

# Presentation Abstracts

DAY 2 · APRIL 25 | SESSION ONE · 10:30-12:00PM | ROOM · HSB 045

## Building Hope and Connection across Populations: Indigenous Peoples

### A Warrior's Red Road: Healing and Hope through Connecting to Culture

Dr. Candice Waddell-Henowitch,  
Jason Gobel, Paul Fowell, Frank Tacan  
Dr. Marti Ford, Dr. Jonathan Allan, Dr. Rachel Herron

Starting in 2017 a group of social science researchers partnered with a local Indigenous men's group to engage in land-based cultural practices and community-based research. The most recent project connected Indigenous men to their inherent rights of traditional hunting, harvesting, and drum making. This symposium will feature the voices of participants as well as researchers, to explain the experiences collectively learned through the research.

#### Why is this research important

Indigenous people in Canada and elsewhere bear the brunt of health inequalities, high rates of incarceration, lack of programs and services, and intergenerational trauma. There is a growing body of research on the importance of cultural connection, teaching, and ceremony particularly in relation to Indigenous health and well-being. Sacred teachings, ceremonies and cultural values have been linked to healing, resilience, and positive mental health outcomes.

#### How was the research initiative carried out?

Through sharing circles, individual interviews, observation, and photovoice we were able to evaluate the positive impact groups such as this have on the health and wellness of Indigenous men. The voices of seven participants, one Indigenous leader, one Spiritual leader, and five researchers are included in the results of the study.

#### What were the key findings?

The participants explained that the program was pivotal in 1) supporting community, social and family connections; 2) creating a place to heal through brotherhood, encouragement, and reassurance; 3) strengthening land-based knowledge through teaching, learning, and ceremony; 4) fostering a sense of purpose; and 5) awakening Indigenous pride.

#### How can the results be used?

This symposium will highlight the holistic impacts of land-based learning for Indigenous men. This can be used to inform investments and initiatives in Indigenous men's health.

### Words of Wisdom from Three Sisters: Indigenous perspectives on eating disorders

Maureen Plante

Eating disorders have been studied and understood primarily through a Westernized perspective, which guides treatment. The Truth and Reconciliation Commission of Canada 94 Calls to Action (TRC), stipulates the need for culturally appropriate training when working with First Nations, Métis, and Inuit peoples. IFOT is a holistic approach to health and well-being that is strengths-based, historically sensitive, and culturally relevant. Through a relational Cree-based approach with a thematic analysis methodology, conversations with three knowledge carriers examine how Indigenous Focusing-Oriented Therapists (IFOT) see eating disorders and provide guidance on how to approach working with Indigenous clients who struggle with eating disorders. Major themes from this work include decolonizing language, the Indigenous worldview of Interconnectedness, and compassion. This presentation will highlight considerations when working with Indigenous peoples struggling with eating disorders and will provide some helpful tips for facilitating healing through an Indigenous therapeutic approach. Further, the findings from this research will be useful for practitioners to become familiar with culturally relevant therapy.

**Building Hope and Connection across Populations: Young Adults (Block 1)****Coming into Mindfulness: A Practice of Relational Presence to Cultivate Compassion in One Rural School****Sonal Kavia**  
M. Shaun Murphy

We explore the gift of compassionate presence in education through an inner resource framework for holding space for emerging wellness in youth education. As educators we are space holders who are on a continuous path of attending to our inner landscapes, building our capacity for clarity and groundedness, and acting compassionately. When we engage in this deep knowing and experiencing of ourselves, then this possibility emerges for the youth that are in our presence. This will be a gentle experiential session rooted in the principles and practices of present moment attention and awareness, deep listening, and embodied well-being. Together we will consider the classroom as a field of possibility for emergence of a slow and spacious pedagogy. Additionally, we will explore relational mindfulness to foster awareness of the bridge between ourselves and others and our sense of togetherness and attunement.

**Impact of Family-of-Origin Functioning on Mental Health and Loneliness in Young Adults: The Influence of Attachment Style****Dr. Marysia Lazinski**  
**Megan Secord**  
Dr. Nancy Newall

Limited previous research has shown that the family environment plays a role in the development of mental illness in children and adolescents (e.g., Freed et al., 2016). Our lab seeks to examine the hitherto inadequately investigated relationship between family-of-origin functioning and mental health in young adults. Family functioning has previously been associated with adults' patterns in their close relationships (i.e., attachment styles) (Alavi et al., 2020). In turn, robust links have been found between adult attachment and mental health, such that higher levels of attachment anxiety and avoidance have been positively correlated with negative affect (e.g., depression, anxiety, loneliness) and negatively correlated with positive affect, in a large meta-analysis (Zhang et al., 2022). Therefore, attachment may be one important mechanism explaining the potential impact of family-of-origin functioning on young adults' mental health and loneliness. Young adults aged 18-35 from Brandon, Manitoba provided self-reports of their family-of-origin functioning (McMaster FAD, Epstein et al., 1983), attachment patterns (ECR-RD8, Fraley et al., 2000), levels of loneliness (De Jong Gierveld & Van Tilburg, 2006) and symptoms of mental health (DASS, Lovibond & Lovibond, 1995). Multiple linear regressions are being used to test whether attachment mediates the relationship between the functioning of the family of origin and young adults' mental health and loneliness.

Thus far, our lab is finding that family functioning is associated with young adults' mental health (i.e., symptoms of depression, anxiety, and stress) and loneliness. These associations appear to be mediated, at least in part, by the young person's attachment style such that poor functioning in the family is associated with more anxious attachment patterns, which is associated with poor mental health. These associations will be discussed and related to previous literature, and the impact of these results for family and individual therapy will be considered in this proposed oral presentation.

**Mental Health within high schoolers****Charlotte Whidden**

Throughout high school, I was a perfect student, honour role every year, volunteered in school activities and even participated in school clubs. People assumed I was doing really well, even thriving! However, behind closed doors my mental health was at an all time low. I struggled with Anxiety, Depression, ADHD and Complex PTSD. After I graduated I was curious, how did my perfect schooling relate to my mental health? Teachers are often concerned with students that have lower marks and less participation in classes. But what about those who are "thriving"? And that's what brings me here, I'm reaching out to high school students of varying grades, marks, and participation to see just how much mental health can influence those final grades. Through my research, I'm hoping to communicate to others the reality of students mental health and break the stigma that "if you're doing well in school, you must be doing well mentally".

**Building Hope and Connection through Post Secondary Education (Block 1)****Effectiveness of a resilience course in developing resiliency and reducing depression, anxiety, stress and post-traumatic stress among nursing and psychiatric nursing students****Dr. Kathryn Chachula  
Dr. Nora Ahmad**

Healthcare workers, including nursing students, have the potential for exposure to high-stress and traumatic events that can cause significant emotional distress (Cameron et al., 2016). Such events include patient deaths and unexpected outcomes (Chachula & Varley, 2022), 'near misses,' medical errors, care of abuse victims, ethical dilemmas, complex or violent interactions (Dukhannin et al., 2018), and incivility (Chachula et al., 2022). According to the Johns Hopkins Two-Factor Theory of Resilience (Everly, 2021) proactive resilience can be developed to resist becoming impacted by a crisis. Developing proactive resilience is an essential skill for pre-licensure nursing and psychiatric nursing students entering the healthcare workforce. In this pilot before-after, quasi-experimental pilot study, a total of 21 students from the Bachelor of Nursing (n=17) and Bachelor of Science in Psychiatric Nursing (n=4) programs at Brandon University completed an online asynchronous 10-module resilience-building intervention program. The 10 modules consisted of an introduction with a pre-intervention survey, in addition to: (1) an Overview of Psychological Body Armor™ (PBA), Stress and Resilience; (2) Self-Assessment; (3) Resilient Attitudes; (4) Exercise; (5) Nutrition; (6) Rest and Sleep; (7) Interpersonal Supports; (8) Spirituality; (9) Developing a Personal Resilience Plan; and (10) Active Listening Skills for Supporting a Person in Crisis, ending with a post-intervention survey. Valid and reliable tools were adopted to measure depression, anxiety, stress, post-traumatic stress, and resilience to assess scores before and after completing the intervention. The results from the pilot study resulted in significant differences in scores before and after completing the intervention. The findings demonstrated that the resilience program is effective in developing resiliency and reducing depression, anxiety, stress, and post-traumatic stress in students prior to entering the healthcare workforce.

**A Fine Balance: Students with Anxiety and Mood Disorders Describe the Factors that Support and Hinder their Academic Success in Post-Secondary Education****Laura Van Mulligen  
Dr. Catherine Baxter**

Anxiety and mood disorders are the most common mental health diagnoses in Canada, affecting approximately three million Canadians over the age of 18. Both anxiety and mood disorders are considered invisible disabilities as there are no external manifestations visible to others. Individuals living with mental illness have voiced fear, stigmatization, and discrimination from faculty and peers if their diagnosis is revealed and therefore may be a contributing factor to not completing post-secondary education. The prevalence of anxiety and mood disorders, combined with the requirement for educational accommodation under the Canadian Charter of Rights and Freedoms (1982), has created a unique challenge for post-secondary institutions as to how to best support students experiencing mental illness in the context of academic learning. This presentation will discuss the findings of a Grounded Theory study that explored factors that enhanced or hindered the academic success of students living with anxiety and mood disorders within the post-secondary campus and classroom. Participant narratives revealed four main theoretical constructs as they moved through their post-secondary experiences. These included: pivotal moments, tipping the balance, restoring the balance, and maintaining the balance. The study findings have important implications for post-secondary institutions and highlight the need for policies and programs to assist students prepare for the realities of post-secondary education, provide individualized and ongoing support, and offer flexible learning paths for degree completion.

**Exploring Microaggression and Cultural Competency from Nursing Students' Perspectives****Laura Van Mulligen  
Dr. Michelle Lam  
Krista Callahan, Michelle Lowe Puhach, Dr. Nora Ahmad**

The Truth and Reconciliation Commission of Canada Call to Action 23 states that all healthcare professionals should receive cultural competency training. In our province, this is echoed by the College of Registered Nurses of Manitoba. However, despite these clear mandates, microaggressions, racism, and exclusions persist across organizations and healthcare settings. Whether intentional or unintentional, this hostile environment in post-secondary institution settings such as classrooms, laboratories, and also in clinical settings has been shown to negatively impact the mental health and well-being of marginalized individuals and groups. Thus, it is essential that all entry-level nurses are able to understand and apply a culturally competent approach by promoting equity, diversity, and inclusion for the populations they serve.

This presentation will explore Brandon University undergraduate nursing students' understandings of cultural competence and subtle acts of exclusion (SAE), also known as microaggressions prior to entering the workforce as a Registered Nurse or Registered Psychiatric Nurse. These findings are based on an ongoing mixed-methods study aimed at measuring students' awareness, knowledge, and skills in the cultural competency and SAE, identifying barriers, and imagining ways to move forward.

Through this presentation, attendees will:

- 1) Gain an awareness of nursing students' level of awareness, knowledge, and skill in relation to cultural competency and SAE.
- 2) Identify barriers within nursing education to support marginalized individuals in recognizing and addressing SAE.
- 3) Identify ways in which nursing education can support nursing students with cultural competency.

**Building Hope and Connection through Innovation: Rural Mental Health Programs****Non-forced care as a harm reduction approach to violence prevention in long-term residential care****MacGregor Goodman**  
**Dr. Rachel Herron**  
Laura Funk

Long-term care should be a safe place to work and a safe place to live; yet there is increasing recognition that long-term care can be a site of violent situations for older people and staff. Non-forced care policies are designed to prevent staff from forcing care and promote resident choice so that neither residents or staff get hurt. Violent situations can undermine the quality-of-care residents receive and contribute to stigmatizing views of older people in care, particularly those living with dementia. Violence can lead to feelings of anger, fear, frustration, and guilt among staff that can adversely affect their overall mental health and contribute to absenteeism and burnout. Much of the research on violence prevention in long-term care has focused on violent situations rather than the policies and practices that may encourage or prevent such situations. Data for this analysis was collected using telephone and web-based semi-structured interviews with staff in two Canadian provinces and observations in two long-term residential care facilities between 2021-2023. Interview transcripts and observational notes were analyzed to explore understandings of non-forced care. Staff described the skill, negotiation, and judgement required in implementing non-forced care. In practice, non-forced care policies do not necessarily imply a complete absence of force. They are more akin to a harm-reduction approach to violence prevention. The research can be used to promote policies and practices that reduce harm and prevent violence toward staff and residents.

**Strive to Thrive Program****Melanie Hellyer**

The Strive to Thrive program was developed over several years and rolled out to the community in 2019. It was a collaboration between the Mental Health and Health Promotion Programs in Prairie Mountain Health, to meet the needs of the feedback from clients and community that a group program was needed for folks experiencing stress in their lives to help them deal with that stress and become resilient. Initially, the program was a 4 week program. The program was rolled out to several test sites across the region (Brandon University students, Westman and Neepawa Immigrant Services, grade 9-10 students in Turtle Mountain School Division), seniors centres and general community. Feedback from that rollout, as well as feedback from a team of psychologist in Prairie Mountain resulted in the enhanced 5 week program that we are currently delivering in the region. In 2022, the program was expanded for delivery in the Central RHA region. Strive to Thrive is a FREE 5 week program (meet weekly for 5 weeks), where participants explore their symptoms of wellness to improve their mental health. In the first week of the session, the difference between mental distress, mental disorder and mental health problems are delved into. Participants will learn how physical and mental stress are related and how to reduce the stigma around mental health. Throughout the program, they will develop skills, knowledge and practices to empower them to thrive. The program is delivered free of charge in the community by trained Health Promotion staff as well as Mental Health Resource Nurses in the rural communities in Prairie Mountain Health. The Strive to Thrive team would like to present at this conference to create an awareness about the program in the community, for those folks who are seeking to become resilient and deal effectively with the stress in their lives.

**Protecting and Enhancing our Greatest Resource in Healthcare - A Mental Health Promotion Project in Erickson District Health Centre****Kim Toews**

In April 2022 a survey given to Prairie Mountain Staff identified staff reporting that they were suffering from poor mental wellness and low morale. We are aware that the pandemic had negative effects on the wellbeing of healthcare staff. In November of 2022, a \$10,000 grant became available thru the Healthcare Excellence of Canada to improve upon Long Term Care initiatives. We applied utilizing the lens of wanting to address this problem of poor mental wellness and low morale in the staff of Erickson District Health Centre/PCH. We were successful at attaining this grant and developed a strategy for implementation of this project to run from Jan 1 - Dec 2023. Participants will learn about the strategy that was utilized to promote employee's well-being. Simple, population-based strategies were implemented in the daily work-life of the employees with the use of a facilitator and a team approach. All staff were encouraged to participate in the project that utilized elements of breathing exercises, opportunities to increase connectedness, utilization of a relaxation room, laughter, and gratitude. A variety of activities were used and regular training was given. Feedback from staff was sought. Participants will learn about this project and the feasibility of replicating in other workplaces to improve upon the greatest resource we have in our organizations - the employees.

**Bridging Gaps in Access: Rural Virtual Crisis Mental Health Services****Dr. Jennifer Hensel**  
**Jennifer Hutcheon**

There are significant disparities in access to emergency specialized mental health assessment across Manitoba, with few alternatives other than hospitalization when individuals are requiring acute intervention. With support from Crisis Response Services and the Manitoba government, we launched a Rural Adult Emergent Telepsychiatry service in September 2021. In fall 2023, funding was obtained to expand this service to provide more timely access to care and to integrate with a virtual ward program that offers short-term intensive crisis support to individuals in their own environment as an alternative to hospitalization. This model is developed based on learnings from similar programs operational in Winnipeg since the outset of the COVID-19 pandemic. Within these programs, evaluation has been embedded to assess program utilization and outcomes, as well as provider and patient experience. Data have been pivotal to the program's continuous improvement and in successfully being sustained and expanded. To date, our virtual ward crisis stabilization program has had over 1,300 admissions, avoiding hospitalization or in person CSU admission for many individuals and creating alternative, more person-centered options for care. The telepsychiatry program has received 686 calls arising from all regions of the province, and conducted 363 emergency consultations, resulting in community discharge approximately 50% of the time, avoiding unnecessary transfers and delays in care. Early evaluation supported that the model was feasible, and had benefits perceived by both providers and patients. As of November 2023, we are actively integrating these programs for the province. Additional data on the program's reach will be presented.

**Building Hope and Connection through Post Secondary Education (Block 2)****The power of belonging: Strategies to support university students' sense of belonging****Nadine Smith**  
**Dr. Michelle Lam**  
Jan Marie Graham,

Dr. Candice Waddell-Henowitch, Danielle De Moissac

A sense of belonging is a basic human need, enabling us to feel connected to others. A sense of belonging, acceptance, and inclusion by a social group and having meaningful relationships with others support psychological and social adjustment as well as academic success. This qualitative study explored Brandon University students' sense of belonging in the virtual learning environment during the novel coronavirus pandemic. Brandon University students (n=20) were interviewed using a semi-structured interview. The key findings were clustered into three themes: (1) student expectations of university, (2) impact of virtual learning environments on students, and (3) the role of educators. The results of this study can be used to further understand how to create a welcoming environment that creates a sense of belonging for post-secondary students. Strategies to foster a sense of belonging will be discussed.

**Undergraduate Peer Mentorship: Building Relationships and Enhancing Interpersonal Skills****Andrea Thomson**  
**Nadine Smith**  
Dana Naismith

Peer mentorship programs have been associated with positive outcomes for nursing students such as improved communication skills and enhanced academic performance. However, there was a lack of literature available regarding peer mentorship programs within psychiatric nursing education. Hermeneutic phenomenology was used to gain insight into the lived experience of undergraduate psychiatric nursing students acting as mentors in a peer mentorship program. Nine participants were interviewed by a research assistant. The mentorship role provided psychiatric nursing students with opportunities to enhance skills in building professional relationships, maintaining boundaries, active listening, empathy, and leadership. These skills are valued by the profession of psychiatric nursing. Therefore, mentorship programs should be promoted within psychiatric nursing education. The program design and delivery will be discussed to assist other institutions in program development.

**Sensory Processing Sensitivity on the Prairies****Sheilagh Grills**

Individual differences in our reaction to stimuli can be broadly characterized as fight vs. flight or avoid vs. approach. These responses are related to the ways in which sensory information is perceived and processed. Such variations in human temperament can be seen when some people jump into a situation or are more impulsive, while others hang back or reflect in new settings before acting. Sensory Processing Sensitivity (SPS) is a trait or temperament characterized by a heightened awareness of and reaction to sensory information. It has been demonstrated in roughly 20% of the population yet is relatively unknown. Those high in SPS tend to be more aware of subtle differences and respond more intensely to stimuli and situations including facial expressions, time pressure, scary movies, or stressful work or study conditions. Additionally, it impacts the ways in which we may be labelled. When we pause before jumping into new situations, others may treat us as shy or inhibited, as both sensitive and fearful people may react in more cautious ways. This presentation will describe a longitudinal study of SPS and students at a primarily undergraduate university on the Prairies. The common measure of SPS is a self-report questionnaire, which has been further divided into three types described as low sensory threshold, ease of excitation and aesthetic sensitivity. First-year undergraduate students at Brandon University were asked to complete questionnaires for SPS and academic motivation, and then tracked for persistence and academic performance measures. Rates of SPS and self-determination, differences in disciplines of study such as music and nursing which may attract those with SPS, and retention rates will be presented. With an awareness of sensory processing as a form of neurodiversity, students can better understand themselves, reduce feelings of being overwhelmed and focus on study strategies and routines for success at university.

## Nature and Art Based Approaches to Mental Health

### Using Horticultural Therapy to Support Post-Secondary Student Mental Health

Marsha Harris

Post-Secondary students are experiencing significant rates of mental health issues and are looking for unique opportunities to learn new skills and process their experiences. In addition, there is a substantial interest in plants and greenery in popular culture. This intersection of the need to provide new, engaging, and relevant mental health support with growing interest in plants prompted the creation of a horticultural therapy group to be developed at a post-secondary institution. Horticulture can be employed as a therapeutic tool by utilizing plants or plant-related activities to enhance well-being. This session will include specific horticulture therapy techniques utilized within a four-week group therapy program such as transplanting, floral design, and creating indoor gardens and the linkage to student mental health and well-being. This session will also include a discussion regarding personal goal setting and how this can be supported by horticulture therapy. This program was sponsored by a grant from the Suicide Prevention Implementation Network.

### The Therapeutic Use of Expressive Arts in a Withdrawal Management Setting

Melody Newcomb, Dr. Em Pijl, Dr. Mandy Archibald  
Denyse Blanco, Erin Knight

Within the context of the ongoing drug crisis, there is an urgent need for a wide range of therapeutic interventions in addiction treatment. Arts-based therapies have been shown to help people connect with themselves and others while also finding new ways to understand and move through their substance use. The primary purpose of this project was to understand the role of expressive interventions, such as drawing, moving, writing and making music, for inpatients in a withdrawal management unit in a large urban hospital. We studied the impact of these creative outputs on patients' reflections about their substance use, their hopes for their lives, and their commitment to sobriety. The study took place during group therapy sessions occurring on a withdrawal management unit between October and December 2023. Patients were assigned to either the experimental group, in which patients were guided in creating visual images of addiction and hopes for recovery, or the control group, in which patients were guided to complete written reflections. In both groups and guided by an experienced expressive arts therapist, patients reflected on what they had written or created and what it meant to them and their journey. Patients completed the Commitment to Sobriety questionnaire on admission, following participation in a group, and prior to being discharged from the unit. Preliminary findings indicate that participating in arts-based therapies supports the level of commitment to sobriety that patients have when they are admitted. Sharing their lived experience of addiction, patients found connection with others, lessening the isolation that characterizes addiction. Themes present in the artwork are images of the losses as well as the desire for connection and trust as a part of recovery. The results of this study add evidence for the use of arts-based therapies in addiction treatment. It offers another way of expressing the devastation of substance use and the hopes for recovery, while fostering a commitment to sobriety.

### Exploring Patient Perceptions Regarding the Therapeutic Use of Art in Mental Health Recovery

Jillian Thomas

The advantages and potential use for creative therapies in healthcare are innumerable and clearly established in both the literature and consumer accounts. Therapeutic art practices have clearly demonstrated benefits to health and well-being through relaxation, improved stress management and coping, social inclusion, recovery, personal growth, self-expression and the potential for alleviating distressing physical, emotional, and psychological symptoms. Despite strong support for the use of art therapy in healthcare by many professionals and members of the public, there has been much criticism of the intervention due to claims of insufficient evidence-base and debates regarding research practices. There is also a distinct research gap in which service users are rarely consulted regarding their perspectives on the use of art-based interventions in their own mental healthcare. The purpose of this research was to explore how psychiatric patients experience the use of therapeutic art in their psychiatric treatment, and their perception of its impact on their own mental health recovery. Focusing on the experience of art therapy from the viewpoint of adult psychiatric patients allowed the researcher an insider view to a better understanding of perceived benefits of participating creative therapies. Using Interpretive Description methods, and informed by the Recovery Oriented Model of Care, the researcher gained key insights by conducting qualitative interviews with eleven individuals accessing both art-based and mental health services on how current techniques and patient experiences benefit clients and their communities including improved communication, self-regulation, and enhanced intrapersonal and interpersonal relationships. Gaining insight from clients directly has resulted in enhanced understanding, awareness and possible actionable interventions for clinical, educational and community settings to enrich future practice, contributing unique and unheard participant perspectives noticeably scarce in the current literature on the subject.

### Healing rural health systems: Evaluating the effectiveness of composite narratives in mobilizing knowledge

Dr. Rachel Herron  
Nadine Smith  
Dr. Candice Waddell-Henowitch  
Tracy Young, Doug Ramsey, Dr. Stacey Kitz

Rural health systems are in need of healing in the wake of the COVID-19 pandemic. Rural healthcare providers working conditions and their mental health have worsened over the past few years. How do we ensure that knowledge about the experiences, needs, and system challenges facing rural healthcare workers is heard, understood, and implemented? The goal of this research project was to tackle this question by examining the reach and understandings developed from sharing composite narratives on social media and in small group settings. A composite narrative is a way of presenting interview data through storytelling. Data from multiple interviews are used to create a single story that presents an authentic, anonymous, contextualized, and generally representative account of the data. The research team evaluated the effectiveness of the campaign by analyzing social media and website metrics and conducting focus groups with future healthcare leaders. In this presentation, we outline our process for developing composite narratives and explore how key stakeholders understood the narratives. In doing so, we seek to advance the rigor of composite narrative approaches to data presentation as well as their utility for different audiences. These results can be used to guide researchers and healthcare practitioners about effective ways of sharing evidence with different groups.



## Building Hope and Connection through Innovation: Acute Mental Health Care

### The Search for Hope: Sharing Experiences of Violence for Acute Care Mental Health Nurses

Annette McDougall  
Dr. Dean Care  
Dr. Candice Waddell-Henowitch

Violence in the workplace is more common in health care settings than in many other work environments. While there is an abundance of literature pertaining to violence and aggression in health care, especially where mental health services are being provided, there is a paucity of research focusing on the lived experiences of acute care mental health nurses. The purpose of this research was to engage in a dialogue with acute care mental health nurses with regards to personal experiences of patient violence and aggression. Eight participants were interviewed using van Manen's hermeneutic phenomenological method. Themes elicited from the analysis included: multiple experiences of patient aggression, antecedents to violence and aggression, the uncertainty of violence and aggression, managing the risk of violence, the role of the organization, uncovering the potential consequences, and disempowerment. Participants' experiences with patient violence and aggression occurred within three different time periods which were identified as: the roots of patient violence and aggression, the act of patient violence and aggression, and the aftermath of patient violence and aggression. Implications for practice, policy and education are highlighted, along with recommendations for future research. Creating safer workplaces for acute care mental health nurses is conducive to improving patient care and fostering therapeutic relationships. By sharing the experiences of acute care mental health nurses, we can find ways to implement strategies that foster a sense of hope and connection within acute care mental health settings.

### Mental health consumer experiences leading to mental health hospitalisation in a rural or regional Australian setting

Edward Aquin  
Lorna Moxham, Dr. Chris Patterson, Dr. Anita Cregan

This qualitative PhD study engages with mental health consumers about their lived experience of the process that led to a mental health hospital admission. A number of the research participants shared their lived experience of accessing mental health services in rural or regional centres. Given the significant impact of a mental health admission, the voice of the consumer regarding the processes that lead to admission is an important one to hear. Literature sourced about the process leading to mental health hospital admission places an emphasis on clinical assessment practices (Akther et al, 2019; Nathan et al 2021), risk assessment (Marty et al, 2019) and the absence of consumer input into the processes (Silva et al, 2023; Wormdahl et al, 2021). Knowledge about a mental health consumer's experience of the process leading to mental health admission in the Australian practice context is limited and was in need of further exploration. This knowledge gap formed the rationale to undertake this research. Heideggerian Interpretive Phenomenology was the methodological approach utilised in the study. Max van Manen's Methodical Structure of Human Science Research was employed to guide the interpretation of the data from the semi-structured interviews. The significance of the study is that it draws upon the mental health consumers' experience to inform mental health processes leading to hospital admission, and encourages active inclusion, information sharing and partnership.

### Recovery-Oriented Practices in Acute Care Mental Health Settings

Andrea Thomson  
Sharran Mullins

Contemporary mental health service provision has embraced the concept of recovery-oriented care. However, acute care mental health settings continue to follow the medical model. Psychiatric and mental health nurses were invited to participate in a research project to answer: What strategies and resources do psychiatric and mental health nurses identify as being most conducive to fostering a recovery-oriented acute care milieu? A recovery-oriented milieu was described as a safe, peaceful, and holistic environment with adequate space to balance clients' needs for privacy, interaction, and activity. This type of setting is fostered through healthy relationships among team members, clients, family members, and formal supports. Psychiatric and mental health nurses have the knowledge, skill, and desire to promote recovery-oriented environments. Unfortunately, acute care settings have experienced decreased funding and support required to fully achieve this description. Acute care mental health settings must revisit and re-implement the principles of a therapeutic milieu to promote recovery-oriented practices in these environments.

### Suicide Prevention: Rural Perspectives in Canada

Andrea Thomson  
Sharran Mullins  
Dr. Candice Waddell-Henowitch, Donna Epp, Kyrra Rauch

Rural residence has been identified as a risk factor for suicide. Yet, little qualitative research was available on rural suicide, which might help deepen understandings of prevention strategies within rural places. Virtual focus groups were held across six Canadian provinces to answer: What are the perspectives of rural community members and rural service workers on suicide prevention in Canada? Forty-seven rural community members and service workers shared their perspectives. Participants explained that rural culture influences the ways suicide is perceived, discussed, and survived within rural areas. Participants reported several barriers to accessing services including a lack of accessible services, reluctance to seek help, issues with confidentiality, and challenges placed on caregivers. Rural mental health services were described as insufficient to meet the needs of community members. Investing in rural communities through strengthening informal supports and building formal peer supports was described as important strategies to move forward in suicide prevention. Formalized peer support groups were identified as a potential resource to improve access to services and decrease stigma.

**Building Hope and Connection through Innovation: Drug Use and Addictions****Nonmedical prescription drug use among Canadian Armed Forces Veterans:  
Data from the CAFVMHS****Danielle Schwartz**

Essence Perera, Tracie Affi, Dr. Murray Enns, Christine Leong, Dr. Cara Katz, Dr. Jitender Sareen. Dr. Shay-Lee Bolton

Nonmedical prescription drug use (NMPDU) is a notable public health concern that can cause degradation of an individual's physical and mental wellbeing. When contrasted against Canada's general populace, veterans demonstrate consequentially higher prevalence rates of NMPDU. Research to examine prevalence and correlates of NMPDU in CAF veterans is necessitated. The purpose of this study was to use longitudinal and nationally representative survey data to assess the prevalence and correlates, including socio-demographic and physical and mental disorder, of NMPDU among CAF veterans. A sample of 2,941 serving members and veterans was employed from the 2018 CAF Members and Veterans Mental Health Follow-up Survey. Nonmedical prescription drug misuse included three categories of substances: sedatives/tranquilizers, stimulants, and analgesics. CAF veterans possessed substantially higher rates of NMPDU (9.0%) as compared to the Canadian general population (1%) in the past year. Sociodemographic correlates of NMPDU included younger age (OR = 0.96) and being unmarried (OR = 1.72). Mental disorders (most notably PTSD) were strong positive predictors of NMPDU amongst veterans; strong correlations were also noted for alcohol use disorder (AUD) (OR = 5.09) and any suicidal behaviour (OR = 3.55). Prevalence of traumatic exposures both during deployment (OR = 1.19) and outside of deployment (OR = 1.15) increased the risk of NMPDU. Such results highlight the vulnerability of the veteran population to NMPDU and its correlates, and the necessitation for treatments and supports both during service and while in transition to veteran status.

**Lessons learned from a pilot of Mobile Rapid Access to Addictions Medicine services in rural Manitoba****Camille Punay****Alex Skelton**

Tracy Young, Dr. Rachel Herron, Karen Batson, Dana Naismith, Dr. Nora Ahmad

Rapid Access to Addictions Medicine (RAAM) clinics are walk-in clinics that people can access without a referral or appointment to get help with substance use. There are a disproportionate number of rural people reporting drug and alcohol use and substance-related disorders, compared to those living in cities. Providing access to quality substance use and addiction programs (SUAPs) in rural areas is important, but most RAAM clinics are in cities. To bridge this gap, Prairie Mountain Health piloted Mobile Rapid Access to Addictions Medicine (MRAAM) services in four rural communities. The goal of this research was to examine the accessibility, impact, delivery, and scalability of MRAAM in each of these communities. To evaluate the pilot we conducted a preliminary small group discussion, also known as a focus group, and follow up interviews with all service providers (N= 9). The focus group and interviews were digitally recorded and transcribed word for word. The research team then analyzed the transcripts line-by-line using a software called Nvivo to identify common patterns. The patterns were grouped into individual, programmatic, community, and structural levels. The research team identified challenges such as lack of trust, knowledge and awareness, and financial resources, internal communication and scheduling, history of services and stigma, and colonial divides and geography that influenced the success of the program. Cultural inclusion, relationship building, and adapting/flexible modes of delivery, and teamwork were identified as successful strategies for reaching rural people. These results can be used to guide future program development and expansion of addictions services in rural places.

**Mobile Rapid Access to Addictions Medicine Pilot Project****Dr. James Rae****Sesley Sloboda****Lynsey Jensen**

Rates for Substance Use Disorders (SUD) are above the provincial average. Manitoba's vast geography causes difficulty for many individuals to access addiction services close to home. These conditions generate various social, economic, health and legal impacts on individuals, families, communities, and the province. The objectives of our project were to improve patient access to addiction medicine by establishing RAAM clinics in three rural locations. We created working groups and steering committees, as well as collaborated with stakeholders regarding resources, communications, roles, responsibilities, scheduling, expectations, patient flow, and clinic space. A team was hired which consisted of a Physician, Nurses, Counsellors, Administration, and a Project Coordinator. Target groups included individuals living in rural and remote communities who are experiencing SUD and have limited or no access to services due to barriers. Brandon University was hired for evaluation which included accessibility, impact, delivery, and scalability. Key findings include challenges of structural and systemic barriers to delivery and use, geography, scheduling, lack of awareness, communication gaps, and stigma. Successes consist of cultural inclusion, relationship building, flexible and adaptable delivery options, and teamwork. Being in the community, increased use, increased community and provider learning, and supporting recovery has impacted the project's success. The project is designed to pilot the concept of a mobile addiction team's ability to assess and respond to rural addiction medicine needs as well as build local capacity for treating SUDs. At the conclusion of the project, each pilot community will have benefited from intensive specialist addiction medicine consultations. The gradual handover back to the primary care providers should allow for wrap up at the end of the pilot. If the model of the mobile addiction team proves effective for building local capacity and providing ongoing in-community service, the RAAM hub can use the evidence of effectiveness to apply for ongoing provincial funding to further expand availability of services.



## Building Hope and Connection across Populations: Men

### Men's Sheds and Mental Health in Rural Communities: Exploring the benefits of a community-level program in Alberta

**Dr. Kyle Whitfield**  
Dr. Clark Banak, Serena Isley

One way to address older men's mental health needs is through their involvement in Men's Sheds. We conducted a study in Alberta where we gathered information about men's experience of Men's Sheds from twelve individuals from two rural communities that had Men's Sheds. The findings were very positive towards Men's Sheds improving men's mental wellbeing. Three main themes arose from the interviews. That the Men's Shed fosters a sense of camaraderie, that is, it offers a lot of fellowship, connections, companionship and sharing. They provided a sense of inclusion which was described by the men as feeling included and welcomed no matter what age or background. A sense of purpose was the third theme that arose from the interview data. The men said this sense of purpose was about valuing service in their community, being able to help one another and continually learning new things. It was evident that their mental health was significantly improved by their participation in their local Men's Shed. These findings will be used by others that are just starting to build Men's Sheds and they can be shared with service providers so they can support Men's Sheds. This presentation will elaborate further on the mental health benefits of Men's Sheds for rural men.

### Transformative Justice

**Linda Johnston**  
**Valerie Sandy**

The John Howard Society of Brandon has been fostering hope and resilience in the community since 1964. John Howard Society has been instrumental in creating a community of transformative justice (TJ). TJ interventions can take different forms, but more often than not, they include (1) supporting survivors around their healing and/or safety and working with the person who has harmed to take accountability for the harm they've caused, (2) building community members' capacities so that they can support the intervention, as well as heal and/or take accountability for any harm they were complicit in, and (3) building skills to prevent violence from occurring, and supporting community members' skills to interrupt violence while it is happening. Our programs address the systemic gaps in the justice community. We offer programs and support to those in custody through reintegration services. Westman Mediation services facilitates community justice and restorative justice through diversion programs. Our program department hosts regular psycho social programs to develop pro social skills that address underlying causes of crime. The Men's Resource Center is a safe place for men and their families to find healing programs, and pro-social activities. Each of these functions create an atmosphere of hope in our clients. We meet individuals where they are with a non-judgmental approach recognizing the harms of the systems that we are engaged in. The Men's Resource Center was created as a response to the lack of space and support for the men in our community. Frequently men have been underrepresented in the service sector as there remains the myths of toxic masculinity that does not support men in finding ways to heal their trauma or find supports for the changes they wish to make in their lives. This has led to frustration in the male population in communities, which has left many men feeling left out and hopeless in their healing. Users of the men's resource center and program participants have offered feedback that indicates that they find safety in this space and feel at home here and welcomed by staff. This allows our guests to engage in meaningful change work with staff, volunteers and other guests of the center. The men have taken responsibility for the men's group and planning their own activities which is important learning and growth that builds confidence and capacity, growing communities and hope within these groups. We can use this learning to engage men as full partners in community, offering space, programs and activities so that help men build healthy relationships. This builds confidence and hope and fosters a healthier community free of violence and full of hopeful resilience for all of us.

### Mental Health of Long Haul Truck Drivers: An Unseen Population Driving Through

**Danica Fitzsimmons**  
Dr. Catherine Baxter

Mental health challenges can look unique in long haul truck drivers (LHTD). Social isolation, loneliness, and high stress have been recognized as compounding factors that lead to poor mental health; and may contribute to high rates of suicide among young transport workers. The goal of this research was to explore how the mobile work environment supports or hinders health behaviours amongst long-haul truck drivers. Thirteen participants participated in the study. Data sources included qualitative interviews, activity logs and diet logs. The influences on health behaviours were identified through a modified socio-ecological model, focusing on individual, occupational, and policy level drivers to diet, sleep, and physical activity. Mental health was not a focus of this study, but stress, loneliness, and social isolation arose as key findings. Mental health contributors were rooted in the solo nature of the trucking work with limited opportunities to connect to others. Drivers reported stressors that included road conditions, delivery pressures, and regulations that were perceived to restrict their driving autonomy. As truck drivers are the second most common occupation among Canadian men, and the rates of mental health challenges climbing. This study shows a need for targeted mental health promotion efforts to truck drivers to prevent avoidable injuries rooted in poor mental health and improve quality of life for LHTD.

## Building Hope and Connection through Innovation: Housing

ROOM · HSB 243

**Unstable Housing in Rural Manitoba: Challenges and Solutions****Dr. Candy Jones**  
**Dr. Michelle Lam**  
Jan Marie Graham

Unstable and insecure housing is a problem in Canada yet there is limited awareness, information, or research available to address the issues. The issues that lead to houselessness in rural areas are multi-faceted and solutions require connections and collaboration of individuals, organizations, and formal systems.

People who are experiencing rural houselessness often relocate to urban centres hoping for a better life but that is not always the outcome. The purpose of this panel presentation is to share the findings and recommendations from a qualitative research study undertaken in Manitoba, Canada that focused on housing insecurity in rural settings. Using a case study approach, five participants and two key informants were interviewed. Barriers and challenges to having stable housing included personal factors such as financial issues; trauma, abuse, and violence; physical and mental health issues; and substance use and addictions. These personal challenges intersected with systemic barriers such as invisibility; stigma; limited, unsafe, or poor quality housing options; and lack of access to healthcare services in the rural setting. Panel members will share videos of participants describing their experiences. Strategies that participants used as a means to “get by” will be discussed and recommendations will be provided regarding the enhancement and development of formal and informal supports and collaborative partnerships to address rural houselessness.

## Building Hope and Connection through Post-Secondary Education (Block 3)

ROOM · HSB 143

**A panel discussion: Research findings and recommendations to support the mental health of students and new nursing graduates in Manitoba****Dr. Kathryn Chachula**  
**Dr. Nora Ahmad**  
**Nadine Smith**

Students in undergraduate nursing and psychiatric nursing programs are future professionals entering a health care climate rife with violence and anxiety-provoking life-and-death experiences (Chachula & Varley, 2022). According to the Canadian Federation of Nurses Unions (2017), nurses experience three-times more violence than police and correctional service officers combined. Within Manitoba, 25% of nurses consistently experience post-traumatic stress disorder (PTSD) symptoms (Manitoba Nurses Union, 2015). Students enrolled in the Bachelor of Nursing and Bachelor of Science in Psychiatric Nursing programs at Brandon University are no exception to reporting PTSD and compassion fatigue (Chachula & Ahmad, 2022). Stressful encounters compromise the future of the nursing profession with newly-graduated nurses leaving practice (Chachula et al., 2015) highlighting the need for transition programming for new graduates (Chachula et al., 2023). This is further aggravated by student reports of racism, hostility, and incivility with students considering leaving their program of study (Chachula et al., 2022). In this panel discussion, research findings from a series of studies will be presented and discussed with co-authors. Findings from quantitative and qualitative research projects that are of significance to nurse educators, student clinical placement sites, and employers of new graduates will be discussed with proposed recommendations to address the related findings. Topics include PTSD and psychological traumatic stressors, incivility and their key perpetrators, as well as transition experiences of newly-graduated nurses and psychiatric nurses into the workforce. There is a need for nurse educators and employers to develop strategies, policy, and guidelines that attend to PTSD, incivility, and transition-to-practice in the student and new graduate population. This includes debriefing procedures for clinical instructors when potentially traumatic and stressful experiences occur and recommendations for employers supporting new graduates as they enter practice.

## Building Hope and Connection across Populations: Young Adults (Block 2)

ROOM · HSB 045

**Risk and Resiliency Factors for Young Adults During COVID-19 Transitions****Dr. Marysia Lazinski**  
**Dr. Barbara Gfellner**  
**Dr. Susan Chang Su**

The COVID-19 pandemic exacerbated what was already being termed a “mental health epidemic” among young people (Hisham et al., 2021). Young adulthood is already a period of transition that increases one’s vulnerability to psychological distress, but the pandemic added multiple stressful transitions not typically dealt with by this population, such as moves to distance learning and back to in-person functioning. Three studies will be reviewed that describe important risk factors leading to poor psychosocial development during pandemic transitions for young adults in Brandon, MB and the surrounding area. The first study will tell the story of struggle: how perceived COVID-19 stress was strongly associated with psychological distress in a Brandon University student population, which was in turn associated with disrupted identity development – the major psychosocial task for this age group. Ultimately, it will show that mental health problems may exacerbate the impact of critical life events on psychological functioning.

Study two will focus on international students, a population experiencing yet another difficult transition in moving to Canada. Although this study will also speak to important risk factors for this population during COVID-19 (e.g., stigma, discrimination, acculturation stress and loneliness), this study will also build a sense of hope into the symposium by highlighting the positive association of a sense of belonging and mattering with international students’ psychological well-being and life satisfaction. Lastly, the symposium will end on a hopeful note, presenting practical coping and emotion regulation strategies which appear to be supporting young people’s mental health during the transition back to in-person functioning in 2023. Time for discussion will follow.

## Building Hope and Connection across Populations: New Immigrants and Refugees

### Mental well-being among first generation university and international students in Canada: Data from the Post-Secondary Student Stressor Index 40 (PSSI-40)

**Danielle Schwartz**  
Essence Perera, Dr. Shay-Lee Bolton

The experience of attending a post-secondary institution (PSI) can be stressful for many students. First generation students (FGS), whose parents did not attend any form of PSI, represent a particular cohort of students who may experience these types of stress more severely and frequently during their schooling. FGS often face disparities between life at home and their PSIs. Research to examine prevalence and correlates of stress, anxiety, and other related symptoms in FGS is necessitated. The purpose of this study is to examine whether FGS experience decreased mental well-being when compared with students whose family members had attended a PSI. This paper employed data from a cross-Canada, multi-site survey. Our sample consisted only of students from Manitoban PSIs (Central Canada region). Across the three time points that were measured for Central Canada, T1 consisted of 972 students, T2 consisted of 867 students, and T3 consisted of 606 students. Measures to assess stress and other related symptoms in students included the Post-Secondary Student Stressors Index (PSSI), the Perceived Stress Scale (PSS-10), the Kessler Psychological Distress Scale (K10), and the Connor-Davidson Resiliency Scale (CD-RISC). This study predicts two specific hypotheses: 1) FGS will experience more stress and related symptoms in PSIs as compared to their non-FGS peers, and 2) a FGS' experience of stress and other related symptoms will be dependent on their sociodemographic characteristics (i.e., age, gender, course load, student status, etc.). Strong positive predictors of stress in FGS may include the utilization of maladaptive avoidance coping strategies in the face of stressors, as well as more exposure to academic, interpersonal, mental, and family risk factors. Such results may highlight the vulnerability of FGS to stress and its related symptoms, including lack of resiliency and ineffective coping strategies. The present study may shed new information on how PSIs can support FGS to learn to better manage or prevent mental health challenges, both inside and outside of a PSI setting.

### A Trauma-Informed Mental Health Outreach Program for Newly Arrived Refugees: Insights from an Early Psycho-educational Program for Afghani Refugees in Edmonton

**Dr. Shaima Ahammed Thayyilayil**

The recent Ukrainian and Afghanistan refugee crisis has revealed the necessity of having a responsive and timely mental health outreach plan in place to address the complex psychological concerns resulting from their traumatic pre-migration experiences. Often times, refugee people are at high risk of developing serious psychological disorders due to a complex interplay of precipitating pre-migratory factors and ongoing post migration stresses. However, several factors such as challenges in accessing mental health services, lack of psychoeducation on mental health, cultural stigma, language barriers etc often make timely mental health services a distant possibility for this vulnerable group of people. Community-based psycho-educational group interventions offered in concert with preliminary settlement services for newly arrived refugees offer refugee settlement organizations with several possibilities for facilitating refugees' timely access to mental health services. This paper will present some observations and insights learned from an early, trauma-informed psychoeducational group program that was offered for Afghani human-rights defender refugees during their initial settlement period in Edmonton.

### Navigating Mental Health Support for Refugees: Unpacking Global Lessons to Explore Ways to Support Community Mental Health Together in a Canadian Prairie Context

**Riley Hammond**  
Dr. Stephen Hodgins

One-third of Canadians will grapple with mental illness, and vulnerable populations, such as asylum-seekers and refugees, face an elevated risk of complex mental distress due to prolonged stress and trauma. Seeking timely care is crucial, yet pervasive barriers hinder access. Enter Problem Management Plus (PM+), a WHO-developed mental health intervention tailored for resource-constrained settings and developed for common mental health challenges such as depression, anxiety, and post-traumatic stress disorder. To scale such programs to reach target communities and populations, PM+ is designed to be task-shared by lay persons who can deliver low intensity therapeutic strategies for individuals as well as groups across diverse community-based urban and rural settings. While the potential impact of scaling up PM+ is promising, understanding the factors influencing the scalability of such task-sharable programs is crucial but poorly understood. Using a systems-based analytical framework, I conducted an exploratory case study to investigate these factors, offering insights into strategies supporting the implementation of community-based psychosocial programs at scale. Interviews with a key informant engaged in primary qualitative research on this topic added a nuanced perspective. Few studies have explored the real-world effectiveness of such interventions, emphasizing the need for systemic changes to enhance the feasibility of scaling up low-intensity psychosocial programs. Lessons from the Jordanian experience, particularly concerning policy, program, and practice decisions, may prove transferable to the Canadian prairie context. Task-shifting strategies and empowering laypersons to facilitate community-based mental health programs align with Indigenous healing circles and other supportive initiatives and programs. In the context of refugee and immigrant communities, these strategies may hold promise for application in Canadian prairie settings.

## Messages of Hope and Connection

### How do rural older adults negotiate resilience and well-being during a year of adversity?

Dr. Rachel Herron  
Dr. Breanna Lawrence  
Dr. Nancy Newall  
Doug Ramsay

Rural older adults and the places they live are often portrayed as lacking or declining in popular culture; yet rural older adults and their communities can be resilient. Resilience involves processes of persistence, resistance, recovery, adaptation, and transformation during and after times of adversity. Although resilience is increasingly understood as a multi-systemic phenomenon involving complex sets of resources at different levels, multi-systemic frameworks of older adults' resilience and rural community resilience are still relatively limited. This presentation explores the strategies, resources, and processes rural older adults valued over the course of a one-year period during the COVID-19 pandemic. The research involved 60 semi-structured telephone interviews with 20 older adults in rural Manitoba, Canada between May 2020 and June 2021. The research team followed up with participants one month and one year after their first interview to explore how their well-being, strategies, and resources changed over time. The presentation outlines the dynamic individual, home, community, institutional and societal resources older adults employed to support their well-being over time. By describing rural older adults' resilience processes with attention to both place and time, this presentation seeks to advance the growing body of research in relation to multi-systemic resilience that fleshes out the complex systems that support rural older adults' well-being within and beyond their communities. This research can be used by researchers, community members, and decision makers to develop richer understandings of older adults' resilience in rural places over time and to advocate for/implement appropriate programs and resources at different levels.

### Healing the Hurt: Messages from Victims/Survivors of Sexual Violence on how to recover, cope, and find hope

Dr. Candice Waddell-Henowitch

Sexual violence is a term used to explain any unwanted sexual act such as rape, attempted rape, stealthing, or unwanted touching. Sexual violence is a pervasive and ongoing issue. Over one-in-four women experience sexual violence while attending post-secondary institutions (Lee & Wong, 2019). The connection between individuals experiencing sexual violence and future ongoing mental health and wellness difficulties is well documented in the literature. Determining how victims/survivors of sexual violence survive, heal, and cope through the trauma provides valuable information on how others can support those that disclose this type of violence. Trauma-informed qualitative research with a feminist perspective was used to explore the retrospective experience of ten individuals who had an incident of sexual violence during their post-secondary education. Semi-structured interviews asked participants about their current lives and relationships; the impact of the sexual violence on their lives; what helped them to cope; their process of disclosure; and any suggestions they had for how others who experience sexual violence can heal. The victims/survivors emphasized that findings ways to talk about the experience, being in control of their own recovery, understanding their worth, and getting through the self-blame and grief were all crucial in their personal recovery. Finding ways to talk about the violence was the most important suggestion our participants could offer, so allowing spaces where individuals feel they can talk about it is imperative. Maintaining the status quo is no longer an option, establishing safe, sexual violence free post-secondary institutions needs to be priority in the coming years for the safety of all students to increase hope in those that experience violence.

### Fostering hope and connection through compassion and understanding

Melanie Elliot

Everyone is doing the best they can -- this is one of the key assumptions we are given at the start of the Wise Minds DBT course. This is also the base foundation on which to build our understanding and compassion for others. Understanding and compassion do not have to mean excusing behaviours -- but it does provide a different lens through which to see others and approach our interactions. Whether it's with work, family, acquaintances, or daily interactions with the world around you -- compassion and understanding impacts everyone. Luckily for me, I bring with me my own lived experience, as well as experience with friends and loved ones -- and I strive to use that experience not only in my own interactions, but also to bring more awareness and a deeper understanding to others who may not otherwise have the personal history to understand the intricacies of mental health issues. I do this by being an open book -- speaking openly about how things feel emotionally, mentally, physically -- speaking out loud the thoughts that have come in my darkest hours, or even the physical feelings that accompany sensory issues or executive dysfunctions. Opening up about our own struggles not only educates others, but also fosters a feeling of connection in others who may be more silently struggling to see that someone else gets it, and that others are receptive to their openness around it. By seeing someone who has been there living happily and being well received by those around them, it creates a glimmer of hope, plants a seed of what's possible.

## Building Hope and Connection through Post-Secondary Education (Block 4)

### The Purpose of Boundaries in a Therapeutic Relationship

**Andrea Thomson**  
**Nadine Smith**  
**Dr. Jane Karpa**

The therapeutic relationship is central to psychiatric nursing and client recovery. Within professional relationships, complicated ethical concerns related to boundaries may arise. Boundaries serve to identify limits of a relationship or acts that are considered appropriate or inappropriate within the profession of psychiatric nursing. However, boundaries are often poorly defined and unclear in psychiatric nursing practice. Therefore, interpretative description was applied to answer the research question: How do psychiatric nurses and educators interpret and explain professional boundaries in psychiatric nursing practice? Psychiatric nurses (n=9) and psychiatric nurse educators (n=11) were interviewed. Eight participants also engaged in a focus group to help refine data analysis. Limits, understanding, or rules were common terms utilized to describe boundaries. Boundaries were described as dynamic, changing based on the therapeutic relationship and the client hopes, dreams, and goals. The purpose of boundaries was to protect clients, who were described as vulnerable, through defining limits of a therapeutic relationship. Navigating boundaries was described as challenging and due to these challenges boundaries may be crossed. Peer consultation and ongoing reflection were described as helpful strategies to ensure that a relationship remained therapeutic and focused on client recovery.

### Coping Strategies used by Psychiatric Nursing Students and their relationship with Stress Levels and General Health

**Jennifer Adair**

With the increasing expectations placed on Canadian psychiatric nursing students, an important research question is: How are adaptive and maladaptive coping strategies related to self-reported levels of stress in undergraduate psychiatric nursing students? The majority of research in this area has focused on nursing students, with minimal research found on Canadian psychiatric nursing students general wellbeing and ways of coping with stress. Coping strategies tend to be used when the person is not confident in their ability to cope with a situation, and can be considered adaptive or maladaptive. Making the connection between types of coping skills used and how they are related to stress and general health has the potential to give insight into psychiatric nursing students' wellbeing, and how they tend to respond to stress. Coping skills that are correlated with better general health scores and stress scores can inform programs designed to teach students self-reflection and effective stress management. It is hoped that effective stress management learned in undergraduate programming has the potential to influence future professional functioning and may lead to higher retention and recruitment of psychiatric nurses.

**Launching Project ECHO to Increase Capacity for Mental Health and Addiction Care in Manitoba****Dr. Krystal Thorington**  
**Dr. Jennifer Hensel**  
Dr. Erin Knight, Brent Anderson, Ela Partyka

Shared Health, Mental Health and Addictions, launched Project ECHO (Extensions for Community Health Outcomes) in 2021. Project ECHO is a virtual capacity building initiative targeting front-line health care providers in rural and underserved areas to provide education, training and support to address knowledge gaps. This project reports on the delivery of Project ECHO in Manitoba to date and the planning underway for its future expansion. All individuals who registered for Project ECHO programs (Addictions, Youth Eating Disorders, Crisis Mental Health) and who consented to the study were included. Attendance data was tracked, electronic surveys collected baseline demographic and practice characteristics and self-efficacy and professional isolation measures were recorded pre and post program. Since launch, 8 cycles of the 3 ECHO programs were offered to providers throughout Manitoba. In total, 238 providers registered to participate, of which 203 (85.3%) consented to have their data collected for research purposes. Forty-seven participants registered for Addictions, 44 for Youth Eating Disorders, and 112 for Crisis Mental Health. Attendance rates varied between programs; overall at least half of sessions were attended by 68.1%, 75.0%, and 50.0% for the 3 programs, respectively. Background and geographical location of providers varied by ECHO topic. Overall, sessions were highly rated, with 95.8% reporting they would take another ECHO session. Based on early success, funding for an expanded Project ECHO program has been secured from MB Health. Overall, there is a high interest and satisfaction among a range of care providers for the education and support provided by Project ECHO. Some retention challenges presented need further exploration. Current work is focused on the expansion of Project ECHO in Manitoba, including additional educational topics that are in high need in rural and community settings.

**Impact of Family Functioning on Young Adults' Mental Health: The Mediating Influences of Coping and Emotion Regulation Strategies****Dr. Marysia Lazinski**  
**Madisyn Riley**  
Dr. Nancy Newall

Limited previous research has shown that the family environment plays a role in the development of mental illness in children and adolescents (e.g., Freed et al., 2016). Our lab seeks to examine the hitherto inadequately investigated relationship between family-of-origin functioning and mental health, specifically in young adults. Families act as important models influencing the development of emotion regulation skills in young people (Morris et al., 2007) and social support seeking during times of stress (High & Scharp, 2015). Emotion regulation and social support seeking, in turn, impact young peoples' long-term psychological functioning (McRae & Gross, 2020; Leskelä et al., 2006). Therefore, the current study seeks to examine whether family-of-origin functioning may contribute to young adults' mental health, in part, via its impact on their use of emotion regulation and social support. Young adults aged 18-35 from Brandon, Manitoba and the surrounding area provided self-reports of their family-of-origin functioning (McMaster FAD, Epstein et al., 1983), their use of social support (COPE, Carver, 2013) and emotion regulation strategies (DERS, Gratz & Roemer, 2004), and their mental health (DASS, Lovibond & Lovibond, 1995). Multiple linear regressions are being used to test whether the use of social support and emotion regulation strategies mediate a possible relationship between family-of-origin environment and mental health in young adults. Thus far, and consistent with previous research on children and adolescents, our research lab is finding that these results hold true for young adults: family environment plays a role in the development of psychological distress in young adults, and this association is mediated by the young person's ability to regulate their emotions. By April, we will be able to report if it is also mediated by young adults' use of social support. The impact for both family and individual therapy will be considered.

**Substance misuse in Prenatal, Perinatal and Postnatal Periods****Haley McConnell**  
**Rory Lawless**

Substance misuse is a disease and continues to be an ongoing issue impacting many individuals, families, and communities in Manitoba. Our poster is a resource to provide education on substance misuse and address stigma towards individuals in the pre-pregnancy, pregnancy, and postpartum period. With an increasing prevalence of substance misuse in pregnant people in Northern and rural communities in Manitoba, this topic must be addressed. Substance misuse in the perinatal period is a major issue that can easily go unnoticed or underreported. This can lead to detrimental effects to the fetus, pregnant person, and to families. This infographic was created to provide education; to address stigma and the significance of this issue, its prevalence, and how its likelihood of occurring and causing harm can be decreased. We recognized the barriers many individuals face in regard to accessing health care is related to the social determinants of health. We recognize the need for ongoing education and access to resources for people with substance misuse prior to becoming pregnant. When it comes to this issue, the public and health care providers continue to be biased due to stigma surrounding this topic. Taking a harm reduction approach in caring for individuals is paramount. We concluded that providing proper education to health care professionals and to students will lessening the stigma and fear that is experienced by many individuals who are misusing substances. As health care professionals, having an unbiased and supportive approach to caring for patients in the perinatal period with substance misuse disorders can increase the likelihood of access resources and positive change.

**The Importance of Trauma-Informed Care in Maternity and Pediatrics****Taniel Conley**  
**Kamryn Johnson**

Nursing students learn and research various topics throughout their education. One topic the presenters focused on is trauma-informed care, specifically in maternity and pediatrics. Trauma-informed care is the process of understanding the lived experiences of those around us and how that may affect them in their day-to-day life. (Government of Canada, 2018) (Keenan-Lindsay et al., 2022). There is a moral and ethical obligation to assist those around us with care that will not negatively impact their mental well-being. We found that a significant amount of the population, especially women, children, LGBTQ+ and indigenous populations have trauma, often stemming from violent sources, such as partners, parents or their community. The key considerations of trauma-informed care follow the 4 R's: realizing, recognizing, responding and resisting re-traumatization (McDowell, et al., 2022). This is the process of understanding trauma, recognizing key signs, being able to respond with compassion and appropriate techniques, which all together work to avoid re-traumatization. We offered ideas of how to perform trauma-informed care within the specific populations of maternity and pediatrics, however many of the ideas can be applied to the general community. This is important to health care providers as we need to shape healthcare to use this style of care to avoid re-traumatization and assist in overall healing. We need to be concerned with not only physical well-being but also mental health. This needs to occur across all multidisciplinary teams while providing care and interacting with patients. We need to approach all patients with caution, as you never know who has experienced trauma. We need to work to gain the trust of these patients, ensure consent is given before every invasive interaction, even when trying to be comforting, such as a hand on their shoulder and show a professional level of compassion and understanding.