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HEAR ME UNDERSTAND ME SUPPORT ME

What young women want you to know about depression

A participatory action research and development project of the VALIDITY♀ TEAM

VALIDITY♀

Vibrant Action Looking Into Depression In Today's Young Women

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UNDERSTAND ME
SUPPORT ME

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Hear me, understand me, support me:
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Letter to Service Providers

Dear teacher, physician, therapist, nurse, youth worker, researcher, community worker or person who cares about girls and young women:

In your hands is not just another youth-related guide. You hold the next generation, the regeneration, of experience and information about depression and young women, uncovered through the work and spirit of the Vibrant Action Looking Into Depression In Today's Young Women (VALIDITY) initiative. The intent of this guide is to focus on girls' and young women's voices, and to help you continue your work with them by providing tools and information that validate their voices, and the choices and challenges they face. Sponsored by the Centre for Addiction and Mental Health (CAMH), this project offers insights based on the experiences of over 200 young women, ranging in age from early adolescence to young adulthood, residing across Ontario. Along with a team of professional supporters, we have throughout the process consciously used the lens of diverse young women's perspectives to focus on one of the key issues of our time.

VALIDITY—Responding to the reality that, beginning in early adolescence, depression becomes significantly more prevalent in females than in males. This difference becomes even more pronounced in later adolescence, approaching a ratio of 3:1 past the age of 14, and persists into adulthood at a ratio of 2:1. Research has traditionally focused on biological factors in aiming to understand girls' increased risk for depression as they enter adolescence. The VALIDITY project empowers young women to move beyond biological and medical model explorations, and share their stories and recommendations to contribute to the body of knowledge about risk and protective factors related to depression.

VALIDITY—A model of for-youth-by-youth action, of partnerships and innovation for learning and caring, of positive spirit and of alternative ways to approach prevention and to provide help for young women.

VALIDITY—A participatory action research project driven by young women every step of the way—through planning; logo and name creation; research, including literature searches and focus groups with young women and service providers from across Ontario; and the collective wisdom of over 80 young women who, at a provincial gathering and sleepover at a Windsor high school, offered ideas and strategies to help prevent and address depression. The VALIDITY video tells it all. (See page 86 for video details.)

VALIDITY—A project that has given birth to Girls Talk (see pages 57–58 for information), high school programming, a listserv, public speaking opportunities for young women, a video, community partnerships, friendships, mentorships and now . . . this guide, *Hear Me, Understand Me, Support Me*. In it, a superb team of writers—Bridget, Amy, Ida, Karyn Laura, Katherine, Meagan, Neva, Priscilla, Shauna, Tanya and Tiana—guide you through young women's perspectives. Together with CAMH members of the VALIDITY team, the group has sifted through the research, the reports and the many voices of the young women involved, to provide

information that can create a bridge between you as the service provider and young women's culture, interests and needs as they relate to preventing and addressing depression.

***Hear Me, Understand Me, Support Me*—A guide that provides information to enhance your work with young women who may be at risk for depression or who may battle feelings of hopelessness, isolation, sadness, suicidal thoughts, negative body image and more. The words, images and ideas offered here provide insight into young women's diverse realities, ideas that can guide you to provide effective service and support.**

As you read and hear the young women's voices throughout this guide, we hope you will come to feel how the project has resonated with the vibrancy, diversity and emotion of their lived experiences. Although the challenges are clear, we also heard the young women expressing that the experience of depression could be defined and reframed as one that, ultimately, provided hidden opportunities, however painful the process.

We hope you will understand what we, as elder sisters on this journey, have lived and believe—that young women are able, strong and knowledgeable about their own lives, and that if we hear them, understand them and support them, we help to release, strengthen and validate their voices in a challenging world.

The VALIDITY team invites you to join with the many young women and community partners who have travelled this journey so far. Beyond your immediate work, perhaps these words will inspire you to undertake your own *vibrant action* to help prevent depression in girls and young women.

Sincerely,

CAMH Members of the VALIDITY Team

About the Guide

This guide is an invitation for you to join us as allies of young women in preventing depression and providing support to those who experience its effects.

We invite you to use this guide to initiate a dialogue with the young women in your circle of influence. We realize that this is just the beginning. *Hear Me, Understand Me, Support Me* just touches on the diverse realities of young women today; and there may be issues that it does not cover that are relevant to the young women you serve. We hope that this guide will inspire you to engage with those young women to explore their unique issues more closely.

As you have read, our experience with the VALIDITY project has taught us that involving young women in meaningful ways provides authenticity. Our former Youth Team Coordinator, Danah Beaulieu, described the process this way:

> *There is an entire dynamic—energy created when young women come together and are creative; more importantly there are these things that ignite within the young women, within themselves when participating . . . the sense of contribution, accomplishment, feeling a part of something special, self-worth, self-esteem, acknowledgement, fun, acceptance, freedom . . .*

Our principle of involving young women every step of the way has allowed us to find "true north"—we hope that you too will use this principle in your work.

Within the guide we explore diverse challenges that young women experience in relation to depression; prevention strategies; healthy helping relationships; the dos and don'ts of working with young women; and referrals and resources that can provide more information.

Each section has three key features: "Hear Me," "Understand Me" and "Support Me."

The "Hear Me" section provides quotes from young women describing their feelings and perspectives. We invite you to read their full stories in the section "In Their Words: Young Women's Stories, Advice and Wisdom."

The "Understand Me" section offers insight and information—gathered from CAMH members of the VALIDITY team, clinicians and researchers—related to the respective topics.

The "Support Me" section gives tips, strategies and resources to help young women. For example:

- suggestions for supporting young women with low incomes (page 51)
- a chart listing issues to consider in talking with young women (page 79)
- the "My Health, My Life" framework (page 64).

It also provides examples of successful initiatives that young women and service providers recommend (e.g. Girls Talk, page 57; Girls' Nite, page 58).

The following lists will help you find resources and practical information on specific issues.

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We believe that within this guide you will find a community of committed allies who are working toward creating healthy environments and providing support for young women experiencing depression. We acknowledge that there are many barriers and challenges that you will face in addressing systemic, socio-cultural issues—but remember that you are not alone!

Listen to the Voices

> *Personally, I know that grading myself against fashion supermodels made my self-esteem plummet, bringing with it my self-confidence, my sense of who I was, my feeling of self-worth, and ultimately my zest for life, my love for myself and my happiness, not to mention my health. I became clinically depressed on top of already having an eating disorder.*

I went through a really challenging time in my life about six years ago now. I had been experiencing postpartum blues after weaning my toddler. I wondered why I felt the way I did. I was lonely, sad, angry and just not happy.

> *We're all, like, based on relationships, and if all the relationships you build up for yourself aren't what you want them to be . . . , then it has an effect on you, because it affects who you are. Because if you can't get those connections to other people, then you're automatically lost in a hole.*

Race has many meanings. Skin colour is one of the first identifiers. Clothing for others. Some are so proud of who they are, they're proud of their heritage. But there are people like myself who basically had a struggle becoming ourselves and not realizing that our race is who we are.

> *For many lesbians, it's very hard because probably you've not turned out to be what your parents wanted you to be. For me, it was very hard to deal with that . . . My mother expected a completely different person than who I turned out to be. And society expects you to find a man and get married.*

Walk into any high school in Canada and you spot them immediately: the cliques that can either make or break a young girls' high school experience. Determining which crowd to go with will determine a young girl's social status, creating immense pressure for young people. The need to be accepted by fellow peers, and to be thought of as "cool," can be the most important drive in some teenagers. When working with young girls, understanding social pressure is key to understanding depression.

> *"You're not good enough!" "You can't do it." "You can do better." "Why couldn't you be more like . . . ?" Often parents see their words as criticism that will help their child do better. What they fail to realize is that these ways to "motivate" us stick with us, and the more we hear them the more we believe them.*

My name is Emandauwqua and Guawannaknowl or Neva Jane. I am Anishinabe from the Chippewa Nation, I am also Hodenashonee from the Oneida Nation. I am turtle and wolf clan. I am a daughter, sister, mother, wife, community helper and friend. I went to a healing lodge that helped me to talk and express my feelings; it also helped me to identify my childhood hurts.

My parents were not able to handle my feelings, especially sadness and anger. An only child and the only physically disabled member in my family, I lacked a safe, nurturing, affectionate adult who could validate my feelings and experiences. My parents, like many disabled people's parents, were trying so hard to give me as "normal" an upbringing as possible that my disability ended up consuming me.

> *Being overwhelmed with stuff where it just builds up, like. You have something to do and you just put it off and put it off and then just at once you have so many things to do . . . and you just can't do it or you don't have a lot of support, especially with a young baby. If you're all by yourself too. You get depressed a lot because either you can't go out with your friends or you're at home with this whining baby who depends on you so much and that is attached to you and you can't, you know, get rid of them when you feel like it. Or you can't just pack up and go, you know?*

Parents have such an influential role in our lives. There are some that are more adaptable and others who really value their religion and culture. . . . They dictate values such as medical care and relationships, even the use of tampons. Some still value arranged marriages. . . . The pressure of cultural expectations from friends, family and most importantly ourselves is a constant tug of war.

> *I probably could have been diagnosed with depression at the age of 14 or so, but I didn't understand what was going on, I just thought I was sad because of what was happening. It wasn't until I was out on my own that I had the time to really think about what was going on in my life, what I had been through and what I had to deal with.*

I think many young black women who are depressed get stereotyped as angry, aggressive and violent. If a physician does not fully understand how culture and race has a role in how you express yourself and your feelings, illnesses such as depression may be undermined or overlooked. It is very difficult for black females to find physicians who can relate to them . . . Unfortunately, being able to relate to your doctor's ethnicity or cultural background is a privilege that many of us are not fortunate enough to have.

> *Maybe it would help to educate the public, rather than focusing on the actual depressed people—opening the minds of those who aren't depressed so that they're not so judgmental and closed-minded.*

CHALLENGES

"I don't want to be treated. I want to be heard."

— VALIDITY PARTICIPANT

This phrase captures succinctly the overriding theme of the young women's voices heard throughout the VALIDITY project and certainly in this guide.

When asked for their ideas about depression, young women don't, for the most part, identify physical "symptoms" that can be treated with a prescription. They call attention instead to factors outside of themselves, factors that may be influenced in a number of ways and that focus on *preventing* young women from slipping into clinical depression. Throughout this guide, young women's words clearly and consistently reflect what they think about when it comes to depression—including how society responds to depression, how to identify depression and the social factors contributing to depression. These issues have been documented and validated in numerous research studies:

- stigma
- recognizing depression
- relationships
- family communication and dynamics
- cultural expectations
- racism
- homophobia
- ableism
- friendship, intimacy, fitting in and peer/social pressure
- sizism, body image and the media

In this section, we hear about each of these issues from diverse young women. As a whole, they represent the significant challenges that many young women face, often daily, from early adolescence to young adulthood as they strive to understand themselves, their bodies, their minds and their fit in a variety of societal settings. The complex layering of identities and roles often prescribed by society is referred to as *intersectionality,* and it poses specific and unique challenges for each young woman.

As you read through the stories and quotes from young women, consider that although they may be speaking about one issue, they are often trying to sort out challenges that result from multiple identities and pressures. One young woman, for example, writes of her experience as a young lesbian with a disability seeking help from the mental health services system. Others talk about the intersection of class and race, peer pressure and ethnicity, religion and culture. As service providers—physicians, therapists, teachers, etc.—we need to keep in mind that young women come to us with this complex diversity of identities and resulting needs.

Stigma

Hear Me

You don't want to be seen going into the counsellor's office, you know. It's the stigma. And that has to be removed.

> *[When I discuss depression,] I use the word* disease, *and the only reason that I say it is because I'm so tired of having to justify it as a disease. There are these social stigmas around it. I [call it a disease] to validate it as an illness.*

I've spilled my guts to entire strangers on the street . . . And yet I can't reach out to my closest friends. I think it's because you're a lot more scared of how they'll judge and criticize you.

> *In some cultures [stigma is] more pronounced, especially for depression, where it's not really a recognized illness. If you have it, it's not something to talk about. If you have depression, it's kind of like a sign that you're weak. . . . [Services] have to be culturally sensitive.*

You tell people, "I'm on antidepressants," and they think, "Oh, you're crazy." It's the stigma. It's the lack of information, the lack of education.

> *Maybe it would help to educate the public, rather than focusing on the actual depressed people—opening the minds of those who aren't depressed so that they're not so judgmental and closed-minded.*

Understand Me

Stigma refers to the negative "mark" attached to a person who possesses any characteristic or illness that marks that person as different from "normal" people. This "difference" is viewed as undesirable and shameful, and can result in people having negative attitudes (prejudice) and negative responses (discrimination) toward another person.[1]

Stigma is a serious impediment to the well-being of young women. It affects young women while they are depressed and while they are healing, and can last long after they feel well again. Stigma keeps many young women from seeking help and results in a tendency to keep feelings secret. It can lead to negative feelings about oneself (self-stigma), social isolation, a constricted social support network, a loss of hope for recovery and sometimes even suicide.[2]

[1] C. O'Grady. (2004). *Stigma as Experienced by Family Members of People with Severe Mental Illness: The Impact of Participation in Self-Help/Mutual Aid Support Groups.* Unpublished doctoral dissertation, University of Toronto.

[2] M. Pompili, I. Mancinelli & R. Tatarelli. (2003). Stigma as a cause of suicide. *British Journal of Psychiatry, 183* (2) 173–174.

The young women identified stigma as being a barrier to seeking help for their depression. They are afraid that others will judge them, so they are reluctant to talk about their feelings. Some young women talked about the stigma associated with depression and others spoke about the stigma of using services in the mental health system. The young women told stories of the negative reactions they received from others when it was discovered that they were on antidepressants.

A common fear was of being labelled "crazy" and being treated differently because of that label. When language is used to stigmatize, it is hurtful and can lead to discrimination and exclusion, and it reduces the ability of people to live, work, seek help and recover in the community.

Support Me

People from all walks of life experience mental health problems such as depression, including famous people such as writers Emily Dickinson and Virginia Woolf, Olympic figure skater Elizabeth Manley, actors Margot Kidder and Brooke Shields, Ontario's Lieutenant Governor James Bartleman, retired general Romeo Dallaire, NHL player Ron Ellis and astronaut Buzz Aldrin.

Several factors play a role in helping people recover from mental health problems. These include the type of therapy used (if any); the quality of the relationship between the therapist and the young woman; the hope a young woman has for recovering from depression; and the daily circumstances outside of any therapeutic relationship. This last factor is referred to as the "extra-therapeutic factor" and it contributes 40 per cent—more than any other factor—to the chances of a person recovering.

Extra-therapeutic factors include supportive family and friends, a feeling of belonging and daily interactions with people, including strangers. Extra-therapeutic factors provide many opportunities for people to make a difference in someone's life. But stigma severely undermines this key factor in recovery.

We need to talk about depression to become comfortable with the subject. Education and knowledge go a long way to dissolving fears and misconceptions around depression. The more we know about it, the less likely we are to place judgement on it and the less we are at risk of stigmatizing someone. Here are some things you can do to stamp out stigma:[3]

- ☑ Acknowledge the prevalence of mental health problems such as depression.
- ☑ Learn more about depression and the challenges young women face.
- ☑ Try to imagine what it would be like to be stigmatized.
- ☑ Watch for assumptions embedded in your language and others'.
- ☑ Analyze the media and openly critique stigmatizing material.

[3] Adapted from Gibson, M., Munn, E., Beatty, D. & Pugh, A. (2005). *Beyond the Label: An Educational Kit to Promote Awareness and Understanding of the Impact of Stigma on People Living with Concurrent Mental Health and Substance Use Problems*, Overhead 15. Toronto: CAMH.

- ☑ Respond directly to stigmatizing material in newspapers or magazines with a letter to the editor.
- ☑ Speak up about stigma to friends, family and colleagues.
- ☑ Be aware of your own attitudes and judgments.
- ☑ Support organizations that fight stigma.

We all have many opportunities to respect young women and treat them with dignity. This can go a long way toward breaking down the barriers of stigma.

The following resources offer more information on stigma:

Beyond the Label

Centre for Addiction and Mental Health. (2005). *Beyond the Label: An Educational Kit to Promote Awareness and Understanding of the Impact of Stigma on People Living with Concurrent Mental Health and Substance Use Problems*. Toronto: Author.

This kit includes group activities; master sheets, in print and CD format, to photocopy for handouts or to make transparencies; background information on concurrent disorders and stigma; discussion points for group and individual dialogue; facts and ideas on stigma; examples of opportune times to use the kit with a variety of audiences. See page 83 for more information.

TAMI (Talking about Mental Illness)

Talking about Mental Illness is an anti-stigma program for secondary school students delivered in the school through a community partnership of service providers, volunteers and individuals with an interest in mental health issues. The program has two manuals: *Community Guide* and *Teacher's Resource*.

Both can be downloaded at http://www.camh.net/education/tami_introduction.html. See page 82 for more information.

Recognizing Depression

Hear Me

I think a lot of girls don't know . . . the signs of depression. I didn't know I was depressed until, like, years after.

> *[Depression is] being unable to actually experience happiness for a long period of time. No matter how hard you try, you're always wondering whether or not it's your 'period' of Lord knows what.*

I had been experiencing postpartum blues after weaning my toddler. I wondered why I felt the way I did. I was lonely, sad, angry and just not happy . . . I was hiding inside; I did not want others to know what I really felt. This took so much energy out of me; I made myself physically ill.

> *You're just so used to, like, having all these downfalls and just being kicked when you're down. After a while, you just have no hope anymore. You're just: "Well, this is the way it is!" and you just try and just accept it and live with the fact that, "Hey, my life sucks and it's always gonna suck." That's not a good state of mind to be in . . . And it's really hard to keep an optimistic side . . . there's nobody really there to help you out. For so many years now, people have been trying to help me and I never really saw it . . . I didn't really think that they could have helped me, but I'm wishing now that maybe I should have taken that help a long time ago. Maybe things wouldn't have reached the point that they have today.*

I think many young black women who are depressed get stereotyped as angry, aggressive and violent. If a physician does not fully understand how culture and race play a role in how you express yourself and your feelings, illnesses such as depression may be undermined or overlooked. It is very difficult for black females to find physicians who can relate to them.

> *A western doctor takes the visual signs of his patients seriously. If they have a broken arm, he acknowledges their pain. If they have fever, then he looks for other symptoms and makes a diagnosis and treats the problem. When I came into my doctor's office, I gave him my symptoms. They were not taken seriously because they were not physical.*

I think a lot of girls don't know . . . the signs of depression. I didn't know I was depressed until, like, years after. . . . And it was clinical depression too. . . . I said to myself "No! Maybe I'm just sad today."

Understand Me

Family and friends may tell a young woman that there is nothing to be depressed about because "you have so much going for you" or "you are so pretty and smart." Given the stigma associated with being a teenager (some people talk about teenagers as "lazy," "unmotivated" and "angry") you might hear someone say, "They're not depressed. It's just typical adolescent behaviour."

Others may not take a young woman's feelings seriously. Even professionals may have difficulty making a differential diagnosis between clinical depression and adolescent development and identity issues. Doctors, parents and others may dismiss depressive symptoms as simply a phase or a normal part of adolescence. This lack of understanding about depression in young women impedes their ability to reach out for help.

The young women involved in the VALIDITY project tended not to share a mutual definition of depression. The fact that depression takes different forms and exists to different degrees makes it harder to recognize. Some young women may express depression through their behaviour (escaping into substance use, unsafe sex or other high-risk behaviours; difficulty engaging with others; self-harming/cutting; difficulty concentrating); some may experience it as sadness, anxiety and being overwhelmed; and some may experience it as aggressive behaviour and anger. They may associate their low mood with circumstances in their lives, and blame themselves, believing they are ugly, fat, unpopular, unlovable, etc., without seeing that they are depressed. Depression can be particularly hard to recognize when women hide their feelings, such that "typical" signs of depression may not be apparent.

There is also a need to recognize that depression is a medical illness, and is often genetically transmitted within families. One young woman noted that sometimes depression isn't caused by external factors. A chemical imbalance may be at work and sometimes no amount of counselling can cure the illness. As the young woman said,

> *You could have grown up with a perfect childhood, a perfect family and everything else, and you still have a perfect life going for you. You're dating the best looking guy on the soccer team. . . . You're like the top GPA . . . and everything else of that nature, but it's just simply, there's something wrong chemically with you. Like there's not enough of the happy stuff!*

The prevalence of depression is higher for young women, but depression is not a normal part of adolescence. Depression may result from an event, such as the death of someone they loved; a past trauma or abuse; a series of small stressors; or it may be inherited genetically. Young women feel that there needs to be more information about how to identify depression, how to understand external and internal contributing factors, and how to treat it.

Support Me

Learn as much as you can about depression. It may be hard for young women to know what depression is. There is the stereotype of the depressed person as always crying, unable to get out of bed, suicidal. If someone doesn't have these symptoms, they may assume that they simply can't be depressed, so it is important to find out basic information about depression.

Encourage young women to talk about their thoughts and feelings, including anger. Create an environment where they feel safe to express their emotions—even anger—and where questions are welcomed. If there is a history of depression within a young woman's family, it is important to discuss the potential for her to experience depression. Don't be afraid to ask for help from other service providers. Refer to the resources section of this guide to learn more about the help that is available. Early intervention is invaluable for recovery from depression.

There are websites that offer information for young people who are experiencing depression or who want to research health issues in general:

Black Women and Mental Health

http://www.blackwomenshealth.com/Mental_Health.htm

This web page includes discussions about the rates of depression among African American women, factors that contribute to depression in black women, attitudes toward mental health, recognizing depression, stigma, black women and the mental health profession, diagnoses of mental health problems in black women, the study of the psychological functioning of black people, prevention, and suggestions for support and recovery.

Center for Young Women's Health, Children's Hospital Boston

http://www.youngwomenshealth.org

Designed to educate and empower girls and young women aged 12 to 22, this website provides a variety of information and services including *Teen Talk*, a newsletter by teens for teens, and live on-line chats moderated by experts from the hospital and intended as a safe place for young women to ask questions and discuss concerns about important health issues.

Families for Depression Awareness

http://www.familyaware.org/resources/options.asp

This organization provides insight about how people often lack information and support on how to help a family member or friend who is depressed: "Clinicians focus on the depressed patient, not family and friends. In the past and even now, families are often blamed for causing the depression. Social stigma associated with depression causes many families to live in secrecy, afraid and unprepared to talk about the condition openly." Families that discuss depression and increase their understanding of the condition achieve long-term positive change in family functioning and increased resiliency in children.

Teen Depression website
http://www.teen-depression.info/index.php3
This website offers information on prevention, detection and treatment of teen depression. It also includes statistics and links to other resources on teen depression.

The following resources explore the importance of family, friends, teachers and others in supporting a person who is experiencing depression:

Educating Students about Substance Use and Mental Health
http://www.camh.net/education/curriculum
A web-based curriculum resource, with ready-to-use lessons, for teachers of grades 1 to 12. See page 82 for more information.

Empfield, M. & Bakalar, N. (2001). ***Understanding Teenage Depression: A Guide to Diagnosis, Treatment, and Management.*** New York: Henry Holt and Company.

Fassler, D.G. & Dumas, L.S. (1997). ***"Help Me, I'm Sad": Recognizing, Treating and Preventing Childhood and Adolescent Depression.*** New York: Penguin Group.

Graham, P. & Hughes, C. (1995). ***So Young, So Sad, So Listen.*** London: Gaskell/West London Health Promotion Agency.
A book about depression in children and adolescents during school years aimed at helping parents, teachers and teenagers to recognize and understand depression.

Health Canada. (1999). ***All Together Now: How Families Are Affected by Depression and Manic Depression.*** Ottawa: Author.

Koplewicz, H.S. (2002). ***More than Moody: Recognizing and Treating Adolescent Depression.*** New York: G.P. Putnam's Sons.

Mondimore, F.M. (2002). ***Adolescent Depression: A Guide for Parents.*** Baltimore, MD: Johns Hopkins University Press.

National Alliance for the Mentally Ill (NAMI)
http://www.namiontario.ca
NAMI is a non-profit, grassroots, self-help, support and advocacy organization of consumers, families and friends of people with severe mental illnesses, such as schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorder and anxiety disorders. The NAMI Family-to-Family Education Program consists of a free course of 12 classes for the family members of people who have mental illnesses.

Young Minds. ***Why Do Young Minds Matter?*** London, UK: Author.
For parents, this leaflet talks about mental health problems in young people, the things that can go wrong and the problems this can cause. It also offers advice on the range of services that can help.

Young Minds
102–108 Clerkenwell Road, London, U.K. EC1M 5SA
Tel.: 020 7336 8445 (from the U.K.)

Relationships

Hear Me

We're all, like, based on relationships, and if all the relationships you build up for yourself aren't what you want them to [be]. . . then it has an effect on you, because it affects who you are. Because if you can't get those connections to other people, then you're automatically lost in a hole.

> *When I think about relationships, I think they are some of the times I've been the saddest.*

I think, like, something drastic that changes in your life would cause depression, like maybe your parents getting a divorce, a death, stress and school.

> *An only child and the only physically disabled member in my family, I lacked a safe, nurturing, affectionate adult who could validate my feelings and experiences.*

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

> *If you have a big fight with a best friend . . . you start to re-evaluate your own self-worth, wondering why they didn't want to be your friend anymore. It starts to eat away [at you].*

Queer teenagers are often teased, bullied, battered and even kicked out of homes simply because they cannot change.

> *Many girls have an idea that once they are part of the in-crowd, their lives will suddenly become wonderful. They'll be invited to all the right parties, be in a hot relationship and all of their problems will cease to exist. Because of this, some girls will try anything to be part of the in-crowd, such as smoking, taking drugs, underage drinking or becoming sexually active.*

Understand Me

In their teens, many young women have an increasing desire to choose new relationships and have more control over existing ones. As young women struggle to shape their identity around families, peer groups and intimate partners, relationships become a focal point in their lives. As they explore a myriad of relationships, young women may find themselves managing new emotions, expectations and tensions, both within these relationships (e.g., between a young

woman and her friends) and between these various people in their lives (e.g., between a young woman's parents and her intimate partner, or between her intimate partner and her friends).

Through relationships young women come to know themselves better and evolve. Positive, supportive interactions validate their experience; teach them about their needs, cares and worries; and offer a structure in which to learn how to relate to others. Yet for young women just developing a sense of themselves, relationships can be very scary.

Relationships are complicated, and take practice to "get right"—and young women are only at life's starting gate. Relationships are also risky; a person's self-esteem can be very vulnerable, depending on the level of intimacy in a relationship and its importance to that person. In a young woman's life, a variety of relationships—family relationships, the proverbial "best friends," lovers and other sorts of interactions (e.g., with teachers, health care professionals, counsellors, coaches or other mentors)—play different roles and call for different levels of trust. As with the broader social issues of sizism, body image and media portrayal, others' expectations are cause for concern and affect how young women feel in relationships with those people. Negative impressions from trusted family members, a lover or a friend can strongly influence a young woman's thinking and definition of self, which can undermine her self-esteem. The young women of VALIDITY confirmed that relationships are challenging, and can cause them to question who they are and their place in the world.

Particularly challenging are situations over which a young woman has no control, in which she is expected to fulfil many different roles for others' benefit, at the same time. Family dynamics, sex-role stereotypes, cultural expectations and customs add layers of complexity with which a young woman may have to deal. Racism, ableism, homophobia and sizism further complicate matters.

For example, a young woman, the only English-speaking person in her immigrant family, may carry the burden of communicating in English on her parents' behalf; she may also be teaching them the language. In addition, in a foreign country where North American customs are unfamiliar to the parents, the pressure to fit in with her peers may contradict her traditional family's expectations. As a caregiver, yet also needing care herself, this young woman may numb herself to the discord, knowing it's unacceptable in her culture to express negative emotions. This can become too much for her to bear and lead to unconscious expression through the only available "safe" route: depression.

Being outside "the norm" in her relationships, where trusted others question or judge her choices, can also cause a young woman great stress. A young lesbian may face extreme pressure to marry a man. Imagine her inner turmoil, frustration and anger at being unable to be true to herself, at being expected to swallow her feelings and fulfil her roles in a family that depends greatly upon her.

A young woman's relationships and how she feels in them deeply affect her self-esteem; how much she feels she has control in her life is a crucial variable in her emotional well-being. Emotional support for being true to herself is essential, even when that means ending an (albeit

unworkable) relationship; the only place she may find support for such a step may be in a professional's office.

Young women are viewed as sexual beings as they mature physically. Young women who mature earlier are thus viewed in sexual terms earlier, and may begin dating well ahead of their peers. They may be self-conscious about their new curves, and may not yet be emotionally ready to handle sexual and affective dating pressures. And these pressures to date may interfere with their friendships with other girls.

Furthermore, being different from peers (e.g., being overweight, of a different culture, of a different class) often means being excluded from social groups. Lack of social support can contribute greatly to depression, while the instinct to push people away and become more isolated when you are depressed can exacerbate depression. People who are depressed may be more likely to interpret rejection from their peers, even when there is none. This too can deepen the depression.

The nuances of these relationships will be explored in greater deal in the following discussions of these challenges: family communication and dynamics; cultural expectations; racism; homophobia; ableism; friendship, intimacy, fitting in and peer/social pressure; and sizism, body image and the media.

Support Me

As you develop your own relationship with a young woman, it is important to let her know from the beginning that there are limits to confidentiality (e.g., there is a legal obligation to report if someone states that she is going to harm herself or others, or if a child is at risk).

As with most issues of a personal nature, the young woman will likely be more open if she feels that a health care professional is genuinely interested in and cares about what she has to say about her life. While an adult may not relate to a young woman's experience of her relationships, validating hers, in the end, is in and of itself a powerful way to help her listen to her authentic inner voice, to prevent her from minimizing her experience as less than important, and ultimately to prevent her from succumbing to depression. Building a trusting, non-judgmental relationship can lead to conversations that will provide insight into the nature of the relationships that are important in the young woman's life.

Be careful not to make assumptions about a young woman's family relationships. She may be living with birth parents, with adoptive parents, with same-sex parents, with extended family (e.g., grandmother, aunt, uncle), with friends, in a single-parent family, in a foster home or in a group home. As you get to know the young woman, you will learn about the nature of her relationship with her family.

Young women are often taught to feel that intimate relationships are the most important thing in life. Acknowledge the role and impact of intimate relationships (or the lack thereof) on young women, as they can be extremely overwhelming and/or isolating. Also ask about the people in the young woman's social network and what role they play in her life. The lack of social support is considered a risk factor for depression.

Provide opportunities for young women to come together and talk with each other. (See Let's Talk . . . Girls Talk on pages 57) A facilitated non-treatment group will give the young women the opportunity to hear how others view relationships. This could involve discussions about stress, relationships and self-esteem. Young women need to be able to figure out what a good, healthy relationship means to them.

Healthy Relationships: A Guide for Teens

http://www.youngwomenshealth.org/PDFs/healthy_relat.pdf

A printable PDF that covers such topics as: understanding what a healthy relationship is, communication and sharing, respect and trust, determining whether you are in a healthy relationship, family, friends and dating.

Family Communication and Dynamics

Hear Me

Communication in the household is a big thing. A really big thing. If your parents are involved, they can be too involved. There's a difference between involved and being nosey, you know? If your parents are going to be nosey and they just want to know everything you're doing, when you do it—that's when you're gonna start going crazy and you're gonna try so hard to rebel against it. But if they keep an open mind about things, they're like, "OK, well, I know teenagers are going to experiment with drugs." And if they come to you and say, "Don't do drugs; they're bad. I'll kick you out if you do it!" you're going to go and do it! But if [parents] say, "If you do drugs, it would disappoint me. Here's all the risks. [If] you're going to do it, please keep yourself safe," a lot of time, that kid is going to be like, "Wow, my parent really cares. Do I really want to disappoint them?" And maybe they will think twice about it.

> *I think, like, something drastic that changes in your life would cause depression, like maybe your parents getting a divorce . . .*

"You're not good enough!" "You can't do it." "You can do better." "Why couldn't you be more like . . . ?" Often parents see their words as criticism that will help their child do better. What they fail to realize is that these ways to "motivate" us stick with us and the more we hear them, the more we believe them.

> *Parents put a lot of pressure on you . . . I have lots of pressure to do well in math because my parents want me to. I know it will be hard for me, but I don't want to disappoint them.*

[Girls] don't think they can talk to their parents, let alone expect protection from their parents. They are afraid of talking to their parents about sex. They are afraid to talk to their parents about what they are going through at school.

> *I don't know how to stress to my mom about how much it hurts me when she tells me that I'm a loser, she hates me, I'm a mistake, she wished she never had me. Like, those words are so harsh.*

Understand Me

Stressful family environments can strongly influence vulnerability to depression. Young women who described their family life as unsupportive and full of conflict were more depressed than those with more supportive, harmonious family environments. Those who were depressed tended to perceive their parents as uncaring, and to describe their families as rejecting, critical, poor communicators and not very affectionate. It may be that these young women learned as children that they had little control over the outcomes of their interactions with their parents, leading them to a helpless coping style. Or the household environment and conflict with parents may have increased their stress, making them more vulnerable to depression.

Living up to parental expectations (e.g., to be "good," thin, beautiful, accomplished, dutiful), dealing with parents who are overly protective or unable to relate to you, and fearing you may disappoint parents can all contribute to depression. Participants whose parents had immigrated to Canada from a home country where the values were markedly different than Canadian ideals struggled even more to live up to expectations, and described fighting against their parents' wish to uphold values of their home country, which were often more rigid and strict than those of their Canadian peers.

Families today are defined by a myriad of relationships. In addition to traditional nuclear families, some parents have, for example, come together with children from previous relationships (or have scheduled access to those children) to form blended families. Some parents choose to remain single. Some young women's parents are in same-sex and/or interracial relationships. Some parents have adopted children.

While individual families seek ways to relate, function and meet everyone's needs, social acceptance or rejection of non-traditional families varies and depends largely on location. For example, young women whose parents are in same-sex relationships may have to cope with homophobic reactions from peers and teachers; some urban centres have strong gay and lesbian communities and support services that can help, but this support is not available everywhere. Young women whose parents are in interracial relationships may not only face stigma in the community, but may also struggle with being mixed-race. Young women whose parents divorce also face the challenges of meeting those who will become new family members, often at a tender time in the healing process. Young women in single-parent families may be expected to do a disproportionate amount of household chores to help the family adjust to having one parent. Young women who have been adopted into families may wonder about their biological parents, or may struggle with feeling of abandonment or concerns about whether they are truly welcome in their current family.

For a young woman who is part of a non-traditional family, complications about how she fits in with her peers, who may be less than open to her family makeup, can create pressure to hide the truth. But more secrets mean more silence, and more silence can mean internalized anger, which, in the end, can evolve into or find expression as depression.

Support Me

Young women will define and experience family in different ways. The amount and nature of involvement they have with family will also be unique to each of the young women. Some women will not want any involvement with family. Build a trusting relationship with a young woman, using your listening skills and asking open-ended questions, to determine how you can offer support.

It is important to explore a young woman's experiences in terms of the context of her family. Is she the eldest child, middle or the youngest? Is she from a large family? Is she an only child? Was she adopted? Is she multi-racial? Does she live in a family with same-sex parents? Has she experienced the divorce of her parents? Is she living with a step-parent and his or her children? Is she living with only one parent? Is she sharing her living arrangements between parents? Are her parents first generation Canadian? Does she have a good relationship with her parents? Is she living with friends or on her own?

Clearly there are a myriad of questions that you could ask in trying to understand the dynamics of a young woman's family and how they affect her. Think about your own feelings, assumptions and attitudes about various families and ensure that you do not express judgment.

Look at resources that share experiences of young people growing up in a variety of family situations. The resources below include organizations, books and community contacts that provide information and practical tools to help both young women and their parents focus on positive communication with one another.

A Teen Guide to Parental Separation and Divorce

http://www.familieschange.ca/teen/index.htm
Developed by the British Columbia Ministry of the Attorney General, this website provides information about what separation and divorce mean in Canada, and how they might affect teenagers.

Families Change

http://www.familieschange.ca/
Provided by British Columbia's Ministry of the Attorney General, this website offers information for families experiencing separation and divorce.

Books for Teens with Gay and Lesbian Parents

http://www.amazon.com
In the Search field, type "Listmania! Books for Teens w/ Gay and Lesbian Parents."
(Or type in the following web address: http://www.amazon.com/exec/obidos/tg/listmania/list-browse/-/392KR4MJM1P8R/103-4523881-2358208.)
This web page lists books, with summaries and ratings, about teenagers whose parents are gay or lesbian.

Single Parent Central

http://www.singleparentcentral.com/teenarticle4understand.htm
This website is an online resource for single-parent families.

Children's and Young Adult Books with Interracial Family Themes

http://www.cynthialeitichsmith.com/newmultiraced.htm
Today, millions of North American children are of mixed racial descent, and mixed-race relationships are on the rise. The website lists children's and young adult books that explore mixed-race family themes.

Wehrly, K.R. & Kenney, M.E. (1999). ***Counseling Multiracial Families.*** Thousand Oaks, CA: Sage Publications.

Counseling Multiracial Families discusses multiracial families, a group that has been neglected in the counselling literature. The book includes a comprehensive history of racial mixing in the United States, and touches on special issues and strengths of multiracial families. The book also explores the challenges of interracial couples as well as the social and cultural issues related to parenting and child rearing of multiracial children in today's society. The results of research into biracial identity development are translated into counselling practice with the children, adolescents and adults in multiracial families.

Fusion: A Program for Mixed Heritage Youth

http://www.fusionprogram.org/resources.htm
This website supports multiracial, multi-ethnic and/or transracially adoptive youth and their families. The Fusion program aims to foster positive identity formation and empowerment in children of mixed heritage. The website offers information on community education workshops, books, events and resources. While based in California, the website can provide many ideas to those wishing to start a similar program elsewhere.

Blended Family Bliss

http://www.blendedfamilybliss.com/index.html
Offers practical advice and encouragement for common situations in blended families. Includes articles, FAQs and a message board.

Vanier Institute of the Family

http://www.vifamily.ca/library/transition/312/312.html#6
This web page provides resources for adoptive families, including organizations, magazines, websites, books (including books for children and teens) and videos.

Parentbooks lists books on its website, with accompanying descriptions.
Visit http://www.parentbooks.ca/parenting_teens.html for more information on these and other titles:
Why Girls Talk and What They're Really Saying: A Parent's Survival Guide to Connecting with Your Teen, by Susan Morris Shaffer & Linda Perlman Gordon
My Girl: Adventures with a Teen in Training, by Karen Stabiner
You Don't Really Know Me: Why Mothers and Daughters Fight and How Both Can Win, by Terri Apter
Promise You Won't Freak Out: A Teenager Tells Her Mother the Truth About Boys, Booze, Body Piercing and Other Touchy Topics—and Mom Responds, by Doris Fuller, Natalie Fuller & Greg Fuller

The University of Washington's website has tips on parenting teens at http://www.washington.edu/admin/hr/worklife/teens/. They provide information on parent-teen contracts to help clarify expectations regarding driving, school performance and relationships; parent-readiness and teen-independence-readiness check-up tools to help identify personal strengths and weaknesses; and downloadable resources on principles and tips for parenting teens. There is also a parenting teens network and discussion board.

Cultural Expectations

Hear Me

They say you can't choose your parents, nor your religion or sex. What if you could? Since the day I was born, I have always fantasized about the "what ifs." Would I have been treated by my parents differently if I were a boy, or would boys like me more if I had blonde hair and blue eyes?. . . Perhaps it is a conditioned feeling or the need to be like everyone else, but growing up in a very diverse community, I was never proud of my Vietnamese heritage . . . Some are proud of who they are. They're proud of their heritage.

> *In other cultures, the rules are more strict, and when [your parents] try to impose those rules when you're living in Canada, it's a lot harder. You say, "Well, my friends don't have to do that."*

Our parents had to work harder when they came to Canada, or back home. They had to do so much. So they don't see our problems. [Their] problems were something to be sad about.

> *I think many young black women who are depressed get stereotyped as angry, aggressive and violent. If a physician does not fully understand how culture and race play a role in how you express yourself and your feelings, illnesses such as depression may be undermined or overlooked. It is very difficult for black females to find physicians who can relate to them.*

There needs to be more diverse doctors and other health care professionals in hospitals, clinics and community health centres. Diversity should also be represented in drop-ins and schools.

> *It makes it even harder for me that I'm from another culture and living in Canada and then my family expects me to [abide] by the rules of my country, not Canada. . . . I have a huge family . . . You find them everywhere, and I just try to run away, kind of.*

Understand Me

What is it like to be a young woman in today's world? Culture, race, language and religion are important facets of every young woman's identity. It is very important to explore issues of identity, expectations and experiences that have been positive and negative in relation to a young woman's heritage, language, race, religion or culture, to begin to fully understand her reality within her social context and her family life. We encourage the exploration of cultural

expectations as they relate to all young women who have a heritage, language or religion that is different from their social context and may conflict with that of their parents, or that in any way undermines their full development into autonomous adults.

As we are all products of our environment and our upbringing, beliefs, values, attitudes, practices and traditions are passed from generation to generation. However, many of these elements of culture shift over time and differ radically from place to place. Young women whose parents' beliefs, values, attitudes, practices and traditions differ greatly from those around them—including those of friends and teachers, and what is shown by the media—can feel pulled in different directions. While parents may expect them to conform to certain behaviours and roles, Canadian society's expectations and what is considered "normal" can seem very different. This can be particularly difficult for young women who often find themselves restricted by any culture's rules.

While there are traditions that provide positive and healthy encouragement for young women's development, few, if any, cultures are free from stereotypes that undermine young women and set up impossible contradictions. Dominant culture pressures young women to be emotional (but not angry), to strive to be attractive and responsive to men (but teen pregnancy is scorned and birth control is sometimes discouraged) and to depend on others (but be their caretakers). Furthermore, stereotypes associated with particular cultures (e.g., viewing black women as strong and able to withstand almost any emotional burden) may make it more difficult for young women to express and cope with everyday emotions of anger and sadness, and harder for them to recognize and seek help for depression; when crying or sadness is seen as a weakness, young women may not want to reveal their emotions or may receive little sympathy when they do.

Family and community pressures and expectations may cause a lot of stress for some young women. Parents and young women may hold differing views around career choices, for example; parents may pressure young women to seek traditional careers for women. Parents may also expect young women to do a disproportionate amount of housework compared to males in the household. Divergent cultural expectations can also intensify tensions about young women's intimate relationships. Since relationships tend to be a very important part of any young woman's life, dating, same-sex relationships and even whether or not a young woman chooses her own mate can be huge sources of stress.

Cultural ideals and stereotypes can cause intergenerational conflict. This can be particularly true in families that have immigrated to Canada: parents or grandparents may dismiss young women's struggles, saying that their difficulties pale in comparison to their own trials, and that the young women really have nothing to complain about.

The young women in the VALIDITY project described the importance of recognizing diversity—by acknowledging that individual women experience depression and express (or manifest) it in different ways. While mental illnesses have similar symptom profiles across cultures, how people describe, interpret and manifest their symptoms vary with race, ethnicity and culture, and can depend on how the person communicates, what is culturally appropriate and how behaviour is affected by such daily experiences as stigma, language barriers, religious intolerance, racism and discrimination.

Depression or other mental illnesses may be seen as shameful and kept secret. In some cultures, a person who is depressed may be revered or seen as "special" and may receive support from family and friends. This is why it is important to take time to develop a relationship that will create trust, so young women can talk about cultural expectations and the issues that might make them vulnerable to depression.

The way a culture sees mental illness influences what is considered to be a mental health problem and what kind of help is preferred. Thus, employing standard Canadian approaches to treating depression, including commonly used psychotherapies and psychopharmacological medications, may not help people from every ethnic and cultural background to the same extent. This can be insensitive and damaging for some, and may miss many crucial aspects of young women's lives.

Support Me

Develop your awareness of various cultures, including dominant culture, and their expectations of young women. Learn about ways in which depression is viewed in different cultures and ways that cultural expectations of young women can contribute to depression. Rather than thinking of cultural differences as either good or bad, listen to a young woman as an individual and think about how her experience of anxiety, depression or anger might be an expression of an inner struggle with competing cultural expectations.

Do not stereotype or make assumptions. No community is homogenous. Young women from the same cultural background may differ in English language proficiency, education, level of acculturation, family situation and other characteristics.

Make it a priority to establish trusting relationships with young women. This may be a challenge, especially when their age, socio-economic status, race or ethnicity differs from the professionals working with them. But listen with respect and empathy to young women's stories, observe body language and ask non-judgmental questions. Explore with young women sources of pressures in their lives. Let young women talk about their issues from their perspectives. Letting a young woman know that you are interested in what she has to say is vital to building mutual respect and trust.

Acknowledge sources of conflict with family members. Remember that cultural competence (i.e., the willingness and ability of a system, agency or professional to value the importance of culture in the delivery of services to all segments of the population) is key to providing support for young women from diverse cultural backgrounds.

Extreme conflicts may arise between young women and their families around issues concerning relationships, particularly same-sex relationships or relationships with people outside the family's religion or ethnocultural background. A young woman may have a supportive lesbian network at school but may be afraid to tell family members, who would have a hard time understanding her sexuality or why she may not be interested in marrying a man. Some young

women in interracial/-ethnic relationships, with partners of the same or the opposite sex, may experience added parental/family conflicts. In conversations, listen for cues to such conflicts.

Encourage women to seek ways to maintain dialogue with families. Familiarize yourself with professionals in the community who have expertise in these areas and who might be helpful to refer the young woman to for additional support.

Part of a young woman's cultural experiences may centre on immigration or refugee status. It's important to become familiar with the kinds of experiences that young immigrant or refugee women may have had prior to coming to Canada. For example, separation from close family members and friends, time spent in transition or in refugee camps, experiences with war, political violence and associated trauma, or even adapting to a lower standard of living in Canada than she was used to in her country of origin are all significant experiences that will shape a young woman's ability to cope with her life situation.

When assessing how best to help, keep in mind that a young woman may prefer a female doctor or counsellor to feel that she can open up about her feelings. If the young woman needs the services of a translator, it is important that the translator understands the cultural context and does not just translate the words. Family members should never be used as translators.

Encourage and help young women to find groups that can support them as they explore and try to deal with their issues. The young women of VALIDITY consistently pointed to talking with other young women as a strong source of support: Peer support can be invaluable in helping young women to find their way. Connect with agencies and groups that relate to a young woman's cultural experiences and background to see if they provide peer mentoring, support or counselling for young women. Agencies or groups could include settlement organizations, LGBTTTIQQ* community centres, faith-based centres and groups, etc.

Finally, acknowledge that young women's experiences are real and relevant, and that manifestations of depression and other symptoms of physical and mental health problems may be related to multiple and intersecting pressures in their lives, of which cultural expectations are a powerful aspect.

For further information, see the following resources:

Elizabeth Patterson International Student of the Year Award
http://www.cbie.ca/download/paterson/Letters-2005.pdf
Heart-warming letters from young women students expressing their experiences and challenges as international students in Canada. Encourage young women to write similar letters relating their experiences.

Health and Social Services for Canada's Multicultural Populations: Challenges for Equity
http://www.canadianheritage.gc.ca/progs/multi/canada2017/4_e.cfm
This paper includes sections on population health and diversity, socio-economic components of health, cultural components of health, migration as a component of health, health and social services, policy framework for promoting multicultural health in Canada, and looking to 2017: forseeable challenges.

* Lesbian, gay, bisexual, transgendered, transsexual, two-spirited, intersex, queer or questioning.

Aboriginal Youth
http://www.pauktuutit.ca/activities/youth/youthhelp.html
This website has information on mental health and substance use issues, and links to other areas such as employment.

The medicine wheel: Understanding "problem" patients in primary care.
The Permanente Journal. Available:
http://xnet.kp.org/permanentejournal/winter00pj/wheel.html. Accessed August 30, 2005.

La Fédération de la jeunesse canadienne-française
http://www.fjcf.ca/

La Fédération de la jeunesse franco-ontarienne (FESFO)
http://fesfo.ca/fesfo.html

Nadir, A. ***Young, Muslim, and female in America: Their stories, their voices.***
Paper presented at the 2003 Association of Muslim Social Scientists, Indiana University, Bloomington, IN. Available:
http://www.amss.net/Abstract_32ndConference/AneesahNadir5.htm.
Accessed August 31, 2005.
This paper explores how young Muslim women growing up in the United States cope with racism and religious discrimination; what role social networks, family and religion play in their lives; what strengths enable them to succeed despite the stereotypical images that undermine their sense of self; what empowers them. Fifteen young women share their experiences of going to public school, wearing or not wearing the hijab, and developing friendships with Muslims and non-Muslims. They share their perspective on what it means to be a woman, a Muslim and an American. They share often profound turning points in their lives as well as ways they and their families have managed throughout the pre- and post-9/11 eras.

Canadiens et Canadiennes d'origine africaine, antillaise et asiatique
http://www.canoraaa.com/french/default.html

Metis National Council of Women
201 McLeod Street, Ottawa, Ontario K2P 0Z9
Tel.: 613 567-4287 Fax: 613 567-9644
E-mail: info@metiswomen.ca

National Organization of Immigrant and Visible Minority Women of Canada
225 – 219 Argyle Avenue, Ottawa, Ontario K2P 2H4
Tel.: 613 232-0689 Fax: 613 232-0988
E-mail: noivmwc@noivmwc.bidcon.net

Native Women's Association of Canada (NWAC)
1292 Wellington Street, Ottawa, Ontario K1A 3A9
Tel.: 613 722-3033 Fax: 613 722-7687
http://www.nwac-hq.org

Ontario Aboriginal Health Advocacy Initiative (OAHAI)
http://www.ofifc.org/oahai/resourcemanual

Pauktuutit Inuit Women's Association
192 Bank Street, 2nd floor, Ottawa, Ontario K2P 1W8
Tel.: 613 238-3977 Fax: 613 238-1787
http://www.pauktuutit.on.ca

Southwest Ontario Aboriginal Health Access Centre
http://www.soahac.on.ca

Racism

Hear Me

I don't think it's as much what can they necessarily do in the schools, it's what they need to change; and what they need to change are the teachers. We had a racist teacher in the school, making fun of black girls' hair, etc., . . . I'm not surprised we have so many depressed young women. It's hard for a teacher to get reprimanded—even the vice principal's hands were tied. No one spoke out. Teachers thought they could say anything at all.

> *Race and culture is a large part of who we are, and is an issue that must be surfaced when dealing with depression. Internalized racism can lead to self-hatred.*

Internalized racism occurs in many young women. It is a contributing factor in depression that can be helped.

> *Having more doctors of different ethnicities and cultures will allow visible minorities and those of different cultures to open up and feel that they are finally understood. At the very least, acknowledging the role culture plays and realizing the "signs and symptoms" of depression could look radically different depending on what culture you are from, how you communicate, what is culturally appropriate and how behaviour is affected by experiences of daily racism and discrimination.*

Understand Me

The ICERD (International Convention on the Elimination of All Forms of Racial Discrimination) defines *racism* as: "Any distinction, exclusion, restriction, or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment, or exercise, on equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural, or any other field of public life."

In order to understand the many ways in which *internalized racism* affects young women of colour, it is important to understand what it is. A working definition of internalized racism is: Acceptance by the members of the stigmatized races of negative messages about their own abilities and intrinsic worth. Like any internalized oppression, internalized racism is invisible. Young women of colour may not even know how and to what extent they are being affected by society's messages about race. In addition, these young women may be dealing with multiple internalized oppressions as they also have to cope with sexism, which may become internalized. Because a young woman of colour is bombarded with society's limiting messages regarding

both her race and her gender, the damaging affect on her confidence in her abilities and intrinsic worth are potentially compounded.

It's very difficult for anyone to truly know what it feels like to be someone else; we cannot get into another's skin and really understand another's experiences, their heritage, history or family dynamics, or how experiences of the social construct of "race" affect them.

While all young women struggle to grow and develop a sense of self, young women of colour face added challenges, such as being labelled "other," "dissimilar," even "foreign." They may be survivors of overt racism and struggle to cope with its effects.

In addition, there are barriers within the school system that stem from stereotypes around racial and ethnic groups. For example, consciously or unconsciously streaming young women into general level or less academic courses based on skin colour or ethnicity is not only unethical, but can lead to reduced motivation, depression and dropping out. School counsellors in particular need to become aware of the often unconscious assumptions behind ethnoracial stereotypes.

To gain power over issues that may feel overwhelming (and which can fester over time if left unattended), young women need to be heard, and their concerns about racism acknowledged, validated and accepted, without reprisal. A young woman's self-esteem can be damaged and overwhelmed by pressures to fulfil the expectations of family and community; intergenerational conflict; frequent experiences of discrimination; subtle and blatant negative messages from the media and others about her religion, ethnoracial group and/or gender; systemic barriers to succeeding in school and in the workforce; and her struggle to find equilibrium between her racial heritage and the society in which she lives.

Support Me

Young women of colour might not raise the issue of racism when discussing depression. This could be due to fear about what is acceptable to say or due to internalized racism; young women of colour may not make a mental connection between their experiences of racism and of depression, or they may feel that the connection is too obvious to mention.

A young woman of colour is more likely to feel comfortable exploring issues of racism and internalized racism when she feels she is talking with a person who understands her—either because that person has experienced the same challenges or because that person demonstrates that he or she understands racism and the role that racial privilege plays in sustaining racism.

Young women raised the issue of lacking cultural and racial representation among health care professionals. To give young women of colour the opportunity to speak with people who share their struggles with racism, strive for greater representation when hiring for future positions.

Young women also suggested that rather than the focus being on depressed people, a proactive approach would require that others take responsibility for the awareness they need to develop. For example, you might carefully consider what privilege you may or may not have in society based on your race. Read about racial privilege. Educate yourself about how racism affects young women. Address internalized racism and oppression. Learn about anti-racist and anti-harassment policies and resources available in schools and workplaces.

Doing this work will help you to be a sincere and respectful listener when you invite young women to talk openly about racism and the impact it can have on their lives. The young women of VALIDITY clearly cited the need for more culturally sensitive services where true understanding of race-related aspects of their lives may be found. Provide safe places where they can go to talk about the challenges, and where they will feel understood.

For more information, see these resources:

Anti-Racism Information Service

Website: www.antiracism-info.org
This website focuses on the Universal Declaration of Human Rights and the International Convention on the Elimination of All Forms of Racial Discrimination. The website is available in English, French and Spanish.

Canadian Race Relations Foundation

701 – 4576 Yonge Street, Toronto, Ontario M2N 6N4
Tel.: 1 888 240-4936 (toll-free) or 416 952-3500 in the Toronto area
Fax: 1 888 399-0333 (toll-free) or 416 952-3326 in the Toronto area
E-mail: info@crr.ca
Web: http://www.crr.ca
The Canadian Race Relations Foundation offers grants for anti-racist research and initiatives. Its website also provides fact sheets and bibliographies.

Canadian Research Institute for the Advancement of Women

http://www.criaw-icref.ca/factSheets/racegender_e.htm
This fact sheet from CRIAW offers a basic introduction to how women experience racism, by providing statistical information and research as well as suggestions for resources and action.

Developing antiracism and ethnocultural equity in schools

http://www.edu.gov.on.ca/eng/document/curricul/antiraci/antire.html

National Action Committee on the Status of Women (NAC)

203 – 234 Eglinton Avenue East, Toronto, Ontario M4P 1K5
Tel.: 416 932-1718
Fax: 416 932-0646
E-mail: nac@web.ca
Website: http://www.nac-cca.ca
NAC's anti-racism and anti-discrimination guidelines for its organization provide a good model to work from.

The National Resource Center for the Healing of Racism
Website: www.nrchr.org/default.asp
Suggests many resources on resisting racism and internalized racism.

Diversity and Multiculturalism, Canadian Heritage website
http://www.pch.gc.ca/pc-ch/sujets-subjects/divers-multi/index_e.cfm
This website has several sections, including an anti-racism section.

Across Boundaries. (1997).
A Guide to Anti-Racist Organizational Change in the Health and Mental Health Sector. Toronto: Author.

Almeida, R.V. (Ed.). (1998). ***Transformations of Gender and Race: Family and Developmental Perspectives.*** New York: Haworth.
A book designed to help therapists and social workers deal with issues of race, class, gender, heterosexism, and culture in couples and family therapy.

Bui, K. (2002). ***Racism and Mental Health.*** London: Jessica Kingsley.

Campbell, D. & Dhaliwal, B. ***Challenge the assumptions!*** Toronto: The Students' Commission.
An anti-racist, feminist kit created by young women, for young women, focusing on issues such as work, media, self-esteem, body image, sexual abuse, racism, sexism and activism from a Canadian and a global perspective. Available in French and English. www.tgmag.ca/index_e.htm

Cummings, C.M., Robinson, A.M. & Lopez, G.E. (1993). ***Perceptions of discrimination, psychosocial functioning and physical symptoms of African American women.*** In B. Blair & S.E. Cayleff (Eds.), *Wings of Gauze: Women of Colour and the Experience of Health and Illness* (pp. 53–67). Detroit, MI: Wayne State University Press.

Derman-Sparks, L. & Brunson Phillips, C. (1997). ***Teaching/Learning Anti-Racism: A Developmental Approach.*** New York: Teachers College Press.

Fernando, S. (2003). ***Cultural Diversity, Mental Health and Psychiatry: The Struggle Against Racism.*** London: Brunner-Routledge.

Hong Fook Mental Health Association. (2000). ***Cultural Diversity and Mental Health: Families in Transition.*** Toronto: Author.

Kafele, K. (2003). ***Racism and Mental Wellness: African Canadians Reconnecting the Circle. A Community Report.*** Unpublished manuscript.
For more information, please contact Kwasi Kafele, Centre for Addiction and Mental Health.
Tel.: 416 535-8501 ext. 6539
E-mail: kwasi_kafele@camh.net

Kafele, K. (2004). ***Racial Discrimination and Mental Health: Racialized and Aboriginal Communities.*** Toronto: Ontario Human Rights Commission.
Available: http://www. ohrc.on.ca/english/consultations/race-policy-dialogue-paper-kk.pdf. Accessed October 26, 2005

Kirmayer, L. J. (1994). ***Suicide attempts of Canadian Aboriginal peoples.*** *Transcultural Psychiatric Review, 31*, 3–45.

Lee, E., Menkart, D. & Okazawa-Rey, M. (Eds.). (1998). ***Beyond Heroes and Holidays: A Practical Guide to K–12 Anti-Racist, Multicultural Education and Staff Development.*** Washington, DC: Network of Educators on the Americas.
National Action Committee on the Status of Women. (2000). ***Anti-Racism Educational Kit.*** Toronto: NAC. A collection of photocopied materials to aid in anti-racism education.

Ng, R., Staton, P. & Scane, J. (Eds.). (1995). ***Anti-Racism, Feminism, and Critical Approaches to Education.*** Toronto: OISE Press.

Razack, S. (1998). ***Looking White People in the Eye: Gender, Race and Culture in Courtrooms and Classrooms.*** Toronto: University of Toronto Press.

Report of the Canadian Task Force on Mental Health. (1988). ***Issues Affecting Immigrants and Refugees. After the Door Has Opened.*** Ottawa: Health and Welfare Canada / Multiculturalism and Citizenship Canada.

Taylor, J.M., Gilligan, C. & Sullivan, A. (1997). ***Between Voice and Silence: Women and Girls, Race and Relationships.*** Cambridge, MA: Harvard University Press.

Women's Health in Women's Hands. (2003). ***Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare delivery in Canada.*** Toronto: Canadian Race Relations Foundation.
Available: www.whiwh.com/Research/ePub_RacialDiscrimination.pdf.
Accessed September 1, 2005.

Homophobia

Hear Me

Even though queer teens make up less than 10 per cent of the teen population, "one third of all teenage suicides are gays and lesbians," according to the U.S. Department of Health.

> *In my fourth year of high school, I recall sitting in class and overhearing a conversation between two classmates that caught my attention: "Same-sex marriage is just wrong. It's sick and disgusting. Think about it, they're gonna start trying to make everybody else gay." From this conversation, rage consumed me and many questions formed in my head: What do you know about being queer? What's wrong with same-sex marriages? Why are you straight people constantly tearing us up?*

Queer teenagers are often teased, bullied, battered and even kicked out of homes simply because they cannot change. Yet for many heterosexuals, this is not their problem. Straight people do not find a need to read up on sexual orientation; straight teenagers do not need to worry about what life may be like as a queer youth; and certainly when the issue of oppression is raised, gay and lesbian issues are too often ignored and not spoken about.

> *Sexual orientation is not something that queer youths feel they have control over. It is something that just happens. Yet, due to all the negative connotations that are associated with being attracted to the same sex, it is not easy to accept. Denial, confusion, depression and frustration are often what one must endure in the process of understanding one's own "sinful" feelings.*

Understand Me

Coming to terms with being lesbian, bisexual, transgendered, transsexual, two-spirited, intersex, queer or questioning (LGBTTTIQQ) brings a whole set of extra life challenges for a young woman who is coming into her own. Cultural and religious norms in families can bring on tremendous concern, pressure and strain. A young woman pays an emotional price whether she chooses to keep her sexuality a secret, to downplay its importance or to come out to her family and peers.

LGBTTTIQQ youth face barriers as they struggle to honour their sexuality. Creating an environment where they can express their concerns and find the acceptance they may withhold even from themselves is a huge challenge, but fundamental to their development. Fear of repercussions for coming out, and struggling to come to terms with an identity that may not be

warmly embraced by some segments of society, friends or family members, can lead to depression, anxiety and even suicide if a young woman is left feeling isolated, unsupported or shunned.

The impact of homophobia on young women must never be minimized. Bullying and the fear of being bullied or rejected can have huge emotional repercussions for young women. Some young women will turn to drinking or other drug use to cope. We also know that the suicide rate among young LGBTTTIQQ youth is disproportionately high, so it is particularly important, as a service provider, to take seriously your opportunity to respond to a cry for help.

Support Me

Only a generation or so ago, in the early 1970s, homosexuality was pathologized as an illness in the *Diagnostic and Statistical Manual of Mental Disorders*, and criminalized in the Canadian *Criminal Code*. Three decades later, with social debates over such issues as same-sex marriage and religious dogma, the need for acceptance and understanding, and the conquering of prejudices against homosexuality, has never been greater.

The first step in addressing the impact of homophobia or other issues related to sexuality and gender identity is to create a trusting, open and non-judgmental relationship. If you ask open-ended questions, it will make it easier for young women to tell you what's important in their lives. As you listen to their stories and develop trust, details of issues such as homophobia may surface. Also, let young women know that homophobia is not tolerated in your workplace, and that you offer a safe space for them to come to. Here are some suggestions for making your environment gay positive:

- ☑ Identify your space as gay positive by having posters and pictures of positive images of LGBTTTIQQ youth, or by displaying a pink triangle or the Pride rainbow.
- ☑ Celebrate Pride Day or Pride Week in your organization or have your organization participate in Pride activities in your community.
- ☑ Help organize programs or self-help groups specifically for LGBTTTIQQ youth.
- ☑ Display brochures for LGBTTTIQQ local programs and services in your waiting room, office or school guidance area.
- ☑ Familiarize yourself with these programs and services, and get to know some contacts at the agencies so you can let LGBTTTIQQ young women know about activities, programs or groups that they might enjoy or find helpful, or particular contacts whom they might feel comfortable connecting with.

In addition, the following are valuable resources for working with LGBTTTIQQ young women:

Barbara, A.M., Chaim, G. & Doctor, F. (2004). ***Asking the Right Questions 2: Talking with Clients about Sexual Orientation and Gender Identity in Mental Health, Counselling and Addiction Settings.*** Toronto: CAMH.

LGBTTTIQQ young women have specific life factors that relate to substance use and/or mental health problems, including coming out, gender transition, societal oppression, loss of family support and isolation. To provide effective addiction and mental health services, service providers need to be aware of these life factors in clients. *Asking the Right Questions 2* (ARQ2) helps service providers create an environment where all young women feel comfortable talking about their sexual orientation and gender identity. ARQ2 includes interview items that can be used to facilitate discussion during assessment or early in treatment; an assessment form and guide to be used with a standard substance use, mental health or other service assessment; background information to help clinicians use the ARQ2 guide; and a glossary of concepts and terms.

LGBT Youth Line

1 800 268-9688
http://www.youthline.ca
This is a service provided for youth by youth, which affirms the experiences and aspirations of LGBTTTIQQ youth in Ontario. The service is queer-positive and non-judgmental, and provides confidential peer support through telephone listening, information and referral services, and complementary outreach. The hours of operation are from 4:00 p.m. to 9:30 p.m. Sunday to Friday, except for statutory holidays.

Ableism

Hear Me

My parents were not able to handle my feelings, especially sadness and anger. An only child and the only physically disabled member in my family, I lacked a safe, nurturing, affectionate adult who could validate my feelings and experiences. My parents, like many disabled people's parents, were trying so hard to give me as "normal" an upbringing as possible that my disability ended up consuming me. Consequently, I withdrew at the age of three. I created my "real" life in my head and developed excellent dissociating skills . . . I lived there so much, I would confuse it for reality at times.

> *Prior to finding my present therapist, I tried a few others. They both had issues with my physical disability. One of them was lesbian and able-bodied. It did not work out with her because on my first visit with her, she started the session by asking me, "So, what is your problem?" When I began sharing what I wanted to work on, she stopped me and asked it again, looking at my wheelchair. I remember not believing she was really asking that, since I assumed at the time all therapists, especially a lesbian therapist, would not have issues with a client who had a disability. The other therapist had a physical disability and was heterosexual. It did not work out with her because our sessions felt like peer counselling, with her sharing her experiences. I needed "real" therapy . . . the bottom line is [the therapist] must to be able to see her client for what she is—a whole person.*

Understand Me

Disabilities, invisible or visible, have been redefined in the disabilities studies field as *impairments* that can have effects on the level and quality of activities that individuals can pursue. Since the 1970s, people with disabilities, and allies, have worked to explain their reality, based on the idea that it is not the actual impairment that limits a person's interaction in the world, but the barriers, both physical and attitudinal, that society constructs around impairments. Academics refer to ideas that support this thinking as the *social model of disability*. The quotes above poignantly show societal barriers facing young women with impairments. These challenges may include physical barriers as well as struggles with parents, siblings, friends or helping professionals who feel sorry for a young woman with a disability. Being the "receptacle" of others' emotions can have negative effects on self-esteem. Gender-role stereotypes of women as caregivers may lead a young woman with a disability to want to help others cope with her impairments, but clearly this is not her responsibility. She also may feel she is a disappointment or a burden to her family.

Invisible disabilities present similar and additional challenges. Some young women may try to minimize or hide their impairments from others. Diabetes, with its schedule of needles, blood tests and regular snacks, can be an embarrassing regime to uphold, especially at an age when spontaneity is greatly valued. Concern over potential low blood sugar while drinking or partying may discourage a young woman from going out, or may cause conflict with parents who want her to stay home. Having a hearing impairment or a learning disability can lead to feelings of being different or "damaged." Lack of control over circumstances can affect a young woman's feelings about herself and her ability to fully participate in life. This can lead to feeling disempowered and helpless, placing young women at a greater risk for experiencing depression.

Support Me

No young woman should be or can be viewed as one-dimensional. The layering of identities, histories and experiences that each young woman has makes her unique, and a disability is just one aspect of a young woman's life. Don't assume that she has chosen it as her defining identity.

We can work with young women to help them identify their intrinsic strengths and move forward in ways that will build their self-esteem. We can also improve our ability to support young women by focusing on ourselves and our services—by checking assumptions, prejudice or discrimination in our own attitudes and behaviours, and actively removing barriers in our environments. In addition, acknowledging that ableism—systemic discrimination against people with visible and invisible disabilities—exists at all levels of society may connect young women to an analysis that can be a potent source of strength and healing.

Service providers can watch out for ableist thinking and offer alternative ideas and resources to strengthen young women's self-esteem. Encourage young women to explore their strengths and abilities and to build on them. For example, if a young woman identifies that she likes talking to people, encourage her to develop and enhance that skill either through volunteer work or by joining a public speaking association such as Toastmasters. Explore the young woman's social networks and how she can expand social supports for her interests and, if she's interested, her disability.

Provide appropriately formatted information (e.g., Braille, audiotape, large print materials, etc.) as well as American Sign Language interpreters for young women who are deaf, deafened or hard of hearing, to ensure proper understanding of their needs.

Connecting with advocacy and education groups around disabilities may be a source of strength for young women. A good place to start in Ontario is the ***Disabled Women's Network (DAWN)*** (http://dawn.thot.net/) or ***Disabled People International*** (http://www.dpi.org).

Young women and girls with disabilities are more at risk of violence in their lives. DAWN has created a video and educational guide to raise awareness for young women and girls. Order at ***http://dawn.thot.net/literature.html#video***.

Educate yourself about disability-related issues. Canadian statistics offered through the ***Disabled Women's Network Fact Sheet*** on disabled women (http://dawn.thot.net/fact.html) provide key insights:

- Sixteen per cent of all women are disabled (Health and Activity Limitation Survey, Statistics Canada).
- Disabled girls are twice as likely to be sexually assaulted (Violent Acts Against Disabled Women, DAWN Toronto Survey, 1986).
- Disabled women are more likely to be the victims of violence.
- Support and services for disabled mothers are almost totally inaccessible or do not exist.
- Women's services are often inaccessible to women with disabilities.
- Many doctors have difficulty dealing with women who are both pregnant and disabled.
- The unemployment rate for women with disabilities is 74 per cent.
- The most inescapable reality for women with disabilities is poverty. The median employment income for a disabled woman is $8,360. The median employment income for a disabled man is $19,250 (Health and Activity Limitation Survey, Statistics Canada).

Additional helpful resources include:

Barnes, C., Mercer, G. & Shakespeare, T. (1999). ***Exploring Disability: A Sociological Introduction.*** Cambridge: Polity Press.

Farwett, B. (2000). ***Feminist Perspectives on Disability.*** New York: Pearson Education Ltd.

Feldman, W. (2000). ***Learning Disorders: A Guide for Parents and Teachers.*** Richmond Hill, ON: Firefly Books.

Written by a professor emeritus and former head of a hospital pediatrics division, this book provides an accessible guide to dyslexia, attention deficit/hyperactivity disorder and other learning disorders. It covers the pros and cons of and information on the latest treatment options. For more information, visit http://www.fireflybooks.com/health/parenting.html.

Ferri, B.A. & Gregg N. (1998). ***"Women with disabilities: Missing voices."*** *Women's Studies International Forum, 21* (4), 429–439.

Kaufman, M. (1995). ***Easy for You to Say: Q & As for Teens Living with Chronic Illness or Disability.*** Richmond Hill, ON: Firefly Books.

This book profiles the lives of uniquely challenged teens as they work hard to make sense of the world and their place in it. The book includes street language that teens can identify with and readily understand. The questions posed are frank and courageous, and cover such issues as sex, drugs, family and death. *Easy for You to Say* provides practical information for teens and their families.

For more information, see the following websites:

Accessibility Ontario
http://www.gov.on.ca/citizenship/accessibility/english/resources.htm
An Ontario government website that provides templates, tools and information to support accessible health care organizations, institutions and businesses

Canadian Abilities Foundation
www.enablelink.org
Home to a variety of disability directories and resources

Canadian Standards Association
www.csa.ca
A solutions-oriented organization that works in Canada and around the world to develop standards that address real needs, such as enhancing public safety and health, helping to preserve the environment, and facilitating trade

Center for Young Women's Health, Children's Hospital Boston
www.youngwomenshealth.org
Designed to educate and empower girls and young women aged 12 to 22, this website provides a variety of information and services including *Teen Talk*, a newsletter by teens for teens, and live on-line chats moderated by experts from the hospital and intended as a safe place for young women to ask questions and discuss concerns about important health issues

Directory for Accessibility
www.accessibilitydirectory.ca
A one-stop resource of Ontario-based companies and organizations that provide services or assistance for people with disabilities

Disability and Technology: A Resource Collection
http://home.nas.net/~galambos/tech.htm
Links to websites that focus on disability and technology, including assistive/adaptive devices that are computer-based or related to computer access

World Enable
http://www.worldenable.net/women/default.htm
A comprehensive book and resource list

Canadian Diabetes Association—Teen Spirit: The Young, the Restless and Diabetes
http://www.diabetes.ca/Section_Membership/DialogueSummeroo-teenspirit.asp
This web page explores the priorities of teenagers and their parents, how these priorities affect diabetes management, and how to develop strategies that will promote health and well-being. Visit the CDA website for this and other resources on teens and diabetes.

American Diabetes Association
http://www.diabetes.org/for-parents-and-kids/for-teens.jsp
All teens face challenges and have to make decisions about dating, driving and alcohol, among other things. Teens with diabetes face the same choices as their friends, but having diabetes complicates the choices they make. This website outlines some common teen issues and how diabetes may affect them.

Friendship, Intimacy, Fitting In and Peer/Social Pressure

Hear Me

Sometimes, like in the lower grades, people make fun, because [others] come from different countries, they don't speak the same as everyone else, they have trouble speaking French because of the country they came from and their religion, how they dress—if they don't have a lot of money they can't dress well . . . You can see it starting even then, that people are making fun.

> *At school you try to act cool or whatever and you hurt someone's feelings and you don't really notice it because you're trying to impress everyone else . . .*

I want people to see me, who I am, but sometimes I don't have enough trust or confidence in myself, so it's hard. I'm afraid people won't like the real me, who I am. I'm afraid people will, like, make fun of me so I try and hide some stuff, but I want people who will know who I am. Not this person I'm trying to hide behind.

> *For some girls, having the right pair of jeans or hairstyle would take precedence over who wins the next election or the war in Afghanistan. Unfortunately, if you do not fit the mould of what is popular, coming to school can be a nightmarish experience. Waking up in the morning and feeling anxiety about going to school is all too common for many high school girls. Many girls have an idea that once they are part of the in-crowd, their lives will suddenly become wonderful. They'll be invited to all the right parties, be in a hot relationship and all of their problems will cease to exist. Because of this, some girls will try anything to be part of the in-crowd, such as smoking, taking drugs, underage drinking or becoming sexually active.*

Some girls will feel the pressure to have sex. Even if they are not ready, they might think that if they have sex they will receive love back. This may even involve sleeping with many partners to find someone who will accept them after others have rejected them. When having sexual relationships proves to be unsuccessful in meeting their desire to feel loved, some girls are left with a feeling of worthlessness that will lead to low self-esteem.

> *Drugs may seem like an easy way out when young girls do not feel accepted. Drugs will never reject them or make them feel alone. Girls may use drugs as a way of meeting people. They may feel that drugs are the only way they can get people to notice them. They use the drugs to give them confidence to talk to people in a social situation such as*

> *parties. They also may feel that drugs are a way for them to loosen up, so that they can talk to people and seem like fun.*

Once someone is dependent on drugs, they may feel like they are nothing without drugs. They could possibly think that people have only liked them because of the drugs and without them they will not be seen as fun anymore. With low self-esteem, and a fear of being rejected again, young girls may become depressed.

> *If you have a big fight with a best friend or a lot of friends, or maybe there's some situation where you lose a bunch of your friends or where you find out that those people who you called your best friends really weren't, and you start to re-evaluate your own self-worth, wondering why, maybe, they wanted to do all these horrible things to you or why they didn't want to be your friend anymore—it starts to eat away, and especially if you don't have no other support coming from around you. Nobody else is there to say, "Well, you don't need those people." And then you start dwelling on your problems a lot more and eventually that's gonna cause you to be pretty depressed then.*

Many girls have a hard time envisioning the future; and even though [high school is] just four years, this is their life right now and what they are handling now is a major deal. The need to be accepted now plays a huge part in how these young people will see themselves as adults.

Understand Me

As young women enter adolescence, most will begin to look to a peer group for their models of how to dress, social activities, entertainment preferences and behavioural expectations—rather than looking to adults who may have had this influence in their childhood. In addition to their peer groups, the media is very influential in providing images of what young women should look like, what they should aspire to and what the "must have" material possessions are. It is important to many young women to feel they belong to a peer group. Pressure from peers to fit in and rejection by peers can be particularly stressful for young women who feel different from the majority of their peers, whether that be due to language, racial, economic or other differences.

This can be an emotionally complex time in young women's lives. Their ideals may be in conflict with their realities. They may have religious or cultural expectations that challenge some of these aspirations. They may experience racial or homophobic attitudes. They may not have the financial ability to purchase the "in" brand name clothing or the "must have" commercial products. This reality may also limit their access to entertainment or other social opportunities that are important to them.

Young women may experience rejection from their peer group of choice, which can be devastating. This rejection can occur while the young woman is already affiliated with the peer group, or she may not even be permitted access to affiliation from the outset. Young women have many intersecting identities, which may not be totally congruent with the general identity of the peer group. These identities might include culture, race, language, sexuality and religion. This could leave the young woman torn between her true self or identity and the need to fit in with the peer group. Being different from peers often means being excluded from social groups, and lack of social support can be a key factor in depression. The urge to push others away when depressed can exacerbate depression—and people who are depressed may be more likely to interpret rejection from their peers, even when there is none, which can deepen the depression.

Youth also tends to be a time of increasing desire to become involved in an intimate relationship. Young women who mature physically at an earlier age than their peers may be viewed in sexual terms earlier, and may start to date ahead of their classmates. If a young woman is in an intimate relationship, she may experience conflict with the peer group in relation to time spent with them versus time spent with her partner. Young women may not be emotionally prepared to negotiate the many complex issues involved in intimate relationships, including consensual sex, safe sex and birth control. A young women who is lesbian, bisexual, transgendered or transsexual may find this time of increased desire for intimacy challenging due to peer expectations related to heterosexual relationships. She may be questioning her sexual identify, or feeling unsafe about coming out to her peers.

Young women are socialized to take on characteristics associated with femininity, such as selflessness and passivity, and to believe in the overriding importance of maintaining intimate and social relationships. When there is conflict within these relationships, it is a very difficult emotional experience. Not feeling connected to others, not voicing discontent and continually trying to be more agreeable can all contribute to depression.

Support Me

Try to understand the dynamics and expectations of the peer groups with which young women affiliate, and explore their current reality with respect to their identity and intimate relationships, and how that compares to their desired reality. Developing a trusting relationship with the young woman is essential to providing the opportunity for her to talk about the impact of peer relationships in her life. Explore the intricacies of friendships and intimate relationships among young women more fully, specifically as they relate to fitting in and peer pressure. Create opportunities to discuss these dynamics and help young women to identify supportive strategies for resolving conflicts when they occur.

Encourage open dialogue about school, friends, sex, and alcohol and other drug use. Sometimes what appears to be fine on the outside is not fine on the inside—young women may feel they need permission to speak frankly about these issues. Discuss positive communication and conflict resolution strategies.

Encourage young women to talk about their aspirations, to voice their emotions and thoughts, and to set goals and have dreams. Affirm the positive things in a young woman's life and ask her about her strengths. During this very difficult time, reflecting on these aspects may help a young woman focus on what she, herself, possesses—thereby gathering strength from the inside and from the positive things in her life, rather than waiting for external validation and acceptance.

Read current books and articles on young women's issues. For example, the web page ***In Honor of Girls: Adolescent Girls and Self-Esteem (http://www.ohsu.edu/library/ref/forgirls.htm)*** contains an annotated bibliography, including information on issues including friendships, anger, body image, identity, self-esteem, sex, romance and pregnancy and feminine rituals.

See also writings by Lyn Brown:

Brown, L.M. (2003). ***Girlfighting: Betrayal and Rejection Among Girls.*** New York: New York University Press.

Visit ***www.hardygirlshealthywomen.org/lynresearch.php*** to access some of Lyn Brown's research papers:

- From adversaries to allies: A curriculum for change
- Girlfighting: Toward prevention
- Girlfighting: Betrayal, teasing and rejection among girls
- Hardiness zones
- Mean girls: Distinguishing media hype from reality
- Bad girls, bad girls, watcha gonna do?
- The coalition vs. mean girls

Virtual Party

www.virtual-party.org

A web-based educational tool that provides youth with an opportunity to learn about alcohol and other drugs and to make healthy choices regarding their use. See page 82 for more information.

Sizism, Body Image and the Media

Hear Me

Body image and preoccupation with weight and physical appearance play a huge role in depression in young women. Everywhere we turn we are bombarded with the media's portrayals of how women should look. However, instead of projecting realistic images of different shapes, sizes, ethnicities, etc., it's always the same picture that we receive: tall, skinny, sexy and white can basically sum it up.

> *There is a perception of perfect that women are supposed to achieve. There are a lot of pressures that are put on women to . . . look a certain way, to carry themselves and to achieve certain status. If it is pointed out that they . . . are not in a state of perfection, it is very easy for a young woman to fall into depression.*

Being a victim of verbal and psychological abuse and being negatively affected by sizism (being treated differently or discriminated against because of size) due to being overweight are both influential factors that have had an impact on depression for me.

> *Say if the people we saw on TV, you know, they're so skinny . . . imagine if the meaning of that was different. If [instead it was that] any size was cool . . . Then our lives would be totally different!*

Young women are bombarded with unrealistic images of women on TV, in magazines—in fact, in all forms of media. These women are thin, generally white and always the same: they don't represent what women look like.

> *Unfortunately, this ideal has been imposed on society so forcefully that it has received acceptance and thereby created a completely unattainable ideal. It's even gotten to the point where the models themselves are not good enough, so their photographs need to be altered with the computer and airbrushing before they ever reach the public. While we as young women are aware of these facts, it still doesn't change our desire to be like those pictures that we always see and that society has accepted. Even with this knowledge, we internalize these beauty standards and weigh our self-worth accordingly.*

Boys too look at girls' bodies more today. They aren't looking at personality or anything. All boys do is look at our bodies.

Even, like, if you read Seventeen *magazine: "How do you know if he likes you?" And all that other stuff: "Can you make him like you?" Like, they should actually put stuff in there about, "Do you really like yourself?" Or, "10 ways to actually be happy."*

> *A lot of magazines . . . exploit women . . . men, as a whole, still objectify women.*

We're still thought of as sex objects . . . if they'd just stop exploiting us.

> *Maybe if shows began to cast people who don't have perfect bodies, a show with different kinds of people, different colours, different sizes and shapes, you could see that anyone can be friends. Because in shows they put people of colour together, or they put only thin people together as friends, and it sends the message that "Oh, if you're thin, you should only be friends with thin people."*

Understand Me

Today, images of the "perfect" female ideal are delivered through more media venues than ever. Young women internalize those reminders about how high the "beauty" bar has been set. They tell a young woman what success looks like, what she ought to do to be popular, to be seen as "having *it* together," to feel (and be) "good enough," or to be part of the "right" crowd. But very few achieve the ideal which, in our diverse world, represents almost exclusively one predictable demographic. By implication, those who are *not* white, tall, clear complexioned, stereotypically pretty, heterosexual, slim, stylish, able-bodied and English-speaking are more or less invisible and, therefore, unimportant. (Interestingly, some young women suggested that the black community may have a more forgiving attitude toward body size.)

In response to the ideal, young women look in the mirror and instantly find ways they don't measure up. Feeling bad about their bodies leads them to feel bad about themselves. As a result, their self-esteem may plummet, and their risk for depression rises.

Though young women may know they don't want to live up to someone else's standards, it is difficult to resist the immense pressure to strive for the mythic ideal. To fix perceived inadequacies, some may launch into self-destructive behaviours (e.g., starvation dieting, leading to eating disorders; extreme exercise; smoking; illegal drugs such as cocaine or amphetamines, or prescription medications). In addition to working to overcome perceived inadequacies, a different, invisible, but highly influential factor may come into play for young women: a subtle change in focus to living for others' expectations instead of her own. Increasingly disconnected from herself, she may eventually give up something else of great importance: the larger battle to *learn* to be herself, and all the ups and downs that journey entails.

VALIDITY participants expressed disappointment and resentment at their identities being judged superficially by how they look, yet those feelings create for young women another double-bind: women (in some cultures more than others) are not supposed to express anger—they are

taught that it's unbecoming, inappropriate and often downright scary for others to observe. Silenced, young women are socialized to turn the anger inward toward themselves, the only place that remains where it can be safely put. But held inside, the anger eats away at a young person's sense of self and can exacerbate feelings of hopelessness and of being trapped, can decrease self-esteem and create insecurity. Withdrawal from social situations and, ultimately, depression may soon follow.

Support Me

Young women need to believe the struggle to evolve authentically is not an impossible one, despite the expectations of society, family and friends. They need to know and feel it's a journey over which they hold some level of control. They need to feel that they are important, that they have gifts they and absolutely no one else can bring to the world, that the messages of inadequacy those pervasive images send out are false. Within a non-judgmental, supportive space, where she can speak freely and openly about frustrations and anger-fuelled concerns, a young woman can go a long way toward preventing any beginnings of despair over disempowerment in her life from escalating into the internalized anger that can eventually become depression.

Explore with young women what body image is, how it's influenced and what the effects are of having a strong and positive body image versus a weak and negative body image. There is support for young women struggling with body image and/or eating disorders. One young writer comments:

> *My family and friends can be credited for numerous things. For instance, they encouraged a positive body image by monitoring the magazines and other media forms inside our house and removing any negative sources. They eliminated talking about diets as well as making negative body comments about themselves and others. We did activities that really celebrated our bodies and everything that they do for us by going on hikes and bike rides. My best friend supported me by letting me know that she cared and was there for me in countless ways, such as cards, phone calls, visits and giving me an awesome picture of the two of us together before I ever developed problems, one that I was able to look back on many times and would make me smile.*

Some examples of helpful strategies for service providers are:

- ☑ monitoring magazines and other media and removing any negative ones from waiting rooms, living rooms, etc.
- ☑ analyzing media messages to young women and trying to understand their impact
- ☑ writing letters to media outlets, advertising-monitoring agencies and government representatives expressing any concerns you may have with media messages, or celebrating the positive messages that you see
- ☑ therapeutic mirror work that leads to the young woman accepting the body which is reflected.

Helpful strategies for young women, and their friends and family, include:

- ☑ eliminating language about diets and negative comments about the young woman's body and others' bodies (especially important for household members and friends of a person with an eating disorder)
- ☑ engaging in activities, such as hikes and bike rides, that celebrate our bodies and everything that they do for us
- ☑ friends offering support and encouragement by listening, sending cards and visiting
- ☑ even just a smile in the morning and giving goodnight hugs that remind the person that she is loved, cared for and not alone.

For additional information, see:

Neumark-Sztainer, Dianne. (2005). ***I'm, Like, So Fat! Helping Your Teen Make Healthy Choices about Eating and Exercise in a Weight-Obsessed World.*** New York: The Guilford Press.

Sheena's Place
Visit www.sheenasplace.org or call 1 888 743-3627
For information on eating disorders

Recovering from Sizism
http://www.geocities.com/heidihoogstra/recoveryfromsizism.html
Empowering tools to support young women who are negatively affected by sizism.

UNSPOKEN CHALLENGES

At times, what young women *don't* say is very instructive. For example, we know that the troubling presence of sexual abuse in the lives of girls is a profound problem, yet the girls who spoke at various VALIDITY gatherings mentioned it only cursorily. Also, emerging research links anger to depression in young women; although anger was not mentioned by the young women overtly, they expressed frustration with the way young women are portrayed, the limitations that are placed upon them and the expectations of how they should act. We also know that socio-economic status has an impact on health as well as on access to supportive services and healthy food, though again the young women did not mention this issue in relation to depression.

As you engage with young women in discussions related to depression, it is important to keep these realities in mind. Be sensitive to the fact that young women may not feel comfortable exploring deeper issues or may not be aware that certain factors play a role in depression. Developing a relationship built on trust will lay the foundation for you to be able to explore issues that may be at work beneath the surface.

Trauma

Understand Me

Personal trauma resulting from past or ongoing abuse, neglect, disinterest or dismissal by significant people in their lives, or resulting from key losses (e.g., death of a loved one, parents' divorce or frequent moves growing up) rarely emerged when young women discussed factors that they believed increase their risk for depression. On those occasions when young women did mention such trauma, the effect on them was clearly profound—whether from having survived abuse or from facing the grim statistics that project that many young women will experience such abuse:

> *My major problem is about being sexually molested as a child . . . [I] really haven't been able to get over it for six years . . . My mom, particularly, [says,] "Oh, she's going through her whole growing-up phase. . . ."*

Another young woman stated:

> *A lot of girls, too, are faced with being sexually abused. It's just a lot easier for girls to be the target because they are considered the "weaker gender." . . . There's a whole group of verbal, emotional, sexual or any kind of abuse and it does happen a lot.*

In fact, the statistics for sexual abuse of Canadian girls and young women are appalling: one in three females, by the time they are 18, will have experienced some form of sexual abuse or assault. We need to find ways to let girls and young women know that we know that sexual abuse exists, and that if they have experienced this trauma we will believe them and help them to get the support they need.

While the young women mentioned trauma only cursorily, these experiences make distinctive imprints on a young woman's life and ought to be considered along with social contextual factors, such as economic status (e.g., whether she has the financial resources to fulfil her needs and wants) and biological factors (e.g., genetic contributors to mood).

Support Me

Young women who have experienced trauma may prefer to see a female doctor or counsellor. Listen for clues to some of the issues mentioned in this section. If the young woman discloses a history of trauma, it is important that you be able to respond in a supportive and validating manner. Sometimes hearing details of the trauma story can make us feel overwhelmed and unsure of how to respond appropriately. The young woman needs to feel that you believe her, care about her and will not judge her.

Learn about trauma and young women, and familiarize yourself with professionals in the community who work well with girls and young women and who also have expertise in the area of trauma. Offer support by providing information on post-traumatic stress and the effects of violence.

When working with newcomers to Canada, it is also very important to become familiar with the kinds of experiences that young immigrant or refugee woman may have had prior to coming to Canada. Examples include separation from close family members and friends; time spent in transition or in refugee camps; experiences with war, political violence and associated trauma; and even adapting to a lower standard of living in Canada than the person was used to in her country of origin. Educate yourself about young refugee women, and find professionals in the community who have expertise in the area of trauma caused by war and political violence.

Prevention of and early intervention for trauma and abuse can begin through age-appropriate discussions about healthy versus unhealthy actions and words, as well as by providing strategies and contacts that can help girls and young women. Ideally, these discussions should begin in a child's preschool years, and opportunities for dialogue should continue to be given by youth service providers throughout youth and adolescence in a variety of settings such as schools.

For mental health and addiction professionals:

Haskell, L. (2003). ***First Stage Trauma Treatment: A Guide for Therapists Working with Women.*** Toronto: CAMH.
This publication is for a diverse audience: mental health and substance use professionals who treat women who are abuse survivors, and related caregivers who wish to understand

more about the clients they serve. Learn ways to increase safety and reduce and stabilize symptoms in the women abuse survivors with whom you work.

Other helpful publications and web links include:

Bograd, M. (1999). ***Strengthening domestic violence theories: Intersections of race, class, sexual orientation, and gender.*** *Journal of Marital and Family Therapy, 25* (3), 275–289.

Haskell, L. (2001). ***Bridging Responses: A Front-Line Worker's Guide to Supporting Women Who Have Post-Traumatic Stress.*** Toronto: CAMH.

This book includes tools to help recognize responses to post-traumatic stress in women's lives, and information on what complex post-traumatic stress disorder is; helpful interventions for front-line workers; treatment approaches; how to establish a level of confidence in women who have survived abuse and violence that encourages them to consider referrals to appropriate services or resources. See page 84 for more information.

Haskell, L. (2004). ***Women, Abuse and Trauma Therapy: An Information Guide.*** Toronto: CAMH.

This guide is for women who are in therapy, or are looking for a therapist, to help them deal with the long-term effects of prolonged or repeated experiences of abuse and violence. It is also for family members and friends who want to understand and support a woman who is going through trauma therapy. See page 85 for more information.

Haskell, L. (2004). ***Women: What Do These Signs Have in Common? Recognizing the Effects of Abuse-Related Trauma.*** Toronto: CAMH.

This brochure helps women understand the experience of trauma and learn where they can go for help. See page 85 for more information.

Public Health Agency of Canada—National Clearinghouse on Family Violence: Child Abuse and Neglect Overview Paper

http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/nfntsnegl_e.html

Topics covered include: What is child abuse? How does society respond to child abuse? How widespread is the problem? Facts to consider. Reporting child abuse. Where to go for services. What can be done to prevent child abuse.

Preventing Child Abuse and Neglect—Safe Children and Safe Families Are a Shared Responsibility

http://nccanch.acf.hhs.gov/topics/prevention/index.cfm

Topics covered include: Sharing your message. Supporting families. What works to promote safe children and healthy families. Developing and sustaining prevention programs in tough times. When children are not safe: Child abuse and neglect.

Anger

Understand Me

When we think about emotions that may build to the point of presenting a risk for depression, and about how depression may be expressed in emotional terms, what often comes to mind is sadness, fear and anxiety. An emotion that may not come to mind, but is important to highlight in relation to depression, is anger. The link between anger and depression emerged only cursorily through the VALIDITY project; however, new Canadian information from researcher Cheryl van Daalen about young women's relationships with anger has recently shown that anger plays a role in depression. During research with 65 diverse young women, van Daalen gathered powerful information about the many ways young women's unexpressed anger leads to erosion of her self-esteem and, ultimately, to depression. Further, even if the anger is expressed, it is often dismissed, judged or ignored, leaving a young woman open to isolation and criticism from others. Faced with a "no-win" situation, young women often opt for self-silencing as a way to maintain relationships. Emotions are messages that provide us with important information about what is going on around and within us. Anger is a strong mobilizer and a powerful agent in self-definition. However, none of the young women in van Daalen's study expressed ever having been *asked* about their lived experience with anger and, more notably, had never had their anger and its related story affirmed and normalized; this is not surprising given that girls and young women are socialized not to express anger.

We need to let young women know that it is okay to express their anger and to talk about it with us—and, beyond that, that expressed anger moves us toward better mental health and positive quality of life. But before we can let them know that anger is okay, *we need to ask young women about anger.*

Support Me

Young women need their anger affirmed and embraced, rather than pathologized or managed. The door to discussing anger, its origins, how it can be expressed and why it needs to be expressed should be left open in interactions with girls and young women. Exploring anger in an affirming way is a powerful intervention in itself, one that should start within ourselves. Van Daalen's article "Living as a chameleon: A feminist analysis of young women's lived experience of anger" provides valuable insights into the anger story as told by young women.

For more information, please contact:

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Other helpful resources include:

Brown, L.M. (1998). ***Raising Their Voices: The Politics of Girls' Anger.*** Cambridge, MA: Harvard University Press.

Visit ***www.hardygirlshealthywomen.org/lynresearch.php*** to access Lyn Brown's research papers, including "From adversaries to allies: A curriculum for change," "Girlfighting: Toward prevention" and "Mean girls: Distinguishing media hype from reality."

Low Income and Poverty

Understand Me

Young women did not extensively discuss the relationship between economic circumstances and depression. However, we know that economic conditions such as low income or poverty can limit access to resources. A busy social life for adolescents often includes parties, movies, shopping, school trips and recreational activities such as yoga or belonging to a fitness club. If the young woman does not have the financial resources to join her peers in some of these activities, she is likely to feel excluded.

Transportation can also create a problem if the young woman has limited financial resources. If she does not live near her school or her friends, then she may find it difficult to join them in social activities if she does not have money for transportation. This may be particularly difficult in rural communities.

Adolescence is a time of great self-consciousness, and young women may not be comfortable in sharing the realities of their economic circumstances. Financial hardship may also create feelings of shame and anger within young women. It is important to create a trusting relationship in which you can help a young woman to talk about these feelings.

Support Me

Identify agencies or services in your community that that may be able to assist young women in accessing the resources and supports that they may need. For example, many YMCA or YWCA facilities offer assisted memberships.

Work with colleagues and young women to create a list of stores or services that offer good deals. Second-hand or vintage stores are a great place to shop for young women with a creative eye. Go through the Yellow Pages with the young woman and see if there are any stores in her area. Consider hosting a clothing exchange day, where you and your colleagues' daughters donate clean clothes in good condition for other young women.

Educate young women about nutrition and suggest ways they can eat well, even on a limited budget. This can be difficult, more so the more limited the young woman's budget. Here are some suggestions:

- ☑ Have a list of the most affordable grocery stores in the area and information on how to get there.
- ☑ Consider raising money with colleagues so you can have transit fare and gift certificates

to grocery stores available, should a young woman need them.

- ☑ Give a young woman a copy of Canada's Food Guide and brainstorm with her about the most economical way to ensure she eats from all of the major food groups. (You might want to do this with a group of young women.) Keep a running list of suggestions so that you can share these ideas with other women who have trouble affording healthy food.
- ☑ Talk with her about food banks, how they work, who the contact people are. Have phone numbers, hours of operation and addresses available for her.
- ☑ Consider asking colleagues for help about how to address the problem; for example, if you are a teacher, might there be a need for a breakfast program at your school? Maybe other teachers have run such a program at other schools and could help set one up.
- ☑ Explore whether social services, such as welfare, may be able to help.

GIRL-CENTRED HEALTH

Reframing Prevention

Hear Me

If you started off preventing when children [were] still children—because a lot of people, you talk to them now that they are depressed. If they really think hard, a lot of the depression may root from their childhood.

> *Particularly through grades 6 and 9 there have to be classes for young women, to educate them on exactly what they are going through and that it is normal—that they are normal. They don't have to be these norms, these perfections that are portrayed in our society.*

Support is prevention. . . .

> *You want to do stuff to involve everyone—family and friends—not just the person who's having the problem.*

I think in schools also, . . . there should be more of a combination—either support or fun. A school needs to be a place where people can go and enjoy themselves and feel open enough to share and to help each other. There's not enough of either one—having a balance of both support groups and fun groups to help people would help.

> *[Put] a support system into schools, because there really isn't one other than your counsellors, who do so many other things . . . they can't even counsel you, really.*

I don't think it's as much what can they necessarily do in the schools, it's what they need to change; and what they need to change are the teachers. We had a racist teacher in the school, making fun of black girls' hair, etc., . . . I'm not surprised we have so many depressed young women. It's hard for a teacher to get reprimanded—even the vice principal's hands were tied. No one spoke out. Teachers thought they could say anything at all.

> *There should be the option of a multicultural group and, I guess, diverse groups, if that's what somebody wants. If there are people that feel more confident or more comfortable around someone who would understand their culture or where they're coming from with their families—'cause there are newer families who immigrate and they have different issues that would bring on depression that maybe someone who was born and raised in Canada wouldn't necessarily understand.*

I think support is the most important thing. Just supporting everyone for who they are and letting them know it's okay to be yourself. To be different.

Understand Me

In the health, social services and education fields, prevention usually refers to initiatives or programs designed to stop a problem occurring. In the mental health and substance use fields, workers also refer to prevention as a way to stop a relapse or recurrence of a mental health or substance use problem.

When the young women of VALIDITY spoke about preventing depression, they repeatedly referred to support—connecting with each other and with caring adults in a relaxed atmosphere. They suggested that young women receive this support (and in fact, they often stated that *all* young people should receive it) regardless of whether a mental health problem was involved. Support should be seen as a baseline—as the foundation for mitigating situations and challenges that might contribute to depression.

This information provided the impetus, as well as specific ideas, for the design and content of a program called Girls Talk, a facilitated group for young women that incorporates topics of interest to them with information about building self-esteem. Evaluation of the program, still in the pilot-testing phase, has shown positive results. See page 57 for details about the program.

During research for the VALIDITY initiative—including interviews, focus groups and a conference—the young women also connected their ideas about prevention directly to health promotion. The strategies used in health promotion—advocacy, education, organizational development and systemic change, and attitude and behaviour change—are widely reflected in the concrete suggestions offered in the "Support Me" section that follows. Even a glance at the following list of workshops run at the provincial VALIDITY conference shows that the young women took a broad look at preventing depression and had an intuitive understanding of how social determinants of health can affect their lives. The young women involved in the conference developed, presented and facilitated these workshops:

- Media: Interpreting the Illusions and Reclaiming Positive Images of Women
- Recognizing Depression
- Face to Face with Mental Illness: Making Curriculum Connections in the High School Classroom
- Family Relations and Communication
- Depression and Smoking
- Body Image
- Improving Doctor-Patient Communication
- Native Traditional Health: Walking in Balance

- Youth-Led Initiatives
- Inner Power
- Self-Esteem: Sport and Physical Activity
- Educating the Public: Removing the Barriers to Help
- Multicultural Youth—Newcomer Youth Experience
- Yoga
- Visual Art: Moods of Colour

Support Me

CELEBRATE, COMMUNICATE AND CONNECT—YOUNG WOMEN'S SUGGESTIONS

Promote Diversity and Empower Young Women

- ☑ Combat sexism and create a better role for women in society. For example, leave in your waiting room only magazines that convey realistic female images. Independently published magazines or "zines" are good; toys are fun too, and books promoting a wide range of interests, such as modern art. Knowledge of current events or hobbies can offer young women alternatives.
- ☑ EMPOWER US! Empower us by being outrageous. Put realistic images of a female body up on the wall! Give us examples . . . to help us feel "reborn"!!! Young women need to see examples of other successful, realistic women to look up to.
- ☑ Create partnerships with companies that support realistic images of women. For example, Dove soap has an advertising campaign based on redefining beauty, and some of their profits support the National Eating Disorders Information Centre. (For more information, visit http://www.dove.com/real_beauty or http://www.campaignforrealbeauty.com.)
- ☑ Promote tolerance and acceptance. Have statistics and facts posted that make young women feel like they are not alone; most young women are size 14, for example.
- ☑ Create accountability in the media leading to improved positive representation of diversity.
- ☑ Develop and strengthen young women's self-esteem. For example, host a young women's event and invite young women to participate in generating the ideas for the activities, and provide them with leadership roles in the planning process. You could host an evening session, a half-day event, a one-night sleepover, a weekend or even a week-long camp devoted to exploring young women's issues and developing personal strategies to strengthen their esteem and resiliency! You could also start a Girls Talk group in your organization or collaborate with local community partners and young women's champions to advocate for a Girls Talk group in your community. (See page 57 for more details.)
- ☑ Ensure that teachers are representative of diverse communities.

Listen, Provide Learning Opportunities, Encourage

- ☑ Help young women to recognize depression and identify the warning signs so that they can seek help before a depressive episode occurs.
- ☑ Talk with young women about their feelings. Use the ideas and resources in this guide!!
- ☑ Encourage discussions about healthy and unhealthy relationships.
- ☑ Educate parents and teachers about depression and mental illness and about how they can help, to reduce stigma in the home and at school.
- ☑ Encourage healthy family communication and family relationships. They are crucial to healthy development. Being honest, open, positive and supportive are key elements.
- ☑ Provide workshops for parents, instructing them on parenting in a constructive, loving and supportive manner rather than in a dysfunctional manner.
- ☑ Work with schools (starting in elementary school) to provide more information on and support for people with depression, so students can talk about problems they are experiencing before things build up and they get depressed. Provide workshops in schools for sharing experiences in a supportive environment. For example, Talk Cards are cards that you give to people with a list of people and phone numbers they can connect with about depression.
- ☑ Provide books, videos, films, radio shows, comics, music and art relating to depression. The goal is to get the information into the mainstream to lift the stigma, and to transform something negative into something positive.
- ☑ Develop more resources for smaller communities that are youth- and women-oriented.

Create Opportunities to Connect

- ☑ Connect young women with each other in a way that strengthens support networks and encourages meaningful relationships.
- ☑ Provide a place where young women can go to share their feelings with other young women (e.g., Girls Talk groups in every community to support the dreams and experiences of young women.)
- ☑ Validate and allow the safe expression of girls' and young women's emotions, especially anger.
- ☑ Encourage "Safe Space" door hangers. A Safe Space sign on a teacher's door handle means that this is a safe space to go—just to talk or be there or chill out. It means if you put it on the door and a young woman wants to talk, she can.
- ☑ Provide a weekend of inspirational speakers, activities and theatre.
- ☑ Make a movie about young women and depression.

PREVENTION PROGRAMS FOR YOUNG WOMEN—LIVING EXAMPLES

The next few pages illustrate existing programs across Ontario that aim to provide support and early intervention to girls and young women. Consider starting and supporting prevention programs like the following.

Let's Talk . . . Girls Talk

Q: Girls Talk—where did the idea come from?

A: The Girls Talk program was created as a partnership between CAMH and Youth Net/Réseau Ado in Halton and Ottawa, in response to young women's recommendations at an earlier phase of the VALIDITY project. The participants in this project stressed the need to have a safe and supportive place to share their feelings with other young women, and to talk openly about the issues they experience without the fear of negative comments or ridicule.

Q: So . . . what is Girls Talk all about?

A: Girls Talk is a facilitated group discussion with young women between the ages of 12 and 16, who meet on a weekly basis to discuss issues relevant to them. The group has between seven to 10 sessions, each lasting 1.5 hours. The first pilots took place in schools and there are others planned for a community centre, a Native Friendship centre and a detention centre. Girls Talk can take place anywhere that young women are—anytime facilitators are available. The sessions are semi-structured and include weekly lesson plans to help direct the group sessions. Some of the topics covered include stress, relationships, self-esteem, media and body image. A variety of activities, such as arts and crafts, journaling, yoga, discussions and guest presenters are arranged throughout the group. Our experience has shown that variety helps to create a diverse and dynamic model in which to engage the participants.

Q: What are the goals of the Girls Talk program?

A: The program's goals are to:

- create and improve connections between young women
- create a safe place to share thoughts and feelings
- help foster self-esteem
- teach healthy coping skills
- create opportunities for youth advocacy
- encourage physical activity and positive body image
- provide relevant information about depression
- provide clinical support for young women who may be at risk, and connect them with a safety net of professionals in the community.

Q: What did group members learn?

A: Girls Talk is a program that provides the opportunity for young women to share their experiences, to listen and to benefit from the experiences of other young women, in a safe and supportive environment. It also provides them with the opportunity to learn alternative and healthy coping strategies that they may never have been exposed to (such as yoga). Evaluations of the two pilot groups, which included both pre- and post-assessments, clearly demonstrated that the young women who participated in this dynamic and interactive program developed skills and increased their level of knowledge and awareness about mental health and depression.

Q: Who do I contact for more information about Girls Talk?

A: For more information on the Girls Talk program or the VALIDITY project, or for a copy of the complete Girls Talk report, please contact:

Cathy Thompson
Centre for Addiction and Mental Health, Hamilton
Tel.: 905 525-1250 ext. 8153
E-mail: cathy_thompson@camh.net

Sadaf Bhatti
Youth Net/Réseau Ado, Halton
Tel.: 905 825-6000 ext. 2972
E-mail: bhattis@region.halton.on.ca

Sarah Brandon
Youth Net/Réseau Ado, Ottawa
Tel.: 613 738-3915
E-mail: brandon@cheo.on.ca

Girls' Nite Project

The Girls' Nite project we've been working on at a school in Toronto is definitely one of a kind. Two teachers at our school went to a workshop about coming up with innovative solutions for catty and unnecessary, violent behaviour going on at school, and depression related to that behaviour. One of the ideas was to have a night where there was a sense of community with young women of all ages, to inspire insight into the world that young women live in. As this is definitely a world like no other, young women get together and share their experiences and passions with one another, creating a stronger community not only for that night, but for the rest of the school year.

In the three years that Girls' Nite has been running, the community of young women directly involved in the planning, and girls involved in any other way, has been phenomenal. Now girls and teachers in schools around Toronto have been interested in setting up Girls' Nites in their own schools. It is truly amazing what shared experiences, open minds and young women can do in one night. It has led to years of comfort, respect, a sense of community and a great support system for all girls involved to pass on.

The young women arrive on a Friday night at about 5:30 and start off with a Wen-Do (self-defence) session in the gym. Then, we gather in the cafeteria for a potluck followed by concurrent workshops from 6:30 p.m. to 9:45 p.m. Some of the topics have included: young women and depression, body image, girl violence, healthy sexuality and dating, improv, art expression and "What did you say?"—Reclaiming Words. After all the activities, we move to the library for movies and a sleepover.

For more information, please contact:

Anne Kerr

Tel.: 416 393-0430
E-mail: anne.kerr@vufa.tdsb.on.ca

Youth Net/Réseau Ado

Youth Net/Réseau Ado is a mental health promotion and early intervention program run by youth for youth. The main goal of Youth Net is to provide a forum for young people to express, explore and discuss their views and concerns about mental health. It is an empowering program for youth that increases awareness of mental health issues through discussion groups, education, peer interactions, advocacy and connections to service providers who have been screened and qualified as "youth friendly" by youth running the program. Supported by local service professionals, provincial program sites include Ottawa, Peel, Grey Bruce, Halton and Hamilton.

Visit their websites for more information:

Ottawa:	http://www.youthnet.on.ca
Peel:	http://www.youthnet.cmhapeel.ca
Grey Bruce:	http://www.cmhagb.org/overview
Hamilton:	http://www.hamiltonyouthnet.ca
Halton:	http://www.region.halton.on.ca/health/programs/mentalhealth/youth_net/

ENHANCING RESILIENCY

Resiliency is another important element in prevention. Resiliency involves providing opportunities to increase young women's coping skills, as well as providing healthy, empowering environments. Incorporate opportunities to enhance these skills and environments. To learn more about resiliency, please visit the following websites:

Hardy Girls, Healthy Women:

http://www.hardygirlshealthywomen.org/aboutus.php

Resiliency Canada:

http://www.resiliencycanada.ca/whatis

Search Institute:

http://www.search-institute.org/assets

Channing Bete Company:

http://www.channing-bete.com/positiveyouth/pages/prev_sci_body

Partners for Peace:

http://www.partners-for-peace.org/English/resilE

Clinicians' Suggestions for Caring for the Mind, Body and Spirit

Clinicians from CAMH and the Children's Hospital of Eastern Ontario Offer Suggestions to Encourage Young Women to Care for the Mind, Body and Spirit.

THE MIND

Encourage young women to:

- ☑ reach out and strengthen the existing connections in their lives (e.g., with friends, family, sports teams, or through spiritual or religious activities)
- ☑ be aware of their own mental health, and of changes that may indicate they are experiencing depression
- ☑ seek treatment immediately if signs of depression begin to emerge
- ☑ be aware of their family history related to depression
- ☑ be aware of their unique triggers for depressive thinking or self-defeating talk
- ☑ take active steps to develop a sense of control and autonomy in their lives, wherever they can find it, whatever the realities that they are living with—and applaud whatever positive steps they take.

THE BODY

- ☑ Encourage young women to eat a balanced diet and get regular exercise—eating well and keeping healthy can influence a person's mood and is an excellent prevention tool.
- ☑ Encourage young women to get involved in a fitness activity that they will enjoy and that suits their needs (e.g., an activity that is inexpensive, fits into their schedule and is accessible).
- ☑ Encourage young women to change high-fat, high-sugar diets, if they can. Some research has shown this type of diet may contribute to depressive symptoms.
- ☑ Young women should aim to eat every day from the four basic food groups (fruits and vegetables, breads and cereals, protein, and dairy products).
- ☑ Deficiencies in folic acid and vitamins B12, B1, B3 and B6 have been found to play a role in depression.
- ☑ Diets high in fish and Omega-3 fatty acids, and low in cholesterol, may

contribute to improved mood in people with depression.

- ☑ Young women who are vegetarians may need to be aware of the potential for iron deficiency and the need for vitamin B12.
- ☑ Encourage young women to adopt good sleeping patterns—going to bed at the same time every night, keeping the room dark and quiet, trying not to exercise after 5 p.m.
- ☑ Encourage young women to avoid alcohol and other drugs, or to cut down on their use.

THE SPIRIT

- ☑ Help young women to figure out and talk about the things that will give meaning and joy to their lives (e.g., people, animals, hobbies, music, sports, art).
- ☑ Encourage a sense of hope and meaning in life through spirituality. This might include connection to a faith community, meditation or being in nature.

Determinants of Young Women's Health

Hear Me

[The framework for women-centred health] is good too because everything is cross-referenced—like how do social justice concerns link up with education or sexual orientation. . . .

> *[The framework] sort of gives you a bit of direction . . . 'cause often [health is] such a big topic . . . so you can kind of narrow down and say "Okay, let's focus on this area," and for every one of these areas, you can dig way more down.*

When I look at [social justice within the context of women's health], I think my rights are being addressed . . . as a student, as a woman, as a girl. . . . I'm happy to have it there because [of] everything I've learned about having rights as a young women, as a student, as a person in Toronto, Canada.

> *Don't look at me as a depressed young woman yet; look at me as a young woman who's going to talk to you, and then we can work together. Don't make assumptions.*

Understand Me

As the young women have reflected in their thoughts and ideas throughout this guide, creating supportive environments and taking a holistic approach to their health is key to preventing depression. The Vancouver/Richmond Health Board (VRHB) took a similar view of women's health and created the framework shown on the next page.

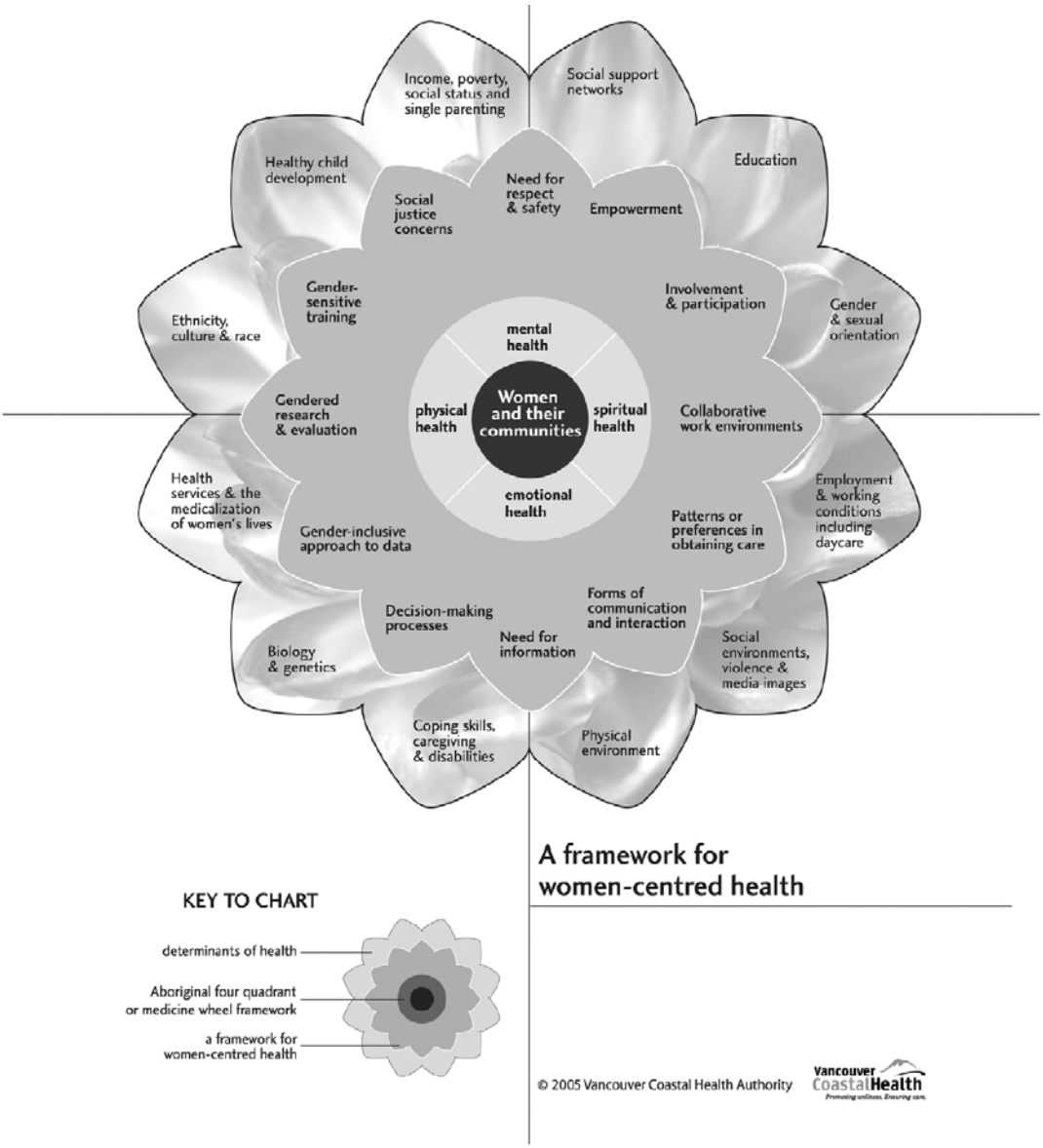
The framework was developed from the work of over 75 people in the Vancouver/Richmond area who participated in the VRHB Women's Health Planning Project. Their goal was to understand women's experiences of the system and to improve planning to meet women's needs better. The project included participants representing the community, as well as people working in health services ranging from community settings to hospital care, health planning, research and policy making. The Framework for Women-Centred Health emerged from extensive discussions that were informed by:

- current international literature on women's health
- a survey of programs within the VRHB providing services to women across the continuum of care
- a focus group of VRHB providers working with violence issues
- information about women-centred models and frameworks from across Canada and elsewhere.

This important work from British Columbia helps us to highlight two key points about women's and girls' health:

1. There are a multitude of factors and conditions that affect health.
2. These factors overlap and intersect to create unique situations for each individual.

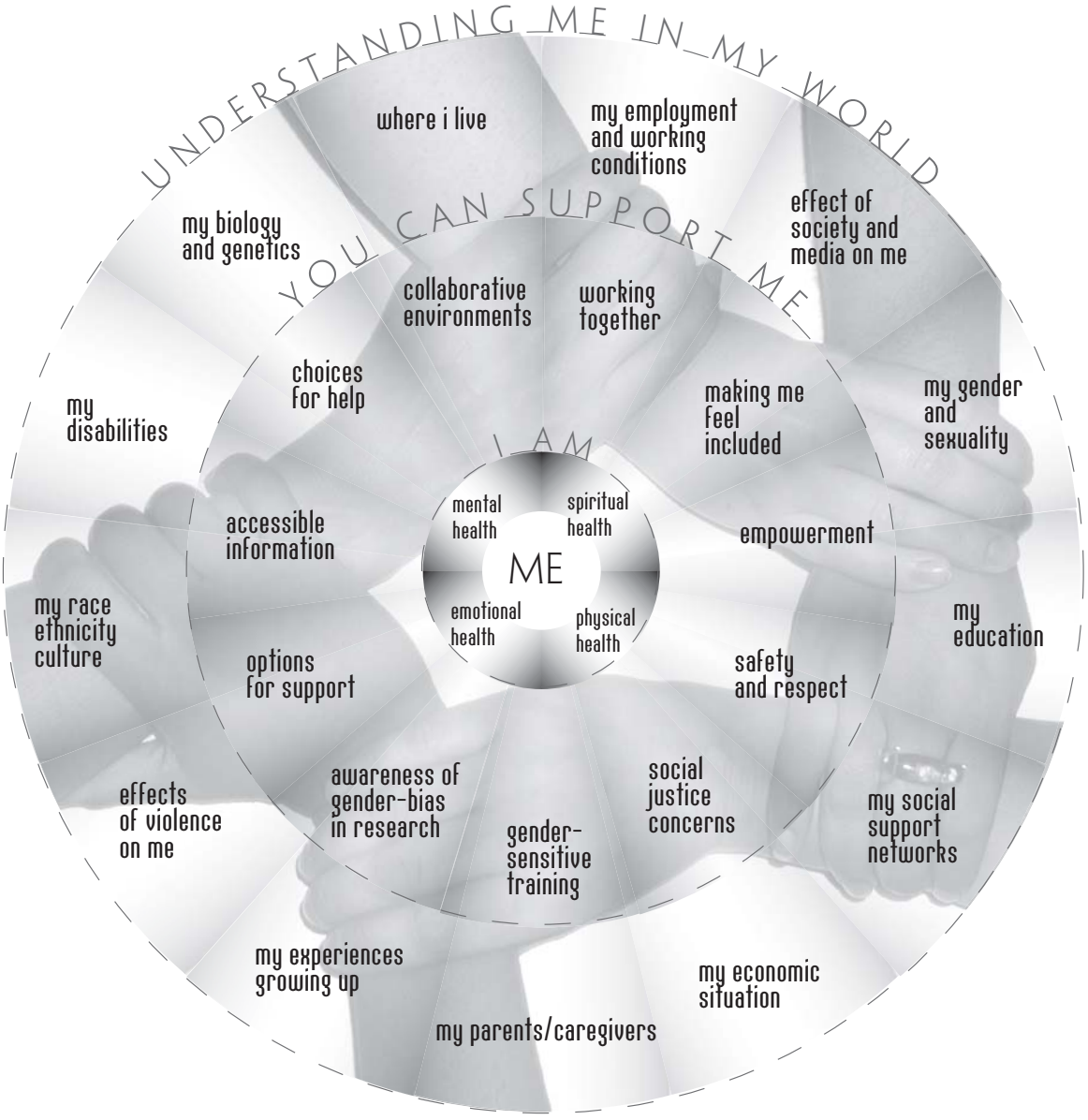
The framework identifies clearly where women may experience barriers to improving their health and well-being. For example, if a woman's mental health would benefit from attending a weekly support group but because of poverty she is not able to get to the location for the group, she encounters a significant barrier to creating a social support network.



We asked a group of young women to review the VRHB framework and see if it made sense to them when looking at issues related to depression and *young* women. They made adaptations and created a tool that reflects their lives and identities. It's called "My Health, My Life" (see below).

Support Me

MY HEALTH, MY LIFE FRAMEWORK



Suggestions for using the My Health, My Life framework in work with young women

- ☑ Copy it and post it in your office or examination rooms.
- ☑ As a way to initiate talk with young women, give them a copy and ask what they think about it.
- ☑ Ask them to draw an "x" or an arrow in any area they think may be affecting their health and well-being.
- ☑ Use it as the basis for an activity in your classroom. For example, ask young women to write an essay response to the question, "Which area of health do you think affects young women the most?" and/or "Does this area of health affect young men as well, equally? Why or why not?"
- ☑ Ask young women to create posters, poetry or art based on the ideas in the My Health, My Life framework.

A HEALTHY HELPING RELATIONSHIP

This section brings together both the young women and the CAMH members of the VALIDITY team to provide insight into how to engage and talk to young women about depression. The VALIDITY team also identified areas where professionals could provide information, understanding and support through the therapeutic relationship. The voices of VALIDITY also include clinicians who helped answer questions that the young women raised.

The Therapeutic Relationship

Hear Me

The medical system, it seems very consumer oriented. You go to see a doctor and . . . the doctor's kind of rushing you to finish whatever and then go off. That's it and you have your medication and that's it . . . You're one case and . . . you're not treated as a real person. Cultural factors or just individual personal factors go into [depression]; you have to take [these] into consideration. It's not . . . just machinery functioning.

> *I think they should gather, maybe, women who are homeopaths and . . . natural healers, because society does not accept them as doctors.*

This one doctor was very patronizing as well. I brought my mother with me . . . she wanted to come. And he was . . . so sexist, so patronizing that we're women, that we didn't know anything! That we had no concept of it! And I would ask him a question and he would ignore it or he would answer it to my mother. And I mean, I'm the one with the problem. Right?

> *First of all, you gotta hear [young women] out. You gotta try to understand where this whole depression thing is coming from. . . . Don't be judgmental or criticizing.*

The levels of hopelessness—you feel that there's just nothing out there for you. . . . You don't think anybody else understands you out there . . . and you cry a lot because you just have all this built-up emotion inside you and nobody will hear you.

> *Don't look at me as a depressed young woman yet; look at me as a young woman who's going to talk to you, and then we can work together. Don't make assumptions.*

Listen and have patience with your client, ask questions, be honest and sincere with them. Acknowledge their feelings. Treat the whole person physically—through diet and vitamins; mentally—through counselling, journaling and by providing reading materials; emotionally—through respite care, massage therapy, holistic healers; and spiritually—through traditional healing, pastor or clergy, walking outside, etc.

> *It's important for service providers to listen to what we're saying when we're there—to look beyond the situation at hand and find out if there is something external that may be affecting the current situation, such as past events, peers, society.*

Understand Me

The young women expressed feelings of fear and of being overwhelmed, and said that reaching out for help was "really scary." Young women ask us to see each of them as individuals with their own unique stories. By taking the time to listen to the story of young women's current reality, you might pick up clues to issues such as violence, physical/sexual/psychological abuse and other risk factors that might require immediate action. Through this process, you may also determine factors that might contribute to depression, such as: problems with family or other relationships, peer pressure, discrimination, racism, eating disorders, academic pressures, cultural differences and substance misuse.

In Dr. Cheryl van Daalen's article "Living as a chameleon: A feminist analysis of young women's lived experience of anger," she states that anger brings with it a message: "We cannot adequately partner with girls and young women around the issues of depression without a strong understanding of how they live and experience anger, including what generates it, what they are allowed to do with it, and how it effects their ability to lead authentic lives." Anger is a part of their story that needs to be understood rather than rejected. Work to build trusting relationships with young women, and invite them to explore *all* of their emotions.

Support Me

The young women spoke clearly about how they want clinicians to approach them and speak to them about depression. Here are some suggestions.

Is the waiting room and/or your office a welcoming and comfortable place for young women? Here are some ideas:

- ☑ Ensure that posters or pictures on the wall show young women of different racial and cultural backgrounds, sexuality and sizes to reflect their reality.
- ☑ Display a variety of reading material (e.g., *Shameless* magazine, written for young women

by young women). Avoid too many fashion magazines that show unrealistic images of young women.

- ☑ If you have a TV and VCR, make sure there are tapes that provide information on young women's health issues.
- ☑ If you have brochure racks, make sure there are materials related to young women (e.g., information on sex, birth control, self-defence, depression, alcohol and other substances, as well as information on prevention resources such as Girls Talk [see page 57 for more information], recreational resources and nutrition).

How do you start talking to young women about depression? Here is what the young women suggest.

- ☑ Respect young women's confidentiality. However, no matter what your role is (e.g., doctor, counsellor, teacher), let the young women know under what circumstances confidentiality cannot be kept (i.e., if they indicate that they would harm themselves or others, or if a child is at risk, there is a legal obligation to take action). This should be done at the beginning of a session (whether formally or informally).
- ☑ Listen! This might sound obvious, but listening takes time. Young women need to tell their stories, and this is hard to accomplish in just one session. Asking questions from a checklist and not making eye contact come across as insensitive and cold. Instead, find out about the young woman's world by paying attention to the influence and impact of race, culture, socio-economic status, gender identity, sexuality, abilities, family religion, relationships and school issues. As you and the young women explore these stories, you will also hear about interests, hobbies, talents and challenges they have overcome in the past. Asking open-ended questions about these areas will demonstrate respect and interest. As you learn more about the young woman, you will begin to understand her world and gain insight into what interventions or referrals might be appropriate and realistic. Just taking the time to be with the young woman in a way that makes her feel comfortable is a great start and will help keep the door open.
- ☑ Young women ask that you use a non-judgmental approach: "We don't want to be stereotyped." "We're not all the same." "Don't make assumptions because of the way I dress or look." When young women express their feelings, they need the "helper" to be caring, sensitive and able to connect emotionally. They do not want to feel rushed or dismissed while talking about their feelings.
- ☑ Involve young women. Provide them with options and respect their right to select the therapeutic modality that feels best for them.

CONCURRENT DISORDERS

Recognize that co-occurring issues such as substance use and eating disorders may also signal possible underlying depression. The term concurrent disorders (CD) refers to the co-existence of both substance use and mental health disorders. There are likely professionals (e.g., in youth services and addiction agencies) in your community who can offer consultation in these areas. They can be a source of information and assist you in helping and supporting the young woman. Nancy Poole, a research consultant on woman and substance use for the BC Women's Hospital and the BC Centre for Excellence for Women's Health, has written on concurrent disorders in young women:

Poole, N. (2004). ***Substance use by girls and young women: Taking gender into account in prevention and treatment.*** *Visions: BC's Mental Health and Addictions Journal, 2* (1), 15–16.

Poole, N. (2004). ***Women's Pain: Working with women concurrently on substance use, experience of trauma and mental health issues.*** *Visions: BC's Mental Health and Addictions Journal, 2* (1), 29–30.

Additional resources on concurrent disorders include:

Skinner, W. (Ed.). (2005). ***Treating Concurrent Disorders: A Guide for Counsellors.*** Toronto: CAMH.
This publication is an introduction to identifying, understanding and treating concurrent disorders. It also contains detailed, practical information that will help front-line health care providers to integrate Health Canada's best practice recommendations into their daily work.

Health Canada. (1997). ***Exploring the Links between Substance Use and Mental Health: An Annotated Bibliography and a Detailed Analysis.***
Available: http://www.hc-sc.gc.ca/ahc-asc/pubs/drugs-drogues/mental-mentale/index_e.html.

Tupker, E. (Ed.). (2005). ***Youth & Drugs and Mental Health: A Resource for Professionals.*** Toronto: CAMH.
This resource provides up-to-date information about addressing substance use and mental health problems among young people. For more information, see page 83.

For resources related to substance use, see
A Critical Link—Referrals and Resources, starting on page 80.

For information on eating disorders, visit the website for ***Sheena's Place***
at ***www.sheenasplace.org*** or call them at 1 888 743-3627.

Talk Therapy and Medication

Hear Me

When you go to see your doctor, he might suggest taking medication and he might suggest therapy. You can't just do one and not the other—you have to do both at the same time. Taking medication helps you decrease that depression, and when you get behind the depression you can deal with these issues like talk[ing] to your family to help you . . . it is good to try and conquer that depression.

> *The reason why medication was so terrible was because it was prescribed to me after a 10-minute meeting . . . [exclamations of dismay] like with the psychiatrist . . . this woman . . . she came under the highest regard and I went in there, and I talked to her for 10 minutes and she basically told me to . . . like, in not so many words: "Stop being a baby! Here, take this, you'll feel better."*

Holism. Holistic viewing of things, rather than the typical science of breaking it down and, like, . . . "Here's a pill!"

> *I was in there for, like, five minutes and they offered me medication*

Always before prescribing drugs, they should try to find another solution through like, maybe, counselling—anything like that. Try to find the root of the problem first. Well, that's the biggest thing. You gotta find the root of the problem and then try to work [it] out . . . it may take more time, but it will have better results.

> *[It helps to] talk to a psychologist. . . . They make you aware that you're not the only person who goes through things like this, you know?*

I think peer counselling is a good idea. They're the ones who maybe had the same experiences, so that they could have a lot of empathy toward the situation.

> *Some people feel more comfortable talking to somebody they don't know. . . . It's like I'm just a voice on the phone. . . . They can't see my face. They don't know who I am. They can't call me back. They can't go around and tell people about it.*

I think it would be really useful to have counsellors who have already experienced depression and who have coped with it already . . . so that they know what it's like.

[With antidepressants] you're just attacking the person really. That's all you're doing—giving them all this stuff and the problem is still there. . . . You're not getting the problem.

> *I've known a few people who were taking antidepressants and I think they became too dependent on it. It was something that they had to take every morning in order to feel good and they felt this was their, sort of, addiction.*

I was in art class one day and my teacher closes the door and she says, "I heard you're on antidepressants. . . . I think you're a really bright girl and I just want [your art] to be real and not fake and caused by medication."

> *I wouldn't necessarily say you have to take medication for [depression]. There's other ways, like nutrition, vitamins, exercise. I prefer the natural route.*

Understand Me

Overwhelmingly, the young women endorsed talk therapy as being a positive and an effective approach to managing depression. And while few young women felt that medication could be a helpful tool in addressing depression, the vast majority expressed deep concern about antidepressants. The quotes from the young women are telling, as they speak less about potential side-effects of medication and more about they ways in which doctors prescribed it—sometimes after only a few minutes of consultation. *Young women want to be **heard**.* Establishing a trusting relationship will allow you and a young woman to thoughtfully explore the risks and benefits of medication.

Some women prefer individual counselling, while others prefer group counselling; some want to see a "professional," while others prefer to speak to young women like themselves dealing with the same problems. Ask a young woman what she might prefer before making a referral. There are two specific types of psychotherapy that have been shown to be effective in treating depression: cognitive-behavioural therapy and interpersonal therapy. However, there are situations where treatment with medication becomes a medical necessity, such as in cases where the young woman is at high risk of suicide or has severe depressive symptoms with or without psychosis.

We Want to Know

Young Women's Questions about Medication, and Clinicians' Answers

While the following answers are intended to clarify issues around medication, please consult with a health care professional for further information.

Q: Is medication always necessary when treating depression? If not, at what point in dealing with depression is medication necessary?

A: The general message is that medication is not always necessary. However, when depression is severe, persistent and affecting one's level of functioning, then medication is often required. Medication along with counselling or psychotherapy is an effective approach. Sometimes, someone may be too ill to be in psychotherapy and may need initial treatment with medication before being able to participate effectively in psychotherapy.

Q: How do you assess someone's need for medication?

A: Often several sessions are required to be sure that the depression is not getting better on its own and to assess the severity and persistence of the depression. If the young woman agrees, then family members can have input on what they have observed related to the depression. Remember, it is important to find out what else is happening in a young woman's world. This takes time.

Q: Why are more young women prescribed antidepressants than men?

A: There are increased rates of depression in young women compared to young men, and young women are more likely to seek referral for depression. The higher rates of depression in young women start at puberty and are probably related to genetic, biological and psychological factors as well as societal pressures faced by women.

Q: Please give a detailed description of how antidepressants function in the body.

A: Antidepressants have their effects by influencing neurotransmitters (chemical messengers) in the brain. The main neurotransmitters that are involved are serotonin, norepinephrine and dopamine. Some medications work selectively on just one of these substances, while others affect more than one. However, the therapeutic effect is complex and involves the secondary effect of these neurotransmitters on other chemicals in neurons (nerve cells) that are essential to healthy brain function. Medications sometimes cause unwanted effects on the body, including increased heart rate, agitation, anxiety, poor appetite, increased appetite, weight gain and decreased sex drive. Not everyone experiences side-effects, and different medications have different side-effects, so check with your doctor or

pharmacist if you are not sure whether a symptom is due to medication.

Q: There has been a lot in the media about dangers in prescribing to young people. What should service providers working with young women know about this?

A: It is important for service providers to be aware of the benefits and risks of these medications and to discuss these with the young woman and, if she agrees, her family. In addition, they should discuss the benefits and risks of not taking medication. In most cases of moderate to severe depression, there is a greater benefit and lower risk in taking medication than choosing not to take it and thus continuing to suffer the adverse effects of depression. Improved mood, success at school and the ability to connect with people socially are potential medication benefits that many young people value.

Medications have been useful in alleviating depressive symptoms. We know that these symptoms can cause suicidal ideas and that completed suicide in young people has been attributed to these symptoms. There is some evidence that in rare cases some selective serotonin reuptake inhibitors (SSRIs) may lead people to have more suicidal thoughts and attempts. In clinical trials there have been no actual suicides clearly attributable to these medications. Researchers are trying to find out if suicide is a true side-effect and, if so, how the medications might contribute. The long-term effects of these medications on the developing brain are also unknown, although so far there have been no permanent brain changes linked to these medications in young people. Both the doctor and the young woman need to monitor her closely for side-effects.

Please note: There is no age at which taking antidepressants is inherently risky. SSRIs have been used successfully and safely in three-year-olds (for autism, not depression) and they have been used successfully and safely in 93-year-olds. The *Compendium of Pharmaceuticals and Specialties* provides a warning about age, but merely to say that "safety and efficacy has not been established in individuals under 18." This does not mean the drugs are dangerous in kids and teens, but merely that they need to be studied more thoroughly in this age group.

Support Me

Be open to discussing options including medication, talk therapy and other cultural practices that may be important to young women in their healing process. Acknowledge the stigma and fears related to medication; take the time to openly discuss any questions or concerns the young woman may have.

Seek out young women–friendly techniques and case studies. Two helpful resources are listed below. Both authors focus on using respectful approaches to help young women:

- ☑ make contact with their strengths and resiliencies
- ☑ explore their internal and external experiences
- ☑ discuss how parents and families can be included in this type of approach.

Pipher, M. (1994). ***Reviving Ophelia: Saving the Selves of Adolescent Girls.*** New York: Ballantine.

See especially Chapter 13, entitled "What I've learned from listening." The author provides concrete suggestions for speaking with girls, including a list of questions she asks girls to ask themselves.

Johnson, N.G. (2003). ***On treating adolescent girls: Focus on strengths and resiliency in psychotherapy.*** *Journal of Clinical Psychology, 59* (11), 1193–1203.

In this case study, the author also offers examples of questions for young women.

THE LAST WORD

From Young Women on the VALIDITY Team

Summing up, young women get specific with this list of "dos" and "don'ts"—their reminders of how you can put into practice the words "hear me, understand me, support me."

Do

☑ Build a relationship with us first before you start talking about depression.

☑ Ask us if we have been affected by any of these:

- discomfort with our body
- issues relating to food
- parental pressure
- family problems
- racial and cultural experiences
- peer pressure
- sexual relationships
- sexuality issues
- economic issues
- school experiences
- low levels of physical activity
- stress
- visible and/or invisible disabilities
- sibling rivalry
- loss of someone important to us
- strained friendships
- use of alcohol or other substances
- abusive relationships
- politics or things that we see or hear about on the news
- anything else unique to us and our situations.

- ☑ Educate us about depression. Ask the young woman if she wants information on depression. If so, she can take away resources to look at and then give you answers about what you need to know, and then talk about it.
- ☑ Give us information on other things besides medication that can help with depression.
- ☑ Empower us.
- ☑ Always check things out with us to make sure you understand what we mean!

Don't

- ☒ Don't tell us you know what we're going through, because unless you've been there, you don't really know what we're going through.
- ☒ Don't do for us, but guide us.
- ☒ When asking questions about issues on your checklist, don't forget to look up from your paper. You need to get to know us, so there needs to be time to talk about the things on the list.
- ☒ Don't just hand us a number to call. We need information about a referral and what will happen when we call.
- ☒ Don't ask yes/no questions. You need to hear about my world.
- ☒ Don't assume that I want my family involved.
- ☒ Don't talk to me like I'm a child.
- ☒ Don't judge me by the way I dress.
- ☒ Don't reject me because I am expressing anger—it has meaning, it needs to be understood.

From CAMH Members of the VALIDITY Team

A Review of the Basics: Attitude and Approach

As service providers, working alongside young women throughout this project, we've learned valuable lessons that have guided our interactions with young women in terms of trust, respect and empowerment. Whether you are a physician, program planner, youth worker, therapist or teacher, you can apply these principles and ideas. We offer a few suggestions for how to apply them, but challenge you to find ways that make sense in your environment.

Validate the social and political context of young women's lives.

Ask young women about how they feel about or are affected by what is happening in the world today.

Work with the reality that most young women have many intersecting identities and that issues of diversity affect how they see themselves and how the world sees them.

Realize that young women's realities are affected by their environment, cultural experiences, sexuality, relationships, economic status and historical experiences, including traumas they may have experienced.

Involve young women as much as possible in any programming for treatment or prevention. Recognize young women's expertise and include them in any decision making, planning or evaluating.

In the VALIDITY project, young women have been coordinators, participated in hiring processes, conducted focus groups, planned conferences, developed evaluations, contributed their artwork, advised on the creative layout process for the guide, named the project and guide and developed the VALIDITY logo. Their leadership has been key to the success of the project outcomes.

Emphasize choice and self-determination in your interactions with young women.

Realize that you are in a position of influence with young women when you are engaged in conversations, programs, classes or a therapeutic relationship with them. These are great opportunities to reinforce their strengths and their capacities to actively pursue their life goals and to encourage them to strive to accomplish these goals. Listen attentively to them, and when appropriate, help them to identify resources and supports in the community to help them along the way.

Work with young women on the issues that they identify as important.

Let young women take the lead in identifying concerns that they want to explore. But do not be afraid to ask young women about their life experiences. For example, ask about bullying, homophobia, racism, misogyny or any other forms of violence. Use open-ended questions so they can define their own issues and experiences.

Create a youth-friendly environment—keep it casual, accessible and fun.

Ensure that your space is not too formal a setting. Have material around that is written by young women for young women (e.g., *Shameless* magazine) and display pictures that are representative of the rich diversity of cultures, races, and shapes. Consider whether your space is physically accessible to young women with disabilities; for examples, are entrances and washrooms accessible to a young woman who may be using a wheelchair? Ensure that accessibility is a key part of your decision making when establishing an office, moving or renovating. Make sure that that the reading level used in brochures that you leave out is accessible to young women.

Encourage and accept young women's forms of expression.

Invite young women to tell their stories in their own way (e.g., through painting, drawing, poetry).

Encourage young women to use their own "youth-speak" to express themselves freely.

Don't create an environment that is "uptight," where young women feel that they can't freely express themselves. Young women will speak more freely and honestly if they don't feel like they have to censor themselves before sharing. This does not mean that you can't have some boundaries, but check out the young women's perceptions about your environment to see if it stifles opportunities for communication.

As much as possible, keep planning processes (whether for a project or treatment plan) open and flexible.

Most youth service providers have plans for their programs or therapeutic sessions; however, be sure to gather the young women's ideas or opinions—ideally at the beginning of the process. If this is not possible, be willing to be flexible in both your approach and your implementation. This is important in validating the knowledge, opinions and strengths of young women.

Encourage young women to ask questions when they want to know more information, need clarification or disagree with someone.

It is important that young women feel empowered to speak up to offer their opinion or to question situations.

Talking with Young Women: A Tool for the Job

Working with the list of issues identified by young women on pages 75–76 (under "Do") and adding in some unexpressed challenges, we have created a reference chart that can help you to quickly identify and keep track of specific issues affecting young women.

Use this as a reminder of what to watch out for in your interactions and discussions with young women. Ask open-ended questions about these areas so that young women feel free to provide details about their own issues or concerns. You may want to keep a copy of this chart for each young woman you connect with who may be at risk for depression, checking back to it periodically to follow up and note any changes.

NAME _____

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

As you explore issues with young women, ask yourself the following questions:

- ? Is she self-aware?
- ? Does she silence herself or express herself readily?
- ? Is she in touch with all her emotions, including anger?
- ? Is there anything I can do to encourage her to express herself?

A CRITICAL LINK—REFERRALS AND ADDITIONAL RESOURCES

This section offers resources and information in addition to those listed in the "Support Me" sections in this guide. We encourage you to complement these with your own personal list, which would include both prevention and therapeutic resources in your community. Developing relationships with other services will ease the referral process for young women.

Referrals

Remember that asking for help can be scary and overwhelming. If you have to refer a young woman to another service, do this with respect and sensitivity. Here's what the young women had to say about it:

- ☑ Think "outside the box." Help young women to become aware of and access alternative therapies like art therapy, yoga, journaling, dance, drama, music, meditation and other physical activities.
- ☑ Young women don't want to have to tell their story over and over again. When making a referral, contact the agency or service to find out exactly what they do and if there is a waiting list. It helps to get a contact name and extension number so the young woman will be able to quickly make contact with the appropriate person.
- ☑ Try to cultivate relationships with services in your community so you can have a personal list of resources. These resources could include counselling services, youth agencies, drop-in centres, recreation centres and programs such as Girls Talk groups (see page 57 for more information).
- ☑ The young woman will need coping strategies between appointments. A coping plan might include crisis numbers and names of people she can call on for support. Find out what has worked for her in the past (e.g., journaling, exercise, listening to music, going for a walk, meditating, talking to girlfriends), and explore with her whether any of these or other strategies could be useful in the current situation.

Referral sources could include:

Community Centres: See if there are programs specifically designed for young women. If not, this may be an opportunity to start a Girls Talk program.

Drop-ins: These may be located in community centres, schools, churches or youth agencies.

Schools: Contact local schools to find out about after-school activities and clubs. This is another opportunity to introduce the idea of girls' circles.

Counselling Services: These may be available through a number of different channels in your community:

- family physicians
- family counselling agencies (e.g., Family Service Association)
- youth-serving agencies
- community mental health centres
- hospital outpatient mental health clinics
- community health centres
- schools (usually through the guidance department)
- colleges and universities (most offer counselling through their student services department; accommodations can be made to support the student—e.g., reduced course load, extended time for writing exams).

Concurrent issues, such as substance use problems, eating disorders and trauma, could also be addressed through specific counselling agencies. Support groups such as Al-Anon, Alateen, or Women for Sobriety may also suggest information to provide to young women.

Telephone Support

Kids Help Phone (1 800 668-6868)
provides support to children and youth 24 hours a day, seven days a week, 365 days year. This is a toll-free, confidential and anonymous bilingual service staffed by professional counsellors. The support line can be accessed from anywhere in Canada. In addition, other services, information and support are available through their website at http://www.kidshelpphone.ca. We encourage you to call the help line to find out what kind of calls they are receiving related to young women and depression.

Parent Help Line (1 888 603-9100)
is a 24-hour-a-day, toll-free, confidential and anonymous phone counselling, referral and Internet service that helps the kids by also helping the parents. The website address is http://www.parenthelpline.ca.

LGBT Youth Line (1 800 268-9688)
is a service provided for youth by youth. The service affirms the experiences and aspirations of lesbian, gay, bisexual, transgendered, two-spirited and questioning youth in Ontario. They are queer-positive and non-judgmental, and provide confidential peer support through telephone listening, information and referral services, and through complementary outreach. The hours of operation are from 4:00 p.m. to 9:30 p.m. Sunday to Friday, except for statutory holidays. Their website address is http://www.youthline.ca.

Crisis Lines

Most communities have access to 24-hour crisis lines. These numbers can be obtained through the local hospital, family physician or other mental health service. The crisis lines are not only useful when someone is in crisis but also when a person needs someone who is neutral and can just listen and provide support. The following website may also be helpful in locating services in your community:
http://depression.about.com/cs/suicidecrisis/l/blcc20.htm.

CAMH Resources

Web-Based Resources

CAMH Website

Information about CAMH resources, including information on various substance use and mental health concerns, training programs, recent research and treatment resources and how to access them.
http://www.camh.net

Educating Students about Substance Use and Mental Health

A web-based curriculum resource for teachers of grades 1 to 12.
This website provides ready-to-use lessons for grades 1 to 10 in substance use education, and on mental health education for grades 11 and 12.
http://www.camh.net/education/curriculum

TAMI (Talking About Mental Illness)

Talking About Mental Illness is an anti-stigma program for secondary school students delivered in the school through a community partnership of service providers, volunteers and individuals with an interest in mental health issues. Elements of the program include:

- instruction on mental health issues delivered by the classroom teacher
- an in-class presentation organized by the community partnership featuring the first-hand accounts of people living with mental illness
- follow-up classroom activity on mental health issues provided by the classroom teacher.

The program has two manuals: *Community Guide* and *Teacher's Resource*. Both can be downloaded at http://www.camh.net/education/tami_introduction.html.

Virtual Party

A web-based educational tool that provides youth with an opportunity to learn about alcohol and other substances and to make healthy choices regarding their use. The site features four characters in four party situations. Throughout the evening, the characters are presented with different choices regarding the use of alcohol and other substances.

Youth make selections on behalf of the characters with respect to alcohol, substance use and other behaviours—and through these choices learn about the potential consequences of these decisions. The storylines also feature mental health information.
http://www.virtual-party.org

Print and Other Resources

Adlaf, E. M., Paglia, A. & Beitchman, J. H. (2004). ***The Mental Health and Well-Being of Ontario Students: Findings from the OSDUS (1991–2003).*** Toronto: CAMH.

This research document focuses on trends in the mental health and well-being of Ontario students from 1991, when mental health questions were introduced into the Ontario Student Drug Use Survey. The report presents data on factors such as mental health care visits, prescriptions for antidepressants, depressive symptoms, psychological distress, low self-esteem, body image, suicide, bullying, violence and concurrent problems.

Barbara, A. M., Chaim, G. & Doctor, F. (2004). ***Asking the Right Questions 2: Talking with Clients about Sexual Orientation and Gender Identity in Mental Health, Counselling and Addiction Settings.*** Toronto: CAMH.

Lesbian, gay, bisexual, transgendered, transsexual, two-spirit, intersex and queer and questioning (LGBTTTIQQ) people have specific life factors that relate to substance use and/or mental health problems. These factors include coming out, gender transition, societal oppression, loss of family support, isolation, and the predominance of bars in LGBTTTIQQ communities. To provide effective addiction and mental health services, service providers need to be aware of these life factors in clients. *Asking the Right Questions 2* (ARQ2) helps service providers create an environment in which all clients feel comfortable talking about their sexual orientation and gender identity. ARQ2 includes interview items that can be used to facilitate discussion during assessment or early in treatment; an assessment form and guide to be used with a standard substance use, mental health or other service assessment; background information to help clinicians use the ARQ2 guide; and a glossary of concepts and terms.

Tupker, E. (Ed.). (2005). ***Youth & Drugs and Mental Health: A Resource for Professionals.*** Toronto: CAMH.

This resource is for people who work with youth, but is intended primarily for service providers who work in settings dealing with youth substance use and mental health problems. The resource provides up-to-date information about addressing substance use among young people—including doing so in the context of other mental health problems that they may be experiencing.

Gibson, M., Munn, E., Beatty, D. & Pugh, A. (2005). ***Beyond the Label: An Educational Kit to Promote Awareness and Understanding of the Impact of Stigma on People Living with Concurrent Mental Health and Substance Use Problems.*** Toronto: CAMH.

Beyond the Label has been developed to support people working in the fields of mental health and addiction by providing them with an interactive framework to discuss, learn,

understand and reflect on the impact of stigma on people living with concurrent mental health and substance use problems. Inside this easy-to-use kit you will find:

- 10 specially created group activities
- a presentation outline to set the stage for your workshop presentation
- master sheets, in print and CD format, to photocopy for handouts or to make transparencies
- background information for facilitators on concurrent disorders and stigma
- presentation tips and information about how to make efficient use of this material
- discussion points for group and individual dialogue
- facts and ideas to keep your presentation lively and focused
- examples of opportune times to use this kit with a variety of audiences.

Whether you have 15 minutes, three hours or a full day, you can customize the material in *Beyond the Label* to suit your time frame and objectives. This resource can also be used to supplement knowledge-based training about concurrent disorders.

This free kit is available in binder and CD format through CAMH Publication Services at publications@camh.net or by calling toll-free 1 800 661-1111 or in the Toronto area 416 595-6059. A PDF version is also available at http://www.camh.net/beyond_the_label. This resource is also available in French.

Guruge, S., & Collins, E. (Eds.). (in press). ***Working with Immigrant and Refugee Women: Guidelines for Mental Health Professionals.*** Toronto: CAMH. (Available Spring 2006).

This book explores how race, gender and class, among other social identities, intersect to influence immigrant and refugee women's mental health. Various theoretical, research and clinical perspectives are brought together to capture the complexity and diversity of immigrant and refugee women's experiences within socio-cultural, economic, historical, and political contexts, and to highlight the intersecting oppressions experienced by women. This book provides diverse approaches to thinking about and framing experiences of immigrant and refugee women from various backgrounds in the context of mental health and illness, and provides guidelines and strategies for mental health professionals working with these women. The book is an invaluable resource for students, practitioners, researchers, teachers and policymakers who are interested in improving care to immigrant and refugee women within the mental health and psychiatry field.

Haskell, L. (2001). ***Bridging Responses: A Front-Line Worker's Guide to Supporting Women Who Have Post-Traumatic Stress.*** Toronto: CAMH.

Many women who seek help from front-line services have experienced past violence and trauma. Often they do not recognize that many of their difficulties may be associated with responses to complex post-traumatic stress. *Bridging Responses* is a resource for front-line staff who work with women—in health care, literacy, corrections, housing and community services. This book includes information on: tools to help recognize

responses to post-traumatic stress in women's lives; what complex post-traumatic stress disorder is; helpful interventions for front-line workers; treatment approaches; how to establish a level of confidence in clients that encourages women who have survived abuse and violence to consider referrals to appropriate services or resources.

Haskell, L. (2003). ***First Stage Trauma Treatment: A Guide for Therapists Working with Women.*** Toronto: CAMH.

This publication is for a diverse audience: mental health and addiction professionals who treat women who are abuse survivors, and related caregivers who wish to understand more about the clients they serve. Learn ways to increase safety and reduce and stabilize symptoms in the women abuse survivors with whom you work.

Haskell, L. (2004). ***Women, Abuse and Trauma Therapy: An Information Guide.*** Toronto: CAMH.

For many women, choosing to go into therapy to deal with a past traumatic event is a huge step. It takes a lot of time, money and emotional energy. *Women, Abuse and Trauma Therapy: An Information Guide* is for women who are in therapy, or are looking for a therapist, to help them deal with the long-term effects of prolonged or repeated experiences with abuse and violence. It is also for family members and friends who want to understand and support a woman who is going through trauma therapy. Therapists may also find it useful as a resource to give to clients or to use themselves. This guide gives information about the therapeutic process and what to expect from it. It explains traumatic responses and trauma therapy and describes mental health services. This information helps women feel more confident about seeking help. It gives women control over the healing process so they can know what to expect from therapy, choose the best therapy and therapist for themselves, and talk to family and friends about their therapy.

Haskell, L. (2004). ***Women: What Do These Signs Have in Common? Recognizing the Effects of Abuse-Related Trauma.*** Toronto: CAMH.

Recurring nightmares, intentional self-harm, substance use problems, ongoing depression, panic attacks, difficult relationships and gaps in childhood memories—these are just a few of the common effects of psychological trauma. By connecting these effects to incidents of early abuse, women can better explore ways to heal emotionally and break the negative patterns in their lives. This brochure helps women understand the experience of trauma and learn where they can go for help.

Ross, L.E., Dennis, C., Robertson Blackmore, E., & Stewart, D.E. (2005). ***Postpartum Depression: A Guide for Front-Line Health and Social Service Providers.*** Toronto: CAMH.

This new guide on postpartum depression (PPD) is both practical and evidence-based, and includes the best and most current studies to date on PPD as well as practical experience from the field. The guide aims to help front-line workers identify PPD and support women and their families in getting the help they need. It includes information on: risk factors for developing PPD, detection of and screening for PPD, prevention, treatment options, referral to assessment and treatment, support for family members, self-care for women, diversity issues regarding PPD.

VALIDITY Reports

Ross, E., Ali, A. & Toner, B.B. (2003). Investigating issues surrounding depression in adolescent girls across Ontario: A participatory action research project. *Canadian Journal of Community Mental Health, 22* (1), 55–68.

Hunt, C. (2004). *Girls Talk Final Report*. Unpublished manuscript, CAMH.
Based on pilot site reports written by Karen Degagne and Cheryl Hunt.

Ross, E. (2003). Recommendations for Phase III of the VALIDITY Project and Potential Partnerships. Unpublished manuscript, CAMH.

VALIDITY Video

The VALIDITY video provides young women's perspectives on the value of the VALIDITY project and their experiences with planning a provincial conference for other young women to explore preventing depression. Young women from the University of Windsor, along with the VALIDITY Youth Coordinator, produced the video. The theme song was written, produced and sung by one of the young women producers from the university for this video. The video contains powerful and insightful voices from many young women, and shows what is possible when you let young women lead the way!

For more information on Hunt (2004), Ross (2003) and the VALIDITY video, please contact:

Cathy Thompson:
Tel.: 416 525-1250 ext 8153
E-mail: cathy_thompson@camh.net

R. Samuel McLaughlin Information Centre

The Centre provides information and resources on substance use and mental health issues.
Call toll-free 1 800 463-6273 or in the Toronto area 416 595-6111.

CAMH Provincial Hub Offices

To find out more information about CAMH youth resources, training or services offered in your community, call the hub office closest to you.

Hamilton	905 525-1250	Sault Ste. Marie	705 256-2226
London	519 433-3171	Sudbury	705 675-1195
Kenora	807 468-6372	Timmins	705 267-6419
Kingston	613 546-4266	Toronto	416 535-8501 ext. 6028
North Bay	705 472-3850	Thunder Bay	807 626-8111
Ottawa	613 569-6024	Windsor	519 251-0500

Other Print Resources

Brown, L.M. & Gilligan, C. (1992). ***Meeting at the Crossroads: Women's Psychology and Girls' Development.*** Cambridge, MA: Harvard University Press.

In this book 100 young women speak about how the passage out of girlhood is a journey into silence, disconnection and dissembling, a troubled crossing that our culture has plotted with dead ends and detours. Brown and Gilligan follow some of these young women over time, listening to changes in their distinct voices from one year to the next, addressing their successes and failures as they confront one barrier after another.

Canfield, J., Hansen, M.V., Kirberger, K. & Claspy, M. (1997). ***Chicken Soup for the Teenage Soul.*** Deerfield Beach, FL: Health Communications.

Over 100 stories every teen can relate to and learn from—without feeling criticized or judged. This edition contains includes lessons on the nature of friendship and love, the importance of belief in the future, and the value of respect for oneself and others.

RECOMMENDED BY YOUNG WOMEN

Kaufman, M. (2001). ***Overcoming Teen Depression.*** Richmond Hill, ON: Firefly Books.

This book explains what teen depression is, includes case histories and outlines current medical approaches, including therapy, drug treatments and alternative treatments. A question-and-answer section addresses specific concerns of parents and teenagers. The book discusses gender, sexuality, related medical and psychiatric disorders, substance use and poverty. It also flags the warning signs of suicide and offers advice on how it can be prevented. This book is for parents, teenagers, guidance counsellors and anyone who works with teens. For more information, visit http://www.fireflybooks.com/health/parenting.html.

Poole, N. (2004). ***Substance use by girls and young women: Taking gender into account in prevention and treatment.*** *Visions: BC's Mental Health and Addictions Journal, 2* (1), 15–16.

Poole, N. (2004). ***Women's pain: Working with women concurrently on substance use, experience of trauma and mental health issues.*** *Visions: BC's Mental Health and Addictions Journal, 2* (1), 29–30.

Other Web-Based and Telephone Resources

Mood Disorders Association of Ontario
http://www.mooddisorders.on.ca
There is a section on this website entitled "Teens and depression."

Canadian Mental Health Association
http://www.ontario.cmha.ca
For information on children and youth, click "About Mental Illness," select "Special Populations" and click "Children and Youth."

The Schizophrenia Society of Canada
http://www.schizophrenia.ca
1 800 809-HOPE (1 800 809-4673)
The Schizophrenia Society of Canada works to alleviate the suffering caused by schizophrenia and related mental disorders. They work with 10 provincial societies and their over 100 chapters and branches to help people with schizophrenia and their families have a better quality of life.

Youth Net/Réseau Ado
Youth Net/Réseau Ado is a bilingual regional mental health promotion and intervention program run by youth for youth. Through education and intervention, Youth Net/Réseau Ado also helps youth develop and maintain good mental health as well as healthy coping strategies for dealing with stress. Youth Net/Réseau Ado also works to decrease stigma around mental illness and its treatment.

Ottawa: http://www.youthnet.on.ca

Peel: http://www.youthnet.cmhapeel.ca

Grey Bruce: http://www.cmhagb.org/overview

Hamilton: http://www.hamiltonyouthnet.ca

Halton: http://www.region.halton.on.ca/health/programs/mentalhealth/youth_net/

United Nations. (1989). ***Convention on the Rights of the Child.*** Geneva, Switzerland: General Assembly of the United Nations.
Visit http://www.rightsofchildren.ca and click "Convention Watch" for documents on the convention at work around the world. See also http://www.unicef.ca for information on children's rights.

Resources for Doctors and Nurses in Primary Care Settings

Guidelines for Adolescent Depression in Primary Care

Major depression in teens is common and often recurrent. However, most of these cases are not identified or treated until teens reach their early adulthood. Therefore, experts and patient advocacy groups from across North America collaborated on *Guidelines for Adolescent Depression in Primary Care* (GLAD-PC) to help family doctors identify and manage depression.

The GLAD-PC toolkit was developed to help doctors and paediatricians work with patients in their clinics with depression. The toolkit is being tested in both the U.S. and Canada and is available to doctors who are interested in improving their ability to care for teens with depression. The toolkit includes materials such as questionnaires for teens to complete to help diagnose depression, as well as information sheets for teens with depression to learn about the illness and the available treatments.

Doctors or nurse practitioners working in primary care settings who would like to know more about the GLAD-PC project may contact:

Dr. Amy Cheung
Sunnybrook and Women's College Health Sciences Centre, Toronto, Ontario
E-mail: amy_cheung@camh.net
Website: http://www.kidsmentalhealth.org/GLAD-PC.html.

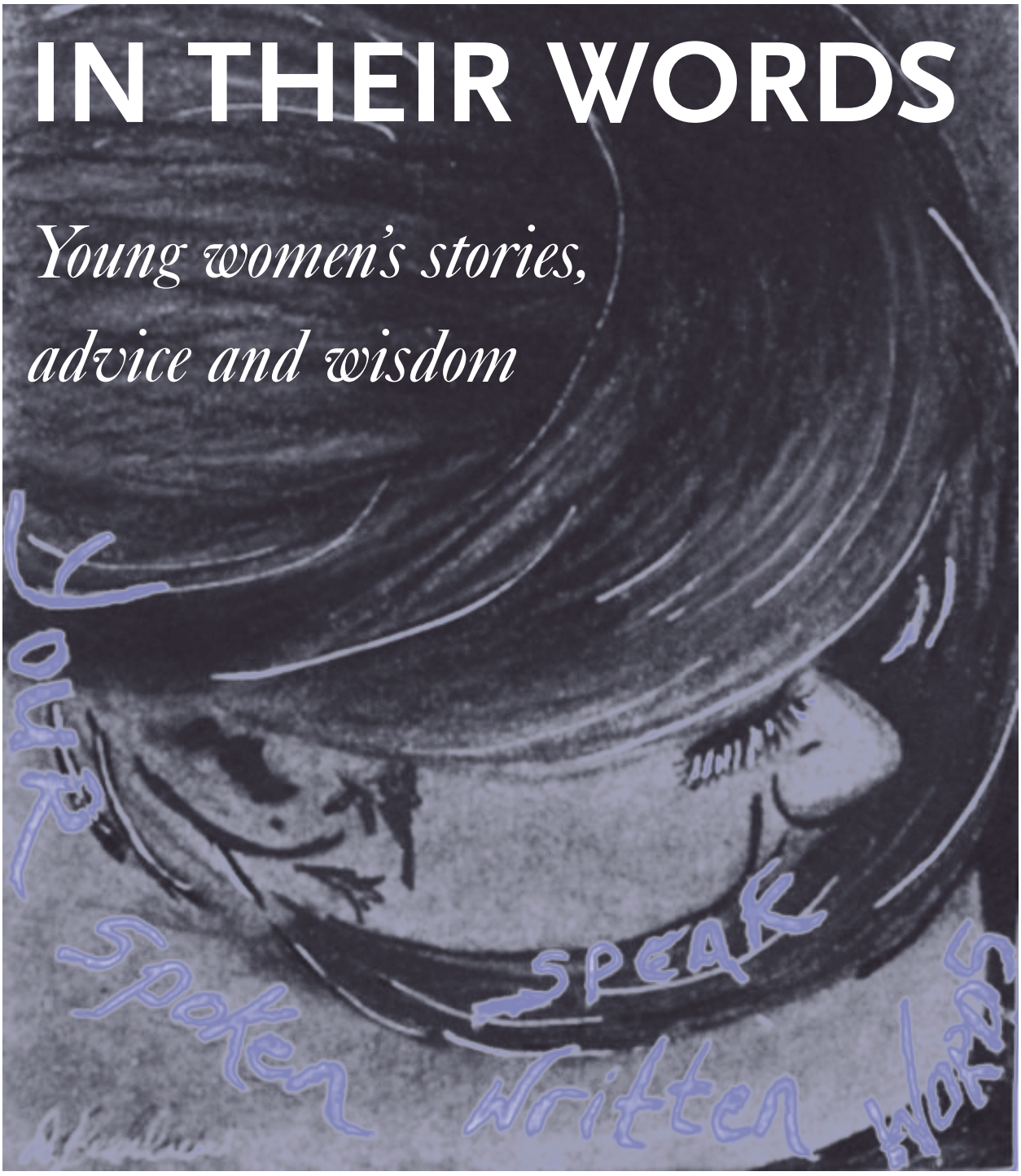
Registered Nurses Association of Ontario. (2003). ***Enhancing Healthy Adolescent Development.*** Toronto: Author.

This best practice guideline can be found at www.rnao.org by clicking "Best Practice Guidelines," then "Completed Guidelines" and selecting the title from the list.

YOUR NOTES

IN THEIR WORDS

Young women's stories, advice and wisdom



IN THEIR WORDS—YOUNG WOMEN'S STORIES, ADVICE AND WISDOM

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INTRODUCTION

Their hopes for how this guide will be helpful to you

I decided to participate in the VALIDITY project because I believe that speaking out about depression in young women is very important. I am very passionate about trying to minimize the amount of stigma attached to mental health. I wanted other young girls to know that they are not alone and to feel comfortable going to a service provider who will have a better understanding of what we go through. Through this project, I was able to learn a lot about other issues surrounding depression such as media pressure, etc., and it allowed me to learn a lot about my own personal strengths and weaknesses. Working with girls from across the province really brought an interesting twist and variety to the project. I am very thankful to have had this opportunity.

By living through my depression and eating disorder, I discovered that there truly is a silver lining in every cloud (even if that cloud happens to be huge and black!). Of course the cloud was what my life was like during my depression and living with an eating disorder. However, during my recovery from both, I was able to rediscover my remarkable self and redefine my perspectives on life—thus my silver lining. It is thanks to this silver lining that I feel so strongly in both helping other young women recover from depression and concurrent disorders, as well as developing prevention tools for young women in general, which has led me to contribute my own experiences to the VALIDITY project.

I think this project was so important. There needs to be something like this everywhere, because there are girls everywhere and in every community struggling to cope with depression, and there are service providers for these girls struggling too. There needs to be more resources for young girls/women to have an outlet for the depression that they suffer from.

Hopefully this guide becomes the bridge for young girls/women and service providers to communicate effectively and do something about it.

To educate is essential to life; to acquire and USE knowledge is powerful.

From the Beastie Boys' "Alive," I thought it would be nice to end it on this:

Dip dip dive so-socialize
Open up your ears and clean out your eyes
If you learn to love you're in for a surprise
It could be nice to be alive.

AS YOU READ ON you will find very personal stories, advice and wisdom on what it is like to be a young woman today. We hope that they will inspire you to become an ally for young women, and to join the efforts to prevent depression—as well as helping those who are experiencing the effects of depression to make their healing journey an empowering and respectful experience.

INVISIBLE SCARS

Tanya

"YOU'RE NOT GOOD ENOUGH!" "You can't do it." "You can do better." "Why couldn't you be more like. . . ." Often parents look at their words as criticism that will help their child do better. What they fail to realize is that these ways to "motivate" us stick with us, and the more we hear them the more we believe them.

Being a victim of a verbal and psychological abuse, and being negatively affected by sizism due to being overweight, are both influential factors that have had an impact on depression for me. Picture yourself, as far back as you can remember, being nine, 10 years old and not wanting to go home because you're tired of crying and tired of being made fun of and having no one to talk to because you're a kid, you don't understand what real problems are.

Finally, at the age of 13, because I didn't want to go to school anymore because of all the teasing, but didn't want to have to stay home with Dad either, I was put in counselling. Although the counselling was working for school problems, it was difficult to work on home problems because my dad always refused to come in for help, and until he came in to talk, there was nothing that could be done. My counsellor had given me the tips and strategies that I needed to try and cope with the abuse.

Unfortunately, my counsellor never asked about my past, or how long it had been going on or anything because she kept saying that she covered all that information with my mom. Since I was a minor, she had to get most of the information from my mom. What I failed to know at the time was that there were many secrets from my past, that I was unaware of, that could have explained so much of what was going on at home. Information that my entire family, close friends of the family and even my

counsellor were aware of, but because my mom didn't want me to find out, I was never told. It wasn't until I was 15 years old that these lies and secrets were made true to me. This is when I found that my dad was not really my biological father. That he and my mom had been together since I was two.

Once this revelation was made to me, many things were made clear. It helped me understand why I was treated so differently than my younger brother, who is my stepfather's biological son. Although I don't know if knowing from the beginning would have made a difference, I believe if I had been able to have the opportunity of knowing my biological family and having a relationship with them, things may have been different.

I strongly believe that family relationships are crucial to a healthy development. Being honest, open, positive and supportive are key elements. Furthermore, I believe that if a service provider is aware of information that may explain a child's behaviour or mood, he or she should approach the parent and discuss the option of telling the child the truth about what's going on. It may not seem like the best thing for the child's interest at first; however, it is important to think of the best outcome for the child in the long run.

I probably could have been diagnosed with depression at the age of 14 or so, but I didn't understand what was going on; I just thought I was sad because of what was happening. It wasn't until I was out on my own that I had the time to really think about what was going on in my life, what I had been through and what I had to deal with. I was "free" from home for a while. It was when I went back to university after Christmas break that I was diagnosed with depression. The pressure of being away from home—no family or friends close by—was difficult, but the realization of what I had been through and that I had "taken" all that for so many years was overwhelming.

I believe that it's important for service providers to listen to what we're saying when we're there. To look beyond the situation at hand and find out if there is something external that may be affecting the current situation, such as past events, peers, society. If necessary, bring in the family in order to discuss the problem as a family so that everyone knows how everyone is feeling and can really understand what's going on.

Other things that I think are important for service providers are to teach young women defence mechanisms on how to deal with situations at hand. Make sure to get us involved in the treatment, that it's not just what the service provider thinks is best,

but that we, the young women, agree. Ask us what we want to do, what we think is the best way to deal with things. Don't do for us, but guide us. Be empathic. Don't tell us you know what we're going through, because unless you've been there, you don't really know what were going through . . . you may understand, but don't know how we feel. But most importantly, empower us. Especially when dealing with young women who are negatively affected by sizism, there are great empowering tools found at http://www.geocities.com/heidihoogstra/recoveryfromsizism.html. Some examples of these are:

- ♥ Learn to love yourself. Stop hating and stop despising yourself.
- ♥ Find community. Don't allow the societal oppression to marginalize you.
- ♥ Stand up for yourself. Get angry.

and many more.

Although I've been through many difficult things, and at times it seemed like it was impossible to get through, I believe that it has moulded me into the stronger, better person that I am today. Although it may seem that we are your average young women on the outside, deep down inside we may be dealing with much more. Don't be afraid to ask what's going on and how we're doing–but when you ask us, *mean it*!

COMFORT IN MY SKIN

Katherine

THEY SAY YOU CAN'T CHOOSE YOUR PARENTS, nor your religion or sex. What if you could? What would you change? Would you be happier? Or would you stay the same?

Since the day I was born, I had always fantasized about the "what ifs." Would I have been treated differently by my parents if I were a boy, or would boys like me more if I had blonde hair and blue eyes?

There are times where I have to stop myself and think, why bother? This is my reality; I'm a Vietnamese girl with a Vietnamese family and background, living in a middle-class, white, male-dominated society, of which I am none.

Perhaps it is a conditioned feeling or the need to be like everyone else, but growing up even in a very diverse community, there have been times where I have struggled with who I am in the world and where I come from. I had always been envious of the people around me, who were proud to be African, Jewish, Greek, Chinese, Italian and the list goes on. So why didn't I feel the same way? There were times I was confused and was on cloud nine daydreaming about the "what ifs" again.

So I backtracked. Stereotypes. Stereotypes, stereotypes, stereotypes! No one wants to fit into the stereotypes; I certainly never wanted to. Maybe it was my neighbour. My 30-something neighbour, her workaholic husband (who I seriously cannot remember ever seeing) and her six-year-old son who was my age at the time. Yes, I admit that I liked being his friend because he had soooo many toys and I'd walk in and start playing with his tricycle and stuffed toys without taking off my jacket or winter boots, and trust me I got in so much trouble for that, since his mother had to be the biggest neat freak on the face of the earth. His house always smelled funny, the kind of smell

that an Asian elderly institution had. It's Chinese food-ish smelling. I didn't like it. Inconveniently my neighbour. I just didn't want to be like him. He wore ugly sweats that were bright yellow and green with those robot machine-like characters on them, and he wore that outfit a lot. Trust me, a lot (I just hope he has a better sense of style now). He spoke Chinese so loud to his mother, which was annoying—and I don't understand Chinese either. In a way, I felt ashamed that I came from a similar background from his. He was plain weird and he was basically my first encounter with being uncomfortable with who I was.

I guess I'm blaming him now, but I won't forever. The point that I'm making is that I simply did not click, connect or however you want to describe it. I felt different. I wanted to wear the latest trends, go up to the cottage in the summer and own a minivan, just like all my other Caucasian friends.

My parents made a big impact on my views while I grew up. They had had different pasts, different experiences. My father left to join the navy at 19 and my mother came to New Brunswick to start over from scratch since her degree in education was worthless in Canada. Both had dealt with racism and hardship coming into a new country. Thirty years later, there are times when they would say, "We're not like them, we're different" or, "We're Vietnamese, not white." I'm not saying that they were hardcore, it's us against the world. But more like some people just cannot accept us the way we are, so we have to work hard to stay at the top. The top would be successful Caucasian men I guess.

Parents have such an influential role in our lives. There are some that are more adaptable and others who really value their religion and culture. Strict religions, like Muslim women who have to wear hijabs or Sikh men that wear turbans in public. They dictate values such as medical care and relationships, even the use of tampons. Some still value arranged marriages. The pressure of cultural expectations from friends, family and most importantly ourselves is a constant tug of war. Some are labelled, others face discrimination. During the summer, I worked at a summer camp and this one camper said, "I thought you were normal, I didn't know you were Chinese." My first thought was that I wasn't Chinese, for the millionth time!!! Then I thought wait a second, normal?! So I asked her, "What do mean, normal?" She answered, "I dunno."

Race has many meanings. Skin colour is one of the first identifiers. Clothing for others. Some are so proud of who they are, they're proud of their heritage. But there

are people like myself who basically had a struggle becoming ourselves and not realizing that our race is who we are. I am Vietnamese, not African or Italian. Even as a kindergartener, all my friends were Caucasian. I would get so caught up playing dress-up, I forgot that I had jet-black hair and brown, almond eyes with tanned skin. There are so many barriers like stereotypes and stigmas and fighting labels and expectations. Race and culture is a large part of who we are, and is an issue that must be surfaced when dealing with depression. Internalized racism can lead to self-hatred.

Having limited or poor communication with a doctor, teacher and especially family are barriers that keep young women from speaking honestly about what they are experiencing. As a family member or physician, you have to meet them halfway. Be honest. Make it clear that you are trustworthy and are listening. Our society needs to be more accepting of difference. There needs to be more diverse doctors working in drop-in centres, hospitals and clinics. There should be more diversity in the media as well. And being half-Caucasian and half-Asian doesn't fully count! Even in schools, having teachers from all parts of the world would be great.

If we look and analyze how racism makes us feel about ourselves, we can begin to overcome it and be more aware and more self-accepting. As for me, I never saw my little neighbour again, I learnt to brush off any hard feelings with the little camper and I know that my parents will always love me. I'm not implying that I'm cured and my confidence has soared through the roof, but I'm working on it. I am happy, with no regrets. Internalized racism occurs in many young women. It is a contributing factor in depression that can be helped.

DEPRESSION: THE UNBURDENING OF MY PAST

Neva

My name is Emandauwqua and Guawannaknowl or Neva Jane. I am Anishinabe from the Chippewa Nation, I am also Hodenashonee from the Oneida Nation. I am turtle and wolf clan. I am a daughter, sister, mother, wife, community helper and friend.

I went through a really challenging time in my life about six years ago now. I had been experiencing postpartum blues after weaning my toddler. I wondered why I felt the way I did. I was lonely, sad, angry and just not happy. Thankfully I had a supportive family and community who helped me to see what was happening. I was hiding inside; I did not want others to know what I really felt. This took so much energy out of me; I made myself physically ill. I went a few years sticking a band-aid on everything and still felt depressed and even had suicidal thoughts and actions. I was aware of my feelings and began wanting to heal myself.

I went to a healing lodge that helped me to talk and express my feelings; it also helped me to identify my childhood hurts. I was parented in a dysfunctional family, and I was carrying generations of unhealthy behaviour. I unburdened a lot during the three-week program at the healing lodge. I also found I had to take care of myself better; I had to put me first. I was told when I was down and out, "Get better, and remember you have children who need you." This was not helpful; again it was telling me to put myself second. I had to find time for me; I had to make arrangements for my children so I could have time. Now it's a regular part of my life, to have time for self-care.

Stress played a huge part in my life; stress can physically break down your immune system and affect your eating and sleeping. It did to me and it seemed to snowball all

the other problems and feelings I was experiencing into an overwhelming tidal wave.

What I would like to share with health professionals, service providers and helpers who work with young women is to listen and have patience with your client, ask questions, be honest and sincere with them. Acknowledge their feelings. Treat the whole person physically—through diet and vitamins; mentally—through counselling, journaling and by providing reading materials; emotionally—through respite care, massage therapy, holistic healers; and spiritually—through traditional healing, pastor or clergy, walking outside, etc.

If you can, refer them to everyone you know. Build on their strengths and not their weaknesses; if a person is artistic refer them to art therapy. Be very thorough.

I was finding it so hard to work, care for a family and myself; it began to affect all those areas of my roles and responsibility. I was overwhelmed and could not cope. I went to my doctor and I requested a stress leave from work with a lengthy explanation; I was in tears and hurting inside. He said no, I think you should keep working and I will write you a prescription for an antidepressant. I left the doctor's office without help or acknowledgement of what I was feeling. I needed a lot more from that doctor, like a referral to speak to a holistic practitioner, blood work, and to know he cares. I took his prescription and I felt even worse than I was before that. I stopped taking them.

My family support and healers in and around my community were the ones who really helped me. I quit my job after not being successful with receiving a stress leave from my doctor. I was totally overwhelmed, I was not able to care for my children, cook supper or clean the house—nothing. My mom took me to a traditional healer and I was given very simple self-care plan. I was to soak my feet in sea salt and hot water for two hours twice a day, I was to drink four glasses of lemon juice and water a day, I was to drink cedar tea as much as I could a day and I was to eat soups that were made from soup bones. My mom moved into my home and did the things I would have done if I were well enough. She stayed for a few weeks, I did the self-care plan the healer suggested and in the matter of a week I was feeling 200 percent better.

The first foot soak I had a scary experience. I was exhausted of my energy and my husband had to help me onto the couch to lie down. He called my auntie, who is a community helper, to come over. I was assessed and my auntie talked to my husband about the state of my energy. I was at the lowest point in all three regions of my

body; I could hear them talking about me but I could not move to respond. She thought I would just rest for the night; I woke up early in the morning in pain. My husband called my auntie again; she and my uncle came quickly. They smudged me with sage and comforted and reassured my husband because he was frightened to see me in the state I was in.

My auntie and uncle helped me tremendously; they helped me to realize it was my choice to feel pain or to live free of pain and happy. I chose to live and be happy.

So the next step for me was to continue the self-care plan and unburden the hurts of my past to overcome depression and whatever else I had. I talked to the ones I loved over the next few weeks about all the hurts, and asked for forgiveness for the hurt I may have caused them. This was something personal I had to do for me. I had unmet needs as a child and negative beliefs about myself. One of the major beliefs I had about myself was to be perfect. To be perfect is unrealistic of a young woman; this is an exhausting and demanding task as well. It took me to a place of unhappiness in my life. This negative belief began when I was young. I strived to be perfect to receive acknowledgement from the ones who I loved, my parents. I am blessed to have parents who have, like me, sought help and became healthier. I have had several chances to talk to them about my unmet needs and negative beliefs about myself, and they helped me to understand our growing up together.

The difference between health professionals and traditional healers is that a western doctor takes seriously the visual signs of his patient. If they have a broken arm, he acknowledges their pain, if they have fever well then he looks for other symptoms and makes a diagnosis and treats the problem. When I came into my doctor's office I gave him my symptoms, they were not taken seriously because they were not physical. A traditional healer treats the entire person, physically, mentally, emotionally and spiritually. The traditional healer also helps the entire family, because believe it or not, if one family member is experiencing depression, the family feels the impact and begins a new cycle of coping and may turn dysfunctional afterwards. The whole family needs their feelings acknowledged, they need reassurance and they need help understanding their loved one's depression.

During the past six years I have become a healthier person, I have gained coping tools and just everyday skills for keeping myself balanced and free of depression. The coping tools I use are participating in women's talking circles, physical releases, emotional unburdening, traditional ceremonies, the healer's self-care plan, being with

positive people, taking healthy walks, enjoying hobbies, and educating myself. I pace myself at home, at work and in my social life to lessen the stress. I had to give up volunteering on committees, boards of directors, provincial networking groups and more to make room for my self-care, family and life in general. I was doing too much for one person. When I left my job as a family support worker I just took it easy, I was offered contract jobs, small cooking jobs and I tried them out. When I knew the job was ending I took another break. Finally I was feeling more confident that I would keep the balance of home and work at a safe medium and not take on too much, so I applied for another permanent full-time job. I am presently an early years worker and enjoy the flexibility and support I receive at work. I would never hesitate to leave a job that is detrimental to my physical, mental, emotional and spiritual well-being. We should all know we have a choice in life, we can choose to live healthily and be good to ourselves.

I had the choice to live and be happy and I never want to give up my choice to medication—which made me feel worse—and depression ever again. I also went to school to become a social worker. My school was taught with an aboriginal curriculum base. I will be graduating in January 2006. Over the past three years of my schooling we were given the gifts of unburdening the heavy burdens from our pasts. I chose to let go of old ways and hurts. I will always need to be healing myself; it is an ongoing process and it is becoming more of a habit to just do it. This freed me to be who I am today.

WHEN THERE IS NO WAY OUT

Ida

IN MY FOURTH YEAR OF HIGH SCHOOL, I recall sitting in class and overhearing a conversation between two classmates that caught my attention:

"Oh, I don't think they should allow same-sex marriages; it won't be good for the society."

"It's just wrong. It's sick and disgusting. Think about it, they're gonna start trying to make everybody else gay."

From this conversation, rage consumed me and many questions formed in my head: What do you know about being queer? What's wrong with same-sex marriages? Why are you straight people constantly tearing us up?!

Homosexuality has been around since the beginning of human time. "Sociologists and anthropologists have documented homosexual behavior in every country on earth—including in tribes that had no contact with outside human beings until the arrival of the anthropologists," writes Peter McWilliams in *Ain't Nobody's Business If You Do*.

However, due to many people's beliefs, particularly the assertion by many religions that homosexuality is a sinful choice of lifestyle, too many queers suffer discrimination and oppression from society.

Queer teenagers are often teased, bullied, battered, and even kicked out of homes simply because of a fact they cannot change. Yet for many heterosexuals, this is not their problem. Straight people do not find a need to read up on sexual orientation; straight teenagers do not need to worry about what life may be like as a queer youth; and certainly when the issue of oppression is raised, gay and lesbian issues are too often ignored and left unspoken.

Even though queer teens make up less than 10 per cent of the teen population,

according to the U.S. Department of Health, "one-third of all teenage suicides are gays and lesbians."

The following is an excerpt from a story of mine written two years back:

> But I can't stop hating my life, hating what I have to go through. My mind keeps asking "Why, why, why? Why couldn't I just be normal like everyone else? Why do I have to go through all this shit?" I bury my face into my hands. I couldn't hold it back any longer. My face burns up. The lump forms in the throat again. Tears fill my eyes and pour down the sides of my face. For awhile, the sobbing is uncontrollable. Finally, after what seemed like hours, I lift my head up. I see the knife lying peacefully before me. The blade glimmers from the moonlight's reflection. I pick up the handle and pull the knife towards my right hand. I draw the blade towards the wrist. The blade cuts gently through the first layer of the pale skin. A gush of red fluid appears and trickles down my arm. And as the tears drip onto the pierced skin, I feel the sting.

"Suicide is an act of desperation," says guidance counsellor of Jarvis Collegiate Institute, Ms. Fricker. "When there's no other solution, when they feel they cannot change their sexual orientation; there's no way out. They feel that they need to escape because of their nature. They come to despair because of something they are not able to change. I think that the gay and lesbian youth probably suffer the most of all the groups. They suffer the most, psychologically and emotionally, because they get the least recognition of who they are."

Sexual orientation is not something that queer youths feel they have control over. It is something that just happens. Yet, due to all the negative connotations that are associated with being attracted to the same sex, it is not easy to accept. Denial, confusion, depression and frustration are often what one must endure in the process of understanding one's own "sinful" feelings.

"Straight Americans need an education of the heart and soul. They must understand—to begin with—how it can feel to spend years denying your own deepest truths, to sit silently through classes, meals and church services while people you love toss off remarks that brutalize your soul," writes Bruce Bawer in *The Advocate* (28 April 1998).

When others understand what queer youths must endure every single day of their lives, then perhaps, the lives of young gays and lesbians will suffer a lot less and can live in a safer, healthier environment without having to take the road to self-destruction.

OPPOSITE ENDS

Priscilla

Relating to your doctor is important. Feeling that your doctor understands your individual needs, racially and culturally, will allow you to have a more honest and barrier-free relationship. It will also allow you to have a more comfortable and efficient visit. Unfortunately, being able to relate to your doctor's ethnicity or cultural background is a privilege that many of us are not fortunate enough to have.

Trusting your physician is a huge step in achieving a healthy patient-doctor relationship. Some people may find it hard to trust someone who impacts their life so strongly if they cannot relate to that person. If you do not feel that you can trust your doctor, you probably won't be as honest and open as you should be when you are trying to express your feelings.

Doctors can often be a huge part of our lives. They have control over jobs such as prescribing medication and they influence us to make important decisions about the healthy or unhealthy choices we make in our lives or things in our lives that affect us, such as baby making, alcohol, drugs and sexually transmitted infections. Cultural beliefs may vary on these topics and if you do not feel that you can trust your doctor, you may not be as honest and open as you can be, or they may not understand your own cultural values and how they affect you.

Having your doctor relate to you is a big plus when she or he is assessing your mental state. It will allow her or him to understand your personality and behaviour better, thus giving you an accurate diagnosis. When doctors are assessing an individual who may be depressed, they take into account the individual's attitude and personality. The cultural barriers that young black women face during visits at the doctor's office are

very apparent. I think many young black women who are depressed get stereotyped as angry, aggressive and violent. If a physician does not fully understand how culture and race play a role in how you express yourself and your feelings, illnesses such as depression may be undermined or overlooked. It is very difficult for black females to find physicians who can relate to them. There needs to be more black physicians (especially females) so that young black females can open up and feel that there is someone who truly understands their individual needs.

In order for everyone to be able to relate to their physician, there have to be enough doctors of different ethnic backgrounds and cultures to go around. Having more doctors of different ethnicities and cultures will allow visible minorities and those of different cultures to open up and feel that they are finally understood. At the very least, acknowledging the role culture plays and realizing that the signs and symptoms of depression could look radically different depending on what culture you are from, how you communicate, what is culturally appropriate and how behaviour is affected by experiences of daily racism and discrimination.

KARYN'S STORY

Karyn

I AM A LESBIAN WITH ATHETOID CEREBRAL PALSY and I am a power wheelchair user. I have depression and post-traumatic stress disorder as well, and have been in therapy for almost nine years. My disability has never been an issue with my therapist. Disability issues will come up from time to time, but usually within the context of my primary issue: emotional abuse.

Emotional abuse would have existed in my family whether or not I had a disability; however, my disability intensified the abuse. My parents were not able to handle my feelings, especially sadness and anger. An only child and the only physically disabled member in my family, I lacked a safe, nurturing, affectionate adult who could validate my feelings and experiences. My parents, like many disabled people's parents, were trying so hard to give me as "normal" an upbringing as possible, that my disability ended up consuming my person/self. Consequently, I withdrew at the age of three. I created my "real" life in my head and developed excellent dissociating skills. I lived there so much, I would confuse it for reality at times. As an adolescent, by reading books on psychology, I realized my fantasizing was my way of parenting myself. Dissociating was causing severe psychological and emotional damage; therefore, I decided therapy would be my way of healing someday.

Once attending college, I began looking for a therapist. Prior to finding my present therapist, I tried a few others. They both had issues with my physical disability. One of them was lesbian and able-bodied. It did not work out with her because on my first visit with her, she started the session by asking me, "So, what is your problem?" When I began sharing what I wanted to work on, she stopped me and asked it again, looking at my wheelchair. I remember not believing she was really asking that, since

I assumed at the time that all therapists, especially a lesbian therapist, would not have issues with a client who had a disability. The other therapist had a physical disability and was heterosexual. It did not work out with her because our sessions felt like peer counselling, with her sharing her experiences. I needed "real" therapy.

If young women had their experiences validated, they would not be depressed. Service providers need to listen to the client, even if she has communication impairments. The client's disability ought not to be the focus of the therapy. It is essential to treat the client like any other client and permit her to decide what she wants her goals to be. They ought to be patient with the client because she may not be accustomed to being validated. The client needs to believe, regardless of disability, she has a purpose in this life. She needs the tools to deal with judgmental people. The bottom line is she must be seen as what she is—a whole person.

PLEASE LIKE ME

Meagan

WALK INTO ANY HIGH SCHOOL IN CANADA and you spot them immediately; the cliques that can either make or break a young girl's high school experience. Determining which crowd to go with will determine a young girl's social status, creating immense pressure for young people. The need to be accepted by fellow peers, and to be thought of as "cool" can be the most important drive in some teenagers. When working with young girls, understanding social pressure is key to understanding depression.

For some, having the right pair of jeans or hairstyle would take precedence over who wins the next election or the war in Afghanistan. Unfortunately, if you do not fit the mould of what is popular, coming to school can be a nightmarish experience. Waking up in the morning and feeling anxiety about going to school is all too common for many high-school girls. Many girls have an idea that once they are part of the in-crowd their lives will suddenly become wonderful. They'll be invited to all the right parties, have a hot boyfriend and all of their problems will cease to exist. Because of this, some girls will try anything to be part of the in-crowd, such as smoking, taking drugs, underage drinking or becoming sexually active.

Some girls, happy with who they are, do not give much thought to being cool or fitting in and choose to engage in activities that are constructive and make them happy. Unfortunately in some situations, if the popular people do not accept a young girl, then she may look elsewhere for the acceptance and sense of belonging that she needs. Some girls will feel the pressure to have sex. Even if they are not ready, they might think that if they have sex with a guy then he will love her back. This may even involve sleeping with many men to find someone who will accept them after others have rejected them. When sleeping with men proves to be unsuccessful, some girls are

left with a feeling of worthlessness that will lead to a low self-esteem. Having a low self-esteem is a major factor in depression.

Other girls may choose another path of destruction. Drugs may seem like an easy way out when young girls do not feel accepted. Drugs will never reject them or make them feel alone. Girls may use drugs as a way of meeting people. They may feel that drugs are the only way they can get people to notice them. They use the drugs to give them confidence to talk to people in a social situation such as parties. They also may feel that drugs are a way for them to loosen up, so that they can talk to people and seem like fun. Once someone is dependent on drugs, they feel like they are nothing without drugs. They could possibly think that people have only liked them because of the drugs and without them they will not be seen as fun anymore. With a low self-esteem, and a fear of being rejected again, young girls may become depressed.

It is important to remember when treating girls with depression not to categorize them as "bad girls" or judge their situation. Even if it's just high school, it's a huge deal to adolescents. Many girls have a hard time envisioning the future and even though high school is just four years, this is their life right now and what they are handling now is a major deal. The need to be accepted now plays a huge part in how these young people will see themselves as adults. If as teenagers they never found a sense of belonging, it will be harder for them as adults to form normal relationships. It is important to help the young girl develop her own sense of self when treating her. Find out what her other interests are. She might not even know what they are, but if you work together with her you can help her find something to get involved in. When she realizes that there is something that can contribute then she will love herself more. Depression will cause her to not appreciate her own self-worth. Helping a young girl gain self-respect will be a major step towards recovery.

GOT TO BE IN HEALTHY RELATIONSHIPS TO BE HEALTHY

Meagan, Tiana and Katherine

Rape:

The crime of forcing another person to submit to sex acts.
Abusive or improper treatment.

Sexual Abuse:

The forcing of unwanted sexual activity by one person on another as by the use of threats or coercion. Sexual activity that is deemed improper or harmful.

–*American Heritage Dictionary of the English Language*, 4th ed., 2000

THESE DICTIONARY DEFINITIONS BECOME CLOUDY for a lot of young women who are in unhealthy relationships.

To begin with, there are a lot of expectations for a young girl in a sexual relationship. These lines that are drawn in the dictionary definitions are muddled or non-existent for some teen girls and guys, which is confusing and devastating for some girls. When young girls do not know what is going on, feelings of doubt come up due to the distorted pressures of society that get in the way, which is a contributing factor to depression. Make sure when treating young girls with depression that there is a distinction between healthy and unhealthy sexual relationships, so that they can better understand their own relationships. Many young women are in abusive relationships, which is a huge contributing factor to experiencing depression, as many feel that they can't get out of these relationships or sexual patterns.

BEAUTY: LET'S REDEFINE IT

Shauna

Body image and preoccupation with weight and physical appearance play a huge role in depression in young women. Everywhere we turn we are bombarded with the media's portrayals of how women should look. However, instead of projecting realistic images of different shapes, sizes, ethnicities, etc., it's always the same picture that we receive: tall, skinny, sexy and white can basically sum it up.

Unfortunately, this ideal has been imposed on society so forcefully that it has received acceptance and thereby created a completely unattainable ideal. It's even gotten to the point where the models themselves are not good enough, so their photographs need to be altered with the computer and airbrushing before they ever reach the public. The thing is that we as young women are aware of these facts, but it still doesn't change our desire to be like those pictures that we always see and that society has accepted. Even with this knowledge we internalize these beauty standards and weigh our self-worth accordingly. Obviously if we judge ourselves based on the unreal and unattainable model that the media portrays, we are not going to be satisfied with how we feel and who or what we think that makes a person.

Personally, I know that grading myself against this model made my self-esteem plummet, bringing with it my self-confidence, my sense of who I was, my feeling of self-worth, and ultimately my zest for life, my love for myself and my happiness, not to mention my health. I became clinically depressed, on top of already having an eating disorder. I'm in recovery and I still have my ups and downs, but I know that the only reason that I have come so far is thanks to a truly incredible and dedicated team of professionals that I had the privilege of working with, as well as my all-star team at home, my family and friends. Both of these groups helped me achieve my goals,

rediscover my remarkable self, and guide me along my recovery path with endless and unsurpassable support, strength and love.

My family and friends can be credited for numerous things. For instance, they encouraged a positive body image by monitoring the magazines and other media forms inside our house and removing any negative sources. They eliminated talking about diets as well as making negative body comments about themselves and others. We did activities that really celebrated our bodies and everything that they do for us by going on hikes and bike rides. My best friend supported me by letting me know that she cared and was there for me in countless ways, such as cards, phone calls, visits and giving me an awesome picture of the two of us together before I ever developed problems, one that I was able to look back on many times and would make me smile. All of these gestures, even just the smile in the morning and the hug goodnight, were not only noticed, but were also very helpful by serving as reminders that I was loved and cared for, and that I was not alone.

The doctors and health care staff that I worked with offered some invaluable advice and ways of coping with my depression and eating disorder and the role that body image played in both.

First of all, with the guidance of the staff, a group of young women and myself dissected the media by pretending that we were aliens who knew nothing about humans and were gathering information based solely on the advertisements that we saw. In doing this we discovered the extremity of how unrealistic the media's portrayals are, which really helped.

Although it was very challenging, another thing that really helped me was doing mirror work. This involved looking into a mirror and focusing on a certain body part based on an individual hierarchy, starting with the most easily accepted body part and working our way up to the most challenging body part that we had to accept. While looking into the mirror we would do relaxation techniques such as a style of breathing, visualization, progressive muscle relaxation, etc., and concentrating on self-acceptance by doing positive affirmations. We also worked a lot on changing any ornamental thoughts about our bodies into instrumental thoughts, thereby focusing on what our bodies can do for us as opposed to how our bodies looked.

Lastly, and probably most importantly, we talked about what body image is, how it's influenced, and what the effects of having a strong and positive body image are versus

having a weak and negative body image. We asked ourselves questions such as: "How is it that young women know that what they see in magazines is completely fake and unreal, and yet they still expect themselves to look like that?" "How do we as a society accept and reinforce that unattainable portrayal of women, and how do we reject it?" And of course, "How is it possible to sensitize yourself to the media so that their unrealistic images don't effect your body image, and in turn your mental and physical health." Creating a positive body image is crucial in our society. We need to redefine beauty into something that is felt, not seen. We need to change our thinking to: "a healthy body is a beautiful body"—a definition which allows a place for all shapes, sizes and races. In order to change society, you have to first change yourself. Although it's definitely not easy, it is well worth it in the end and it can be done.

P.S. "I've never seen a smiling face that wasn't beautiful."

MIZLABELLED

Tiana

Common misconceptions about labelling young women

The majority of young girls/women feel uncomfortable with themselves because of unrealistic and confining expectations of and portrayal of women in society.

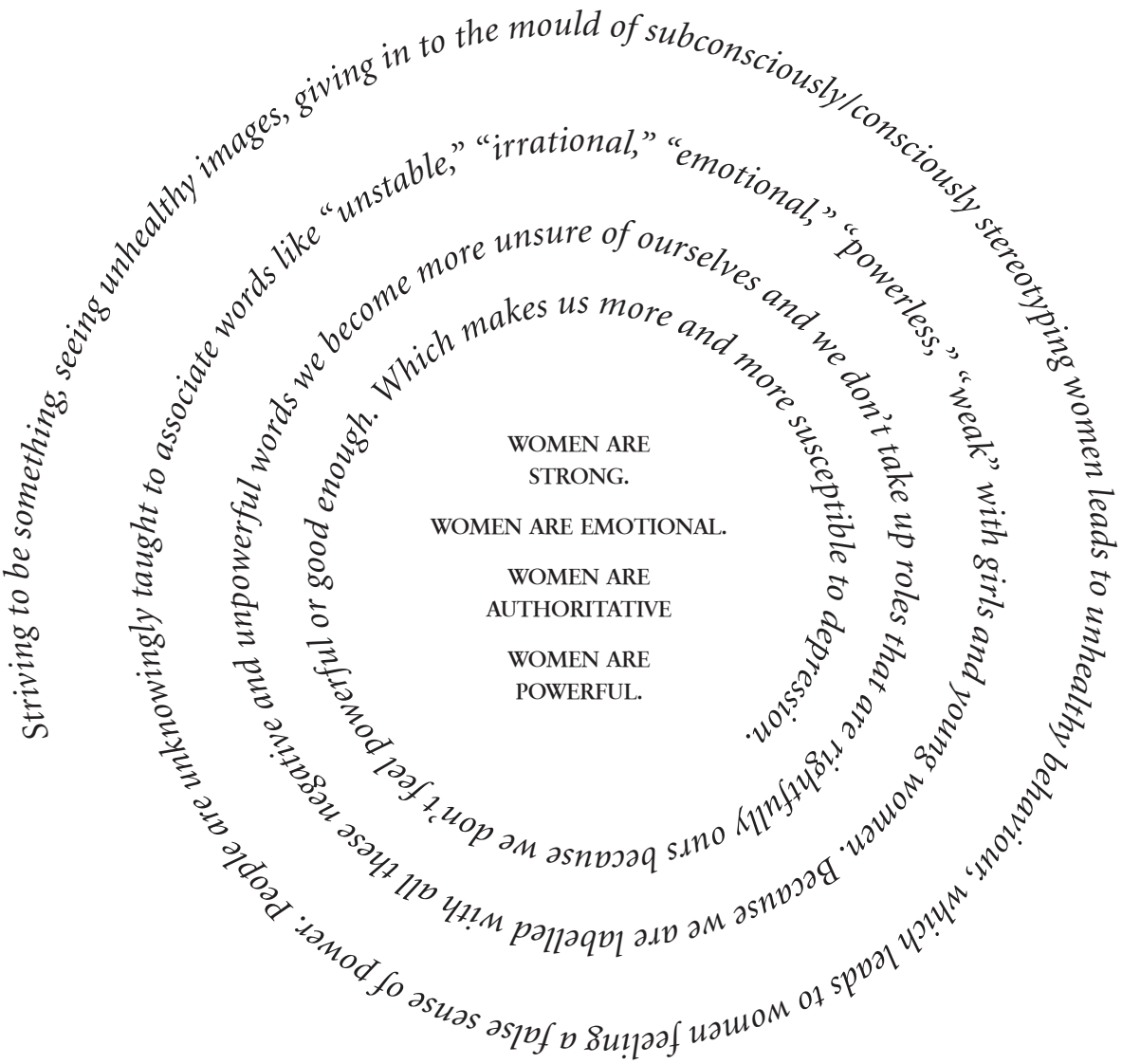
Consistent repetitive, harmful actions; expectations; images; and labels create learned helplessness among young women.

Unhealthy thoughts and general feelings from girls

- dissatisfied
- uncomfortable
- irritated
- disgusted
- lonely
- overwhelmed
- confused
- exhausted
- angry

Labelling you hear from service providers and others

- weak
- unfit
- crazy
- spoiled
- normal
- manic depressive
- pathetic/sad
- depressed
- psychotic



Women are not passive. Women are not weak. Women are not irrational.

To service providers

There are different types of labels which are used to portray young women. When treating a young woman for depression, most people tend to want to sway young girls away from labels from the media, to show them the girls/women shouldn't be labelled as such. But sometimes labels that we are given by people who try to categorize our depression, such as doctors, teachers, parents, are just as bad.

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