GRADUATE STUDENTS’ MENTAL HEALTH:
Results and recommendations from a needs assessment of psychology graduate students at the University of Ottawa

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Executive Summary

Context

The main goals of this needs assessment were (1) to identify the mental health needs of the University of Ottawa's graduate students in psychology and (2) to determine if the mental health services available to them meet those needs. The assessment questions touched on the state of mental health for students in the program, the stressors they face, their knowledge of the mental health resources available on campus, their openness to using those resources, the barriers that prevent or discourage them from using mental health services, and whether resources should be improved or created on campus.

Method

A literature review and a mixed survey (quantitative and qualitative) were used to answer these questions. The sample was comprised of 109 graduate students in psychology, which represents 60.2% of the graduate student population registered at the School of Psychology at the time of the assessment. Professors and administrative staff members (n = 25) also shared their perspective on several questions. Finally, three key mental health service providers at the University of Ottawa were interviewed (i.e., Student Academic Success Services, Morneau-Shepell, and University of Ottawa Health Services).

Results

A literature review of empirical studies revealed prevalence rates of depression and anxiety among graduate students that vary between 11-39% and 18-41% respectively. These rates are up to six times more elevated relative to the general population. In addition, the one-year prevalence of suicidal ideation among graduate students was 12%.

Data we collected suggest that the primary stressors for psychology graduate students are related to their graduate program; the top ten most prevalent high-stress factors were:

1. Thesis
2. Work overload
3. Work-life balance
4. Pressure to produce research
5. Courses
6. Finances
7. Mental health
8. Career opportunities after the program
9. Teaching and research assistantships
10. Thesis supervisor

These data also suggest that, although many mental health resources exist on campus, they are (1) not well-disseminated to students, professors, and staff, (2) primarily geared towards undergraduates and are either inappropriate or inaccessible to psychology graduate students, and (3) generally do not involve evidence-based services for more intense psychological difficulties (i.e., primarily take the form of low-intensity counselling services or as psychiatric medication
management). Students tend to agree strongly that new or improved mental health services would be valuable.

Recommendations

Based on the findings of the needs assessment, we recommend the following actions to address the mental health needs of psychology graduate students:

**Improving the dissemination of available mental health services** would be extremely valuable, as several available resources were virtually unknown to students, professors, or staff. A regularly updated mental health resource guide for both on-campus and community resources is in development. We recommend that the School of Psychology make an action plan for ongoing and systematic dissemination of the guide (e.g., through their website, on orientation day, during mandatory courses, and appended to course syllabi).

It would also be worthwhile to **increase the accessibility of services**. For example, by helping students to be able to afford mental health services. We recommend that the Graduate Association of Students in Psychology (GASP) request on behalf of psychology students that the Graduate Student Association (GSAED) negotiate improved insurance coverage for mental health. We also recommend that the Faculty of Social Sciences (FSS) advocate for financial relief for upper-year students (e.g., part-time status, tuition waiver). Similarly, where possible, we recommend that the FSS seek sources of funding for graduate students that are not tied to research productivity.

We also recommend that the FSS hire a full-time mental health professional specifically for its graduate students. It would be especially valuable if that is able to meet the need for evidence-based services for more severe mental health difficulties.

In addition, we recommend that the School of Psychology develop partnerships in the community (in possible collaboration with GASP), establishing relationships with clinical psychology alumni who would be willing to offer services to students at a reduced cost.

Finally, we recommend that the School of Psychology implement procedures to allow graduate students to maximally benefit from existing services (e.g., ensuring academic accommodations are respected at external practicum sites).

To **help students better manage the demands of the program**, we recommend that the School of Psychology consider conducting focus groups with students to identify changes at the program level that would remediate students’ program-related stress while maintaining program integrity. One such possible change might be to implement more pass-fail courses. We also recommend that the School of Psychology examine ways to reduce stress arising from the thesis supervisor-supervisee relationship (e.g., through supervisor training and annual evaluation).

Relatively, we recommend that the School of Psychology and FSS clarify communication with students (e.g., about teaching/research assistantships, employment outside the university, clinical internships, academic accommodations, changing thesis supervisors, mediating supervisor-supervisee disputes, or research expectations).
We also recommend that workshops be delivered by the FSS (with dissemination by the School of Psychology, GASP, and GSAÉD) to help graduate students develop specific skills for navigating their requirements (e.g., time management, assertiveness, mindfulness, stress management).

To reduce barriers to existing services, helping students to manage dual roles could be of significant value. We recommend that the School of Psychology include a discussion about navigating dual roles in the curriculum of its graduate ethics/professionalism courses. We also recommend that it create an annual panel event between students and professors/alumni to discuss and normalize this issue with students.

Similarly, helping students to overcome stigma could remove a barrier between students and mental health service use. One major way to reduce this stigma could be through increased structured self-disclosure by professors about their own use of services. We suggest that a discussion of how to implement such appropriate self-disclosure be included on the agenda of the School of Psychology Council. Stigma could also be reduced faculty-wide if the FSS were to offer a mental health stigma-reduction workshop to its graduate students (e.g., “The Inquiring Mind”).

Finally, in order to reduce student isolation and encourage interactions between clinical and experimental cohorts, we recommend that the space allocation committee of the School of Psychology work with graduate students to develop a common meeting space for them.
The mental health needs assessment of the University of Ottawa Psychology Graduate Students is an initiative that came to be following the death by suicide of a Ph.D. student in psychology at the University of Ottawa, in May 2018. This painful loss led by the university community (students, professors, members of the administration and staff) at the departmental level to inquire about mental health prevention and intervention programs offered on campus. We wanted to answer the following question: "How can the university community better support graduate students with their mental health?"

At the School Council (SC) meeting on June 1st, 2018, the President of the Graduate Association of Students in Psychology (GASP) proposed some strategies to address the question, including the creation of a multi-stakeholder committee composed of students, faculty members and staff. SC members were receptive to this proposal. Consequently, in the summer of 2018, Marie-Pierre Daigle, then President of GASP and Dr. Tim Aubry, then Director of the Department of Psychology, set up two structures. The MHWG—composed of three graduate students in psychology (Marie-Pierre Daigle, Marie-Pier Vandette, and Shawn Sanders) and supervised by Dr. Tim Aubry—would conduct the needs assessment, while the Ad Hoc Committee on Mental Health—co-chaired by Marie-Pierre Daigle and Marie-Pier Vandette and composed of students and professors—acted in as an advisory capacity.
In recent years, student mental health has become an important issue for universities. Numerous deaths by suicide and other mental health incidents, a lack of services and resources, and increased student demand have led many universities to take steps to increase the number and quality of available resources. Notably, in 2014, several mental health services were implemented for Ontario college and university students (see Appendix 1 for a summary). However, these services and committees are primarily aimed at undergraduate students, aged 17 to 25 (TVO, 2014). None of these seem to be geared specifically towards the needs of graduate students, a population that faces unique challenges and difficulties (Clapham et al., 2012; for specific examples of these challenges and difficulties, see Appendix 2).

**Case Studies: Queen's University and University of Alberta**

Some universities have adapted their psychological services to try to meet the needs of graduate students. For instance, Queen's University has assigned two counselors to this population. Graduate students can then receive free counseling on a regular basis for the duration of their studies. These professionals are located in the graduate student building, improving the accessibility of the services (Student Wellness Service, personal communication, September 29, 2018). The University of Alberta is another example of a university that provides access to psychological services and resources to its students, their partners, and their children (Graduate Student Association, 2018). Through a program offered by the Graduate Student Association (GSA) of University of Alberta, they have access to a variety of resources such as: online courses; health and wellness workshops; nutritional, financial, family management and parenting counseling; and numerous workshops on the topic of nutrition, stress management, emotions, and conflict resolution in intimate relationships. Finally, the GSA provides confidential counseling services for issues such as anxiety, stress, depression, conflict, and managing multiple roles (e.g., acting as both a student and a parent). Offering services through an external provider has allowed the university to provide a variety of services and resources to graduate students which are better suited to their needs than non-specific services.

**Ontario students in numbers**

Studies have been conducted to identify issues and concerns related to the mental health of graduate students. Through the Canadian Federation of Students–Ontario, twelve Ontario student unions—including the Graduate Students Association of the University of Ottawa (GSAED)—collaborated over a period of two years on a project entitled *Not in the Syllabus*. They surveyed 2,000 Ontario graduate students on mental health issues (CFS–Ontario, 2014). GSAED created a short report using student-specific data from the University of Ottawa. Four priority factors were identified by participants as affecting their mental health: anxiety related to the number of years remaining to complete their program (67%), payment of tuition and other institutional fees (59 %), the perception of a lack of support from the institution (61%), as well as anxiety related to seeking mental health support and the costs associated with these services (31%; Ontario & GSAED, 2014). This information indicates that one in three graduate students at the University of Ottawa is anxious about seeking psychological services and associated fees;
such a result highlights the role of a needs assessment for graduate student mental health in providing greater, action-guiding detail about this prevalent concern.

Three recommendations were also made for graduate students regarding access to mental health services (GSAED, 2014). First, they recommended that services be offered on flexible schedules, including evenings and weekends, in order to respect students’ school-related tasks during the day. Next, they recommended that the various actors on campus should work together to provide comprehensive and inclusive support that meets students’ needs. Finally, they recommended that a counselor be hired exclusively for graduate students and that they be trained to meet the unique needs of this population. These recommendations, coming directly from an association representing the University of Ottawa’s graduate students, offered a fruitful source of preliminary ideas for this needs assessment.
Objectives

The main goals of this needs assessment were (1) to identify the mental health needs of the University of Ottawa's graduate students in psychology and (2) to determine if the mental health services available to them meet those needs. To achieve these goals, it first aimed to determine the state of graduate students’ mental health with reference to prevalence rates in the empirical literature. Next, it aimed to identify the mental health needs of students that are not being met, doing so by comparing the needs identified by students with the mental health services offered on the University of Ottawa campus (see Appendices 3 and 4 for details on organizational charts of available services). Finally, this assessment aimed to determine whether students are aware of or open to the services that are presently available to them. This assessment was designed so that its results could serve as a basis for proposing courses of action to GASP, the School of Psychology, and University of Ottawa administrators, so that the mental health needs of the graduate students could be better met.

The results presented in this report are part of a multi-method project that included two surveys (i.e., a survey of students plus a survey of professors and members of the administrative staff); focus groups with event participants on May 8, 2019, during which the preliminary results of this study were presented; and one-on-one interviews with service providers (see Appendix 5 for focus group results).
Evaluation Questions

Following a series of preliminary interviews with graduate students, faculty, and administrative staff at the School of Psychology, it was determined that the following research questions would be most relevant for this needs assessment (see Appendix 6 for the assessment matrix of this needs assessment).

1. What is the state of mental health for students in the program?
2. What program-related or personal stressors do students face?
3. Do students know about the mental health resources available on campus at the University of Ottawa?
4. Would students be open to using current resources?
5. What are the barriers that prevent or discourage students from using current resources?
6. Do current resources meet the mental health needs of students?
7. Could current resources be improved?
8. Is there a need for new resources? If so, what resources could be put in place?

The following questions were also added to the survey, and the results related to it are provided in this report: “How comfortable are the students in approaching their supervisor(s), professor(s), and administrative staff for support?” and “What is the level of comfort of supervisors, professors, and administrative staff in providing support to students?”
Methodology

This needs assessment is a multi-method project which collected secondary data, survey data, data from individual semi-structured interviews with service providers, and feedback from a presentation to graduate students in psychology.

Procedure

Literature review.

In addition to the previously described sources of data, the MHWG undertook a literature review to assess the prevalence of mental health challenges among graduate students, rather than directly surveying psychology graduate students. This methodology was chosen for ethical reasons: since the data are handled and analyzed by students from the School of Psychology and ultimately shared with the respondents, it was important to ensure the anonymity and confidentiality of this small sample by not collecting sensitive mental health-related information. The literature review involves a survey of empirical articles available on the PsycINFO database related to the prevalence of mental health problems among graduate students.

Student survey.

A self-report survey was administered to students (see Appendix 7) to identify the following: the stressors faced by graduate students; their knowledge of the resources available on campus; their openness to using those resources; the barriers that prevent or discourage them from using those resources; the need to improve existing resources or to offer new ones; and their level of comfort with approaching their thesis supervisor, their clinical supervisors (if applicable), faculty members, or administrative staff for support if they were experiencing difficulty.

Professors and administrative staff survey.

A self-report survey for was also administered to professors and administrative staff (see Appendix 8) to understand their perception of (1) the stressors faced by graduate students and (2) the barriers that students face when seeking mental health services. They were also surveyed about their knowledge of available services; their openness to recommending them to a student; the need to improve current resources or to offer new ones; and their level of comfort with offering support to a student who might approach them with difficulties.

Survey development and dissemination.

Surveys were developed in French and English for online use on the Qualtrics platform. A first draft was developed in the fall of 2018 and was presented to the Ad Hoc Committee on Mental Health of the School of Psychology. Then, a second draft was prepared in the winter of 2019 and submitted to the committee. A third draft was finally piloted by the Committee.
Sample description

Students.

A total of 120 graduate students in psychology responded to the survey. Since 11 of these respondents completed only a few survey items, they were excluded from the analyzes. The final sample of 109 students equals 62% of the target population. The gender breakdown of the sample was 79.8% women and 12.8% men, with 7.4% unanswered. Of this sample, 64.2% reported being enrolled in the MA-PhD program in clinical psychology and 30.3% in the MA-PhD in experimental psychology, with a roughly even distribution of participants among groups of years (23.9% in 1st and 2nd year, 27.5% in 3rd and 4th year, and 32.1% in 5th year and over, with 16.5% unanswered). Please refer to Appendices 9, 10 and 11 for additional demographic information.

Professors and administrative staff members.

A total of 25 professors and administrative staff responded to the survey. Of this sample, 90% were professors while 10% were administrative staff. In addition, the majority (59.1%) of the professors who responded to the survey were affiliated with the MA-PhD in Clinical Psychology while 40.9% were affiliated with the MA-PhD Program in Experimental Psychology. In terms of their doctoral supervision duties, 59.1% reported supervising students in both programs (clinical and experimental), while 36.3% only supervised students in the clinical psychology program. A minority of respondents (4.6%) indicated that the options were not applicable. Please refer to Appendices 12, 13, and 14 for additional demographic information.
Data analysis

Quantitative

The data was extracted from Qualtrics and saved on two encrypted USB keys and secured with a password. Only the three student members of the MHWG had access to the data. Frequency and mean analyzes were conducted using Statistical Package for Social Science (SPSS Statistic) 25.0.

Qualitative

Qualitative analysis began once data collection was complete. It relied on participants' responses to open questions from both surveys (i.e., those for students and for professors/administrative staff). Data from both groups were organized separately and grouped into separate tables for each of the open questions. The main coder examined in detail each participant's responses to each of the open-ended questions in order to identify the statements and to extract the themes related to their experiences. The first phase of the process involved the coder familiarizing herself with the data by reading each of the participants' responses. The second phase consisted in generating preliminary themes to produce a coding manual, based on all the qualitative data collected in the survey. This has been done systematically throughout the data set. Finally, another coder independently rated 25% of the data (randomly selected). This approach allowed us to examine the reliability of the initial coding and to obtain consensus on the topics that had emerged.
Results

1. What state of mental health can be expected for students in the program? Prevalence rates from empirical studies

Prevalence rates derived from empirical studies.

Table 1 outlines prevalence rates of mental health difficulties from research conducted with graduate students, as well as the sample’s origin and the measures used for each study. According to those studies, between 11.3% and 39% of students met criteria for depression, and between 18% to 41% met criteria for anxiety. The most elevated rates of depression and anxiety reported in those studies were up to six times higher among graduate students than among the general public (Evans et al., 2018). Eleven percent of graduate students reported suicidal ideation in the two weeks prior to the survey, 12% reported suicidal ideation in the 12 months prior, and 4.3% reported having tried or seriously considered attempting suicide in the 12 months prior (Barreira, Basilico, & Bolotnyy, 2018; Drum et al., 2009). Finally, in an Australian sample (23.1% graduate students), 19.2% of respondents reported symptoms suggesting severe mood and anxiety disorders, while 64.7% reported light to moderate mood and anxiety disorder symptoms (Stallman, 2010).

Table 1.

<table>
<thead>
<tr>
<th>Study</th>
<th>Population</th>
<th>Variable</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barreira, Basilico, &amp; Bolotnyy, 2018</td>
<td>Graduate students in economics, United States</td>
<td>Moderate to severe depression (PHQ-9)</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderate to severe anxiety (GAD-7)</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Persistent suicidal ideation in the last two weeks</td>
<td>11%</td>
</tr>
<tr>
<td>Evans et al., 2018</td>
<td>Graduate students (primarily social sciences and humanities, 26 countries, of which 91% was sampled from the United States)</td>
<td>Moderate to severe depression (PHQ-9)</td>
<td>39%</td>
</tr>
<tr>
<td>Study</td>
<td>Sample Description</td>
<td>Measure of Mental Health</td>
<td>Prevalence</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Stallman, 2010</td>
<td>Undergraduate (76.9%) and graduate students and from two Australian universities</td>
<td>Distress (Kessler-10) consistent with diagnosable mental illness (anxiety and mood disorders)</td>
<td>19.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Distress (Kessler-10) indicating consistent with sub-diagnostic threshold mental illness (anxiety and mood disorders)</td>
<td>64.7%</td>
</tr>
<tr>
<td>Garcia-Williams, Moffitt, &amp; Kaslow, 2014</td>
<td>Graduate students, United States</td>
<td>Moderate to severe depression</td>
<td>33.6%</td>
</tr>
<tr>
<td>Drum et al, 2009</td>
<td>Graduate students, United States</td>
<td>Suicidal ideation, last 12 months</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicide attempt or seriously considering a suicide attempt in the last 12 months</td>
<td>4.3%</td>
</tr>
<tr>
<td>Eisenberg, Golberstein, &amp; Gollust, 2007</td>
<td>Graduate students, United States</td>
<td>Positive screen for depression (PHQ-9)</td>
<td>11.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicidality in the last month</td>
<td>1.6%</td>
</tr>
</tbody>
</table>
2. What stressors are students in the program facing related to the program or their personal life?

In light of the rate of mental health difficulties that has been reported among graduate students in the scientific literature, we considered it to be of utmost importance to uncover some of the key stressors that might contribute to graduate student distress, especially as these might point to important areas for change. To speak to this question, twenty-five stress factors were included in the survey and were examined from two perspectives. First, we reported the 10 factors reported as the most stressful for graduate students in the two weeks prior to the survey (Figures 1 and 2). Second, professors and administrative staff indicated how stressful they perceived each factor for graduate students. The 10 factors perceived as most stressful for students by professors and staff are also reported in Figures 3 and 4.

The 25 stressors were also organized into six thematic categories: stressors related to 1) academic, research and career pressures; 2) academic requirements; 3) mental, physical and social health; 4) systemic oppression and life circumstances, 5) clinical work; and 6) interpersonal relationships (see Figures 5 to 8). For each category, factors associated with higher percentages of “high” or “very high” stress are reported first.

**Top 10 stressors.**

*Students’ perspective.*

This section summarizes the 10 stressors for which students (n = 106, see Figures 1 and 2) reported the greatest levels of “high” or “very high” stress in the two weeks before the survey. These were: work overload (70.2% of students); their thesis (70.2%); work-life balance (66.3%); pressure to produce research (58.7%); courses (51.9%); their financial situation (50%); their mental health (42.3%); career opportunities after the program (40.4%); teaching and research assistantships (37.5%); and their thesis supervisor (32.7%).
Figure 1.

The greatest stressors in the last two weeks as reported by the greatest proportion of graduate students in psychology (factors 1-5).
Figure 2.

The greatest stressors in the last two weeks as reported by the greatest proportion of graduate students in psychology (factors 6-10).

Professor and administrative staff perspectives.

In general, the results show that professors and administrative staff perceive students as experiencing a high or very high degree of stress for the following 10 stressors (listed in order of magnitude): students’ thesis (87.5%); their work-life balance (79.2%); work overload (79.1%); their work opportunities after the program (66.7%); pressure to produce research (62.5%); external clinical placements (62.5%); their financial situation (50%); isolation (50%); their internal clinical placement (CPSR, 41.7%); and their courses (37.5%; n = 24; See Figures 3 and 4).
Figure 3.

Greatest student stressors as perceived by professors and administrative staff (factors 1-5).
The results suggest that professors and administrative staff have a perspective on students’ most important stressors that is mostly in line with the reports of students themselves. Indeed, seven out of the ten highest stressors reported by students were identified as being in the top ten by professors and administrative staff. The factors associated with high stress for the greatest number of students, that were not identified as such by professors and administrative staff, were (in order of significance to students): students’ mental health; teaching or research assistantships; and their thesis supervisors.

**Stressors by category.**

**Stress related to academic, research and career pressures.**

A high proportion of students reported high or very high levels of stress related to work overload (70.2%), pressure to produce research (58.7%), and career opportunities after the program (40.4%). In contrast, fewer students associated high or very high levels of stress with learning difficulties (3.8%).
Stressors related to academic, research and career pressures

Figure 5.

A majority of students reported high or very high levels of stress associated with their thesis (70.2%), their courses (51.9%), teaching and/or research assistantships (37%), and their thesis supervisor (32.7%). In contrast, fewer students reported high or very high levels of stress related to accomplishing the second language program requirements (12.5%).
Figure 6.

Stressors related to the achievement of academic requirements

A majority of students reported a high or very high degree of stress related to their work-life balance (66.3%) and mental health (42.3%). In contrast, fewer students reported high and very high levels of stress related to isolation (30.8%) and their physical health (23.1%).
Figure 7.

Stressors related to mental, physical and social health

Students reported high or very high levels of stress with respect to their financial situation (50%). However, high or very high stress associated with systemic oppression on campus (0%) and off campus (1%) was very rarely reported. It is worth noting that with the exception of gender, demographic data related to systemic oppression (e.g., race and sexual orientation) were not collected—consequently, these results should be cautiously interpreted, as these issues may still be highly impactful for the small number of students who they most directly affect.
Figure 8.

Stressors related to systemic oppression

![Graph showing stress levels for different categories.]

**Stress related to clinical work.**

In general, students reported lower levels of high or very high stress in this category. Students reported similar rates of high and very high stress levels between their external clinical placements (22.1%), their internal clinical placement at the Centre for Psychological Services and Research (CPSR, 21.2%), and their external clinical supervisors (19.2%). Even fewer students reported rates of elevated or very elevated stress associated with their CPSR clinical supervisors (9.6%).
Stressors related to clinical work

Stress related to interpersonal relationships.

Stressors related to interpersonal relationships were associated with the lowest rates of elevated stress. Students reported relatively greater rates of high or very high stress with respect to family (23.1%), romantic relationships (17.3%), and friendships (16.3%), and reported relatively lower levels of high and very high stress associated with dependents (9.6%) and colleagues in their program (6.7%).
3. Are students aware of the mental health resources available on the University of Ottawa campus?

**Student Perspective.**

Students had varied levels of awareness of the mental health services offered at the University of Ottawa, depending on the particular service ($n = 109$; see Figure 11). The best-known services were the individual counselling services at Student Academic Success Services (SASS; 87.2%) and the School of Psychology’s Centre for Psychological Services and Research (CPSR; 84.4%); the least-known services were the individual counselling offered by the University of Ottawa Health Services (UOHS; 45.9%) and the counselling through the Graduate Student Association (GSAED)’s Student Support Program (SSP), delivered by Morneau Shepell (19.3%). Of the other services presented, the majority of students were aware of GreenShield Canada’s insurance policy for psychological services (63%), but only a minority of students were aware of: the Good2Talk help line (27.8%); SASS therapy and psychoeducation groups (27.5%); the educational material offered by the University of Ottawa’s Mental Health and Well-Being website (18.3%); and Therapy Assistance Online (TAO), SASS’s online self-help therapy service (8.3%).

Figure 11.

*Graduate students in psychology’s knowledge of the University of Ottawa’s mental health resources*

Perspectives from professors and administrative staff.
Professors and administrative staff also reported variable levels of knowledge about the mental health services offered at the University of Ottawa (n = 25; see Figure 12). The best-known mental health services were the individual counselling services at CPSR (96%), SASS (96%) and UOHS (96%). The least-known mental health services were the peer support services offered by the Disability Centre (16%), the Women’s Resource Centre (20%), and the Pride Centre (20%), as well as SASS’s TAO (20%). A minority were aware of the Good2Talk crisis line, the University of Ottawa’s Mental Health and Wellness website (32%) and Morneau Shepell’s SSP (32%).

Figure 12.

School of Psychology’s Professors and administrative staff’s knowledge of the University of Ottawa’s mental health resources
4. Would students be open to using currently available resources?

**Student Perspective.**

Generally, students reported being open to using the mental health resources available at the University of Ottawa or to learning more about these resources ($n = 109$; see Figure 13). More precisely, they reported being more open to individual counselling services offered by Morneau Shepell’s SSP (82.6%) and UOHS (77.1%), but they reported being less open to individual counselling offered by SASS (36.7%) and CPSR (21.1%). In regard to the other services listed, students were more open to using or to learning more about Green Shield Canada’s insurance policy for psychological services (79.6%); SASS’s TAO self-help therapy (69.4%); the Good2Talk help line (63.9%); and SASS’s therapy groups (58.7%).

Figure 13.

*Graduate Students in Psychology’s Openness to the University of Ottawa’s mental health resources*

![Chart showing student perspectives on using mental health resources](chart)

**Perspective from the professors and administrative staff.**

Generally speaking, professors and administrative staff reported being very open to referring students to the majority of mental health resources available at the University of Ottawa, or to learning more about those services ($n = 25$; see Figure 14). More precisely, the two services for which they exhibited the most openness were UOHS counselling services (100%) and SASS’s therapy groups (100%). They reported being less open to referring students to or to learning more about the Good2Talk help line (84%) and the University of Ottawa’s Mental
Health and Well-Being website (84%). Professors and administrative staff were also generally open to referring students to or to learning more about GSAED’s SSP through Morneau Shepell (96%), SASS’s TAO service (96%), the Peer Help Centre (96%), the Pride Centre (96%), the Women’s Resource Centre (96%) and GreenShield Canada’s insurance policy for psychological services.

Figure 14.

*Professors’ and administrative staff’s openness to recommending or learning more about the University of Ottawa’s mental health resources*
5. What are the obstacles that prevent or discourage students from using currently available resources?

Student Perspective.

Students (n = 109) reported that the four obstacles that prevented or discouraged them the most from using currently available mental health resources were: that services are too expensive (77%); that they preferred to not use services affiliated with the School of Psychology (68.8%); that they felt as if they do not have time available for engaging in services (43.1%); and wanting to avoid stigma (33.1%). Other reasons that fewer students identified as why they would not seek services included: the sense of being able to resolve their issues on their own (30.2%); a perceived lack of suitable services (27.5%); a sense of requiring long term services (26.6%); already being on a waiting list (7.3%); and services not being offered in the language of their choice (4.6%; see Figure 15).

Figure 15.

Obstacles to the use of mental health resources identified by the greatest number of students.

Additional obstacles that might prevent or deter students from using mental health resources were assessed with qualitative methods. Among other factors, some students indicated that they were not aware of the mental health services available on campus, while others reported that they perceived access to services was limited for international students. Additionally, two students reported having difficulty seeking help—specifically, they reported that the symptoms of their mental health issues made help-seeking difficult. One student indicated that despite
researching services, it was difficult to find support groups that were tailored to specific “issues of concern” (the particular symptoms related to their mental health issue). Another student was concerned with the amount of research required to avoid services with a psychologist who would serve in potentially problematic dual roles: “[Another obstacle is] having to also look into the supervisors of clinicians, and who they do consultations with to make sure there is no conflict of interest.”

In addition to answering the question above, students who reported that they would not consider using a given resource or that they would not want to find out more about it had the opportunity to explain their choice. Responses were then clustered into four themes: 1) dual roles, confidentiality and anonymity, 2) perceived asymmetry of competency relative to services providers, 3) a negative reputation of or experience with services, and 4) accessibility.

**Dual roles, confidentiality and anonymity.**

Owing to the nature of their program, students in clinical psychology are part of the mental health providers who currently offer, have offered or will offer mental health services on campus—mostly at CPSR and sometimes through SASS (e.g., through assessments for the “From Intention to Action” or FITA program) or through the peer support services. In addition, experimental psychology students are connected to their colleagues in clinical psychology (as well as their colleagues’ clinical supervisors) both socially and/or through their research labs. Thus, students in clinical psychology and many students in experimental psychology are in a situation wherein their potential clinician has a dual role as their colleague, friend, and/or known professor. This has an impact on anonymity and confidentiality, which are considered paramount when using mental health services. Students expressed the following:

“I did not like that I felt somewhat concerned that people who could be referred to CPSR (or even a future client) might see me [at SASS] getting my own services […]”

“I have clients who use this resource [SASS].”

“I feel like we have a working relationship with them [SASS]. “I AM those services.” “I actually run one of these groups.”

Finally, it was emphasized that peer help services were usually offered by undergraduate students with whom graduate students had an unequal power relationship due to their teaching assistantships within undergraduate classes.

**Perceived asymmetry of competency relative to services providers.**

In addition to the fact that experimental and clinical students have specialized knowledge in psychology, clinical psychology students are part of a mental health profession that prides itself on a high level of training in assessment and therapeutic interventions. Thus, some students expressed concern that counsellors would have less knowledge than them about mental health, or that the services offered would not be evidence-based. Relatedly, students expressed concern that the level of expertise of a counsellor could vary significantly. This was of particular concern with
regard to peer support services. Finally, some students reported that the University of Ottawa’s Mental Health and Well-Being website was a little useful, even though it did not contain information that was advanced enough to go beyond their level of knowledge.

*A negative reputation or experience of services.*

A number of students indicated that they did not trust certain services, based on either direct or indirect negative experiences. Among other things, many students had questions about the ongoing existence of the Student Federation of the University of Ottawa (SFUO) as well as the sound management of the services under its auspices. They also reported having found that certain services offered on campus were unhelpful. Certain students indicated the following:

“SFUO services are not well managed.”

“The SFUO has a horrible reputation on this campus.”

“Does the SFUO still exist?”

*Accessibility.*

The ease of accessibility of services was a recurring theme among students. Indeed, some pointed out that the appointment process can be complex: “(…) setting up a meeting with a [SASS] counsellor seemed even more complicated to me” (loose translation). Someone else indicated that wait times could be very long, and in particular that the SASS waiting list could be over six months. Many students also indicated that they did not use the graduate student insurance policy from GreenShield Canada, as the coverage for psychological services was inadequate.

*Perspective from the professors and administrative staff.*

The obstacles that were identified by the highest numbers of professors and administrative staff as preventing or discouraging students from using available mental health services are as follows: that students want to avoid stigma (84%); that students feel that they should be able to deal with their issues on their own (84%); that students don’t know about available resources (80%); and that students prefer not to use services affiliated with the School of Psychology (80%; n = 25; see Figure 16).

Figure 16.

*Obstacles to students’ use of mental health resources identified by the greatest number of professors and administrative staff*
6. Do currently available resources meet the mental health needs of students?

Students’ perspective.

In order to respond to this question, students indicated whether mental health resources offered on campus generally met their needs. Results demonstrate that only a minority of students (22.2%) reported that they either totally agreed (4.6%), agreed (8.3%), or agreed a little (9.3%) that mental health resources offered on campus met their needs. In contrast, a majority of students (53.7%) reported that they disagreed a little (17.6%), disagreed (16.7%) or totally disagreed (19.4%) with that statement (see Figure 17).

Figure 17.

*Mental health resources offered on campus and students’ needs*

![Pie chart showing the distribution of responses to the question of whether mental health resources met students' needs.]

Students also expanded on the characteristics of a mental health resource that were the most important to them. The six characteristics rated as very important or important by the greatest number of students were: that the resource be 1) offered at a reduced cost (92.6%), 2) evidenced-based (89.8%), 3) not-affiliated with the School of Psychology (77.8%), 4) in the official language of their choice (75.9%), 5) offered by a clinical psychologist (74.8%) and 6) rapidly accessible (74.1%; n = 109; see Figure 18).

Figure 18.
Important characteristics of mental health resources endorsed by the greatest proportion of students.

Qualitative data offered some clarification on the ways in which campus services may not be adapted to psychology graduate students’ mental health needs. Results were clustered in the follow categories: 1) limited scope of campus psychotherapy services, 2) services being geared toward non-graduate students, 3) short duration of services, and 4) preference for in-person services. Some students also reported that they met their needs using other strategies.

**Limited scope of campus psychotherapy services.**

Some students who had tried to access the services available on campus learned that they were not eligible for certain services (e.g., SASS individual therapy) or that the professionals who were available (e.g., SASS counsellors) may not have the specific competencies necessary to treat severe mental health difficulties. For instance, a student reported that SASS had told them that “[their] problems were above their paygrade” while another student mentioned that “they do not provide services to students who have existing complex mental illness.” Similarly, other students also indicated that counselling services were not always sufficient because of the nature of their needs and that specialized psychological services would be more adapted.

The perceived asymmetry in qualifications with service providers was also emphasized for the peer support services. Indeed, individuals who offer those services are not mental health professionals and, as it is primarily run by and aimed toward undergraduate students, these services do not seem like they would apply to graduate students in psychology seeking support from their peers.
**Services geared toward non-graduate students.**

Certain students also mentioned that SASS or peer support services did not offer services that are specifically aimed towards graduate students. For example, one student reported that this service “seem[ed] geared toward undergraduate students who have different needs than graduate students.”

**Needs already met.**

A number of students reported not being interested or not needing peer support services. They indicated already having access to adequate social support from friends, family members, or colleagues within the program. In addition, a minority of students reported already accessing services in the community.

**Short term services.**

The services offered (e.g., SASS counselling, GSAED’s SSP through Morneau Shepell) are short term (usually eight to ten sessions), which does not meet the needs of any students who might need longer term services (i.e., 12 sessions or more). In particular, students who need to resolve a complex or enduring mental health difficulty may be underserved. Notably, a student expressed that without long term contact, they “would find it difficult to properly explain the whole complex situation in order to get all the help I would need” (loose translation).

**Preference for in-person services.**

The results of the survey indicated that only a minority of students seemed to have used online services (e.g., SASS’s TAO). A student who had used online services in the past indicated that the number of sessions was too short and that they had not found the exercises to be helpful. The majority of students who had not used TAO or the Good2Talk crisis line indicated they would not be interested in them, instead preferring in-person services. One student reported: “we spend all day in front of the computer, so I think that the chance for human contact is important” (loose translation). Furthermore, another student indicated that when it comes to their mental health, they “would not feel at ease having discussions over the phone or on the Internet” (loose translation).
7. What is students’ level of comfort with approaching their supervisors, professors and administrative staff for support?

Thesis supervisors, professors and administrative staff.

When asked about approaching professors, supervisors, and staff for support, students reported levels of comfort that depended on whom they were approaching. Students reported being most comfortable approaching their thesis supervisor. More precisely, the proportion of students that reported being either very comfortable (29.5%) or somewhat comfortable (30.5%) doing so constituted a majority of students. However, their level of comfort was lower regarding approaching other professors or administrative staff at the School of Psychology. Indeed, a small proportion of students reported being very comfortable (8.6%) or somewhat comfortable (16.2%) approaching a professor, and the proportion that was very comfortable (5.7%) or somewhat comfortable (11.4%) approaching administrative staff was similarly small (n = 105; see Figure 19).

Figure 19.

Graduate students’ level of comfort with approaching their thesis supervisor, a faculty member or administrative staff at the School of Psychology

![Bar chart showing levels of comfort for thesis supervisors, school of psychology faculty, and school of psychology staff members.]

Clinical Supervisor.

The proportion of students in the clinical psychology program that reported feeling either very comfortable (24.3%) or somewhat comfortable (24.3%) approaching their clinical supervisor to receive support was about half (n = 70; see Figure 20).

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Figure 20.

*Graduate students registered in the clinical psychology program’s level of comfort approaching their clinical supervisor*
8. Could current resources be improved?

Over 85.2% of students reported that they totally agreed (43.5%), agreed (31.5%) or agreed somewhat (10.2%) that mental health resources currently offered on campus could be improved to better meet their needs (n = 108; see Figure 21). A minority of students—16%—reported that they neither agreed or disagreed (10.2%), disagreed somewhat (0.9%), disagreed (1.9%) or totally disagreed (1.9%) with this statement. Qualitative results for this statement were combined to the next section (see section 9 – new resources).

Figure 21.

Percentages of students who indicated that mental health resources offered on campus could be improved.
9. Is there a need for new resources? If so, what resources could be implemented?

Over 70% of students reported that they agreed (36.5%), agreed (23.4%) or agreed somewhat (12.2%) that new mental health resources needed to be created to better meet their needs (n = 107; see Figure 22). A total of 30% of students reported that they neither agreed nor disagreed (17.7%), disagreed somewhat (0.9%), disagreed (6.5%), or totally disagreed (2.8%) with that statement.

Figure 22.

Percentages of students who indicated that new mental health resources were necessary on campus

Students, professors and administrative staff were also invited to qualitatively indicate ways in which resources on campus could be improved and to identify new resources that were necessary to better meet students’ mental health needs. The themes that emerged from the data are related to: 1) communication, 2) awareness, 3) social support, 4) the type of services adapted to the needs of graduate students (in psychology), 5) community partnerships, 6) evidence-based services, 7) prevention services, and 8) the prevention of stressors that affect students’ mental health through systemic changes related to the program. Results from all respondents (i.e., students, professors, administrative staff) are presented in the following sections.

Communication.

Improved dissemination of the resources offered on campus.
Students emphasized the importance of improving the dissemination and promotion of mental health resources currently offered on campus. Notably, a student indicated the following: “In this survey so many services were listed, but I was not aware of the majority of them. It would be great if this information was shared with us and details were provided.” The majority of professors and administrative staff reiterated this, as exemplified by this response emphasizing the wealth of already available services:

Mental health services for everyone could certainly be improved. With that being said, the range of options available to students is much greater than is the case for most Canadians. Perhaps the most important way to improve the current situation for students is to ensure that they are aware of the range of services available to them.

*Improved dissemination of community resources.*

Students highlighted the importance of being informed about the mental health services and clinical psychologists that are affiliated with the University of Ottawa and the School of Psychology. This would help to reduce potential barriers related to the highly evaluative nature of the relationship between students and (a) professors at the School of Psychology and (b) supervisors at current or future practicum locations. It would also help to reduce students’ discomfort (e.g., in the case of a student being recognized in a waiting room where their colleagues are training; on the other hand, see “Combat stigma,” below).

*Targeted communication strategies.*

Students, professors and administrative staff noted that it would be important for service providers to improve the promotion and visibility of their services. In addition, students suggested that resources be disseminated using a guide that would be presented firstly during orientation for first year students and again in the classroom and by supervisors. Professors and administrative staff highlighted the importance of training students about mental health resources during orientation and suggested including them in the course syllabus.

*Raising Awareness.*

*Combat stigma and normalize service use.*

Some students emphasized the necessity to reduce stigma and taboo related to the use of mental health resources for graduate students, particularly for the ones in psychology. A minority of professors and administrative staff also mentioned that reducing stigma related to using mental health services would improve the accessibility of those services to graduate students. Moreover, students noted that they should be continually encouraged to use mental health services for their personal and professional growth and that a module on self-care be added to first year classes (as is routine for other professions, e.g., medicine). Professors and administrative staff also mentioned that in order to eliminate obstacles related to service use, it would be important to eliminate the perception that receiving services on campus necessarily places students in conflictual roles.
Social Support.

Encourage support by peers and professors.

Students highlighted fostering support by peers and professors as a protection factor against mental health issues. Concerning peer support, a support group was suggested as a resource where students could meet up and discuss challenges they face and mutually support each other. It was also suggested to offer mindfulness sessions at lunchtime and to have a common space (e.g., kitchen, lounge) where students could meet informally on a frequent basis, which would encourage informal social support among peers and reduce isolation. A student in the experimental program who reported concern with the issue of isolation suggested the following strategy:

I believe that social isolation in the experimental program is a problem. Students need more opportunities to meet up in contexts that are not related to their research. It is not a service per se, but having a meeting space for graduate students (maybe only even a lunchroom) could help reduce students’ isolation. (loose translation)

In terms of the support offered by professors, students indicated that they perceived it as important for supervisors to be sensitive to their stress levels and to react accordingly. This would entail discussing with their students directly about their stress level, encouraging them to take breaks and to consciously reduce their workload when necessary. A student wrote: “[Students’] supervisors see they are stressed and anxious but keep piling on work without checking in on them, so they feel like they cannot take a break for mental well-being or self-care because there is always so much to do.” A professor or member of the administrative staff also reported that it would be good practice to check in with each student about their well-being and that professors and administrative staff could complete an online training (e.g., Mental Health First Aid; Mental Health Commission of Canada, 2019) to better detect mental health difficulties in distressed students.

Tailored services.

Many suggestions were made about the type of service that would better meet the needs of psychology graduate students. Qualities of a service tailored to students’ needs would include affordability, specialization, long term duration, confidentiality and anonymity, and freedom from role conflict.

An affordable service.

Students emphasized the need to have access to services offered by clinical psychologists that are offered at an affordable price and that allow for services beyond the short-term. They also suggested it would be valuable to have an insurance policy that would allow access to services within their means. To illustrate this, a student reported that “financial support that is more adapted to reflect the real costs of [the services offered by] clinical psychologists would be welcomed.” In addition, students expressed interest in an insurance policy that covers mental
health professionals who are not clinical psychologists, such as psychotherapists and social workers. Professors and administrative staff also emphasized the importance of offering psychological services that are free or at an affordable cost in order to allow students to access them short and long term. This included the possibility of students receiving services in “community [health] centres.”

A specialized service.

Students highlighted the importance of services that are specific to graduate students, as the challenges they face differ from those faced by undergraduate students. In addition, they suggested that because of potential role conflicts (e.g., between teaching assistants and their students), it would be insufficient to combine such services with those for undergraduate students. Furthermore, as psychology graduate students have relatively advanced knowledge about therapy interventions, a majority of students highlighted the importance of accessing evidence-based psychological services that are offered by qualified clinicians who are capable of working with clients who are also mental health providers. Psychologists offering services that are free or at an affordable cost, close to campus, and who are not directly affiliated with the School of Psychology were suggested as an example of what this might ideally look like. A student reported: “We need psychological services that consist of highly trained professionals who can empathize with [the level of performance demanded of graduates students] and help us find ways in which we can manage impinging demands and our own personal circumstances.”

Professors and administrative staff also highlighted the importance of offering services that are adapted to graduate students. A professor or administrative staff member mentioned that services should be “more focused on the needs and specific challenges of graduate students. Their needs are different than undergrad[uate] students.” This group of respondents also recommended to offer specialized services to graduate students through SASS, or to create a mental health centre specific to graduate students’ mental health.

Longer-term service.

Services currently offered on campus are short term (i.e., generally 10 sessions of counselling or fewer). This does not meet the need of students who might need access to psychological services for more severe difficulties that require time to see improvement. In addition, as clinical psychology students are encouraged to seek psychological services in order to offer better services to their own clients, it is doubly important to have access to longer-term services (i.e., 12 sessions or more). A respondent illustrated this: “In my personal experience, a previous trauma history made clinical work very difficult due to the volume of traumatic stories we hear and such processing takes time and a proper conceptualization and alliance with a trusted therapist.” Professors and administrative staff also highlighted the importance for students to access longer-term services.

A confidential and anonymous service free of role conflict.

Due to their affiliation with Ottawa’s clinical community, students emphasized the importance of having access to resources they felt confident could guarantee confidential and
anonymous services—and for many students, this meant that those resources could not be affiliated with the School of Psychology or to external practicum sites. In their opinion, they would be best served by professionals who are not students, supervisors or professors in order to protect students’ confidentiality and anonymity in their professional environment. A student wrote:

Much of the services offered on campus work closely with where we do our practicum at CPSR and even sometimes where we do external placements as well and making it too uncomfortable for us to use the resources for fear of being recognized, found out, or putting us in uncomfortable situations like running into other graduate students, counsellors, familiar undergrad students etc. that we would much like to avoid.

**Partnerships.**

Students suggested two types of partnerships. The first involved establishing partnerships between intervention programs at Saint-Paul University, the Université du Québec en Outaouais and the University of Ottawa in order to exchange services at a reduced fee by students in training. The second type of partnership—highlighted numerous times by students—was to create an updated list of clinical psychologists not affiliated with the University of Ottawa who would be open to offer longer-term services at a reduced cost to students in the program. Professors and administrative staff also suggested reinforcing partnerships with public and private mental health services.

**Evidence-based services.**

A professor or administrative staff member also noted the importance of evidence-based services and indicated that “other than CPSR, none of the services of which I'm aware (on campus) are evidence-based. CPSR is obviously a difficult choice for students, given the likelihood of dual roles. Additionally, the other services are all quite short-term, and include a long-enough waiting list.”

**Prevention services.**

A minority of professors and administrative staff highlighted the importance of putting the emphasis on prevention resources at the students’ disposal. Notably, animal therapy was suggested, as it is already offered by both the SFUO and the UOHS and is popular among undergraduate students. Other preventative psychotherapy services were also suggested (e.g., groups on mindfulness, stress management and time management open to graduate students).

**Reduce stress factors associated to the program.**

Some students noted the fact that the psychology PhD program is a demanding one, involving numerous domains each with multiple associated stress factors, all potentially affecting students’ mental health. A student explained:
We are being trained in a paradoxical environment where we are encouraged to engage in ‘self-care’ while also being asked to perform at an exceptional level, leaving very little room for mistake. The graduate student environment creates a unique vulnerability to the symptoms found in common disorders; performance evaluations/multiple supervisor (Social anxiety), sense of helplessness & worthlessness related to high demands and unrealistic timelines (Depression), excessive worries around work-life balance (generalized anxiety).

A majority of students asked for a change of culture from one that involves students working too much, facing burnout, confronting isolation, facing difficult relationships with their supervisors, and possibly developing mental health issues as a result. Furthermore, students suggested that better resources be established to help students fulfil the demands of the program, and also suggested that expectations for students be reviewed. A student reported:

The responsibilities and financial pressure placed upon clinical students should be re-evaluated in terms of program expectations. It is like we are getting two PhDs in one, and are supposed to be able to publish, TA, supervise students, present at conferences, attend case conferences...etc. must prevent burnout and depression in grad students. Rate is very high!
Individual interviews with representatives from campus mental health services

In the spring of 2019, members of the Ad Hoc Working Group on Mental Health interviewed representatives of the three principal mental health service providers at the University of Ottawa. They answered questions on the following topics: the service’s target audience, its scope, the type of services offered, the format of services, the location of services, the duration of services, the accessibility of services, the personnel, and the strategies used to disseminate services. The results of these interviews are reported here.

Morneau Shepell Student Support Program

On May 14th, 2019, a representative of the ad hoc Mental Health Working Group spoke with Ms. Stephanie Walker, director of student support for Morneau Shepell. In this interview, we discussed Morneau Shepell’s Student Support Program (SSP), a mental health service for graduate students covered by the Graduate Student’s Association (GSAED).

The interview revealed that the SSP provides supportive counselling for short-term, well-defined, time-bound problems. Generally speaking, 10 to 12 sessions is the maximum number for which services are offered. Therapy is offered in a wide variety of modalities, including telephone, video, and online instant message counselling. In-person counselling is also offered in offices across the Ottawa/Gatineau area, including in Morneau Shepell’s offices. Services are offered to individuals, couples, or families. SSP providers are generally social workers or counsellors; they must have a minimum of Master’s-level training, at least five years of experience, and must be registered with the appropriate regulatory college. In-person counselling is provided in English and French, whereas other counselling modalities are offered in Mandarin, Cantonese, Korean, Arabic, or Spanish.

The SSP is not considered appropriate for students experiencing active psychosis, problems requiring medication or medical treatment, or problems that require therapy for significantly longer than ten sessions. Students will be redirected to appropriate services if they are not considered appropriate for the SSP. Students are not excluded based on suicide risk, but a risk assessment is done to ensure students can be kept safe (e.g., to contact local authorities if there is imminent risk). No diagnoses are provided.

Students connect to the SSP by following the website or telephone contact provided by GSAED on their website, or by downloading the Morneau Shepell application. Following a risk assessment, students who contact the SSP are consulted about their preferences in terms of modality of therapy as well as in terms of their schedule. If students prefer, they can connect immediately to a counsellor during their first call.
As a GSAED service, the SSP is offered exclusively to graduate students at the University of Ottawa. No referral is required, nor is any further payment. Waitlists are minimal, with an average of 3-5 business days between initial call and appointment.
A member of the Working Group met with Geneviève Brabant, manager of the SASS Counseling and Coaching Unit, on May 28, 2019, to learn more about the services SASS provides to the graduate student community. Ms. Brabant indicated that the mandate of SASS is to provide services to the entire student community enrolled at the University of Ottawa. SASS has recently adopted the stepped care model, which consists of 7 tiers. With the exception of tier 6, which is to meet with a short-term individual therapy counsellor, all other tiers are available to graduate students. These tiers are (1) “Get Started,” involving access to online resources, (2) “Walk-In,” involving a single-session in-person counseling session, (3) “Online Therapy,” involving the Therapy Assistance Online (TAO) self-directed online mental health resources, 4) “Develop Your Skills,” involving peer-to-peer workshops and services, 5) “Group Programs,” involving group counseling offered by professional counsellors, and 7) “Referrals,” which involves transfer to specialized services. Ms. Brabant explained that Option 6 is not available to graduate students as they have access to equivalent services for them (i.e., the SSP).

University of Ottawa Health Services.

On May 15, 2019, a representative of the Ad Hoc Working Group met with Ms. Denise Bélanger, Associate Clinical Director of the University of Ottawa’s Health Services (UOHS). UOHS provides services to the entire university community (i.e., undergraduate and graduate students, staff members) and formerly enrolled community members. SSUO offers a variety of free mental health services in French and English. First, seven mental health counselors are available to provide short-term services (six to eight sessions) for a circumscribed issue. Five psychiatrists in private practice also provide services for the UOHS. The psychiatrists assess the patient and prepare a care plan that is then implemented by the patient's family physician. UOHS also offers regular workshops on healthy relationships, mental health 101, transition to university, and Triple-S Wellness: stress management, sleep hygiene, and personal care.

In order to access services, students must either register with a family doctor who will refer the student to the appropriate mental health service or obtain a referral from a physician to the walk-in clinic. The student receives a screening call from a counsellor one to three weeks later. The student is then added to a waiting list, which is about two months in duration in the summer and three to four months in the fall. Counselling services can be used without a predetermined maximum number of sessions, but students are required to return to the waiting list after each set of 6-8 sessions.

Most of the services offered are in-person on the 3rd floor of the 1 Nicholas building in Ottawa. At the time of the interview, a pilot program for telephonic mental health counselling was being undertaken by the Ontario Telemedicine Network.
Recommendations

Graduate students can be expected to report mental health difficulties at a much higher rate than the general population. In addition to its investment in its students’ learning and well-being, the School of Psychology is heavily invested in their research productivity and rate of graduation. As both of these latter factors can be impacted by mental health difficulties, taking concrete steps to improve graduate students’ mental health will be vital for the School. In light of the responses from psychology graduate students, professors, and administrative staff, the recommendations proposed to the School of Psychology and to GASP touch upon the following themes: 1) dissemination, 2) reduction of stigma, 3) accessibility, 4) partnership development, and 5) an improved understanding of systemic stressors. We recommend that those two stakeholders work hand in hand to ensure the fullest implementation of these recommendations.

Improve the dissemination of resources

The majority of students and professors indicated that they were unaware of the mental health resources currently offered to graduate students on campus, or that they did not know whether the available resources applied to them. We recommend that the School of Psychology develop an action plan to ensure that resources be better disseminated. As part of this plan, we recommend that the School of Psychology make efforts to disseminate a mental health resource guide that is currently in development. This guide, when complete, will include both on-campus services as well as affordable services in the community. It will include the characteristics of each resource (i.e., mental health professionals’ qualifications, affiliation with the School of Psychology, ways to access it, length of service) and information about how each resource applies to graduate students. It will also include information about what on-campus resources that do not apply to graduate students (e.g., which of the services offered by SASS and SFUO are not accessible to graduate students). In particular, we recommend that the guide be easily accessible online (e.g., on the School of Psychology and GASP websites) and that a link to this digital guide be added to graduate course syllabi. We also recommend that this guide be actively discussed rather than passively provided. For example, we recommend that when professors review their syllabi with students, that they also briefly inform them about what the guide is, what sort of information can be found there, and why it is important.

In the long term, we recommend that this action plan include strategies that will be used by the School to actively, ongoingly, and systematically inform students about their available mental health resources. Notably, we recommend that time be allocated to deliver information on the theme of mental health in graduate school during the orientation day for first year students, including information on the resource guide. Similarly, halfway through the semester, we recommend presenting the guide once more in the following courses: Psychodiagnostic Assessment of Adults and Children (PSY5202) or Psychological Intervention and Consultation (PSY5207) (i.e., the mandatory module courses) for the clinical program, and Contemporary Issues and Professional Skills in the Psychological Sciences (PSY5424) for the experimental program.
Address stigma related to service use

Research suggests that stigma is among the largest factors that obstructs the use of mental health resources (Stuart, 2016). Indeed, 40% of students who participated in this needs assessment identified stigma as an obstacle to using mental health resources. This affirms the importance of normalizing mental health service use within the program and of reducing the stigma and taboo associated with high-achieving mental health trainees using mental health services. Thus, we recommend that the School of Psychology offer the three-hour awareness workshop *The Inquiring Mind Post Secondary* (Mental Health Commission of Canada, 2019) to first year graduate students, so as to train students to better support one another in a non-stigmatizing manner and to reduce their own self-stigma. We also recommend that professors who are comfortable disclosing their own mental health service use to students should actively seek out appropriate opportunities to do so, in order to normalize this for students. There is reason to believe that such self-disclosure, rather than be inappropriate, would serve to offer benefits both to students and to professors and supervisors (e.g., Farber, 2006). To encourage this, we recommend that the School of Psychology add this topic to the agenda of one of its meetings where all professors are present in order to discuss possible implementation strategies.

Address dual roles with psychology graduate students

In addition, we believe it would be important to provide psychology students with strategies for managing the dual roles that they may be required to navigate when seeking services (e.g., the dual roles played by Ottawa mental health professionals as both (1) providers of services to psychology graduate students and (2) colleagues, friends, professors, supervisors, and/or potential employers to psychology graduate students). Clinical students in particular may have to navigate the dual roles of (1) recipient of psychological services and (2) provider of psychological services. Thus, we recommend that a discussion about navigating this dual role be added to the curriculum of *Ethics and Professional Issues* (PSY6170/PSY6570) for clinical students, and *Contemporary Issues and Professional Skills in the Psychological Sciences* (PSY5424) for experimental students. We believe that one of the goals for these discussions will be to normalize the use of services by mental health professionals that are provided by their colleagues (i.e., normalize the fact that psychologists receive services from other psychologists that they know). We also recommend that an annual event be organized involving a panel comprised of professors and alumni of the psychology program in order for them to share their experiences with that issue.

Increase accessibility of services

The majority of students mentioned that services offered on campus were often too short in duration or not specialized enough to meet their needs, while those in the community are too expensive. Thus, the goal of the following recommendations is to facilitate the access to long term and/or specialized services at an affordable price for students.

Help students afford mental health services.
The insurance policy offered by GSAÉD to graduate students covers $35 per session for psychological services for a maximum of $400 per year (other services combined), which represents 17.5% of the cost of one session with a psychologist (each session assessed at $200 on average in Ottawa). We recommend that the GASP work with the GSAÉD representative in order to negotiate a more robust insurance policy for students—one that would allow them to obtain affordable, long-term specialized services in the community and thereby receive treatment for mental health difficulties that go beyond the competencies of service providers covered by the University of Ottawa. Our results suggest that a clear demand exists for these services and that a change to the current GreenShield policy would likely be embraced by most psychology students, assuming that the increased cost is not prohibitive.

In addition, the Faculty of Social Sciences could improve the ability of graduate students to afford mental health services (and simultaneously reduce their stress about their finances) by advocating for students’ ability to reduce to part-time status in the final years of their M.A.-PhD program—an option that was recently revoked by the University of Ottawa, despite the opposition of the School of Psychology. This concern is particularly relevant for students in the clinical program, whose final year is spent on internship, often in a different city from Ottawa, and often after having completed every other program requirement. Strong support from the Faculty of Social Sciences for a return of this option would be invaluable.

**Hire a mental health professional for the Faculty of Social Sciences.**

Queen’s University has two part-time mental health professionals who are dedicated to offering mental health services to its graduate students in the centralized graduate student building. The University of Ottawa’s Faculty of Medicine is also seeking the services of a full-time psychologist dedicated to its students (personal communication, July 18, 2019). In a similar vein, in order to give graduate students access to affordable and accessible psychological services, we recommend that the Faculty of Social Sciences hire a full-time mental health professional to offer evidence-based psychological services on campus specifically to its graduate students.

**Develop partnerships in the community**

We also recommended that the School of Psychology develop partnerships with clinical psychologists in the community who are not currently affiliated with the University of Ottawa and who would be open to offering long-term services at a reduced cost for graduate students. We believe this possibility would be particularly ripe for exploration given that many clinical psychologists in Ottawa are in fact alumni of the School of Psychology. This initiative could perhaps take the shape of a campaign in collaboration between the School of Psychology, GASP and GSAÉD.

**Help students better manage demands of the program**

The top five stressors reported by students were all related to demands from the program: thesis, work overload, maintaining work-life balance, pressure to publish, and courses. In light of this, it would be important to explore how to better navigate the demands of their doctoral work.
It is worth noting that experiencing these factors as highly stressful is in some ways normative across all levels of academia (e.g., may be similarly perceived as major ongoing stressors by professors), and indeed, across many professional careers. However, this does not entail that change in these aspects of academic culture is not desirable. In that spirit, we recommend that the School of Psychology seriously explore possibilities for reducing mandatory program requirements while still maintaining program integrity. In order to make determinations about possible changes at the program level, we recommended that the School of Psychology gather more information on those stress factors and on strategies to remediate to them via focus groups.

In addition to exploring ways to change the academic requirements for graduate students, we recognize the importance of providing opportunities to help students better manage the circumstances that cannot be changed. We therefore recommend that the Faculty of Social Sciences increase the number of workshops it offers specifically to graduate students, with a particular eye to workshops to help navigate time management, thesis writing, and interpersonal skills such as setting limits and boundaries and assertiveness. Offering resources to build these skills will be especially important for the psychology program, as it offers a direct-entry PhD; although skills such as time management and assertiveness are important to all graduate students, the fact that some students come to the program directly from their undergraduate programs means that some students may have had very few opportunities to hone the skills necessary for navigating academia. Such workshops might therefore be of particular value. The School of Psychology could facilitate the dissemination of these resources directly to students through regular e-mail communication.

Lastly, we believe that student stress could be relieved by reducing unnecessary uncertainty about program requirements. We therefore recommend that the School of Psychology promote clearer lines of communication with its students about program requirements. For example, widespread confusion appears to exist about the number of direct contact hours expected of clinical students in order to be competitive for accredited internship sites. Communicating with students about the misconceptions and realities of applying for internship (e.g., disseminating a guide to that effect) would likely serve to reduce this stress. Similarly, clearer communication about the terms in which students will have teaching assistantships available to them during the entirety of the program would reduce the stress that comes from financial uncertainty. Clearer communication may also involve better targeting of e-mail communication (e.g., to specific years; sending e-mails about academic jobs and positions only to students in their fifth year or beyond, when it may be applicable). It may involve improving the timeliness of e-mail communication (e.g., certain mandatory training days are annual and therefore foreseeable; communicating about dates and deadlines several months in advance where possible would likely serve to reduce student stress). Lastly, we recommend that the School of Psychology encourage its professors to communicate explicitly, clearly, and directly with students about their expectations for teaching assistantships and research assistantships (e.g., if supervision contracts do not include specific and measurable tasks, returning them to professors to be amended).

Create a common space to encourage social support among peers
Social support is a protective factor in maintaining good mental health. While recognizing that space is a valuable commodity, we also believe that university spaces could be better organized to facilitate social contact and support for students. We therefore recommend that the School of Psychology attempt to locate a multipurpose common room to be used by its graduate students in the Vanier building. Among other things, this room could serve as an informal meeting space during lunch hours in order to reduce social isolation, or it could be used as a space for accessible weekly preventative mental health activities (e.g., mindfulness practice).
Summary

In closing, the data we collected suggest that the primary stressors for psychology graduate students are related to their program. They also suggest that, although many mental health resources exist on campus, they are (1) poorly disseminated to students, professors, and staff, (2) primarily geared towards undergraduates and are either inappropriate or inaccessible to psychology graduate students, and (3) generally not offered as evidence-based services for more intense psychological difficulties (i.e., primarily take the form of low-intensity counselling services or as psychiatric medication management). Students tend to agree strongly that new or improved mental health services would be valuable. Recommendations for change include to improve the dissemination of resources, to address stigma related to service use, to address dual roles with psychology students, to increase the accessibility of services (including by reducing financial barriers), to develop partnerships with community mental health service providers, to help students better manage the demands of their program, and to reduce barriers to social contact among graduate students.
References


University of Alberta, Graduate Student Assistance Program. (2018). GSA Services and Resources for Graduate Students. Repéré dans https://www.ualberta.ca/graduate-students-association/services/graduate-student-assistance-program


### Appendix 1: Tableau sur les services de santé mentale mis sur pied dans les universités et collèges canadiens au premier cycle (2014-2018)

<table>
<thead>
<tr>
<th>Service</th>
<th>Objectif &amp; Activités</th>
<th>Public cible</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Jack Project de Jack.org</td>
<td>Jack.org est un organisme caritatif national qui forme et autonomise des jeunes leaders pour qu’ils militent pour une meilleure santé mentale dans leurs communautés. Ils le font par l’entremise de présentations, de groupes d’action communautaire, de conférences et de sommets régionaux</td>
<td>Jeunes adultes de 19 à 25 ans</td>
</tr>
<tr>
<td>Allô J’écoute (2013), Fruit d’un partenariat entre ConnexOntario, Jeunesse, J’écoute, Ontario 211 et le Centre d’excellence de l’Ontario en santé mentale des enfants et des adolescents</td>
<td>Allo J’écoute est une ligne d’assistance gratuite et confidentielle qui offre 24/7/365, aux étudiant(e)s des établissements postsecondaires de l’Ontario des services professionnels de consultation, d’information et d’orientation en ce qui a trait à la santé mentale, à la toxicomanie et au bien-être.</td>
<td>Étudiant(e)s postsecondaires de 17 à 25 ans</td>
</tr>
<tr>
<td>Queen’s University’s Principal’s Commission on Mental Health (2011)</td>
<td>Le directeur, Daniel Woolf, a créé la commissariat sur la santé mentale en septembre 2011 afin d’appuyer l’université dans ses démarches à devenir une communauté proactive et à l’écoute favorisant le bien-être et la réussite de chaque étudiant de premier cycle, de deuxième cycle et professionnel dès leur arrivée sur le campus jusqu’à l’obtention de leur diplôme.</td>
<td>Étudiant(e)s postsecondaires, études de cycles supérieurs et étudiants professionnels</td>
</tr>
<tr>
<td>Institution</td>
<td>Description</td>
<td>Students</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Université de l’Alberta Graduate Student Assistance Program (GSAP)</td>
<td>Mis sur pied par les étudiants de cycles supérieurs et administré par Homewood Health, le GSAP fournit des services de counseling confidents pour des difficultés telles que : l’anxiété, le stress, la dépression, le conflit, la gestion de rôles multiples, etc. Il offre également une multitude de programmes et de services de promotion de la santé, notamment des consultations en nutrition et en conditionnement physique, des consultations juridiques et financières, ainsi qu’une bibliothèque d’articles sur la santé et le bien-être, ainsi que des cours en ligne.</td>
<td>Étudiant(e)s aux cycles supérieurs</td>
</tr>
<tr>
<td>Université de Toronto, Provostial Advisory Committee on Student Mental Health</td>
<td>Création d’un comité administratif pour se pencher sur la santé mentale des étudiant(e)s de l’université</td>
<td>Étudiant(e)s de l’Université de Toronto</td>
</tr>
<tr>
<td>L’Esprit curieux (2017), Commission de la santé mentale du Canada</td>
<td>Le programme vise à réduire la stigmatisation entourant la santé mentale, à développer de la résilience et à promouvoir le modèle de continuum en santé mentale</td>
<td>Étudiant(e)s de première année du premier cycle; sept universités et collèges canadiens se sont joints au projet pilote</td>
</tr>
</tbody>
</table>
## Appendix 2: Tableau sur les obstacles et difficultés auxquels sont confrontés les étudiant(e)s des cycles supérieurs

<table>
<thead>
<tr>
<th>Catégorie</th>
<th>Obstacles et difficultés</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsabilités personnelles</td>
<td>Rôle de parent</td>
</tr>
<tr>
<td>Obstacles financiers</td>
<td>Devoir occuper un emploi à l’extérieur du programme</td>
</tr>
<tr>
<td></td>
<td>Étudier à temps partiel ou prendre une année sabbatique peut mener à la perte de bourses</td>
</tr>
<tr>
<td></td>
<td>Restrictions financières en raison du nombre de bourses limitées</td>
</tr>
<tr>
<td>Pression des universités</td>
<td>Devoir étudier à temps plein et ce à l’année longue</td>
</tr>
<tr>
<td>Nature du milieu universitaire</td>
<td>Une formation incomplète pour remplir le rôle d’assistant à l’enseignement - enseigner, corriger et évaluer</td>
</tr>
<tr>
<td></td>
<td>L’isolation liée au travail autonome</td>
</tr>
<tr>
<td></td>
<td>Pression académique en lien avec leur future carrière</td>
</tr>
<tr>
<td></td>
<td>Le syndrome de l’imposteur peut amener une grande anxiété de performance</td>
</tr>
<tr>
<td>La relation étudiant(e)-superviseur</td>
<td>Conflits avec le ou la superviseur de thèse</td>
</tr>
<tr>
<td></td>
<td>Différentes approches des superviseurs au niveau de la faculté,</td>
</tr>
<tr>
<td>Nature des services psychologiques offerts</td>
<td>Inconfort lié à l’offre des services psychologiques souvent offerts par d’autres étudiant(e)s aux cycles supérieurs.</td>
</tr>
<tr>
<td>Stigmatisation</td>
<td>Stigmatisation et tabous liés à l’utilisation de services de santé mentale</td>
</tr>
</tbody>
</table>
Appendix 3: Services en santé mentale offerts par des professionnel(le)s de la santé aux étudiant(e)s aux cycles supérieurs à l’Université d’Ottawa

Note. CPSR = Centre for Psychological Services and Research. GSAED = Graduate Student Association of uOttawa. EFAP = Employee and Family Assistance Program. SASS = Student Academic Success Service. UOHS = University of Ottawa Health Services.

1 Cette figure a été reprise du projet proposé par Shawn Sanders dans le cadre du cours d’évaluation de programme (PSY7503) et a été mise à jour.
Appendix 4 : Services en santé mentale auto-dirigés et par les pairs offerts par des services sur le campus de l’Université d’Ottawa

Note. SASS = Student Academic Success Service

\(^2\) Cette figure a été reprise du projet proposé par Shawn Sanders dans le cadre du cours d’évaluation de programme (PSY7503) et a été mise à jour.
Appendix 5 : Résultats des groupes de discussion (8 mai 2019)

**Composition du groupe** (indiquer combien dans chaque catégorie)

**Group Composition** (Indicate number in each category)

Étudiants de premier cycle / Undergraduate Students: ______

Étudiants diplômés / Graduate Students: 2_____

Personnel / Staff: ______

Professeurs / Professors: ______

Administrateurs / Administrators: 1_____

Fournisseurs de services / Service Providers: ______

Partenaires communautaires / Community Partners: ______

**Facilité d'utilisation et accessibilité / Usability & Accessibility**

1. Serait-il utile selon vous d'élaborer un guide de ressources en santé mentale à l'intention des étudiants diplômés? Pourquoi, ou pourquoi pas? Si vous êtes étudiant, l'utiliserez-vous?

In your opinion, would it be valuable to develop a mental health resource guide specifically for graduate students? Why or why not? If you are a student, would you use it?
Résumé de la discussion / Discussion Summary:

Les participants ont indiqué qu'un guide de ressources en santé mentale à l'intention des étudiants diplômés serait utilisé. Certains d'entre eux ont indiqué que le site de l'Université peut être difficile à naviguer étant donné des informations contradictoires qui y sont présentées et qu'il serait bien d'avoir un seul guide qui engloberait les vastes services offerts et non pas plusieurs guides spécifiques.

D'autres participants ont mentionné qu'il serait important de donner ce guide au début des études supérieures puisqu'il peut être utile pour l'individu et aussi pour soutenir les pairs en abordant des trucs concrets pour préserver la santé mentale.

Participants indicated that a mental health resources guide for graduate students would be useful. Some of them indicated that the University's site can be difficult to navigate given the conflicting information sometimes presented there, and that it would be nice to have a single guide that would encompass the extensive services offered (rather than several specific guides).

Other participants mentioned that it would be important to provide this guide to students at the beginning of their graduate studies, both because it can be useful for each individual and also
because it provides concrete mental health tips that could be used to help students to support their peers.

2. Quels formats de publication augmenteraient la probabilité que les étudiants diplômés utilisent un tel guide?

Which publication formats would increase the likelihood of graduate students using such a guide?

- PDF en ligne / Online PDF**
- Site Web, version bureau / Desktop website
- Site Web, version mobile / Mobile website
- Application pour Smartphone / Smartphone application**
- Livret imprimé / Printed booklet**
- Autre /Other

Résumé de la discussion / Discussion Summary:

Les participants ont rapporté que le guide actuel présenté est un peu lourd et donc peu accessible. Pour remédier à ceci, ils ont recommandé avoir deux versions de ce guide de ressources; une courte
et une longue.

Ils ont aussi recommandé ces moyens afin d'augmenter la probabilité que les étudiants diplômés utilisent un tel guide: 1) un lien sur uottawa.ca qui peut être facilement accessible lors d'un moment de détresse tout comme sur les sites de la GSEAD et GASP, 2) des affiches sur le campus, 3) des documents sous forme de PDF facilement téléchargeable de uozone, page du département ainsi que 4) d'ajouter le lien du guide à la signature des professeurs.

**

Participants reported that the current guide presented is a bit content-heavy and therefore not very accessible. To remedy this, they recommended having two versions of this resources guide: a short and a long one.

They also recommended the following ways to increase the likelihood that graduate students will use such a guide: 1) a link on uottawa.ca, as well as on GSEAD and GASP websites, that can be easily accessed during times of distress, 2) posters on campus, 3) easily downloadable PDF documents from uozone and the department page, and 4) adding a link to the guide in the electronic signature of faculty members.

3. Comment pourrait-on distribuer un guide de ressources pour joindre le plus grand nombre possible d'étudiants diplômés (c.-à-d., SASS, SSUO, faculté, département, sites Web ou bureaux de l'association étudiante ou de la GSAED, uoZone, médias sociaux, médias étudiants, bulletins
How could a resource guide be circulated in order to reach as many graduate students as possible (i.e., SASS, UOHS, faculty, department, student association or GSAED websites or offices, uoZone, social media, student media, e-newsletters, strategic spaces on/near campus, etc.)? When should it be promoted (e.g.: orientation weeks, wellness weeks, reading weeks, high crisis weeks, etc.)? What should it be called?

Résumé de la discussion / Discussion Summary:

Les participants ont rapporté que le guide pourrait être distribué lors de la semaine d'orientation et qu'il pourrait être disponible au CPSR, au hall de la Faculté des Sciences Sociales, au département de psychologie, aux Services de Santé de l'Université d'Ottawa, et ce, afin de rejoindre le plus grand nombre possible d'étudiants diplômés.

Ensuite, ils ont indiqué que la promotion de ce guide pourrait être de différentes façon dépendant pour qui les ressources sont offertes. L'idée de faire la promotion du guide de ressources lors de la semaine d'orientation est aussi partagée. De plus, les participants ont mentionné que d'ajouter une section sur la santé mentale dans le syllabus avec les informations sur le guide de ressources serait une autre façon d'en faire la promotion tout comme de l'afficher dans les centres de mentorat.

**
Participants reported that the guide could be distributed during Orientation Week and that in order to reach as many graduate students as possible, it could be made available at the CPSR, in the FSS building, in the Department of Psychology, and at University of Ottawa Health Services.

They also indicated that the guide could be promoted in different ways, depending on to whom the resources are being offered. The idea of promoting the resources guide during the orientation week is also shared. In addition, participants mentioned that the resource guide could be promoted by adding a section on mental health in the syllabus that includes information on the guide. Lastly, participants suggested that the guide could be provided at mentoring centers.

4. Avez-vous d’autres commentaires /

Do you have any additional comments?

Certains participants ont souligné l'importance du travail du Comité de Santé de Mentale.

Au sein de ce comité, des participants ont aussi indiqué qu'il serait important d'y inclure des personnes qui peuvent ouvertement raconter leur histoire abordant leur difficulté de santé mentale, ce qui permettrait d'augmenter la normalisation et la destigmatisation en plus d'apporter de l'espoir et de présenter des options sur la façon d'obtenir de l'aide selon celles qui ont déjà eu besoin de consulter dans le passé. Il a également été mentionné l'importance de développer un
Some participants indicated that they believed that the work of the Mental Health Committee was important.

In this committee, participants also indicated that including the stories of people who openly discuss their mental health challenges would increase normalization and destigmatization. They also suggested that this could bring hope, and serve as a source of ideas for how to get help. They mentioned the importance of implementing a psychological service for graduate students and/or creating partnerships with other services that are already offered in the community, thereby allowing graduate students to access services that are appropriate to their income.

In addition, participants suggested that it would be good to distinguish between providers of mental health services, e.g., therapists, psychotherapists, and social workers.
Composition du groupe (indiquer combien dans chaque catégorie)

Group Composition (Indicate the number in each category)

Étudiants de premier cycle / Undergraduate Students: ________
Étudiants diplômés / Graduate Students:  

Personnel / Staff:  

Professeurs / Professors:  

Administrateurs / Administrators:  

Fournisseurs de services / Service Providers:  

Partenaires communautaires / Community Partners:  

Types de ressources / Resource Types

1. Préférez-vous un guide de ressources exhaustif (c.-à-d. contenant autant de ressources d'Ottawa qu'on pourra en trouver) ou sélectif? S'il était sélectif, quels critères utiliserez-vous pour sélectionner les ressources?

Would you prefer a resource guide that is exhaustive (i.e., containing as many Ottawa resources as can be identified) or curated? If curated, what criteria would you use to select the resources?

Résumé de la discussion / Discussion Summary:

Les participants ont indiqué qu'ils aimaient un guide exhaustif qui serait disponible en ligne ou par une application mobile disponible à toute la communauté universitaire. Certaines recommandations
ont été offertes afin de permettre que le guide de ressources soit le moins accablant possible: 1) organisé par besoins, 2) facilement accessible, 3) services sur le campus versus à l'extérieur du campus, 4) avoir une vidéo pour le présenter, 5) en faire la mise à jour régulièrement, 6) considérer le « modèle des soins étagés » (uottawa) et TAO (uottawa.ca) et 7) abréger les informations concernant les services de santé.

**

Participants indicated that they would like a comprehensive guide that would be available online or through a mobile application, and that would be available to the entire university community. Some recommendations were made to help ensure that the resources guide is as non-intimidating as possible: 1) organize the guide by needs, 2) make it easily accessible, 3) distinguish between on-campus and off-campus services, 4) have a video to introduce it, 5) update it regularly, 6) consider the "Stepped Care Model" (uOttawa) and TAO (SASS) and 7) reduce unnecessary information about health services.

2. Y a-t-il des types de ressources qu'il faudrait inclure (p. ex. prévention, crise, LGBTQ, violence sexuelle, services gratuits ou facturés en fonction du revenu, etc.)

Are there types of resources that should be included (e.g., prevention, crisis, LGBTQ, sexual violence, free and sliding-scale services, etc.)?
Participants indicated that resources should be included that address the specific needs of students; that are affordable or free; and that are related to the prevention and promotion of mental health.

3. Are there types of resources that should be excluded (e.g., costly or non-insured, resources outside Ottawa/Gatineau proper, etc.)?
5. Avez-vous d’autres commentaires?

Do you have any additional comments?
## Group Composition (Indicate number of each)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Étudiants de premier cycle</td>
<td>______</td>
</tr>
<tr>
<td>Étudiants diplômés</td>
<td>1</td>
</tr>
<tr>
<td>Personnel</td>
<td>1</td>
</tr>
<tr>
<td>Professeurs</td>
<td>1</td>
</tr>
<tr>
<td>Administrateurs</td>
<td>______</td>
</tr>
<tr>
<td>Fournisseurs de services</td>
<td>2</td>
</tr>
<tr>
<td>Partenaires communautaires</td>
<td>1</td>
</tr>
</tbody>
</table>

## Information Value

1. Quels éléments d'information actuellement contenus dans le guide vous sont les plus et les moins utiles ?

   Which information elements currently in the guide are most and least valuable to you?
Participants indicated that the most useful information in the resources guide is about insurance, university counseling and off-campus services.

2. Y a-t-il des éléments d'information qui ont été omis et devraient être inclus?

Is there information that has been left out and should be included?
Participants noted that it would be good to combine the sections on websites and mobile applications, to also compare services that are outside of Ontario with the ones offered in this province, and to provide information that compares insurance companies relative to family plans for private insurance.
3. Avez-vous des idées quant à la façon de tenir à jour le guide de ressources à long terme (p. ex. concernant la responsabilité, la reddition de comptes, la viabilité financière, etc.)

Do you have any ideas for keeping the resource guide up-to-date in the long term (e.g., in terms of responsibility, accountability, financial sustainability, etc.)?

Résumé de la discussion / Discussion Summary:

Les participants ont suggéré qu'il serait bien de faire un guide de ressources en ligne ou une application mobile afin de le tenir à jour le plus facilement, et ce, en centralisant la ressource.

**

Participants suggested that it would be good to make an online resources guide or a mobile application, as centralizing the resources would make it easier to keep it up to date.

4. Avez-vous d’autres commentaires

Do you have any additional comments?
Les participants ont aussi recommandé qu'il serait bien 1) d'impliquer les ordres professionnels (par ex., l'Ordre des psychologues de l'Ontario), 2) que les professeurs pourraient gagner à être formés ou sensibilisés, car bon nombre d'entre eux gardent un œil sur les étudiants de premier cycle, mais oublient les étudiants des cycles supérieurs et qu'ils restent à l'affût des services offerts, et 3) de permettre une implication interuniversitaire, ce qui permettrait de lutter contre la stigmatisation et, au moyen de programmes cliniques, de traiter également des problèmes financiers (par ex., UQO et St-Paul).

**

Participants also recommended that it would be good to 1) involve the College of Psychologists of Ontario, 2) that faculty could benefit from receiving training on graduate student mental health and the available resources, as many of them know to keep an eye on undergraduates but forget about graduate students, and 3) allow inter-university involvement (e.g., cooperation with UQO and St-Paul), which would allow to fight against stigma and, through each school’s clinical program, allow students to access financially affordable services.
## Appendix 6 : Matrice d’évaluation

<table>
<thead>
<tr>
<th>Questions d’évaluation</th>
<th>Source de données</th>
<th>Méthode de collecte de données</th>
<th>Analyse de données</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quel est l’état de la santé mentale des étudiant(e)s du programme?</td>
<td>Secondaires</td>
<td>- Données secondaires extraites du rapport Ça ne fait pas partie du programme (2014) avec un sous-échantillon d’étudiant(e)s aux cycles supérieurs de l’Université d’Ottawa</td>
<td>- Tableaux résumant les facteurs de stress des étudiant(e)s aux cycles supérieurs à l’Université d’Ottawa selon le groupe d’appartenance des étudiant(e)s</td>
</tr>
<tr>
<td></td>
<td>- Association des étudiant-es diplômé-es (GSAÉD)</td>
<td>- Programme de soutien aux étudiant(e)s (PSE) de Morneau-Shepell extraites du rapport annuel 2017-2018</td>
<td>- Graphique à bandes résumant les raisons pour l’utilisation des services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Tableau résumant des données démographiques des utilisateurs des services (année d’étude, âge, genre)</td>
</tr>
<tr>
<td></td>
<td>- Fédération canadienne des étudiantes et des étudiants de l’Ontario (FCÉÉ-O)</td>
<td>- Données secondaires extraites du rapport Ça ne fait pas partie du programme (2014) avec un échantillon d’étudiant(e)s ontarien(ne)s aux cycles supérieurs</td>
<td>- Tableau résumant les facteurs de stress des étudiant(e)s aux cycles supérieurs en Ontario selon le groupe d’appartenance des étudiant(e)s</td>
</tr>
<tr>
<td>Question</td>
<td>Matières</td>
<td>Méthodes</td>
<td>Résultats</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>2. Quels sont les facteurs de stress liés au programme ou à leur vie personnelle auxquels font face les étudiant(e)s du programme?</td>
<td>Primaires</td>
<td>- Étudiant(e)s du programme</td>
<td>Données descriptives rapportant les fréquences des facteurs de stress des deux dernières semaines et des facteurs de stress généraux&lt;br&gt;- Test-t pour comparer les étudiant(e)s des programmes clinique et expérimental&lt;br&gt;- Test-t pour comparer les étudiant(e)s sur le genre</td>
</tr>
<tr>
<td>3. Les étudiant(e)s connaissent-ils les ressources en santé mentale disponibles sur le campus de l’Université d’Ottawa?</td>
<td>Primaires</td>
<td>- Sondage électronique</td>
<td>- Pourcentage des répondant(e)s qui connaissent les ressources à l’Université d’Ottawa (13 ressources présentées)</td>
</tr>
</tbody>
</table>
4. Les étudiant(e)s seraient-ils ouverts à utiliser les ressources actuelles?

<table>
<thead>
<tr>
<th>Primaire</th>
<th>Primaires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Étudiant(e)s du programme</td>
<td>- Sondage électronique</td>
</tr>
<tr>
<td>- Pourcentage des répondant(e)s qui sont ouvert(e)s à utiliser les ressources disponibles (oui/non/peut-être)</td>
<td></td>
</tr>
<tr>
<td>- Taux de personnes qui ont utilisé la ressource, taux de personnes qui seraient ouvertes à l’utiliser à nouveau, taux de personnes qui aimeraient en savoir plus.</td>
<td></td>
</tr>
<tr>
<td>Analyse qualitative des données résumant les raisons pour lesquelles les étudiant(e)s ne sont pas ouverts à utiliser les ressources disponibles</td>
<td></td>
</tr>
</tbody>
</table>
Si non, quels sont les obstacles qui empêchent ou dissuadent les étudiant(e)s d’utiliser les ressources actuelles?

| Primaires |  |
| - Étudiant(e)s du programme | - Sondage électronique | - Identification de la fréquence des obstacles relevés par les étudiant(e)s du programme liés à l’utilisation des ressources en santé mentale en ordre d’importance  
- Analyse thématique autres des obstacles identifiés  
- Analyse thématique des justifications de la non-ouverture à utiliser des ressources. Analyse thématique des raisons pour lesquelles les répondant(e)s ne veulent pas en savoir plus à propos de la ressource. |
<table>
<thead>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Primaires</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Les ressources actuelles répondent-elles aux besoins en santé mentale des étudiant(e)s?</td>
<td>- Étudiant(e)s du programme</td>
<td>- Sondage électronique</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>- Évaluation de chaque ressource (oui/non) et raisons pour lesquelles elles répondent ou non aux besoins des étudiant(e)s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Données descriptives de l’accord des étudiants à la question suivante : « Les ressources en santé mentale offertes actuellement sur le campus répondent à mes besoins. » (B_1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Données descriptives indiquant le degré de satisfaction des étudiants ayant utilisé les ressources données (R1_2 à R13_2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analyse qualitative de l’expérience des étudiantes à propos de l’utilisation des services (R1_3-R13_3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>- Étudiant(e)s du programme</td>
<td>- Sondage électronique</td>
<td>- Données descriptives de l’accord des étudiant(e)s à la question sur l’amélioration des ressources (A_1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Analyse qualitative des solutions proposées pour améliorer les ressources (A_2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Y a-t-il un besoin pour de nouvelles ressources?</th>
<th>Primaires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Si oui, quelles ressources pourraient être instaurées?</td>
<td></td>
</tr>
<tr>
<td>- Étudiant(e)s du programme</td>
<td>- Sondage électronique</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Appendix 7 : Student Survey

C1 CONSENT FORM

Assessment of Mental Health Needs of University of Ottawa Graduate Students in Psychology
Marie-Pierre Daigle, B.A.
Co-chair of the ad hoc Mental Health Committee
PhD student in clinical psychology
School of Psychology
University of Ottawa
613-562-5800, 4471
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Member of the Mental Health Committee & Working Group
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University of Ottawa
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Shawn.Sanders@uOttawa.ca

Tim Aubry, PhD.
Member of the ad hoc Mental Health Committee and supervisor of the needs assessment
Centre for Research on Educational and Community Services & School of Psychology
University of Ottawa
613-562-5800, 4815
Tim.Aubry@uOttawa.ca

Invitation to Participate: You are invited to participate in a needs assessment conducted by Marie-Pierre Daigle, Marie-Pier Vandette, and Shawn Sanders, and supervised by Dr. Tim Aubry. The needs assessment is part of the work of the ad hoc Mental Health Committee, composed of students and professors, and that has been created in the School of Psychology in response to the tragic passing of Andy Cameron. In addition to this survey tailored for students, professors and administrative staff have also be invited to complete a survey as part of this needs assessment. This survey is also being conducted in the context of the graduate course Field Research in Social Community Intervention (PSY7102A).

Purpose of the needs assessment: The main objective of this assessment is to identify the mental
health needs of psychology graduate students at the University of Ottawa, and to determine whether the mental health services that are accessible to them meet those needs.

**Participation:** My participation will consist of answering a survey questionnaire on Qualtrics. This questionnaire will take approximately 20 to 30 minutes to complete.

**Benefits:** My participation in this needs assessment will give me the opportunity to share my knowledge about the mental health needs and the barriers psychology graduate students face when seeking services. The information collected through this needs assessment will be used to improve the mental health services available to psychology graduate students.

**Risks:** Since this questionnaire solicits information about stress factors faced by psychology graduate students in different areas of life (work, school, relationships), some questions are of a more sensitive nature and produce some discomfort.

**Confidentiality and anonymity:** The information I will share in responding this questionnaire will remain anonymous and confidential. No information revealing my identity will be disclosed or published. The data collection will be completely anonymous and only data regarding gender, year in the program (i.e., aggregated as years 1-2, years 3-4, years 5+) and program (i.e., clinical or experimental) will be collected. Only student members of the Mental Health Working Group (Marie-Pierre Daigle, Marie-Pier Vandette, and Shawn Sanders) will have access to the data. To increase anonymity, the software programs for the online survey will not collect the IP addresses of the participants. The online survey software, Qualtrics, stores its data on a server in Canada. Your anonymous responses will therefore be stored in Canada, where it will be subject to Canadian laws. Once the data is downloaded from Qualtrics we will delete it from their server. The security and privacy policy of the company web-survey can be found at the following address: http://www.qualtrics.com/security-statement/

**Security of collected data:** Names of participants will not be collected and therefore will not appear in any report resulting from this evaluation. To protect your privacy, all information you provide will be transferred to a secure computer server (i.e., encrypted USB key). The survey data will be exported and saved in a password-protected document and stored on a single password-protected computer located at the Community and Educational Services Research Center (CRECS). All data will be destroyed three years after the completion of the survey. When reporting the results, data will be shared only as anonymous aggregates (e.g., averages, frequencies). Sociodemographic data (e.g., year of study, program of study and gender) will be shared and used for analysis only in cases where a minimum of 10 data points (n = 10) will be available. The results will be shared in a final report prepared by the Mental Health Working Group and reviewed by the Mental Health Committee. This report will be made public and the data may be used for publication purposes. To do so, the approval of the ethics board will be requested for the use of secondary data.

**Voluntary Participation:** My participation in the research is voluntary and I am free to withdraw at any
time, and/or refuse to answer certain questions, without suffering any negative consequences. If I choose to opt out of this needs assessment, the data collected up to that point will be destroyed to protect my privacy and anonymity unless I give permission to keep it.

**Acceptance:** I agree to participate in this needs assessment conducted by Marie-Pierre Daigle, Marie-Pier Vandette, and Shawn Sanders and supervised by Dr. Tim Aubry.

Please check the box below if you agree to participate in this needs assessment.

If you have questions about this survey, please contact Marie-Pierre Daigle:

Marie-Pierre Daigle, B.A.
Co-Chair of the ad hoc Mental Health Committee
PhD student, clinical psychology
University of Ottawa
613-562-5800, ext. 4471
mdaig090@uottawa.ca

☐ I consent to participate in this study (1)

---

End of Block: CONSENTEMENT

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Start of Block: RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS - SASS counselling ind

Instructions The following questions pertain to mental health services and resources available to University of Ottawa graduate students. Please indicate whether you know this resource and whether you would consider using it if you were seeking mental health services. Please select the option that best applies to you.
R1_1 Individual counselling services from the Student Academic Success Services (SASS)

- I know this resource and I would consider using it (6)
- I know this resource and I would not consider using it (5)
- I have already used this resource and I would consider using it again (4)
- I have already used this resource and I would not consider using it again (3)
- I don’t know this resource, but I would be interested in knowing more about it (2)
- I don’t know this resource and I would not be interested in knowing more about it (1)
- This resource does not apply to me (N/A) (0)

Display This Question:
If Services de counselling individuel du Services d’appui au succès scolaire (SASS) = J’ai déjà utilisé cette ressource et je considérerais l’utiliser à nouveau

Or Services de counselling individuel du Services d’appui au succès scolaire (SASS) = J’ai déjà utilisé cette ressource et je ne considérerais pas l’utiliser à nouveau

R1_2 Please indicate your level of satisfaction with the services you have received.

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)
- I don’t know (6)
R1_3 Please comment on your experience using those services (what you liked or did not like):

________________________________________________________________

R1_4 Please indicate why you would not consider using this resource:

________________________________________________________________

R1_5 Please indicate why you would not like to find out more about this resource:

________________________________________________________________

End of Block: RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS - SASS counselling ind

Start of Block: RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS - SSUO Counselling ind.
R2_1 Individual counselling services from the University of Ottawa's Health Services Family Health Team

- I know this resource and I would consider using it (6)
- I know this resource and I would not consider using it (5)
- I have already used this resource and I would consider using it again (4)
- I have already used this resource and I would not consider using it again (3)
- I don’t know this resource, but I would be interested in knowing more about it (2)
- I don’t know this resource and I would not be interested in knowing more about it (1)
- This resource does not apply to me (N/A) (0)

Display This Question:

If Services de counselling individuel de l’Équipe de santé familiale des Services de santé de l’Univ... = J’ai déjà utilisé cette ressource et je considérerais l’utiliser à nouveau

Or Services de counselling individuel de l’Équipe de santé familiale des Services de santé de l’Univ... = J’ai déjà utilisé cette ressource et je ne considérerais pas l’utiliser à nouveau

R2_2 Please indicate your level of satisfaction with the services you have received.

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)
- I don’t know (6)
R2_3 Please comment on your experience using those services (what you liked or did not like):

________________________________________________________________

R2_4 Please indicate why you would not consider using this resource:

________________________________________________________________

R2_5 Please indicate why you would not like to find out more about this resource:

________________________________________________________________
R3_1 Individual counselling services from the Student Support Program (SSP) by Morneau Shepell, financed by the Graduate Student Association (GSAÉD)

- I know this resource and I would consider using it (6)
- I know this resource and I would not consider using it (5)
- I have already used this resource and I would consider using it again (4)
- I have already used this resource and I would not consider using it again (3)
- I don’t know this resource, but I would be interested in knowing more about it (2)
- I don’t know this resource and I would not be interested in knowing more about it (1)
- This resource does not apply to me (N/A) (0)

Display This Question:

If Services de counselling individuel du Programme de soutien aux étudiant(e)s (PSE) de Morneau Shep... = J'ai déjà utilisé cette ressource et je considérerais l'utiliser à nouveau

Or Services de counselling individuel du Programme de soutien aux étudiant(e)s (PSE) de Morneau Shep... = J'ai déjà utilisé cette ressource et je ne considérais pas l'utiliser à nouveau

R3_2 Please indicate your level of satisfaction with the services you have received.

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)
- I don't know (6)
If Services de counselling individuel du Programme de soutien aux étudiant(e)s (PSE) de Morneau Shep... = J'ai déjà utilisé cette ressource et je considérerai l'utiliser à nouveau

Or Services de counselling individuel du Programme de soutien aux étudiant(e)s (PSE) de Morneau Shep... = J'ai déjà utilisé cette ressource et je ne considérerai pas l'utiliser à nouveau

R3_3 Please comment on your experience using those services (what you liked or did not like):

________________________________________________________________________

Display This Question:

If Services de counselling individuel du Programme de soutien aux étudiant(e)s (PSE) de Morneau Shep... = Je connais cette ressource, mais je ne considérerai pas l'utiliser

R3_4 Please indicate why you would not consider using this resource:

________________________________________________________________________

Display This Question:

If Services de counselling individuel du Programme de soutien aux étudiant(e)s (PSE) de Morneau Shep... = Je ne connais pas cette ressource et je n'aimerais pas en savoir plus

R3_5 Please indicate why you would not like to find out more about this resource:

________________________________________________________________________
R4_1 Individual counselling services from the Centre for Psychological Services and Research (CPSR)

- I know this resource and I would consider using it (6)
- I know this resource and I would not consider using it (5)
- I have already used this resource and I would consider using it again (4)
- I have already used this resource and I would not consider using it again (3)
- I don’t know this resource, but I would be interested in knowing more about it (2)
- I don’t know this resource and I would not be interested in knowing more about it (1)
- This resource does not apply to me (N/A) (0)

Display This Question:

If Services de counselling individuel du Centre de la recherche et des services psychologiques (CRSP) = J’ai déjà utilisé cette ressource et je considérerais l’utiliser à nouveau

Or Services de counselling individuel du Centre de la recherche et des services psychologiques (CRSP) = J’ai déjà utilisé cette ressource et je ne considérerai pas l’utiliser à nouveau

R4_2 Please indicate your level of satisfaction with the services you have received.

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)
- I don't know (6)
Display This Question:

If Services de counselling individuel du Centre de la recherche et des services psychologiques (CRSP) = J'ai déjà utilisé cette ressource et je considèrerai l'utiliser à nouveau

Or Services de counselling individuel du Centre de la recherche et des services psychologiques (CRSP) = J'ai déjà utilisé cette ressource et je ne considèrerai pas l'utiliser à nouveau

R4_3 Please comment on your experience using those services (what you liked or did not like):

________________________________________________________________

Display This Question:

If Services de counselling individuel du Centre de la recherche et des services psychologiques (CRSP) = Je connais cette ressource, mais je ne considèrerai pas l'utiliser

R4_4 Please indicate why you would not consider using this resource:

________________________________________________________________

Display This Question:

If Services de counselling individuel du Centre de la recherche et des services psychologiques (CRSP) = Je ne connais pas cette ressource et je n'aimerais pas en savoir plus

R4_5 Please indicate why you would not like to find out more about this resource:

________________________________________________________________

End of Block: RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS - CRSP Counselling ind.

Start of Block: RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS - SASS Groupes de soutien
R5_1 SASS support groups (e.g., mindfulness, resilience, LGBT2SQ, international students, art therapy, romantic relationships/sexuality)

- I know this resource and I would consider using it (6)
- I know this resource and I would not consider using it (5)
- I have already used this resource and I would consider using it again (4)
- I have already used this resource and I would not consider using it again (3)
- I don’t know this resource, but I would be interested in knowing more about it (2)
- I don’t know this resource and I would not be interested in knowing more about it (1)
- This resource does not apply to me (N/A) (0)

Display This Question:
If Groupes de soutien du SASS (p. ex., pleine conscience, résilience, LGBT2SQ, étudiant(e)s internat... = J’ai déjà utilisé cette ressource et je considérerais l’utiliser à nouveau
Or Groupes de soutien du SASS (p. ex., pleine conscience, résilience, LGBT2SQ, étudiant(e)s internat... = J’ai déjà utilisé cette ressource et je ne considérerais pas l’utiliser à nouveau

R5_2 Please indicate your level of satisfaction with the services you have received.

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)
- I don’t know (6)
R5_3 Please comment on your experience using those services (what you liked or did not like):

_____________________________________________________________________

R5_4 Please indicate why you would not consider using this resource:

_____________________________________________________________________

R5_5 Please indicate why you would not like to find out more about this resource:

_____________________________________________________________________

End of Block: RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS - SASS Groupes de soutien

Start of Block: RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS - Santé mentale et mieux-être uOttawa (en ligne)
R6_1 uOttawa’s Mental Health and Well-Being (online resource)

- I know this resource and I would consider using it (6)
- I know this resource and I would not consider using it (5)
- I have already used this resource and I would consider using it again (4)
- I have already used this resource and I would not consider using it again (3)
- I don’t know this resource, but I would be interested in knowing more about it (2)
- I don’t know this resource and I would not be interested in knowing more about it (1)
- This resource does not apply to me (N/A) (0)

Display This Question:

If Santé mentale et mieux-être uOttawa (en ligne) = J’ai déjà utilisé cette ressource et je considérerais l’utiliser à nouveau

Or Santé mentale et mieux-être uOttawa (en ligne) = J’ai déjà utilisé cette ressource et je ne considérerais pas l’utiliser à nouveau

R6_2 Please indicate your level of satisfaction with the services you have received.

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)
- I don’t know (6)
R6_3 Please comment on your experience using those services (what you liked or did not like):
________________________________________________________________

Display This Question:
If Santé mentale et mieux-être uOttawa (en ligne) = J'ai déjà utilisé cette ressource et je considérerais l'utiliser à nouveau
Or Santé mentale et mieux-être uOttawa (en ligne) = J'ai déjà utilisé cette ressource et je ne considérerais pas l'utiliser à nouveau

R6_4 Please indicate why you would not consider using this resource:
________________________________________________________________

Display This Question:
If Santé mentale et mieux-être uOttawa (en ligne) = Je connais cette ressource, mais je ne considérerais pas l'utiliser

R6_5 Please indicate why you would not like to find out more about this resource:
________________________________________________________________

Display This Question:
If Santé mentale et mieux-être uOttawa (en ligne) = Je ne connais pas cette ressource et je n'aimerais pas en savoir plus
R7_1 SASS Therapy Assistance Online (TAO)

- I know this resource and I would consider using it (6)
- I know this resource and I would not consider using it (5)
- I have already used this resource and I would consider using it again (4)
- I have already used this resource and I would not consider using it again (3)
- I don’t know this resource, but I would be interested in knowing more about it (2)
- I don’t know this resource and I would not be interested in knowing more about it (1)
- This resource does not apply to me (N/A) (0)

Display This Question:

- If Service de thérapie en ligne (TAO) du SASS = J’ai déjà utilisé cette ressource et je considérerais l’utiliser à nouveau
- Or Service de thérapie en ligne (TAO) du SASS = J’ai déjà utilisé cette ressource et je ne considérerais pas l’utiliser à nouveau

R7_2 Please indicate your level of satisfaction with the services you have received.

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)
- I don’t know (6)
R7_3 Please comment on your experience using those services (what you liked or did not like):
________________________________________________________________________
________________________________________________________________________

R7_4 Please indicate why you would not consider using this resource:
________________________________________________________________________

R7_5 Please indicate why you would not like to find out more about this resource:
________________________________________________________________________
R8_1 Peer support offered by the Peer Help Centre of the Student Federation of the University of Ottawa (SFUO)

- I know this resource and I would consider using it (6)
- I know this resource and I would not consider using it (5)
- I have already used this resource and I would consider using it again (4)
- I have already used this resource and I would not consider using it again (3)
- I don’t know this resource, but I would be interested in knowing more about it (2)
- I don’t know this resource and I would not be interested in knowing more about it (1)
- This resource does not apply to me (N/A) (0)

Display This Question:
If Consultation par les pairs du Centre d’entraide de la Fédération des Étudiant(e)s de l’Université... = J’ai déjà utilisé cette ressource et je considérerais l’utiliser à nouveau
Or Consultation par les pairs du Centre d’entraide de la Fédération des Étudiant(e)s de l’Université... = J’ai déjà utilisé cette ressource et je ne considérerais pas l’utiliser à nouveau

R8_2 Please indicate your level of satisfaction with the services you have received.

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)
- I don’t know (6)
R8_3 Please comment on your experience using those services (what you liked or did not like):

__________________________________________________________________________

R8_4 Please indicate why you would not consider using this resource:

__________________________________________________________________________

R8_5 Please indicate why you would not like to find out more about this resource:

__________________________________________________________________________
R9_1 Peer support offered by SFUO's Pride Centre

- I know this resource and I would consider using it (6)
- I know this resource and I would not consider using it (5)
- I have already used this resource and I would consider using it again (4)
- I have already used this resource and I would not consider using it again (3)
- I don’t know this resource, but I would be interested in knowing more about it (2)
- I don’t know this resource and I would not be interested in knowing more about it (1)
- This resource does not apply to me (N/A) (0)

Display This Question:
If Consultation par les pairs du Centre de la fierté de la FÉUO = J’ai déjà utilisé cette ressource et je considérerais l’utiliser à nouveau
Or Consultation par les pairs du Centre de la fierté de la FÉUO = J’ai déjà utilisé cette ressource et je ne considérerais pas l’utiliser à nouveau

R9_2 Please indicate your level of satisfaction with the services you have received.

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)
- I don't know (6)
R9_3 Please comment on your experience using those services (what you liked or did not like):

_________________________________________________________________

R9_4 Please indicate why you would not consider using this resource:

_________________________________________________________________

R9_5 Please indicate why you would not like to find out more about this resource:

_________________________________________________________________
R10_1 Peer support offered by the SFUO's Women's Resource Centre

- I know this resource and I would consider using it (79)
- I know this resource and I would not consider using it (103)
- I have already used this resource and I would consider using it again (106)
- I have already used this resource and I would not consider using it again (111)
- I don’t know this resource, but I would be interested in knowing more about it (108)
- I don’t know this resource and I would not be interested in knowing more about it (109)
- This resource does not apply to me (N/A) (102)

Display This Question:
If Consultation par les pairs du Centre de ressources pour les femmes de la FÉUO = J'ai déjà utilisé cette ressource et je considérerais l'utiliser à nouveau
Or Consultation par les pairs du Centre de ressources pour les femmes de la FÉUO = J'ai déjà utilisé cette ressource et je ne considérerais pas l'utiliser à nouveau

R10_2 Please indicate your level of satisfaction with the services you have received.

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)
- I don't know (6)
Display This Question:
If Consultation par les pairs du Centre de ressources pour les femmes de la FÉUO = J'ai déjà utilisé cette ressource et je considérerai l'utiliser à nouveau
Or Consultation par les pairs du Centre de ressources pour les femmes de la FÉUO = J'ai déjà utilisé cette ressource et je ne considérerai pas l'utiliser à nouveau

R10_3 Please comment on your experience using those services (what you liked or did not like):
________________________________________________________________

Display This Question:
If Consultation par les pairs du Centre de ressources pour les femmes de la FÉUO = Je connais cette ressource,
mais je ne considérerai pas l'utiliser

R10_4 Please indicate why you would not consider using this resource:
________________________________________________________________

Display This Question:
If Consultation par les pairs du Centre de ressources pour les femmes de la FÉUO = Je ne connais pas cette ressource et je n'aimerais pas en savoir plus

R10_5 Please indicate why you would not like to find out more about this resource:
________________________________________________________________

End of Block: RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS – FEMMES

Start of Block: RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS – Incapacité
R11_1 Peer support offered by the SFUO's Centre for students with disabilities

- I know this resource and I would consider using it (6)
- I know this resource and I would not consider using it (5)
- I have already used this resource and I would consider using it again (4)
- I have already used this resource and I would not consider using it again (3)
- I don’t know this resource, but I would be interested in knowing more about it (2)
- I don’t know this resource and I would not be interested in knowing more about it (1)
- This resource does not apply to me (N/A) (0)

R11_2 Please indicate your level of satisfaction with the services you have received.

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)
- I don't know (6)
R11_3 Please comment on your experience using those services (what you liked or did not like):

________________________________________________________________

R11_4 Please indicate why you would not consider using this resource:

________________________________________________________________

R11_5 Please indicate why you would not like to find out more about this resource:

________________________________________________________________
R12_1 Good2Talk help line

- I know this resource and I would consider using it (6)
- I know this resource and I would not consider using it (5)
- I have already used this resource and I would consider using it again (4)
- I have already used this resource and I would not consider using it again (3)
- I don’t know this resource, but I would be interested in knowing more about it (2)
- I don't know this resource and I would not be interested in knowing more about it (1)
- This resource does not apply to me (N/A) (0)

Display This Question:
If Ligne de crise Allô j’écoute = J’ai déjà utilisé cette ressource et je considérerais l’utiliser à nouveau
Or Ligne de crise Allô j’écoute = J’ai déjà utilisé cette ressource et je ne considérerais pas l’utiliser à nouveau

R12_2 Please indicate your level of satisfaction with the services you have received.

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)
- I don't know (6)
R12_3 Please comment on your experience using those services (what you liked or did not like):

____________________________________________

R12_4 Please indicate why you would not consider using this resource:

________________________________________________________________

R12_5 Please indicate why you would not like to find out more about this resource:

________________________________________________________________
R13.1 Coverage for services with a psychologist ($35/session up to a maximum of $400)
with Greenshield Canada Insurance

- I know this resource and I would consider using it (6)
- I know this resource and I would not consider using it (5)
- I have already used this resource and I would consider using it again (4)
- I have already used this resource and I would not consider using it again (3)
- I don’t know this resource, but I would be interested in knowing more about it (2)
- I don’t know this resource and I would not be interested in knowing more about it (1)
- This resource does not apply to me (N/A) (0)

Display This Question:
If Couverture pour services avec un(e) psychologue (35$/session jusqu’à un maximum de 400$ - autres... = J’ai déjà utilisé cette ressource et je considérerais l’utiliser à nouveau

Or Couverture pour services avec un(e) psychologue (35$/session jusqu’à un maximum de 400$ - autres... = J’ai déjà utilisé cette ressource et je ne considérerais pas l’utiliser à nouveau

R13.2 Please indicate your level of satisfaction with the services you have received.

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)
- I don’t know (6)
R13_3 Please comment on your experience using those services (what you liked or did not like):

_______________________________________

R13_4 Please indicate why you would not consider using this resource:

________________________________________________________________

R13_5 Please indicate why you would not like to find out more about this resource:

________________________________________________________________
B_1 Mental health resources currently offered on campus meet my needs.

- Strongly agree (7)
- Agree (6)
- Slightly agree (5)
- Neither agree nor disagree (4)
- Slightly disagree (3)
- Disagree (2)
- Strongly disagree (1)
- Not applicable (N/A) (8)
- I prefer not to answer (9)
A mental health service can have many characteristics. Please read each of the characteristics below and indicate how important each feature would be to you, if you had to consider using a particular resource.
<table>
<thead>
<tr>
<th></th>
<th>Very important to me (5)</th>
<th>Important to me (4)</th>
<th>Moderately important to me (3)</th>
<th>Not very important to me (2)</th>
<th>Not at all important to me (1)</th>
<th>Not applicable to me (N/A) (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-affiliated with the School of Psychology (Car_1)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Services offered at a low/reduced cost (Car_2)</td>
<td>☐</td>
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<tr>
<td>Located close to your home or workplace (Car_3)</td>
<td>☐</td>
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<tr>
<td>Located far from your workplace (Car_4)</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Service offered in your preferred official language (Car_5)</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Characteristic</td>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>Quick access to services (Car_6)</td>
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<tr>
<td>Option of services for 12+ sessions (Car_7)</td>
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<tr>
<td>Services being offered by a clinical psychologist (Car_8)</td>
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<tr>
<td>Evidence-based services (Car_9)</td>
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<tr>
<td>Services available during evenings and weekends (Car_10)</td>
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</tbody>
</table>

**CA_2** Are there any other characteristics that you think are important or very important?

---

End of Block: LES CARACTÉRISTIQUES IMPORTANTES D’UNE RESSOURCE EN SANTÉ MENTALE
Instructions Read the following statements and indicate how much you agree with each of them.

A_1 Mental health resources currently offered on campus could be improved to better meet the needs of graduate students in psychology.

- Strongly agree (7)
- Agree (6)
- Slightly agree (5)
- Neither agree nor disagree (4)
- Slightly disagree (3)
- Disagree (2)
- Strongly disagree (1)
- Not applicable (N/A) (8)
- I prefer not to answer (9)

A_2 Please indicate how those resources could be improved:

________________________________________________________________
N_1 There is a need for the creation of additional mental health services for graduate students in psychology.

- Strongly agree (7)
- Agree (6)
- Slightly agree (5)
- Neither agree nor disagree (4)
- Slightly disagree (3)
- Disagree (2)
- Strongly disagree (1)
- Not applicable (N/A) (8)
- I prefer not to answer (9)

N_2 Please identify any additional mental health services that you believe should be created to better respond to your needs:

________________________________________________________________________

Page Break
S_1 Thinking about the past two weeks, please indicate the amount of stress you have experienced from each of the following items. If an item does not apply to you, please select the “Not Applicable (N/A)” option.
<table>
<thead>
<tr>
<th>Source of Stress</th>
<th>Very high (5)</th>
<th>High (4)</th>
<th>Moderate (3)</th>
<th>Low (2)</th>
<th>Very low (1)</th>
<th>Not applicable (N/A) (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses (Stress_1)</td>
<td></td>
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<tr>
<td>Thesis (Stress_2)</td>
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<td>Teaching/Research assistantships (Stress_3)</td>
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<td>Your thesis supervisor (Stress_4)</td>
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<td>CPSR clinical supervisor(s) (Stress_5)</td>
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<td>External clinical supervisor(s) (Stress_6)</td>
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<td>Your colleagues in the program (Stress_7)</td>
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<tr>
<td>Pressure for research productivity (e.g., publications) (Stress_8)</td>
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<td>Work overload (Stress_9)</td>
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<tr>
<td>Topic</td>
<td>Stress Level</td>
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<tr>
<td>Career opportunities after your PhD</td>
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<td>Learning difficulties</td>
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<td>Second language program requirements</td>
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<tr>
<td>Internal clinical practica (CPSR)</td>
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<td>External clinical practica</td>
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<td>Systemic oppression on campus (e.g., racism, sexism, homophobia, biphobia, transphobia, ableism)</td>
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<td>Stress _16</td>
<td>Stress _17</td>
<td>Stress _18</td>
<td>Stress _19</td>
<td>Stress _20</td>
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<td>Stress _22</td>
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<td>Systemic oppression off campus (e.g., racism, sexism, homophobia, biphobia, transphobia, ableism)</td>
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<td>Your financial situation</td>
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<td>Work-life balance</td>
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<td>Isolation</td>
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<td>Friends</td>
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<td>Romantic relationships</td>
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<td>Dependents (e.g., children, family members)</td>
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<tr>
<td>Family</td>
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<td>Your physical health</td>
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<tr>
<td>Your mental health</td>
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</tbody>
</table>
End of Block: FACTEURS DE STRESS – DEUX DERNIÈRES SEMAINES

Start of Block: FACTEURS DE STRESS – GÉNÉRAL
S_2 Thinking about your overall experience in the program, please indicate the amount of stress you have experienced from each of the following items. If an item does not apply to you, please select the “Not Applicable (N/A)” option.
<table>
<thead>
<tr>
<th></th>
<th>Very high (5)</th>
<th>High (4)</th>
<th>Moderate (3)</th>
<th>Low (2)</th>
<th>Very low (1)</th>
<th>Not applicable (N/A) (6)</th>
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<tr>
<td>Thesis (Stress_27)</td>
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<tr>
<td>Teaching/Research assistantships (Stress_28)</td>
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<tr>
<td>Your thesis supervisor (Stress_29)</td>
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<tr>
<td>CPSR clinical supervisor(s) (Stress_30)</td>
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<tr>
<td>External clinical supervisor(s) (Stress_31)</td>
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<td>Your colleagues in the program (Stress_32)</td>
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<tr>
<td>Pressure for research productivity (e.g., publications) (Stress_33)</td>
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<tr>
<td>Work overload (Stress_34)</td>
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</tbody>
</table>
Career opportunities after your PhD (Stress_35)

Learning difficulties (Stress_36)

Second language program requirements (Stress_37)

Internal clinical practica (CPSR) (Stress_38)

External clinical practica (Stress_39)

Systemic oppression on campus (e.g., racism, sexism, homophobia, biphobia, transphobia, ableism) (Stress_40)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Stress Level</th>
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</thead>
<tbody>
<tr>
<td>Systemic oppression off campus (e.g., racism, sexism, homophobia, biphobia, transphobia, ableism) (Stress_41)</td>
<td></td>
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<tr>
<td>Your financial situation (Stress_42)</td>
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<tr>
<td>Work-life balance (Stress_43)</td>
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<tr>
<td>Isolation (Stress_44)</td>
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<tr>
<td>Friends (Stress_45)</td>
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<tr>
<td>Romantic relationships (Stress_46)</td>
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<tr>
<td>Dependents (e.g., children, family members) (Stress_47)</td>
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<tr>
<td>Family (Stress_48)</td>
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<tr>
<td>Your physical health (Stress_49)</td>
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<tr>
<td>Your mental health (Stress_50)</td>
<td></td>
</tr>
</tbody>
</table>
End of Block: FACTEURS DE STRESS – GÉNÉRAL

Start of Block: SOUTIEN SUPERVISEUR(E) & EMPLOYÉ(E)S
**SOU_1** If you were experiencing a difficult situation in your life, how comfortable would you be about approaching the following people for support?

<table>
<thead>
<tr>
<th></th>
<th>Very comfortable (5)</th>
<th>A little comfortable (4)</th>
<th>Not comfortable nor uncomfortable (3)</th>
<th>A little uncomfortable (2)</th>
<th>Very uncomfortable (1)</th>
<th>Not applicable (N/A) (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your thesis supervisor (SOU_1)</td>
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<tr>
<td>Your clinical supervisor (SOU_2)</td>
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<tr>
<td>A member of the faculty (SOU_3)</td>
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<tr>
<td>A staff member of the School of Psychology (SOU_4)</td>
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</tbody>
</table>

**SOU_2** Please name any *obstacles* that would stand in your way of approaching those people for support:

________________________________________________________________
SOU_3 What could the School of Psychology do to increase your level of comfort in approaching these people for support?

End of Block: SOUTIEN SUPERVISEUR(E) & EMPLOYÉ(E)S

Start of Block: OBSTACLES LIÉS À L’UTILISATION DE RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS
If you believed that accessing a mental health resource could be helpful for you, what **barriers** could get in your way and prevent you from using it? Select all that apply.

- [ ] There are no suitable services (1)
- [ ] The services are too expensive (2)
- [ ] I am concerned about stigma (3)
- [ ] Services are not offered in the language of my choice (4)
- [ ] I prefer not to use services affiliated to the School of Psychology (5)
- [ ] I feel like I should be able to deal with my issues on my own (6)
- [ ] I don’t have time (7)
- [ ] I am on a waiting list (8)
- [ ] I would need longer-term services (9)
- [ ] No significant barriers could get in the way for me (10)
- [ ] I prefer not to answer (11)
- [ ] Other (12) ________________________________________________
CONS_1 What are your thoughts about hiring a SASS counsellor that would offer specialized services for graduate students?

End of Block: CONSEILLER(E) SASS

Start of Block: SOCIODÉMO

SD_1 Please note that the following sociodemographic information will only be used for analysis purposes when 10 data points or more are collected for a certain category (n = 10).

SD_2 What is your program of study?

- MA-PhD in clinical psychology  (1)
- MA-PhD in experimental psychology  (2)
- I prefer not to answer  (3)
SD_3 In what year of the program are you?

- First or second (1)
- Third or fourth (2)
- Fifth or greater (3)
- I prefer not to answer (4)

Instructions The way in which people seek out and use mental health resources can vary by gender. We are asking participants to let us know their gender if they are comfortable doing so, in order to determine if similar patterns are at work with psychology graduate students at uOttawa. If you are concerned about being identified on the basis of your gender identity, please select “I prefer not to answer.”
SD_4 With which gender do you identify?

- Woman (8)
- Man (9)
- Two-spirited (1)
- Transgendered woman / Trans woman (2)
- Transgendered man / Trans man (3)
- Gender fluid (4)
- Gender queer (5)
- Gender non binary (6)
- You do not have options that apply to me. I identify myself as: (10)
  ________________________________________________
- I prefer not to answer (11)

End of Block: SOCIODÉMO
Appendix 8: Professor and Administrative Staff Survey

Évaluation des besoins --Professeur(e)s et personnel administratif

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C_1 CONSENT FORM

Assessment of Mental Health Needs of University of Ottawa Graduate Students in Psychology

Marie-Pierre Daigle, B.A.
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School of Psychology
University of Ottawa
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mdaig090@uOttawa.ca

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Shawn Sanders, B.A.
Member of the Mental Health Committee & Working Group
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University of Ottawa
613-562-5800, 4832 Shawn.Sanders@uOttawa.ca

Tim Aubry, PhD.
Member of the ad hoc Mental Health Committee and supervisor of the needs assessment
Centre for Research on Educational and Community Services & School of Psychology
University of Ottawa
613-562-5800, 4815
Tim.Aubry@uOttawa.ca
Invitation to participate: You are invited to participate in a needs assessment conducted by Marie-Pierre Daigle, Marie-Pier Vandette, and Shawn Sanders, and supervised by Dr. Tim Aubry. The needs assessment is part of the work of the ad hoc Mental Health Committee, composed of students and professors, and that has been created in the School of Psychology in response to the tragic passing of Andy Cameron. In addition to this survey tailored for professors and administrative staff, students have also be invited to complete a survey as part of this needs assessment.

Purpose of the needs assessment: The main objective of this assessment is to identify the mental health needs of psychology graduate students at the University of Ottawa, and to determine whether the mental health services that are accessible to them meet those needs.

Participation: My participation will consist of answering a survey questionnaire on Qualtrics. This questionnaire will take approximately 10 to 20 minutes to complete.

Benefits: My participation in this needs assessment will give me the opportunity to share my knowledge and opinions about the mental health needs and the barriers psychology graduate students face when seeking services. The information collected through this needs assessment will be used to improve the mental health services available to psychology graduate students.

Risks: Since this questionnaire solicits information about stress factors faced by psychology graduate students in different areas of life (work, school, relationships), some questions are of a more sensitive nature and produce some discomfort.

Confidentiality and anonymity: The information I will share in responding this questionnaire will remain anonymous and confidential. No information revealing my identity will be disclosed or published. The data collection will be completely anonymous and only data regarding professors' primary affiliation to the clinical or experimental program will be collected. Only student members of the Mental Health Working Group (Marie-Pierre Daigle, Marie-Pier Vandette, and Shawn Sanders) will have access to the data. To increase anonymity, the software programs for the online survey will not collect the IP addresses of the participants. The online survey software, Qualtrics, stores its data on a server in Canada. Your anonymous responses will therefore be stored in Canada, where it will be subject to Canadian laws. Once the data is downloaded from Qualtrics we will delete it from their server. The security and privacy policy of the company web-survey can be found at the following address: http://www.qualtrics.com/security-statement/

Security of collected data: Names of participants will not be collected and therefore will not appear in any report resulting from this evaluation. To protect your privacy, all information you provide will be transferred to a secure computer server (i.e., encrypted USB key). The survey data will be exported and saved in a password-protected document and stored on a single password-protected computer located at the Community and Educational Services Research Center (CRECS). All data will be destroyed three years after the completion of the survey. When reporting the results, data will be shared only as anonymous aggregates (e.g., averages, frequencies). The results will be shared in a final report prepared
by the Mental Health Working Group and reviewed by the Mental Health Committee. This report will be made public and the data may be used for publication purposes. To do so, the approval of the ethics board will be requested for the use of secondary data.

**Voluntary participation:** My participation in the research is voluntary and I am free to withdraw at any time, and/or refuse to answer certain questions, without suffering any negative consequences. If I choose to opt out of this needs assessment, the data collected up to that point will be destroyed to protect my privacy and anonymity unless I give permission to keep it.

**Acceptance:** I agree to participate in this needs assessment conducted by Marie-Pierre Daigle, Marie-Pier Vandette, and Shawn Sanders and supervised by Dr. Tim Aubry.

Please check this box if you agree to participate in this needs assessment.

If you have questions about this survey, please contact Marie-Pier Vandette:

Marie-Pier Vandette  
Co-Chair of the ad hoc Mental Health Committee  
Intern, Centre for Research on  
Educational and Community Services  
University of Ottawa  
613-562-5800, 4807  
mvand081@uottawa.ca

☐ I consent to participate in this study (1)

---

**Start of Block: Professeur versus membre du personnel administratif**

SD_1 Are you a professor or a member of the administrative staff?

☐ Professor (1)

☐ Member of administrative staff (2)

---

**Start of Block: RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS**
Below you will find a list of mental health services and resources available to students on campus. For each resource, please indicate whether you were aware of it and whether you would consider recommending it to a student. Select the option that best applies to you.
<table>
<thead>
<tr>
<th>Resource</th>
<th>I know it exists and I would consider recommending it (5)</th>
<th>I know it exists and I would not consider recommending it (4)</th>
<th>I do not know this resource and I am not interested in learning more about it (3)</th>
<th>I do not know this resource and I am interested in learning more about it (2)</th>
<th>Not applicable (N/A) (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual counselling services from the Student Academic Success Services (SASS) (Ress_1)</td>
<td></td>
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<tr>
<td>Individual counselling services from uOttawa’s Health Services Family Health Team (Ress_2)</td>
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<tr>
<td>Individual counselling services from the Student Support Program (SSP) by Morneau Shepell (through the Graduate Student Association, GSAÉD) (Ress_3)</td>
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<tr>
<td>Individual counselling services from the Centre for Psychological Services and Research (CPSR) (Ress_4)</td>
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<tr>
<td>SASS support groups (e.g., mindfulness, resilience, LGBT2SQ, international students, art therapy, romantic relationships/sexuality) (Ress_5)</td>
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<tr>
<td>&quot;uOttawa’s Mental Health and Wellness&quot; psychoeducational resources website (Ress_6)</td>
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<tr>
<td>SASS Therapy Assistance Online (TAO) (Ress_7)</td>
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<tr>
<td>Peer support from the Peer Help Centre (Student Federation of the University of Ottawa, SFUO) (Ress_8)</td>
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<tr>
<td>Peer support from the SFUO's Pride Centre (Ress_9)</td>
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<tr>
<td>Peer support from the SFUO's Women's Resource Centre (Ress_10)</td>
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<tr>
<td>Peer support from the SFUO's Disability Centre (Ress_11)</td>
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</tbody>
</table>
Good2Talk help line (Ress_12)

Coverage for services with a psychologist ($35/session up to a maximum of $400 – all practitioners combined) with Greenshield Canada Insurance (R_1_97)

R_2 Are there other services available for graduate students in psychology that you would recommend?

End of Block: RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS

Start of Block: LES SERVICES ACTUELS EN SANTÉ MENTALE ET LES BESOINS DES ÉTUDIANT(E)S
B_1 Please read the following statement and indicate how much you agree with it:
"The mental health resources currently available on campus meet the needs of psychology graduate students."

- Totally agree (7)
- Agree (6)
- Somewhat agree (5)
- Neither agree nor disagree (4)
- Somewhat disagree (3)
- Disagree (2)
- Totally disagree (1)
- I don't know (8)
- I prefer not to answer (9)
A mental health service can have many characteristics. Please read each of the characteristics below and indicate how important you believe each would be for psychology graduate students.
<table>
<thead>
<tr>
<th></th>
<th>Very important for students (5)</th>
<th>Important for students (4)</th>
<th>Somewhat important for students (3)</th>
<th>Not very important for students (2)</th>
<th>Not at all important for students (1)</th>
<th>Not applicable to students (N/A) (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-affiliated with the School of Psychology (Car_1)</td>
<td>🟠</td>
<td>🟠</td>
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<tr>
<td>Services offered at a low/reduced cost (Car_2)</td>
<td>🟠</td>
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<tr>
<td>Located close to their home or workplace (Car_3)</td>
<td>🟠</td>
<td>🟠</td>
<td>🟠</td>
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<tr>
<td>Services offered in the student's preferred official language (Car_5)</td>
<td>🟠</td>
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<tr>
<td>Quick access to services (Car_6)</td>
<td>🟠</td>
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<td>Option of long term services (Car_7)</td>
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<tr>
<td>Services offered by a clinical psychologist (Car_8)</td>
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<tr>
<td>Evidence-based services (Car_9)</td>
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<tr>
<td>Services available during evenings and weekends (Car_10)</td>
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</tbody>
</table>

CA_2 Are there any other characteristics that you think are important or very important to graduate students in psychology?

End of Block: LES CARACTÉRISTIQUES IMPORTANTES D’UNE RESSOURCE EN SANTÉ MENTALE

Start of Block: BESOIN POUR DE NOUVELLES RESSOURCES EN SANTÉ MENTALE
Instructions Read the following statements and indicate how much you agree with each of them.

A_1 Mental health resources currently offered on campus could be improved to better meet the needs of graduate students in psychology.

- Strongly agree (7)
- Agree (6)
- Slightly agree (5)
- Neither agree nor disagree (4)
- Slightly disagree (3)
- Disagree (2)
- Strongly disagree (1)
- I don't know (8)
- I prefer not to answer (9)

A_2 Please indicate how those resources could be improved:

__________________________________________________________________

Page Break
N_1 There is a need for the creation of additional mental health services for graduate students in psychology.

- Strongly agree (7)
- Agree (6)
- Slightly agree (5)
- Neither agree nor disagree (4)
- Slightly disagree (3)
- Disagree (2)
- Strongly disagree (1)
- I don't know (8)
- I prefer not to answer (9)

N_2 Please identify any additional mental health services that you believe should be created to better respond to the needs of graduate students in psychology:
S_1 Thinking about students' overall experience in the program, please indicate the amount of stress you believe students have experienced from each of the following items. If you do not believe an item applies to students in the program, please select the “Not Applicable (N/A)” option.
<table>
<thead>
<tr>
<th>Item</th>
<th>Very high (5)</th>
<th>High (4)</th>
<th>Moderate (3)</th>
<th>Low (2)</th>
<th>Very low (1)</th>
<th>Not applicable (N/A) (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses (Stress_1)</td>
<td></td>
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<td>Thesis (Stress_2)</td>
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<td>Teaching/Research assistantships (Stress_3)</td>
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<td>Thesis supervisor (Stress_4)</td>
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<td>CPSR clinical supervisor(s) (Stress_5)</td>
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<td>External clinical supervisor(s) (Stress_6)</td>
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<td>Students' colleagues in the program (Stress_7)</td>
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<td>Pressure for research productivity (e.g., publications) (Stress_8)</td>
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<td>Work overload (Stress_9)</td>
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<td>Stress 10</td>
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<td>Stress 14</td>
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<td>Career opportunities after their PhD</td>
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<td>Learning difficulties</td>
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<td>Second language program requirements</td>
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<td>Internal clinical practica (CPSR)</td>
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<td>External clinical practica</td>
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<td>Systemic oppression on campus (e.g., racism, sexism, homophobia, biphobia, transphobia, ableism)</td>
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<td>Stress Factor</td>
<td>Status</td>
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<td>Systemic oppression off campus (e.g., racism, sexism, homophobia, biphobia, transphobia, ableism)</td>
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<td>Financial situation</td>
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<td>Work-life balance</td>
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<td>Isolation</td>
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<td>Friends</td>
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<td>Romantic relationships</td>
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<td>Dependents (e.g., children, family members)</td>
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<td>Family</td>
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<td>Physical health</td>
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<td>Mental health</td>
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</tbody>
</table>
End of Block: Facteurs de stress

Start of Block: OBSTACLES LIÉS À L’UTILISATION DE RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS
O_1 Why do you think that a student that could benefit from using a mental health service would not use the mental health services available to them? Select all applicable reasons.

☐ There are no suitable services (1)
☐ Services are too expensive (2)
☐ They are concerned about stigma (3)
☐ Services are not offered in the language of their choice (4)
☐ They don't know about available services (5)
☐ They prefer not to use services affiliated with the School of Psychology (6)
☐ They prefer not to use services available on campus (7)
☐ They feel like they should be able to deal with their issues on their own (8)
☐ They don’t have time (9)
☐ They would need longer-term services (10)
☐ They don't know about the services or about how to access them. (11)
☐ I prefer not to answer (12)
☐ Other: _______________________________ (13)

End of Block: OBSTACLES LIÉS À L'UTILISATION DE RESSOURCES EN SANTÉ MENTALE SUR LE CAMPUS

Start of Block: SOLLICITATION D'UN(E) PSYCHOLOGUE COMMUNAUTAIRE
SOL_1 What are your thoughts about hiring a SASS counsellor that would offer specialized services for graduate students?

End of Block: SOLLICITATION D’UN(E) PSYCHOLOGUE COMMUNAUTAIRE

Start of Block: SOUTIEN SUPERVISEUR(E)S EMPLOYÉ(E)S

SOU_1 If it appeared that a student was experiencing a difficult situation in his or her life, how comfortable would you feel about offering your support to him or her?

- Very comfortable (5)
- Slightly comfortable (4)
- Not comfortable nor uncomfortable (3)
- Slightly uncomfortable (2)
- Very uncomfortable (1)
SOU_2 Please name any obstacles that would stand in your way of offering support to a student:
AC_1 Is there anything that the School of Psychology could do to remove any obstacles that limit your level of comfort about offering support to a student?

End of Block: SOUTIEN SUPERVISEUR(E)S EMPLOYÉ(E)S

Start of Block: DONNÉES SOCIODÉMOGRAPHIQUES

Display This Question:
If Êtes-vous un(e) professeur(e) ou un membre du personnel administratif? = Professeur(e)

SD_2 If you serve as a thesis supervisor for graduate students, please indicate the program in which they are registered.

- Clinical psychology (1)
- Experimental psychology (2)
- Both programs (3)
- I prefer not to answer (4)
- Not applicable (5)

Display This Question:
If Êtes-vous un(e) professeur(e) ou un membre du personnel administratif? = Professeur(e)

SD_3 To which graduate program are you primarily affiliated?

- Clinical psychology (1)
- Experimental psychology (2)
Appendix 9 : Données démographiques des étudiant(e)s selon le programme d’étude
Appendix 10 : Données démographiques des étudiant(e)s selon l’année d’étude
Appendix 11: Données démographiques des étudiant(e)s selon le genre

Légende
- Femme 79,9%
- Homme 12,0%
- Je préfère ne pas répondre 3,7%
- Réponse non disponible 3,7%
N = 109
Appendix 12 : Données démographiques sur la répartition des professeur(e)s et des membres du personnel administratif
Appendix 13 : Données démographiques sur le programme d'étude auquel les professeur(e)s sont primordialement affilié(e)s

À quel programme d'études supérieures êtes-vous primordialement affilié ?
- Psychologie clinique
- Psychologie expérimentale
Appendix 14 : Données démographiques sur les superviseur(e)s de thèse et les programmes auxquels sont inscrit(e)s leurs étudiant(e)s

Si vous agissez à titre de superviseur(e) de thèse pour les étudiant(e)s aux cycles supérieurs, veuillez indiquer à quel(s) programme(s) ces étudiant(e)s sont inscrit(e)s.

- MA-PhD en psychologie clinique
- MA-PhD en psychologie expérimentale
- Les deux programmes
- Non applicable