



**YORK UNIVERSITY'S 7th LILLIAN MEIGHEN WRIGHT
MATERNAL-CHILD HEALTH LEARNING ACADEMY**

Impacts of Natural Disasters on Maternal-Child Health

Organized by the Women's Health Research Chair in
Mental Health in partnership with the Faculty of Health

15 and 17 July 2024
12:00pm to 3:00pm
York University
Remote Zoom Meeting



Welcome Note

15 and 17 July 2024

We welcome you to York University's 7th Lillian Meighen Wright Maternal-Child Health Learning Academy!

The Office of Women's Health Research Chair in Mental Health recognizes that many Indigenous Nations have longstanding relationships with the territories upon which York University campuses are located that precede the establishment of York University. York University acknowledges its presence on the traditional territory of many Indigenous Nations. The area known as Tkaronto has been care taken by the Anishinabek Nation, the Haudenosaunee Confederacy, and the Huron-Wendat. It is now home to many First Nation, Inuit and Métis communities. We acknowledge the current treaty holders, the Mississaugas of the Credit First Nation. This territory is subject of the Dish with One Spoon Wampum Belt Covenant, an agreement to peaceably share and care for the Great Lakes region.

Beginning in 2011 the biennial learning institutes/ academies have considered a range of current topics in relation to maternal-child health. The 1st Learning Institute (September 2011) explored methodological approaches; the 2nd Institute (September 2013) addressed lab to community-based research; the 3rd Institute (October 2015) examined local to global levels; the 4th Institute (November 2017) focused on the international context of disabilities, and on parenting; the 5th Institute (November 2019) considered gender-based violence and trauma-informed approaches; and the 6th Academy (July 2022) addressed maternal-child health during a global pandemic.

This year's Learning Academy focusses on the *Impacts of Natural Disasters on Maternal-Child Health*. The topic is timely and requires urgent attention given the ongoing global climate changes and challenges. Panel and poster presenters address diverse and complementary aspects, including impacts on child development, youth and families, racialized populations, and rural and coastal communities. Details of presenters' bios and their abstracts are provided in the following pages of this Program booklet. We are sincerely grateful to the presenters for participating and contributing to co-learning on maternal-child health through interdisciplinary knowledge sharing.

Our appreciation to the Planning Committee members, Meaghan Hall and Lojain Hamwi (Student Co-Chairs of the Lillian Meighen Wright Scholars Program) and Dr. Luz Maria Vazquez for their input and help in planning the 7th Learning Academy. We thank Dr. Attia Khan for her ongoing technical and KT support.

We acknowledge and are grateful for the financial support of the Lillian Meighen and Don Wright Foundation, the Women's Health Research Chair in Mental Health Office, and the Faculty of Health.

Thank you for participating in the 7th Learning Academy and engaging in knowledge sharing on maternal-child health across diverse disciplines, settings, and populations.



David Peters
Dean, Faculty of Health



Nazilla Khanlou
Academic Lead, Lillian Meighen Wright
Maternal-Child Health Scholars Program

Program

DAY 1: JULY 15

Time	Item	Speaker
12:00 - 12:10pm	Welcome & Land Acknowledgment	Nazilla Khanlou (Academic Lead), Lillian Meighen Wright Maternal-Child Health Scholars Program, York University
12:10 - 12:20pm	Greetings on behalf of the Dean, Faculty of Health	Karin Page-Cutrara, Associate Dean, Learning, Teaching & Academic Programs, Faculty of Health, York University
12:20 - 1:00pm	Panel 1 (Part A)	<p><u>Moderator:</u> Nazilla Khanlou</p> <ul style="list-style-type: none"> - Kam Sripada (Norwegian University of Science and Technology): Earth, Water, Air, and Fire: Early Life Brain Development in Disaster Zones - Nirupama Agrawal (York University): Impacts of Hurricanes and Floods on Maternal-Child Health
1:00 - 1:05pm	First Break	
1:05 - 1:45pm	Panel 1 (Part B)	<ul style="list-style-type: none"> - Ranjan Datta (Mount Royal University): Effects of Disasters on Racialized Immigrant Youth and Community-Led Adaptation Initiatives - Lara Pierce (York University): Contributions of Stress and Socioeconomic Status to Early Neural and Language Development
1:45 - 2:05pm	Discussion	All participants
2:05 - 2:10pm	Second Break	
2:10 - 2:40pm	Rapid Poster Presentations	<p><u>Moderator:</u> Meaghan Hall (Student Co-chair), Lillian Meighen Wright Maternal-Child Health Scholars Program, York University</p> <ul style="list-style-type: none"> - Janet Kemei, M Asirifi, J Nelson, E M Khalema, A T Adekoya, and O A Satimehin (MacEwan University): Access to Mental Healthcare Services for Black Women During Perinatal Period – A Scoping Review - Attia Khan, LM Vazquez, N Hasan, F Nunes, and N Khanlou (York University, Mount Saint Vincent University): Mothering during the COVID-19 Pandemic: Social Support to Promote the Wellbeing of Racialized Mothers of Youth with Developmental Disabilities - Josephine Francis Xavier (York University): Exploring the Future: The Role of Fathers in Strengthening Maternal-Child Health During Disasters
2:40 - 2:50pm	Discussion	All participants
2:50 - 3:00pm	Conclusion - Day 1	Nazilla Khanlou

Program

DAY 2: JULY 17

Time	Item	Speaker
12:00 - 12:10pm	Welcome & Land Acknowledgment	Nazilla Khanlou (Academic Lead), Lillian Meighen Wright Maternal-Child Health Scholars Program, York University
12:10 - 12:50pm	Panel 2 (Part A)	<p><u>Moderator:</u> Nazilla Khanlou</p> <ul style="list-style-type: none"> - Nelly Oelke and Carolyn Szostak (University of British Columbia): Mental Health Impacts of Climate Change Events in Rural British Columbia - Afroza Sultana (York University): Impact of Water Insecurity on Haudenosaunee Mothers' Health and Well-being
12:50 – 12:55pm	First Break	
12:55 - 1:35pm	Panel 2 (Part B)	<ul style="list-style-type: none"> - Bree Akesson (Wilfrid Laurier University): The Perinatal Experiences of Families in the Climate-Conflict-Displacement Nexus - Luz Maria Vazquez (York University): Gender and Climate Change: Vulnerability and Adaptation in Coastal Communities in Costa Rica
1:35 - 1:55pm	Discussion	All participants
1:55 - 2:00pm	Second Break	
2:00 - 2:30pm	Rapid Poster Presentations	<p><u>Moderator:</u> Lojain Hamwi (Student Co-chair), Lillian Meighen Wright Maternal-Child Health Scholars Program, York University</p> <ul style="list-style-type: none"> - Susan Chang Su and A Chen (Brandon University, Western University): The Coping Strategies towards Post-Traumatic Stress after Acute Onset Earthquake on Children - Negar Alamdar and E Mossallanejad (York University, Canadian Center for Victims of Torture): Impacts of Collective Trauma on Women and Children - Danielle Washington (York University): The Mental Health of Pregnant Mothers Following Natural Disasters: An Evidence Analysis
2:30 - 2:40pm	Discussion	All participants
2:40 - 3:00pm	Conclusion - Day 2	Nazilla Khanlou

Welcome! - Planning Committee



Nazilla Khanlou, RN, PhD is the Women's Health Research Chair in Mental Health in the Faculty of Health at York University and Professor in its School of Nursing. She is the Academic Lead of the Lillian Meighen Wright Maternal-Child Health Scholars Program. Professor Khanlou's clinical background is in psychiatric nursing. Her overall program of research is situated in the interdisciplinary field of community-based mental health promotion in general, and mental health promotion among youth and women in multicultural and immigrant-receiving settings in particular. She applies intersectionality-informed frameworks, using diverse research methods, in community-based research. She is founder of the International Network on Youth Integration (INYI), an international network for knowledge exchange and collaboration on youth, and Editor-in-Chief of INYI Journal. She has published articles, books, and reports on immigrant youth and women, and mental health.



Luz Maria Vazquez, MSc, PhD is the research coordinator of the Office of Women's Health Research Chair in Mental Health in the Faculty of Health at York University. During the last years she has coordinated and conducted research on three Research Programs: Disability, Gender and Migration; Youth Identities; and Gender-based Violence. Luz is a PhD from the Department of Sociology at York University. She is also Contract Faculty at the Departments of Social Sciences, Sociology, and Human Rights and Equity Studies, at York University.



Meaghan Hall is the Student Co-Chair, Lillian Meighen Wright Maternal-Child Health Scholars Program. Meaghan is also a PhD candidate in Clinical Developmental Neuropsychology at York University, where she also completed her MA. Her research interests lie in the area of women and children's environmental health. In particular, she is interested in exploring the effects of prenatal neurotoxicant exposures on women's health and children's cognitive development. She is currently focused on understanding the mechanisms that may explain the developmental neurotoxicity of environmental chemicals, including maternal thyroid disruption.



Lojain Hamwi is the Student Co-Chair, Lillian Meighen Wright Maternal-Child Health Scholars Program. Lojain is also a second year master's student in the Clinical Developmental Psychology program. She is specializing in the Clinical Neuropsychology stream and completing a Health Psychology diploma to complement her studies. Her research focuses on the development of an infant pain assessment tool using a machine learning approach. Ultimately, her research aims to contribute to the improvement of assessing neonatal pain using a combination of novel tools, such as artificial intelligence and EEG.

Panel 1: Speakers



Kam Sripada PhD, is a neuroscientist at the Norwegian University of Science and Technology (NTNU) in Trondheim. Her work together with international partners aims to protect children from environmental risks, promote healthy brain development, and reduce global health inequalities. As a Research Fellow at UNICEF, she spearheaded the creation of the Healthy Environments for Healthy Children global programme framework. She communicates environmental health research for families through Little Things Matter (@littlethingsmtr, LittleThings.org).



Nirupama Agrawal PhD, is a professor and a founding faculty at York University's Disaster and Emergency Management program since 2005. With a PhD from Kyoto University, Dr. Agrawal has over 35 years of professional experience. Her wide-ranging research includes threat assessment from natural hazards, community resilience to disasters in changing climate, and the use of geospatial technologies for decision-making. She has mentored over 70 students, published over 90 refereed articles and book chapters, two books, one edited book, and guest-edited several Special Issues for international journals. Her textbook, "Natural Disasters and Risk Management in Canada: An Introduction," published by Springer, is one of the most used textbooks in emergency management. Dr. Agrawal is an adjunct professor at the United Nations University -Institute for Water, Environment and Health (UNU-INWEH) and a Co-Director of the CDSN-MINDS project on domestic operations.



Ranjan Datta PhD, is the Research Chair (CRC) in Community Disaster Research at Mount Royal University, Alberta, Canada. With over 17 years dedicated to community-based research, Dr. Datta has significantly contributed to community disaster research, resilience, and environmental resource management across Indigenous and non-Indigenous communities in Canada, Ghana, Bangladesh, and India. Dr. Datta mentors federally funded graduate and undergraduate students, supported by a strong network of communities, scholars, and professionals. He has secured over 24 national and international grants, totaling more than \$12 million, and published 85 peer-reviewed articles and numerous books on Indigenous perspectives. Recognized globally, Dr. Datta has received prestigious awards, including the 2023 Sustainability Champion Award and the Excellence in Cultural Resource Management Award, highlighting his dedication to transformative social and environmental change.



Lara Pierce PhD, is the director of the Pierce Experience & Development Lab and an Assistant Professor of Psychology at York University. She received her Ph.D. from McGill University and completed postdoctoral training at Boston Children’s Hospital/Harvard Medical School. Dr. Pierce uses developmental cognitive neuroscience tools to explore how variation in the early environment impacts the development of neural systems, particularly those supporting language. She aims to a) identify mechanisms by which specific variables (e.g., those associated with socioeconomic variation and early life stress) shape both early neurodevelopment and the early language environment, b) explore the role that individual differences play in the development of language and cognitive abilities, and c) uncover how variation in early neurodevelopment contributes to later learning. She uses tools such as electroencephalography (EEG/ERP), language recordings, and behavioural assessments in infants and children to address these questions.

Panel 1: Abstracts

Earth, Water, Air, and Fire: Early Life Brain Development in Disaster Zones

Kam Sripada

Earthquakes, mudslides, floods, storms, and wildfires can change children’s lives forever. Children who experienced Hurricane Katrina, for example, suffered long-lasting psychological and mental health changes, including depression, anxiety, adjustment disorders, posttraumatic stress disorder, and interpersonal or academic difficulties; similar effects were seen among children born to mothers who witnessed Superstorm Sandy during pregnancy. One in ten infants and children affected by Australian bushfires is Indigenous, a disproportionately high rate. More than half a billion children are estimated to live in extremely high flood risk areas. Globally, natural disasters – in the context of the changing climate – interact with other complex drivers to threaten children’s brain development. As families’ livelihoods are threatened by extreme weather, there may be pressure to transfer children out of school and into the labor market to make up for lost income. Migration as an emergency response is disruptive to child development, increases vulnerability among already disadvantaged communities, and can lead to social unrest. Brain development in the early years lays the foundation for lifelong cognitive function and mental health. Preparation for and response to natural disasters must be seen as investments in child wellbeing and lifelong health and productivity.

Impacts of Hurricanes and Floods on Maternal-Child Health

Nirupama Agrawal

Natural hazards cause disasters of various proportions and inflict adverse impacts on people, properties, critical infrastructure and the environment. Over 10,000 floods, hurricanes, and severe storms have been recorded by the Centre for Research on the Epidemiology of Disasters (CRED) since the year 2000. Extreme weather and floods have the potential to create situations where access to critical health services may become unavailable, rendering a particularly vulnerable group, such as pregnant women, new mothers, and newborn babies, exposed to dire consequences. This group of the population, by virtue of their vulnerable status, face an increased level of risk to their health in such situations. Evidence of children who were in the womb during Superstorm Sandy in New York in 2012 being more likely to have behaviour disorders is found in the literature. Through the lens of disaster concepts, this talk is an attempt to explain disaster risk and the role of various types of disaster impacts on maternal-child health, and, therefore, identify factors to mitigate negative health outcomes.

Effects of Disasters on Racialized Immigrant Youth and Community-Led Adaptation Initiatives in Western Canada

Ranjan Datta

This study examines the impacts of disasters on racialized immigrant youth in Western Canada and explores community-led adaptation initiatives through an anti-racist theoretical framework. Disasters disproportionately affect marginalized communities due to systemic inequities, exacerbating vulnerabilities among racialized immigrant youth. This research highlights the intersection of race, immigration status, and disaster resilience, emphasizing the need for inclusive, community-based approaches. Using relational methods, including cultural-based stories, the study captures the lived experiences of affected youth and their families. Findings reveal that community-led adaptation initiatives, rooted in cultural knowledge and collective action, are essential for fostering resilience and advancing social justice. These initiatives challenge structural inequalities and empower communities to lead their own disaster response and recovery efforts, promoting equity and systemic change. This study contributes to the growing body of literature on disaster resilience by centering the voices of racialized immigrant youth and advocating for anti-racist, community-driven adaptation strategies.

Contributions of Stress and Socioeconomic Status to Early Neural and Language Development

Lara Pierce

Strong ties have been established between socioeconomic status (SES), early life stress, and neurodevelopmental outcomes. However, mechanisms by which specific variables within a low-SES context shape distinct neural processes underlying the development of complex abilities (e.g., language, executive function) are less well understood. Using longitudinal samples of infants experiencing low- to mid-SES, I will discuss both recent data and ongoing projects that aim to test associations between SES-related variables (e.g., early life stress, caregiver-child interactions, language context) and infant neurodevelopment in multiple domains (e.g., language processing, joint attention, global cortical maturation). Results to date suggest that SES-related variables, and early life stress, uniquely predict neural processes across a variety of tasks, facilitating efforts to mechanistically connect early experience with downstream effects. Understanding associations between SES, early life stress, and neurodevelopment is particularly relevant as climate change increasingly leads to disproportionate exposure to stressful life events, including natural disasters, for children and caregivers experiencing low-SES.

Panel 2: Speakers



Nelly D. Oelke PhD, is an Associate Professor, School of Nursing, University of British Columbia, Okanagan and Scientific Director, Rural Coordination Centre of BC. She is a health services researcher in integrated health systems with a key focus on primary healthcare. Dr. Oelke's areas of interest include: interprofessional teams, mental health, substance use, rural health, health policy, and knowledge translation. She is a mixed methods researcher, with expertise in qualitative research, evaluation, integrated knowledge translation, and deliberative dialogue.



Carolyn Szostak PhD, is an Associate Professor in Psychology at the University of British Columbia, Okanagan. Her research focuses primarily upon issues concerning rural mental health, social support and wellbeing, and climate change. Given recent events, such as diverse climate change events, economic downturn, and COVID-19, mental health needs have increased in rural/remote communities. Unfortunately, access to services is often difficult given existing gaps and barriers. As such, it is important to understand the experiences of rural mental health service providers. Dr. Szostak's research lab is exploring the professional and personal experiences of these individuals, including how recent climate change events have impacted them and the services that they provide. She also engages in research that examines the impact of media on attitudes about various topics including climate change, suicide, COVID-19 and also mental health-related stigma.



Afroza Sultana PhD, earned her PhD in medical anthropology from McMaster University and a one-year postdoc at York University. She collaborated with Haudenosaunee women at Six Nations of the Grand River to assess the interrelationship between water security and holistic maternal health. Afroza has over ten years of research and teaching experience in Bangladesh and Canada. Her research interests include health and well-being, social inequality, human-environment relationships, and Traditional Ecological Knowledge (TEK).



Bree Akesson PhD, is the Canada Research Chair (Tier II) in Global Adversity and Wellbeing, Associate Director of the Centre for Research on Security Practices, and Associate Professor of Social Work at Wilfrid Laurier University. She has worked for nearly 25 years with children and families impacted by war and climate-change induced disasters in settings such as Chechnya, Northern Uganda, Palestine, Lebanon, Afghanistan, and Bangladesh. Her program of research ranges from micro-level understandings of the experiences of war-affected families to macro-level initiatives to strengthen global social service workforce systems. Ongoing research projects include the perinatal experiences of Rohingya refugees in Bangladesh, the impact of climate change on families displaced by war, and integrated service access for refugee families in Canada. Her 2022 book *From Bureaucracy to Bullets: Extreme Domicide and the Right to Home* (Rutgers University Press) explores the impact of home loss for displaced populations and was the inspiration for a United Nations report calling for the classification of home demolition as a war crime.



Luz Maria Vazquez PhD, is a contract faculty at the Department of Social Science and at the Department of Human Rights and Equity Studies at York University. She holds a Master degree on Environment and Development from the National Polytechnic Institute in Mexico, and a PhD in Sociology from York University, Toronto. She has collaborated in a wide array of environmental projects addressing issues such as resource management, conservation, social perceptions, local governance and climate change. Her research interests intersect with themes such as climate change, politics of environmental knowledge and development. Her doctoral research focused on climate change adaptation in coastal communities in developing contexts. Dr. Vazquez is also a research associate at the Office of Women's Health Research Chair in Mental Health in the Faculty of Health at York University. She has conducted and coordinated research projects on immigrant health.

Panel 2: Abstracts

Mental Health Impacts of Climate Change Events in Rural British Columbia

Nelly Oelke and Carolyn Szostak

Climate change events (CCEs) significantly impact mental health (MH). These events are experienced disproportionately by rural/remote communities. This multi-method study sought to better understand the MH impacts of CCEs in rural British Columbia (BC). Data were collected via surveys (n=162) and interviews (n=14), including questions about CCE experiences and arts-based submissions (stories, photos), and deliberative dialogues to create community-based solutions. Data collection focused on three BC rural communities (Keremeos, Ashcroft, and Burns Lake), although all BC rural residents were encouraged to complete the survey. The average wellbeing score (WHO-5) was 48.3; 56.3% had a score below 50 (screening cut-off) and 22.8% had a score of 28 or lower (diagnostic cut-off). Qualitative themes included: physical health; MH including stress, anxiety, and depression; economic health; evacuation; loss; lack of MH services/supports; and future concerns. Overall, CCEs have deeply impacted people in rural communities in BC. Further exploration of services and supports needed to meet the MH needs of rural/remote communities would be beneficial.

Impact of Water Insecurity on Haudenosaunee Mothers' Health and Well-being

Afroza Sultana

Haudenosaunee women have an interwoven and reciprocal relationship with water, reflected in their creation story. The Haudenosaunee Thanksgiving Address acknowledges and thanks all creations, encourages balance and harmony between humans and the natural world and promotes health and well-being. Despite being in close proximity to major cities such as Toronto and Hamilton, only 12 percent of households at Six Nations of the Grand River have access to clean running water. Most residents, therefore, rely on purchasing water for drinking and daily use. Haudenosaunee mothers are left with no other options but purchasing drinking water to make formula for their babies, and often dehydrating themselves. Our research reveals that persistent water insecurity in households affects the holistic health and well-being of Haudenosaunee mothers and their families. Urinary tract Infection (UTI), dehydration, eczema, depression, anxiety, and stress were reported as direct impacts of water scarcity. However, despite water insecurity, SN mothers demonstrate resiliency by utilizing culturally innovative coping strategies, such as rejuvenating and reclaiming their connections with water and land.

The Perinatal Experiences of Families in the Climate-Conflict-Displacement Nexus

Bree Akesson

The perinatal period, defined as pregnancy through one year postpartum, is often a sensitive and uncertain time that is characterized by a combination of anxiety and cautious optimism for all family members including women, their partners, children, and extended family members such as in-laws and grandparents. However, during times of great adversity—such as displacement due to war and/or natural disasters—displaced pregnant women and their families are at the intersection of multiple vulnerabilities. They are already exposed to cumulative stressors such as physical and mental trauma, loss of family members, displacement from home, poverty, loss of livelihoods, and social isolation. Pregnancy and the addition of a new family member may exacerbate these challenges. While there is a growing body of biomedical research that examines obstetrical outcomes and postpartum mental health conditions (e.g., postpartum depression) in contexts of adversity, there is scant research that explores the woman and her family's psychosocial experiences during the perinatal period and even less that addresses the impact of the intersecting adversities of war and climate change.

Gender and Climate Change: Vulnerability and Adaptation in Coastal Communities in Costa Rica

Luz Maria Vazquez

Climate change is among one of the most urgent issues facing the planet. Climate related disasters is impacting the livelihoods of vulnerable people. It is widely recognized that women are disproportionately vulnerable to climate change. Women are disproportionately affected because of their roles in production and reproduction processes and the sustenance of livelihoods. Vulnerable and marginalized people living in coastal communities experience higher risks and vulnerability as a result of cyclones, sea level rise, storm surges (e.g. flooding, erosion). Increasing the adaptive capacities of women, including Indigenous and Afro descendant women is key to minimize the differentiated impacts of climate change among communities, and to promote climate resilient development. I discuss research findings about the challenges faced by women living in a coastal community in the Caribbean coast in Costa Rica. Findings point at women's perceptions about the lack of sustainable sources to make their livelihoods, about poverty and marginalization in the context of a coastal community immersed in a natural protected area.

Poster Presenters



Mary Asirifi PhD, is an Assistant Professor at the Faculty of Nursing, MacEwan University. Mary is originally from Ghana, where she completed her diploma and baccalaureate nursing education. Her MN and PhD degrees are from the Faculty of Nursing at the University of Alberta, Canada. Mary's research areas are focused on nursing education and population health. She is involved (advisory member) in a research focused on "Improving Access to Perinatal Mental Health Care Services for Black Women in Alberta." She used a community-based participatory action research design to collaborate with nursing education stakeholders in Ghana to develop strategies for the effective implementation of clinical teaching and learning approaches for nursing education. Mary is currently leading the implementation of SSHRC-IDG-funded research on the "Development and validation of a culturally sensitive stigma scale for adolescents with disabilities in a Sub-Saharan Africa context.



Attia Khan PhD, is an internationally trained medical doctor and has a PhD in Health Policy and Equity. As a Postdoctoral Visitor at the Office of the Women's Health Research in Mental Health, Faculty of Health, York University, Dr. Khan is engaged in research that explores Asian-Canadian youth identity through arts-based methods. She is also examining the pandemic related experiences and perspectives on social support of families of youth with developmental disabilities. Previously in her role as a Postdoctoral fellow at Centre for Addiction and Mental Health, she analyzed secondary data to understand the relationship of employment status on the quality of life of people living with HIV. Dr. Khan also teaches as a contract faculty. To date she has studied the mental health of racialized immigrant youth, maternal healthcare costs, care needs of people with HIV, access to technology for youth with developmental disabilities, transition needs for international medical trainees, and psychosocial outcomes of Bariatric surgery.



Josephine Francis Xavier is a dedicated nursing scholar with a wealth of experience in maternal and child health, lactation promotion, and fatherhood. Currently pursuing her Doctorate in Nursing at York University in Canada, she has shared her research findings at both national and international conferences. Josephine is deeply passionate about nursing education and is known for creating effective learning environments. Her teaching philosophy emphasizes intersectional approaches, Decolonization, Equity, Diversity, and Inclusion (DEDI) principles, and inquiry-based instruction to foster critical thinking and clinical judgment. As a mentor, Josephine consistently receives high ratings from her students. Her research interests include studying the impact of COVID-19 on fathers' mental health, support for first-time fathers, and experiences of South Asian and immigrant parents, using grounded theory and intersectional approaches. Josephine remains committed to advancing her skills and knowledge in nursing practices, education, and research through her pursuit of a Ph.D. in nursing.



Susan Chang Su PhD, is an Associate Professor in the Department of Psychology at Brandon University in Canada. She received her Ph.D. degree in Social Psychology and Personality at York University in Canada and completed three post-doctoral fellowships in the Department of Psychology, and Lillian/Meighan Wright Women Mental Health Research Centre in the Faculty of Health at York University of Canada. Dr. Su has been involved in psychology teaching and research at various universities in Canada in the past sixteen years. Her research interests include cross-cultural studies on immigrants parenting styles, the experiences, and responses to shame and guilt, qualitative and quantitative research methods about mental health on Chinese immigrant mothers of children with developmental disabilities, and perfectionism studies. Dr. Su recently involved in research on well-being of Chinese older adults and international students under COVID-19.



Negar Alamdar has a PhD from York University and is currently teaching courses at the Department of Equity Studies at York University and a partial load faculty at Durham College, Community Mental Health, Social Service Work program and Victimology Graduate Certificate Program. She completed her postdoctoral fellowship in Maternal Child Health at the Office of Women's Health Research in Mental Health at York University. Negar has taught many courses at Humber college (School of Social and Community Justice Services), St. Clair/ Ace Acumen College (School of Community Studies). Negar had been also working as a front-line developmental service worker, supporting and counselling individuals with developmental disabilities at Community Living Dufferin. Her academic, research and experiential background working with vulnerable individuals who have experienced trauma as clients of (Canadian Centre for Victims of Torture supporting mainly refugees and immigrants), and (Community Living Dufferin) has prepared and encouraged her to spend considerable amount of time looking into individual, systemic, and institutional challenges and barriers that need to be addressed and critically analysed.



Ezat Mossallanejad arrived in Canada as a political refugee on 12 February 1985. He is an Iranian-Canadian who has worked as a Counsellor and Policy Analyst with the Canadian Centre for Victims of Torture (CCVT) since November 1997. Before that, he worked as the Coordinator of the Jesuit Refugee Service-Canada. He has served as a founding member of the Canadian Centre for International Justice (CCIJ), Culturelink's Chair of the Board, and a director on the Inter-Church Committee for Refugees (ICCR) board. He has published four books in English and six in Farsi. He has collaborated with several UN bodies in connection with refugee protection and the eradication of torture. To protect refugees, he has traveled to the USA, Mexico, Rwanda, Switzerland, Austria, Australia, Nigeria, Uganda, Thailand, India, and Cyprus. He is the author of *Torture in the Age of Fear* (2005) and is the editor of *Genocide Today* (2023).



Danielle Washington is a PhD Candidate in the School of Nursing at York University, under the supervision of Dr. Nazilla Khanlou. She is a recipient of the Canada Graduate Scholarship Doctoral Award; her doctoral research focuses on the mental well-being of Black women living in poverty and at risk of intimate partner violence. Danielle currently practices as a psychiatric nurse, with research interests in mental health, marginalized and racialized populations, gender-based violence and the social determinants of health.

Poster Abstracts

Access to Mental Healthcare Services for Black Women During Perinatal Period – A Scoping Review

Authors & Affiliation: Janet Kemei¹, Mary Asirifi¹, Jody Nelson¹, Emily M. Khalema¹, Augustina T. Adekoya¹, and Oluwaseun O. Satimehin¹

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Background: Black women in Canada are at higher risk of poor mental health outcomes; this is associated with disparities such as poor access to healthcare and aggravated by racial discrimination and poor living conditions.

Objectives: This study aims to investigate the extent and nature of literature on access to mental healthcare services for Black women during the perinatal period in regions outside of Africa and the Caribbean.

Methods: We conducted a systematic article search using Medline, CINAHL, PsycINFO, ProQuest, and Public Health Database. The search strategy was based on the following aspects: 1) Perinatal mental health, specifically maternal mental health 2) People of colour, specifically Black people of African descent, or the African diaspora 3) Experiences with mental healthcare, specifically access and utilization. Arksey & O'Malley's framework for conducting scoping reviews was chosen. The included studies met the following criteria: 1) studies that focused on Black Women during perinatal period living in regions outside of African and the Caribbean islands, 2) studies with topics related to mental health services among Black women during perinatal period.

Results: n=12 articles met the inclusion criteria. The following themes were identified from the analysis of literature: 1) Disparities in utilization of mental healthcare services, 2) Spirituality, faith, and religion, 3) Accessibility of mental healthcare services.

Discussion and Conclusion: This review contributes to evidence in the literature confirming the presence and intersection of multifactorial risks, including gendered racial inequities, discrimination, sociocultural barriers, and financial issues impacting the access to and utilization of mental health care services among prenatal and post-partum Black women living outside Africa and the Caribbean. Therefore, addressing the systemic racism faced by Black mothers with mental health issues such as post-partum depression (PPD) is critical.

Poster presented previously: No

Acknowledgements (funding, supervisor, etc.): Internal grant from MacEwan University.

Mothering during the COVID-19 pandemic: Social Support to Promote the Wellbeing of Mothers of Racialized Youth with Developmental Disabilities

Authors & Affiliations: A Khan¹, LM Vazquez¹, N Hasan¹, F Nunes², and N Khanlou¹

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Background: Caregiving in the context of the COVID-19 pandemic was challenging for mothers. Mothering racialized young adults with developmental disabilities (DDs) added another layer of complexity in relation to race and disability. Racialized populations were already bearing a disproportionate burden of stress, illness, and health inequities in pre-pandemic contexts. Social support can moderate the impacts of stressors and promote the wellbeing of racialized mothers.

Objectives: To present impacts of the COVID-19 pandemic on the mental health and wellbeing of mothers of racialized young adults with DDs in four life-domains: mental health, socioeconomic challenges and access to services.

Methods: Twenty-one qualitative in-depth interviews were conducted with: Four young adults (16-29 years) with developmental disabilities and seven parent caregivers of Asian, African and Caribbean descent, and ten service providers of Caribbean, South Asian, and European descent serving this community. Thematic coding and analysis were guided by grounded theory.

Results: The impacts of the COVID-19 pandemic on the wellbeing of racialized mothers of youth with DDs included: i) Mental health difficulties: Social isolation and loneliness; ii) Economic challenges: Out of pocket expenses, insufficient DDs funding, long waiting lists; iii) Barriers in Service Provision: Service providers with non-diverse backgrounds, lack of cultural understanding, and affordability.

Discussion and Conclusion: Mothers drew attention to their experiences of social isolation and loneliness as a result of the pandemic, relating it to closures of children's schools and programs. Closure of businesses during the pandemic impacted racialized families' jobs and finances. Lack of sufficient funding for subsidies their children's DDs programs meant that families paid out of pocket. Lack of diversity amongst service providers meant that these were unable to bridge cultural gaps, which impacted on mothers' understandings of their children's condition and on accessing supports. Recommendations to improve the wellbeing of families include: a) more participation of families in program design and service provision; b) increase programs for young adults so they can learn social and work skills; c) increase funding; and, d) more education and training for service providers (education, health).

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Exploring the Future: The Role of Fathers in Strengthening Maternal-Child Health During Disasters

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Background: This paper reflects on the 2023 Chennai (India) floods, which significantly impacted maternal and child health. It led to increasing numbers of premature deliveries, fetal growth restrictions associated with risks of brain bleeds, failed lung maturity, and developmental issues, all of which contribute to the long-term psychological impact that natural disasters can have on mothers, children, and families.

Objective: To emphasize the importance of fathers' support in mitigating the effects of disasters on maternal and child wellbeing and promoting resilience in the family and community during natural calamities.

Methods: This paper uses a reflective narrative approach to draw lessons from the Chennai floods. News snippets and media stories are analyzed to develop a comprehensive disaster management strategy.

Results: The December 2023 Chennai floods in India brought to light the tragic impact of floods through personal stories. This paper delineates the trajectory of fathers' support as a pivotal factor in mitigating the impacts of natural catastrophes across their 6 phases, including pre-disaster preparation, the disaster event, post-disaster recovery, long-term adaptation, advocacy, and community

engagement. The paper highlights the importance of involving fathers in disaster preparedness training programs and empowering them to provide necessary support and access healthcare services to assist their families during and after a disaster. Fathers play a crucial role in promoting psychosocial recovery and contributing to community rebuilding efforts. Therefore, it is crucial to engage families, parents and fathers in community building and advocate for policies that establish supportive resources and networks, thereby enabling fathers to enhance family resilience.

Conclusion: Fathers must actively participate in disaster planning to safeguard maternal and child health and to help promote family and community resilience during natural calamities. Targeted education and engagement initiatives aimed at fathers can result in stronger family and community resilience and better coping with natural disasters. The education and engagement initiatives emphasize informed preparation, active participation, and robust post-disaster recovery processes to safeguard maternal and child health.

Poster presented previously: No

The Coping Strategies towards Post-Traumatic Stress after Acute Onset Earthquake on Children

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Background: Devastating and unprecedented earthquakes can result in massive economic costs, unaccountable personal huge losses of life and emotional suffering, and have profound long-term negative effects on mental well-being. They also lead to a common psychological maladaptation, such as Post Traumatic Stress Disorder (PTSD), which refers to a mental health condition being triggered by terrifying and dangerous events. Vulnerable youth, in particular, may experience more severe symptoms including nightmares, mood swings, fears, stress, psychological distress, severe anxiety, and depression following significant earthquake exposures (such as damage to homes, injuries or fatalities, parental distress and financial loss) compared to other age groups, making adaptation more challenging.

Objectives: To examine existing literature on 1) acute onset earthquakes leading to increased stress and PTSD on children, and 2) the effective coping strategies for children to develop and establish after earthquake.

Methods: Electronic databases (CINAHL, Google Scholar, PsychINFO, ERIC, EMBASE, MEDLINE, and Pubmed), the internet (Google) from 2000 to present 2024 in English were used for the keywords search (i.e., Post traumatic stress disorder/stress, children/youth/youths, earthquake/natural disaster, mental health and well-being, coping/cope), and twenty-nine published articles which met inclusion criteria were selected (twenty-five peer-reviewed articles, and four grey articles).

Results: Themes of risk stressors were generated, including abreacting, tolerating, imagining, stigma for seeking support, fantasy, self-blame, rumination, avoidant coping skill, aggressive behaviours, substance abuse, lower socioeconomic status and less access to resources and social services were strong contributors to the severity of PTSD symptoms. Protective coping strategies against PTSD symptoms include supportive parenting, peer social support, school connectedness, problem solving skills, cognitive behaviour treatment, meditation, self-regulation skills, internal locus of control, mental health services, and perceived self-efficacy. These can buffer the psychological impact of acute onset disasters.

Discussion and Conclusion: Children earthquake survivors require resilience, capacities, support and ongoing screening to identify symptoms of post traumatic stress disorder. Parents, families, and communities can assist by promoting positive coping strategies to manage the long-term impact of traumatic experiences.

Poster presented previously: No

Impacts of Collective Trauma on Women and Children

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Background: Collective trauma is a horrible, widespread, multifaceted and pervasive event or accident that makes the entire community or the whole society traumatized. In this presentation, a modest attempt will be made to study the impact of collective trauma on women and children exploring their specific reactions to the trauma and their coping mechanism.

Objectives: In this poster, a modest attempt will be made to discuss the nature of collective trauma by analysing its roots and some historical examples with specific reference to our modern epoch. The impact of collective trauma on communities and the entire society will also be discussed.

Methods: Theoretical and practical research based on the experiences of the Canadian Center for Victims of Torture. It links community and academic research.

Results: Collective trauma leaves devastating impacts on its survivors, including shock, confusion, helplessness, massive fear, silence, and identity crisis. We found the need for the holistic method of rehabilitation. This method will be analyzed at length.

Discussion and Conclusion: The impact of collective trauma on women and children indicates the urgent need for comprehensive understanding and targeted interventions. The multifaceted nature of trauma, whether natural disaster or man-made, compounded by its intergenerational transmission, demands a holistic approach that addresses both individual and societal levels. We will specifically discuss about the special needs of children, including maternal health care their sensitivities. Moreover, it is imperative to highlight systemic issues such as the impunity of perpetrators of genocide, war crimes and crimes against humanity. We will discuss and analyze the social and political causes of collective trauma. Therefore, effective treatment must encompass community- driven initiatives aimed at fostering resilience, solidarity, and healing. In conclusion, the profound and lasting effects of collective trauma emphasize the importance of concerted efforts to address its root causes and mitigate its impact. By fostering community support, recognition, and solidarity, coupled with holistic therapeutic approaches, it is possible to alleviate the burden of trauma and pave the way for healing and resilience within affected communities. However, such endeavors must be accompanied by broader societal changes to ensure accountability, justice, and the prevention of future traumas.

Poster presented previously: No

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The Mental Health of Pregnant Mothers Following Natural Disasters: An Evidence Analysis

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Background: Pregnant women are among the most vulnerable groups during and after natural disasters. They encounter many stressful life situations, increasing their likelihood of developing mental health issues. Access to mental health support services following disasters may be hindered by a number of systemic and personal barriers. Knowledge of useful formal and informal social support services are necessary to regain normalcy post-disaster.

Objectives: 1. To analyze the impacts of natural disasters on the mental health of pregnant women in developed countries; 2. To propose appropriate formal and informal social supports aimed at assisting pregnant women in recovering from natural disasters.

Methods: Literature was reviewed in an ongoing search to analyze the impact of natural disasters on the mental health of pregnant women. ProQuest was searched for literature published worldwide between 2010 – 2024. The key search terms were pregnancy, women, mental health, and natural disasters. Literature was included if it was (i) empirical or grey literature, (ii) written in English, and (iii) focused on the impact of natural disasters on the mental health of pregnant women.

Results: The effects of natural disasters on pregnant women’s mental health included significant emotional reactions, elevated stress levels, depression, and post-traumatic stress disorder.

Discussion and Conclusion: Pregnant women have unique service needs during normalcy and following natural disasters which must be understood and addressed. They worry about the long-term impact of their anxiety and depression on their unborn child, seeing other family members with mental health issues and they experience a delayed recovery from post-traumatic stress disorder. Formal and informal support services include routine screening for psychosocial and mental health risks, case management support for pregnant women and building social support networks within disaster-affected communities.

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