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BULLETIN

FNIH RESEARCH

Tribute to an Inspiring Colleague and Friend

May 27, 2011 marked the passing of our friend and colleague, Dawn Walker – a passionate and committed champion for the health and well-being of children, youth and families. During her 40-year career, she gave generously of her time, energy and expertise. Even after her passing, her sphere of influence continues - domestically and internationally.

Dawn was instrumental in establishing landmark children's programs such as *Nobody's Perfect* and the *Postpartum Support Program*. She also negotiated details of the Public Health Agency of Canada's Community Action Program for Children. As Special Advisor on Maternal and Child Health in the First Nations and Inuit Health Branch (FNIHB),

Dawn led the development of policies that brought birthing closer to home, engaging stakeholders from professional organizations, government and community.

A strong voice for Aboriginal midwives and midwifery, Dawn spearheaded work within the Aboriginal Midwifery Education Program and the Multidisciplinary Collaborative Primary Care Project with the Canadian Association of Midwives, the National Aboriginal

"Dawn was instrumental in her support of our small struggling organization. Dawn shared with us our vision of Aboriginal midwives working in every Aboriginal community. Although the way is hard, we would not be nearly as far down the road as we are if Dawn had not shared this vision and supported our work!"

Carol Couchie, spokesperson for National Aboriginal Council of Midwives (NACM)

Canada

Health Organization (NAHO), Pauktuutit and the Native Women's Association of Canada (NWAC).

Her contribution to nursing and public health was grounded in the determinants of health. She became FNIHB's champion for the social determinants of health and collaborated with the World Health Organization (WHO). Her work contributed to new partnerships that aimed to reduce health inequalities in Canada and improve the health status of Aboriginal people.

She worked in various FNIHB Directorates and her experience and passion led her to develop a key national discussion paper, *Developing a Five-Year Strategic Framework for FNIHB's Public Health Role in First Nations Communities*.

The Dawn Walker Endowment Fund

Thanks to the Walker family and in memory of Dawn, the Canadian Foundation for Women's Health will award The Dawn Walker Grant every year to professionals who wish to contribute to the development of better health policy.

You can donate online at www.cfwh.org (personal tax receipts will be issued)

You can mail your donation to:
The Canadian Foundation for Women's Health (cheque made out to The Dawn Walker Endowment Fund)
780 Echo Drive

Dawn was also an enthusiastic supporter of the Indigenous Summer Research Institute, which focused on building research competencies among Indigenous peoples. She saw how it created opportunities for new and emerging Indigenous health researchers and empowered indigenous communities to engage in research using existing resources, processes and expertise.

Through her reputation, integrity, and respect for others, Dawn had an extraordinary ability to bring people together to surmount challenges through inclusion, collaboration and strong leadership.

Many professional colleagues appreciated her openness, transparency and steadfast commitment. As recipient of the FNIHB Assistant Deputy Minister Award of Excellence, the Health Canada Deputy Minister Award of Excellence, the YMCA/YWCA Women of Distinction Award and an Honorary Member of the Society of Gynaecologists and Obstetricians (2009), both she and her extraordinary achievements have been far-reaching and widely recognized.

For those who knew her personally, our loss is immeasurable and her memory is fondly preserved in our hearts.

Maternal mental health research reveals higher rates of prenatal depression in Aboriginal women

According to research conducted by Dr. Angela Bowen, an associate professor at the University of Saskatchewan, 27% of the pregnant women in her study reported symptoms consistent with major depression. Her research also revealed that Aboriginal women had higher levels of depressive symptoms and self-harm thoughts than the non-Aboriginal women. Younger Aboriginal women also experienced higher levels of anxiety.

Monique Stewart , Director of the Health Information, Analysis and Research Division (left) and Louise Poulin, Manager of the Research Coordination unit (right), were pleased that Dr. Angela Bowen (centre) could share findings of her Aboriginal Maternal Mental Health Research with Health Canada employees as part of the FNIHB Speakers Series.

Her pilot study sought to determine the prevalence and correlates of depressive symptoms in pregnancy and to assess the utility of the Edinburgh Postnatal Depression Scale (EPDS) (Cox, Holden, & Sagovsky, 1987) for use in an inner-city group of pregnant women in Saskatchewan who were primarily Aboriginal.

Depression is the number one cause of disease burden in women and childbearing women are most at risk (World Health Organization, 2002). According to Dr. Bowen, pregnancy or antenatal depression (AD) has not received the same amount of attention as postpartum depression in the media or in the health care communities.

The 10-item EPDS, developed to detect depressive symptoms in postpartum women, is the most widely used perinatal depression screening tool worldwide.

Dr. Bowen's findings confirm the appropriateness of using the EPDS in routine prenatal visits to identify women at risk for depression.

Her research also concludes that AD is a significant mental and public health issue and recommends the implementation of universal screening to prioritize pregnant and postpartum women within the mental health system, particularly among Aboriginal populations.

Dr. Bowen says that increasing awareness of AD is the first step to improved detection, prevention, and intervention.

She has developed a handout "*Feelings in Pregnancy and Motherhood"* that describe the symptoms of depression, its impact on the woman and her baby, self-care, and local resources for the treatment of depression. The handout is presently in use in various pre and postnatal programs throughout the province of Saskatchewan to help pregnant women identify AD symptoms.

Indigenous women experience more antenatal and postpartum depression, as well as risk factors for mental health problems.

-Dr. Angela Bowen

Dr. Bowen is an associate professor at the University of Saskatchewan and has extensive clinical, educator, and administrator experience in Obstetrics and Mental Health. She is a co-Principal Investigator on several Canadian Institutes of Health Research (CIHR) funded projects and currently involved in knowledge translation activities to increase awareness of maternal mental health.

She is leading a Mother First provincial working group that developed policy recommendations to address gaps related to maternal mental health, including screening and treatment, in Saskatchewan.

Passionate Researcher seeking to reduce suicide risk among First Nations youth

Carrielynn Lund captured the attention of employees when she came to Health Canada to speak about Youth Suicide Prevention in Aboriginal communities. She engaged her audience by presenting many issues in the form of stories and sharing information about herself and her own personal struggles.

The Health Information Analysis and Research Division, received a lot of positive feedback about her presentation. As such, we requested an interview to find out more about her.

What were the objectives of your study, and what made you decide to pursue it?

The study arose because of conversations Dawn Caldwell, a member of the Community Information and Epidemiological Technologies (CIET) team had with a colleague from a First Nations Community in Atlantic Canada about the high number of suicides in her community. Unlike other studies, which often involve interviewing the relatives of suicide victims; this study involved asking all youth about the same exposures and looking for differences between those who

were at risk of suicide and those who were not.

The opportunity to do something here in Alberta opened up. I chose to become involved because the focus was on resilience factors or community strengths and not what was "wrong" with communities. So much research has been done on-reserve and in other Aboriginal communities with little success in reducing the number of youth attempting and completing suicide. This study proposed to help communities to identify their strengths and how they could build on them to reduce the number of youth at risk of suicide. It included training community people to conduct the research, enter the data and understand the analysis process and findings. Most importantly, it would provide them with baseline data so they could measure the impact of evidence-based interventions they developed.

What are some of the challenges you face when you first enter a community with high rates of youth suicide?

Suicide is not discussed in most Aboriginal communities. It is seldom known if someone attempts suicide if it is not completed.

Getting the leadership's (Band Council) permission and support can be challenging as their elected positions are dependent on community members' votes and controversial, or at least have the potential to be controversial. A topic like suicide can have a definite impact on voting. Having access to people who are willing to discuss youth suicide, especially youths themselves, can also be difficult.

In your experience, and from your research, what are some of the key factors that underlie successful suicide prevention strategies?

Suicide prevention requires a concerted effort from a number of organizations that interact with youth; including schools, local law enforcement and parenting groups. Without this wide participation; the spread of the protective net is very small no matter how well throughout the strategy.

Effective prevention strategies are widely focussed. While it is extremely important to recognize symptoms of suicide; strategies that promote self esteem or reduce stress may be as or more beneficial because they promote overall wellness and have a broader impact (involve more youth; not singling out those "at risk").

The community, particularly the youth must "buy in" and own the process and strategy. They need to be involved from the beginning and be supported to take a leadership role. This also offers an excellent opportunity to identify and involve youth who are respected by other youth and recognized as role models in their communities. Youth bring fresh, multimedia ideas to the table and have a different perspective on ways to reduce suicide. The more they are involved the better the outcomes will be.

Having someone in the community who is hired to coordinate the interventions/strategies is ideal. Adding this responsibility to an existing position has generally proved to be unsuccessful as most program people are already overwhelmed with work. Having youth with at least some post-secondary education coordinate activities is the best way to ensure the project is relevant and more likely to have positive outcomes.

Keeping the community informed and engaged is critically important. The coordinator must find ways to have on-going community events/campaigns to keep the momentum going individually, in families and throughout the community. Inviting organizations that interact with youth to present/host activities and/or events regularly is an effective way of doing this. Here again, when youth take a leadership role participation in the events is maximized.

Can you share some of the biggest rewards from doing this work?

Seeing community members transform despair to hope and working together to improve the

outcomes for youth and families. Having once "taboo" things discussed openly and honestly and working towards solutions.

Supporting/empowering youth to have a voice and be leaders in their community programming.

We heard from many employees who attended your presentation that they were moved by the stories you told about your experiences working with youth in Aboriginal communities, as well as stories from your personal life. Would you mind sharing a little bit about who Carrielynn Lund is and how you got to this point? Can you tell us at what point in your life you decided to pursue social work?

I come from humble beginnings, placed in the foster system at 10 months of age and taken to residential school at the age of four. I was returned to the foster system at the age of nine and was placed in a total of thirteen foster homes, most of which were abusive. I ran away from the last one when I was fourteen and lived on the street.

I lied about my age and worked at a lunch counter during the day and attended adult high school during the evening. Upon completion of adult high school I applied for and got a full scholarship to attend university. I knew I wanted to work with people but didn't know exactly in what way. I chose social work to give me a good foundation to do that. I wanted to make a difference.

The work you do obviously requires a lot of yourself. What do you do on your time off? How do you take care of yourself after dealing with all the challenges in your work?

I have a wonderfully supportive husband and family and strong faith base. I am very involved in our family church and ministerial outreach. This helps keep me balanced and healthy. I also have my "special Elders" who I go to who help me work through challenges with my work. I am very privileged to work with my CIET team. They share the same passion and vision I do and we support each other.

In addition to her work with the Aboriginal Community Youth Resilience Network project, Carrielynn helps governments, businesses and educational institutions identify and remove barriers that prevent or discourage persons with disabilities from participating in the community. She is a member of Health Canada's Research Ethics Board and the Canadian Institute of Health Research Ethics Standing Committee.

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