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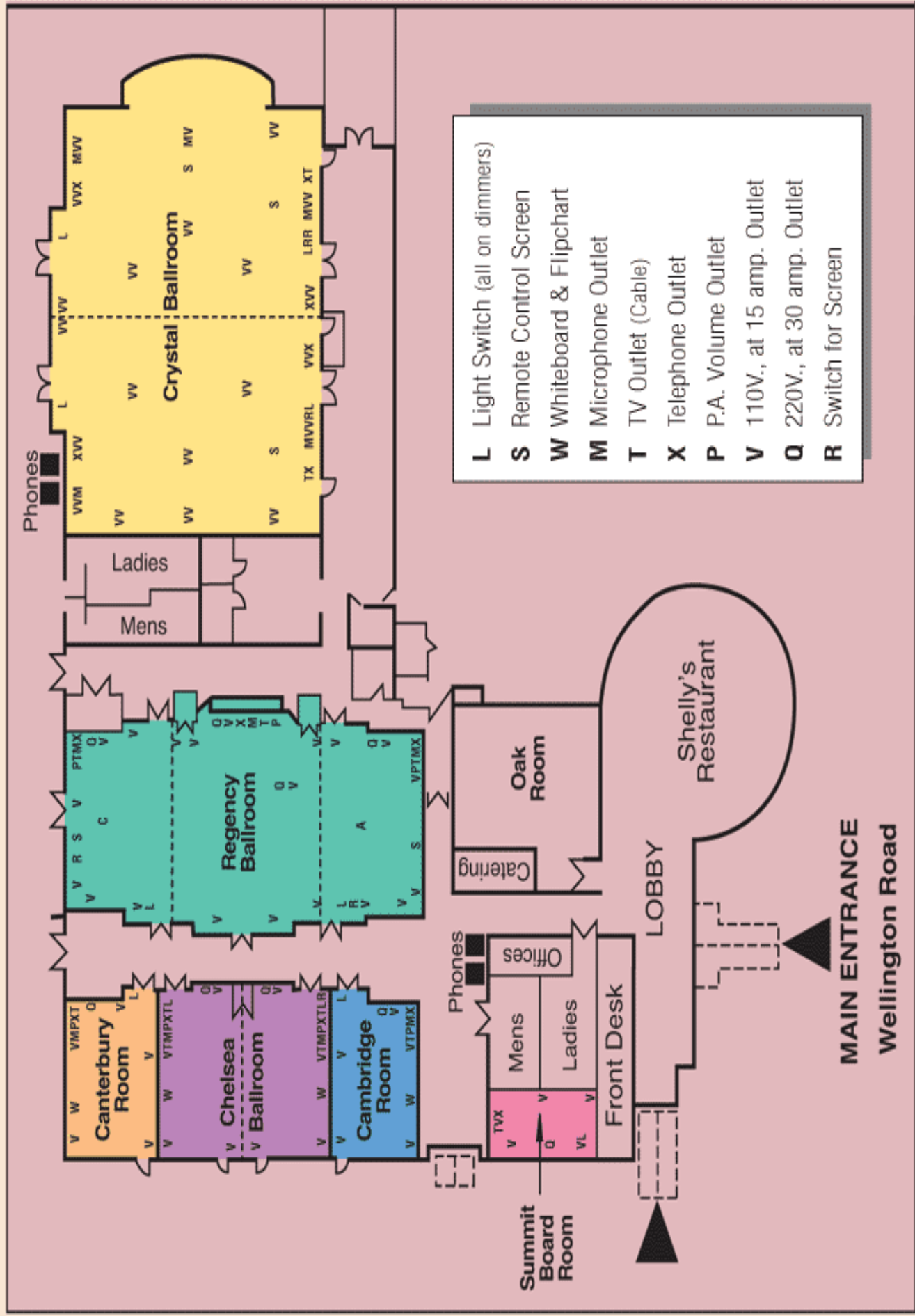
Can-Voice

CURA2 Poverty and Social Inclusion 3rd Annual Forum

October 23rd-24th, 2013

Best Western Lamplighter Inn





- L** Light Switch (all on dimmers)
- S** Remote Control Screen
- W** Whiteboard & Flipchart
- M** Microphone Outlet
- T** TV Outlet (Cable)
- X** Telephone Outlet
- P** P.A. Volume Outlet
- V** 110V., at 15 amp. Outlet
- Q** 220V., at 30 amp. Outlet
- R** Switch for Screen

Greetings,

Welcome to the 3rd annual CURA2 forum on Poverty and Social Inclusion. The overall purpose of the CURA program is to better understand the inter-relationships between poverty and social inclusion for psychiatric survivors and strengthen community-based integration initiatives.

This year's two day conference presentations will focus on the themes of stigma, employment, women's issues, and youth. We will also be holding a social event on the evening of October 23rd to showcase the talent and artistic abilities of our community.

Throughout the two days you will see team members, partners, students, and research participants present on topics of personal or professional interest to them with the intent of sharing knowledge and raising awareness of the work that is currently being done in our region.

Thank you for joining us during this conference.

Sincerely,

Cheryl Forchuk (Western University/Lawson)
Academic Co-Director

Betty Edwards (Can-Voice)
Community Co-Director

Poverty and Social Inclusion 3rd Annual Forum Agenda: October 23rd-24th, 2013

WEDNESDAY, OCTOBER 23, 2013		
TIME	ROOM	TITLE
8:30-9:00am	Crystal Ballroom (plenary)	Continental Breakfast/Registration
9:00-9:15am		Welcome/Introductions/Ice-Breaker
9:15-10:00am		Poverty and Social Inclusion Research Update (C. Forchuk)
10:00-10:30am		Break
10:30-11:15am		“Will to Live” Documentary and Discussion
11:15-12:15pm		Keynote Speaker: Patrick Corrigan
12:15-1:15pm		Lunch
1:15-2:15pm *Please choose one breakout room	Crystal Ballroom	Coming out proud: A program to address the stigma of mental illness (P. Corrigan)
	Cambridge Room	1:15-1:45: Youth Matters In London: Mental Health, Addiction and Homelessness (M. Bryant and A. Wright) 1:45-2:15: Barriers to Education in Homeless Youth (M. Solomon)
	Canterbury Room	1:15-1:45: National Veterans Project: Project Management and Evaluation (2012-2014) (J. Richardson) 1:45-2:15: Internet Access, Mental Health, and Wellbeing in the Context of Homelessness (A. Oudshoorn)
2:15-2:45pm *Please choose one breakout room	Crystal Ballroom	Social Support and Stigma Experiences for Psychiatric Survivors (A. Meier)
	Cambridge Room	A Critical Analysis of Social Exclusion and Health in the Lives of Mothers Experiencing Homelessness (S. Benbow)
	Canterbury Room	Quality of Life among Individuals Experiencing Challenges with Mental Health and Housing in Northern Ontario (C. Kauppi and P. Montgomery)
2:45-3:00pm		Break
3:00-3:30pm *Please choose one breakout room	Crystal Ballroom	Burden of Stigma on Mentally Ill and Social Exclusion (A. Srivastava)
	Cambridge Room	Hope and Recovery: The Lived Experience (N. Kourtelessi)
	Canterbury Room	Stories told by Northern Persons with Mental Illness and Stable Housing (P. Montgomery and S. Mossey)
3:30-4:00pm *Please choose one breakout room	Crystal Ballroom	The Effect of Coping on Psychological Outcomes (S. Davie)
	Cambridge Room	Marginalization of the Women and Children of No Daddy Alley (S. Rea)
	Canterbury Room	Poverty and Social Exclusion for Psychiatric Survivors (S. Benbow)
4:00-4:15	Crystal Ballroom	Announcements
7:00-9:30pm	Oak Room Lounge	Social Event Evening

THURSDAY, OCTOBER 24, 2013		
TIME	ROOM	TITLE
8:30-9:00am	Crystal Ballroom	Continental Breakfast/Activity
9:00-9:30am		Politician Panel: Denise Brown, Dale Henderson and Harold Usher
9:30-10:00am *Please choose one breakout room	Crystal Ballroom	The Association between Employment Status and Mood Disorders in Ontario (S. Davie)
	Cambridge Room	Supporting Muslim Youth in Public Schools in 'Finding their Way' (A. Ahmed)
	Canterbury Room	William Street Supported Living Apartments (J. Hodgins, N. Shemshedini, Carrie, and G. Finlay)
10:00-10:30am *Please choose one breakout room	Crystal Ballroom	Determinants of Employment Outcomes amongst Psychiatric Survivors: Early Results from CURA2 (P. Hall)
	Cambridge Room	Symposium: Youth-Centered Participatory Action Research: Creating Spaces of Resistance and Change through Arts-based Approaches (H. Berman)
	Canterbury Room	Living on the Edge (My Sister's Place Expressions Group)
10:30-10:45am		Break
10:45-11:15am *Please choose one breakout room	Crystal Ballroom	Impact Junk Solutions: Recovery through Employment (N. Soave and S. Fay)
	Cambridge Room	Symposium: Voices against Violence: Engaging Youth as Research Partners through PAR and Art-based Approaches (E. Canas)
	Canterbury Room	CONNECT for Mental Health – Peer Support Organization (M. Solomon)
11:15-11:45am *Please choose one breakout room	Crystal Ballroom	Access to Care and the Impact of Inequality among Individuals with a History of Mental Illness (H. Atyeo)
	Cambridge Room	Symposium: Youth-Centered Participatory Action Research: Creating Spaces of Resistance and Action with Muslim Newcomer Women (L. Ashbourne)
	Canterbury Room	Weathering the Storm: An Action Plan for Socially Inclusive Emergency Planning (K. Buccieri)
11:45-12:15pm *Please choose one breakout room	Crystal Ballroom	What the Literature Says about Quality of Life (J. Doherty)
	Cambridge Room	Mental Health Engagement Network (MHEN): Connecting Patients with their Health Team (J. Walsh and W. Osoka)
	Canterbury Room	Retaining a Sample of Homeless Youth (A. Wright and T. O'Regan)
12:15-1:15pm	Crystal Ballroom	Lunch
1:15-1:45pm		North and South CURA Collaboration Presentation (C. Kauppi and P. Montgomery)
1:45-2:45pm		London CARES Presentation (G. Martin and S. Froats)
2:45-3:00pm		Break
3:00-3:45pm		Conversational Café: Mid-Project Discussion
3:45-4:15pm		Endnote Panel
4:15-4:30pm		Presentation Winners and Goodbyes

Presentation Themes:

Stigma
Employment
Women's Issues
Youth

Oral Presentation Abstracts
Wednesday October 23rd, 2013
1:15-2:45

CRYSTAL BALLROOM

1:15-2:15 Coming out proud: A program to address the stigma of mental illness

Patrick Corrigan

Self-stigma is one of the egregious impacts of mental illness stigma, a diminished sense of self-esteem and self-efficacy leading to a “why try” effect in many people: “why try get a regular job, someone like me doesn’t deserve it.” Recently, innovative programs have emerged to challenge self-stigma, programs based in part on psychoeducation and cognitive reframing skills meant to challenge stigmatizing self-statements. An interesting result has emerged out of research by our group that informs an alternative program for dealing with self-stigma: the Coming Out Proud program (COPp). Research shows those who have disclosed aspects of their mental illness frequently report a sense of personal empowerment that enhances self-esteem and promotes confidence to seek and achieve individual goals. In this light, a group of people with lived experience and stigma researchers developed the Coming Out Program, now being used in beta research in the United States, Europe, Australia, and China. We propose an interactive workshop for the conference: a chance for participants to learn about and experience the COPp and a chance for presenters to gain further perspective on strengths and limitations of the beta version. The workshop will begin with a very brief summary of the research on self-stigma and disclosure. The main structure of the workshop will be a review of the three lessons of the COPp:

1. Considering the pros and cons of disclosing;
2. There are different ways to disclose; and
3. Telling your story.

The COPp beta version currently includes an 85 page manual and a 55 page workbook with exercises and worksheets meant to engage participants. E-copies of the manual and workbook will be available to workshop participants. In addition, evaluation instruments to assess outcomes of participating in the COPp will be reviewed and provided to workshop participants.

Theme: Stigma

2:15-2:45 Social Support and Stigma Experiences for Psychiatric Survivors

Amanda Meier

Stigma is a topic widely studied within mental health research. Despite efforts to eradicate stigma towards mental illness, society still holds many prejudicial attitudes, which can have numerous negative effects for psychiatric survivors. Because stigma still exists, protective factors must be identified and examined that have the potential to reduce the negative effects of stigmatization for psychiatric survivors.

Social support can help individuals through many difficult life events and issues. The current study aims to examine the relationship between social support and stigma experiences for psychiatric survivors to provide insight into whether social support can be a protective factor against negative stigma experiences.

The current study will utilize data from the CURA2 Poverty and Social Inclusion first year interviews and focus groups. Analysis will take place in the summer of 2013 in order to present results of this study at the conference.

Theme: Stigma

CAMBRIDGE ROOM

1:15-1:45 Youth Matters In London: Mental Health, Addiction and Homelessness

Mirella Bryant and Amanda Wright

Housing first has been found to produce good outcomes for homeless adults with mental illness. *Housing first* initiatives focus on interventions designated to move individuals to appropriate, available housing and ongoing housing supports. *Treatment first* where the individual is not housed until psychiatrically stable. However, *Housing first* has not been specifically tested with youth. The current study examined three approaches to service for homeless youth, 1) housing first 2) treatment first (mental health/addiction), and 3) simultaneous attention to both housing and treatment.

Initial results indicated that of the 187 youth interviewed, 75(40%) chose to receive *Housing first*, 57(31%) chose to receive *Treatment first*, 38(20%) chose to receive both, and 17(9%) made no selection or another selection. Common reasons for choosing *Housing first* involved a need to get off the streets and create stability. Individuals who chose *Treatment first* indicated that they could not *maintain* housing stability until they received treatment for mental health/addiction concerns. Finally, the individuals that chose housing and treatment believed they needed help in both areas. Results indicate that all options were common choices among homeless youth. As the study is progressing, attempts to provide youth preference service selection is being implemented and results are ongoing.

Theme: Youth

1:45-2:15 Barriers to Education in Homeless Youth

Michelle Solomon

Most homeless youth in Canada have not completed high school. Lack of education is a critical issue that affects pathways to gainful employment, financial security, and positive health. Several risk factors affect their ability to succeed in school; however, there has been limited research in Canada that identifies the most influential factors. This study is a secondary analysis of the Youth Matters in London: Mental Health, Addiction and

Homelessness study in London Ontario. It is guided by Bronfenbrenner's ecological theory of human development. The effects of several environmental factors on the academic achievement of 187 homeless youth with mental health and addiction issues were assessed using logistic regression. Results indicated that housing stability was the

most significant predictor of academic achievement. This study has implications for affordable, accessible housing and educational program policy that will assist youth with their academic achievement.

Theme: Youth

2:15-2:45 A Critical Analysis of Social Exclusion and Health in the Lives of Mothers Experiencing Homelessness

Sarah Benbow

Background: Homelessness is recognized as an important social determinant of health, and basic human right. In Canada, a variety of factors influence and shape women's experiences of homelessness and health. Intimate partner violence, mental illness, addictions, poverty, and lack of access to affordable housing all dramatically impact the health and health promotion of mothers experiencing homelessness.

Purpose: The purpose of this study was to understand the social and political context, health needs, experiences of social exclusion and inclusion, and strategies of resistance demonstrated by women experiencing homelessness

Methods: Critical narrative inquiry was employed for the purposes of this study. Data was collected at various homeless shelters and programs that provide services for women who are homeless and mothers. A purposive sample of 26 women experiencing homelessness in Southern Ontario and 15 service providers participated in a combination of focus groups and face-to-face interviews based on preference of the participant.

Preliminary findings and conclusions: Participants ranged in age from 18-58, with an average age of 27 years. Preliminary findings reveal diverse trends and experiences with the health and homelessness of the participants. Unique social identities such as age and mental illness impacted social exclusion and health. Social, health, and political implications will be discussed. Implications for psychiatric nurses and mental health promoters will be shared with a focus on resistance as a form of health promotion and the overcoming unique needs.

Theme: Women's Issues

CANTERBURY ROOM

1:15-1: 45 National Veterans Project: Project Management and Evaluation (2012-2014)

Jan Richardson

The National Veterans Project is a multi-site pilot model designed to address the underlying processes that predispose Canadian veterans to homelessness. Based on the previous work of Milroy (2009) and Ray and Forchuk (2011), several key principles for addressing homelessness amongst Canadian veterans have been identified. These principles include peer support (by vets for vets), provision of services that are separate from the general shelter population, emphasis on promoting self-respect, providing structure during the day, addressing alcoholism issues/addiction, and providing a transition process to housing. The current study will further examine the importance of

these principles in the provision of housing supports and related programming to a total of 56 veterans across 4 sites (Calgary, London, Toronto and Victoria). Local community organizations who have experience in working with homeless and/or veteran populations are collaborating at each respective site with federal partners including HRSDC, Veterans Affairs Canada (VAC) and other veteran specific organizations to provide appropriate service to veterans with a history of homelessness or those at risk. Emphasis on providing a veteran specific model of care and working to enable pathways that support long-term housing solutions remain central goals. Evaluation of this project will encompass both formative and summative components and will be informed by focus groups with veterans, staff, and stakeholders at each site as well as structured interviews with veterans at multiple time points over the two-year funding period.

Theme: Homelessness

1:45-2:15 Internet Access, Mental Health, and Wellbeing in the Context of Homelessness

Abe Oudshoorn

There is a growing concern that the digital divide, the difference in access to technology based on socio-economic status, is particularly impacting people experiencing homelessness. However, although there are some descriptive studies looking at computer access programs and what people use internet access for, no studies were identified that address whether there is a direct positive impact on the wellbeing of people experiencing homelessness based on internet access.

In this cross-sectional survey, 210 individuals in London Ontario who identified as experiencing homelessness were surveyed on the following variables: Information Communication Technology (ICT) use, years homeless, physical health, substance use, alcohol use, age, sex, mental health, emotional support, and wellbeing. Correlation and regression analyses were utilized to determine the impact of ICT use on wellbeing when controlling for confounding variables.

It was found that no statistically significant relationship between internet usage and wellbeing exists outside of the impact of age and other variables. The variable accounting for the highest variance on wellbeing was mental health. This has implications for interventions to enhance the wellbeing of people experiencing homelessness, and the need to prioritize those that address mental health.

Theme: Homelessness

2:15-2:45 Quality of Life among Individuals Experiencing Challenges with Mental Health and Housing in Northern Ontario

Carol Kauppi and Phyllis Montgomery

In northern Ontario, there is a Community University Research Alliance (CURA) project entitled, Poverty, Homelessness and Migration. In this five year participatory action project, photovoice was one method used to explore the links between poverty and homelessness for persons living with mental health challenges. Fifteen participants, of different ethnic backgrounds, took photographs to depict their housing and living situations. Using visual and thematic analysis, this presentation shows the participants'

daily survival practices, exacerbated by their challenging 'home' environments. Viewing the images along with participants' narratives is compelling and offers novel insights about their never ending struggles to secure a better life. Further, this presentation will highlight the value of photovoice as method in working towards social inclusion and social justice.

Theme: Housing/Homelessness

BREAK 2:45-3:00

CRYSTAL BALLROOM

3:00-3:30 Burden of Stigma on Mentally Ill and Social Exclusion

Amresh Srivastava

Stigma of mental illness causes great burden on the patients and their families. It leads to discrimination, social exclusion and personal isolation. It occurs across all social, economic, and cultural class and geographical regions.

As one of the greatest barrier to treatment and outcome, it is a potential clinical risk which leads to suicide, violence, physical impairment, physical illnesses, unemployment, and economic deprivation. People having mental illness suffer prejudice due to stigma. Anti-stigma measure is focused on public health. Answer to stigma lies in personalised interventions. We carried out systematic studies to understand patient and family's perception, and proposed clinical intervention in medical settings. Further we tried to quantify stigma for clinical usage, we constructed a measurement tool 'Stigma Quantifying Scale' (SQS).

Our results showed that most patients felt that stigma originates from social factors. Both patients and relatives felt that stigma can be reduced and the best way to deal with stigma is to provide early treatment. The SQS measurement tool is being validated. The preliminary findings showed that patients with high level of suicide risk had greater stigma and discrimination, $F(2, 27) = 8.676, p < .01$. Non-compliance was also related to stigma, $F(1, 28) = 5.701, p < .05$; individuals who did not comply with treatment reported higher stigma scores. Hospitalization, duration of illness and duration of treatment is positively correlated with high score of stigma. We conclude that stigma is a clinical risk and anti-stigma interventions are required to be part of psychiatric treatment. Discrimination, isolation and exclusion can be reduced by clinical management of stigma.

Theme: Stigma

3:30-4:00 The Effect of Coping on Psychological Outcomes

Sam Davie

The way in which individuals cope with stress has been shown to be associated with mood disorders and anxiety disorders, separately. However, the way in which avoidant coping strategies, specifically, are related to mood and anxiety disorders remains unclear. As many psychiatric survivors with mood disorders also have comorbid anxiety disorders, it is imperative to investigate whether those with both disorders utilize distinct coping strategies. Using a population sample ($n=380$) of psychiatric survivors, four

groups were created: mood disorder without an anxiety disorder, anxiety disorder without a mood disorder, both disorders, or neither disorder. The primary objective of this project is to determine whether those with comorbid mood and anxiety disorders differ from the other three groups with respect to their use of avoidant coping strategies. In order to assess avoidant coping, five responses to stress were considered: avoiding people, sleeping more, changing eating habits, self-blame, and wishful thinking. Avoidant coping scores were calculated by summing the number of avoidant coping strategies that are often used; this score will be compared across the four groups. Secondary objectives aim to examine difference in mastery and social support. In order to answer these questions, a cross-sectional analysis of data collected in 2011 will be used to assess non-causal relationships. If avoidant coping is shown to be related to both of these disorders, this could create a way to identify individuals who either have, or are at risk for developing mood or anxiety disorders.

Theme: Social Exclusion

CAMBRIDGE ROOM

3:00-3:30 Hope and Recovery: The Lived Experience

Nicky Kourtelessi

The purpose of this presentation is to illuminate the difficulties of living with a mental illness and to examine the related struggles as well as what it takes to remain healthy day to day. A personal presentation will discuss the quality of life of psychiatric consumers with the highlighted importance of personal goals. Living with schizoid affective disorder caused many hardships including the difficulties in pursuing education, maintaining a steady job, a stable living environment, as well as retaining relationships. What allows one to continue in their daily struggle is the belief that it does not matter what illness you suffer from, but rather what you do with it. Though stigma was once recognized as an obstacle, it is no longer something believed to be prominent. Social inclusion is not considered a challenge and it is possible for those with mental illness to feel as they are a valued member of the society. With the benefits of family support, it can be appreciated how one struggling with mental illness can succeed in embracing personal goals to provide much needed direction in an individual's life throughout and succeeding in the recovery process.

Theme: Lived Experience

3:30-4:00 The Marginalization of the Women and Children of No Daddy Alley

Stephanie Rea

In Sarnia there is a street off of Indian Road South named Kathleen Street. As the majority of residents are single women and their children living in subsidized housing and recipients of Ontario Works (OW) or Ontario Disability Support Payments (ODSP), the area has been given the derogatory nick-name, by the Sarnia community, of "No Daddy Alley". The women and children of No Daddy Alley (NDA) are marginalized by our Canadian class system designed to keep them from moving up the economic ladder. This system is designed to humiliate and beat down any trace of self respect and human dignity in a person who is vulnerable and unable to fight the powerful machine of class segregation. Using the analytical concepts of ideologies, power, social inequality, and

social control, I intend to express in this essay why these single moms and their children are resigned to their social position in the class hierarchy.

Theme: Women's Issues/ Social Exclusion

CANTERBURY ROOM

3:00-3:30 Stories told by Northern Persons with Mental Illness in Stable Housing

Phyllis Montgomery and Sharolyn Mossey

There is much evidence examining the relationship between mental illness and insecure housing. Often this evidence involves clinical samples drawn from large urban areas. As such, little is known about insecure housing experienced by persons with mental illness in smaller urban and rural communities. Further, less is known about the experiences of persons who have successfully secured housing and mental health supports after a period of precarious housing. The aim of the proposed presentation is to describe the stories, illustrated through words and pictures, of persons receiving health and social supports within north eastern Ontario. The stories were shared within a participatory action initiative as a component of a larger, two-year mixed method study involving persons, families and community service providers. Twenty four individuals who self-identified as having a mental illness represented their experiences and perceptions of housing. At this time, the stories are undergoing structural narrative analysis to identify their structure, function and meaning. The images taken by the individuals will be integrated into the presentation to depict varying degrees of inclusion as each created their 'home.

Theme: Lived Experience/Housing

3:30-4:00 Poverty and Social Exclusion for Psychiatric Survivors

Sarah Benbow

Background: In Canada, 27% of psychiatric survivors live in poverty. Access to basic human resources, such as adequate housing and income, contributes to feelings of positive self worth, life satisfaction, social network development, and community integration. However, psychiatric survivors are considered to be one of the most socially excluded and marginalized groups in our society.

Purpose: As part of the Community University Research Alliance on social inclusion and poverty, the purpose of this study was to better understand the experiences of social inclusion, exclusion and poverty for psychiatric survivors in Ontario Canada using a social justice lens.

Methods: Using a Participatory Action Research (PAR) lens, this study used qualitative data from year one of a four-year longitudinal mixed-methods study. Sample sites included homeless shelters, group living settings for psychiatric survivors, community and psychiatric survivor agencies, public housing, Employee Assistance Programs, and fee-for-service mental health services. Individual structured and semi-structured interviewing took place at convenient community locations or participant homes. Through the social justice lens of Nussbaum's Capabilities Approach, data were analyzed using analytic coding.

Results: Four overarching themes emerged: (1) Poverty: “*You just try to survive*”, (2) Stigma: “*People treat you like trash*”, (3) Belonging: “*You feel like you don’t belong*”, (4) Shared concern and advocacy: “*Everyone deserves housing*”.

Conclusions: Theoretical and societal implications are discussed with emphasis on fairness, diversity, and equity for psychiatric survivors.

Theme: Social Exclusion

**Oral Presentation Abstracts
Thursday October 24th, 2013
9:00-10:30**

CRYSTAL BALLROOM

9:30-10:00 The Association between Employment Status and Mood Disorders in Ontario

Sam Davie

Mood disorders do not affect the population uniformly; it has been shown that various socioeconomic factors are associated with an increased prevalence of mood disorders. Specifically, employment status has been suggested to be related to the prevalence of mood disorders in North America. However, before public health campaigns aimed at preventing or treating mood disorders are targeted based on employment status, it must be confirmed that there is a substantively meaningful difference in mood disorder prevalence by employment status, rather than just a statistically significant difference. Accordingly, the primary objective of this project is to determine whether the prevalence of mood disorders in Ontario varies depending on employment status. Secondary objectives are to examine the prevalence of mood disorders in the Ontario population, and more specifically, examine the trends in prevalence over time, by both age and sex. Data from the 2001 – 2010 Canadian Community Health Surveys (CCHS) will be used to address these objectives, looking specifically at Ontarians aged 20 – 75 years. Employment status will be defined using the following groups: unemployed for the entirety of the past year, employed during the past year and usual part-time hours, and employed during the past year and usual full-time hours. Logistic regression will be used to examine associations. This research will contribute to existing literature by determining the nature of mood disorder trends in Ontario, and will help increase the efficiency of public health campaigns aimed at preventing or treating mood disorders by targeting them towards those who need them most.

Theme: Employment

10:00-10:30 Determinants of Employment Outcomes amongst Psychiatric Survivors: Early Results from CURA2 in London, Ontario

Peter Hall

For psychiatric survivors, finding meaningful, dignified work promotes social inclusion and some additional income. Employment outcomes are influenced by a combination of factors such as the work seeker's skills and life circumstances, the practices and preferences of employers, and social assistance policies. In this presentation, the impact of employment and system factors on employment outcomes for psychiatric survivors will be discussed. This forum offers the researchers an opportunity to share preliminary findings for feedback from attendees.

The study uses quantitative data collected in a Community University Research Alliance project focusing on mental illness and social inclusion. During 2011, the first year of this five year mixed methods project in London, Ontario, health and social data were collected from 380 psychiatric survivors. The data provide a rich set of independent

variables and four employment outcomes: not seeking work, seeking work, part-time employment, and full-time employment. Stepwise logistic regression models were created to examine which independent indicators are related to the employment outcomes. These numeric results will be complemented by a subset of survivors' employment stories.

Early quantitative findings suggest that some widely accepted indicators of labour market attachment, especially education, are positively correlated with employment. Factors such as social integration, living circumstances and family relationships are also correlated with employment outcomes in expected ways. Previous and current treatments for addiction and hospitalization, as well as the way public assistance is provided, add complexity and surprising findings with regards to who is more likely to seek and find employment.

Theme: Employment

CAMBRIDGE ROOM

9:30-10:00 Supporting Muslim Youth in “Finding their Way” in Contemporary Times

Asma Ahmed

This study is inspired by personal and professional interest. My family moved to Canada when I was fifteen. I adjusted well in Canada both academically and socially, however my two younger brothers struggled and are still struggling in finding a balance. I attribute that to coming to Canada at an early age. My youngest brother was nine at the time, still formulating his idiosyncratic and Islamic identity. My brothers began exploring disreputable activities and, to the distress of my parents, eventually dropped out. Having both my brothers in the same vicinity exacerbated the problem. With the best of intentions, although ill equipped both financially and culturally having minimal knowledge on how to navigate the Canadian system, my parents utilized ‘divide and conquer’. My mother left with one of my brothers to Edmonton where she had a distant cousin, and my father and I stayed with my other brother in London. This was the beginning of my family struggling with mental health issues and severed relationships.

There are many stories like my brothers', Muslim youth who lose confidence in their faith and are not rerouted or assisted by their family or members of the community. My work has led to my PhD research at Western and to my lifelong endeavor *Supporting Muslim Youth in 'finding their way' in Contemporary times*, to restore to the youth their sense of self. I have committed to leveraging my experience, education, and networks to making a contribution in the wellbeing of minoritized communities.

Theme: Youth/Lived Experience

10:00-10:30 Symposium: Youth-Centered Participatory Action Research: Creating Spaces of Resistance and Change through Arts-Based Approaches

Helene Berman

During the past two decades, researchers have made significant strides in understanding young people's experiences of, and responses to, violence. Less well-understood are the

complex dimensions of *structural violence*. The purposes of our research are: to examine how structural violence is woven into the everyday lives of young people in Canada, how it influences their health, and strategies they can use to overcome and resist violence; and to evaluate how collaborative engagement with youth can be conceptualized as a health promotion strategy. While Youth-Centered Participatory Action Research (Y-PAR) is a relatively new mode of investigation, it has enormous potential, opening a space for youth agency; making them the *researched* and the *researchers*. Faced with increasing pressure to adapt to a world where society's anxieties are projected onto their bodies, youth are often blamed for emergent social problems. This is especially true among youth who are socioeconomically disadvantaged, racialized, Indigenous, homeless, GLBTT, and those who have been in conflict with the law. In this presentation, we describe a CIHR-funded Team Grant, the use of Y-PAR methodology and visual methods to create safe spaces where youth perspectives are heard, valued, and respected; that challenge social exclusion and marginalization and strive to redistribute power within the research process. We examine how young people can contribute to the creation of more vibrant, inclusive, and healthy communities, the identification of new models of programing, and the development of public policy that informs, and is informed by, the realities of structural violence.

Theme: Youth/Inclusion/Exclusion

CANTERBURY ROOM

9:30-10:00 William Street Supported Living Apartments

James Hodgins, Nedrita Shemshedini, Carrie, and George Finlay

WOTCH Treatment Services had supported complex clients through the Supported Living and Residential Treatment programs, which offer transitional housing. Many clients moved on to their own apartment in the community, but some only succumbed to the cycle of mental illness or reported isolation and loneliness.

WOTCH Supported Living Services decided to create a new model of support in the community that involved providing onsite support to clients where they live, in their apartment building. WOTCH partnered with London Middlesex Housing Authority to secure 18 units scattered throughout the building at 872 William Street, and converted a unit to a lounge that has a staff office and area to run groups and health clinics. The units are fully furnished by WOTCH, and rent is geared to income. The waitlist is long and the preferred client would be someone who has not been successful in the community and cannot get out to their appointments, join groups etc. A small multidisciplinary team of mental health workers and a nurse work on site from 8am to 8pm Monday to Friday and 10am to 6pm weekends. Clients have reported having staff on site gives them a sense of community and belonging, and security when they are having rough days. Many clients enjoy the groups the program offers and it has helped them to develop peer relationships, and given them a life worth living. Two residents have agreed to share their story of recovery. The power point will have some pictures and a monthly schedule of activities and explanation of the services provided.

Theme: Housing

10:00-10:30 Living on the Edge

My Sister's Place Expressions Group, Cary Meyer, Peer Development and Program Coordinator, My Sister's Place

What: An interactive theatre production highlighting the stories of women of lived experience and illustrating the intersections and links between poverty, mental health, addictions and trauma. This presentation would invite audience participation, encouraging participants to imagine new and creative solutions. The length of the presentation, including the audience participation component is approximately 30 minutes.

Who: The My Sister Place Expressions Group, a group of women of lived experience of homelessness, who meet weekly at My Sisters Place, (a transitional support centre for women who are homeless or at risk) to create performance pieces illustrating the challenges they face.

Theme: Women's Issues/Lived Experience

BREAK 10:30-10:45**CRYSTAL BALLROOM****10:45-11:15 Impact Junk Solutions: Recovery through Employment**

Nick Soave and Steve Fay

Impact Junk Solutions is a Social Enterprise that has been launched by WOTCH Community Mental Health Services. Impact Junk Solutions has been in operation since May of 2012. In its short existence, they have been able to employ 14 individuals living with a diagnosed mental illness. Impact has focused their business plan on a "triple bottom line" that ensures they make an environmental impact, financial sustainability, and just as importantly a social impact. Impact Junk Solutions has been very successful in all categories of their business model. To date they have been successful at recycling over 75 tons of material that most other companies would have taken to landfill. Impact Junk Solutions has also taken an active approach in strengthening the community and supporting the individuals and families that live here. Impact has donated useable items to hundreds of people who needed access to furniture, clothing, toys, books, household essentials and such. These actions are the foundation of how Impact does business, but it is the impact that these actions have that truly matter. With a keen interest in contributing to the poverty and social inclusion of their employees, the community, and customers, Impact has worked closely with the CURA 2 Community Projects Committee. The partnership has yielded results that reflect what Impact has seen on a personal level, the power of employment, the strength and viability it creates, and how employment helps with Recovery. Steve and Nick will share how being an employer that employs only individuals with lived experience, and being an employee who has gained stability in their life have made this project a life saver.

Theme: Employment

11:15-11:45 Access to Care and the Impact of Inequality among Individuals with a History of Mental Illness

Heather Atyeo

The effects of mental illness are multifaceted and widespread, contributing to significant disadvantage and/or impairment in multiple life domains. While some aspects of treatment and healing take place at the individual level, the promotion of wellbeing and equity within broader socio-political systems is integral to the recovery process. Understandings of health and wellbeing within this broader context requires thoughtful consideration as to the power related processes that may amplify or ameliorate varying extremes of health and social inequality. The purpose of this study is to explore the influence of such power relationships in shaping experiences of health in a community sample of 380 individuals who report a history of mental illness. Specifically, this secondary analysis of year one CURA2 quantitative data will employ an intersectionality framework to examine experiences of oppression across multiple domains including gender, employment status, dimensions of social support, and lifetime history of homelessness in relation to overall self-reported evaluations of health. Interactive effects between variables and the influence of access related issues will be considered within this analysis. Advancement of knowledge in these domains will facilitate greater understanding of the underlying factors that precipitate, perpetuate and maintain health inequalities for individuals who suffer from a mental illness. Moreover, such knowledge will offer insight into meaningful interventions aimed at reducing social and health inequalities thus enhancing experiences of wellness and recovery for individuals who experience a range of mental health challenges or concerns.

Theme: Social Exclusion

11:45-12:15 What the Literature Says about Quality of Life

Jenn Doherty

In the literature there is little agreement as to what the scope of Quality of Life (QOL) is, and what it is composed of (Awad, Voruganti, & Heslegrave, 1997; Bowling, 1997; Fulton, Miller, & Otte, 2012; Korr & Ford, 2002; Saintfort, Becker, & Diamond, 1996; Taillefer et al., 2003). In the past twenty years, QOL research has been done with individuals with chronic mental illness, to gain a better understanding of their needs (Lehman, 1983). However, the majority of the current research literature on QOL focuses on the adult population, and there is a need for more research on how QOL is experienced across the later years of life. The continued growth of the older population suggests that there is a need to reshape mental health services for seniors so that they receive appropriate services (Moyle & Evans, 2007). Understanding how seniors with mental illness experience QOL would be essential for developing and implementing psychosocial strategies necessary to enhance their QOL. This paper presentation will review how QOL has been explored in the literature and the state of current research on QOL for seniors with a mental illness.

Theme: Quality of Life/Inclusion

CAMBRIDGE ROOM

10:45-11:15 Symposium: Voices against Violence: Engaging Youth as Research Partners through PAR and Art-Based Approaches

Eugenia Canas

Voices against Violence: Youth Stories Create Change is a CIHR-funded, youth-centred participatory research project that explores issues of violence, inequality, exclusion and belonging, identity, and health and wellbeing as they affect youth in Canada. Working in partnership with academic researchers and community-based knowledge users, youth generate writing, art, spoken word, filmmaking and other methods as the principal means of sharing. The research work takes place in diverse groups through the country. The first research group held in London met weekly from June to September 2012, and included ten participants ages 16 to 24 from diverse newcomer and mental-health community programs in the city. This presentation describes the development of PAR-based youth engagement and supportive youth-adult partnerships within this research group.

Presenters will share lessons learned and best practices, with a focus on concrete and transferable visual-art and spoken-word activities that establish trust, empower youth with a vocabulary for conversations about structural violence, and ultimately facilitate insight. Key aspects of PAR and arts-based methodologies will be discussed in the context of new findings from research on adolescent development and health.

Theme: Youth

11:15-11:45 Symposium: Youth-Centered Participatory Action Research: Creating Spaces of Resistance and Action with Muslim Newcomer Women

Lynda Ashbourne, Alia El-Tayeb, and Nada Nessian

The participatory action research group involving Newcomer Muslim Young Women is part of the larger CIHR Team Group Voices Against Violence, investigating the influence of structural violence on the lives and health of youth in Canada. This group of 14-25 year old women, all of whom have been in Canada for less than five years, and all having migrated from conflict zones (Iraq, Afghanistan, Somalia), met over the over course of 3 months in spring of 2013. They talked with each other and used arts-based activities, including photovoice, to more fully express their experience of safety and vulnerability, acceptance and rejection, and health, in various communities (within their family, country of origin, and local religious/cultural communities; in their neighbourhoods and city of London, ON; and interfacing with systems such as schools, housing and transit). The presentation will offer these young women's rendering and artistic representation of their experiences, highlighting obstacles and avenues to their social inclusion, community engagement and access to services such as education, employment support, housing, peer support and relationships. Presenters will include the co-facilitators of the group as well as a youth participant researcher.

Theme: Youth

11:45-12:15 Mental Health Engagement Network (MHEN): Connecting Patients with their Health Team

Julie Walsh and Walter Osoka

This study funded by Canada Health Infoway, introduces, delivers and evaluates the use of smart technology in mental health care services. This study received approval from Western University's Research Ethics Board in November, 2011.

This longitudinal, mixed method study consists of 400 participants, living in the community, with a mood or psychotic disorder who are currently working with mental health care professionals.

Each participant has been randomly assigned into Group 1 or 2. Group 1 participants received an iPhone 4S, a TELUS health space™ account, and a SMART record account (web-based application that provides individuals with a personal health record and tools to help them manage their health) in July, 2012. Participants in Group 2 initially acted as a control group and received the intervention in March, 2013.

Web analytic reporting (Group 1) indicates that clients are frequently accessing the Lawson SMART record (9567 mobile and 3237 desktop homepage hits). Clients are frequently accessing the health journal (5654 hits) and health journal notes (995 hits), messaging with their care providers (1728 hits client portal and 1244 hits provider portal), scheduling appointments (971 hits), and employing reminders (462 hits). Initial quantitative analysis will be complete September, 2013.

The use of smart technology in mental health care has the potential to improve quality of life and reduce health care costs. This pilot study will perform economic, policy, ethical and effectiveness analysis to provide evidence based recommendations about the use of smart technologies in mental health care and creates opportunities for further research.

Theme: Technology/Inclusion

CANTERBURY ROOM

10:45-11:15 CONNECT for Mental Health – Peer Support Organization

Michelle Solomon, Bereketab Tekle, and Angie Piccinin

CONNECT for Mental Health Inc. is a peer-support organization that was founded in 2007 by Michelle Solomon. It is run by and for individuals who have been affected by mental illness. Their vision is to promote sustainable systems of support that enable individuals to thrive and maintain wellness in the community. Connect's mission is three-fold: the provision of support services; educating a wide audience on relevant mental health issues; and providing outreach to the community to help decrease stigma and promote early intervention of mental health disorders. Connect's evolved peer-support services include: weekly social events at coffee shops where individuals share their experiences and gain emotional support from others who have "been there"; a recovery group which focuses on self-management and coping skills; and more recently, Connect has partnered with the Ontario Peer Development Initiative (OPDI), The Council of Academic Hospitals of Ontario (CAHO), and London Health Sciences Centre (LHSC) to implement The Transitional Discharge Model (TDM). Connect's TDM Peer Support

Volunteers are helping individuals in their transition from acute care back into the community. In addition to support services, Connect provides education on several mental health topics and has partnered with the Central Library since 2008 to offer free educational workshops to the public. Connect's outreach efforts provide a forum for youth to share their personal experiences, and recovery from mental illness which encourages their peers to speak about mental health and seek help early.

Theme: Lived Experience/Peer Support

11:15-11:45 Weathering the Storm: An Action Plan for Socially Inclusive Emergency Planning

Kristy Buccieri

Canadians are encouraged to plan for emergency situations. Whether an act of terrorism, a natural disaster, or a pandemic outbreak, citizens are expected to share in the responsibilities of managing the emergency, alongside municipal, provincial, and federal bodies. This expectation is built on the premise that all individuals are fully able to care for themselves under extreme duress, and/or that they have someone who can assume their care and act in their best interest. However, emergency preparedness falls short if it does not adapt to the needs of those who may require extended supports, such as psychiatric consumers / survivors, the homeless, substance users, and/or those living in poverty. This presentation will identify and discuss some of the most challenging aspects of protecting these individuals, while ensuring their social inclusion, during emergency situations. It will share the findings of a study conducted in Toronto during and immediately following the outbreak of H1N1. Surveys and interviews were conducted with individuals with lived experience of homelessness, many of whom also self-identified as psychiatric survivors / consumers. Key stakeholders from various levels of government as well as social service providers were also interviewed. Utilizing a mixed methods approach, this participatory action study reveals many opportunities for improving emergency preparedness and response as well as for enhancing social inclusion for potentially vulnerable members of society. Among the recommendations discussed will be suggestions for improving communication strategies, managing service access / avoidance, and tailoring policies and practices to meet the unique needs of these individuals.

Theme: Exclusion

11:45-12:15 Retaining a Sample of Homeless Youth

Amanda Wright and Tony O'Regan

The *Youth Matters in London* project aims to investigate and better understand youth participants' choices regarding treatment and service options over a three-year period.

It is important to include members of hard to reach populations in research to ensure proper representation of the general population. Participants needed to be homeless, or precariously housed, and aged between 16 and 25 years, from London and surrounding areas, and experiencing a serious mental health issue. 187 individuals enrolled, mainly recruited at a drop in center for homeless and street involved youth, but also by word of mouth and snowball sampling.

A cross-sectional, mixed methods approach was used, with participants completing in-depth quantitative interviews (including demographics, health, housing, quality of life, and social support) as well as qualitative open-ended questions.

After enrollment, attempts were made to contact participants at three further time intervals to conduct repeat interviews using contact information provided by participants.

665 interviews took place in total with 478 of these being follow-up interviews. 154 participants completed the fourth interview (82%). Overall retention rates for enrolled participants were 88%, 86% and 82% respectively for successive time points. In terms of retention between interview points, 97% of those who completed the second interview completed the third interview and 96% of those who completed the third interview completed the fourth interview. Compared with other research of vulnerable populations, this retention rate overtime is very high and suggest a strong engagement by participants in the research process.

Retaining samples of homeless youth is challenging, but with patience, effort and the employment of creative strategies is possible.

Theme: Youth

A BIG Thank You to our Community Partners:

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 Can-Voice
 Centre for Research on Violence against Women/Children
 City of London
 CONNECT for Mental Health
 Family Advisory Council at Regional Mental Health Care
 Goodwill Industries
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 Kings University College
 Laurentian University
 London CARES
 London Police Services
 Merrymount
 Mission Services of London
 My Sister's Place
 Salvation Army-Centre of Hope
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