

# how to be mentally ill at McGill

a guide to resources on and around campus &  
general information on managing mental health

# introduction

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The healthcare system is often difficult to navigate, and mental health services are no exception. Institutional barriers coupled with stigma and a societal lack of understanding on *what* mental health care is and *how* it works often prevent individuals from seeking the care they need and deserve. The way around these barriers is often through someone who has already experienced them and found a way around (or through), but a better way would be for *everyone* to have access to this information.

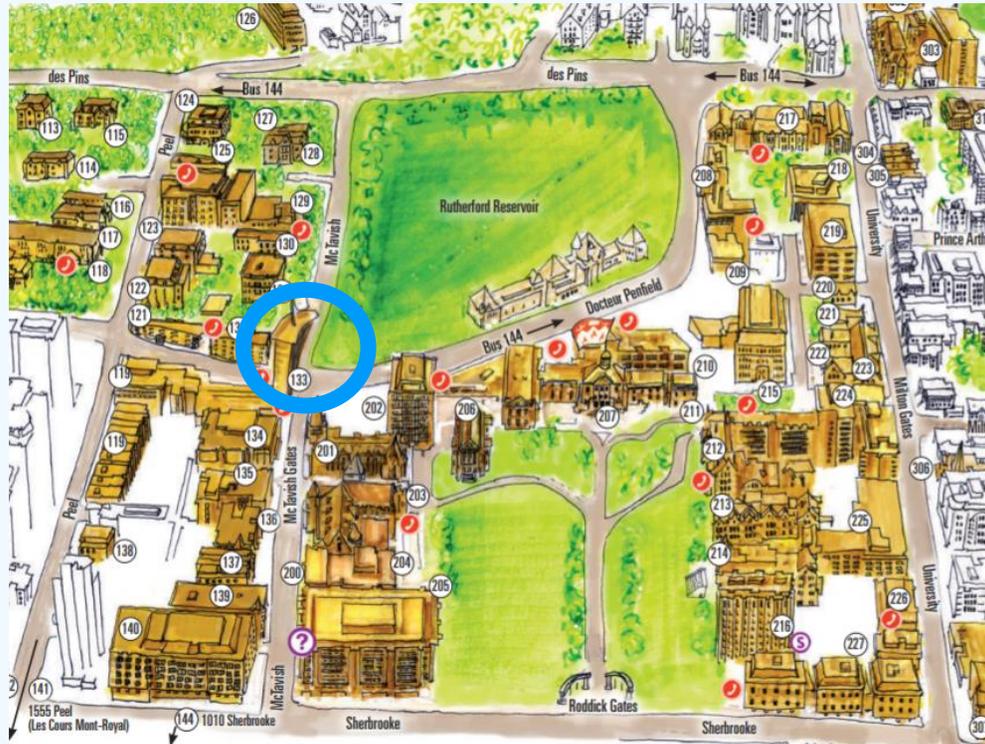
This is what that booklet hopes to be: a compilation not only of the mental healthcare options available at McGill and in Montreal, but of **how to use them**. The goal of this information is to help demystify mental health treatment, understand long-term care, and equip you to navigate road bumps that hopefully won't come up along the way.

You can find information on hospitals, safety appointments, and other emergency services in this booklet, but it is not meant to be used in an emergency. **If you or a loved one are currently experiencing a crisis situation, go to an emergency room, call 9-1-1, or reach out to a hotline.** Suicide Action Montreal (1-866-277-3553) offers 24-7 bilingual active listening and can refer you to local doctors. Other options are the 24-7 National Suicide Prevention Lifeline (1-800-273-TALK) or the McGill student-run listening service Nightline (514-398-6246) in English from 6PM-3AM during the fall and winter semesters.

Note that this booklet is written by engineering students with engineering students in mind. However, almost all the information covered is applicable to all students, so don't let your major stop you! Also, keep in mind this is not written by a healthcare professional, and covers things that are objectively subjective, like experiences with professors. Just because we cover bad experiences doesn't mean you will have one, that everyone has one, or that the validity of our illnesses is contingent on experiencing one. We just want to talk about certain lived experiences, and how others could handle them if something similar happened.

# psychiatric services

Located in room 5500 in the East Wing of the Brown building, Psychiatric Services, formerly known as McGill Mental Health, is the on-campus service for medication management and consultations with psychiatrists.



## getting an appointment

You need a referral for a first-time appointment, or if you haven't used the service for upwards of a year. If you have a family doctor, psychiatrist, or psychologist elsewhere, they can fax a referral to the clinic. Otherwise, you can get a referral from just about any clinic in Montreal (if you're an international or out-of-province student, there will be an up-front cost of \$50-100 that you'll be able to get reimbursed from Blue Cross or your province). The McGill clinic likely isn't your best bet unless you have a previously-diagnosed illness, as they've tightened up their referral policy.

## first appointments: what to expect

It usually takes between **2 and 6 weeks to get a first appointment**. First appointments are typically scheduled for 60 minutes, sometimes 30 depending on the doctor. They generally go over time, and can last up to two hours – don't schedule them in between classes unless you don't mind being late!

Be prepared to talk in depth about your symptoms, their duration, and specific examples. It can be helpful to prepare a list of what you're feeling, how you've been coping, and things you want to bring up – first appointments can be scary, and it might be hard to remember details on the spot.

Be clear, affirmative, and honest about the duration of what you're experiencing. Some doctors will repeatedly ask questions like "are you sure?" or reword your feelings to fit a by-the-book understanding. Be assertive – this is your brain you're talking about, and no one knows what you're feeling better than you do!

Don't be alarmed if you don't walk out with a concise, one-word answer to your mental health problems! Like therapy, psychiatry takes time, and oftentimes early diagnoses can contribute to over-medication or otherwise making your life harder.

If you feel the appointment was unsuccessful, you can request a second opinion. You just need to ask for a new appointment at the front desk; no thorough explanation of your reasoning is required on your part. McGill doesn't offer third opinions, though, so make sure to consider why you're asking for a second opinion. Did the doctor talk down to you, ignore your symptoms, or otherwise make you uncomfortable? This is completely valid, and it's very important to be comfortable speaking earnestly with your psychiatrist. On the other hand, you might feel afraid of the course of treatment or the uncertainty of not having an immediate diagnosis. That's totally valid (and common!) too, but it's likely another doctor will suggest something similar – consider raising these concerns with your psychiatrist, who should try their best to make you more comfortable.

# counselling services

Counselling Services, a standalone branch of what used to be McGill Mental Health, is located on the third floor of the Brown building.

## first appointment

Getting a first appointment does not require a referral. Just walk in to make an appointment; if you have an existing diagnosis, you can request a psychologist or therapist specialized in your illness (with varying degrees of success). The wait time varies greatly – the average in 2016-2017 was **six weeks**, but can be over **three months**.

The first question your therapist will ask is likely what you want out of therapy, so come prepared with an answer! If you've been in therapy before and know what works (CBT, DBT, etc.), specifically mention it to your therapist. A big flaw in counselling at McGill is that it's vague, and won't follow a structure unless you request it, so consider researching options to discuss at a first appointment.

## general services

Counselling Services also offers a variety of services outside of one-on-one therapy. Therapy Assisted Online (TAO) is a cool, free resource and is essentially online DBT. Group therapy is also an option, though specializations are increasingly rare and most require a rigorous referral process. However, it can be super helpful as it provides more structure through exercises and "homework" as well as more regular appointments than one-on-one therapy. Counselling Services also offers a substance misuse program, an LGBT-specific program called PRIDE, and the Wellness Action Recovery Plan (WRAP), which is a psycho-educational group to help you manage and live with mental illness. Counselling no longer offers its eating disorder program; options in Montreal are limited, but a common recommendation is BACA, located downtown.

Counselling also hosts workshops on a variety of topics such as stress management and overcoming perfectionism. These don't require referrals, just online registration!



## follow-up appointments

The structure of and delay between follow-up appointments depends a lot on your doctor as well as your diagnosis. Regular appointments are usually every **2 weeks to 2 months**. If you feel the frequency is too much or too little, definitely speak to your doctor about it to see if they can better accommodate you!

Often, regular appointments only last 15 minutes, so it's important to come prepared. Your doctor might give you "homework," like a mood or sleeping chart. Even though these documents might be a hassle to complete, they are really helpful both in allowing your doctor to understand your symptoms in the short term, and in keeping track of your progress in the long term.

Be honest! Don't be shy about telling your doctors your symptoms and how any medication or other management strategies might be impacting you. It can be difficult to "admit" that medication isn't working or even making you feel worse, but it's almost certain they'll be able to find you a better alternative or compromise.

It's important to be feel comfortable discussing symptoms with your doctor. If you have recurring issues (i.e. extreme lateness, being repeatedly unresponsive to changing symptoms, etc.), it's possible to request a new psychiatrist.

# safety appointments

Safety appointments are essentially emergency appointments with a psychiatrist; they are like regular appointments, but the focus is on finding an immediate solution to what you're experiencing. Psychiatric Services offers safety appointments every day from 11AM to 1PM. It's best to get there at 11 to guarantee an appointment, though they are sometimes able to fit you into other time slots. Outside of these hours, a hospital can provide you the same kind of appointment.

When you go in for a safety appointment, you'll fill out a form describing your current condition and existing diagnoses to the on-call physician. You should consider a safety appointment if you feel like you might hurt yourself or others, or if you are otherwise feeling overwhelmed by or unable to manage your current symptoms. It's definitely nothing to be afraid of, and will probably be super helpful!



## identifying a crisis situation

The signs of a crisis situation vary from person to person. There are two general rules of thumb if you're not sure what you're experiencing warrants a safety appointment or hospital visit. First, if you feel like you need it, you need it! No one knows your brain better than you. Second, if you feel unable to function, whatever that means for you, consider reaching out for immediate care.

# hospitals

If you're experiencing a crisis situation, feeling unsafe, or just need immediate medical help, visiting a hospital is generally the best idea. It can be a substitute for a safety appointment, or provide more long-term treatment.

If you go to the emergency room at night, be prepared to wait: most psychiatry emergency rooms are only open 9-5, and the on-call physicians aren't always equipped to provide the care you might need. However, don't let this discourage you from going at night – a hospital is a safe place to wait if you're experiencing a crisis situation.

Expect to see a few doctors and nurses before even seeing a psychiatrist, so consider writing your symptoms down if they're changing or difficult to articulate. It's important to be clear about your expectations and honest with yourself about any danger you might be in, especially if the presentation of your symptoms is not traditional or visible.

Once you see a psychiatrist, they will either prescribe medication to take immediately, or recommend you stay for observation and/or treatment. The first one is most common, especially if it's your first time visiting hospital psychiatric services. However, neither are anything to be afraid of! Inpatient care is like any hospital visit you might expect for a physical injury – medication, observation, and treatment. In Quebec, if you're voluntarily walking in to a hospital, treatment cannot be forced on you without a court order – so if you're uncomfortable with the doctor's recommendations, tell them! They'll be able to explain why the treatment plan is the best course of action, and modify it to your needs.

It's common to consider the hospital as a last resort – but it's faster than a safety appointment, and the quality of care is higher. If you're concerned about choosing a hospital, Montreal General is a solid bet. It's a McGill teaching hospital, so your files from Psychiatric Services will be accessible, they're very bilingual, the newly-renovated psych wing is nice and they have McGill wifi.



## non-McGill doctors

If private health services are accessible to you, it is highly recommended you seek these out rather than on-campus care. Most clinics in Montreal will take your Blue Cross card and/or McGill insurance, so remember to bring all your insurance cards with you.

Psychiatric Services can give you a list of external mental health professionals, or you can use online resources: psychologytoday.com and ratemds.com can be used to read rankings and experiences with different doctors. Some options recommended by students are listed below.

### Medego

Located downtown, right next to McGill, this clinic has **psychiatrists and psychologists**, with several usually **accepting new patients with little to no waitlist**. Services are offered in English and French.

### Sedona Centre

Located in Monkland Village, this clinic is home to **counsellors and psychologists**, and specializes in cognitive and dialectical behavior therapy (CBT and DBT). Services are offered in English, French, Hebrew, Italian, Japanese, Spanish, and Swedish.



## the office for students with disabilities

The Office for Students with Disabilities (OSD) is an incredibly valuable McGill service. It provides accommodations like note-takers for classes, the ability to take breaks during exams, and more. Even if you feel you don't need accommodation at the present time, registering with OSD is valuable to learn about the options available, and to make sure those are available if you ever need them. Dealing with an uncooperative professor or suddenly becoming ill ahead of exams are some unpredictable situations that being registered with the OSD could really help manage.

When you register with the OSD, you'll need documentation from your doctor with a named diagnosis. If you don't have a diagnosis yet, your doctor can write a tentative one. You'll meet with an OSD advisor to understand the range of your symptoms and the kinds of accommodation you might need. If you feel these are unsuitable, you can always make follow-up appointments to discuss modifications, or with specialized advisors, for example for time management resources.

Your registration with the OSD is private, and only professors whose exams you write there will know. The exam content and grading **must** be the same as for the rest of the class, though. Sometimes a prof will forget about you, so make sure to check with your peers to know if your version was correct and/or if all necessary corrections were also communicated to the OSD.



# your rights as a patient

You don't have to work with a doctor if you're not comfortable with them! You're allowed to request certain characteristics of your doctor: it's common for trauma victims to feel more comfortable with people of a certain gender, or you might have a language preference, among other things. You are allowed to get a second opinion! Not all doctors will feel the same about your symptoms; if you feel like something's off, don't be afraid to seek a second opinion. Don't feel afraid to ask questions about other treatment options, about the medication you are prescribed, or tests the doctor might order.

# your rights as a student

If you need an extension or some other accommodation from an instructor, you don't need to disclose the specifics of your illness unless you feel comfortable. If you do, they **cannot** discriminate – remember mental health is just as valid a reason for accommodation as physical health. The OSD is a helpful resource for managing accommodation alongside confidentiality.

If you're getting an excuse note from a Psychiatric Services safety appointment, it's usually pretty vague and will say it's from a mental health service. Don't let a professor refuse these excuse notes! If this happens, or if a professor otherwise discriminates against you for reasons related to mental health, contact your department or other community members. VP Academics are usually super helpful, but if your department doesn't have one or they can't help, your department chair and even your dean are also resources to ensure your instructor's behaviour is corrected.

If you're in crisis and can't get to a doctor yet, or are in the hospital and don't yet have a note, you can email your professors to let them know! Telling them you are experiencing health problems and will not be able to attend class or hand something in but will have a doctor's note soon is helpful to alleviate stress about your schoolwork so you can focus on your health.

# medication

Starting treatment is a huge step, and so is starting medication. It can be difficult to take the pills in the first place, and a very common reaction when they start working is the desire to stop, since you feel better. Remember that you feel better *because* the medication is working, and stopping will make it worse again!

Don't get frustrated! It can take months, even years, to find the right medication or combination thereof. Be honest with your psychiatrist, and expect the same from them.

Don't quit cold turkey! Talk to your doctor if the side effects are too intense, or if the medication is otherwise negatively affecting you. They will likely recommend sticking it out for a given period of time, then stopping if it's too much – this is usually the best advice! A lot of medications really suck at first, but are totally worth it.

Ask your doctor if a generic brand is available! Some pharmacists (particularly at Uniprix pharmacies) will only accept the actual name written on the prescription for some reason, and generics are usually pretty similar but a lot cheaper. If your psych writes the drug name, most pharmacists will ask you if you want the generic or the brand name, if both are available. McGill insurance covers probably anything you'll be prescribed by a McGill psychiatrist.

Some newer/more experimental drugs, especially some antipsychotics or PTSD-specific medications can be pretty expensive, and don't always work. In this case, your doctor might have samples available so you can see if the drug causes adverse reactions or really works for you before making a big investment.

Try to set reminders for your medication. It can be helpful to schedule these with something else: scheduling a difficult self-care task with something easy and enjoyable makes it significantly more manageable!

# mindfulness & other resources

Mindfulness is the practice of focusing your thoughts and attention to the present moment and the experience and sensations associated to that. It can be achieved in a variety of ways, such as grounding and meditation techniques. If you're like me, you might be skeptical – but it really is a great way to better understand the symptoms you're experiencing and the things you can do to mediate those.

For example, you can use grounding techniques to cope with panic attacks: try naming (out loud or in your head, whatever works) 5 things you see around you, 4 things you feel, 3 things you hear, 2 things you smell, and one positive things about yourself. Mindfulness and similar techniques are nice because they don't require commitment – you can do it in a difficult moment, on a regular basis, or just once for five minutes and never come back to it if it doesn't work for you.

Meditation can make mindfulness easier. Counselling Services has a really nice page at <https://mcgill.ca/counselling/getstarted> that you can navigate using the sidebar, and which includes a whole bunch of meditation tracks (under the meditation & self care tabs). This page also has book recommendations and more general information on mental wellness, so it's a great resource for getting informed before, during, or after receiving a diagnosis.

Often, we find ourselves in situations where we feel an immediate need to speak with someone, but that may not qualify as crisis situations. In this case, it might be hard to see a doctor in person, but there's a wealth of resources one can access. McGill Nightline, Peer Support Services, and Vent Over Tea (an external organization) are great options for in-person active listening support. Online, you can use 7 Cups to talk to trained volunteers; for 24/7 access to mental health professionals McGill Students can access the Empower Me Response Centre (first link on Google, you'll need the password 'studentcare').



## self care

Self care is different for everyone, but it's definitely also very important for everyone. When we think of self care, most of us usually think about the narrative we see in the media -- indulging one's desires for short-term pleasure. That's really important (and a lot of fun), but it shouldn't be our priority in terms of self care. Often, especially in the context of mental illness, self care is ugly: it's getting yourself out of bed, taking a shower, going to class, paying a bill, taking your medication, doing (at least part of) the dishes, cleaning a little, or eating something, for example. Sometimes self care is reaching out for help, to our loved ones or a mental health professional, or to help.

It can be helpful to make personal lists of what you consider self care. Try making two lists: one for ugly self care, things you need to force yourself to do in difficult times, and one for prettier self care, things you can do to kick-start those uglier tasks, or just to make a hard day better. This helps find a balance between treating yourself and taking care of yourself, and is important to have handy in crisis situations where you may feel helpless and unable to really process your routine – having the things that help you written down really helps with that.

# helping others

## general support

An important aspect of mental health to consider is community: as a mentally ill person, your perspective may be incredibly helpful to your loved ones going through similar experiences. However, it's important to prioritize your own well-being – try to avoid situations where your mental health is compromised for the benefit of someone else. You'll be best at helping others when you are also taking care of yourself, and leading by example in a positive support network.

One of the best ways to help people around you who may be learning to cope with their own mental illness is to be open. Creating an environment where talking about mental health and dealing with various symptoms of illness is normal can be the difference between someone seeking help or not.

If you're able and comfortable, offer to accompany your friends to first (or follow-up) appointments, or to when they go buy medication. Even if they don't need it, setting a standard where that's something that's okay to ask for in your community is important, and may be needed some other time.

But the most important thing is to talk and listen to your loved ones, and to find out what kind of support they want or need (which goes for you too)!

## in crisis situations

Often, folks experiencing crisis situations are reluctant to seek help for a variety of reasons, from feeling like they don't need or deserve it, to being afraid of treatment. If you have experience being in such a situation and feel comfortable sharing, it can be really reassuring to explain their options, and what those entail. You can also offer to keep them company in whichever treatment option they choose to pursue (especially if it's the hospital – being alone and in crisis in the ER sucks).

If someone is very reluctant to seek help, but may be a danger to themselves or others, consider calling 911 -- in any mental health crisis situation, always ask for an ambulance rather than police. You may also choose to contact the Office of the Dean of Students on behalf of the person, as they can assist with fast-tracked accommodations and relieving academic stress.

It can be difficult to recognize signs of a crisis, but some research can help you feel more confident doing so. Watch out for someone becoming withdrawn (skipping class, social events), posting concerning messages on social media, stopping communication, and changes in their behaviour (visible anxiety that wasn't present before, extreme sadness, despondency, agitation, paranoia). In the case of hostile, threatening, or violent behaviour, consider your safety as well and reach out to qualified professionals to better handle the situation.



## active listening

A valuable way to provide mental health support is through active listening, which is a conversation technique in which you are listening 80% of the time, and asking questions or talking 20% of the time. It's an important tool in tough times or crisis situations, but it can also be casually applied in day-to-day conversations to help folks feel heard and validated. The Peer Support Centre provides great active listening training on campus, which is a good resource to seek out if you're interested.

There are six basic active listening techniques: mirroring, paraphrasing, body language, normalizing, validating, and encouraging.

Mirroring means reflecting the language someone is using when talking to you, especially if it's describing themselves. For example, you may refer to yourself as a "survivor" of assault, but if the person you're speaking with prefers the term "victim," this is how you should refer to them. The same goes for diagnoses: I might say "I **am** bipolar," but if someone prefers to say they "**have** bipolar disorder," this is the way I should talk about their illness. The same thing goes for body language: it's important to reflect a similar posture and comfort level as the individual to whom you are listening.

Paraphrasing is reiterating parts of what they are saying. This may be in the form of a question to prompt elaboration, or just as an acknowledgement to help them feel heard. Similarly, using minimal encouragers, like nodding, helps communicate that you are listening and focusing on them. This can overlap with validating, which is the idea that what the person is experiencing is not abnormal and deserves to be felt – that they are not overreacting, and should feel comfortable processing the situation however they need to do so.

Normalizing is speaking in a way that conveys the idea that their feelings are normal, and should not be ignored. Make sure not to go too hard on this one, as it can quickly become minimizing. Avoid centering yourself: instead of "I understand," try using phrases like "that's understandable," which put their feelings in a broader, normal context.

## mental health advocacy

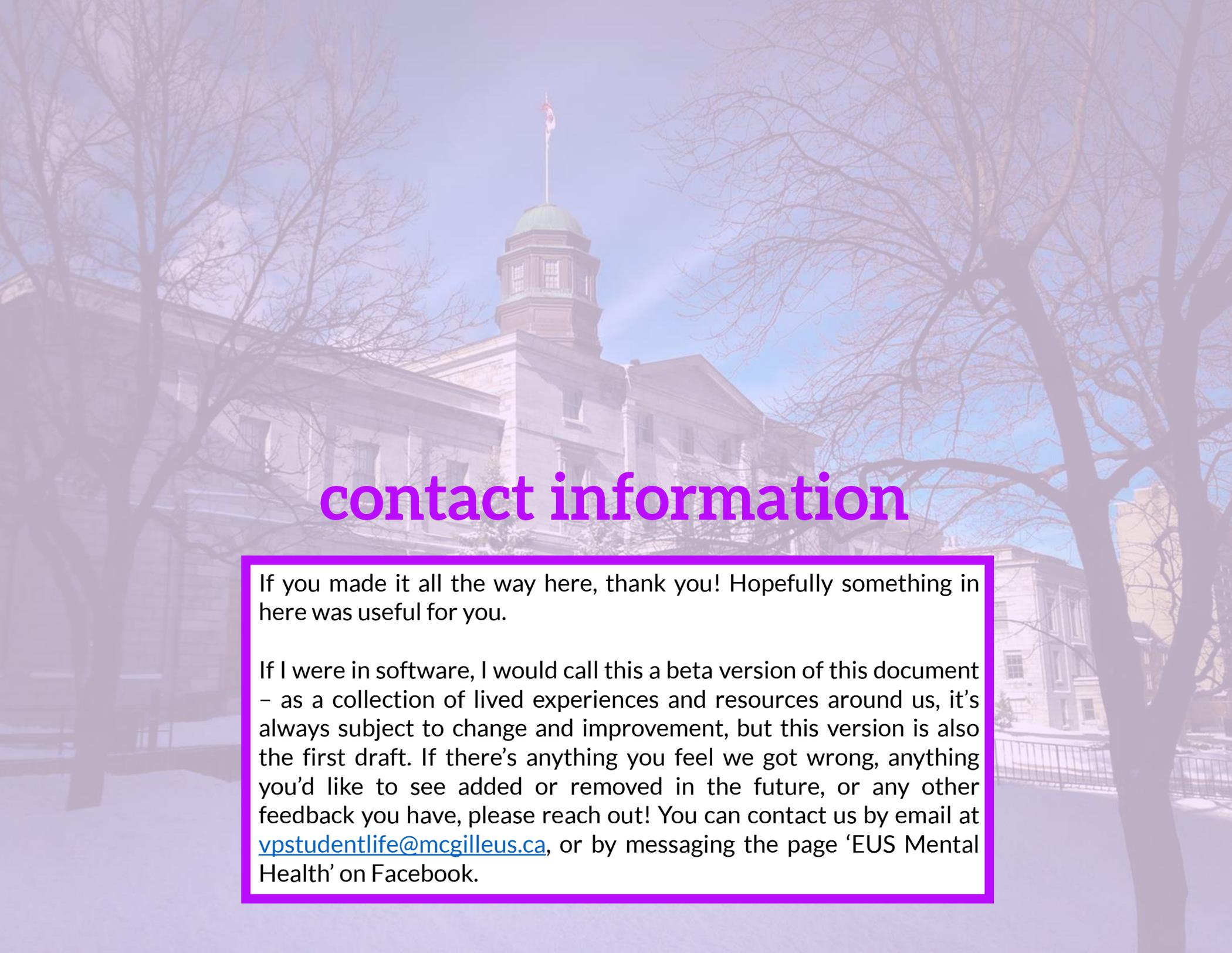
The fun thing about advocating for mental health is you can do it as actively or passively as you'd like. Being open about mental health treatment, for example, plays a huge role in creating a culture that positively prioritizes mental health. That culture might be in your friend circle, or on a larger scale – it all depends on what you're comfortable with.

Like helping others, advocacy comes after taking care of yourself. Don't push your boundaries too hard, make sure to build a support network to rely on, and define what advocacy might look like for you.

In reverse order of how easy they are, learning, listening, and sharing can go a long way toward changing the narrative around mental health. Educating yourself, whether it be through word-of-mouth, online resources, or formal trainings, is the first step in understanding the value of and the moving parts that go into mental health activism. Part of that is learning how to start and learn from conversations on mental health. Listening to the experiences of the people around you can provide you with so much value in terms of understanding the different ways we experience mental illness, and communicating that to others.

Finally, being open and sharing both your experiences and what you learn from your surroundings might be the hardest but most important of the three. By talking about your experiences, or making yourself available to answer your loved ones' questions or concerns about mental health, you start to normalize treatment, as well as the idea of mental health as an ongoing priority.

As great as this is, it's hard, and it's not for everyone! There's absolutely nothing wrong with not wanting to publicize your experiences with any group, or with not being able to do any of these three steps. Whatever steps you take in activism, if any, are totally up to you, and can change whenever you'd like.



# contact information

If you made it all the way here, thank you! Hopefully something in here was useful for you.

If I were in software, I would call this a beta version of this document – as a collection of lived experiences and resources around us, it's always subject to change and improvement, but this version is also the first draft. If there's anything you feel we got wrong, anything you'd like to see added or removed in the future, or any other feedback you have, please reach out! You can contact us by email at [vpstudentlife@mcgilleus.ca](mailto:vpstudentlife@mcgilleus.ca), or by messaging the page 'EUS Mental Health' on Facebook.