

VALIDITY ♀

Vibrant Action Looking Into Depression In Today's Young Women

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Shoulder to Shoulder Conference

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The Purpose of Today's Session

- Provide a brief overview of depression
- Introduce the V.A.L.I.D.I.T.Y♀ project
- Introduce you to the guide *Hear Me, Understand Me, Support Me*
- Give an overview of the *Girls Talk* Program
- Explore the *Let's Talk* Poster
- Interactive format; drawing from your experiences

Depression Defined

According to the World Health Organization (WHO):

“Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration.”

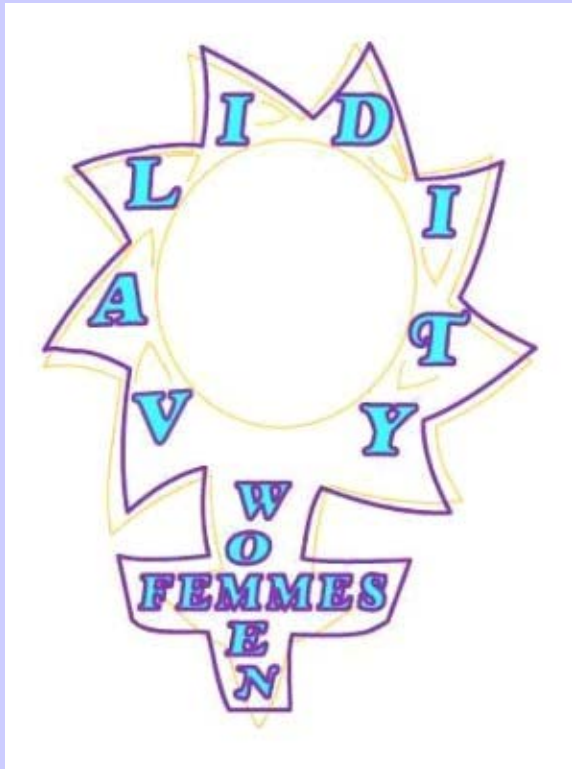
Depression Facts (WHO)

- Depression is common, affecting about 121 million people worldwide.
- Depression is among the leading causes of disability worldwide.
- Depression can be reliably diagnosed and treated in primary care.
- Fewer than 25 % of those affected have access to effective treatments.

Depression & Young Women

- In early adolescence, depression affects more girls than boys at a ratio of 3:1
- “25 per cent of girls between 16 and 19 experienced at least one major depressive episode within that four-year period.” (2004, Galambos, International Journal of Behavioural Development)
- Females are more likely to report elevated psychological distress compared to males (42% vs. 20% respectively) (2007, CAMH, OSDUS: Mental Health & Well Being of Students)

The VALIDITY♀ Project



- Vibrant Action Looking Into Depression in Today's Young Women
- Participatory action research project driven by young women
- Empowers young women to share their stories and recommendations to contribute to the body of knowledge about preventing and treating depression

VALIDITY♀'s Guiding Principles

1. Ensure a high level of involvement from young women
2. Employ open and inclusive planning, research, and evaluation
3. Focus on practical outcomes that will contribute to preventing depression
4. Honour diversity – cultural, racial, sexual, socio-economic, physical and mental ability – when designing and implementing the project
5. Ensure a provincial focus



History of V.A.L.I.D.I.T.Y ♀

- 1999 Recruitment and training of facilitators
- 1999 Focus groups
- 2001 VALIDITY Conference
- 2005 “Girls Talk” program
- 2006 “Hear Me, Understand Me, Support Me” Resource
- 2008 “Let’s Talk” poster



What we learned...

- Young women don't tend to identify with physical symptoms of depression but call attention to outside factors (“challenges”)
- The “challenges” are issues that were raised by young women and represent significant issues that they face
- Literature, research and young women have all identified that one of the most helpful ways to deal with depression and life challenges is simply **“to talk”**



One Young Woman Wrote....

Women are not passive.

Women are not weak.

Women are not irrational.

WOMEN ARE STRONG

WOMEN ARE EMOTIONAL

WOMEN ARE AUTHORITATIVE

WOMEN ARE POWERFUL





HEAR ME UNDERSTAND ME SUPPORT ME



*What young
women want you
to know about
depression*

A participatory action research and
development project of the VALIDITY TEAM

VALIDITY

What's New: Looking Into Depression's Dark Room

Sections of the Resource

“**Hear Me**” sections are the voices of young women as they speak about their experience with specific challenges

“**Understand Me**” aims to educate service providers about that specific challenge

“**Support Me**” highlights specific resources service providers can use to help young women experiencing that challenge



“Challenges” identified by young women:

- Recognizing Depression
- Cultural expectations
- Family Communication and Dynamics
- Friendship, Intimacy, Fitting In and Peer/Social Pressure
- Sizism, Body Image and the Media
- Racism
- Trauma (Unspoken Challenges)
- Anger (Unspoken Challenges)



The Media

Studies have linked media exposure in young women to:

- Decreased self-esteem
- Increased depression
- Body dissatisfaction
- Fear of being fat



What Young Women Said...

“Young women are bombarded with unrealistic images of women on TV, in magazines – in fact in all forms of media. These women are thin, generally white and always the same; they don’t represent what women look like”
(page 42)



Body Image

- A complex relationship has been found between body dissatisfaction, low self-esteem and higher rates of depression
- Body dissatisfaction has been found to predict dieting, disordered eating and clinical eating disorders
- 25% of girls believe that they are too fat



What Young Women Said...

“Being a victim of verbal and psychological abuse and being negatively affected by sizism due to being overweight are both influential factors that have had an impact on depression for me” (page 42)



Gender-Role Socialization

- Socialization towards the traditional gender role has been associated with poorer mental health
- Adherence to a traditional feminine gender role has not proved to offer any form of psychological advantage



What Young Women Said...

“Sexual orientation is not something that queer youths have control over. It is something that just happens. Yet, due to all the negative connotations that are associated with being attracted to the same sex, it is not easy to accept.” (page 31)



Relationships with Family & Friends

- Girls who have lower levels of family connection, are more likely to experience mental health problems when stressful events occur
- Girls from families with high levels of conflict are more likely to report depressive symptoms
- Young women with deficits in social and family resources are more likely to develop depressive symptoms



What Young Women Said...

“Would I have been treated by my parents differently if I were a boy...?”

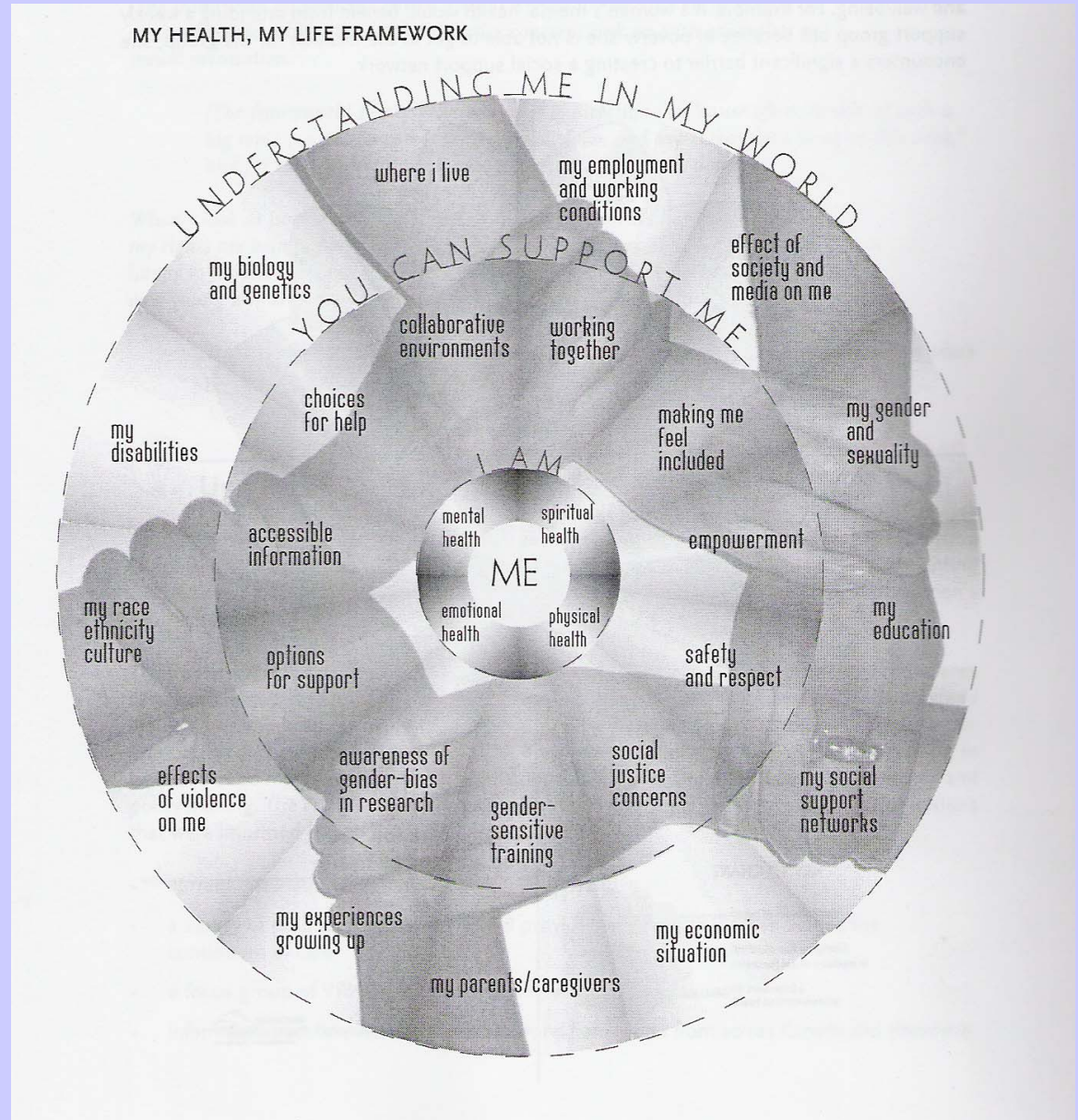
“When I think about relationships, I think they are some of the times I’ve been the saddest”



My Health, My Life Framework

Suggestions for using this tool with young women:

- Post in office or exam room
- To initiate talk with young women, give them a copy & ask what they think about it
- Ask them to circle any area they think may be affecting them



Using the Framework

NAME _____

IDENTITY	LIFESTYLE	RELATIONSHIPS	FRIENDS	FAMILY	SCHOOL	SOCIETY
Sexuality	Eating habits/ relationship to food	Abusive relationships	Peer pressure	Parental pressure	Learning disabilities	Racial and cultural experiences
Comfort level with body	Level of physical activity	Loss of someone close	Strained friendships	Family composition (e.g., blended, adopting, matriarchal)	Relationship to school	Politics or things that they see or hear about on the news
Race	Stress	Sexual relationships	Abusive relationships	Family challenges	Environment at school	Economic issues
Culture, ethnicity	Smoking	Family challenges		Sibling rivalry	Bullying	Immigrant or refugee status
Citizenship	Sexual practices	Strained friendships		Abusive relationships	Violence	
Trauma	Use of alcohol or other substances			Economic issues	Peer pressure	
Loss (e.g., of loved one, homeland or other major loss)				Environment at home		
Disabilities				History of substance use or mental health problems		
Economic issues						
Job-related issues						

HEAR ABOUT MY



Girls Talk Program

- An 8 week program for young women 13-16 years old
- Developed by CAMH, Youth Net and young women across Ontario
- Promotes understanding and awareness about depression
- Provides a “safe place” for young women to connect
- An activity-based program (artistic and physical)
- Provides education for young women about depression
- Examples of topics include: Depression, Relationships, Body Image and Self-Esteem, Media, Stress - all identified by young women



Girls Talk Groups

- Since 2004, CAMH has partnered with diverse organizations across Ontario to pilot test the Girls Talk Program in over 65 groups
- Girls Talk Sites include: high schools, elementary schools (gr. 7/8), private schools, community centres, various community agencies
- Is now being run independently by Public Health, Youth Net Programs and other community agencies
- Program runs in both English and French



Girls Talk Results

- 72% increase in knowledge about local helpful community resources
- 60% increase in knowledge of symptoms of depression
- 46% increase in knowledge of causes of depression
- 40% increase in knowledge of treatment of depression



What the Participants Said...

“Thank you for the opportunity to be part of this program”

“It was an awesome program and useful for girls”

“Good program that let’s you talk about stuff you couldn’t talk about with your family”



Recommendations for Girls Talk

- To expand Girls Talk to include more of a resiliency based approach
- Include more critical thinking activities and take-home activities rather than all in-group
- Pilot test the program in youth addictions setting at CAMH
- Pilot test the program with young aboriginal women



Objectives of Poster

- Encourage young women and service providers to consider their/girls health from a holistic standpoint
- Raise awareness with service providers about the fact that various factors impact young women's health
- Encourage young women to talk to service providers about what's going on in their lives



Poster Development

- A poster for service providers was a key recommendation from young women
- Based on Vancouver Coastal Health Authority “A framework for women-centered health”
- Focus groups took place over 1 year with both service providers and young women
- Young women had the final say on the artwork and content of the poster



Let's Talk Poster

HEAR ABOUT MY WORLD

understand me

spiritual health
emotional health
physical health
mental health

my strengths
my job
my body and heredity
my disabilities
my money
effects of violence on me
my experience growing up
where I live
my race, ethnicity and culture
my relationships
my friends
my gender and sexuality
my education
effects of society and media on me

I'm more than what you see.

Supporting me means
giving me choices
making me feel included
respecting me
meeting my needs
empowering me
listening to me

Let's talk

 **camh**
Centre for Addiction and Mental Health

For more information go to www.camh.net/validity

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Dissemination Strategy

- To reach over 10,000 family physicians in Ontario
- To disseminate through the BC Centre of Excellence for Women's Health
- Expected launch November 2008



Key Informant Interviews

- 7 family physicians interviewed in from March to May 2008
- 5 had private practices
- 2 were from Community Health Centres for youth



Results

- Most physicians indicated that they wanted to ask adolescent patients about their mental health
- Reasons for hesitating to initiate the conversation about depression include: time constraints, legal ramifications, and clinical support



Recommendations

- Government incentives for asking about depression similar to diabetes, colon screening and ADHD
- Dissemination of poster through community health centres versus family practice
- Display poster in waiting room with a handout or brochure



Next Steps for Poster

- Over 80 service providers have put this poster in their workspace across Ontario to focus test (March to June 2008)
- Telephone interviews will be scheduled for June to discuss how the poster was used & suggestions for a “tool” to go along with it
- June to October 2008, development of tool and dissemination plan



The Last Word from Young Women...

Don't:

- Tell us you know what we're going through
- Do for us, but guide us
- Just hand us a number to call. We need information about a referral and what will happen when we call
- Ask yes/no questions. You need to hear about my world
- Assume I want my family involved
- Talk to me like I'm a child
- Reject me because I am expressing anger – it has meaning



The Last Word from Young Women...

Do:

- Build a relationship with us before you start talking about depression
- Educate us about depression
- Give us information on other things besides medication that can help with depression
- Empower us
- Always check things out with us to make sure you understand what we mean!!



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Thank You

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