions were tailored to each interviewee based on their previous or current work in mental health for a more nuanced understanding of certain issues.

CANADIAN CONTEXT

It is estimated that 10-20% of teenagers and young adults aged 15 to 24 are affected by a mental illness or disorder, the highest incidence of mental disorders of any age group in Canada (Canadian Mental Health Association – Fast Facts). Furthermore, 1 in 10 youth aged 15 to 24 have experienced symptoms of depression, and one in seven reported suicidal thoughts. A smaller percentage reported attempting suicide, but they represent more than 150, 000 individuals (Findlay, 2017). The actual number of Canadians who die every year by suicide is nearly 4000, but more than 90% of them are living with a mental illness (Public Health Agency of Canada, 2016).

In terms of access to health care services, in 2015, 13.9% of Canadians over the age of 12 reported that they had visited or talked to a health professional about their mental or emotional health in the past 12 months, and an overall 3.7 million people aged 12 and over were diagnosed with either a mood or anxiety disorder (Statistics Canada, 2017). The Canadian Institute for Health Information reported that emergency department visits and hospitalizations for children and youth seeking mental health treatment has been rising at an alarming rate (Children’s Mental

Health Ontario, 2016). Over the past 10 years, emergency department visits have increased by 54% and hospitalizations by 60% (Ibid.). Based on this data, Children's Mental Health Ontario stated that the current Canadian mental health system is not working optimally (Ibid.).

It is only in recent years that the Canadian government and other organizations have stepped up to address the growing concerns of mental health for all Canadians through policies, documents/reports and programs. The first federal report to address mental health was released in 2006, titled 'Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada' (Kirby & Keon, 2006). Presented by the Standing Senate Committee on Social Affairs, Science and Technology, the 482-page document provides a comprehensive overview of the difficulties faced by Canadians living with mental health challenges. Part 1 covers a wide variety of topics, which were informed by the lived experiences of individuals across Canada, and addresses issues related to legal matters and mental health services. Part 2 outlines responsibilities of the federal government, which includes holding provincial governments accountable for the provision of children and youth mental health services, and creating the Mental Health Commission of Canada (MHCC).

Following the creation of the MHCC, the organization released Canada's first mental health strategy, titled 'Changing Directions, Changing Lives'. The strategy focuses on improving mental health and wellbeing for all Canadians and creating a mental health system that meets the needs of people living with mental health problems and illnesses (Mental Health Commission of Canada, 2012). The strategy focuses on six strategic directions that address a wide range of issues, such as access to services, recovery and rights, and Indigenous mental health. In relation to youth, the strategy calls for removing barriers to full participation of people living with mental

health problems or illnesses in post-secondary institutions, and increasing comprehensive post-secondary mental health initiatives and prevention efforts for those at risk.

In 2015, the MHCC's Youth Council published a re-written version of "Changing Directions, Changing Lives" to better resonate with youth. Each strategic direction was simplified, and set goals and priorities related to children and youth in a variety of settings (Mental Health Commission of Canada's Youth Council, 2016). The report built off the framework developed by MHCC's Child and Youth Advisory Committee in 2010, called 'Evergreen: A Child and Youth Mental Health Framework for Canada'. The document outlines detailed recommendations on promotion, prevention, intervention and ongoing care, and research and evaluation for child and youth mental health (Kutcher & McLuckie, 2010). In discussion with three members from the Youth Council as part of my outreach, one of the biggest challenges to ensuring mental health treatment for Canadian youth is access to services. Once an adolescent reaches the age of 18, they lose a lot of their services and privileges in the health care system. Hence, there are gaps in the system for transitioning youth to new services and as a result, the full cycle of recovery is broken. Thus, the priority of the MHCC Youth Council is recovery and working with professional centres to extend their programs and ensure better coordination between systems of care.

Most recently, the Government of Canada released its first 'Suicide Prevention Framework' in 2016. Up until its release, Canada remained one of the few industrialized countries that had yet to follow the recommendations of the World Health Organization and the United Nations to establish a national suicide prevention strategy (Canadian Mental Health Association, 2016). The Framework does not replace existing strategies developed by frameworks, territories, communities or Indigenous organizations, but focuses on creating better

connections between people, information, resources, and research and innovation to raise awareness, reduce stigma and prevent suicide (Public Health Agency of Canada, 2016).

Canadian Universities

Over the past decade, universities and colleges across Canada have seen a sharp increase in the demand for mental health counselling and treatment (Gauthier, 2017). As a result, universities, colleges and post-secondary associations have also recognized the need to address student mental health on campus and encourage practices for student wellbeing. One of the most important Canadian documents is the ‘Post-Secondary Student Mental Health: Guide to Systemic Approach’. Created by the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA) in 2013, the guide offers an inventory for addressing student mental health in post-secondary institutions. It includes a dual continuum model for understanding mental health and mental illness and presents a conceptual framework that illustrates a systemic approach in 7 stages to create campus communities that foster mental wellbeing and learning (Appendix 2). Each stage offers examples and key considerations for all universities when making changes to their institutions.

Another important university document stems from Queen’s University called ‘Student Mental Health and Wellness: Framework and Recommendations for a Comprehensive Strategy’. Following a series of tragic student deaths in 2010 and 2011, The Principle’s Commission on Mental Health was established to assist the university in its efforts to be a proactive and responsive community that promotes the wellbeing of all its students. The report is a cumulative selection of recommendations and frameworks to strengthen student wellbeing (Principle’s Commission on Mental Health, 2012). The commission developed a four-level pyramid that

includes various levels of support ranging from promoting a healthy community and culture, to providing accessible and high-quality health services to students with serious mental illnesses (Appendix 3). Although the report is designed to fit Queen's context, it contains relevant guidance and frameworks that can be applicable to all post-secondary institutions.

The University of Toronto also developed their own 'Mental Health Strategy and Framework' in 2014. The 60-page report contains 22 recommendations across five key areas (Mental Health - University of Toronto, n.d.). They also have a user-friendly mental health website with an online page to monitor the progress of their recommendations, which creates greater transparency and accessibility for students interested in creating better mental health services and support at their university.

Finally, the University of British Columbia (UBC) has an easy to use and organized website for student mental health and mental health services. The McGill Daily even reported on their services in comparison to McGill's, stating that UBC has a "clearly outlined stepped-care triage model", which involves a "15-minute online assessment, followed by a 15-to-20 minute consultation with a wellness advisor, at which point the student is directed to one of six levels of care" (Desai, 2017). These levels of care range from intensive psychiatric group programs to self-directed programs and tools.

MCGILL CONTEXT

McGill University is in the same boat as all other Canadian post-secondary institutions when it comes to the rising demand for mental health services and treatment. In the 'Student Psychological Wellbeing at McGill University: A Report from the Counselling and Mental Health Benchmark Study', the first systemic and comprehensive survey on student psychological

wellbeing at McGill, academic stress was felt by over 70% of respondents, and 10% indicated that they were seriously considering attempting suicide while at University (Genova & Romano, 2013). The report also indicated that there were three main challenges facing universities with regards to psychological wellbeing. First is that there has been a steady rise of university students seeking access to psychological resources on campus, second is the increased complexity and severity of their symptoms, and third is how to implement a systemic approach to campus wellbeing. Another report on McGill, from the National College Health Assessment in 2013, revealed that approximately two-thirds of respondents wanted to learn more about sleep, nutrition, physical activity and depression, and over half about STIs, sexual assault/relationship violence and suicide prevention (Tellier & DiGenova, 2014). The Engineering Undergraduate Society (EUS) also released their own 'EUS Undergraduate Wellness Survey' in the Fall of 2016, reporting that 74% of respondents felt that the high demands of the academic workload were the most stressful aspect of their program, and 69% indicated that they had no time to prioritize self-care (Bayarsaikhan & EUS Mental Health Committee, 2017). The majority of respondents (66%) believed that additional mental health programming within their faculty would be beneficial. With high numbers in stress, anxiety and depression amongst students, approximately 15% of the entire McGill student body accessed Counselling and Mental Health Services in the 2014-2015 academic year, and this number has increased by 57% in the past three years (Gauthier, 2017).

The provision of services related to mental health and wellbeing falls under Student Services, the administrative umbrella of McGill, which encompasses ten units. Some of the most important ones related to mental health, wellbeing and building social connectedness on campus include:

- Counselling and Mental Health Services (MCMHS): The student's first stop for primary care and treatment related to mental health. The team consists of psychiatrists, psychologists and psychotherapists who are available by appointment. Services range from individual therapy to alternative forms of treatment such as light therapy lamps or group therapy. Counselling services also offers workshops focused on academic success and building life skills.
- Student Health Services: Offers comprehensive health care to students. They offer appointments with doctors and nurses, and a Walk-in-Clinic.
- Office for Students with Disabilities (OSD): Works on facilitating academic accommodation for students in a wide variety of situations - from medical diagnoses to mental health issues and anxiety disorders, and includes long term support to students with Learning Disabilities, ADD or ADHD, Asperger's and autism. myAccess, which is offered by OSD, is the unit that provides support to students who feel that difficulties or impairments are hindering their performance at McGill.
- Campus Life & Engagement (CLE): Collaborates with various faculties and student groups to connect students to resources and opportunities that will help them make the most of their time at McGill. Key areas of focus include orientation and transition for new students, leadership development, the Peer Programs Network and Off-Campus and Commuter Student Support.
- Healthy McGill, which connects students to resources, support and information to foster student health and wellbeing. The service consists of peer health educators to promote health living by organizing campaigns on specific health topics such as study breaks, body positivity and mental health awareness.

Students have taken initiative in developing policies, programs and organizations dedicated to addressing mental health on campus. The Student's Society of McGill University (SSMU), the undergraduate student union, released its first 'Mental Health Policy' in 2014. It was created by the ad-hoc mental health committee earlier that year and envisions three independent mental health goals. The first is to improve the quantity and access to resources, and foster partnerships between resources to minimize overlap. The second goal focuses on raising awareness by improving education to reduce stigma around mental health. The final goal targets advocacy and solidarity, which aims to empower students to take initiative and make changes on campus themselves.

SSMU also released its 'Mental Health Five Year Plan' later in 2014, which listed out initiatives and action items to be implemented over the next five years. These included implementing a mental health levy fee (with the option to opt-out) that would support student-run mental health initiatives, creating a mental health website and listserv, hiring a mental health coordinator and forming a mental health committee, running new events such as Mental Health Awareness Week, allocating permanent space and support for mental health groups, and committing to greater research and transparency on mental health. To date, the mental health levy fee was established as of Fall 2016. Also established was the McGill Mental Health Hub, whose mission is to "connect the McGill community to support and information surrounding mental-wellbeing" and has a website full of mental health resources for students (McGill Mental Health Hub: [online](#)). Additionally, SSMU hires two Mental Health Coordinators each year to run the annual Mental Health Awareness Week, which has been running since October 2014; organize forums for professors and students to improve the mental health climate; and, promote mental health and wellbeing to students. Chaired by the Mental Health Coordinators, the mental

health committee was established in 2014 with the objective to connect and facilitate cooperation between various groups, carry out the provisions of the SSMU ‘Mental Health Policy’ and ensure institutional memory (SSMU Mental Health Five Year Plan, 2014). It is made up of representatives from all student mental health initiatives. As of 2016, two mental health committees were created instead of one to serve different purposes (SSMU Mental Health Committees Status Update, 2016). The mental health advocacy committee addresses mental health issues at the policy level and works towards administrative change. They are also responsible for planning the Mental Health Open Forum, which convenes a variety of high-level stakeholders in mental health to share ideas and ask questions. The mental health outreach committee focuses on increasing awareness and connecting students to campus resources. In 2016, they worked on projects involving social media and tabling, building a resource map and implementing a Friendship Bench.

Other student initiatives include the Peer Support Centre (PSC), a welcoming space where students can share their experiences and have confidential and non-judgemental discussions with trained student supporters. The PSC has been well-received by many students and acts as a support service that is accessible to all students. McGill Nightline is a confidential, anonymous and non-judgmental listening service. They provide anything from mental health information to crisis management and referrals. McGill is the only university in Canada to have an overnight calling service for its community. The McGill Nightline also offers an online extension called the Chatline, where students can chat with volunteers overnight. Furthermore, McGill has a chapter of Jack.org, a unique national network of young Canadian leaders working on initiatives and programs dedicated to mental health and reducing stigma, and a unique

organization called Stronger than Stigma: McGill Students for Mental Health, which seeks to improve students' mental health through workshops and campaigns.

Issues/Challenges

In conducting online research and speaking with members of the McGill community, McGill still has a long way to go in terms of improving mental health on campus. Several issues were raised in each interview, many of which overlap and could be grouped into larger themes. Each issue presented below should not be viewed in isolation as they are intertwined and exacerbate one another.

1. Mental Health Services, Academic Accommodation and Student Fees

In addressing the reactive interventions to mental health, notably Counselling and Mental Health Services, several concerns have been raised, especially by students. On March 31st, 2017, students from both SSMU and the Post-Graduate Students' Society (PGSS) wrote an open letter petition addressed to McGill's Deputy Provost Ollivier Dyens, stating that 'McGill Administration Continues to Fail Student Mental Health' (McGill Mental Health Working Group, 2017). One of their primary concerns targets the structural changes introduced last year to mental health services on campus. Counselling and Mental Health Services used to be separate units until they were combined into one service in the Fall of 2016. Along with their integration, a new model of treatment was also introduced: the Stepped Care Model. These changes occurred based on feedback and reports, such as the Student Services' Cyclical Review, and were intended to help students be evaluated at one point of entry and directed to the most appropriate and least intensive level of treatment. This model is heavily supported in the literature and has been

adopted by many universities, as it promotes a variety of treatment options other than counselling or psychiatric aid, which reserves more intensive treatment for those who need it (Siebarth, 2017). In addition to the Stepped Care Model, McGill also introduced the Client Clinician Care (CCC) model. Existing psychologists and psychiatrists are assigned as CCCs, who act as case managers for students that are randomly assigned to them. Erin Sobat, SSMU Vice President University Affairs for 2016-2017, raised the issue that since students are randomly assigned to a CCC, they are expected to provide therapy to their students, which not all of them are trained to do. This was reinforced by an article from the McGill Daily where the author described a negative incident that happened to their friend: “She broke down during a session with her psychiatrist, who was left at a loss for what to do, because although they can prescribe medication, it is neither their job description nor their expertise to be able to provide the emotional support or engage in discussions about improvement and recovery” (Aamir, 2017: online). Not only does this process limit access to students with mental illnesses in need of specialized care, clinicians have also expressed difficulty in adapting to their new roles. The open petition pointed out that clinicians who have raised concerns about changes to the system have either been silenced or dismissed (McGill Mental Health Working Group, 2017).

The open petition also raised the issue of the unstable management within Student Services and Mental Health Services in the past couple of years. This became a pressing issue when Dr. Nancy Low was put on administrative leave from her position as the Clinical Director of MCMHS in December 2016. She had been working closely with student leaders on initiatives to increase student wellbeing on campus and helping students adapt to the new Stepped Care Model. However, Erin Sobat criticized that her suspension will impede the implementation of these efforts (Martel-Desjardins, 2017) and in our interview, he stated that there has been no

clear communication between Student Services and students following the integration of both services, or no outreach to advisors or floor fellows.

There are two other concerns worth mentioning in addition to the structural changes made to MCMHS. First, is that in October 2016, the process of obtaining a medical note changed, which sparked student outcry. Students who requires medical notes due to mental health problems or illnesses are now only able to receive same-day notes if they are in imminent danger or have already been assigned to a CCC. Hence, students who do not fit in either category or are in the process of being matched to a CCC have little chance of obtaining a same-day note, a detrimental by-product of the structural changes to mental health services. This falls in line with general issues brought up around academic accommodation. In my interview with Erin Sobat, there is no university wide consensus on what accommodation should look like – rules are only in place for students with disabilities, religious holidays and students with dependents. Furthermore, accommodation is streamlined through the administrative office for some faculties, but in others, it is up to the professor’s discretion. The University Affairs Committee has formed a working group on academic accommodation, which is working with the Dean of Students to amend the medical note policy and “develop recommendations for faculty-specific improvements to streamline procedures and reduce the documentation requirements for students and Student Services” (Current Projects, n.d.: online). Improvements to accommodation processes should be seen in the upcoming school year. Second, there has been an increasing burden on students to cover rising costs and fees of Student Services. This was raised in both the open petition and in a McGill Daily article on ‘Skimming Your Student Fees’ (Sobat, 2016). Over the past 7 years, more than \$2.5 million has been lost for Student Services to ‘overhead charges’, fees that have been redirected to the central operating budget of McGill rather than to

crucial services like Counselling and Mental Health Services. According to the author, this goes to show that “the University clearly feels little responsibility toward Student Services and expects students to fully bear both the direct and indirect costs” (Ibid: online).

In response to the open petition, Martine Gauthier, the Executive Director of Student Services, outlined commitments in a letter to improving mental health services at McGill (Gauthier, 2017). This includes developing the Health and Wellness Strategy, a systemic approach to mental health on campus, which is expected to be implemented in Winter 2018 (Dyens & Gauthier, n.d.); collecting more feedback from students using the mental health services; centralizing communications and outreach by hiring a communications and outreach specialist; and reinvesting \$930,000 into the Office for Students with Disabilities. Student Services is also committed to developing the Student Health and Wellness Hub, whose objective is to provide students with timely and centralized access to the appropriate level of health and wellness care, which means it will act as a more efficient one point of entry for all students than what is currently in place. According to Student Services, the harmonization of frontline services will allow for an expanded intake capacity, a greater degree of wellness options, increased access to frontline specialists in both medical and mental health care, and the expansion of the recently implemented Stepped Care Model. But, students have yet to see upper management acknowledge mental health changes in their emails, or receive an adequate response from administration regarding overhead costs in the Student Services budget.

2. Disconnect Between Resources and Information

It was evident from several of my interviews that there are many resources on campus, however there has been lack of coordination and information sharing between McGill students,

staff and campus organizations dedicated to mental health and wellbeing. This has led to a duplication of efforts according to Andrew Dixon, the PGSS Health Commissioner for 2016-2017. In his work representing graduate students for wellness services and sitting on many committees, Andrew remarked that part of this duplication stems from a lack of collaboration between efforts and students not doing their research on all the initiatives happening on campus. This in part due to the fact there is still no one stop shop for wellness, and no hubs that can draw people from various backgrounds to talk about mental health. However, he remains hopeful that coordination between services and programs will improve and duplication will be minimized with the development of the Health and Wellness Strategy.

In my interview with Jiayi Wang, SSMU Mental Health Coordinator and EUS Mental Health Commissioner for 2016-2017, I asked her whether all the mental health coordinators from each faculty meet to talk and share ideas with one another. She responded that only the Arts and Engineering undergraduate faculties have mental health coordinators, and that they have never met or communicated with one another. This discussion led to the conclusion that there is also a disconnect between faculties and student leaders in sharing best practices and collaborating on mental health events.

3. Promotion

Jiayi also revealed that there is a challenge in promoting mental health services to students across campus. Often the people who respond to their promotion are students who already know about mental health services. The real challenge is trying to reach students who are unaware or do not talk about mental health. The ‘EUS Undergraduate Wellness Survey’, a faculty-wide survey launched in the Fall of 2016 by the EUS Mental Health Committee and

Student Services, indicated that students are not proactively uses resources on campus, hence it became a priority under Jiayi's term to find a better way to expose students to mental health resources. One solution was creating an event called the 'Amazing Race: Campus Resources'. Presented by the EUS Mental Health Committee, the event groups students into teams to explore services available on campus that deal with stress and mental wellbeing. According to Jiayi, the event was well received and will be hosted again in the upcoming school year. Still, promotion and outreach remains a challenge in general, and efforts are required from all faculties, administration and services to create a supportive environment for discussing mental health and accessing mental health services.

4. Lonely Groups on Campus?

Any student can feel lonely and isolated throughout their time at university, but my interviews revealed that there are groups of students who are more vulnerable to isolation and at higher risk for developing/exacerbating mental health problems or illnesses. The groups mentioned below are not an exhaustive list, and it should be recognized that other minority groups, notably Indigenous and LGBTQI students, have particular needs when it comes to poor mental health prevention and interventions as well.

First, and more commonly known, are international students. These students are travelling far from home for their education, often leaving family and friends behind. University can thus become an extremely lonely place for international students when there is no support in place for them to fall back on. In speaking with a representative from the Peer Support Centre, it was reported that 42% of its users in the 2016-2017 academic year were international students, who had "lower mood and lower support networks relative to other users." However, many

efforts have been taken to engage international students. In addition to cultural associations on campus, there is the student-run McGill International Student Network that creates events for international students to connect and explore Montreal, and International Student Services, a branch of Student Services that offers administrative support and connects international students to other resources on campus.

First year students also make up a large proportion of the McGill population, and many interviewees expressed the need for more support and education for incoming students. The transition from high school/CEGEP can present several challenges and many students are ill-equipped to handle the stress and anxiety that comes with a greater academic workload. Just like international students, many efforts are targeted towards first year students to ensure they are supported and engaged on campus, like University Success Series workshops and orientation events hosted by Campus Life & Engagement (CLE). However, given that many students are unaware of services and resources on campus, mental health promotion and literacy are not sufficiently emphasized in orientation and first year events.

Less well-known groups on campus include locals (Montreal residents)/commuters and post-graduate students. In an email chat with Gilbert Lin, Event Planning Specialist for Off-Campus and Commuter Student Support (OCCSS), their own research indicates that one of the top four challenges facing McGill commuters, who represent more than half of the student population, is a sense of belonging. CLE has been running their pilot program of OCCSS to help off-campus/commuter students connect with one another through yearly events and a dedicated orientation for them. In discussion with Andrew Dixon, graduate students face a variety of stressors such as balancing family life and managing relationships with their supervisors, but the number one stressor is isolation. Not all graduate students are on or near campus – many of them

work/study in other areas of Montreal, which makes it harder for them to access campus mental health services or develop a social life on campus. To address this, PGSS has started hosting orientation for graduate students both on and off-campus, and some post-graduate associations have their own initiatives to help students connect with one another. Still, the challenge remains to create more spaces for face-to-face connections, especially for graduate students located off-campus.

5. Campus Culture – A Triggering University Environment?

One of the biggest areas of discussion in several of my interviews focused on addressing campus culture encompassing all the aforementioned issues. McGill is known to be an academically rigorous institute, yet, at the same time, there has been increasing rates of mental health challenges among students. . Since students are solely evaluated through the Grade Point Average System, this has meant extreme lack of sleep with students ‘pulling all-nighters’ and/or focusing exclusively on studying, resulting in less attention paid to one’s own physical, mental and social wellbeing. Students are also not explicitly taught that failure is a part of learning, hence students lose some of their resilience when they fail a test, assignment and/or class. These experiences all correlates with the increased demand for mental health and peer support services. An article from the McGill Daily framed this issue in a clear manner: “The question I ask, therefore, is whether the mental health facilities on campus are sufficient to provide for students, considering the fact that the environment of university can be very detrimental or triggering in many ways” (Aamir, 2017). In speaking with Ian Simmie, Director of Campus Life & Engagement, universities have statistics on the prevalence of mental health problems and illnesses, and use of mental health resources, but there is little analysis behind these numbers. A

more proactive response to mental health is clearly needed rather than simply focusing on reactive strategies. Student mental health cannot be addressed without getting to the root causes of what exacerbates mental health problems or illnesses.

RECOMMENDATIONS

Education and Awareness

One of top priorities in addressing mental health on the McGill campus as elsewhere, should be ensuring that all members of the community are literate in mental health, especially since youth have the tendency to underestimate the prevalence of mental health disorders and confuse other disorders with mental health disorders (Bourget & Chenier, 2007). Mental health literacy refers to having the “knowledge, beliefs and abilities that enable the recognition, management or prevention of mental health problems” (Ibid: 4) To date, there are little campus-wide workshops that focus on mental health literacy. There is the Mental Health First Aid Training provided by Counselling Services, which is required for advisors, floor fellows, etc., and other workshops for students, which are less well-known, such as the Wellness Recovery Action Plan. There is also a new workshop offered by McGill Teaching and Learning Services (TLS) called ‘Mental Health 101’, which is designed for instructors or academic advisors on how to support students in distress. These workshops demonstrate that there has been some effort from McGill to educate students and faculty on mental health, however Ian Simmie, Director of CLE, pointed out that they must be scaled in order to reach a greater audience. A way to tackle this is by making it mandatory for all current and incoming faculty to participate in the ‘Mental Health 101’ workshop offered by TLS and/or incorporate mental health literacy training into faculty orientations. Furthermore, incorporating wellness topics into academic coursework

provides a rich foundation to reach a broader audience (Anderson, 2016). Dr. Lisa Trimble, a faculty lecturer in the Department of Integrated Studies in Education, told me that she includes units of mental health in her classes and talks about mental health regularly. This has helped her students realize their own symptoms and identify ways to support one another.

As for students, the most appropriate time to introduce mental health literacy and resources is during their orientation as incoming students. Hence, there should be a greater emphasis in the planning of orientation to promote repeated exposure of mental health resources during Frosh, Discover McGill and Engage McGill day, as well as during Academic Expectations Day. Another way to promote mental health is by creating a mandatory online tutorial that incoming students must watch on MyCourses, which addresses mental health literacy and resources on campus. Incoming students are already required to take a mandatory online Academic Integrity Tutorial, hence an additional tutorial on mental health would ensure all students are more aware and educated on the subject.

Resource Coordination and Collaboration

With the growing amount of services and support towards mental health, McGill administration and students must also foster greater coordination and collaboration between resources. There is evident of good progress in this regard with the most important changes coming from the development of the Mental Health and Wellness Strategy and the McGill Health and Wellness Hub. The Hub focusses on streamlining resources and changing the system to better deal with mental health. These new initiatives are to be fully implemented by the Winter of 2018. In the meantime, more can and is being done from all sectors to promote collaboration. MCMHS has begun working with student-run services, like the Peer Support

Centre and McGill Nightline, to establish a referral system so that students do not feel rejected or isolated when they must wait weeks to see a psychologist or psychiatrist. MCMHS is also already working with the SSMU Mental Health Committee, which has led to positive results, such as the creation of a lending program of light therapy lamps for students. MCMHS should continue to work with these groups and other services like Healthy McGill so that students can still feel supported while seeking professional help. In addition to coordination, McGill administration should also provide greater support and promote grass-root initiatives on campus such as the Music Mentorship Program, a recent development that connects upper year students to first-year students in the Faculty of Music for support and guidance.

Students and student leaders also have a large role to play in collaborating and coordinating mental health resources. Students have long voiced their concerns for mental health on campus and started their own initiatives – the Peer Support Centre and Stronger Than Stigma are exemplary examples of students wanting to support one another. Going forward, students who are interested in getting involved on campus should take it upon themselves to conduct proper research of resources on campus to see what is already available. With limited budgets for mental health services and clubs on campus, it may be more important to build upon resources that are already in place rather than try to start new initiatives. Furthermore, each faculty should have their own mental health commissioner and/or mental health committee so that mental health issues specific to each faculty can be addressed. The Arts Undergraduate Society and the Engineering Undergraduate Society already have commissioners and committees in place. In creating more mental health commissioners and committees, these student leaders should also try to collaborate with one another to host events or campaigns, and share best practices with one

another. This will allow for greater synergy between students and resources, which will maximize the impact of campus efforts.

Evidence and Research

A third area to consider when creating a better mental health climate on campus is focusing on evidence-based research and documenting results. As mentioned earlier, universities, including McGill, track statistics on mental health service use but little attention is given to understanding the changes in these numbers. McGill administration and Student Services should therefore make a greater effort to understand the current university environment and identify how the needs of students are linked to both the academic success and non-success of students (Anderson, 2016). Anderson argued that it is this “linkage that will have the greatest likelihood of obtaining buy-in and longer-term support” (Ibid: 25). Campus-wide surveys could be administered, which has proven to be an effective method in gathering data and creating action items to improve student mental health and wellness. McGill has already done so in the past, but should continue to reassess the current environment every few years to have the most updated information. Even administering faculty-level surveys are useful tools as they can lead to more specific strategies and responses to student needs within the faculty. The ‘EUS Undergraduate Wellness Survey’ was successful in capturing the issues facing engineering students and led to several action tasks according to Jiayi Wang, which included creating a workshop for engineering professors to raise awareness about mental health and an advisory board for the EUS Mental Health Committee.

Modelling Healthy Environments

Finally, an overall focus to model a healthy living and learning environment for all its members is necessary across McGill. Students bring with them both personal challenges as well as to resilience and an eagerness to learn (Iarovici, 2014). Therefore, the way they spend their time at university contributes greatly towards their future mental health, and this offers a window of opportunity for the university to help positively shape their lives (Ibid.). In every interview I conducted, it was clear that McGill administration has a responsibility to attend to the wellbeing of its students, faculty and staff. McGill has been making a concerted effort in the past few years to respond to the growing and diversified needs of its students by putting more resources towards MCMHS and developing the campus-wide Health and Wellness Strategy. Even with the administrative-led advancement of mental health on campus, McGill should be constantly held accountable through student-led initiatives, committees, news articles, social media posts, faculty and more to model a positive and inclusive campus community. Last, but not least, we must all model within ourselves healthy living and learning, and support and encourage others around us to do the same.

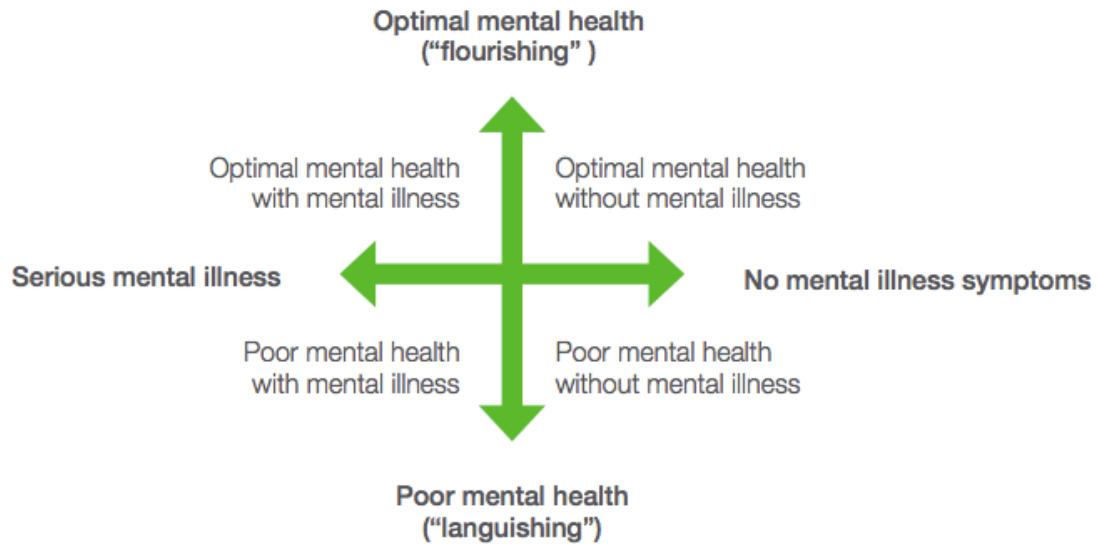
GOING FORWARD

Tackling mental health problems and illnesses without the support of a community can be extremely isolating and detrimental to the development of youth. Hence, addressing the rising and diversified needs of youth mental health should be a priority for Canada and all post-secondary institutions. This has already been acknowledged by the Canadian government, various organizations and universities, but there is still a long way to go. McGill University has developed over recent years a variety of policies, programs and services that focus on both

reactive and proactive responses to the increased demand for mental health services. However, the results from my interviews and online research have shown that McGill still faces many obstacles: the remodeling of Counselling and Mental Health Services, the disconnect and lack of coordination between mental health resources, the limited scope of promotion and outreach to students regarding mental health, the vulnerability and isolation of specific groups of students, and an overall triggering school environment. There are several ways to address these issues, and McGill administration, students, and faculty all have a role to play in fostering a healthy learning environment. Mental health literacy and education should become a priority to overcome the lack of knowledge and support in understanding mental health, resources must be better coordinated and scaled to minimize the duplication of efforts and maximize impact, data collection and evidence-based research should be central in the creation of specific strategies and decision-making, and greater attention must be given to understanding the school environment and how the academic system impacts students' wellbeing. For those who have been recently exposed to the topic of mental health or have little knowledge about Canadian practices in place, I hope that this report shines a light on the significance of youth mental health in both a Canada-wide and university context. For those who are already working extensively in youth mental health, I hope this report serves as a testament to your work and validates some of your concerns and aspirations for better mental health. Finally, to those with lived experiences of mental health problems and/or illnesses, never give up, for you are an advocate and role model for resilience and youth mental health.

APPENDIX

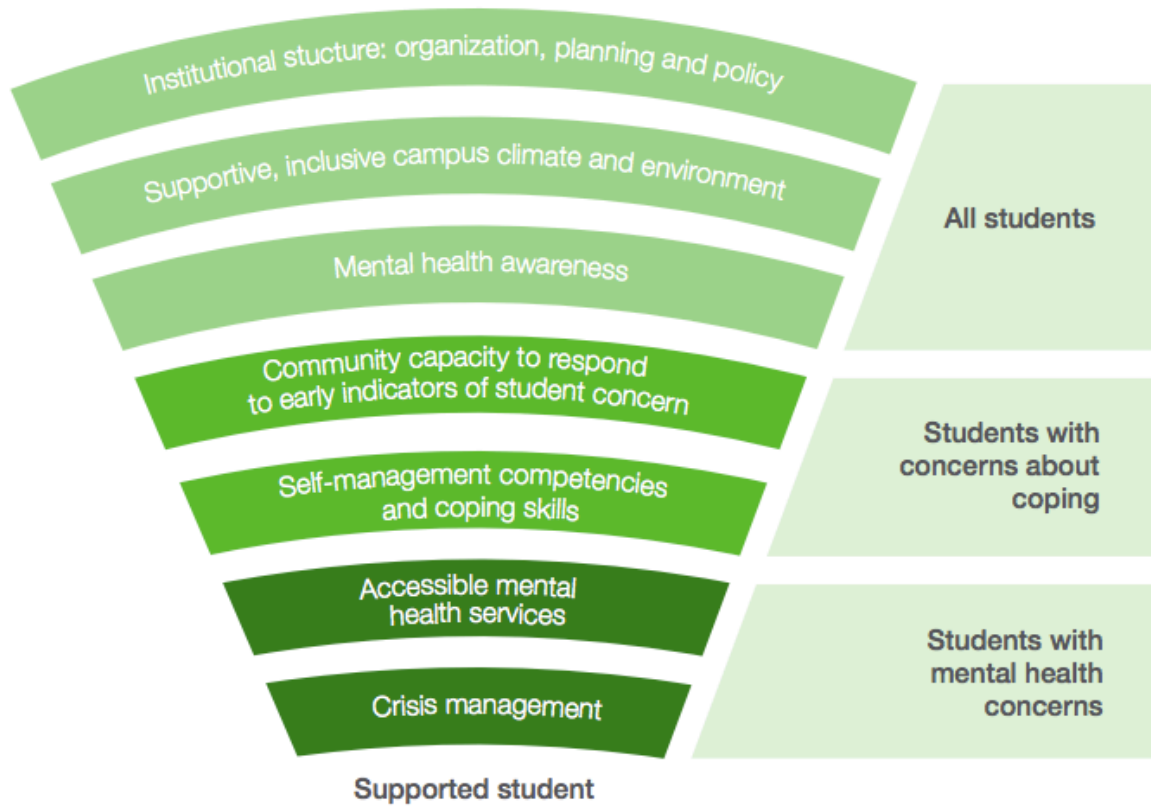
Appendix 1 – Dual Continuum Model of Mental Health and Mental Illness



MacKean, 2011. Adapted from: The Health Communication Unit at the Dalla Lana School of Public Health at the University of Toronto and Canadian Mental Health Association, Ontario; based on the conceptual work of Corey Keyes

Source: Canadian Association of College & University Student Services and Canadian Mental Health Association. (2013). 'Post-Secondary Student Mental Health: Guide to a Systemic Approach'. Vancouver, BC: Author.

Appendix 2 – Framework for Post-Secondary Student Mental Health



Source: Canadian Association of College & University Student Services and Canadian Mental Health Association. (2013). 'Post-Secondary Student Mental Health: Guide to a Systemic Approach'. Vancouver, BC: Author.

Appendix 3 – Pyramidal Approach to Mental Health from Queen’s University



Source: Principal’s Commission on Mental Health. (2012, November). ‘Student Mental Health and Wellness FRAMEWORK AND RECOMMENDATIONS FOR A COMPREHENSIVE STRATEGY’ (Rep.).

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