WOMEN’S MENTAL HEALTH CONFERENCE:
BUILDING NETWORKS AND RESEARCH CAPACITY

CONFERENCE PROGRAM

October 1st, 2010
Toronto, Ontario

Program Co-Chairs:
Brenda Toner, PhD CPsych
Taryn Tang, PhD

Program Committee: Donna Akman PhD, C. Psych;
Catherine Classen PhD, C. Psych; Gail Robinson MD;
Lori Ross PhD; & Eileen Sloan MD.
Event Coordinator: Adrienne Amato, Bsc. OT (Reg), MEd
Women's Mental Health Conference: Building Networks and Research Capacity
Friday October 1st, 2010

SCHEDULE

8:00 am - 9:00 am  REGISTRATION AND REFRESHMENTS
In foyer outside of Aldwyn Stokes Auditorium G58 (250 College St. site)

9:00 am - 9:15 am  WELCOME AND OPENING REMARKS
Aldwyn Stokes Auditorium G58 (250 College St. site)

Dr. Catherine Zahn, MD, FRCP(C), MHSc
President and CEO, Centre for Addiction and Mental Health (CAMH)

Dr. Brenda Toner. Ph.D., C. Psych., Professor and Head, Women’s Mental Health Program,
U of T, Co-Head, Social Equity and Health Research, CAMH.

9:30 am - 10:30 am  MORNING CONCURRENT BREAK OUT SESSIONS

* ALL SYMPOSIA / SESSIONS ARE ONE HOUR IN DURATION, WITH 15 MINUTES FOR ACTIVE LEARNING: Q&A
  For Learning objectives for each symposium/session, please see FULL PROGRAM online at:

Symposium 1  Multi faith Room, Ground floor (250 College St. site) 9:30-10:30 am
INTEGRATING MINDFULNESS-BASED APPROACHES IN WOMEN’S MENTAL HEALTH
Taylor, W.

Symposium 2  Aldwyn Stokes Auditorium G58 (250 College St. site) 9:30-10:30 am
INTERSECTIONALITIES IN WOMEN’S MENTAL HEALTH AND ADDICTIONS: APPLYING
INNOVATIVE AND MIXED METHODOLOGIES IN RESEARCH
Chair: Vittoz, N. (IMPART)

The power of mixed methodologies to investigate women’s health in vulnerable populations
Benoit, C.

Violence and neglect in transitions to substance abuse in female adolescents
Krank, M.D.

Building knowledge through understanding actions of women with trauma and substance
abuse issues
Young, R.A.

Symposium 3  Room 801 (250 College St. site) 9:30-10:30 am
HEALTH SERVICES RESEARCH: WOMEN’S HEALTH ACROSS THE LIFESPAN
Chair: Vigod, S.

Sex differences in mental health service use of children and adolescents and the impact on
suicidal behaviours
Rhodes, A.E.

Mental health service use of single parents in Canada
Cairney, J.

Sex differences in mental health indicators for placement in long term care facilities
Gruneir, A.,
Sex differences in depression care among Ontarians living with depression (from the Ontario Women's Health Equity Report)
Lin, E.

Session 4
Room 2022 (33 Russell St. site) 9:30-10:30 am

HOUSING AND HOMELESSNESS
Chair: Seena Grewal

Long-term housing after abuse: What role does discrimination play?
Barata, P., Stewart, D.

Fragmented families: A preview of the circumstances facing homeless mothers with mental health problems.
Wright, A., Zabkiewicz, D.

A grassroots perspective: The Women's Report From The Grid.
Diaz, P.

Session 5
Room 845 (250 College St. site) 9:30-10:30 am

REPRODUCTIVE HEALTH
Chair: Diane Meschino

MotherFirst. Building capacity for maternal mental health in Saskatchewan
Bowen, A.

The Women's Reproductive Psychiatry Clinic: A cross disciplinary approach
Prost, E, Roddy, G., Senis, E

Session 6
Room 853 (250 College St. site) 9:30-10:30 am

CLINICAL SERVICES
Chair: Donna Akman

Working with women with complex mental health issues: Challenges and opportunities for patients and staff on an inpatient psychiatric unit
Akman, D., Pasricha, S.

Women’s vision and design of an After, After care in an addiction service
Bang, D.

Sexing up the psychiatric record: A pilot study of the documentation of women’s sexuality in psychiatric in-patient charts
Daley, A.

Session 7
Room 2062 (33 Russell St. site) 9:30-10:30 am

WOMEN IN THE CORRECTIONAL SYSTEM
Chair: Catherine Classen

Non- suicidal self injury in federally sentenced women: A qualitative study
Power, J., Usher, A.

Screening for psychological symptoms of distress among federally sentenced women: Results from CSCs intake mental health screening system
Archambault, K.

If we build it will they come? Designing women’s treatment within the Drug Treatment Court Program. Connors, T., Doukas, N.
Session 8
Room 2015 (33 Russell St. site) 9:30-10:30 am
COMPREHENSIVE CARE FOR SUBSTANCE USE
Chair: Eileen Slone

Comprehensive care of a substance using pregnant population within a primary care setting
Ordean, A.

Substance use, mental health and trauma related concerns faced by young women
presenting for substance abuse treatment
Henderson, J., Rosenkranz, S.

A case presentation of the use of trauma focused exposure techniques for a single event
trauma, post residential treatment
Smith, P.

Session 9
Room 4088A (33 Russell St. site) 9:30-10:30 am
CARE FOR THE CAREGIVERS
Chair: Noreen Stuckless

Examining the impact of family–based treatment for adolescents eating disorders on the
wellbeing of caregivers
Haqanee, Z.

The health consequences of being a single mother caring for a child with cancer
Granek, L.

The occupational health of addiction workers: Narratives in photographs Irwin-Seguin, K.,
MacEwan, L.

Session 10
Room 4058A (33 Russell St. site) 9:30-10:30 am
POST PARTUM DEPRESSION
Chair: Gail Robinson

Self-transformed by postpartum depression: Rural views of social support and valued
services
Boucher, A.

Resilience in the face of post partum depression: Perspectives of women in northern Ontario.
Shaikh, A., Kauppi, C.

The role of reproductive hormones in mood
Schwartz, D.

Session 11
Room 4100 (33 Russell St. site) 9:30-10:30 am
SOCIO-CULTURAL DETERMINANTS OF HEALTH
Chair: Taryn Tang

Exploring the mechanisms through which depression is caused and maintained in low income
South Asian immigrants
Ekanayake, S.

Gendering Chronic pain: Socio-cultural embodiment, pain, and circumcision in Somali women
in Toronto
Glazer, E.
Stigma and other barriers to mental health services among recent Eastern European immigrants in the GTA
Murney, M.

10:30 am – 11:00 am  REFRESHMENT BREAK
In foyer outside of Aldwyn Stokes Auditorium G58 (250 College St. site)

11:00 am – 12:00 pm  Aldwyn Stokes Auditorium G58 (250 College St. site)
PLENARY SESSION 1
VIOLENCE IN THE LIVES OF WOMEN
Chair: Brenda Toner
Mason, R., Robinson, G.

12:00 pm - 1:30 pm  LUNCH AND NETWORKING
POSTER SESSIONS/COMMUNITY TABLES
Cafeteria, Russell St. site, 2nd floor
Poster award presentation 1:15 pm

1:30 pm - 2:30 pm  Aldwyn Stokes Auditorium G58 (250 College St. site)
PLENARY SESSION 2
SOCIAL DETERMINANTS OF WOMEN’S MENTAL HEALTH
Chair: Taryn Tang
Poole, N., Massaquoi, N., Greaves, L.

2:30 pm - 3:00 pm  REFRESHMENT BREAK
In foyer outside of Aldwyn Stokes Auditorium G58 (250 College St. site)

3:00 pm - 4:00 pm  AFTERNOON CONCURRENT BREAK OUT SESSIONS
Symposium 12
Aldwyn Stokes Auditorium G58 (250 College St. site) 3:00-4:00 pm
NEWCOMER WOMEN IN ONTARIO: FOSTERING MENTAL WELL BEING THROUGH COMMUNITY PROGRAMS, RESEARCH AND POLICY. (ECHO)
Chair: Khanlou, N.
Echo: Improving Women’s Health in Ontario
Access Alliance Multicultural Health & Community Services
Wellesley Institute
Campbell, P., Angelow, L., Haque, N.

Symposium 13
Room T321 (33 Russell St. site) 3:00-4:00 pm
SEX AND SEXUALITY ACROSS THE LIFESPAN
Chair: Ross, L.
‘I don’t want to turn totally invisible’: Mental health, stressors and supports among bisexual women during the perinatal period
Ross L.E, Siegel A., Dobinson C., Epstein R, & Steele L.S.

From Questioning to Queer: Young women coming out in hostile environments
Flicker, S.

Sexual minority women and Vulvodynia
Andruff, H.L., Reissing, E.D.

Elder LGBTQ women and mental health
Baker, C.
Symposium 14
Room 2029 (33 Russell St. site) 3:00-4:00 pm
GENETIC TESTING FOR HEREDITARY BREAST AND OVARIAN CANCER- PSYCHOLOGICAL IMPACTS AND CHALLENGES IN DECISION-MAKING
Chair: Esplen, M.J.

Overview of psychosocial impacts and those at increased psychological risk
Esplen, M.J.

Development and evaluation of a decision aid for hereditary breast and ovarian cancer mutation carriers in considering disclosure to offspring.
Clarke, S.

Reasons for risk-reducing mastectomy versus MRI-screening in a cohort of women at high hereditary risk of breast cancer
Haroun, I.

Symposium 15
Room 801 (250 College St. Site) 3:00-4:00 pm
THE VALIDITY PROJECT: 10 YEARS OF COLLABORATIVE MENTAL HEALTH PROGRAMMING, RESOURCE DEVELOPMENT AND RESEARCH WITH YOUNG WOMEN
Chair: Thompson, C.

A historical perspective of the VALIDITY (VIBRANT ACTION LOOKING INTO DEPRESSION IN TODAY'S YOUNG WOMEN) Project, development of initiatives and resources
Thompson, C., Vrkljan, C.

“Girls Talk: Building Resiliency” project, participants’ experiences of a strengths-based group intervention for young women with mental health and addictions problems
Akman, D.

Session 16
Room 2062 (33 Russell St. site) 3:00-4:00 pm
PSYCHOSOCIAL IMPACT OF HEALTH AND MENTAL HEALTH ISSUES
Chair: Catherine Classen

A web based support group for women with sexual problems due to gynecologic cancer
Classen, C.

Integrating a transplanted heart: women, distress and mental health
Poole, J., Abbey, S.

Healthy lifestyle behaviour change in women with schizophrenia: Clinical research considerations
Arbour, K., Golding, N.

Session 17
Room 2015 (33 Russell St. site) 3:00-4:00 pm
CROSS-CULTURAL EXPERIENCES OF WOMEN
Chair: Seena Grewal

Afghan women’s mental health during the Taliban regime
Jaghorli, B.

Male partner violence against women in Northern Ghana: Its dimensions and health implications
Issahaku, P.

Changing career pathways, changing self respect and empowering Cambodian beer selling women
Lubek, I.
**Session 18**

Multi faith Room, Ground floor (250 College St. Site) 3:00-4:00 pm

**USE OF CREATIVE ARTS**
Chair: Eileen Slone

Dance movement as a therapeutic option for women experiencing postpartum mood disorders
Dietrich, P.

Art therapy with women who have experienced trauma: Creating a safe place
Goldman, N.

Building bridges with at risk orphans in the Ukraine
Darewych, O.

**Session 19**

Room 853 (250 College St. site) 3:00-4:00 pm

**WOMAN ABUSE- PREVENTION STRATEGIES**
Chair: Gail Robinson

Ontario woman abuse screening project- Building capacity to support abused women with mental health and addiction issues
Pelletier, J., Coulter, S. L., Smythe, C., Gorman, M., Irwin-Séguin, K.

Disability strategy for the neighbours, friends and families: Violence prevention initiative
Park, M.M., Macquarrie, B.J., Odette, F.

Reducing barriers for women fleeing violence: Improving transition house accessibility for women impacted by mental wellness
Haskell, R.

**Session 20**

Room 845 (250 College St. site) 3:00-4:00 pm

**REPRODUCTIVE HEALTH**
Chair: Julie Maggi

Short- and long-term impact of untreated maternal depression on the child
Martrinovic, J.

Creating a circle of support for pregnant women and new parents: Response to a new tool for health service providers
Dawson, H.

Lesbian, bisexual and queer co-parents: An exploratory study of the factors affecting mental health and wellness during pregnancy
Abelsohn, K.

**Session 21**

Room 4100 (33 Russell St. site) 3:00-4:00 pm

**VIOLENCE, MENTAL HEALTH, SUBSTANCE USE**
Chair: Leslie Buckley

The determinants of mental health for black women charged with a domestic violence related offence
Duhaney, P.

Program development in women’s mental health at New York City’s St. Luke’s-Roosevelt Psychiatric Recovery Center
Szmuillowicz, S.
Session 22
Room 4058A (33 Russell St. site) 3:00-4:00 pm
ANTI-OPPRESSIVE PRACTICE AND INTERSECTIONALITY
Chair: Taryn Tang

Shifting the recovery model paradigm: Positioning anti-oppressive practice and ecology-based social work practice in mental health services with women consumers
Vaillancourt, A., George, M.

Conversations with Mad women students: Education as a social determinant of mental health?
Reid, J.

Session 23
Room 4088A (33 Russell St. site) 3:00-4:00 pm
GENDER CORRELATES
Chair: Zeynep Yilmaz

Association of the catechol-O-methyltransferase gene with comorbid childhood attention deficit/hyperactivity disorder in women with bulimia nervosa
Yilmaz, Z.

Gender differences in aggressive behaviour in childhood and adolescence and the relation to psychopathic traits
Bass, S.

Cross sensitization between amphetamine and stress in a rat model: implications for sex differences in vulnerability to addiction
Uban, K.

4:10 pm – 5:00 pm  CLOSING AND NETWORKING RECEPTION
Aldwyn Stokes Auditorium G58 and foyer (250 College St. site)

Conference sponsored by:
Women’s Mental Health Program,
Department of Psychiatry, University of Toronto
and affiliated teaching Hospitals

[Psychiatry
UNIVERSITY OF TORONTO]

Refreshment Breaks sponsored by:
[Impart]
9:30-10:30 am
Symposium 1, Multi Faith Room, Ground Floor (College St. Site)

INTEGRATING MINDFULNESS-BASED APPROACHES IN WOMEN’S MENTAL HEALTH
Chair:
Participants: Wanda Bowman Taylor M.A., M.D. F.R.C.P.C.

In this workshop we will investigate the ways in which mindfulness-based approaches can be integrated into therapeutic modalities in women’s mental health. Beginning with the cultivation of mindfulness practice in the care-giver who will embody the pillars of mindfulness in the therapeutic relationship, we will explore Mindfulness-Based Cognitive Therapy for depression and Mindful Self-Compassion as two applications of mindfulness-based modalities which incorporate and strengthen empowerment in women.

Learning Objectives: This workshop will have components which are experiential, interactive and discussion based. The role of mindfulness meditation in approaches to women’s empowerment will be examined through a lens of self-compassion.
9:30-10:30 am
Symposium 2, Aldwyn Stokes auditorium G58 (College St. site)

INTERSECTIONALITIES IN WOMEN’S MENTAL HEALTH AND ADDICTIONS: APPLYING INNOVATIVE AND
MIXED METHODOLOGIES IN RESEARCH
Chair: Vittoz, N. (IMPART)
Participants: Benoit, C., Krank, M.D., Young, R.A.

Faculty members serving as mentors in the Intersections of Mental Health Perspectives in Addictions Research Training (IMPART) program will present innovative research questions and methodologies regarding women’s mental health concerns and problematic substance use. Dr. Benoit will discuss the use of longitudinal research designs to follow vulnerable populations over time, using a wide assortment of standardized measures to allow for analysis of the interactions among these factors. These studies identify which factors (e.g., sex, age, gender, class, Aboriginal status, employment, education) intersect to determine substance use and health. Dr. Krank will discuss the power of disaggregated analysis of substance use trajectories to determine the impact of violence and neglect on early decisions to use addictive drugs. This research examines the potential causal pathways of substance abuse through cognition, family and personality. Dr. Young will introduce the conceptual framework of action theory as a way to integrate ways of understanding women’s mental health and addiction issues. Often these health issues are seen as caused by genetic and environmental factors. At the same time, the women themselves and the health professionals who treat them experience the women's actions as goal-directed and intentional, and this methodology investigates to what extent this sense of intentionality is true and how important it is for treatment outcomes. Finally, Dr. Salmon will discuss the use of community-based and participatory research methods to create a model for supporting substance-using mothers who have permanently lost a child (through apprehension or death). In a general discussion, the presenters will respond to questions from symposium participants regarding the strengths and limitations of their chosen methodologies and discuss the importance of choosing appropriate methods to answer the complex questions that arise around women’s mental health and substance abuse.

Learning objectives:
1. Develop awareness of innovative ways of conducting research on complex issues in women’s health
2. Learn how intersectionalities can be addressed in data analyses to enrich women’s health research

Participants:

Speaker 1: Benoit, C.
Professor in the Department of Sociology at the University of Victoria; Scientist at the Centre for Addictions Research of British Columbia
Title of contribution: The power of mixed methodologies to investigate women’s health in vulnerable populations
Dr. Cecilia Benoit
Department of Sociology
University of Victoria
P.O. Box 3050
Victoria, BC, V8W 3P5
Phone: 250-721-7586/7578
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Speaker 2: Krank, M.D
Dean of Graduate Studies and Professor of Psychology at the University of British Columbia - Okanagan
Title of contribution: Violence and neglect in transitions to substance abuse in female adolescents
Dr. Marvin Krank
College of Graduate Studies
The University of British Columbia, Okanagan
3333 University Way
Kelowna, BC V1V 1V7
Phone: 250-807-8773
Fax: 250-807-8779
Email: marvin.krank@ubc.ca
Speaker 3: Young, R.A.
Professor in the Department of Educational and Counselling Psychology and Special Education at the University of British Columbia
Title of contribution: Building knowledge through understanding actions of women with trauma and substance abuse issues.
Dr. Richard Young
Faculty of Education
University of British Columbia
2125 Main Mall
Vancouver, BC, V6T 1Z4
Phone: 604-822-6380
Fax: 604-822-3302
Email: Richard.Young@ubc.ca
Sex and gender play significant roles in both mental health and mental health care delivery. Differences in sex and gender have been observed in the prevalence, incidence, risk factors, clinical features and outcomes of psychiatric illness across the lifespan. A myriad of psychosocial and socio-cultural risk factors for mental illness, including poverty, lower education, social isolation, cultural expectations, interpersonal violence, and role strain, differentially disadvantage girls and women. These factors also play a role in access to and use of mental health services and the health care system’s ability to respond to their needs. However, although women comprise the majority of individuals who seek mental health care, information is limited on how to consider sex and gender in delivery of care.

Health services research (HSR) examines how people access and use health care, outcomes as a result of that care, and opportunities to improve the health system’s efficiency and success. It is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately our health and well-being. As such, HSR can be applied to better understand complex issues related to mental health care delivery for women. HSR allows us to measure both what we ARE doing and point us toward what we OUGHT to be doing to optimize the health of women and their families.

The main objective of this symposium is to introduce participants to the concept of Health Services Research as it can be applied to Women’s Mental Health. We will use a combination of didactic teaching and illustrative examples from researchers who are doing work in this area. Participants will have the opportunity to interact with local experts in this field to better understand the topic area as well as discuss opportunities for further research and collaboration.

**Proposed Symposium Structure (60 minutes)**

- **Part I:** Introduction. What is health services research and why is it important to Women’s Mental Health? (Dr. Vigod - 10 minutes)
- **Part II:** Practical Applications of Health Services Research relevant to WMH (20 minutes).
  - a) Resources relevant to WMH Health Services Research based at the Institute for Clinical and Evaluative Sciences (ICES) in Toronto, Ontario (10 minutes: Dr. Vigod)
  - b) Illustrative examples of ongoing work in WMH Health Services Research (20 minutes: 5 minutes/presenter)
    - Dr. Anne Rhodes: Sex differences in mental health service use of children and adolescents and the impact on suicidal behaviours
    - Dr. John Cairney: Mental health service use of single parents in Canada
    - Dr. Elizabeth Lin: Sex differences in depression care among Ontarians living with Depression (from the Ontario Women’s Health Equity Report)
    - Dr. Andrea Gruneir: Sex differences in mental health indicators for placement in long term care facilities
- **Part III:** Gaps in knowledge about mental health services for women in Ontario and opportunities for future research and collaboration (Dr. Vigod - 10 minutes).
- **Part IV:** Discussion (All presenters - 10 minutes).

**Learning Objectives:**

At the end of this symposium, participants should be able to:

1. Demonstrate an understanding of the concept of health services research.
2. Understand how health services research can contribute to optimizing the health of women with mental illness.
3. Demonstrate awareness of some of the resources available in Ontario for studying the structure and processes of mental health care for women

Participants:
Cairney J, Departments of Family Medicine & Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Ontario; Co-Lead, Mental Health and Addictions Program, Institute for Clinical and Evaluative Sciences, Toronto, Ontario.
Gruneir A, Women’s College Research Institute, Women’s College Hospital; Department of Health Policy, Management and Evaluation, University of Toronto; Institute for Clinical Evaluative Sciences, Toronto, Ontario.
Lin E, Centre for Addiction and Mental Health, Department of Psychiatry, University of Toronto, Toronto, Ontario; Institute for Clinical and Evaluative Sciences, Toronto, Ontario.
Rhodes AE, Suicide Studies Unit, St. Michael’s Hospital, University of Toronto, Toronto, Ontario; Institute for Clinical and Evaluative Sciences, Toronto, Ontario.
Finding and maintaining affordable long-term housing after abuse has been recognized as tremendously important for women’s well-being (Morley, 2000; Weisz, et al. 1996). However, the role that discrimination may play in a battered woman’s ability to find housing had not been systematically examined. The main purpose of this research was to determine if landlord discrimination could be playing a role in keeping battered women from accessing rental units.

Experiment one: A confederate asked 181 landlords about the availability of a rental unit in one of three living conditions (shelter, friends, no mention of current living conditions) and across two scenarios (does or does not have a child). Rental units were almost 10 times more likely to be available in the control condition compared to the shelter condition, $\chi^2 (1, N = 181) = 8.624, p = .003,$ and these results were not affected by whether or not the caller had a child, $\chi^2 (1, N = 181) = 0.214, p = .644.$

Experiment two: A confederate indicated that she was employed and left a message on 92 landlords’ answering machines in the same three living conditions as experiment one. The hypothesized comparison between the shelter and the other two conditions combined was significance, $\chi^2 (1, N = 92) = 4.602, p = .032.$

Survey: 31 landlords were surveyed about their willingness to rent to a hypothetical battered woman. A substantial minority (23%) said they would not rent their unit to her. The results suggest that discrimination against battered women is a real problem that is likely contributing to the difficulties that women experience in finding safe and affordable long-term housing. These results will be discussed in the light of a follow-up and on-going study in which battered women are being interviewed about their experiences with housing and subsidized housing programs.

**Learning objectives:**
1) To understand the importance and difficulties of finding and maintaining long-term housing after abuse
2) To consider the role that discrimination may play in abused women’s lives
Fragmented Families: A preview of the circumstances facing homeless mothers with mental health problems
Wright, A. J. & Zabkiewicz, D.
Centre for Applied Research in Mental Health & Addiction
Faculty of Health Sciences, Simon Fraser University
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In recent decades, there has been a dramatic increase in homelessness among women and families with children. Families, headed primarily by single mothers, are now the fastest growing segment of the homeless population in North America. Further, the majority of homeless women are parents of minor-aged children. However, few of these children are living with their homeless mothers. While early research suggested that parental mental health problems necessitated child placement in out-of-home or foster care, more recent evidence suggests that homelessness, rather than parental mental health problems, is related to child placement outside the home. As a result, many homeless women lose physical custody of their children leading to family fragmentation. However, little is known about the context surrounding family fragmentation, the impact on mother’s mental health, and efforts at family reunification.

This presentation will discuss the circumstances and decisions facing homeless mothers as they struggle to preserve their families within the context of mental health problems and housing instability. Drawing on the literature surrounding homeless women and children, this study will document the conflicts and trade-offs that homeless mothers face as they struggle to perform their mothering roles under the public scrutiny of homeless service providers and the threat of family fragmentation. Analyses will also draw from approximately 15 baseline qualitative interviews among homeless mothers with mental health problems in Vancouver who are currently participating in the Mental Health Commission of Canada’s At Home Project. This qualitative data will provide a preliminary view of the mental health impact on mothers of separation from their children, as well as efforts to reunite their family.

In light of the growing rate of homelessness among families and the long-term impact of family fragmentation on children, obtaining a better understanding of the circumstances surrounding family separations and reunification efforts among homeless mothers is a timely and salient issue. Improved knowledge surrounding these issues holds the potential for contributing to meaningful policies and services dedicated to improving the lives of homeless families and attenuating the detrimental mental health effects of family fragmentation.

A Grassroots Perspective: The Women’s Report from the Grid.
Cummins-Diaz, P. G.
FORWARD (For Women’s Autonomy, Right’s & Dignity)
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The Women’s Report from the Grid is the result of a 6 month Ontario Women’s Health Network (OWHN) Health Circles project completed by FORWARD (For Women’s Autonomy, Rights & Dignity) a multicultural grassroots group of women who are homeless or under housed. The theme of WoodGreen/LHIN’s funding “Aging at Home” focused on older women and social determinants of health.

We have survived living in fields and under bridges, been forced into the sex trade to feed ourselves and/or our families, and 85% of the children taken into CAS in Ontario are our children or grandchildren. We have been beaten, and/or raped and/or tortured by our own men/spouses/partners, others and for some even the police. Some are battling major diseases, mental health issues, breakdown of the family, immigrant issues, Native issues, and sexual orientation issues.

We adapted the Health Circles to reflect our daily-lived experiences so meetings transformed into a safe space with an “around the kitchen table” atmosphere. No flipcharts, no guidelines, no “activities”, no Miss know it alls, and no breaks. “We are not children”. Sharing experiences
with each other in relation to a particular self-chosen topic empowered us to take control of
the discussions with immediate engagement.
The survey included 53 participants, 33 to 68 years of age - 18 had no fixed address
• 79% had family doctors yet, 50% went to multiple places (4 or more) to access all their
healthcare needs.
• 60% immediately sought out medical attention always and often.
• 57% seldom, rarely or never are able to do what the professional advised.
• 70% felt that their voice is not heard when dealing with professionals.
• 80% did not use alternative methods of healthcare seldom, rarely or never for lack of
money.
• Transportation was the number one reason for the lack of access to health care.
9:30-10:30 am  
Session 5, Room 845 (College St. site)  
REPRODUCTIVE HEALTH  

MotherFirst. Building capacity for maternal mental health in Saskatchewan  
Bowen, Angela  
MotherFirst Working Group  
University of Saskatchewan  
107 Wiggins Rd  
Saskatoon, SK S7N 5E5  
1306-966-8949, fax 1306-966-6703  

Approximately one in five women are depressed in pregnancy or postpartum. While psychosis or suicide are grave outcomes of untreated maternal depression, there are potentially deleterious effects to the entire family. Women’s pregnancies are more likely to end prematurely and have obstetrical complications. Newborns are at increased risk for poorer outcomes and less breastfeeding if their mothers are depressed. Children of mothers who are depressed are more likely to experience growth, attachment, psychological, behavioural, and developmental problems than children of mothers who were not depressed.  

Following completion of the “Feelings in Pregnancy and Motherhood Study” and epidemiological study of depression in pregnancy and postpartum in Saskatchewan, we conducted a knowledge translation campaign - “Maternal Mental Health Strategy: Increasing Awareness in Saskatchewan”. We knew that too many women in our province experiencing maternal depression were under-identified and untreated. Women and their caregivers across the province were seeking sustainable, solutions to improve supports.  

The MotherFirst project, “Maternal Mental Health Strategy: Building Capacity in Saskatchewan” engaged women and stakeholders in a policy development process. Using electronic conferencing and document sharing tools, we convened a working group of women with lived experience, professionals, administrators, and government staff from various portfolios throughout the province. The group met frequently over 6 months to identify priorities and to develop strategies that seek to improve screening, treatments, and education. Stakeholders were given opportunity for input into draft versions. Government was briefed throughout the process and our work culminated with policy recommendations submitted. Working group members were committed and passionate about improving maternal mental health; the strength of their participation ensured that the recommendations will increase our capacity to identify and support women at risk for mental health problems and will continue to support their implementation into practice.  

Learning objectives:  
1. Participants will be able to discuss the process to develop recommendations  
2. Participants will be able to identify the recommendations submitted to Ministry of Health in Saskatchewan  
3. Participants will understand MotherFirst - Maternal Mental Health Strategy  

The Women’s Reproductive Psychiatry Clinic: A Cross-Disciplinary Approach. Hotel Dieu Hospital (Kingston, Ontario)  
Prost, E., Roddy, G. and Senis, E.  
Adult Mental Health Program - Johnson 5  
Hotel Dieu Hospital  
166 Brock Street  
Kingston, ON  
K7L 5G2  
Telephone:613-544-3400 x2903  
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Within the South East Local Health Integration Network, the mental health and primary health care systems work predominately in silos, leading to significant delays in the diagnosis and treatment of individuals with psychiatric disorders related to the reproductive cycle, which leads to increased financial and social burdens.  

Due to fundamental inadequacies in existing specialized programs within the South East LHIN for meeting women’s mental health needs, The Women’s Reproductive Psychiatry Clinic was
developed and implemented. It was designed as a cross section of mental-health care, primary health care, and social services systems integrated within the setting of an Ambulatory Academic Health Science Center. Its primary goal is to identify women over 18-years-old with new-onset psychiatric symptoms associated with pregnancy or the reproductive cycle, and women with pre-existing mental disorders who are pregnant or anticipate pregnancy and require specialized consultation by providing early assessment and treatment, and prompt referral to appropriate services.

**Methods**

An integrated, coordinated, early intervention model of care was formulated. A one-year audit was performed looking at wait time management and service outcome.

**Results**

The implementation of the clinic resulted in the streamlining of the various systems, and facilitated early identification, access, and utilization of appropriate resources. Early intervention resulted by raising awareness, leading to early detection and reduction of severity of illness and improved capacity for full recovery. Wait times were based on the expected date of delivery of the women in order to prevent and treat existing symptoms.

**Conclusion**

This approach has lead to improvement of recovery outcomes and a reduction in the admissions to inpatient units, thus resulting in decreased costs for inpatient/outpatient care and community-based services. It has become a more integrative coordinated system with community stakeholders.
Working with women with complex mental health issues: Challenges and opportunities for patients and staff on an inpatient psychiatric unit.

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The Women’s Program at the Centre for Addiction and Mental Health has established itself as a unique specialized service for women who have primary diagnoses of mood or anxiety disorders, histories of trauma, and who often also experience substance use problems. This women-only program offers both residential and outpatient services, and interventions target biological, psychological, and social factors that may contribute to women’s mental health difficulties. The program aims to stabilize symptoms, provide women with psychoeducation regarding factors that may be implicated in their mental health difficulties, and provide a safe environment in which women can practice a range of skills and self-care strategies. The model of care is trauma-centred and feminist-informed, with an emphasis on safety and empowerment through validation, skill development, and self-determination. Utilizing a trauma-centred, feminist-informed model of care within an inpatient hospital setting brings both challenges and opportunities for patients and staff of the Women’s Program. Examples of challenges include creating a safe therapeutic milieu with patients who are often both acutely and chronically suicidal and self-injurious, balancing the promotion of agency and self-determination with the ethical and professional duties of care, and maintaining a specialized service while meeting the high demand for shorter lengths-of-stay and quicker access to treatment. Patient and staff perspectives of the challenges and opportunities that emerge within this setting will be described, along with examples of clinical interventions and team-building strategies that are used within the Women’s Program to foster a healthy and empowering environment for all.

Learning Objectives:
1. Participants will be able to identify the philosophy and model of care of a trauma-centred, feminist-informed approach to inpatient psychiatric care for women.
2. Participants will be able to describe patient and staff perspectives of challenges and opportunities that emerge on an inpatient psychiatric unit for women.

Women’s vision and design of an After Aftercare in an addiction service.

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Women clients in the 2 year Aftercare Program at Womankind Addiction Service, as part of ongoing evaluation, identified a need for “something” once completing their Aftercare Program. The women clients are/were part of an Aftercare program and had all completed an intensive treatment program either through Womankind, elsewhere and/or were in a maintenance stage of change in their recovery from substance use. Their group met once a week in the early
Participants included a variety of ages, incomes, educational level attained, life experiences and the substances used in active addiction. Many women have a concurrent disorder meaning they have both an addiction and a mental health diagnosis. In the initial phase, all women clients of both Aftercare Programs were involved in a focus group to talk about their future needs and interests - post the 2 year Aftercare program to assist them in maintaining their recovery from substances. The women’s responses were transcribed and themes identified. Their responses were then reviewed with the women in both Aftercare groups to ensure accuracy. In phase two, all women from both groups were surveyed about their interest based on the findings from phase one. Key women from both groups were identified by the group facilitators and agreed to an in-depth interview to further clarify what future “programming” might look like. The women identified a desire to develop an alumni-type group which would include a variety of components to meet their needs. Nine women representing both Aftercare Groups began meeting in May 2010 and have designed a program which will begin in September 2010.

Learning objectives:
1. Participants will understand the process used to better understand the needs of women for “something” to assist them in maintaining their recovery from substances.
2. Participants will hear about the program the women designed and early experiences.

Sexing up the psychiatric record: A pilot study of the documentation of women’s sexuality in psychiatric in-patient charts.

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Theoretical and research literature in psychiatry and mental health and critical disability studies is beginning to focus on sexuality as a quality of life, rights and recovery issue (Chase, 1988; Collins, 2001; Cook, 2000; Deegan, 2001; Jacobs & Bobek, 1991; McCann, 2000). Theoretical literature on sexuality and mental disorder/distress has postulated the importance of the expression of sexuality as an integral part of the whole person and overall health and well-being (Cook, 2000; Deegan, 2001; Stuart & Sundeen, 1979), and has underscored people's need for intimacy - sex, love, closeness, caring and support - as a fundamental component contributing to quality of life. In this regard, while the research and theoretical literature is beginning to document the significance of sexuality as a rights and recovery issue little is known about how sexuality is approached and documented by mental health service providers in actual clinical practice. The purpose of this pilot study was to explore the nature and extent of mental health service providers’ chart documentation related to women’s sexuality. The study utilized a retrospective chart review design (N=25) and individual semi-structured interviews (N=5) with mental health service providers to explore the phenomenon of chart documentation of information related to women’s sexuality by mental health service providers.
The presentation will explore how women’s sexuality is 'taken up' within a psychiatric and mental health service setting as reflected in chart documentation practices.

**Learning Objectives:**

1. Develop understanding of aspects of women’s sexuality documented in psychiatric in-patient charts; how women’s sexuality is documented, by whom and when (under what circumstances);
2. Develop understanding of the intersection between sexuality and other social identities and locations based on, for example, class, age and disability as reflected in chart documentation;
3. Learn about differences in the documentation of women’s sexuality between various diagnoses-specific in-patient units;
4. Learn about the relevancy of the research to the Mad community and movement.
Non-suicidal self-injury in federally sentenced women: a qualitative study.

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Issue: Non-suicidal self-injury (NSSI) poses a serious threat to the safety and well-being of offenders and staff within the Correctional Service of Canada (CSC). NSSI may be defined as the intentional destruction of body tissue without suicidal intent and for purposes not socially sanctioned and may include behaviours such as cutting, ligature use, burning, hitting, swallowing sharp or indigestible objects, inserting and removing objects, and head banging. To more effectively treat and prevent NSSI in offenders, a greater understanding of the origins and motivations of NSSI is required. The purpose of this study was to research the motivations for engaging in NSSI and the emotions related to these behaviours among women offenders.

Participants: Fifty-six federally sentenced women from seven federal correctional institutions participated in this study.

Method: The women participated in semi-structured interviews designed to assess their history of NSSI. Content analysis was used to analyze the interviews.

Results: Fifty-four women provided at least one reason for engaging in NSSI. The most common reason provided by the women was to cope with their negative emotions. The second most common reason was to communicate with others about their problems and their need for care. Fifty-two women provided information on the emotions they experience before and after self-injuring, with the most common being anger, depression, and anxiety. After self-injuring, women most commonly reported feelings of relief. The effects of substance abuse and substitutive behaviours on NSSI were also discussed. Many women also discussed alternative coping strategies they used as a substitute for self-injuring.

Conclusions: The current study improves the current understanding of NSSI, particularly in federally sentenced women.

Learning Objective:
- To obtain a better understanding of why federally sentenced women engage in NSSI.

Screening for psychological symptoms of distress among federally sentenced women:
Results from CSCs intake mental health screening system.

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Issue: From 1997 to 2008 the proportion of women offenders entering the Correctional Service of Canada (CSC) who have been identified through simple interview questions as having a current mental disorder has increased from 13% to 24%. While the interview protocol had been useful in tracking general trends, CSC recognised that it required a national standardised mental health screening process to identify offenders requiring a range of mental health services. To meet this need, CSC recently implemented the Computerized Mental Health Intake Screening System (CoMHISS). CoMHISS is comprised of three psychological instruments: the
Brief Symptom Inventory (BSI), the Depression, Hopelessness and Suicide Scale (DHS), and the Paulhus Deception Scale (PDS). The purpose of this study was to obtain prevalence rates of self-reported psychological distress among incoming women offenders based on established cut off scores. **Participants:** Two hundred sixty-five federally sentenced women entering CSC on a new sentence consented to complete the CoMHISS. **Method:** The women completed the paper and pencil instruments or the computerized version of the CoMHISS. Cut-off T-scores of ≥65 on the Global Severity Index of the BSI or the DHS or a hit on any current critical items on the Suicide scales were used to analyze the proportion of women flagged for further follow up. **Results:** Over sixty percent of women meet the above criteria. Comparisons between Aboriginal and non-Aboriginal women are also presented. Further analysis on co-occurring psychological distress and substance abuse is presented. **Conclusions:** The current study provides evidence for significantly high prevalence rates of psychological distress among federally sentenced women. The results are used to flag the need for psychological interventions.

**Learning Objective:**
1. To determine the prevalence of self reported psychological distress among incoming federally sentenced women.

**If we build it will they come? Designing women’s treatment within the Drug Treatment Court Program.**

**Connors, T., Doukas, N.**

Toronto’s Drug Treatment Court (TDTC) has been in operation since 2000. This unique partnership between the Department of Justice and Centre for Addiction and Mental Health follows a “problem-solving court” model. The program offers treatment as an alternative to incarceration for people who are in trouble with the law as a result of substance use. Women have and continue to enter the program, but retention rates for women have historically been low. As a result, the Toronto Drug Treatment Court Women and Children’s Sub-committee was formed.

Comprised of treatment and court staff as well as many community partners, the committee aims to examine the barriers women encounter when entering the program, and how TDTC could effectively reduce these challenges. As a result the Women’s stream of the TDCT was established in 2008.

This presentation will:
- Explore the reasons for establishing the Women’s stream
- Explain the findings of the Women’s and Children’s Sub-committee and rationale to develop the “women’s stream” of TDTC.
- Report the early results of this recent initiative, and share feedback from the participants.
- Discuss future goals, and considerations of the women’s stream
- Provide an opportunity for discussion and suggestions

**Learning objectives:**
1. To raise awareness of the unique challenges women with substance use issues face when involved with the criminal justice system and the barriers they encounter when entering substance abuse treatment.
2. To develop a greater understanding of the community partnerships and arrangements TDTC has formed in an attempt to overcome these major societal and structural barriers.
3. To share the early data about the results of the program to date.
Comprehensive care of a substance-using pregnant population within a primary care setting.

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Statement of issue: Pregnant substance using women face numerous systemic barriers to treatment. Research suggests that comprehensive treatment programs improve access to care. T-CUP combines obstetrical care and addiction counselling within one primary care setting. The goal of our study was to determine the effectiveness of this program.

Methods: A retrospective chart review was performed. Data was extracted from maternal and neonatal charts and analysis was conducted using SPSS.

Results: From August 2000 to January 2006, 121 women received comprehensive care. Women had a mean age of 29.4 years, were predominantly white and most had at least high school education. The average gestational age at the first T-CUP visit was 19.6 weeks. Women had a high compliance rate with prenatal visits.

Out of 121 women, 88 delivered by vaginal delivery. Average neonatal birth parameters were as follows: birth weight 3063.3 grams, length 49.6cm, head circumference 33.9cm and gestational age 38.8 weeks. At the time of discharge, 52.9% of women were breastfeeding.

Overall, there was a decrease in maternal drug use during pregnancy especially among women who attended for care earlier in their pregnancy. About half of these women were connected to an addiction treatment program or self-help group for counselling.

Factors affecting child custody include drug abstinence and social stability. By delivery, 84.3% had stable housing and fewer women were living with a substance-using household member. Three-quarters of newborns were discharged home with their mothers, and 19.8% were taken into child protection custody. The longer a woman received care at T-CUP, the more likely she was to have custody of her child.

Conclusion: By providing a comprehensive treatment program, women receive addiction support and medical care to make significant changes that positively affect their pregnancy outcomes.

Learning objectives:
1. To describe components of a comprehensive care approach for pregnant substance-using women in a primary care setting.
2. To describe pregnancy and neonatal outcomes for women receiving care at T-CUP.

Substance use, mental health and trauma-related concerns faced by young women presenting for substance abuse treatment.

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Prevalence estimates report that up to 75% of youth with problematic substance use may have histories of serious trauma exposure, with girls over-represented in this group. Histories of exposure to trauma and problematic substance use often co-occur with significant mental health concerns, chronic distress and interpersonal difficulties. Compounding these difficulties, treatment services are often fragmented and fail to adequately address the breadth of youth’s presenting needs. This paper presentation will describe the substance use, mental health and
trauma-related concerns of a young women presenting to an outpatient youth-focused substance abuse treatment service. Participants were 87 young women aged 16 to 24 years who completed standardized questionnaires at point of entry as part of the clinical assessment process. The questionnaire packages included measures of background demographic variables, substance use history, mental health concerns, social support, treatment motivation, exposure to trauma and indicators of trauma-related distress. Results indicate very high rates of alcohol use and significant rates of alcohol use with trauma-related consequences. In addition, participants reported significant rates of cannabis and other substance use, exposure to a wide range of traumatic experiences, and very high rates of clinically significant mental health concerns. Implications for screening, assessment and treatment will be discussed.

**Learning Objectives:**

1. Increased awareness of the substance use, mental health and trauma-related concerns of young women presenting for substance use treatment
2. Increased understanding of the interactions among these domains of concern
3. Increased awareness of the need for innovative, integrated treatment approaches.

A case presentation of the use of trauma focused exposure techniques for a single event trauma, post-residential treatment.

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A presentation involving the case of a woman in her late 30’s who successfully completed the intensive women’s residential program for substance abuse. At intake and, during her residential treatment experience, the client shared her struggles with a traumatic event which occurred approximately two years prior to her entry into the program. This event involved the overdose death of a close friend. The client was referred for trauma specific services following her residential treatment as she identified this event as seminal in her descent into heavy substance abuse. Over the course of 8 months, trauma specific assessment and treatment were provided demonstrating strong gains in further resolution of this traumatic event. This presentation will provide the following: a summary of trauma specific assessment scales used at pre and post treatment timeframes, the practical application of Judith Herman’s stages of recovery, the development of a trauma specific work plan to guide the processing, the safe and effective use of exposure techniques (an adaptation of Prolonged Exposure and Eye Movement Desensitization Reprocessing), and, blending trauma specific intervention into a client’s overall recovery plan. This presentation will address concurrent treatment of substance abuse and trauma. Demonstrating the fit between substance abuse treatment which seeks to increase overall client skill level with trauma focused treatment involving exposure to emotions which have been the source of use.

**Learning Objectives:**

- To share trauma specific assessment measures which provide both an initial baseline, as well as, serving as outcome measures for treatment efficacy.
- To share a case example of concurrent treatment for substance abuse and trauma.
Examining the impact of family-based treatment for adolescent eating disorders on the well being of caregivers.

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Compared to the general population in North America, eating disorders are the most prevalent psychiatric disorders among young women (Hoek & Van Hoken, 2003). They are also the most difficult to treat resulting in one of the highest rates of mortality (Agras, 2001). Fortunately, if treated early eating disorders show better prognosis. Background: The National Institute for Clinical Excellence (NICE; 2004) guidelines for eating disorders recommends that adolescent eating disorders should be managed on an outpatient basis, positioning families at the front line of care. Recent research shows that caregivers for this population face high levels of distress (Zabala, Macdonald, & Treasure, 2009). This distress is associated with difficulties in their caregiving role and their perceived lack of resources to help (Sepulveda, Lopez, Todd, Whitaker, & Treasure, 2008). Purpose: Although family-based treatment (FBT; or the Maudsley method) has been recognized as most effective for pediatric eating disorders (Lock & le Grange, 2005), particularly in its non-pathologising approach to families and empowerment of parents to fight the illness, there is little research examining the mechanism of change. It is hypothesized that reducing caregiver burden may be important to improving treatment outcomes (le Grange, Lock, Loeb, & Nicholls, 2010). The current study examines the effect of an outpatient FBT program on alleviating caregiver burden. Method: The Eating Disorder Symptom Impact Scale (EDSIS) was administered to parents (n= 55) at assessment, 3-months, and 6-months. The EDSIS consists of 30 items measuring the burden of caregiving for eating disorders on four subscales: nutrition, guilt, dysregulated behaviour, and social isolation (Sepulveda, Whitney, Hankins, & Treasure, 2008). Results: Preliminary analyses indicate significant reductions across time for parents on various subscales of the EDSIS. Conclusion: These results suggest that FBT effectively addressed parent’s distress and burden associated with their caregiver role.

Learning Objectives:
1. participants will better understand the distress associated with caring for an adolescent (majority female) who has an eating disorder.
2. participants will better understand the current research examining the effectiveness of family-based treatment.

The health consequences of being a single mother caring for a child with cancer.

Oral Presentation
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This qualitative study examined the caregiving experience of single mothers whose children have cancer in order to understand: (1) how single mothers describe their experiences of the caregiving process; and (2) the emotional, psychological and physical health impact of being a caregiver for a child with cancer. Method: Twenty in depth interviews with single mothers of children with cancer were conducted and analyzed using the Grounded Theory method. Families were recruited from 4 hospitals that treat approximately 40% of all children diagnosed with cancer in Canada.
Results: Our findings reveal that caregiving is associated with substantially diminished physical and mental health for single mothers. We found that most mothers in our study described being socially isolated, physically and emotionally drained, and reported high levels of depression and anxiety. The majority of mothers had a hard time sleeping, either waking up frequently or not sleeping at all, tended not to exercise, and reported overeating or under-eating. Moreover, many mothers were living at, or around the poverty line due to the long-term nature of caregiving associated with childhood cancers, and reported living with fear of losing their homes, or not having enough food to eat.

Conclusions: There is evidence to suggest that maternal caregiving has important financial, emotional, psychological and physical consequences for women. This is one of the few studies that has examined single mother’s perspectives on coping with their child’s cancer and their own psychological and emotional needs. This study fills a gap in the literature by improving conceptual insight in the field of caregiving research as it relates to caring for a child with cancer, and informing pediatric oncology services, programs, and policy on how best to care for the caregiver.

Learning Objectives:
Outline:
1) how single mothers describe their experiences of the caregiving process;
(2) the emotional, psychological and physical health impact of being a caregiver for a child with cancer; and
(3) discuss the consequences of maternal caregiving on women’s long-term psychological and physical health outcomes.

The occupational health of addiction workers: narratives in photographs.
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Issue: In the last decade, interest has grown in identifying the ripple effects of violence. Those who work with people who experience violence are vulnerable themselves to experiencing effects similar to those they are helping. Compassion Fatigue has been identified as a potential occupational hazard in much of the academic literature for mental health professionals who listen to stories of violence. Very few studies describe the experiences of addiction workers who work with people who may have a history of multiple different forms of violence at various ages of their lifespan. In order to implement an wholistic effective model of program delivery, the health and well-being of agency staff becomes paramount.

Research Participants: The study was designed to explore the work experiences of a group of twelve Northern Ontario women who are addiction workers. Results of a previous study by this group of researcher-participants found that addiction workers may experience the physical, emotional, cognitive, relational and spiritual symptoms of Compassion Fatigue.

Methods: This feminist participatory action research study used both qualitative and visual methods. Data was collected in photographs, in-depth individual interviews, and a group interview.

Learning Objectives: The objectives of the study which may be useful to participants of this workshops included encouraging workers to record aspects of their own work experiences in a series of photographs; strengthening worker resilience and agency culture; and supporting capacity-building in research and photography for the participants.

Conclusions: In this presentation we will use both text and photographs to present the results and challenges of this study. Discussions will include the use of photovoice in addiction research; identifying Compassion Fatigue and Compassion Satisfaction; and occupational health strategies such as the importance of a collaborative supportive team and building a responsive agency culture.
POST PARTUM DEPRESSION

Self-transformed by postpartum depression: Rural views of social support and valued services
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Postpartum depression (PPD) is a universal trans-cultural phenomenon that is known to affect up to 19% of new mothers, although the actual prevalence is likely much higher. The dearth of qualitative research leaves rural voices barely audible and critical aspects of the experience unexplored. Their views are health services are urgently needed in order to develop effective nursing strategies that they value. A qualitative descriptive study was conducted to explore/examine the perceptions of accessible, adequate and appropriate services for PPD among 12 rural women from north-eastern Ontario who self-identified as having PPD. The specific research questions were: 1) What types of services do rural women with PPD want?; 2) What services do these women identify?; and 3) What are their perceptions of the services they have accessed? Rich data were collected using naturalistic, semi-structured interviews and were reduced to themes using qualitative data analysis. Their experience of PPD was self-transforming and characterized by four emerging themes: hiding in shame, losing everything, help-seeking, and resilience. Three help-seeking patterns emerged that were explained using a Volcano Model. Participants struggled to connect with services and need social support to facilitate access to them. Critical resources included members of their social network and community champions. Health services were frequently unavailable, difficult to access, inadequate and not always appropriate. Medication treatment, counselling and hospitalization were often inadequate. They identified bridges to accessible, adequate, and appropriate care which can be met through rural partnership. They valued storytelling and creative strategies. The findings are supported by current evidence and extend our understanding of PPD, help-seeking patterns, social support and health services within the context of being rural. Furthermore, they strongly support the need for a paradigm shift in how PPD is understood which has implications for nursing education, research, practice and policies.

Learning Objectives:
1. Voices of rural women from north-eastern Ontario will be made audible concerning the accessibility, adequacy and appropriateness of mental health services for postpartum depression.
2. The adversities of postpartum depression and rural context will be reconceptualised as opportunities for personal growth of inner strength, resilience and self-transformation.
3. The need for rural partnership in order to enhance social support and the quality of health services will be grounded in the data.

Resilience in the face of postpartum depression: Perspectives of women in Northern Ontario.
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Resilience is conceptualized in myriad ways in the social science literature. One such conceptualization equates resilience with coping strategies leading to successful adaptation under stressful or adverse circumstances. Among women, resilience has largely been studied in
the context of physical and mental health issues, violence, abuse, poverty, immigration and geographic isolation. An extensive review of the literature has revealed that there is limited research on resilience among women who experience postpartum depression (PPD) in the underserviced communities of Northern Ontario. The current study addresses this knowledge gap by exploring coping strategies as a manifestation of resilience among women living in Northern Ontario who are experiencing PPD.

Utilizing purposive sampling techniques, twelve women were recruited from the Perinatal Mental Health Program of Sudbury Regional Hospital and various community agencies. The women were included in the study if they met key criteria such as (i) being 18 years or above, (ii) having experienced depression within one year after the birth of a live infant, (iii) having experienced PPD no greater than five years ago, and (iv) being able to recall and articulate experiences of resilience in the English language. The women were invited to take part in individual semi-structured interviews which were tape recorded and transcribed verbatim. This paper presents major themes delineating the coping strategies as a manifestation of resilience. The findings are interpreted in the light of an eclectic theoretical framework consisting of Frankl’s meaning-making existential philosophy, Jean Miller’s cultural-relational theory, and key principles of feminist standpoint theory. Coping strategies congruent with this theoretical framework include making meaning of one’s experiences, seeking support, nurturing oneself, and advocacy. Other strategies such as connecting and deriving strength from nature go beyond the assumptions of the theoretical framework. The paper concludes with implications for practitioners servicing women experiencing PPD.

**Learning objectives:**

1. To learn about the role of geography in the experiences of PPD and coping strategies.
2. To learn about resilience and strengths as manifested in conventional and unconventional coping strategies narrated by women.
3. To learn about the larger social, cultural, and structural conditions along with individuals level factors which shape the experience of PPD and coping strategies.

**The role of female reproductive hormones in mood.**

**Presenter:** Schwartz, D. 1

**Coauthors:** Romans, S2; Meiyappan, S.2; Bellem, A.3; DeSouza, M.J.3 & Einstein, G.1,4

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**Background:** The menstrual cycle (MC) has long been considered a determinant of mood variability in women. One theory is that MC related mood changes are triggered by changes in levels of gonadal hormones: decreased progestogens in the late luteal phase, or the periovulatory peaks in estrogens and progestogens in the late follicular phase. This project aimed to assess whether daily mood variability in a non-clinical sample of women of reproductive age was associated with the main female reproductive hormones: estrogens and progestogens: as well as MC phase.

**Method:** A subset of participants (n=14) from a larger study (Mood in Daily Life) completed the daily life questionnaire, which included questions about positive and negative moods as well as health and daily activity items. Participants also collected daily urine samples for 42 days, which were subsequently analyzed for progesterone and estrogen metabolites (PdG and E1G). Levels of hormones over the MC were divided into four phases: early follicular (low E1G, low PdG), late follicular (high E1G, low PdG), early luteal (low E1G, high PdG), late luteal (low E1G, falling PdG).

**Results:** Repeated measures ANOVAs of positive and negative factors indicate no significant differences in mood across the MC phases (p=0.912, p=0.299). However E1G levels were significantly correlated with both positive and negative factor scores (r=-0.271, r=0.181; p=.000), and PdG levels were only correlated with negative factor scores (r=.120, p=.008). When entered in a regression model E1G and PdG levels contributed modestly but significantly to explaining both positive and negative factor scores (R=.275, R=.203; p=.000).

**Conclusion:** While estrogen and progestogen levels contributed significantly to fluctuations in daily mood scores, these daily fluctuations were not easily mapped onto MC phases. Further,
estrogens appeared to contribute more strongly than progestogens to mood, particularly positive moods.

**Learning Objectives:**

1. Fluctuations in daily mood cannot be reliably mapped on to menstrual cycle phases.
2. Estrogen and progesterone levels are correlated with composite negative and positive mood scores.
3. Estrogen is more strongly correlated with mood, particularly positive moods than progesterone.
Exploring the mechanisms through which depression is caused and maintained in low-income South Asian immigrants.

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Depression is the most common mood disorder among Canadians. Three million people will experience depression at some point in their life time. A number of social factors are considered of etiological importance. Canadian studies report that in immigrant groups, women with lower socio-economic status increase the risk of depression. Only a limited number of studies have been conducted in assessing the mental health problems among the South Asian immigrants, the second largest visible minority group in Canada. However, there is a clear gap in existing literature to address 'how, why and in what ways' social and economic factors cause depression in this group.

The current study will use exploratory qualitative methodology to understand the mechanisms through which depression is caused and maintained in low-income South Asian immigrant women in Toronto, Ontario. In-depth interviews will be conducted with 12 adult women participants with depression, who are belonged to low income cut-off level, and migrated to Canada more than 5 years ago. Thematic content analysis with some elements with grounded theory will be used analyze the interview transcripts. The results of the thematic analysis will be presented at the conference. The findings of this study will provide important data on depression in a high risk group that may be useful for clinicians and prevention and health promotion policy formulation. Further, it will explore the way of which social risk factors interact with culture to produce and maintain mental health problems among immigrants in Ontario.

Gendering chronic pain: Socio-cultural embodiment, pain, and circumcision in Somali women in Toronto

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Amid the wealth of research addressing biological sex and pain, gender as a construct has not been adequately addressed, neglecting consideration of the bio-cultural nature of pain and malleability of the nervous system. Women are overrepresented in painful disorders that biomedicine struggles to measure, treat, and locate causes (pathology/etiology). Many have co-morbid psychological and biophysiological features often leading to women’s symptoms not being seen as “real.” Gender is an invaluable category for questioning variations in pain outcomes and assumptions about origins of pain and pain experience. This interdisciplinary research umbrella aims to illuminate the coproductivity of culture and biology in pain sensation - particularly in the development of chronic pain - and the value of a gender lens in this process. A master’s project pursuant to these interests regards the neurobiology of female genital cutting; cross-cultural analysis offers a potential vehicle for investigating the
interaction of meaning and sensation. Circumcision or genital cutting in women (FGC) is practiced in twenty-eight African countries, largely around the northern Sahel region. The World Health Organization categorises four types of FGC. In Somalia, a high percentage of women are circumcised, and almost uniformly with type III. Given that FGC cuts a highly innervated body region, it is possible many women experience neuropathic pain. Much research has considered the reproductive and sexual health effects of FGC or focused on the ritual meaning without considering the body. Few studies have asked women directly about pain. Potential neuropathic pain in fourteen Toronto Somali immigrant women, ages 21-46, is situated within a wider world of perceptions and negotiations of meaning. Semi-structured interviews coupled with quantitative measures of pain are employed. Sensory testing finds preliminary evidence of vulvar pain while interviews and pain questionnaires necessitate a discussion on the meaning of pain itself.

**Learning objectives:**

1. Introduction to socio-cultural influences in chronic pain and the biocultural nature of pain
2. Considering chronic pain as a women’s health issue, and understanding the value of gender as a socio-cultural construct in pain medicine

Considering a range of influences on bodily experience pertinent to cross-cultural understandings of health

**Stigma and other barriers to mental health services among recent Eastern European immigrants in the Greater Toronto Area**

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This paper describes the early stages of a project that seeks to investigate and ameliorate stigma and other barriers to addiction and mental health services among Eastern European immigrants who have recently arrived in the Greater Toronto Area (GTA). While this research focuses on pathways and barriers to care among immigrants in the GTA, the work emerges from the author’s 14 months of ethnographic fieldwork in Ukraine. An influx of Eastern Europeans has immigrated to the GTA since the fall of the Soviet Union in 1989; profound social, political, and economic upheaval has occurred in their home countries.

Eastern Europe is one of the global regions most affected by tobacco and alcohol-related diseases, while injection drug use remains a key factor in the incidence of HIV. In the WHO World Mental Health Survey of 14 countries, Ukraine (the only Eastern European country represented) had the second-highest prevalence of mental disorders, but very few Ukrainian respondents approached a medical professional (WHO World Mental Health Survey Consortium, 2004). Addiction (Murney, 2009) and mental illness (Polyakova & Pacquiao, 2006) are associated with a lack of strength and moral character in the former Soviet Union. Indeed, while addiction among Ukrainian women is commonly regarded as untreatable due to biological vulnerabilities, it is also considered evidence of individuals’ conscious rejection of appropriate, feminine roles. Gender is thus a key element in the ideologies and practices of stigma.

Such social, economic and political contexts in their natal countries crucially inform immigrants’ understandings of illness and help-seeking. Working with a local Community Health Centre, and Eastern European immigrants who both have and have not successfully accessed addictions or mental health services, this project thus attempts to encourage collaborative efforts between immigrants and health care providers in developing culturally-appropriate addiction and mental health programs.

**Learning objectives:**

i) In what ways is societal context important for understanding people’s perceptions of illness and help-seeking? Provide some examples.

ii) What are some of the barriers to care among Eastern European immigrants? What role does stigma play?
11:00 am - 12:00 pm
Aldwyn Stokes Auditorium G58 (College St. Site)
PLENARY SESSION 1

VIOLENCE IN THE LIVES OF WOMEN
Chair: Brenda Toner

Robin Mason is a research scientist at Women’s College Hospital in the Violence and Health Research Program. She has a PhD in psychology from OISE at the University of Toronto. Her research focuses on a) diverse women’s experiences of intimate partner violence (IPV) and trauma, and b) educating health care professionals about these issues. Robin has worked on policy initiatives at the local, provincial and national level; she was one of the authors of the Consensus Guidelines on Intimate Partner Violence for the Society of Obstetricians and Gynecologists of Canada and developed the policy on Abuse by Intimate or Former Intimate Partner for Sunnybrook and Women’s College Hospital. In addition, she has led (or co-led) a number of provincial education and training initiatives on IPV, including development and implementation of competency-based curricula for physicians, paramedics, and other health care providers. Currently, she is working with Dr. Brenda Toner to develop a curriculum for service providers on the intersections of intimate partner violence, substance use and mental health. From 2007-2009 Dr. Mason was appointed by the province to serve on the Domestic Violence Advisory Council.

Intimate Partner Violence: Rethinking Practice
Intimate partner violence (IPV) is defined as the experience or threat of physical or sexual violence and/or financial or psychological/emotional abuse by a current or ex-partner. Originally considered a private, family matter, in 2002 IPV was labeled a ‘public health epidemic’ by the World Health Organization. Using the concept of advocacy as the impetus for change at the individual, community or system level, we will look at the advocate role and its relevance to the issue of violence and abuse.

GAIL ERLICK ROBINSON MD, DPSYCH, FRCPC
Gail Erlick Robinson MD is a Professor of Psychiatry and Obstetrics/Gynecology at the University of Toronto and the Director of the Women’s Mental Health Program at the University Health Network in Toronto. She was Co-Founding Director of the Women’s Mental Health Program at the University of Toronto, the first such program in Canada. Her three main areas of interest are: the psychological consequences of obstetrical and gynecological conditions; all types of violence against women; and career development in women professionals. In her advocacy work she was co-founder of the first Rape Crisis Center in Canada, founder and Chair of the Board of the Metropolitan Action Committee on Violence Against Women and Children, and President of the Board of YWCA Toronto. She is currently on the Sexual Assault Advisory Committee for the Metro Toronto Police. She has received the YWCA’s Woman of Distinction award and the Alexandra Symonds award from the American Psychiatric Association for her sustained contribution to women’s mental health and advocating for women. She has been named on of the Top 100 Most Powerful Women in Canada in the champion category for her advocacy work for women.

ABSTRACT
Being a Health Advocate is one of the CANMEDS roles that define the competencies needed for education and practice. Health care professionals working with women soon realize the importance of not just treating the individual but also advocating to change sociocultural attitudes and pressures that contribute to women’s mental health problems. One determinant of health in women is the great deal of violence they experience in their lives. The true incidence of sexual assault is unknown but community studies suggest only 5-10% of women report after being assaulted. This leaves them vulnerable to a variety of physical and mental health problems with no access to support or treatment. Such harm can be prevented or minimized by working to decrease the incidence of sexual assault and changing societal attitudes that prevent women from reporting. Dr. Robinson will speak about the work she has done in this area.
PLenary session 2
Social determinants of women’s mental health
Chair: Taryn Tang

Nancy Poole is the Director of Research and Knowledge Translation for the British Columbia Centre of Excellence for Women’s Health, and the Provincial Research Consultant on Women and Substance Use issues for BC Women’s Hospital in Vancouver. She has extensive experience in research and knowledge exchange relating to policy and service provision for women with tobacco and other substance use problems. Nancy has been a member of several research teams studying women’s experience of trauma, mental ill health and substance use, including a study funded by the Alcohol Beverage Medical Research Foundation on changes in substance use by women accessing transition houses in BC. She has co-edited a book with Dr Lorraine Greaves, entitled *Highs and Lows: Canadian Perspectives on Women and Substance Use*, published by CAMH, which explores these intersections and their implications for both practice and policy in Canada. She is currently beginning further work with CAMH, this time on a guide on trauma-informed care. She is also well known in Canada for leadership in piloting online participatory methods for knowledge generation and exchange, including virtual networks, collaboratories and communities of inquiry.

Where do we go from here?
For some time, feminists have been describing how multiple, intersecting social determinants affect women’s mental health, substance use and experience of violence and how our systems of care remain largely unresponsive, and in some cases resistant, to these complexities. What mechanisms are available to us for achieving more holistic and integrated approaches to supporting diverse women with mental health, substance use and trauma-related concerns? This presentation will briefly describe the work of four exemplary initiatives designed to promote discussion, collaboration and systemic action on women’s mental health, substance use and experience of trauma and violence from a women’s health determinants perspective: a community-based service collaboration in Victoria BC; a virtual community of inquiry considering and advocating for the treatment needs of Inuit and First Nations women in northern Canada; a virtual network that “leads and seeds” girls’ programs across Canada; and a hospital-led, province-wide, multisectoral research/consultation model.

Notisha Massaquoi is currently the Executive Director of Women’s Health in Women’s Hands Community Health Centre. For the past 20 years, Notisha has been an advocate for improvements in healthcare for women. Her research and numerous publications have focused on women and HIV/AIDS and increased access to primary healthcare for racialized communities in Canada. She holds an MSW from the University of Toronto and is completing a PhD in Sociology and Equity Studies at OISE/U of T. She has been a lecturer for the faculties of social work at Ryerson University and Dalhousie University. Her latest book is entitled *Theorizing Empowerment: Canadian Perspectives on Black Feminist Thought*.

The Racialized Determinants of Mental Health: From Awareness to Action
The general standard of Canadian healthcare is directed toward the achievement of improved health, disease prevention, addressing injury, controlling threats to ones life and influencing social conditions in order to ensure access to healthcare. These goals enable the general community to realize optimal health and quality of life as well as guide healthcare professional in the provision of health programs and services most appropriate for the clients they serve. The reality of the mental health care environment in which racialized communities seek care is one in which a significant portion of the members are faced with barriers hindering their accessibility to mental health services. Many of these communities needs do not conform to Canadian systems of mental healthcare delivery which are based primarily on a bio-medical, mono cultural model. Due to this fact, members of racialized communities are utilizing mental health services less and receiving critical diagnosis and treatment significantly later than other populations. This is due in large part to the cultural, linguistic, racial, gender and class barriers embedded within this system thus creating notable disparities in the mental health status of these communities. This presentation will look at how Women’s Health in Women’s Hands Community Health Centre has addressed improving access to mental health services for
racialized women and how best practices can be adopted to reduce the social determinants of health and their impact on the mental health of racialized women.

**Lorraine Greaves** is the Executive Director of the Health System Strategy Division in the Ontario Ministry of Health and Long-Term Care. Until June, 2009, she was the Executive Director of the British Columbia Centre of Excellence for Women’s Health, and Senior Advisor, Policy and Surveillance at BC Women’s Hospital. She has a PhD in medical sociology from Monash University in Australia, and is a well-established researcher, program and policy developer, focusing on a range of topics in women’s health and gender and equity, regularly engaging with researchers, policy developers and national and international non-governmental organizations. She has recently published *Highs and Lows: Canadian Perspectives on Women and Substance Use* (with N. Poole) and is soon to release (with John Oliffe) *Design of Gender, Sex and Health Research*. She has worked on mental health and addictions issues such as tobacco, alcohol, and opiate use, treatment, policy and program design. She has advocated the merging of nicotine treatment into alcohol and drug programs, as well as supported integrated policy development to respond to women concurrently experiencing mental health issues, trauma, violence and substance use. She has contributed to design of numerous women-centred programs and policies for pregnant women and mothers who use substances. In 2007, she received an honorary doctorate from the University of Ottawa for her contributions to women’s health.

**Working together to change women’s mental health and addictions**

Lorraine Greaves will discuss ways in which various sectors can work together to advance women’s mental health and addictions. A review of historical progress in conceptualizing women’s health in Canada will set the stage for suggested steps forward. The links between making health and social policy, improving practice, organizing communities and doing relevant research will be drawn, and suggestions made for strengthening links between these endeavors. To facilitate this, barriers, stereotypes and conceptual divides between sectors need to be identified and ameliorated. Each of these sectors has an important role to play in improving services, policy and research in mental health and addictions, and more fully integrating activities between sectors to the benefit of women. Linking knowledge to action and creating integrated programs and policy for women requires realistic, pragmatic, solution-focused planning, based on a shared understanding of each other’s roles.
3:00-4:00pm
Symposium 12, Aldwyn Stokes Auditorium G58 (College St. site)
NEWCOMER WOMEN IN ONTARIO: FOSTERING MENTAL WELL BEING THROUGH COMMUNITY PROGRAMS, RESEARCH AND POLICY. (ECHO)

Chair: Khanlou, N., York University, HNES 3rd floor, 4700 Keele Street, Toronto, ON, Canada, M3J 1P3, Tel: 416 736 2100, ext. 20166, Fax:416 736 5714, nkhanlou@yorku.ca

1st panelist: Campbell, P., Echo: Improving Women’s Health in Ontario, 250 Dundas Street West, Suite 603, Tel: 416-597-9687 ext. 226, Fax: 416-597-2361, pcampbell@echo-ontario.ca

2nd panelist: Angelow, L., Access Alliance Multicultural Health & Community Services, 340 College St, Suite 500, Toronto, ON M5T 3A9, Tel: 416-324-0927 ext 237, Fax: 416-324-9074, langelow@accessalliance.ca

3rd panelist: Haque, N., Wellesley Institute, 45 Charles St E, Suite 101, Toronto, ON, Canada M4Y 1S2, Tel: 416.972.1010 ext 259, nasim@wellesleyinstitute.com

Ontario has the highest percentage of foreign-born residents of any province in Canada and Quebec. According to the 2006 Canadian Census, over three million people, over 28% of Ontario’s population, were foreign-born. Almost 100,000 new immigrants to Canada make Ontario their home every year. Newcomer, immigrant, and refugee women have specific mental health needs due to their specific social circumstances. Resettlement, culture shock, separation from family, social isolation, economic and employment challenges, poor housing, and racism they often experience can stress their mental and emotional well-being. This symposium explores mental health needs of newcomer, immigrant, and refugee women in Ontario, by bringing together researchers, community agency workers, and policy advocates. The first presentation describes how recent policy recommendations to include women’s voices in the current 10-year mental health and addiction strategy plan will impact newcomer, immigrant, and refugee women, and suggest further policy changes to address this population’s needs. The second presentation describes how Access Alliance Multicultural Health and Community Services uses Expressive Arts programming as a tool for both mental health promotion and settlement for newcomer, immigrant, and refugee women. The third presentation describes a qualitative research study which explored how racialized immigrant women in a downtown Toronto neighbourhood understood the impact of their neighbourhood on their mental health.

Learning objectives: (1) examine how newcomer women’s mental health needs can be addressed through policy improvements (2) learn how Expressive Arts programming be used as a tool to meet the mental health needs of newcomer women, including lesbian, bisexual and trans newcomer women; and (3) increase understanding of how place influences newcomer women’s mental health.
Although the field of reproductive mental health has typically been concerned with the sexual and mental health needs of heterosexual women, sexual and reproductive functioning are important concerns of sexual minority women as well. In this symposium, we will highlight recent research, and identify important research gaps, in the area of sex and sexuality across the reproductive lifespan. Our panel begins in adolescence, with Dr. Sara Flicker reporting findings from the Teen Sex Survey, a recent community-based research project exploring the sexual health experiences and needs of youth in the Toronto area. Dr. Heather Andruff will then go on to present results of her recent research on sexual pain among lesbians. Dr. Lori Ross will present research examining reproductive mental health, and determinants of mental health, among bisexual women. Carole Baker will draw from her extensive clinical experience to identify promising areas for future research on older sexual and gender minority women. Finally, Loralee Gillis will close the panel with a discussion of policy and practice implications for women’s mental health. Together the speakers will highlight the complex relationships between sexuality, sexual orientation, and women’s mental health.

Learning Objectives:
1. Participants will be able to demonstrate a comprehensive understanding of the complex relationships between sexuality, sexual orientation, and women’s mental health.
2. Participants will be able to describe key issues faced by sexual minority women across the reproductive lifespan.
3. Participants will be able to identify research gaps in the area of reproductive mental health among sexual minority women, and describe new directions for research in this field.

Panelists:
Ross LE, Siegel A, Dobinson C, Epstein R, & Steele LS

‘I don’t want to turn totally invisible’: Mental health, stressors and supports among bisexual women during the perinatal period

Although there is a growing body of literature on lesbian and gay parenting, almost no research has examined the parenting experiences of bisexual people. In this presentation, we will report on a mixed-methods study which aimed to address this research gap through a comparison of social support, experiences of discrimination, and mental health outcomes between perinatal lesbian and bisexual women. Bisexual women reported significantly poorer scores on assessments of mental health, substance use, social support, and experiences of perceived discrimination, relative to other women in the sample. Qualitative analyses highlighted experiences of invisibility and exclusion which may contribute to these poor outcomes. It may be challenging for women to negotiate the invisibility associated with bisexual identity during the perinatal period, due to the implicit assumption that mothers are heterosexual. This invisibility may be linked with a multitude of poor outcomes that could have implications for the mother, baby, and family.

Flicker, S.

From Questioning to Queer: Young women coming out in hostile environments

Toronto is a magnet for lesbian, gay, bisexual, transgender, and queer (LGBTQ) people from across Canada and around the world – our communities are large, diverse, and highly visible. As LGBTQ and ‘questioning’ youth are increasing in visibility in Canadian schools and communities, the need to provide them with improved sexual health services, programming, and education is becoming more and more urgent. Moreover, homophobia and transphobia result in substantial sexual health disparities for LGBTQ youth, including higher rates of sexually transmitted infections. Methods: The Toronto Teen Survey (TTS) is a community-based research project led by Planned Parenthood Toronto that has gathered information on assets, gaps and barriers that currently exist in sexual health education and services for youth. Between December 2006 and November 2009, we collected over 1,200 surveys and spoke with 118 youth and 80 of their service providers. Results: 4% identified as LGBTQ, 3% were ‘questioning’ or unsure about their sexual orientation. Youth were more likely to self-identify as LGBTQ if they were older, and questioning, if they were younger. Half of the youth who identified as ‘questioning’ their sexual orientation are newcomers or immigrants to Canada. Young women were more likely to identify as LGBTQ than young men. Pregnancy rates are higher for LGBTQ youth than for heterosexual youth. LGBTQ youth engage in riskier sex and higher rates of alcohol and drug use than heterosexual youth. LGBTQ and questioning youth still encounter problems when accessing sexual health services and are often invisible in sexual health education in schools. Conclusions: Youth need to be provided with sensitive and relevant reproductive health education and resources that is inclusive of all gender identities and sexual orientations. LGBTQ youth, in particular, need to be supported to find services that are inclusive and welcoming spaces where they can find appropriate information and support.

Andruff, H.L. & Reissing, E.D.

Sexual Minority Women and Vulvodynia

In the past decade, vulvodynia has received considerable attention from researchers who have looked at etiology, treatment, sexual functioning and relationship dynamics for heterosexual women but no information exists about how this physical pain problem affects sexual minority women. To address this, an anonymous, on-line survey was conducted with lesbian, bisexual, and other sexual minority women who were experiencing vulvo-vaginal pain. Results of the survey show that sexual minority women are suffering from vulvodynia and that it is significantly affecting their sexual functioning. For bisexual women in this study, this pain also appears to play a role in choosing the sex of a partner when considering a sexual experience. Health care providers need to recognize that women presenting with vulvo-vaginal pain may not be heterosexual and by making this assumption, they may be participating in subtle discrimination. Further, it cannot be assumed that, because a woman is in a sexual relationship with another woman, vaginal penetration is not an important component of her sexuality.
Baker, C.
Elder LGBTQ women and mental health
Carole Baker is a mental health counsellor in the LGBTQ program at Sherbourne Health Centre in Toronto. Her caseload is comprised primarily of LGBTQ people. One of her areas of expertise is working with lesbian, bisexual and trans women who are seniors. Carole will discuss her knowledge of the struggles of LGBTQ women and how Sherbourne has developed programs and supports for this population. The highlighted issues will include: a) **Invisibility** -- the lives of elder queer women have for the most part simply been overlooked by other segments of LGBTQ communities; b) **Social Stigma** -- Coming of age when homosexuality was considered "abnormal", "deviant", "sinful" can manifest in mental health issues such as low self-esteem, severe anxiety, depression. Coming of age in the 1st half of the 20th century, these women experienced severe social stigma such that there was little choice re. coming out beyond repression or secrecy; some of the women of this era have been able to increase their visibility in later life, for others this has not been possible; what this means, often, is that there is limited or no connection to other queer women, c) **Internalized homophobia** - it is difficult to overcome a lifetime of shame, rejection, hostility, judgment, fear, even violence so as to be able to open oneself to the intimacy, beauty, desire, arousal of lesbian sexuality d) **Family rejection** and the impact on mental health and e) **Skills of service providers** -- service providers are often unable to ask basic questions regarding sexual activity, relationships, changes related to sex that come with aging. The lack of research on LGBTQ seniors exacerbates the isolation and marginalization of LGGBQ senior women. To conclude Carole will share suggestions for improving research and service provision related to the mental health of LGBTQ women.
In the mid-nineties, the BRCA1 and BRCA2 genes were cloned and genetic testing was introduced for individuals potentially at high risk for breast and ovarian cancer. Genetic information is life-altering and has existential impacts for the self and for family members, as the BRCA1/2 are autosomal-dominant; each offspring has a 50% chance of carrying a parent’s mutation. Over the past decade an impressive body of research has been conducted on the psychological and social impacts informing our understanding of how individuals experience receiving knowledge of gene mutations and has highlighted challenges for these families. This symposium will highlight key issues pertaining to the psychosocial impacts and will present research on medical decision-making and evidence-based tools developed by presenters, that can be used in clinical practice to assist those at the forefront of genetic technology to adjust to, and optimally use genetic information.

Mary Jane Esplen, RN, PhD
Dr. Esplen is Director of the de Souza Institute, Clinician-Scientist at the University Health Network and Professor in the Department of Psychiatry, Faculty of Medicine, University of Toronto. A CIHR scientist, Dr. Esplen leads a research program that focuses on psychological aspects of cancer and on the psychosocial impact of being at high risk for cancer.

Titles of Contributions: Overview of Psychosocial Impacts and Those at Increased Psychological Risk

Susan Clarke, RN, BScN, MN, PhD (cand.), CPMHN(C)
Susan Clarke is Nurse Manager at Princess Margaret Hospital, and a PhD candidate at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto.

Titles of Contributions: Development and Evaluation of a Decision Aid for Hereditary Breast and Ovarian Cancer Mutation Carriers in Considering Disclosure to Offspring

Iman Haroun, M.Sc., CGC, CCGC
Masters of genetic counseling University of British Columbia; Canadian & American board certified genetic counsellor; Worked in cancer and general genetics since 2002 in US & Canada

Titles of Contributions: Reasons for risk-reducing mastectomy versus MRI-screening in a cohort of women at high hereditary risk of breast cancer.
Learning Objectives:
1. Increased Awareness of the Specific Psychosocial Impacts of Genetic Testing for BRCA1/2
2. Increased Ability to Identify Individuals at Psychological Risk Undergoing Genetic Testing
3. Increased Knowledge of Key Issues Surrounding Decisions Concerning Prophylactic Surgery or screening.
4. Increased Knowledge of Factors Associated with Decision-Making Surrounding the Need to Notify Offspring of a Genetic Mutation.
3:00-4:00 PM
Symposium 15- Room 801 (College St. Site)
THE VALIDITY PROJECT: 10 YEARS OF COLLABORATIVE MENTAL HEALTH PROGRAMMING,
RESOURCE DEVELOPMENT AND RESEARCH WITH YOUNG WOMEN
Chair: Cathy Thompson
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The VALIDITY (Vibrant Action Looking Into Depression In Today’s Young Women) Project was
developed in 1999 with the aim of partnering with young women to explore their perspectives
of factors that may be central to the emergence, prevention, and treatment of depression. A
participatory model was utilized with the aim of empowering young women by centralizing
their voices and involving them in positions of active leadership throughout the project. The
knowledge gained from this research led to the development of prevention, education, and
treatment resources for young women who may be vulnerable to depression, and for the
service providers from whom they may seek assistance. Since its inception, and through
ongoing research and program development, the purpose and scope of the VALIDITY Project has
expanded significantly. While still maintaining its focus on resources for young women who are
at risk of depression, the project now includes a focus on resiliency, trauma, and diversity.
This symposium will describe the evolution of the VALIDITY Project, including key findings from
research, as well as educational resources, community initiatives, and clinical interventions.
The contributors to this symposium have a longstanding history with the VALIDITY Project and
will speak to the achievements and challenges that have emerged throughout their work.
Cathy Thompson and Cheryl Vrkljan will provide a historical perspective of the VALIDITY
Project, leading up to the development of the most recent initiatives and resources, which
include preliminary research on attitudes and practices of health care professionals with regard
to trauma and young women, and the development of materials to assist physicians in
understanding young women’s experiences of depression. Donna Akman will describe the “Girls
Talk: Building Resiliency” project, which explores participants’ experiences of a strengths-
based group intervention for young women with mental health and addictions problems.

Learning Objectives:
1. Participants will be able to describe the history and development of the VALIDITY
   Project.
2. Participants will be able to describe some of the key findings from research that has
   emerged out of the VALIDITY Project.
3. Participants will be able to identify the resources that have been developed through
   the VALIDITY Project for young women and service providers.
The psychosexual problems of gynecologic cancer patients are well documented but there have been few investigations of interventions for this population. An Internet-based support group may be especially efficacious for gynecologic cancer patients with psychosexual problems given its relative anonymity. This presentation describes the development and pilot testing of an online group for this population. This presentation will describe: 1) the 12-week, web-based support group, 2) recruitment and retention efforts, and 3) preliminary findings. Women were randomly assigned to immediate treatment or to a waitlist condition. The intervention was 12 weeks long and each week participants were provided with a new topic for discussion along with high quality health information. A bulletin board format was used enabling participation 24/7 and a chat session was offered in week 10. Participants completed outcome measures at baseline, 3-month and 6-month follow-ups, a program evaluation questionnaire to assess satisfaction, and a debriefing interview. We will describe the lessons learned in facilitating this online support group, including the challenge of engaging women in talking about their sexual concerns. Preliminary findings based on the Female Sexual Distress Scale-Revised, the Hospital Anxiety and Depression Scale, the Illness Intrusiveness Scale, and the Sexual Adjustment and Body Image Scale will be presented. A professionally facilitated web-based support group that also provides high quality health information may be beneficial for women suffering from psychosexual concerns following treatment for gynecologic cancer. In considering such groups, it is important to be aware of the challenges in facilitating online groups on such sensitive topics.

Learning Objectives:
1. Identify at least 3 psychosexual consequences of gynaecologic cancer.
2. Name some of the benefits of this online, asynchronous support group.

Integrating a transplanted heart: women, distress and mental health.
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Heart transplantation is the accepted treatment for patients with end stage heart failure. To date, quantitative studies have maintained that only 20% of transplant recipients experience mental health/distress post transplant and this is usually related to employment. However, using a phenomenologically informed visual methodology, our interdisciplinary team concluded that over 50% of recipients in our local sample experienced both transient and pervasive mental health distress post transplant. We asked, what is it specifically like for women in our sample? Do the types of distress shift, and can we begin to theorize some of the reasons why?

Focused open-ended interviews with 27 medically stable HTR [30% female, mean age 53 yrs [13.8; mean time since Tx 4.06 yrs 2.4], were audio/video-taped to capture voice and body language, and transcribed verbatim. NVivo8 was used to code language, bodily gesture, volume and tone. 23 of 27 patients approached also completed self-report questionnaires (SF-36 and Atkinson Life Satisfaction Scale [ALSS]).

Although the self-report questionnaires suggest most in our sample are ‘just fine’, our interview data revealed that of the 7 women with analyzable data, all had experienced distress related to their transplants, and for 5 of them that distress was pervasive and debilitating. Departing from the literature, none of the women spoke to issues around employment. Instead, all 7 (100%) pointed to their feelings around the donor as the primary source of concern post transplant. Only 61% (or 11/18) of the men concurred.

We argue that women’s mental health post transplant is an entirely under-researched area of mental health inquiry. Traditional self-report questionnaires fail to capture the nuances associated with transplantation as well as women’s feelings around the donor. We encourage other researchers to further explore qualitative methodologies that contribute to knowledge around transplantation, women and mental health.

**Learning Objectives:**
1. Have increased knowledge and research capacity around women, mental health and heart transplantation
2. Understand the benefits of using a phenomenologically-informed audio/visual methodology in mental health research
3. Appreciate how interdisciplinary research expands theoretical, methodological and substantive possibilities in women's mental health

**Healthy lifestyle behaviour change in women with schizophrenia: Clinical and research considerations**

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At a time when we talk of chronic diseases reaching epidemic proportions in the general population, those with mental illness appear to face an even greater crisis in this regard. This
increased risk for developing chronic diseases can be partially attributed to components of lifestyle, such as inactivity and poor dietary behaviour. This presentation will focus on issues relating to healthy lifestyle behaviour change in women with schizophrenia. In the first part of the presentation, Dr. Kelly Arbour-Nicitopoulos will provide a broad overview of the need to address physical activity and nutrition among individuals with schizophrenia, as well as she will present data from the Metabolic Health Monitor, an electronic monitoring tool developed at CAMH, which underscores the need for interventions focused on obesity and cigarette smoking in women with serious mental illness. In the second presentation, Natasha Golding, a Registered Recreation Therapist in the Mental Health and Metabolism Clinic at CAMH will discuss the development and implementation of a 6-week, group-based physical activity and diet program, the Healthy Lifestyle Promotion Program (HELPP), for women with schizophrenia. Discussion of the barriers and facilitators to lifestyle behaviour change programs in women with schizophrenia, as well as the need for inter-professional team collaboration will be highlighted.

**Learning objectives:**

1. Describe the rationale for health promotion in this population, and identify gender-specific metabolic risk factors;
2. Recognize the barriers and facilitators to lifestyle behaviour change in women with schizophrenia;
3. Appreciate the importance of monitoring metabolic parameters in those treated on antipsychotic medications and gender specific differences in rates of obesity and cigarette smoking
4. Identify the roles of the interprofessional team, as well as to recognize practical, effective strategies to engage clients in healthy lifestyle choices.
Afghan women’s mental health during the Taliban regime.
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War and political instability have profound effects on the mental health of those it touches. The years of war, social dislocation, and the terror engendered by the Taliban and focused so often on women, exacted a severe price in terms of Afghan women’s mental health. This paper presents the results of a qualitative study that examined the lived experiences of women in Afghanistan under Taliban rule as articulated by ordinary women themselves. Data from 11 women were gathered through the use of individual interviews, and analyzed using Miles and Hubermans’ (1994) analytic framework. Themes emerged that described the Taliban regime’s policies regarding Afghan women, the overall responses of women to the policies, including the impact of those policies at the time (1996-2001), and the situation of women in the post-Taliban era.

The Taliban regime’s anti-women policies denied women education, employment, freedom of movement, and access to health care. Those who committed any infractions were met with severe punishment. The administration of these policies led to various psychological effects, including: anxiety, fear, as well as symptoms of depression and posttraumatic stress. In addition to signs of distress described by participants as they recalled their experiences under the Taliban regime, this study highlights the resistance, resilience and coping strategies employed by the Afghan women. This paper will focus on Afghan women’s mental health during the Taliban regime and the survival strategies they employed in order to persevere through one of the most condemnable periods in the history of Afghanistan. The study results and their analysis is especially timely, given the increasing Taliban insurgency in Afghanistan, and the looming possibility of a resurrected Taliban rule in the country. The implications of such a resurrection will likely have dire consequences for women’s mental health in Afghanistan.

Male partner violence against women in northern Ghana: its dimensions and health policy implications.
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Violence against women (VAW) cuts across ethnicity, religion, and class. VAW is usually perpetrated by men in relationships of trust, intimacy, and power such as husbands, boyfriends, fathers, fathers-in-law, and even sons. The UN (1993) defines VAW as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private”. Women are subjected to physical violence, sexual violence, and psychologically injurious behavior. Multi-country, single-country, and community-based studies show that between 10% and 71% of women experience partner violence in their life time. The 2008 Ghana demographic and health survey (DHS) found that 58% and 42.8% respectively of ever-married women have suffered physical and sexual violence by a partner.

Violence is a health problem for women and their children. In addition to physical injury, VAW results in mental health problems, STI/HIV infections, and pregnancy and birth complications. There is a dearth of formal scholarship on male partner violence in Ghana as a whole and in the northern region in particular. My project is intended to fill this gap.

The study aims to:
1. establish prevalence of VAW in the region
2. identify the causes and health implications of VAW
3. identify how women cope with and resist partner violence, and
4. initiate a change agenda that will stop VAW and provide key services to both victims and perpetrators.
I will do a cross-sectional survey with a sample of 600 women aged 18-49 years recruited from health clinics in the region. Data will be collected using a structured questionnaire in face-to-face interviews. Preliminary lessons: empower women through education; strengthen psychosocial support more than criminalizing violence; and build on existing strengths to successfully resist violence.

Changing career pathways, changing self-respect, and empowering Cambodian beer-selling women.

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Learning objectives: also include increasing sensitivity to gender inequalities in health in impoverished countries with little infrastructure, and exploring ways for health promotion skills and resource transfers to occur between thoughtful first world audiences and struggling developing communities.
Dance movement as a therapeutic option for women experiencing postpartum mood disorders.

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It is estimated that up to 20% of women experience a significant and debilitating Postpartum Mood Disorder (PPMD) following the birth of one or more children, and if left untreated, there can be serious consequences for women, children and families. Early health care intervention and social support is well documented within the research literature as essential to recovery (RNAO, 2004; Dennis, 2005; Scrandis, 2005). Dance Movement is a health and healing modality known to benefit diverse populations, with a growing body of research to support its use in clinical practice (Payne, 2006; Leventhal, 2008; Tsang, Chan, & Cheung, 2008; Ward, 2008). While early screening, identification of those at risk, and early medical treatment has been established as a standard of practice for PPMD, there is little research evidence to indicate the potential benefits of various complementary treatment modalities. The purpose of this paper is to describe an innovative pilot project in which dance movement is introduced as a supplemental treatment option for women recovering from their experience with PPMD. Women are invited to participate in six, one hour sessions of dance movement; they complete the McGill Quality of Life tool before their sessions begin and again after their final session. One hour interviews are conducted to learn about their lived experiences and perceived benefits through their recovery.

Learning Objectives:
1) learn about the experiences of women who were offered the option of dance movement as an enhancement to their recovery process through PPMD
2) experience a brief sample of dance movement as a therapeutic intervention, led by presenter, a community health nurse and certified dance movement instructor
3) reflect on the potential benefits of dance movement as a health and healing modality applicable within many settings in support of women and families.

Art Therapy with Women.
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There is a strong correlation between art therapy and victims of trauma and it seems to be a very beneficial method of helping survivors move through their various stages. The presentation will focus on demonstrating to participants the benefits of art therapy with a population of clients who have experienced trauma. The participants involved in the research were all adult females who had experienced domestic violence and were relocated to a shelter. The art therapy took place twice a week for 1.5 hours over a period of 8 weeks. The participants completed evaluations of the program during the last session and overall it was concluded by participants that the art therapy sessions made them feel “happier” and gave them a chance to “express themselves”.

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One of the major advantages of using art therapy with this specific type of population is that through the art they are able to create a safe place/container. The goal of creating a container is to help the client transfer these feelings into their own life, which can help them feel safer within their environment. There are several directives that can be used with individual or group where the client can create a “safe place”.

**Learning objectives:**
1. informing participants how they can use directives that are aimed at helping the client move through the various stages of their recovery.
2. informing participants about the advantages of art therapy with victims of trauma.

**Building bridges with at risk orphans in Ukraine**

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Over the past fifteen years more than five thousand orphans have attended a summer life skills building camp in Ukraine’s Carpathian Mountains. The camp is funded, organized and run by Help Us Help the Children, a non-profit charitable organization, affiliated with the Children of Chornobyl Canadian Fund in Toronto, Canada. The goal of camp is to provide tools for the children to help them reach life goals and become productive members of Ukraine’s society

As long time member of HUHTC, the presenter has been incorporating art techniques into the daily camp programs and workshops as Art, Art Therapy, Anti-Human Trafficking, Business, Health & Safety, Psychological and Spiritual Self. The techniques are used to foster creativity, self-concept, self-esteem, problem-solving, and socialization. The art-making allows the children to express past and present traumatic experiences as well. Often it is difficult to verbalize a trauma, but by expressing it in symbols and metaphors, it is possible for a child to work through the event and to heal without depending exclusively on verbal exchange (Dracknick, 1995).

Through slide presentation, the presenter will take participants on a journey to the mystical Carpathian Mountains. The presenter will then share with the audience the initial stages of her CCCF-HUHTC quantitative research project based on the pencil and paper ‘Draw a Bridge’ projective drawing technique (Hayes & Lyon, 1981) completed by approximately two hundred orphans (age 12-18).

**Learning Objectives:**
1) describe various art techniques used with at-risk orphans;  
2) identify innovative ways to incorporate art techniques in various therapeutic and educational workshops; and  
3) discuss cultural, ethnic, and language barriers that arise in therapeutic sessions.
Ontario Woman Abuse Screening Project - Building capacity to support abused woman with mental health and addiction issues.

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The Ontario Woman Abuse Screening Project addresses the problem of a lack of trauma-informed services for women particularly for women who are Francophone, First Nations/Aboriginal, rural, sex workers, marginalized and/or homeless. A primary outcome of this initiative is that women accessing mental health/addiction services will be routinely and comprehensively screened for abuse/trauma providing opportunity to disclose abuse and receive abuse/trauma-informed services and more holistic integrated support. The objective for this presentation is to a) introduce our initiatives for capacity building to address the needs of abused women with mental health and addiction issues b) present the result of our collaborative efforts and c) foster further collaboration around these issues.

Community-based action research is a research method that seeks to involve active participants (Stringer, 2007). Within this project, women with lived experience and fifty woman abuse, mental health/addiction and sexual assault services are collaborating across eight regions in Ontario to transform how services are provided to abused women.

Participatory Action Research is an ideal method for researchers who are committed to co-developing research programs with community partners also acting as researchers (McIntyre, 2008). Participating agencies and individuals within the Ontario Woman Abuse Screening Project have engaged in ongoing focus group discussions within and across regions to determine a) areas of focus and b) the steps needed to take action. From the analysis of a particular focus group discussion (Corbin & Strauss, 2008) emerged essential themes such as 1) focusing on the woman with lived experience 2) the “real” need for inter-sectoral collaborations and 3) the importance of fostering links with the broader education community to uncover best practices.

We will introduce our web site www.womanabusescreening.ca which a) provides resources for building capacity for abuse/trauma-informed practice and screening for woman abuse/sexual assault/trauma and b) promotes links across sectors and to the broader community.

Disability Strategy for the Neighbours Friends and Families: Violence Prevention Initiative

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Neighbours, Friends and Families is a public education campaign designed to raise awareness of the signs of woman abuse, so that those close to an at-risk woman or an abusive man can help. It has been recognized that the conditions and needs of communities differ and diverse approaches are needed to reach diverse communities. An outreach strategy and resource materials were initially developed for Ontario’s mainstream population. The campaign has been adapted for Francophone communities and Aboriginal communities. Efforts are also underway to adapt the campaign for diverse ethno-cultural communities. Now we are beginning to gather information through key informant interviews, focus groups and advisory committee feedback in order to prepare a strategy that reflects the needs of the communities of Ontarians who have disabilities as well as Ontarians who are Deaf, deafened and hard of hearing. The presentation will focus on the strategies used to engage a cross disability perspective in conducting any type of research. Preliminary findings from the piloting of key informant interviews will be presented. The project is awaiting ethics approval to conduct focus groups with people with disabilities and Deaf, deafened and hard of hearing people.

Learning Objectives:
1. Share preliminary findings about the information need of people with disabilities and Deaf, deafened, hard of hearing individuals as it pertains to domestic violence.
2. Share strategies for inclusive research

Reducing barriers for women fleeing violence: Improving Transition House accessibility for women impacted by mental wellness.

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Researchers and staff working in the Violence Against Women, Mental Health and Substance Use fields have noted that mental wellness and substance use can fluctuate as women cope with violence. Yet, few Violence Against Women service agencies are equipped to support women around each issue. In some cases, women may be unable to discuss the impacts that violence has on their mental wellness and substance use for fear of being barred from Transitional Housing where strict abstinence based policies are in place. Indeed, one of the major reasons women are unable to access Transitional Housing stems from the current inability of many Service Providers to work with women are impacted by mental wellness and substance use. In recognition of this, the BC Society of Transition Houses (BCSTH) has undertaken a research-based project to help foster relationships across sectors and develop a Promising Practices toolkit for supporting women fleeing violence in Transitional Houses in British Columbia (BC). As part of this project, the Woman Abuse Response Program (WARP) at BC Women’s Hospital and Health Centre conducted focus groups and surveys with women who have accessed Transitional Housing to learn about their experiences.

In this paper we provide background information about the project, including the process of building cross-sector relationships. We highlight themes from focus groups and surveys with women who have come in contact with Transitional Houses in BC. Major findings from surveys with Service Providers about challenges and successes in supporting women are also discussed. Service gaps and recommendations for improvement, including discussion around what Service Recipients and Providers have found effective, are considered with a focus on women-centred,
harm reduction and collaborative frameworks which have been found to be essential when supporting women impacted by violence, mental wellness and/or substance use.

**Learning Objectives:**

1) Increase awareness of initiatives to provide integrated services for women impacted by violence, mental wellness and substance use in BC.

2) Gain knowledge around what Service Recipients and Service Providers have found effective for supporting women fleeing violence who are impacted by mental health concerns and substance use.
Short- and long-term impact of untreated maternal depression on the child.

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Growing research evidence confirms adverse outcomes associated with both antidepressant
exposure and untreated antenatal depression. The purpose of this paper is to provide a
synthesis of existing evidence regarding the impact of untreated antenatal depression on the
child. A search of Medline, Embase, Pubmed, and Psychinfo databases up to June 2010 yielded
over 8000 abstracts with 61 studies meeting inclusion criteria. Quality of each study was
assessed and relevant data extracted. Metaanalyses were performed on 32 studies for preterm
delivery, gestational age, birth weight, mode of delivery, NICU admission, and breastfeeding
initiation. Depressed women had increased rates of preterm delivery overall (OR: 1.206, 95% CI
1.038-1.401, p = 0.014) and increased rates of spontaneous preterm delivery (OR: 1.429, 95% CI
1.071-1.904, p = 0.015), compared to non-depressed women. When analysis was repeated
controlling for antidepressant use, the difference became non-significant (p = 0.540),
suggesting that the difference was due to antidepressant exposure. There was no significant
difference between depressed and non-depressed women with regard to mode of delivery,
specifically vaginal (p = 0.606), assisted vaginal (p = 0.547) and cesarean section (p = 0.126).

Infants of depressed mothers had lower birth weight than infants of non-depressed mothers
(Mean Group Difference, g., (SD): 124.34 (39.54); 95% CI: -0.169, -0.061), and were born at an
earlier gestational age (Mean Group Difference, days, (SD): 2.1 (0.56); 95%CI: - 0.136, -0.044),
but there was no significant difference in NICU admission (p = 0.565), even when controlling for
antidepressant use (p = 0.562). Women who were depressed during pregnancy were less likely
to initiate breastfeeding than non-depressed women (OR: 0.611, 95%CI: 0.558-0.669, p <
0.001). Findings from studies of developmental outcomes were too heterogeneous for
metaanalyses, and summaries of these data will be presented. Results indicate that untreated
depression during pregnancy is associated with untoward effects in infants.

**Learning objectives:**
Participants at the presentation will: a) gain a better understanding of the potential adverse
impact of untreated antenatal depression, and b) develop a greater awareness of the
importance of recognizing depression during pregnancy.

Creating a circle of support for pregnant women and new parents: response to a new tool
for health service providers.

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Almost 20% of women struggle with depression and anxiety during pregnancy and up to one
year postpartum. Support, defined as a well-intentioned action to a person with whom there is
a personal relationship that produces an immediate or delayed positive response, is an important ingredient of recovery for the individual and of benefit for the whole family. Health service providers can encounter challenges though, in providing support that is meaningful and effective for individual women.

Creating A Circle of Support is a manual for health service providers with the aim of helping women and their families to create a circle of support, i.e., increasing information, instrumental assistance, emotional and therapeutic support, that will aid their recovery and family well-being. The manual consists of background information, research findings, concept definitions and examples from practice settings and includes a tool to assist professionals assess the support a woman has and help her create a complete circle of support.

Since the release of the manual in January 2010, one face-to-face and two online workshops have been provided to familiarize health service providers with the tool. Evaluation of the workshops shows high satisfaction with the resource and increased requests to use the resource in a variety of practice settings.

Learning Objectives:
1. Understand the concepts of support and supported self-management as healing strategies in perinatal mental health.
2. Become familiar with the 4 categories and 16 specific types of support for perinatal women; how they can be used to assess and create an individually tailored circle of support.
3. Gain greater insights into what contributes to satisfaction among workshop participants and manual users.

Lesbian, bisexual and queer co-parents: An exploratory study of the factors affecting mental health and wellness during pregnancy.
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Background: Lesbian, bisexual and queer (l/b/q) co-parents have a unique role in the parenting spectrum. The term co-parent refers to the expecting but not-pregnant partner. Data suggest that there are unique mental health and wellness stressors for l/b/q co-parents, however, research addressing this topic is scant. We know little about the diverse experiences of parenting in the lesbian, gay, bisexual, transgender, and queer (LGBTQ) context. However, we know even less about the experiences of pregnancy and the transition to parenting in the LGBTQ context, particularly with respect to the experiences of l/b/q co-parents.

Objectives: The objectives of this study are threefold: To explore the socio-cultural factors that affect mental health and wellness in l/b/q co-parents during pregnancy;To describe l/b/q co-parents’ experiences of mental health and wellness during pregnancy; To develop a theoretical framework that will inform future research, policy development, and programming in this area.

The Gendered Context: Stigma, discrimination, social exclusion and lack of social support are known stressors of adverse mental health outcomes in l/b/q women, and are potentially amplified for l/b/q co-parents who often bare the brunt of the invisibility attached to being a l/b/q mother. This research will explore the gendered context of pregnancy by examining l/b/q co-parents’ unique experiences of being ‘pregnant’ in a heterosexist society that values traditional models of family over other models that include a diverse range of genders, sexual orientations and relationships.

Methods: Qualitative interviews were conducted with eight participants. Data analysis is currently in progress. Key findings will be presented.

Implications: This is the first research to explore mental health and wellness of l/b/q co-parents during pregnancy, addressing a significant gap in the l/b/q parenting literature. These research findings have important implications for the development of programs and resources that promote mental health and wellness for l/b/q co-parents.
Learning Objectives:
1. To introduce to the topic of mental health and wellness in LGBTQ parents, and provide background information on mental health and wellness in l/b/q co-parents.
2. To describe the experiences of l/b/q co-parents in this study throughout the pregnancy process, and the socio-cultural factors that contribute to their experiences of mental health and wellness.
3. To explain the implications of the study findings within a health promotion framework, and offer recommendations for policy and practice in the field of l/b/q women’s mental health.
Best Practices for Supporting Women with Experiences of Violence and Mental Ill Health and/or Substance Use.

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The association between woman abuse, substance use and mental ill health has been well documented across demographic groups and diverse treatment settings. Current research confirms that women’s experiences of abuse and/or trauma often precede their substance use and/or mental ill health. Yet, as findings from the Woman Abuse Response Program’s Building Bridges project reveal, few agencies and practitioners in British Columbia are equipped to provide the range of services needed by abuse survivors who also experience substance use and/or mental ill health. Practitioners and women highlight the critical need for direction and action to expand service mandates, improve staff capacity and implement best practice approaches that effectively support this underserved population of women.

Standardized, cross-sectoral consultations and interviews with service providers and policy leaders (n=460) primarily from the anti-violence, addictions, mental health, and health care sectors were conducted. In addition, 13 focus groups (n=100) were conducted with women with lived experiences of abuse and substance use and/or mental health issues.

Learning Objectives:
1. Increase understanding about the complex interplay between women’s experiences of violence and/or trauma and mental ill health and/or substance use.
2. Recognize the potential for harm associated with ineffective, inappropriate and unsafe service provision and treatment approaches for this vulnerable population of women.
3. Identify Best Practice approaches for serving this population of women and supporting improved outcomes.

The determinants of mental health for black women charged with a domestic-violence related offence.

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Women charged with domestic violence offences present many theoretical and practical challenges for service providers, policy makers, social researchers and society. While there exist a vast amount of programs and services for women who are victims or survivors of domestic violence, women charged with a criminal offence are often times a forgotten group. Furthermore, the experiences of racialized women, particularly, black women have received very little attention in discussions on women’s criminality. While there is a growing body of research on the mental health needs of women offenders; research examining the mental health needs of black women charged with an offence in their intimate relationships is sparse. Women charged with an offence often times report histories of victimization in their childhood or in their intimate relationships. Although the needs of women in conflict with the law are
similar to that of women who have been abused, women offenders tend to have a higher incidence of mental health disorders. This qualitative research was informed by critical race theory and used narrative inquiry and black feminist theory in order to convey the experiences of black women. Additionally, this particular research included the voices of front-line workers who have had direct contact with black women charged with an offence. The number of participants recruited for this study was between 6-10 women. In order to be eligible to participate in this study, participants must live within the Greater Toronto Area and self-identify as black and be either of an African or Caribbean decent. Participants must be between the ages of 18-59 years and must have been charged, but not necessarily convicted with a domestic violence-related offence within the last 5 years.

Learning Objectives:
To examine the impact of mandatory and dual arrest charges on the mental health of black females.

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The Psychiatric Recovery Center (PRC) is an outpatient program in the Department of Psychiatry at St. Luke’s-Roosevelt in New York City that serves people with severe or psychotic mental illnesses through a recovery paradigm. As treatment in the clinic, people are assigned a case manager, a medication prescriber (MD/NP) and groups. Though the PRC has a plethora of groups, none are tailored only to women or that cover women’s-specific issues. Before initiating a new women’s program in the PRC, it was critical to not only assess the need for these services but the content that should be addressed. Methods for assessment included conducting informal interviews of clinic staff, distributing a formal client and clinician survey and conducting focus groups of female clients and clinicians. Results from the client and clinicians surveys showed a large majority having some level of satisfaction with services available for women in the clinic but the clear need for improvements. Regarding group topics, people expressed interest in learning about mental health disorders and how they affect women, women’s bodies and health-specific issues, and interpersonal relationships. The most impressive result from the client survey reflected the women’s need to have a safe place to talk about, and experience, relationships. They spoke of their unwillingness to talk of their loneliness in front of male clients for fear of being embarrassed or becoming a target of unwanted sexual advances. As a result of the multi-stage assessment, and a final review with interested clinicians, two new groups were organized. The first group was an interpersonal group focused on learning about, and building, relationships through an experiential process. The second group was a structured and time-limited group geared to learning about women’s issues through the life-stages. To enrich the group, a manual was created that includes general information and worksheets.

Learning Objectives:
1. To understand the needs and interests of women with severe mental illness in the context of outpatient group treatment.
2. To review the process of conducting a needs assessment that includes both clinician and client feedback.
3. To explore the content of the newly designed interpersonal and structured women’s groups in more detail.
3:00-4:00 pm  
Session 22, Room 4058A (Russell St. site)  
ANTI-OPPRESSIVE PRACTICE AND INTERSECTIONALITY

Shifting the recovery model paradigm: Positioning anti-oppressive practice and ecology-based social work practice in mental health services with women consumers.  
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In accordance with the recovery model of practice, the deinstitutionalisation of mental health services is argued as providing consumers greater independence while maintaining a more self-directed role in their care. However, there is a growing debate about the nature of independence that is both possible and appropriate within this model. The recovery model of practice embraces principles of increased self-reliance and independence that are promoted by shifting the identity of individuals with mental illness from ‘patient’ to ‘social citizen’. However, this direction is constrained by the patriarchal community-based care movement that presents male issues as the norm, thereby devaluing women’s experiences and perpetuating their dependency within the system. Hence, male biases currently informing the recovery model of practice are of particular relevance for women who experience unique challenges. Intersecting oppressions experienced by women as associated with their gender and the stigma of mental illness are largely overlooked within the recovery model of practice. Although this practice model adopts objectives of self-reliance, it often fails to recognise women’s challenges to achieving independence. As such, gender blindness dominates within this practice model and is responsible for maintaining and reproducing existing oppression of female consumers of mental health services. The focus on individualised care ultimately adopts a ‘gender-neutral’ approach to practice and research that continues to marginalise women’s mental health issues and unique needs. In response to these concerns, this paper explores the merits of Anti-Oppressive Practice and Ecology-Based social work as a framework for a women-centred recovery model of practice. With its emphasis on acknowledging the intersections of gender and mental illness in addition to the interconnectedness of women and the natural environment, this paper discusses anti-oppressive practice and ecology-based social work as a means to challenge patriarchy, individualism, gender-blindness, and fragmentation within the current mental health system.

Learning Objectives:
1. To increase awareness of the type and nature of challenges women experience as consumers within the mental health system and the recovery model of practice.
2. To analyse existing biases within the recovery model of practice and their impacts for women with mental illness.
3. To consider alternative paradigms and their potential for ‘feminising’ the recovery model of practice.

Conversations with Mad women students: Education as a social determinant of mental health?  
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Statement of Issue: Using the term Mad is a political way of taking back language that has been used to oppress individuals with mental health issues. It has been argued that enrolling in higher education is ‘good’ for an individual’s mental health recovery. In this paper, we report on a pilot project that explored the experiences of Mad women students enrolled in a local school of social work. We asked, what are their experiences of ‘coming out’ about their mental health histories, what are the reactions from peers, faculty and administrators and has this supposedly ‘anti-oppressive’ education been a factor in their ongoing mental health and wellness?

Description of Research Participants/Methods: Using principles of community based participatory research, (CBPR), the Mad research team recruited 6 women students who identified as having/had mental health issues. A Mad student researcher conducted qualitative, open-ended interviews with the women, and as per CBPR, coding and analysis was both iterative and inclusive.

Results: Working with the data, five main themes were developed including; the elusiveness of anti-oppressive practice(s), varied voices of madness, systemic silencing, shaming and blaming in the academy, unsupportive formal supports and the benefits of “coffee and karaoke”.

Conclusions: Taking a theoretical view of the data, we question whether social work school is a positive determinant in women’s mental health and recovery. We question whether anti-oppressive practice is as inclusive as it purports to be, and we argue for more participatory research with and for Mad students in the helping professions. Finally, we believe that anti-oppressive social work education has progressive potential to address women’s mental health issues differently. In turn, anti-oppressive social work education could be more supportive of women with mental health experiences. However, for this to happen it is necessary to consult with, listen to and respect the voices of Mad women students.

Learning Objectives:
1. Is enrolling in higher education ‘good’ for an individual’s mental health recovery?
2. What are the experiences of women who have/had mental health issues enrolled in anti-oppressive social work education?

Falling through the cracks: The importance of intersectionality in women’s mental health.
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Using a social justice lens, intersectionality can be a useful tool for researchers, practitioners, and policy makers working with women faced with mental health challenges. Intersectionality serves as a lens to examine the multiple and layered identities shaping women’s health. Vulnerable groups, such as homeless mothers with mental illness, face unique challenges and health inequities. In working with these women and addressing such inequities, intersectionality allows health practitioners, researchers, and policy makers to understand the interacting injustices influencing women’s health experiences. Intersectionality promotes us to embrace the complex, interconnecting, and layered influences that shape health experiences, rather than avoid them. To better understand social determinants, social injustices, and health inequities, I will explore intersectionality as a tool for mental health practitioners, researchers and policy makers, grounded in the experiences of homeless single mothers with mental illness.

Learning Objectives:
1. The viewers will gain insight into the usefulness of intersectionality as a tool for addressing health inequities.
2. The viewers will recognize how some traditional lenses/theories fail to embrace complexity of health experience.
3. Viewers will understand how women’s mental health intersects with multiple identities/experiences to ultimately shape health.
Association of the catechol-O-methyltransferase gene with comorbid childhood attention-deficit/hyperactivity disorder in women with bulimia nervosa.

**Presenter:** Yilmaz, Z.

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**Purpose:** Bulimia nervosa (BN) is a psychiatric disorder that predominantly affects women, and is characterized by regular binge eating, purging and characteristic psychopathology. Up to one third of patients with BN report a history of attention deficit/hyperactivity disorder (ADHD) symptoms, and similar to ADHD, there is evidence suggesting that BN may also be associated with abnormalities in the dopaminergic system. Catechol-O-methyltransferase (COMT) is an enzyme responsible for the degradation of catecholamines including dopamine, and the COMT gene has been linked to ADHD in several studies. The purpose of this study is to explore the possible association of COMT genetic variants and haplotypes with comorbid ADHD in women with BN.

**Methods:** We genotyped 83 BN probands for COMT rs4680 (Val158Met) functional polymorphism and three adjacent variants, composing functionally different haplotypes. The patients also completed the Wender Utah Rating Scale (WURS) for the assessment of childhood ADHD history.

**Results:** Childhood ADHD rate, as assessed by WURS, was 24% among the BN patients who participated in this study. The high-activity allele (Val at rs4680) was associated with the presence of comorbid childhood ADHD. Medium-activity COMT haplotype was significantly underrepresented in BN patients with comorbid childhood ADHD compared to those without comorbid childhood ADHD.

**Conclusion:** To our knowledge, this is the first study to look at the role of COMT in comorbid ADHD in BN. The pathophysiology of both BN and ADHD may in part be related to underlying dopaminergic abnormalities, and if replicated in a larger sample, these findings may have implications for treatment with dopaminergic agents for BN patients with a childhood history of ADHD.

**Learning objectives:**
1. To understand that bulimia nervosa and ADHD are highly comorbid
2. To learn why the COMT gene and the dopaminergic system may play a role in the etiology of bulimia nervosa with comorbid ADHD
3. To recognize the possible clinical implications of the findings pertaining to COMT gene in bulimia nervosa

Gender differences in aggressive behaviour in childhood and adolescence and the relation to psychopathic traits.

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There is a general assumption that boys are more aggressive than girls. However, research has suggested that this may not be the case. To get a true estimation of the comparative rates of aggression, we must consider different modes of aggressive behaviour. Specifically, there is some evidence that girls commit more relational aggression (such as excluding a targeted peer from social groups, or spreading malicious gossip) than boys, who use more overt aggression.
(such as the use of physical violence or verbal threats). When considering both types of aggression, the rates of use may actually be closer to equal. However, another question that has arisen in the literature is whether the differences between genders in rates of aggression, in terms of both frequency and type, is the result of an informant bias, where parents and teachers are more likely to rate boys as being more aggressive generally, and as committing more overt aggression than girls. The purpose of the current study is to examine the patterns of relational and overt aggression in children between the ages of 3 and 17 years in the community via packages of questionnaires that are mailed out to consenting participants. We will be looking at the different uses of these types of aggression in boys and girls based on parent reports using the Child Behaviour Checklist. Additionally we will be comparing self-reports to parent-reports of aggressive behaviour for children that are 11 years old and older to determine whether there is any evidence of an informant bias that has been demonstrated in previous literature. Finally, we will be relating the aggressive patterns of behaviour with the presence of callous and unemotional traits as precursors to the development of psychopathy, as measured by the Inventory of Callous and Unemotional Traits.

**Cross-sensitization between amphetamine and stress in a rat model: implications for sex differences in vulnerability to addiction.**

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The relationship between stress and addiction is well documented; however, the neurobiological mechanisms underlying this relationship are not well understood. Sex differences are observed in the function of neurocircuitry implicated in stress (i.e. the hypothalamic-pituitary-adrenal (HPA) axis), and in reward/motivation. However, very little research investigating sex differences in the interaction between stress and addiction exists. The present study aimed to fill this gap in knowledge by investigating the neurobiological interaction between stress and substance use in both male and female rats. A model of repeated exposure to d-amphetamine (AMPH) was utilized, which regularly induces behavioral sensitization to drug challenge and cross-sensitization to subsequent stressors in rats. Importantly, enhancement of behavioral sensitization to AMPH can be associated with increased vulnerability to substances of abuse. Past studies with male rats have demonstrated increases in stress hormones (corticosterone (CORT) and adrenocorticotropic hormone (ACTH) in response to a stressor following AMPH exposure, but this effect has not been shown in females. The effect of repeated AMPH administration on HPA function was examined in adult Sprague-Dawley male and female rats. Offspring were assessed for behavioral sensitization following AMPH (or saline control) injections (1mg/kg and 2 mg/kg i.p.), and blood was collected under basal or stress conditions to measure CORT, ACTH and gonadal hormones (testosterone, estradiol, and progesterone). Differences in hormone (stress and gonadal) levels between AMPH and saline treated rats will be presented for male and female subjects. Additionally, alterations in a subsequent stress challenge between AMPH and saline treated rats will be demonstrated, with focus on sex differences in this effect. These findings have implications for targeted pharmacological and behavioural interventions and treatment specific to either male or female patients, with a focus on stabilizing HPA function to enhance addiction treatment strategies.
A pilot project introducing dialectical behaviour therapy skills into a women’s residential substance abuse treatment program.

**McWhirtter, D., Wrzecionek, A., Smith, P.**

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The Sister Margaret Smith Centre provides gender specific treatment on an inpatient and outpatient basis. Within our women’s inpatient program, we have been challenged to provide responsiveness to the unique needs of women entering a 3.5 week intensive residential program. Consistently, there have been women who have found the rigors of community living such that their successful completion of the program has been compromised. The challenges for these women include, but are not limited to; managing relationships with the other women, managing emotions, maintaining focus on the treatment experience, and, dealing with impulsive, crisis oriented behaviours. Often, the primary challenge is adapting to the intense emotions prompted by an intensive, communal treatment experience.

In an attempt to enhance the treatment experience and improve overall outcomes, 3 of our women’s treatment staff were intensively trained in Dialectical Behaviour Therapy in 2009. In January of 2010, we ran our first women’s residential program which involved an integration of DBT skills into our programming. Essentially, each morning involved DBT skills training while the afternoon offered our substance abuse specific treatment material.

As a pilot project, we have now run 2 residential groups which have been our treatment as usual programs and 2 residential groups which have involved the combination of DBT skills training and our treatment as usual programming.

We have been collecting outcome data to measure efficacy. Psychometrics include: the Mindfulness Attention Awareness Scale, the Coping Inventory for Stressful Situations, the Cognitive Distortions in Substance Abuse Scale, the Behaviour and Symptom Identification Scale, and, the Positive and Negative Affect Scale.

**Learning Objectives:**

1. To demonstrate the outcome of increasing skills training in terms of client retention.
2. To demonstrate the outcomes achieved in relation to the psychometric measures.

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**The case for parent education and support in adult mental health services.**

**Hilton, N. Z.**

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A substantial minority of women parenting in the community are diagnosed with major depression and other mental illness. Mental health clients are often parents, but parenting among mental health clients is a relatively understudied part of the literature on parenting and mental health, in which studies of self-reported depressive symptoms among mothers of newborns predominate. Little is known about mental health clients’ parenting concerns and parenting stress, especially among parents with disorders other than depression. Existing literature on children of depressed parents suggests that there is not only a genetic component but also an environmental influence; depressed mothers exhibit little positive interaction and affection and engage in more negative and critical interactions with their children than other mothers do. In general, children of depressed mothers are more likely than other children to exhibit symptoms of psychopathology and children of depressed fathers are more likely to exhibit conduct-related problems. When mothers show early remission of depressive symptoms, their children also show improvement. However, the majority of women show remission after some delay or do not show remission within a year, and their children continue to experience problems. These children’s diagnosable needs go unmet in the majority of cases. Most mothers admitted to inpatient psychiatric care do not receive parenting support or referral to parent-
child services, and although some good services exist in the community, they can be difficult to access or attend. Therefore, inpatient mental health programs should identify whether clients have minor children, and offer parent training, provide education about children's risk and resiliency, and facilitate access to parent and child services. This poster will review the research leading to this conclusion and describe a pilot parent program for inpatient mental health clients. The presenter looks forward to meeting others engaged in similar work to share experiences and ideas.

**Learning objectives:**
After attending this poster presentation, the participant will be able to:
1. Identify the prevalence of, and issues related to, mental health issues among mothers
2. Describe a pilot parent program for inpatient mental health clients
3. Network with others engaged in similar work

**Resource manual for trauma-informed care in urgent care settings.**
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Trauma survivors are overrepresented in hospital patient populations and yet are underserved. Survivors' trauma histories are often not recognized and therefore their treatment does not accurately address the complexity of their issues or they are misunderstood and misdiagnosed - leading to increased, but ineffective, use of the medical system. Urgent care providers are typically the first contact that survivors have with the medical system. It is therefore essential that urgent care providers be knowledgeable in trauma in order to accurately identify trauma survivors and provide them with appropriate and effective treatment. As the first contact with patients, urgent care providers serve as a gateway to treatment and influence the type of treatment offered to patients. Unfortunately, urgent care providers often lack sufficient knowledge of trauma and trauma-informed care, and thus leave trauma survivors vulnerable to inadequate care and/or insensitive treatment. This lack of knowledge amongst clinical staff leaves a vulnerable population underserved. This interdisciplinary project aims to improve care in urgent care settings for trauma survivors by developing a manual for trauma-informed crisis care. The three objectives of this study are to identify the core competencies in trauma-informed care; based on these competencies develop a user-friendly resource manual for urgent care clinicians; and offer training sessions to urgent care clinicians in order to elicit feedback on the manual. The participants in this study are the Urgent Care Follow-up Clinic clinicians, and selected clinical team members of the provincially-recognized trauma clinics at Women’s College Hospital. The project is currently in progress and will be presented at its current stage.

**Is there a gender difference in response to alcohol stimulus in regards to past traumatic events? Toward a cognitive model of context effects on craving!**
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Exploring the literature indicates that differences between men and women influence the prevalence, presentation, comorbidity, and treatment of alcohol abuse. In the present review, an integrated approach to trauma and alcohol abuse is discussed, which explains craving in men and women by the cognitive mechanism of “attentional bias” to contextual cues and provides cognitive mechanisms for this bias. Evidence shows individuals with past trauma events selectively attend to negative stimuli, filter out positive stimuli, and perceive negative or neutral information as being more negative than it is. Negative schemas, developed through adverse early experiences, are posited to be latent until they are activated when individuals experience a stressful life event or a negative mood state. Women are more vulnerable to disorders that affect emotions and have been found to display stronger emotion-specific physiological responses during emotion processing. Emerging data particularly from adolescent samples, suggest that traumatic event exposure increases risk for alcohol abuse among young women more than young men. In this model, we discuss the cognitive processes that govern the attentional response to alcohol stimulus, the potential mediation of this response by trauma experience and the differences between men and women in their response and this mediation. This model explains a conditioned trauma stimulus that changes alcohol implicit associations, which in turn serves to draw the subject’s attention towards a perceived alcohol stimulus. This process results in different alcohol associations in memory and can influence memory accessibility and lead to a hyperattentive state towards alcohol-related stimuli that, ultimately, promotes further craving. The attentional bias hypothesis has several implications for clinical approaches and prevention. This model provides the impetus for the future researches examining the attentional, memory, inhibitory, and interpretive biases of women with trauma history.

Keywords: Alcohol; Gender difference, Attentional bias; Context effects

Increasing access to service for women with concurrent disorders through partnership - Toronto Western Hospital Addictions Program and Jean Tweed Centre.

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The Jean Tweed Centre and the Concurrent Disorders Service, University Health Network, have been collaborating since 2006 in the provision of care to women who have co-occurring substance use and mental health difficulties. At the end of the first year it was decided to formally evaluate the partnership in an effort to review the model of care. The goal of the review was to either confirm the model of care or to adjust it to better meet the needs of the clients and staff.

The evaluation methodology included:

- focus groups with women who had used the service and clinicians who had referred clients to the service
- completion of a standardized client satisfaction measure
- key informant interviews with the UHN consulting psychiatrist and clinician as well as a manager from JTC (both organizations)

Women accessing support for substance abuse at Jean Tweed Centre often identify additional mental health concerns. In many instances attempts to respond to this by referring them for further assessment were met by a number of barriers, for example, there were difficulties finding a psychiatrist that was willing and/or trained to work with women with concurrent substance abuse and mental health issues. Additionally, women were often reluctant to accept referrals to a psychiatrist and expressed concerns related to things such as; fear of stigma or previous negative experiences with psychiatric care.

This poster presentation will provide an example of a client centered community/hospital partnership which helps improve access and breadth of service to women with co-occurring substance use and mental health difficulties. The poster will provide:

1. a description of the partnership model
2. a description of associated service objectives and
3. a summary of the evaluation findings including:
   a. satisfaction rates
   i. increased knowledge exchange regarding concurrent disorders
   b. improved access to psychiatric care for Jean Tweed clients
   c. areas for improvement

The Effect of Tryptophan and Tyrosine Supplements on Breast Milk.
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Purpose: Postpartum depression is the most common complication of childbearing with a prevalence rate of 13%. After delivery, estrogen levels decline tremendously followed by considerable rise in Monoamine Oxidase-A (MAO-A) levels. Greater MAO-A binding occurs in affect modulating regions during major depressive episodes and prior to recurrence. We view greater MAO-A levels as an excessive monoamine lowering process. To compensate for excess monoamine metabolism, supplements of monoamine precursors might be helpful. Prior to studying the effect of monoamine precursors on preventing postpartum depression we should first study their effects upon amino acid levels in breast milk.

Learning Objective: Changes in amino acid contents in breast milk will be minimal in women who receive monoamine precursors.

Methods: 56 healthy women (7 groups of 8 subjects) will be recruited during breastfeeding and will be asked not to breast feed for one day. Each group will receive one of these single dose regimens: 1, 2 or 4 grams of tryptophan; 2, 5 or 10 grams of tyrosine, or no supplements in the morning. Tryptophan and tyrosine levels will be measured in breast milk and plasma at few time points during that day.

Results: Amino acid contents of breast milk and plasma will be compared before and after supplement intake.
Conclusion: Changes in amino acid contents of breast milk is expected to be minimal upon using supplements. If the results show a minimal effect upon amino acid content of breast milk, we would then study the effects of these supplements upon preventing postpartum depression.

Social exclusion, resistance, and mental health among homeless mothers.
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Background: Homeless mothers encounter significant obstacles in achieving health and experience unique challenges while parenting without a home. Intimate partner violence, lack of a national housing policy, extreme poverty, and mental health issues, all of which are complicated by childcare issues, are some of the compounding factors shaping homeless mothers’ experiences of health and situate them in socially excluded positions in society.

Purpose: The purpose of this research is to expose social exclusion in the lives of homeless mothers. Through the exploration of the socio-political contexts shaping their health, systems of exclusion will be analyzed and acts of resistance explored, with the ultimate aim of creating positive change in their lives.

Methodology and Methods: The study will be conducted from the critical perspective of feminist intersectionality. With the goal of social change, an examination of the interaction between human agency and social structures is needed. Policies of exclusion will be analyzed using critical discourse analysis. To address both the social structures shaping individual experiences, as well as individual experience embedded within these structures, critical narrative will be used.

Implications for Nursing: Women who are homeless face a multitude of health issues, including mental health issues, and health care practitioners are uniquely situated and ethically responsible to advocate for their health.

Learning Objectives:
1. The viewer will understand the complexity of mental health among homeless mothers
2. The viewer will have a greater recognition of the injustices influencing the health of homeless mothers.
3. The viewer will gain greater insight into unique research approaches striving to build on individual capacity of participants.

Women Graduates of Toronto Drug Treatment Court: Success Stories and Accomplishments
Nick Doukas MSW, RSW
Tanya Connors MSW, RSW
Joanne Short MSW, RSW
Sarah Greer BA
Paulette Walker
Graduate of Drug Treatment Court.
Alumni and Advocate, hired Peer Support Worker
Toronto Drug Treatment Court

Toronto’s Drug Treatment Court (TDTC) has been in operation since 2000. This unique partnership between the Department of Justice and Centre of Addiction and Mental Health is a problem-solving court. It offers people, who are in trouble with the law as a result of substance use, treatment for their addiction, instead of incarceration. While women have entered the program, retention rates for women have historically been low; however, with the new introduction of the Woman’s Stream numbers have begun to increase. This is apparent by the increase of recent graduates. The challenges that women have faced when entering the program include lack of safe and stable housing, experiences of abuse and a history with the criminal justice system, to name a few. Despite their negative past experiences, many women have demonstrated resilience during their recovery journey. With the help of the DTC program, women have utilized the support and services the program has to offer. While in the program they often set clear goals that they want to accomplish during the program and after they graduate. Often they go on to express their thanks to the program by staying in contact
with staff and joining the Alumni Group. This poster board provides an opportunity for these women to share their successes.

**Learning Objectives:**

1. Highlight the success of women who have graduated from TDTC by providing their personal recovery stories
2. Provide an opportunity for women graduates to share their experience regarding TDTC in their own words by providing personal reflections.
3. Provide an opportunity for women graduates to share how they have achieved their goals and how they are able to maintain success in their recovery after graduation.

**Putting it all together: the role of human ecological theory in the study of environmental determinants of human health.**

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Despite sophisticated and plentiful disciplinary-based knowledge, we have still, as a society been unable to solve mental health crises such as addictions. It has often been proposed that an important component of the study of complex problems such as addictions is a holistic or systems perspective that begins to integrate relevant information from multiple disciplinary and social perspectives into a coherent whole that represents the multi-leveled web of relationships between variables that contribute to such issues. Human ecology is a holistic theory that focuses upon the interrelationships between humans and their social, cultural, and physical environments. The objective of this theoretical study is to explicate the valuable role that human ecology may play in the putting together of methodological and disciplinary pieces that shed light on the reality that underlies health problems. In addition, a second objective is to portray the unique contribution that an ecological perspective can make in understanding the role of sex and gender in issues of health.

In this study, we review literature about the intersections between human ecology and participatory and interdisciplinary research and also between human ecology and specific disciplinary knowledge such as understanding of human-environment relationships from the field of epigenetics. We outline the theoretical and empirical evidence that a holistic perspective is imperative to understanding the complexity of the reality underlying mental health issues such as addictions. We conclude that a human ecological perspective that is integrative of multiple disciplinary and social perspectives, such as a gendered perspective, is an important starting place when attempting to understand the complex web of environmental factors that contribute to human health and achievement of potential. The important role that holistic theories, such as human ecological theory, play in guiding research about human and, specifically, women’s health, is an undeveloped but essential area of study.

**Learning Objectives:**

1. To explicate and understand the important role that holistic theories, such as human ecology theory, play in integrating diverse disciplinary knowledge about health (including mental health) issues.
2. To portray the unique contribution that an ecological perspective can make in understanding the role of sex and gender in issues of health.

**Health and social characteristics among female crack cocaine users in Victoria.**

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In the context of illicit drug use in urban communities in Canada, the use of crack cocaine is a neglected yet increasingly relevant public health problem. Crack use has dramatically increased in cities across Canada, with Victoria reporting peak prevalence rates compared to other cities. One key aspect of the problem is users’ involvement in high-risk sexual behaviours (e.g., sex work) which increase the risk for infectious diseases, including the Hepatitis C Virus (HCV) and HIV, leading to substantial burden of disease. One population where these health risks are amplified by dynamics of gender marginalization is female crack users. Women who
use crack and who are involved in sex work are at risk for poor physical and mental health outcomes not only because of substance use and physical, sexual and reproductive health factors, but also due to women’s vulnerability to assault, marginalization, criminalization and exclusion from mainstream health and social institutions. Very little is known about the dynamics and harm consequences of crack use and sex work among women in Canada; such knowledge is important for the development of targeted interventions. Drawing on closed and open-ended interview data (n=100), the aim of this research is to identify the key characteristics of and dynamics related to substance use, health, social and sexual risk behaviours among female crack users in Victoria. Results of this research will help to widen the knowledge base on risk behaviours and risk-taking contexts by focusing on women and including protective behaviours and contexts in addition to risks. Such knowledge is essential for needs-based intervention planning to improve the health and mental health of this high-risk population.

Learning objective:
1. To describe the dynamics and harm consequences of crack cocaine use and sex work among women in Canada.

Women with mental health issues: Life after federal prison.
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Women represent one of the fastest growing prison populations in the world with an increase of 22 percent between 1997 and 2006. Furthermore, the rate of women being diagnosed with mental illness upon intake into federal prison has doubled since 1997. The current research has been conducted for Master’s thesis and for the Waterloo Region Crime Prevention Council (WR CPC). The research is focused upon the reintegration of federally sentenced women with mental health issues into the community. The research questions are three-fold: (1) What are women’s lives like prior to becoming federally incarcerated, (2) What barriers do women with mental health issues experience when transitioning from federal prison to the community and (3) What can be done to reduce these barriers in order to enhance the return to community for these women? Twelve women participated in individual interviews, with 6 women incarcerated at Grand Valley Institution for Women (GVI) and 6 women who have previously been incarcerated at GVI but are now in the community. Additionally, 10 interviews (16 participants), were conducted with individuals who work with federally sentenced women. Lastly, a forum on the successful reintegration of federally sentenced women with mental health issues was held in Waterloo, Ontario on February 11, 2010. Small group discussions about how the Waterloo Region can create a more seamless support system for these women took place, with approximately 70 people representing different sectors participating. Data are currently being analyzed and will be written up in a report for WR CPC and in a Master’s thesis and defended on September 2nd, 2010. The proposed poster will provide an overview of the results of this research including what barriers women experience when transitioning from GVI to community and recommendations on how to create a more seamless support system for women with mental health issues leaving GVI.

Forced marriage: the hidden face of domestic violence.
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Forced marriage is a form of domestic violence that is not adequately addressed in Canada. The justice department, the legal system, and the community of nonprofit service providers that support and assist victims of domestic violence acknowledge that they are, for the most part, not adequately trained, nor do they have adequate provisions in place to address the particular needs of those at risk of, or already enmeshed in, forced marriages.
Agincourt Community Services Association (ACSA) together with researchers from the University of Toronto have received funding from the office of the Status of Women, Canada, to conduct a pilot project on the issue of forced marriage in the GTA.

As the Project Coordinator, I will be responsible for interviewing survivors; researching the subject of forced marriage historically, cross-culturally, legally, in relation to other forms of domestic violence, and in terms of government and nonprofit organizational responses and resources. From this research I will be creating website content, toolkit content, and fictionalized stories and presentations for English as a Second Language (ESL) courses. The University of Toronto researchers will be responsible for measuring the efficacy of these resources.

The research and resource development has already begun. The first phase will be completed by September 2010. Through this research we hope to learn the extent and scope of forced marriage in the GTA; the impact of forced marriages, or attempts at forced marriages, on women’s mental, emotional and physical health; and the changes needed to legal, governmental, nonprofit organizational, and community practices, policies and procedures to better prevent forced marriages and to ameliorate the situation of those who have already been forcibly married.

Alcohol and other drug-related harms among young women attending a multi-day music festival: Results from administering a CAGE questionnaire adapted to include drugs.

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Among mainstream populations, polysubstance use of alcohol, cannabis and other drugs is the norm. Cannabis use has higher prevalence than cigarette smoking at all usage frequencies except daily use. Among mainstream substance users in Canada there is a paucity of data describing their experiences of harms related to alcohol and other drug (AOD) use and little that focuses on harms specifically reported by women. This study investigates self-reported harms associated with substance use among mainstream young women attending a large, multi-day music festival in Western Canada.

An extended CAGE Adapted to Include Drugs (CAGE-AID)—a validated instrument to measure self-reported harms associated with AOD use—was embedded in a questionnaire interviewer-administered to 366 attendees at a mainstream, multi-day music festival attended by over 12,000 people. The CAGE-AID was extended to probe alcohol and cannabis use separately from other drug use. Participants were aged 18 years and older and recruited using an adaptive sampling strategy. A team of 9 research assistants administered the questionnaires over a period of 4 consecutive days. Festival attendees were drawn mainly from urban and rural areas in Western Canada.

Data analysis is currently underway and the study proposed here will describe the prevalence of harms associated individually with alcohol, cannabis and other drug use, including attempts to cut down or quit use of these substances and the success rates reported for these attempts. A further analysis will examine these reported harms in light of the substance use patterns reported by study participants over lifetime, past 12 months, and at the festival, and with reference to key social and environmental determinants also collected by the questionnaire. Harms and usage patterns reported by young women will be compared and contrasted with those reported by men to highlight areas where health promotion interventions might productively focus on women’s health.

Bio Information:
Warren Michelow is a PhD candidate in Epidemiology, an IMPART trainee, and has a CGS Doctoral Research Award from CIHR. The study he will present forms part of his PhD thesis research and IMPART-related focus on women’s health.

When follow-up cancer screening tests turn out to be benign: Moderators of psychological recovery from fear of having cancer.

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The sudden confrontation of a potential health threat such as cancer, even after the diagnostic turns out to be benign, can have enduring adverse psychological consequences, including persistent anxiety, cancer fears and other manifestation of psychological distress. This study examines potential factors that moderate psychological recovery among women who face a breast cancer threat.

**Methods:** Participants were adult women who had just received a benign outcome from breast cancer anomaly screening. A number of psychological trait measures were assessed at Time 1 (right after they received the “no cancer” feedback) and then each month for the next three months. Analyses examined the factors that hindered or facilitated psychological recovery from the cancer threat.

**Results:** Results showed that trait anxiety hindered and optimism facilitated recovery and lessened adverse psychological consequences. Self-regulatory strategies such as planful problem solving, positive reappraisal and mastery facilitated recovery.

**Conclusions:** These findings shed light on the factors that are implicated in psychological recovery from a benign mammogram outcome. These factors could be targeted in counselling to assist women when facing diagnostic issues that are stressful.

**Learning objectives:**
1. To examine how women psychologically recover from the temporarily salience of a health threat and what factors help them in their recovery.
2. To identify the coping mechanisms that are important and relevant personal resources for women facing diagnostic difficulties.

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**Patriarchal Beliefs, Gender, and Wife Abuse.**
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The purpose of the study was to examine the effects of patriarchal beliefs and gender on attitudes towards wife beating. Past research shows that patriarchal ideology and gender are related to the acceptability of domestic violence. Sixty students (thirty men and thirty women) from York University were recruited through haphazard sampling. Participants filled out two questionnaires: The Inventory of Beliefs about Wife Beating (IBWB) and Patriarchal Beliefs Index. Results supported the hypotheses about the effects of gender and Patriarchal beliefs on attitudes towards wife beating. Men scored higher than women on Patriarchal Beliefs Index and on Wives Gain from Beatings Scale of the IBWB. Women scored higher than men on Help Should be Given Scale of the IBWB. Patriarchal beliefs correlated positively with wife beating is justified and wives gain from beating scales of IBWB and correlated negatively with Help should be given scale of IBWB. Results suggest the need to address patriarchal ideology and gender attitudinal differences in developing effective wife abuse prevention programs for university students.

**Understanding the complexities of trichotillomania: the road to discovering trichotillomania and the journey that followed.**
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Background: Trichotillomania is defined as a chronic, self-induced need to pull out one’s hair. It is estimated that 1 in 50 individuals; 90% of whom are women are affected by this condition. Despite how common this condition is, it is only recently that the literature has expanded to include the personal accounts of individuals living with this condition.

Purpose: This study seeks to explore the various pathways to discovering trichotillomania by providing first hand accounts that move beyond pathology and towards the lived experiences of women with this condition.

Design: This study’s methodology is informed by a qualitative approach that provides women with a forum to be able to share their experiences in their own voices and their own words.

Participants: A total of 10 women, ranging in ages from 21 to 40, participated in this study. In terms of marital status, 3 were living with their partners, and 7 were single. The majority were from middle to upper middle class backgrounds and were well educated.

Procedure: Each of the women participated in a semi-structured interview that lasted 1 to 2 hours. The women were also asked to complete a follow-up interview in which they were asked about their feelings and thoughts about their participation in the study. Data Analysis: Data was analyzed using Nvivo 7. A core category was described that reflected the themes of the study.

Conclusion: A model based on the core category, The Road to Discovering Trichotillomania: The Issue of Control was developed to reflect the experiences of these women. The model is constructed on five major themes: Looking Back: How it All Began, Childhood Environment, Relationship Between Specific Experiences and the Discovery of Hair Pulling, The Role of Hair Pulling, and the Journey of Hair Pulling. Conclusion: Support and treatment that accepts the contexts within which women with trichotillomania make meanings of their lives and respect for their journey is crucial.

Learning Objectives: By attending the poster session, attendees will

(1) Gain an in-depth understanding of trichotillomania, with a specific focus on the social and childhood experiences of women with trichotillomania.

(2) Increase insight into the psychosocial complications of trichotillomania based on the lived experiences of these women.

(3) Recognize the complexities involved in understanding why women begin the process of pulling and to appreciate the journey that follows.

Objective: The addition of magnetic resonance imaging (MRI) to mammography for surveillance of women with BRCA mutations significantly increases sensitivity but lowers specificity. This study aimed to examine whether MRI surveillance, and particularly recall, is associated with increased anxiety, depression, or breast cancer worry/distress.

Methods: Women with BRCA mutations in an MRI surveillance study were invited to complete: Hospital Anxiety and Depression Scale (HADS), Lerman’s Breast Cancer Worry Scale, Breast Cancer Worry Interference Scale and a quality of life rating at three time points: 1 - 2 weeks before (T1), 4 - 6 weeks after (T2) and 6 months after their annual surveillance (T3). Repeated measures analyses were performed over the 3 time points for recalled and non-recalled women.

Results: 55 women (30 BRCA1, 25 BRCA2) completed study instruments at T1 and T2, and 48 at T3. Eighteen women (32%) were recalled for additional imaging. At T1, 27 women (49%) were above HADS threshold for “possible cases” for anxiety (score ≥8). Recalled (but not non-recalled) women had a significant increase of HADS anxiety at T2 which dropped to below baseline by T3. No group differences were observed in terms of change over time in other quantitative psychological measures.

Conclusions: While breast MRI surveillance did not have a detrimental psychological impact on women with a BRCA1 or BRCA2 mutation, recalling these very high risk women for further imaging after a false positive MRI scan temporarily increased their global anxiety.

Postpartum elation: predictors of positive mood change.
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Although factors related to the onset of depressive symptoms in the postpartum period have been the focus of considerable research, much less attention has been paid to factors associated with positive mood change. Postpartum hypomania and elation, a milder, subclinical form of hypomania, have recently been found to be more common in the first week postpartum than previously expected (i.e., 9.6% to 20.4%; Sharma & Penava, 2010). In addition, the presence of these symptoms in the first week postpartum has been found to predict subsequent depressive symptoms (Heron, et al., 2005). The current study was conducted to determine: (1) which variables predict postpartum elation; (2) whether these variables are distinct from those that might predict depressive symptoms; and (3) whether or not the presence of postpartum elation increases the risk of later developing postpartum depression. A number of demographic, reproductive, and psychosocial predictors of mood change were examined using a battery of scales, including the Beck Depression Inventory-II, Edinburgh Postnatal Depression Scale, Highs Scale, and the Elation Scale. A community sample of 39 women (mean age = 29.1, SD = 5.1) completed either an online or paper-and-pencil version of the questionnaire during the first and fifth week postpartum. As hypothesized, seldom feeling tired and strong bond with infant were significant predictors of higher elation scores in week one postpartum, although unplanned pregnancy was not. Several additional week one variables were found to predict week five elation scores (e.g., a positive effect of PMS on mood and negative history of abortion). The majority of variables which predicted elation were not distinct from those hypothesized to predict depressive symptoms, but were opposite in direction (e.g., low versus high perceived stress). Contrary to expectations, initial elation did not predict subsequent depression. Implications of these findings for the development of mood episodes will be discussed.

Learning Objectives:
1. Increase understanding of the spectrum of mood conditions which women are vulnerable to in the postpartum period (i.e., maternity blues, postpartum depression, postpartum elation or hypomania, mania, and postpartum psychosis).
2. Help identify “at-risk” individuals by discovering risk factors for developing a postpartum mood disorder.
3. Increase awareness of postpartum elation and hypomania, as it can be overlooked as a natural consequence of childbirth.

"Agustin only plays with Barbies": A Canadian case study of a gender-affirming kid and his family of origin.

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Agustin (12) and Carmen (11) are first cousins. Both are gender-divergent youth from an Uruguayan background, born in Canada, now residing in Toronto. They are fortunate enough to share creative, open-minded, and three loving parental figures, wise enough to co-parent them under a gender-divergent paradigm. Through ethnographic narrative the psychosocial elements of gender-diverse youth and their transforming families are detailed to advance understanding of gender diversity in Canadian culture. From a biological and psycho-social perspective, the following case study reviews the limited endocrine and neuropsychological components of gender-divergent individuals, including cerebral and hormonal sexual differentiation and its theoretical contributions to gender diversity. Almost all gender diversity studies have been conducted in the Netherlands and few have been investigated in Canada, although Canada is internationally recognized as one of the most diverse, progressive, and inclusive places in the globe, which apparently includes gender-divergent individuals. The present study functions to promote research and biological knowledge of gender diversity in a Canadian context. Its hope is to promote understanding, acceptance, and proper care for gender-diverse youth and their transforming families. Rather than searching towards a “cause” for sexual variance, this article advocates for a positive perspective of gender diversity as adding richness and texture to life experience and as another crucial element of Canadian cultural diversity.

**Learning objectives:**
1. create awareness of an increasingly existing new trend in the gender spectrum in Toronto, as observed;
2. increase the psychosocial repertoire of clinicians on the topic by providing pertinent and adequate training, as well as formal academic courses in graduate departments;
3. review current research and advocate for more research-based knowledge (both quantitative and qualitative) of the subject matter, to actualize clinical practices (what works, what does not).

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**Gender as a moderator of the associations between internalizing problems and personality.**

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Background: A growing body of research has implicated personality traits in the etiology of internalizing problems (Muris & Ollendick, 2005; Tackett, 2006). Previous studies have observed associations among the internalizing syndromes and five factor model (FFM) personality traits, particularly Neuroticism and Extraversion (e.g., De Pauw et al., 2009; Muris et al., 2007; van Leeuwen, 2004). Research on the impact of gender on these associations in youth, however, has revealed inconsistent results (e.g., Abad & Forns, 2008; van den Akker, Dekovic & Prinzie, 2010). The current investigation aims to clarify the moderating effect of gender on personality-internalizing relations in middle childhood.

Method: Participants were 344 mothers who reported on the internalizing symptoms and personality traits of their nine and ten year-old children (170 male, 174 female). Personality dimensions were measured using the *Inventory of Child Individual Differences* (ICID; Halverson et al., 2003), which generates FFM domain scores measuring Neuroticism, Extraversion, Openness-to-experience, Agreeableness, and Conscientiousness. Internalizing problems were measured using the *Child Behavior Checklist* (CBCL - 6-18; Achenbach, 2001), which generates
DSM-oriented scales measuring Affective Problems, Anxious Problems and Somatic Problems.

Results: A series of moderated regression analyses were conducted to examine the effect of gender on the associations between FFM dimensions and internalizing problems. The results of these analyses suggest that personality traits differentially predict internalizing problems as a function of gender. In particular, Neuroticism significantly predicted Affective Problems and Anxious Problems in both boys and girls, whereas Extraversion and Openness uniquely predicted Affective Problems, Anxious Problems and Somatic Problems in girls alone.

Conclusion: The current results extend existing research in this domain by offering further support for the capacity of personality dimensions in predicting internalizing problems. Moreover, these findings highlight the moderating effects of gender at a critical stage of developmental. The applied contributions of this research will be discussed.

Learning Objectives:
1. Identify personality characteristics specifically related to internalizing problems in girls.
2. Discuss the role of personality traits in improving the assessment and treatment of girls and women at risk of developing internalizing problems.

A retrospective review of an eating disorder day hospital program for adolescents
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Background: Eating disorders disproportionately affect girls and women (Anderson & Holman, 1997). The Eating Disorders Day Hospital (EDDH) at the Hospital for Sick Children (Sick Kids) is a unique type of program aimed at treating adolescents with eating disorders. Research has established a number of advantages for day hospital programs including weight restoration (Olmsted, 2003; Rodriguez, 2002) improvement of eating disorder symptoms (Becker-Stoll, 2004; Gerlinghoff, 1998), decreasing the number of days admitted to inpatient units (Birchall, 2002) and improvement in family functioning (Woodside, 1996). However, there are no studies, to our knowledge, that have focused on adolescent day hospital programs for eating disorders. Studies describing day hospital or partial hospitalization programs for eating disorders typically involve adult patients (Gerlinghoff, 1998; Franzen, 2004; Howard, 1999; Piran, 1989) or have both adolescents and adults in the same program (Becker-Stoll, 2004; Touyz, 2003). The factors that allow adolescents and families to successfully complete the day treatment program or contribute to improved outcome are unknown.

Purpose: The purpose of the study was to assess individual and family factors that are associated with successful completion of the EDDH program and to determine what variables predict completion of the EDDH program and outcome. A secondary goal of the study was to assess what variables and measures are missing from the current assessment process in anticipation of a prospective study to evaluate and assess outcomes in the EDDH.

Methods: The study was a retrospective chart review of all adolescents diagnosed with an eating disorder who first entered the EDDH between January 2003 - December 2007. A total of 65 charts were included in the study. Outcome was defined as graduation from the program. Graduation was defined as having reached and maintained 100% of estimated healthy weight (HW) as well as improvement with regards to the core eating disorder symptoms. The following variables were tested for association with outcome: %HW at admission, comorbidities, family structure, length of time to reach 100% HW, and family history of an eating disorder.

Results: Pending completion of statistical analysis

Conclusions: The current study highlights the limitations of treatment for adolescents with eating disorders and the need for future prospective studies.

Learning objectives:
1. Increase awareness of day hospital as a treatment option for eating disorders in adolescents.
2. Gain knowledge of presenting factors of adolescents with eating disorders.
3. Learn individual and family variables associated with successful completion of day hospital treatment.
Transgender parents: Health and transformation.
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Though traditionally conceptualized as the disparities between men and women, gender inequity also profoundly shapes the lives of transgender people, resulting in well-documented barriers to health care and other services as well as high levels of discrimination, violence and poverty. Despite this, transgender people have historically been largely invisible in both traditional and gender-focused health research.

There is a dearth of reproductive mental health research which addresses the experience of transgender people who are parents and those seeking to become parents. Neglecting to explore their unique relationships to sex, gender and reproduction, limited existing research has instead focused on normative assessments of gender expression and sexual orientation among the children of transgender people. Additionally, literature indicates that transgender people experience continued pathologization and substantial barriers to accessing assisted human reproductive technology; obtaining social and legal recognition as parents; and maintaining child custody. Though these challenges are likely to have significant effects on the health of transgender parents and by extension, their children and families, the voices of transgender parents themselves are virtually absent from current research.

This poster presentation will address a significant research gap by highlighting preliminary findings from a community-based qualitative pilot study investigating the lived experience of transgender parents in Toronto. Implications will be explored for service provision, policy and future research into reproductive mental health for transgender people.

Learning Objectives:
1. To identify current gaps in research and literature relating to reproductive mental health for transgender people
2. To develop an understanding of the impact of gender disparities on transgender parents
3. To learn about transgender parents’ perceptions of the barriers they face, their service needs and their parenting strengths

Women’s life experience after termination of pregnancy for fetal abnormality: A research proposal.
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Problem to be addressed: Most previous research investigations on the experience of termination of pregnancy for fetal abnormalities studied women up to two years post termination. Findings of many of these short-term studies indicate that the majority of women have severe psychological symptoms two years after termination of pregnancy. Little is known about the long-term challenges and needs of women who experienced making and living with the decision to terminate a wanted pregnancy due to learned fetal abnormalities.

Purpose: to deepen our understanding of the lived experience of women who
underwent termination of pregnancy for fetal abnormalities and the aftermath of the decision to terminate.

**Methods:** A philosophical inquiry of an interpretive phenomenological nature will be used as a methodological framework to guide this study. Purposive and snowball sampling will be employed to promote appropriateness of sample selection of participants. In-depth semi-structured interviews will be conducted for data collection. Phenomenological data analysis using immersion and crystallization technique will be utilized to uncover the meanings of the phenomena experienced by women through the analysis of their description.

**Results:** Findings of this study might increase our understanding of the experience of termination of pregnancy for fetal abnormalities and inform women and men who are making or have made this decision, as well as health care professionals and counsellors who work with women making this decision.

**Implications:** Women’s lives experiences after termination of pregnancy for fetal abnormalities are important to be understood because of their impact on the women’s health and quality of life. Increased understanding of the aftermath of this experience might enable nurses and health care professionals to intervene more effectively throughout and after this experience.

**Learning objectives:**
1) The learner will be able to identify the gaps in the knowledge related to the women’s experiences of termination of pregnancy for fetal abnormalities.
2) The learner will be able to develop new insight regarding the importance of understanding the women’s experiences of termination of pregnancy for fetal abnormalities.

**The effect of an eight-week yoga intervention on pain, psychological functioning, mindfulness and cortisol levels in women with fibromyalgia.**

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**Purpose:** Fibromyalgia (FM) is a poorly understood medical condition that is characterized by widespread musculoskeletal pain, fatigue, psychological problems and a dysregulated stress response system. Yoga has beneficial effects for a variety of symptoms in people with FM, and there is some evidence that it helps to regulate neurophysiological variables associated with stress, such as cortisol, in other populations. The present study will evaluate the effects of yoga on pain, psychological variables, mindfulness, and cortisol in women with fibromyalgia.

**Participants:** 54 women were recruited through community postings, FM support groups, alternative health centre mailing lists and the Ontario Women’s Health Network. 23 women met inclusion criteria and are available to participate.

**Methods:** Participants will attend two 90-minute classes of yoga a week for eight weeks in the summer of 2010. Pre-, mid- and post-treatment, participants will fill out questionnaires concerning psychological factors, pain and related factors (disability, catastrophizing, and acceptance), mindfulness, and the sum of local areas of pain. Cortisol levels will be measured pre- and post-treatment; participants will collect saliva samples at three daily time points (awakening, 30 minutes post-awakening and evening) for each of two days. These values will be used to generate the cortisol awakening response (CAR) and diurnal variability of cortisol levels.

**Proposed Data Analysis:** A one-way repeated measures ANOVA will be used to measure changes for all questionnaire variables. The three daily samples will be averaged to yield one value for
each of the three readings for pre- and post-program sampling. Differences in pre- and post-program cortisol levels, CAR and diurnal variability will be analyzed using paired t-tests. **Expected Outcome:** It is expected that the yoga program will result in improvements in pain and related variables, improved psychological functioning, elevated levels of mindfulness, and increased diurnal variability of cortisol and levels of the CAR. **Learning Objectives:**
1. What is the relationship between yoga and the triad of pain, fatigue and stress that is inherent to fibromyalgia?
2. Why is cortisol an important physiological variable to measure in women with fibromyalgia?
3. What are the mechanisms of mindfulness that might be involved in pain or psychological changes in people with fibromyalgia who participate in a yoga program?

**Prehabilitation: The psychosocial impacts of pre-surgical exercise training in breast cancer surgical candidates.**

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**Introduction:** Breast cancer diagnosis and its treatments elicit significant levels of psychological distress. Depression and anxiety are the most prevalent psychological sequelae reported during the diagnostic period, however a paucity of psychosocial interventions has been explored targeting this stage of the disease trajectory. The benefits of physical exercise to breast cancer survivors during and after treatment are well documented; including demonstrated improvements to anxiety and depression. One novel approach to pre-surgical interventions is prehabilitation (PREHAB); i.e., pre-surgical training aimed to combat the stressors of surgery. Prehabilitative exercise can enhance biopsychosocial and surgical outcomes, recovery, and quality of life (QOL) in surgical candidates. Preliminary evidence indicates that 4 weeks of PREHAB exercise training can improve cardiorespiratory fitness (VO₂max) in non-small cell lung cancer patients and VO₂submax in colorectal cancer patients. Adherence to exercise interventions is challenging, however, and can be enhanced by using theory-driven Cognitive Behavioural Therapy (CBT) tools.

**Methods:** Patients with highly suspicious malignancies will be identified at Radiology (St. Joseph’s Medical Centre) while undergoing diagnostic stage core biopsy. Interested volunteers meeting eligibility criteria (N = 80) will be randomized to a pre-surgical exercise intervention (i.e., 4 weeks) with or without CBT. Anxiety, depression, QOL, body composition, and physical fitness will be assessed at baseline (biopsy), and at Week 4 (pre-op).

**Implications:** The proposed research will provide valuable insight into the potential benefits of CBT-augmented prehabilitative exercise training for breast cancer patients, as well as feasibility issues relevant to PREHAB interventions with this population (e.g., accrual, compliance, complications).

**Learning Objectives:**
1. We hope to determine if non-pharmacological interventions such as CBT-augmented pre-surgical exercise training can mitigate symptoms of anxiety and depression among breast cancer surgical candidates during the diagnostic stage and pre-surgical window.

**Introducing complexity to sexual violence research: a content analysis of health research on sexual violence prevention from 1999 through 2010.**

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**Background:** “Sexual violence,” states the World Health Organization, “is a pervasive global health problem” (2008). As a determinant of mental health for women, the experience of sexual violence has been linked to a range of health sequelae, including depression, anxiety, post-traumatic stress disorder and eating disorders. The objective of this research is to
examine the implications that the growing influence of health-based approaches to sexual violence hold for this area of women’s health research, and introduce the possible application of complex systems perspectives to health-based sexual violence research.

**Methods:** A literature search was conducted across 22 electronic scholarly journal databases for peer-reviewed publications addressing sexual violence prevention, published between 1999-2010. The 108 publications retrieved were systematically coded based on categories developed by Salazar & Cook (2002), examining discipline, study purpose, scope and focus. The data resulting from the content analysis was analyzed using PASW statistical software, with Chi-square, cross-tabulation analyses used to determine significant differences (p< 0.05) among fields for all study features.

**Results:** Significant results (p<0.05) were found in the categories of purpose, scope and focus through cross-tabulation with publications’ disciplinary perspective. Health-based articles comprised 37% of total publications, and were found to differ significantly from the social science, psychology and criminal/legal publications on sexual violence prevention. Health-based articles were more likely to be causal in nature, centered on physical/behavioral characteristics, limited in scope to individual-level factors, and to focus on victim/survivors than publications from other disciplines.

**Conclusions:** These findings indicate a tendency, in health-based research on sexual violence prevention, towards linear, reductionistic approaches. Complex systems perspectives, which involve the study of holistic systems, characterized by non-linear, intersectional mechanisms of causality not adequately explained through traditional reductionism, are introduced as a potential tool for addressing the issue of sexual violence prevention from a health research framework.

**A qualitative exploration of women’s experiences with vaginal dilator use following treatment for gynecological cancer.**

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Regular use of vaginal dilators has been recommended as a prophylactic measure following treatment for gynecological cancers (e.g., surgery or radiation). Despite the proposed benefits of vaginal dilator use, including prevention of vaginal stenosis, promotion of optimal vaginal healing, and preservation of sexual function, compliance is notoriously poor. The underlying psychosocial experiences and concerns associated with non-compliance behaviour are not yet fully understood. The following is an exploratory, interview-based study designed to gain a better understanding of issues associated with vaginal dilator use and noncompliance behaviour.

Participants, currently being recruited through the Sunnybrook Odette Cancer Centre, consist of women between the ages of 18 and 80 who have received a diagnosis of gynecological cancer and have used or are currently using a vaginal dilator as part of rehabilitative treatment OR were prescribed the use of a vaginal dilator by their health care provider, and have experienced some degree of difficulty with the vaginal dilator or expressed resistance to using it.

Interviews are semi-structured, comprised of open-ended questions designed to elicit information concerning topic areas relevant to gynecological cancer, vaginal dilator use, and sexuality. The interviews are currently underway and are being recorded and transcribed verbatim. Preliminary results from the grounded theory analysis will be presented at this session.

This study has important implications not only for researchers, but also for members of the medical community. Specifically, these findings could help health care providers to better address women’s difficulties and concerns regarding vaginal dilator use and improve the way in which rehabilitative use of vaginal dilators is introduced. Furthermore, the findings could lead to more effective interventions, and ultimately, improved quality of life and psychological adjustment for women with gynecological cancer.
Learning objectives:
1) To gain a better understanding of women's experiences with gynecological cancer, related treatments, and vaginal dilator use.
2) To identify factors that influence women's noncompliance with or resistance to vaginal dilator use.
3) To investigate how gynecological cancers and related treatments affect women's experiences with sex and sexuality.

Enrolment and change in women’s risk factor status and psychosocial wellbeing following referral to hospital versus home-based cardiac rehabilitation: a pilot quasi-experimental study.

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Background: Heart disease is the leading cause of morbidity and mortality in women in Canada. Although traditional hospital-based cardiac rehabilitation (CR) is effective, women are less likely to adhere. In the interim, home-based CR programs have been developed. The objective of this pilot study was to compare women’s adherence and outcomes following referral to home and hospital-based CR. Enrolment and changes in women’s risk factors and psychosocial wellbeing were also quantitatively compared.

Methods: Thirty-one consenting female cardiac inpatients (mean age=65.4±9.9) from 2 hospitals were allocated to home or hospital-based CR and retained at follow-up. Risk factors investigated through self-report survey pre and post-CR were: body mass index, smoking status, number of cardiac medications, exercise behaviour (Godin), and nutrition (HPLP II). Psychosocial factors assessed were depressive symptoms (BDI-II), stress (PSS), and social support (TIES). “As-treated” analyses were conducted using paired t-tests.

Results: Overall, the feasibility of a larger study was demonstrated. Caution is warranted in interpreting these results due to low power. Two (40%) participants in the home-based, and 13 (61.9%) participants in the hospital-based CR program model enrolled in the CR program after referral (p>.05). Cardiac risk factors decreased from pre to post-CR but did not reach statistical significance (likely due to low power), except there were significant reductions in the number of self-reported cardiac medications following home-based CR (p<.001; likely spurious considering the n of 2). With regard to psychosocial outcomes, while trends toward improvement were observed, the only significant changes observed were reductions in social support at the end of hospital-based CR (p=.012).

Conclusions: While definitive conclusions cannot be drawn due to the small sample size, future research is warranted to explore effects on social support at termination of hospital-based CR for women. The overall results demonstrate the need for and feasibility of a larger randomized controlled trial.

Findings from the Girls Incorporated® Girls Shape the Future study: Early Predictors of Girls’ Adolescent Sexual Activity.

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In February 2010 Girls Incorporated® released Findings from the Girls Incorporated Girls Shape the Future Study: Early Predictors of Girls’ Adolescent Sexual Activity. Our workshop will highlight findings from the report which sheds important new light on risk and protective factors for girls’ early sexual activity. The data challenges common perceptions of sexual
behaviour and attitudes of girls whose futures are considered at risk because of factors over which they have no control, such as their race, their family’s configuration, or their family’s economic status.

To carry out the study, more than 800 adolescent girls completed three rounds of surveys over a three-year period from approximately sixth through ninth grades. The girls closely reflected the diversity of the girls served by Girls Inc. programming: Seventy-nine percent were girls of diverse ethnicities. A quarter lived in single-parent households. This population was an important focus, as “at-risk” girls are often presumed by society to be at high risk for engaging in early sexual activity. In fact, the data from Girls Shape the Future shows that there is no difference between the rate of early sexual activity among girls considered “at-risk” and the general population of girls.

Learning objectives include how the Girls Shape the Future study revealed that two factors play critical roles in protecting girls – regardless of their socioeconomic status and household structure – against early sexual activity:

(1) the quality of their relationship with their mothers and
(2) achievement in school, specifically their reading proficiency.

Our poster will also highlight several key risk factors in girls engaging in early sexual intercourse: (1) accepting attitudes toward sex and taking risks, (2) substance use, and (3) peer pressure increase the likelihood of girls engaging in early sexual activity.
CAMH PUBLICATIONS
Our publication program supports CAMH’s goals by promoting best clinical practice, professional education and development, and by sharing the research conducted at CAMH. CAMH publications offer practical, research-based resources - grounded in client-centred principles such as harm reduction and health promotion - in the areas of substance use and addiction, mental health, concurrent disorders, trauma, policy and research, clinical tools and public education.

CAMH Catalogue
Our publication catalogue can be found online at http://www.camh.net/Publications/CAMH_Publications
For information about CAMH publications or to place an order please contact Sales and Distribution publications@camh.net or call 1 800 661-1111 or 416 595-6059 in Toronto
For information about CAMH’s publishing program regarding women’s mental health and addictions, trauma or health equity issues contact
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CAMH’s new Knowledge Exchange web portal CAMH KnowledgeX
https://knowledgex.camh.net gives you quick access to the best available online information, tools and resources. As it evolves, KnowledgeX will also provide opportunities to collaborate and communicate with other addiction and mental health professionals.

ECHO: IMPROVING WOMEN’S HEALTH IN ONTARIO
Echo’s mission is greater health for women through leadership, productive partnerships and research based action. As Ontario’s health system continues to evolve, there is a critical need to mobilize and transfer existing knowledge to women and into care settings and to conduct gender based analysis.
Mental health and addictions, chronic disease, and sexual and reproductive health are the areas of initial focus for Echo’s work. We believe that improving the health of women in these areas will improve the health and overall quality of life, relationships, families, and communities.

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FAMILY LAW EDUCATION FOR WOMEN (FLEW)
A project dedicated to creating and promoting plain language legal information on women’s rights under Ontario family law for vulnerable women across Ontario.
Visit www.onefamilylaw.ca
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IMPART RESEARCH TRAINING PROGRAM
The Intersections of Mental Health Perspectives in Addictions Research Training (IMPART) is an innovative, multidisciplinary research training program designed to equip health researchers from across disciplines, sectors and settings to conduct gender- and sex-based analyses in addictions research with a focus on the intersections of violence, trauma and mental health with addictions. IMPART offers a research training program and fellowships to Postdoctoral Fellows, Graduate Students and Clinician Researchers.

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RAINBOW SERVICES IN THE ADDICTIONS PROGRAM AT THE CENTRE FOR ADDICTION AND MENTAL HEALTH
Our Program
Our programs are specialized to take into account the unique needs and issues faced by the LGBTTQI communities. Our services include: consultation and assessment; individual, couple, and group therapy; day and residential programs; weekly, evening support groups; aftercare groups; support for families and/or partners; relapse prevention; concurrent disorder programs for individuals with both mental health and substance use difficulties; and psychiatric consultation. All clients are assigned a primary clinician who provides case management services within the program.

Our Clients
Rainbow Services provides counselling and support for LGBTTQI (lesbian, gay, bisexual, transsexual, transensual, two-spirit, transgender, intersex and queer) people who are concerned about their use of alcohol and other drugs. Our services are available to people with a variety of goals, including those who want to try to quit, others who simply want to cut down, or those who would just like to gain more awareness of their substance use. Some groups are co-ed and some are not. Clients must be 18 years of age or older.

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SEXUAL ASSAULT & DOMESTIC VIOLENCE CARE CENTRE. (SA/DVCC)
This program is part of Women's College Hospital and provides initial medical care, crisis counselling, follow-up care, individual counselling, art therapy, and group counselling to women, men and trans people who have experienced a sexual assault or domestic violence in their adult life. Our team consists of a medical director, administration staff, sexual assault nurse examiners, follow-up nurses, social workers, an art therapist, and an outreach nurse. We also work in consultation with the Urgent Care Centre medical staff and psychiatry; and because we are a teaching hospital, we also work with nursing and social work students throughout the academic year.

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WORKMAN ARTS
Founded in 1988, the Workman Arts Project of Ontario (Workman Arts), formerly Workman Theatre Project, is based on the principle that the creative process is integral to the quest for personal and spiritual development. Workman Arts is a not-for-profit professional arts company working in partnership with and located at the Queen Street site of the Centre for Addiction and Mental Health in Toronto’s Art and Design District. The mission of Workman Arts is to support aspiring, emerging and established artists with mental illness and addiction issues who are committed to developing and refining their art forms, and to promote a greater understanding of mental illness and addiction through film, theatre, visual arts, music and literary arts. The objectives of Workman Arts are to:
• promote public awareness of mental health and addiction issues through various artistic media
• provide arts training, support, and employment within a professional creative environment for people receiving mental health services and addiction services
• promote relations between Workman Arts and Ontario arts companies in order to enhance employment opportunities for people receiving mental health and addiction services
• be an information source for members of the artistic community seeking information regarding mental health problems and related issues.

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INSPIRATIONS STUDIO
Inspirations was established in 1994, with funding from the Women’s Community Economic Development Network. Inspirations established itself as a woman’s craft/artisan collective by providing under-housed/homeless women an opportunity to participate in meaningful economic activity, by providing direct access to the market place for women working with handmade crafts.
Sistering is a woman’s organization that offers practical and emotional support to women through programs which enables them to take greater control over their lives. Guided by the principles of Anti-Racism and Anti-Oppression, Sistering works to change social conditions which endanger women’s welfare.

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Contact: Anne Wood
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Phone number is 416-924-4762.