



PERINATAL
Mental Health and
Substance Use
CONFERENCE | 2026

STANDING TOGETHER: DOING MORE THROUGH PARTNERSHIP



Virtual Event | October 6 & 7, 2026

**BC WOMEN'S
HOSPITAL+
HEALTH CENTRE**

Provincial Health Services Authority

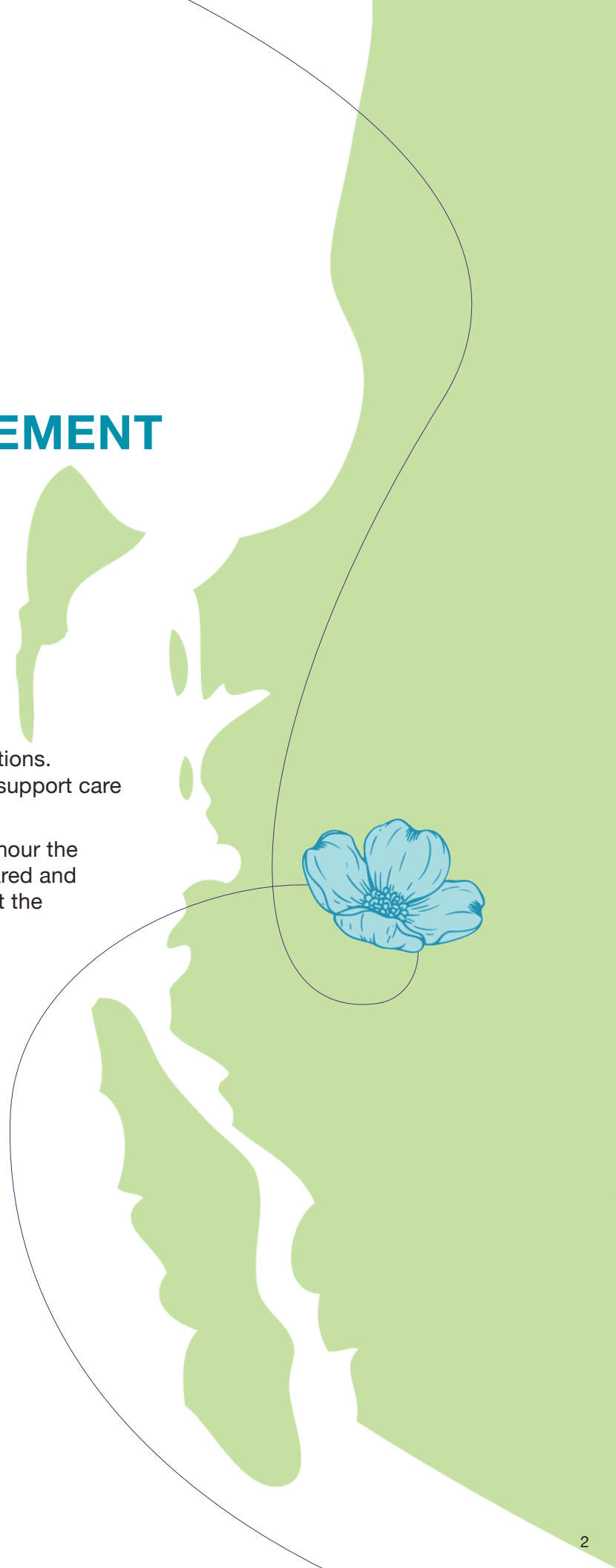


**REPRODUCTIVE
MENTAL HEALTH AND
SUBSTANCE USE PROGRAM**

LAND ACKNOWLEDGEMENT

We acknowledge that the work done at the BC Women's Hospital + Health Centre (BCWH), takes place on the unceded, traditional and ancestral territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish) and sə́lɪ lwə́təʔt (Tsleilwaututh) Nations who have cared for and nurtured the lands and waters around us for all time. Provincial Health Service Authority (PHSA) provides specialized health care services to communities across British Columbia, on the territories of many distinct First Nations. We give thanks for the opportunity to live, work and support care here.

With gratitude and respect, we acknowledge and honour the experiences of all birthers and parents who have shared and continue to share their truths, teach, guide and direct the work of the BCW Reproductive Mental Health and Substance Use Program.



WELCOME MESSAGE FROM THE DIRECTOR

This year's theme, *Standing Together: Doing More Through Partnership*, reflects a truth that has never been more important: meaningful and lasting progress is achieved through collaboration. Across British Columbia, partnerships among people with lived and living experience, Indigenous leaders, Elders and Knowledge Keepers, families, healthcare providers, researchers, community organizations, and system leaders are strengthening reproductive and perinatal mental health and substance use care.

Mental health is deeply connected to reproductive health and is shaped by a range of personal, relational, cultural, and social experiences. These experiences do not occur in isolation, underscoring the importance of care that recognizes the whole person and responds to the diverse needs of individuals and families.

This year also marks ten years since British Columbia declared a public health emergency in response to the toxic drug crisis. The devastating effects of this crisis continue to be felt by individuals, families, and communities throughout the province, including pregnant and parenting people. It has underscored the urgent need to collaborate, innovate, and reimagine how compassionate, evidence-informed mental health and substance use care is designed and delivered.

Through shared commitment and collective action, important progress has been made in advancing integrated reproductive and perinatal mental health and substance use services, reducing stigma, and building systems of care that are trauma-informed, culturally safer, and grounded in dignity, compassion, and hope. We also recognize that significant work remains. Continued progress will depend on sustained partnership, accountability, and a commitment to addressing inequities and ensuring that people can access timely, respectful, and appropriate care.

This conference provides an opportunity to learn from one another, exchange knowledge and new ideas, celebrate progress, and strengthen the relationships that make lasting change possible.

Sarah Moreheart

Director

Reproductive Mental Health and Substance Use Program

BC Women's Hospital + Health Centre



A NEW NAME REFLECTING OUR CONTINUED COMMITMENT

In June 2026, our program was renamed the **BC Women's Reproductive Mental Health and Substance Use Program (BCW RMHSU)**.

Our new name better reflects the breadth of our work in providing specialized reproductive mental health and substance use services across key reproductive and perinatal transitions. While our name has changed, our commitment has not. Our provincial mandate, partnerships, services, and initiatives continue, including the Families in Recovery (FIR) Unit and the Provincial Reproductive Mental Health Outpatient Clinic (Provincial RMHOC).

Thank you for joining us as we continue working together to advance reproductive and perinatal mental health and substance use care across British Columbia.



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2026 PMHSU CONFERENCE PLANNING COMMITTEE

We gratefully acknowledge the members of the Conference Planning Committee for their dedication, expertise, and thoughtful contributions in shaping this conference.



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BCW RMHSU



Radhika Bhagat
PSU Project Lead
VCH



Dr. Jennifer Clune*
Psychiatrist
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Project Manager
BCW RMHSU

2026 PMHSU CONFERENCE PLANNING COMMITTEE

We gratefully acknowledge the members of the Conference Planning Committee for their dedication, expertise, and thoughtful contributions in shaping this conference.



Dr. Martha J. Ignaszewski
**Senior Medical Director
of Mental Health &
Substance Use**
BCW RMHSU



Dr. Sarah Moreheart
Director
BCW RMHSU



Dr. Charissa Patricelli
Research Director
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Dr. Roberto Sassi
Psychiatrist in Chief
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Dr. Barbara Shulman
**Psychiatrist and
Medical Director**
*Provincial RMHOC,
BCW RMHSU*



Eva Sullivan
**Knowledge
Exchange Leader**
BCW RMHSU

* Identifies members who served on both the Planning Committee and the Presentation Proposal Review Committee.

ABBREVIATIONS

BCCH = BC Children's Hospital

BCMHSUS = BC Mental Health and
Substance Use Services

BCW = BC Women's Hospital + Health
Centre

BCW RMHSU = BC Women's
Reproductive Mental Health and
Substance Use Program

DAFGP = Doulas for Aboriginal Families
Grant Program

IHA = Interior Health Authority

NHA = Northern Health Authority

Provincial RMHOC = Provincial
Reproductive Mental Health
Outpatient Clinic

VCH = Vancouver Coastal Health

STANDING TOGETHER:

DOING MORE THROUGH PARTNERSHIP

OCTOBER 6

OCTOBER 6				
8:15 – 10:00 KEYNOTE	Housekeeping and Land Acknowledgement Suman Narayan		Welcome & Opening Blessing Elders Lorelei Lyons & Lucy Barney	
	Graphic Recording Annalee Kornelsen & Sam Bradd		Alignment in Health Priorities	
	When We Know Better, We Can Do Better: How Neuroscience Helps Us Create Lasting Change and Find Hope in Our Work Jan Ference			
10:00 – 10:20 Wellness Break				
10:20 – 11:05 WORKSHOP	Elders Advisory Circle: Two Eyed Seeing and Relational Approaches to Research in Perinatal Care Elder Roberta Price, Charissa Patricelli, Gramma Shingoose & Shanlea Gordon		From Support to Safety: Creating a Perinatal Education Model Integrating De-escalation, Interactive Storytelling, ESC and Ethical Duty to Support Jen Boon	
	Moderator: Barbara Shulman		Moderator: Jennifer Clune	
11:05 – 11:15 Wellness Break				
11:15 – 12:00 WORKSHOP	Unlearning Risk - Reframing Perinatal Substance Use Through Attachment, Relationship and Advocacy Kat Broad & Suman Narayan		Explore Pre-recorded Presentations	
	Moderator: Melissa Dreyer			
12:00 – 13:00 Lunch				
13:00 – 13:45 WORKSHOP	Dismantling Tokenism: Ethical and Meaningful Engagement of People with Lived Experience in Perinatal Mental Health and Substance Use Stephanie Lowe		New Contaminant in the Drug Supply: Medetomidine in the Perinatal Population a Case Series Charissa Patricelli, Colleen Lum, Eric Cattoni, Melissa Dreyer, Nicole Carter, Scarlet Chapman, & Vanessa Paquette	
	Moderator: Tiova de Kok		Moderator: Jennifer Clune	
13:45 – 14:20 Wellness Break				
14:20 – 15:20 LIGHTNING TALKS	Centering Connection in Perinatal Care: An Indigenous Perspective Linda Jones		Si'nigiyemk'a: Supporting New Beginnings Through Culturally Grounded Perinatal Wellness Catherine Tanski & Lisa Lawley	
	BCAPOP's Provincial Perinatal Substance Use Peer Network Project Andrea Grady		Bridging Care from Pregnancy to Recovery: A Case Study Ivy Parsons & Kelsey Craner	
	In Her Circle: Mobilizing Community to Bridge Gaps in Postpartum Mental Health Care Kiri Bird & Fiona Hephher		Re-centering Indigenous Birth: Integrating Indigenous Doulas into Hospital Care Teams Nicole Hyde	
	Moderator: Barabara Shulman		Moderator: Melissa Dreyer	
15:20 – 15:30 Break				
15:30 – 16:00 PLENARY	Graphic Recording Annalee Kornelsen & Sam Bradd			
	Giving Thanks and Closing Remarks Elders Lorelei Lyons & Lucy Barney			
Connections & Relationships		Diverse & Localized Needs	Equity & Collective Responsibility	Innovation & Action-Oriented Collaboration
Progress Amid Ongoing Barriers				



OCTOBER 7					
8:30 – 10:00 KEYNOTE	Housekeeping and Land Acknowledgement Suman Narayan		Welcome & Opening Blessing Elders Lorelei Lyons & Lucy Barney		
	Words from BCW Leadership Cheryl Davies		BCW RMHSU Program Updates Suman Narayan		
	Rematriating Health Across the Lifespan: Indigenous Women’s Health, Birth and Future Generations Brittany Bingham				
10:00 – 10:20 Wellness Break					
10:20 – 11:05 WORKSHOP	Silos to Streams: The Braiding Wisdoms Project to Improve Organizational Collaboration for Children, Youth and Families Candice (Eagle Spirit Woman) Norris, Emma Kuntz, Kat Nahanee, Linda George, Linoy Alkalay & Matthew Carwana Moderator: Tiova de Kok		Introducing a New Tool for Critically Navigating Mandatory Reporting in Healthcare Alana Prochuk & Erika Ono Moderator: Stephanie Lowe		
	11:05 – 11:15 Wellness Break				
11:15 – 12:00 WORKSHOP	From Insights to Action: Advancing Equity-Oriented Postpartum Mental Health Care for Racialized Mothers in British Columbia Rubee Dev & Saima Hirani Moderator: Stephanie Lowe		Navigating Ethics and the Law – Finding a Better Way With & For Families Amidst Systems Challenges Alison Eller, Candice (Eagle Spirit Woman) Norris, Cheryl Guenther, Jen Boon, Linoy Alkalay & Serena Kullar Moderator: Danielle Cousineau		
	12:00 – 13:00 Lunch				
13:00 – 14:00 LIGHTNING TALKS	Pressures from Child Protection Services and Motivation in Mothers in a Perinatal Substance Use Program: A Prospective Cohort Study Grounded in Self-Determination Theory Emily Bosdachin		The Fourth Trimester Group: A Virtual Postpartum Psychiatry Support Model Christina Frizzo & Lingsa Jia		
	From Reporting to Shared Responsibility: Re-imagining Evaluation in Perinatal Care Stephanie Lowe		Comparison of Slow-Release Oral Morphine and Methadone for Opioid Use Disorder in Pregnancy: A Retrospective Cohort Study Julianna Gotha, Katherine Bodkin, Roxane Carr & Vanessa Paquette		
	Through the Woods: An Interpretative Phenomenological Analysis of Psychiatric Hospitalization in the Postpartum Catriona Hippman Moderator: Tiova de Kok		Screening for Perinatally Occurring Anxiety Disorders: Current Status and Next Steps Nichole Fairbrother Moderator: Danielle Cousineau		
13:45 – 14:20 Wellness Break					
14:20 – 15:20 LIGHTNING TALKS	Real-Time Data Collection in a Perinatal Substance Use Population: Insights from the Living Lab at Home Ecological Momentary Assessments Charissa Patricelli, Karly Stewart, Shanlea Gordon & Tim Oberlander		Engaging Complexity: Partnering to Reshape BC’s Approach to Perinatal Mental Health in the Context of Bill M204 Marlee McGuire & Misty Wasyluk		
	“Well, What CAN We Do?”: Implementing Eat, Sleep, Console and Recovery Oriented Dyad Care in Community Perinatal Sites Through Partnership Jenn Rasmussen & Tessa Unger		Early Identification of Psychological Birth Trauma: Development and Implementation of a Trauma-Informed Screening Pathway Katherine Seligman, Katie Nelson & Laura Folino		
	Neonatal Abstinence Syndrome; A New Era Charissa Patricelli, Felisha Segovia-Quiroz, Karly Stewart, Nevin Haynes, Nicole Carter, Scarlet Chapman & Shawn George Moderator: Danielle Cousineau		Expanding Access to Care: Nurse-Delivered Psychological Interventions for Perinatal Depression and Anxiety Michelle Carter Moderator: Barbara Shulman		
15:20 – 15:30 Break					
15:30 – 16:00 PLENARY	Graphic Recording Annalee Kornelsen & Sam Bradd				
	Closing words from RMHSU Program Sarah Moreheart				
	Giving Thanks and Closing Remarks Elders Lorelei Lyons & Lucy Barney				
Connections & Relationships		Diverse & Localized Needs	Equity & Collective Responsibility	Innovation & Action-Oriented Collaboration	Progress Amid Ongoing Barriers



PRE-RECORDED

ADHD in Pregnancy: Evidence-Based Guidelines and Patient Resource Overview | Catriona Hippman

Mental Health of Racially Diverse Perinatal Mothers: Content Analysis of YouTube Videos | Lillian Schatteman

New Understandings of Oxytocin: How the Past Impacts the Present and Why this Matters in Perinatal Care Provision and Patient-Centered Care | Adrienne Carruthers

Peer Employment and Engagement Quick Reference | Stephanie Lowe

Perinatal Substance Use Care in our Rural Community: Why Collaboration Matters | Stephanie Pintar & Tanya Dutton

Understanding Caregiving Knowledge Needs for Infants Exposed to Prenatal Substances | Jelena Komanchuk & Mary Catherine Williams

Children with Prenatal Opioid Exposure - How Do They Compare to Their Peers at School-Age? | Kayla St. Croix

Motor Outcomes of Children with Intrauterine Exposure to Illicit Drugs: A Case Series from Sunny Hill's Early Motor Screening Program | Nandy Fajardo & Jill Zwicker

Nurturing Mental Health Through Perinatal Nutrition: Inclusive Conversations & Support Strategies | Amy Chow

Perinatal Substance Use: An Ethical Framework for Clinical Use | Tia Niedjalski

Standing in the Gap: A Relational, Upstream Approach to Supporting Youth at the Intersection of Housing, Mental Health, and Substance Use | Simeon Odumuh



CONFERENCE TRACKS & KEYWORDS

SESSION	Presentation Type	Clinical Tools, Guidelines, and Resources	Community Care	Direct Care	Evaluating and Transforming Systems of Care	Housing & Long-term Care	Innovation in Rural Areas	Innovation in Urban Areas	Learning from Lived Experiences	Perinatal Mental Health	Perinatal Substance Use	Research	Transitions and Continuity of Care	Two-Eyed Approaches to Care
ADHD in Pregnancy: Evidence-Based Guidelines and Patient Resource Overview	P	X		X					X	X		X	X	
BCAPOP's Provincial Perinatal Substance Use Peer Network Project	LT	X							X		X			
Bridging Care from Pregnancy to Recovery: A Case Study	LT												X	
Centering Connection in Perinatal Care: An Indigenous Perspective	LT		X		X		X	X		X			X	X
Children With Prenatal Opioid Exposure - How Do They Compare to Their Peers at School-Age?	P										X	X		
Comparison of Slow-Release Oral Morphine and Methadone for Opioid Use Disorder in Pregnancy: A Retrospective Cohort Study	LT										X	X		
Dismantling Tokenism: Ethical and Meaningful Engagement of People with Lived Experience in Perinatal Mental Health and Substance Use	W		X		X				X	X	X			
Early Identification of Psychological Birth Trauma: Development and Implementation of a Trauma-Informed Screening Pathway	LT	X								X		X		
Elders Advisory Circle: Two Eyed Seeing and Relational Approaches to Research in Perinatal Care	W		X								X	X		X
Engaging Complexity: Partnering to Reshape BC's Approach to Perinatal Mental Health in the Context of Bill M204	LT			X						X				
Equity and Collective Responsibility	P			X										
Expanding Access to Care: Nurse-Delivered Psychological Interventions for Perinatal Depression and Anxiety	LT									X				
From Insights to Action: Advancing Equity-Oriented Postpartum Mental Health Care for Racialized Mothers in British Columbia	W		X						X	X		X		
From Reporting to Shared Responsibility: Re-imagining Evaluation in Perinatal Care	LT				X		X		X	X	X		X	X
From Support to Safety: Creating a Perinatal Education Model Integrating De-escalation, Interactive Storytelling, ESC, and Ethical Duty to Support	W	X								X	X			
In Her Circle: Mobilizing Community to Bridge Gaps in Postpartum Mental Health Care	LT								X	X				
Introducing a New Tool for Critically Navigating Mandatory Reporting in Healthcare	W				X									
Lessons in Coalition Building for Perinatal Systems Change	P		X		X									
Mental Health of Racially Diverse Perinatal Mothers: Content Analysis of YouTube Videos	P				X					X		X		
Motor Outcomes of Children with Intrauterine Exposure to Illicit Drugs: A Case Series from Sunny Hill's Early Motor Screening Program	P	X			X						X			
Navigating Ethics and the Law - Finding a Better Way With & For Families Amidst Systems Challenges	W	X			X		X	X	X		X		X	
Neonatal Abstinence Syndrome: A New Era	LT			X					X	X	X			
New Contaminant in the Drug Supply: Medetomidine in the Perinatal Population a Case Series	W	X		X						X	X			
New Understandings of Oxytocin: How the Past Impacts the Present and Why This Matters in Perinatal Care Provision and Patient-centered Care	P		X	X						X		X		
Nurturing Mental Health Through Perinatal Nutrition: Inclusive Conversations & Support Strategies	P	X	X	X					X	X				
Peer Employment & Engagement Quick Reference	P	X			X				X			X		
Perinatal Substance Use: An Ethical Framework for Clinical Use	P	X									X			
Perinatal Substance Use Care in our Rural Community: Why Collaboration Matters	P		X				X				X			
Pressures from Child Protection Services and Motivation in Mothers in a Perinatal Substance Use Program: A Prospective Cohort Study Grounded in Self-Determination Theory	LT										X	X		
Real-Time Data Collection in a Perinatal Substance Use Population: Insights from the Living Lab at Home Ecological Momentary Assessments	LT				X				X		X	X		
Re-centering Indigenous Birth: Integrating Indigenous Doula's into Hospital Care Teams	LT			X				X		X	X			
Screening for Perinatally Occurring Anxiety Disorders: Current Status and Next Steps	LT	X								X				
Si'ngiyem'ka: Supporting New Beginnings Through Culturally Grounded Perinatal Wellness	LT		X	X			X		X		X		X	X
Silos to Streams: The Braiding Wisdoms Project to Improve Organizational Collaboration for Children, Youth and Families	W		X											X
Standing in the Gap: A Relational, Upstream Approach to Supporting Youth at the Intersection of Housing, Mental Health, and Substance Use	P		X		X	X							X	
The Fourth Trimester Group: A Virtual Postpartum Psychiatry Support Model	LT		X					X		X				
Through the Woods: An Interpretative Phenomenological Analysis of Psychiatric Hospitalization in the Postpartum	LT				X				X	X		X		
Understanding Caregiving Knowledge Needs for Infants Exposed to Prenatal Substances	P		X						X		X	X		
Unlearning Risk - Reframing Perinatal Substance Use Through Attachment, Relationship and Advocacy	W		X	X							X			
"Well, What CAN We Do?": Implementing Eat, Sleep, Console and Recovery Oriented Dyad Care in Community Perinatal Sites Through Partnership	LT			X	X						X			
Why Collaboration Matters in Rural Perinatal Substance Use Care	P		X				X				X			

W = Workshop | LT = Lightning Talks | P = Pre-recorded

WELCOME & WISDOM SHARING

We are honoured to have Elder Lucy Barney and Elder Lorelei Lyons providing the Welcome and Opening/Closing Blessings at this conference. We are deeply grateful for generously sharing their wisdom to help create a grounded space for meaningful learning and connection.



Elder Lorelei Lyons

Metis Nation British Columbia, Region 2

Elder Lucy Barney

T'it'q'et Nation, MScN

CULTURAL WELLNESS PRACTICE

Healthcare providers will have the opportunity to deepen their understanding of smudging—a sacred Indigenous ceremony rooted in traditional healing and spiritual wellness. Throughout the conference, participants will be guided in assembling their own medicine pouch with intention, and introduced to the Four Sacred Medicines central to many Indigenous teachings:

- **Cedar:** Symbolizes protection and mental clarity
- **Sage:** Used to cleanse negative energy and restore balance
- **Sweetgrass:** Invites positive energy and harmony
- **Tobacco:** Offered in prayer to the Creator, expressing gratitude for all of creation

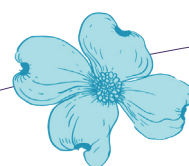


Through this learning experience, participants will explore the cultural significance of each medicine and the teachings associated with these sacred gifts. The session will also highlight the role of smudging as a **grounding and wellness practice**, supporting emotional, mental, and spiritual health.

Participants will be guided through the steps of a smudging ceremony, including how to respectfully smudge oneself and the meaning behind each action. This educational offering is designed to foster cultural humility, enhance holistic care approaches, and support reconciliation efforts within healthcare settings.

The practise of smudging originated on the prairies but has been shared as a healing medicine for all who come to the ceremony with good intentions. The one exception is that if you are a woman on your moon time / menstruating you are asked not to participate as you are already naturally cleansing and extremely powerful during this time.

There are many ways to smudge and all are correct.



The morning and afternoon plenary sessions will feature updates and insights from specialists and healthcare leadership from program and provincial perspectives. Together, we continue to strengthen a coordinated, province-wide approach to perinatal mental health and substance use by expanding access to care for patients across British Columbia and building capacity within provider networks and service systems. Key learnings and discussions from each day will be captured through graphic recording and shared with participants at the close of each session day.

EVENT HOST



Suman Narayan

Program Manager, Families in Recovery (FIR) Unit
Reproductive Mental Health and Substance Use Program
BC Women's Hospital + Health Centre

SPEAKERS



Cheryl Davies

Chief Operating Officer,
BC Women's Hospital +
Health Centre



Sarah Moreheart

Director
Reproductive Mental Health
and Substance Use Program
BC Women's Hospital +
Health Centre

GRAPHIC RECORDING BY DRAWING CHANGE CONSULTING

This PMHSU online conference features live graphic recording by Drawing Change. Two digital graphic recorders will be dedicated listeners, illustrating insights and a summary of the event in real time. Live graphic recording helps participants spot patterns, collaborate, and honour diverse ways of knowing. Our visuals help you communicate what's important, and make it unforgettable.



Sam Bradd

Graphic Recorder



Annalee Kornelsen

Graphic Recorder

WHEN WE KNOW BETTER, WE CAN DO BETTER: HOW NEUROSCIENCE HELPS US CREATE LASTING CHANGE AND FIND HOPE IN OUR WORK

DAY 1: OCTOBER 6, 2026 | 9:15 - 10:00 | JAN FERENCE



When a person is exposed to chronic stress, adversity, and/or neglect, brain development is impacted in a significant way. This in turn influences daily functioning. Science is teaching us that adversity has a direct correlation to both emotional and physical health that can be passed onto future generations. We are also learning that the quality and nature of the early attachment relationship is more imperative than we ever understood.

What is the stress response system and how does this impact people's day-to-day functioning, especially decision making? How do we help people soothe their nervous system when they have never learned to do this on their own?

How does this information relate to your role? How can it help us reduce shame for our clients/patients? Lastly, but most importantly, how can we find hope in our work when caring for such complex people?

BIOGRAPHY

Jan, BEd, M.S in Counselling, IPMHF (Infant-Parent Mental Health Fellow) has spent her entire career working with complex populations. She completed her Bachelor of Education at the University of Victoria, and a Master's in Counselling program at the University of Portland. Twenty years ago, Jan attended a three-day workshop on trauma, and that was her first exposure to the impact of adversity on the brain.

Jan graduated from the Infant-Parent Mental Health Fellowship through University of California. This fellowship has been life changing, as the understanding of early caregiving experiences is the key to understanding all life experiences that follow.

In 2016, Jan created and led a team that had inspiring outcomes working with women in the perinatal period who had Opioid Use challenges. They were able to facilitate system change based on the rich learnings gained from perinatal work.

Currently Jan is working for the Yukon Department of Education transforming the school system and is the Executive Director of Family Services of Greater Victoria.

Lastly, Jan is a passionate National Trainer for the Brazelton Touchpoints Center.

LEARNING OBJECTIVES

1. Participants will learn about brain development and the implications of stress, adversity and neglect on both the adult and fetal/infant brain.
2. Participants will better understand the underlying mechanism (neurobiology/physiology) and correlation between, attachment, regulation and substance use.
3. Participants will learn practical strategies to support attachment, to reduce stress and to increase safety and regulation.
4. Participants will better understand how crucial their role is.



REMATRIATING HEALTH ACROSS THE LIFESPAN: INDIGENOUS WOMEN'S HEALTH, BIRTH AND FUTURE GENERATIONS

DAY 2: OCTOBER 7, 2026 | 9:15 - 10:00 | BRITTANY BINGHAM

Indigenous women have long held vital roles as leaders, knowledge keepers, caregivers, and birth workers within their families, communities, and Nations. Yet colonial policies and health systems disrupted Indigenous women's leadership and birthing practices, displaced women from their lands and support networks, and undermined Indigenous approaches to reproductive health. Colonialism, Indigenous-specific racism and gender-based violence continues to shape health inequities experienced by Indigenous women, families, and communities today.

Dr. Bingham (she/her/hers) will discuss the history of Indigenous birth and reproductive health through a lens of Resistance, Renewal, and Rematriation. She will discuss why uplifting Indigenous women's voices, knowledge systems, relationships, and leadership is essential to advancing reproductive justice and transforming health systems. Rematriation is about reclaiming and restoring the conditions for Indigenous women, families, and Nations to thrive.

Grounded in the work of the Indigenous Equity Lab (PI: Bingham), she highlights Indigenous-led research and community-driven initiatives that are advancing culturally grounded approaches to birth, healthcare, and wellness. By centering Indigenous women's experiences and priorities, her work challenges colonial structures while creating pathways toward more equitable, relational, and self-determined models of health care and research. At its heart, this keynote is about equitable and sustained health for future generations.



BIOGRAPHY

Dr. Brittany Bingham, PhD, MPH is a proud member of the shíshálh (Sechelt) Nation and a leading voice in Indigenous women's health, wellness, and systems transformation. She holds a Master of Public Health and a PhD in Health Sciences from Simon Fraser University and is an Assistant Professor in the Division of Social Medicine in the Faculty of Medicine at the University of British Columbia, as well as a Health Research BC Scholar. She is an affiliate member of the Department of Obstetrics and Gynaecology at UBC and the Women's Health Research Institute at BCW in Vancouver, BC.

Dr. Bingham is the founder and lead of the Indigenous Equity Lab, where her work is grounded in matriarchal wisdom, Indigenous leadership, and mentoring the next generation of Indigenous scholars. With over 20 years of experience working alongside Indigenous communities, health systems, and policy leaders, she leads community-driven research aimed at improving Indigenous experiences in healthcare and advancing meaningful system transformation.

Her research centers Indigenous women's health, gender equity, and climate and planetary health, with a strong focus on implementation science, learning health systems, and culturally safe, equity-focused approaches to care. She is deeply committed to advancing sexual and reproductive health, cultural safety and humility, and Indigenous-led pathways to wellness.

Most recently, Dr. Bingham leads the IMPACT (Investing in Matriarchal Access, Care and Traditional Wellness) project, a five-year initiative exploring Indigenous women's experiences of menopause and midlife wellness. Across all of her work, she is passionate about uplifting Indigenous leadership and matriarchal knowledge to shape a healthier, more just future for communities.

LEARNING OBJECTIVES

1. Participants will understand how colonial policies and systems have disrupted Indigenous birthing practices, reproductive health, and wellness across generations.
2. Participants will explore the concepts of Resistance, Renewal, and Rematriation and their relevance to Indigenous women's health and reproductive justice.
3. Participants will recognize the critical role of Indigenous women's voices, leadership, relationships, and knowledge systems in advancing health system transformation.
4. Participants will explore how individuals and organizations can contribute to reconciliation and create conditions that support Indigenous self-determination, wellness, and health equity.

This year's Workshops and Lightning Talks have been grouped into five streams:

- **CONNECTIONS AND RELATIONSHIPS**

Recognize the foundational importance of relationships: between parent and child, care provider and patient, communities and health authorities. Strong, relational approaches are central to improving outcomes.

- **DIVERSE AND LOCALIZED NEEDS**

Recognize that needs vary across regions and settings, requiring flexible approaches that are responsive to local contexts while maintaining a shared provincial commitment.

- **EQUITY AND COLLECTIVE RESPONSIBILITY**

Address disparities in access to services across the province, particularly the disproportionate impacts on Indigenous women and those involved in corrections. Emphasize that these challenges belong to all communities, not just smaller or interior regions, and commit to standing together, sharing privilege, knowledge, and resources to support one another.

- **INNOVATION AND ACTION-ORIENTED COLLABORATION**

Focus on practical, tangible, and cost-effective ways to support communities now. Encourage sharing and scaling promising practices through pilot projects, workshops, and adaptable resources that can be implemented province-wide.

- **PROGRESS AMID ONGOING BARRIERS**

While significant barriers remain, acknowledge and celebrate the meaningful progress that has been made and the momentum that continues to move the work forward.

Amplifying the voices of People with Lived/Living Experience (PWLE) and Indigenous ways of knowing is crucial for advancing care in the Perinatal Mental Health and Substance Use continuum.

The PMHSU Conference is proud to share the powerful representation from PWLE and Indigenous voices (as authors, presenters, or consultants) in this year's Workshops and Lightning Talks:

82% involved PWLE

75% involved Indigenous Voices*



ELDERS ADVISORY CIRCLE: TWO EYED SEEING AND RELATIONAL APPROACHES TO RESEARCH IN PERINATAL CARE

DAY 1: OCTOBER 6, 2026 | 10:20 – 11:05 | WORKSHOP

This is an interactive session to share the work of the Elder's Advisory Circle POETIC in building trust, cultural sharing and storytelling as the foundation for research in the perinatal population. The perinatal population who uses substances are one of the most stigmatized and under researched groups in healthcare. This talk will share knowledge from our national work on trauma informed care with families impacted by substance use.

LEARNING OBJECTIVES

1. Insight into the importance of relationship and cultural sharing in research.
2. Knowledge of opportunities to engage and learn from Indigenous Elders in research for sustainable and relevant clinical impact.
3. Enhanced understanding of the collective community cost of the drug crisis.

KEYWORDS

Community Care; Research; Perinatal Substance Use; Two-Eyed Approaches to Care

SPEAKERS



Elder Roberta Price

Elder Gramma Shingoose

MODERATOR



Dr. Barbara Shulman



Charissa Patricelli



Shanlea Gordon



UNLEARNING RISK – REFRAMING PERINATAL SUBSTANCE USE THROUGH ATTACHMENT, RELATIONSHIP AND ADVOCACY

DAY 1: OCTOBER 6, 2026 | 11:15 – 12:00 | WORKSHOP

Perinatal substance use is often approached through a lens of risk; risk to the fetus, risk to the newborn, and risk to self. While risk assessment plays an important role in care planning, an overemphasis on risk can unintentionally reinforce stigma, erode trust, and create barriers to engagement for perinatal patients. This presentation invites participants to critically examine how “risk” is constructed, interpreted, and operationalized in perinatal substance use care. We will challenge the assumption of risk as objective and fixed, instead exploring it as inherently subjective, shaped by provider perception, institutional culture, and systemic bias. Risk is also experienced somatically; held in the body by both patients and providers requiring ongoing attention, reflection, and regulation in clinical encounters.

LEARNING OBJECTIVES

1. How risk-focused narratives influence care relationships and decision-making.
2. How to apply relational and attachment-informed approaches in everyday practice / Strategies to navigate ethical tensions between safety, autonomy, and trust.
3. How to recognize and respond to the subjective and somatic dimensions of risk in clinical work / Opportunities for advocacy within complex systems.

KEYWORDS

Community Care; Direct Care; Perinatal Substance Use to Care

SPEAKERS



Kat Broad



Suman Narayan



Melissa Dreyer

MODERATOR

DISMANTLING TOKENISM: ETHICAL AND MEANINGFUL ENGAGEMENT OF PEOPLE WITH LIVED EXPERIENCE IN PERINATAL MENTAL HEALTH AND SUBSTANCE USE

DAY 1: OCTOBER 6, 2026 | 13:00 – 13:45 | WORKSHOP

People with lived and living experience of perinatal MHSU challenges bring essential expertise to the design, delivery, and evaluation of services. However, engagement in MHSU systems is often limited to storytelling, occurs late in decision-making, or places disproportionate emotional and safety burdens on participants. This session supports practitioners, planners, researchers, and system leaders to move beyond tokenism toward ethical, meaningful lived experience engagement in perinatal MHSU. Grounded in trauma- and violence-informed, equity-oriented, and anti-oppressive principles, the session presents a practical engagement framework spanning consultation, co-design, and leadership. It emphasizes power-sharing, safety, fair compensation, and the distinct risks faced by people who are pregnant or parenting while navigating mental health and substance use challenges.

LEARNING OBJECTIVES

1. Differentiate between levels of lived-experience engagement (e.g., consultation, co-design, leadership) and identify when each is appropriate in perinatal MHSU settings.
2. Identify ethical, safety, and power-related challenges in lived-experience engagement, including stigma, surveillance, and child welfare concerns.
3. Apply trauma-, violence-, and equity-informed principles to the planning and implementation of lived-experience engagement.

KEYWORDS

Community Care; Evaluating and Transforming Systems of Care; Learning from Lived Experience; Perinatal Mental Health; Perinatal Substance Use

SPEAKER



Stephanie Lowe

MODERATOR



Tiova de Kok

CENTERING CONNECTION IN PERINATAL CARE: AN INDIGENOUS PERSPECTIVE

DAY 1: OCTOBER 6, 2026 | 14:20 – 15:20 | LIGHTNING TALKS

Centering Connection in Perinatal Care: An Indigenous Perspective explores how relationship-based, culturally grounded approaches can transform perinatal care for Indigenous families. Drawing from Indigenous doula practices and community-informed care models, this presentation highlights the importance of trust, advocacy, cultural safety, and holistic support throughout the perinatal journey. Attendees will gain insight into the role of Indigenous doulas in supporting families, strengthening connections to culture and community, and helping create more compassionate and responsive systems of care.

LEARNING OBJECTIVES

1. Increase understanding of the role Indigenous Doulas play as grassroots community workers supporting families navigating mental health and substance use challenges.
2. Identify how connection-based doula care can help foster trust, reduce stigma, and improve access to culturally safer perinatal supports and services.
3. Reflect on the value of Indigenous-led, holistic, and family-centered approaches in strengthening outcomes for parents, infants and communities.

KEYWORDS

Community Care; Evaluating and Transforming Systems of Care; Innovation in Rural Areas; Innovation in Urban Areas; Perinatal Mental Health; Transitions and Continuity of Care; Two-Eyed Approaches to Care

SPEAKER



Linda Jones

MODERATOR



Dr. Barbara Shulman



BCAPOP'S PROVINCIAL PERINATAL SUBSTANCE USE PEER NETWORK PROJECT

DAY 1: OCTOBER 6, 2026 | 14:20 – 15:20 | LIGHTNING TALKS

BCAPOP's Provincial Perinatal Substance Use (PSU) Peer Network was established in 2024 and is a time-limited project aimed to support helping peers in BC. This network's purpose is to bring together helping peers with lived and/or living experience with PSU from across BC to collaborate and improve the engagement experience of current and future helping peers. The network serves as a platform for BCAPOP to provide training and engage with helping peers in a meaningful, respectful and trauma-informed way to gain direct feedback on new tools, ideas, or programming from those who are volunteering and/or working in peer support roles. This session will describe how this network was formed, how training sessions and topics were self-identified by its members and present a collection of the resources and tools this network created.

LEARNING OBJECTIVES

1. Learn the approach and process that BCAPOP used in creating this network.
2. Have a greater understanding of engaging and supporting peer work in ethical, respectful, and trauma-informed ways.
3. Gain access to the tools and resources this network created to better support their peer work.

KEYWORDS

Clinical Tools, Guidelines, and Resources; Learning from Lived Experience; Perinatal Substance Use

SPEAKER



Andrea Grady

MODERATOR



Dr. Barbara Shulman

IN HER CIRCLE: MOBILIZING COMMUNITY TO BRIDGE GAPS IN POSTPARTUM MENTAL HEALTH CARE

DAY 1: OCTOBER 6, 2026 | 14:20 – 15:20 | LIGHTNING TALKS

The transition to motherhood is a period of profound vulnerability. While 1 in 4 women experience perinatal mental health (PMH) challenges, severe service gaps including long waitlists and limited acute support leave families isolated. Tragically, suicide remains a leading cause of postpartum death. This Lightning Talk introduces In Her Circle, a grassroots movement born from the tragic postpartum loss of Jenna Dorman. Operating as a vital bridge where traditional systems fall short, this initiative rapidly mobilized local businesses to fund immediate, waitlist-free peer programming. Aligning with the theme of “Standing Together,” attendees will learn how community-led organizing can actively close care gaps. We will explore how to translate grief into systemic advocacy, foster “concentric circles of care,” and shift the PMH paradigm from reacting to tragedy toward proactive prevention.

LEARNING OBJECTIVES

1. Identify actionable strategies for utilizing community-led organizing and local business partnerships to bypass traditional barriers and close critical gaps in perinatal mental health care.
2. Explain how to effectively translate personal grief and lived experience into long-term systemic advocacy, storytelling, and policy change.
3. Demonstrate how to build “concentric circles of care” across the healthcare continuum to shift maternal health support from reactive crisis intervention to proactive prevention.

KEYWORDS

Learning from Lived Experience; Perinatal Mental Health

SPEAKERS



Kiri Bird

Fiona Hepher



Dr. Barbara Shulman



FROM SUPPORT TO SAFETY: CREATING A PERINATAL EDUCATION MODEL INTEGRATING DE-ESCALATION, INTERACTIVE STORYTELLING, ESC, AND ETHICAL DUTY TO SUPPORT

DAY 1: OCTOBER 6, 2026 | 10:20 – 11:05 | WORKSHOP

Perinatal healthcare providers are increasingly challenged to balance infant safety, family centred care, and legislated duty to report obligations within complex clinical and social contexts. Traditional staff education often emphasizes policy compliance without adequately preparing clinicians to de-escalate heightened interactions, engage ethically with families, or consistently apply supportive models of care. This gap contributes to staff moral distress, reactive reporting practices, and fractured therapeutic relationships. This presentation describes the development and implementation of an integrated perinatal education model that brings together four complementary components: perinatal de-escalation, interactive storytelling, the Eat, Sleep, Console (ESC) model, and staff education focused on supporting before duty to report.

LEARNING OBJECTIVES

1. Creating and implementing a model of education that includes policy, safety plans, communication tools, is inclusive of PWLLE, and uses interdisciplinary team members for support and networking.
2. Applying case studies as storytelling to staff education while integrating ESC into ethical decision making.
3. Encouraging clinicians to prioritize meaningful support while meeting reporting obligations.

KEYWORDS

Clinical Tools, Guidelines, and Resources; Perinatal Mental Health; Perinatal Substance Use

SPEAKER



Jen Boon

MODERATOR



Jennifer Clune



NEW CONTAMINANT IN THE DRUG SUPPLY: MEDETOMIDINE IN THE PERINATAL POPULATION A CASE SERIES

DAY 1: OCTOBER 6, 2026 | 13:00 – 13:45 | WORKSHOP

Medetomidine is a highly potent alpha-2 adrenergic receptor agonist approved for veterinary sedation. It has recently emerged as a prevalent adulterant in the unregulated drug supply in Vancouver and across British Columbia. Provincial drug checking and surveillance data show medetomidine is increasingly detected in samples. Medetomidine is estimated to be roughly 200 times more potent than xylazine, another prevalent alpha-2 agonist adulterant. Unlike opioids, medetomidine is not reversed by naloxone and is not detected on standard urine drug screens, complicating both overdose response and clinical diagnosis (Hull et al., 2025; BCCDC Toward the Heart, 2024). This interprofessional presentation will review cases learnings regarding acute management of the perinatal patient with acute intoxication or withdrawal syndromes. PowerPoint presentation, case series and workshop discussion.

LEARNING OBJECTIVES

1. Identify possible medetomidine presentations in the perinatal population.
2. Increased understanding of the maternal-placental-fetal physiology and clinical presentations.
3. Increased knowledge of current practice management and future calls to action.

KEYWORDS

Clinical Tools, Guidelines, and Resources; Direct Care; Perinatal Mental Health; Perinatal Substance Use

SPEAKERS



Charissa Patricelli

Colleen Lum

Eric Cattoni

MODERATOR



Jennifer Clune



Melissa Dreyer



Nicole Carter



Scarlet Chapman



Vanessa Paquette



SI'NIGYEMK'A: SUPPORTING NEW BEGINNINGS THROUGH CULTURALLY GROUNDED PERINATAL WELLNESS

DAY 1: OCTOBER 6, 2026 | 14:20 – 15:20 | LIGHTNING TALKS

Si'nigyemk'a ("Helping Someone Make a New Start") is a community-driven perinatal wellness program based in Terrace, impacted by the opioid crisis, intergenerational trauma, and systemic barriers affecting Indigenous families. This session highlights the collaborative work of Lisa Lawley and Catherine Tanski supporting individuals and families with lived or living substance use experience during the perinatal period. Using practice-based examples, the session demonstrates how cultural teachings, land-based approaches, and trauma-informed, relationship-centered care are combined to build trust, reduce stigma, and strengthen family wellness. Participants will explore how community-led, culturally grounded models bridge clinical systems and Indigenous wellness practices. The session offers practical strategies for developing culturally safe, collaborative, healing-focused perinatal care.

LEARNING OBJECTIVES

1. Describe how culturally grounded, land-based, and trauma-informed approaches are integrated into perinatal wellness care to support Indigenous families experiencing substance use challenges.
2. Identify strategies for building trust and reducing stigma through relationship-centered, community-led collaboration in perinatal and substance use care settings.
3. Apply practical approaches from a community-driven model to support culturally safe, collaborative, and healing-focused perinatal care in diverse practice environments.

KEYWORDS

Community Care; Direct Care; Innovation in Rural Areas; Learning from Lived Experience; Perinatal Substance Use; Transitions and Continuity of Care; Two-Eyed Approaches to Care

SPEAKERS



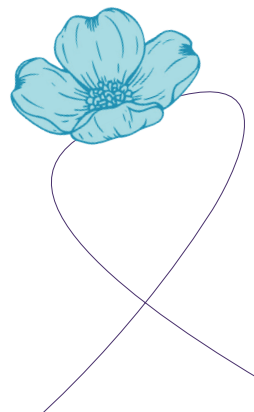
Catherine Tanski



Lisa Lawley



Melissa Dreyer



BRIDGING CARE FROM PREGNANCY TO RECOVERY: A CASE STUDY

DAY 1: OCTOBER 6, 2026 | 14:20 – 15:20 | LIGHTNING TALKS

This case study examines what equitable perinatal care can require in practice for families experiencing complex substance use, psychosocial instability, infant withdrawal management, and risk of parent–infant separation. Through the lens of multidisciplinary and cross-sector care, the presentation highlights how trauma-informed, recovery-oriented, and relationship-based approaches can support stabilization, sustained engagement, and transitions to community-based treatment while preserving the parent–infant dyad. The presentation also explores the importance of making the often invisible work of equitable care visible, including coordination, advocacy, relationship-building, systems navigation, and collaboration required to reduce barriers and sustain continuity of care during highly vulnerable periods.

LEARNING OBJECTIVES

1. Examine recovery-oriented and relationship-based approaches that support parent–infant unity and engagement in care.
2. Identify the often invisible relational, psychosocial, and cross-sector work required to operationalize equitable perinatal care.
3. Explore collaborative strategies that support continuity of care across hospital, community, and child intervention systems.

KEYWORDS

Transitions and Continuity of Care

SPEAKERS



Ivy Parsons



Kelsey Craner



Melissa Dreyer

MODERATOR

RE-CENTERING INDIGENOUS BIRTH: INTEGRATING INDIGENOUS DOULAS INTO HOSPITAL CARE TEAMS

DAY 1: OCTOBER 6, 2026 | 14:20 – 15:20 | LIGHTNING TALKS

Indigenous families continue to experience disproportionate harm, surveillance, and cultural disconnection in perinatal health systems shaped by colonial policies and practices. This lightning-round presentation shares the implementation of an Indigenous Doula role within a hospital setting as a concrete, action-oriented response to these inequities. The session will describe how the Indigenous Doula role supports Indigenous pregnant people and families through culturally grounded, relational care rooted in Indigenous teachings, birth sovereignty, and advocacy. It will highlight how the role re-centres Indigenous knowledge, strengthens trust, and addresses gaps where conventional clinical models fall short. Key considerations for embedding the role ethically within hospital care teams, including Indigenous governance, scope clarity, and system accountability, will be shared for adaptation.

LEARNING OBJECTIVES

1. Describe the purpose and impact of an Indigenous Doula role within a health system.
2. Recognize key conditions required for ethical, system-accountable implementation.
3. Identify how Indigenous Doula models differ from mainstream perinatal supports.

KEYWORDS

Direct Care; Innovation in Urban Areas; Perinatal Mental Health; Perinatal Substance Use

SPEAKER



Nicole Hyde

MODERATOR



Melissa Dreyer

SILOS TO STREAMS: THE BRAIDING WISDOMS PROJECT TO IMPROVE ORGANIZATIONAL COLLABORATION FOR CHILDREN, YOUTH AND FAMILIES

DAY 2: OCTOBER 7, 2026 | 10:20 – 11:05 | WORKSHOP

“An interactive workshop exploring how Indigenous teachings, relational care, and community collaboration are weaved together to support families. Using a Squamish canoe teaching as a guiding metaphor, participants reflect on:

- How Indigenous teachings, ceremony, and ways of being can shape care?
- What culturally guided, community-centered care can look like in practice?
- How providers, families, Elders, and communities can “paddle together” through complex realities?
- Who is in their canoe? What roles do they each have, and how do they work together?

The workshop includes:

- Opening prayer/song and sharing circle.
- Sharing of Indigenous teachings from Elders.
- A creative “build your canoe” activity where participants map who is in their canoe, what supports they provide, what roles different helpers play across the support journey, and how they work together towards common goals”.

LEARNING OBJECTIVES

1. Explore how centering Indigenous knowledges and ways of being create culturally safer, collaborative care for families and communities.
2. Apply the “canoe” metaphor to map relationships, supports, and collaborative practices within participants’ own work contexts.
3. Identify strategies for building partnerships that reduce service fragmentation (“silos”) and improve coordinated support for families.

KEYWORDS

Community Care; Two-Eyed Approaches to Care

SPEAKERS



The Braiding Wisdoms collective: Kat Nahanee, Dehlia Nahanee, Glida Morgan, Linda Georga, Matt Carwana, Linoy Alkalay, Candice Norris, Britt Udall, and Emma Kuntz

MODERATOR



Jennifer Clune

FROM INSIGHTS TO ACTION: ADVANCING EQUITY-ORIENTED POSTPARTUM MENTAL HEALTH CARE FOR RACIALIZED MOTHERS IN BRITISH COLUMBIA

DAY 2: OCTOBER 7, 2026 | 11:15 – 12:00 | WORKSHOP

The purpose of this workshop is to foster a dialogue around equity informed strategies to support the mental health of racialized postpartum mothers. This workshop is based on our CIHR-funded study conducted in partnership with community organizations to explore racialized mothers' postpartum mental health needs, barriers to accessing support, and lived experiences shaping their maternal mental health journeys. We will begin this workshop with a presentation of key evidence, followed by a facilitated discussion inviting participants to reflect on how these findings resonate with their own practice or research. Finally, participants will engage in facilitated group discussions using case scenarios that represent culturally diverse presentations of postpartum mental health challenges. Through these discussions, participants will acknowledge how partnership between research, clinical practice and community services can enhance mental health outcomes in racialized communities.

LEARNING OBJECTIVES

1. Understand the mental health needs and barriers faced by racialized postpartum mothers through key study findings and insights from mothers and service providers.
2. Critically reflect on gaps in postpartum mental health care and explore recommendations to improve services, while considering implications for practice and research.
3. Co-develop equity-oriented strategies by applying insights to case scenarios through group discussions exploring practice and research improvements.

KEYWORDS

Community Care; Learning from Lived Experience; Perinatal Mental Health; Research

SPEAKERS



Rubee Dev



Saima Hirani



Stephanie Lowe



PRESSURES FROM CHILD PROTECTION SERVICES AND MOTIVATION IN MOTHERS IN A PERINATAL SUBSTANCE USE PROGRAM: A PROSPECTIVE COHORT STUDY GROUNDED IN SELF-DETERMINATION THEORY

DAY 2: OCTOBER 7, 2026 | 13:00 – 14:00 | LIGHTNING TALKS

Pregnant and parenting mothers who use substances are often involved with child protection services (CPS), yet little is known about how perceived CPS pressure shapes motivation for treatment engagement. Guided by Self-Determination Theory (SDT), this presentation examines how perceived CPS pressure relates to external, introjected, and identified motivation during the early weeks of treatment among mothers attending an inpatient perinatal substance use program in British Columbia. Findings from mixed-effects beta regression models indicate that perceived CPS pressure was associated with higher external motivation and lower identified motivation, while introjected motivation was not significantly associated with CPS pressure. Although external motivation increased over time, there was no evidence that motivation became more internalized during the first four weeks of treatment.

LEARNING OBJECTIVES

1. Discuss implications of these findings for trauma-informed, relational, and equity-oriented approaches to perinatal substance use care.
2. Describe how Self-Determination Theory can be applied to understanding treatment motivation among mothers involved with CPS.
3. Explain how perceived CPS pressure relates differently to external and identified motivation during early treatment engagement.

KEYWORDS

Perinatal Substance Use; Research

SPEAKER



Emily Bosdachin

MODERATOR



Tiova de Kok

FROM REPORTING TO SHARED RESPONSIBILITY: RE-IMAGINING EVALUATION IN PERINATAL CARE

DAY 2: OCTOBER 7, 2026 | 13:00 – 14:00 | LIGHTNING TALKS

Perinatal mental health and substance use systems operate within complex, relational, and often inequitable contexts. Evaluation is frequently positioned as a tool for accountability and reporting; however, traditional approaches can struggle to capture lived experience, local context, and the relational dynamics that shape access and outcomes for pregnant and parenting people. This presentation reframes evaluation as an active practice that supports equity, learning, and action. Drawing on general evaluation experience in complex health and social systems, the session explores how evaluation can be used to ask better questions, make inequities visible, and support adaptation amid ongoing barriers such as geography, workforce capacity, and system fragmentation. Emphasis is placed on relational, trauma-informed approaches that value trust, shared sense-making, and meaningful engagement.

LEARNING OBJECTIVES

1. Identify limitations of traditional evaluation approaches when working in complex, relational, and inequitable perinatal contexts.
2. Describe how evaluation can be used as a tool for equity, learning, and action within perinatal mental health and substance use systems.
3. Reflect on how evaluation can make local context and inequities more visible while contributing to shared learning.

KEYWORDS

Evaluating and Transforming Systems of Care; Innovation in Rural Areas; Learning from Lived Experience; Perinatal Mental Health; Perinatal Substance Use; Transitions and Continuity of Care; Two-Eyed Approaches to Care

SPEAKER



Stephanie Lowe

MODERATOR



Tiova de Kok



THROUGH THE WOODS: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF PSYCHIATRIC HOSPITALIZATION IN THE POSTPARTUM

DAY 2: OCTOBER 7, 2026 | 13:00 – 14:00 | LIGHTNING TALKS

In Canada, if women or postpartum people require hospitalization for their mental health, they will be separated from their babies. In this lightning talk, I will present the results from an Interpretative Phenomenological Analysis (IPA) of the lived experience of postpartum psychiatric hospitalization. We conducted interviews with nine purposively-sampled Canadian women about their experiences of postpartum psychiatric hospitalization. Transcripts were analyzed using IPA, and analysis was supported by the study's Lived Experience and Patient Advisory Group, as well as IPA expert, Dr. Michael Larkin. Our IPA study sheds light on the trauma that is built into the current Canadian model of care. Participants' experiences of hospital care that focused on pharmacotherapy and lacked holistic support, including for the parent-infant bond, led to prolonged distress post-discharge.

LEARNING OBJECTIVE

1. To describe the experience of postpartum psychiatric hospitalization based on innovative research.

KEYWORDS

Evaluating and Transforming Systems of Care; Learning from Lived Experience; Perinatal Mental Health; Research

SPEAKER



Catriona Hippman

MODERATOR



Tiova de Kok



NAVIGATING ETHICS AND THE LAW – FINDING A BETTER WAY WITH & FOR FAMILIES AMIDST SYSTEMS CHALLENGES

DAY 2: OCTOBER 7, 2026 | 11:15 – 12:00 | WORKSHOP

The perinatal journey is complex for pregnant individuals & families impacted by substance use, mental health, & social determinants of health. Fragmented systems, frequent transitions, & siloed services, disrupt relational continuity, engagement, & fail to coordinate inclusive care centered around the dyad. Legislation including Duty to Report and the Mental Health Act provide clear direction, yet application can result in unintended harm. Practice requires navigation of complex factors & individual family contexts. People working in support roles must also align with professional & organizational commitments such as reconciliation, anti-racism & health equity, alongside ethical priorities: autonomy, transparency, & capacity building. This workshop reflects work happening in rural and urban settings, and offers a strengths-based, relational, reflective approach to supporting families across systems to reduce harm, sustain engagement & protect family togetherness.

LEARNING OBJECTIVES

1. Explore scenarios and reflect on opportunities for practical application within their own local contexts.
2. Examine tensions navigating between legal mandates and ethical, holistic care commitments.
3. Learn about tools and innovative practices that support strengths-based, relational, dyad-focused, and capacity-building approaches to care.

KEYWORDS

Clinical Tools, Guidelines, and Resources; Evaluating and Transforming Systems of Care; Innovation in Rural Areas; Innovation in Urban Areas; Learning from Lived Experience; Perinatal Substance Use; Transitions and Continuity of Care

SPEAKERS



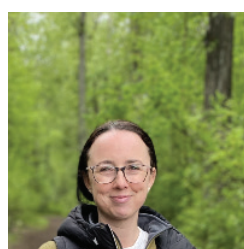
Alison Eller



Candice (Eagle Spirit Woman)
Norris



Cheryl Guenther



Jen Boon



MODERATOR



Danielle Cousineau



Linoy Alkalay



Serena Kullar

THE FOURTH TRIMESTER GROUP: A VIRTUAL POSTPARTUM PSYCHIATRY SUPPORT MODEL

DAY 2: OCTOBER 7, 2026 | 13:00 – 14:00 | LIGHTNING TALKS

The postpartum period—often referred to the “fourth trimester”—is a time of psychological, emotional, and social transition. However, many patients that they receive limited education on ways to navigate these challenges. To address this gap, we developed the Fourth Trimester Group, a virtual, drop-in support program for women within the first six months postpartum. This 12-session rotating group provides psychoeducation, peer support, and clinical guidance in a flexible format. Sessions are structured around the NEST-S domains of postpartum wellbeing, alongside core topics such as anxiety, depression, emotional regulation, sleep challenges, and infant feeding. The drop-in design reduces barriers to participation and accommodates the unpredictable schedules common in early parenthood. Participants consistently report feeling supported and safe, with many describing increased confidence.

LEARNING OBJECTIVES

1. Describe the structure and key components of the Fourth Trimester Group, a virtual postpartum psychiatry support program for mothers within the first six months after birth.
2. Identify common mental health challenges in the early postpartum period, and how group-based interventions can address these needs.
3. Discuss opportunities to expand and optimize postpartum group care using virtual delivery models and quality improvement approaches to enhance accessibility, workflow, and patient-centered care.

KEYWORDS

Community Care; Perinatal Mental Health; Innovation in Urban Areas

SPEAKERS



Christina Frizzo



Lingsa Jia



Danielle Cousineau

MODERATOR



COMPARISON OF SLOW-RELEASE ORAL MORPHINE AND METHADONE FOR OPIOID USE DISORDER IN PREGNANCY: A RETROSPECTIVE COHORT STUDY

DAY 2: OCTOBER 7, 2026 | 13:00 – 14:00 | LIGHTNING TALKS

This presentation will review findings from a retrospective cohort study conducted at BC Women's Hospital comparing slow-release oral morphine (SROM) and methadone for treatment of opioid use disorder (OUD) in pregnancy between 2021–2025. Evidence describing SROM use for OUD in pregnancy is limited to two small studies published over 20 years ago that do not reflect the current landscape of unregulated opioid use and toxic drug supply. Although SROM is a treatment option for OUD in pregnancy, limited evidence describing maternal and neonatal outcomes may lead to reluctance to initiate or continue SROM during pregnancy, contributing to variability in prescribing practices and access to therapy. To address this gap in the literature, the study aimed to describe maternal/parental and fetal/neonatal outcomes associated with SROM compared with methadone for treatment of OUD in pregnancy.

LEARNING OBJECTIVES

1. Review the results of a retrospective cohort study comparing slow-release oral morphine (SROM) and methadone for treatment of opioid use disorder (OUD) in pregnancy.
2. Discuss neonatal and maternal/parental safety and efficacy outcomes observed with SROM compared with methadone for treatment of OUD in pregnancy.
3. Discuss how findings from this study may inform treatment of OUD during pregnancy.

KEYWORDS

Perinatal Substance Use; Research

SPEAKERS



Julianna Gotha



Katherine Bodkin



Roxane Carr



Vanessa Paquette



Danielle Cousineau

MODERATOR



SCREENING FOR PERINATALLY OCCURRING ANXIETY DISORDERS: CURRENT STATUS AND NEXT STEPS

DAY 2: OCTOBER 7, 2026 | 13:00 – 14:00 | LIGHTNING TALKS

In this talk I will share what we know about the prevalence of anxiety disorders among pregnant and postpartum parents, what has been done to date to assess the effectiveness of screening and to identify accurate and reliable screening tools. I will also share where we are at in our most recent study on this topic.

LEARNING OBJECTIVES

1. The prevalence of anxiety and related disorders among perinatal people.
2. The research assessing the effectiveness of screening on mental health outcomes.
3. The research seeking to identify accurate and reliable screening tools.

KEYWORDS

Clinical Tools, Guidelines, and Resources; Perinatal Mental Health; Research

SPEAKER



Nichole Fairbrother

MODERATOR



Danielle Cousineau



ENGAGING COMPLEXITY: PARTNERING TO RESHAPE BC'S APPROACH TO PERINATAL MENTAL HEALTH IN THE CONTEXT OF BILL M204

DAY 2: OCTOBER 7, 2026 | 14:20 – 15:20 | LIGHTNING TALKS

In 2025, the BC Legislature unanimously passed Bill M204 – the Perinatal and Postnatal Mental Health Strategy Act (Act). While the scope of the Act is broad, that same broadness created a unique opportunity to rethink how systems conceptualize perinatal mental health and how they collaborate to support families in the perinatal period. Through rapid engagement across the system, innovative linkages between available datasets, and a strong commitment to centering lived and living experience, a provincial approach to perinatal mental health was co-created within a complex and evolving health and social care landscape. This work required building shared understanding and momentum across diverse partners, navigating competing priorities, and creating opportunities for meaningful participation and dialogue across historically siloed supports. In this Lightning Talk, the team tasked with developing the provincial perinatal mental health approach in response to Bill M204 will share the data and engagement methods they used to build a system-wide approach to perinatal mental health. The presentation will also focus on lessons learned in the process of navigating complexity while advancing a collective vision for improvement.

LEARNING OBJECTIVES

1. Understand how system-wide partnerships can build a shared understanding of perinatal mental health across providers and sectors.
2. Identify practical strategies and methods for reducing silos and strengthening linkages across systems and sectors.
3. Explore how a system-wide, partnerships-based approach can be applied to other complex health and social challenges.

KEYWORDS

Direct Care; Perinatal Mental Health

SPEAKERS



Marlee McGuire



Misty Wasyluk



Dr. Barbara Shulman

MODERATOR



EARLY IDENTIFICATION OF PSYCHOLOGICAL BIRTH TRAUMA: DEVELOPMENT AND IMPLEMENTATION OF A TRAUMA-INFORMED SCREENING PATHWAY

DAY 2: OCTOBER 7, 2026 | 14:20 – 15:20 | LIGHTNING TALKS

Psychological birth trauma is increasingly recognized as a significant contributor to postpartum PTSD, depression, and anxiety, yet many patients experiencing acute distress remain unidentified during postpartum hospitalization. BC Women's Hospital developed and implemented a standardized, trauma-informed psychological birth trauma screening and intervention pathway integrated into routine postpartum nursing care on the High Acuity Unit. This session will review pathway development, interdisciplinary collaboration, nursing education strategies, workflow integration, and early screening uptake data. The presentation will also introduce the future PREDICT study evaluating the feasibility and predictive validity of early postpartum psychological distress screening for identifying patients at increased risk for postpartum PTSD and depression.

LEARNING OBJECTIVES

1. Describe the development and phased implementation of a trauma-informed psychological birth trauma screening and intervention pathway within routine postpartum care.
2. Identify strategies to integrate standardized postpartum mental health screening into existing clinical workflows using interdisciplinary collaboration and quality improvement methods.
3. Discuss the future role of the PREDICT study and early postpartum screening tools in identifying patients at risk for postpartum PTSD and depression after traumatic birth experiences.

KEYWORDS

Clinical Tools, Guidelines, and Resources; Perinatal Mental Health; Research

SPEAKERS



Katherine Seligman



Katie Nelson

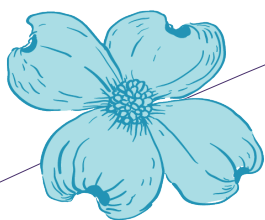


Laura Folino



Dr. Barbara Shulman

MODERATOR



EXPANDING ACCESS TO CARE: NURSE-DELIVERED PSYCHOLOGICAL INTERVENTIONS FOR PERINATAL DEPRESSION AND ANXIETY

DAY 2: OCTOBER 7, 2026 | 14:20 – 15:20 | LIGHTNING TALKS

Perinatal depression and anxiety (PNDA) affect one in five birthing individuals. Although evidenced-based psychotherapies are effective, as few as 20% of those affected receive the care required to achieve remission. In this context, nurse-delivered psychological interventions - including cognitive, behavioural, and interpersonal therapies - have emerged as a potential strategy to narrow the treatment gap. This session will present a growing global body of evidence on nurse-delivered psychological interventions for PNDA and explore the opportunities and challenges associated with integrating these models into routine care.

LEARNING OBJECTIVES

1. Examine the current evidence base for nurse-delivered psychological interventions for PNDA.
2. Discuss the role of nurses in expanding access to evidence-based psychotherapies.
3. Identify key implementation considerations for nurse-delivered psychotherapy, including training, supervision, and fidelity assessments.

KEYWORDS

Perinatal Mental Health

SPEAKER



Michelle Carter



MODERATOR



Dr. Barbara Shulman



INTRODUCING A NEW TOOL FOR CRITICALLY NAVIGATING MANDATORY REPORTING IN HEALTHCARE

DAY 2: OCTOBER 7, 2026 | 10:20 – 11:05 | WORKSHOP

This workshop will introduce a practice guide to support healthcare practitioners to take an informed approach to mandatory reporting and the role of family support. Mandatory reporting describes policies and practices that require people, including healthcare providers, to report families to MCFD for perceived harms to children. Through scenario discussion, participants will apply tools in the practice guide designed to guard against unnecessary reports, which can expose families to trauma and create barriers to healthcare access. The practice guide was developed by a working group of the BC Family Well-being Coalition, hosted by the gender justice non-profit West Coast LEAF. The Coalition intends to uplift the expertise of Indigenous families, Elders, and advocates to transform the colonial family policing system into a system for child and family well-being. The working group includes non-Indigenous and Indigenous members who are peer advocates, healthcare practitioners, researchers, and students and instructors in health professions.

LEARNING OBJECTIVES

1. Understand how unnecessary reports to MCFD undermine the well-being and health of children, caregivers, and families.
2. At an introductory level, understand the scope of the legal duty to report in BC.
3. Apply tools in the practice guide for informed decision-making about reporting, a support-oriented approach to caring for families, and harm reduction practices when reports must be made.

KEYWORDS

Evaluating and Transforming Systems of Care

SPEAKERS



Alana Prochuk

Erika Ono

MODERATOR



Stephanie Lowe



REAL-TIME DATA COLLECTION IN A PERINATAL SUBSTANCE USE POPULATION: INSIGHTS FROM THE LIVING LAB AT HOME ECOLOGICAL MOMENTARY ASSESSMENTS

DAY 2: OCTOBER 7, 2026 | 14:20 – 15:20 | LIGHTNING TALKS

Canada continues to experience a severe overdose crisis. Pregnant people who use substances are an understudied population, often excluded from prospective research due to perceived logistical challenges. There remains a limited understanding of how fluctuating daily experiences, stressors, and contextual factors influence health and treatment engagement for perinatal individuals with opioid use disorder (OUD) and their newborns. Ecological momentary assessments (EMA) offer a promising methodological approach to address these critical gaps in perinatal substance use populations. This mixed-methods feasibility study of smartphone-based EMA approach was conducted at the FIR Unit in Vancouver, Canada. The study employed an iterative design, wherein early participant feedback informed protocol refinement. Following the EMA, participants completed semi-structured qualitative interviews.

LEARNING OBJECTIVES

1. Learn an innovative approach to research in the perinatal substance using population.
2. Gain insight into themes participants identified such as empowerment, accomplishment, insight, relational engagement.
3. Gain insight into opportunities to strengthen patient voice.

KEYWORDS

Evaluating and Transforming Systems of Care; Learning from Lived Experience; Perinatal Substance Use; Research

SPEAKERS



Charissa Patricelli



Karly Stewart



Shanlea Gordon



Tim Oberlander



Danielle Cousineau

MODERATOR



“WELL, WHAT CAN WE DO?”: IMPLEMENTING EAT, SLEEP, CONSOLE AND RECOVERY ORIENTED DYAD CARE IN COMMUNITY PERINATAL SITES THROUGH PARTNERSHIP

DAY 2: OCTOBER 7, 2026 | 14:20 – 15:20 | LIGHTNING TALKS

Despite evidence supporting Eat, Sleep, Console (ESC) and recovery-oriented dyad care, implementation in community perinatal settings has been complex and non-linear. This presentation highlights key learnings from implementation across our health authority, including barriers such as limited staffing, fewer onsite supports, transport delays, provider self-efficacy, and uncertainty surrounding appropriate care settings for patients. This work also situates these challenges within the broader maternity care crisis in BC, including burnout, moral distress, and stigma. Rather than delaying change due to these issues, a partnership-based approach was used asking, “well, what can we do?” This led to co-developed, site-specific models of care that, while not ideal, represent meaningful incremental progress and foster ongoing dialogue toward future change.

LEARNING OBJECTIVES

1. Identify common barriers to implementing ESC and recovery oriented dyad care in community sites.
2. Examine the impact of broader system pressures on implementation efforts and care delivery.
3. Explore how partnership-based, site-specific approaches can support incremental and sustainable practice change when ideal implementation conditions are not immediately achievable.

KEYWORDS

Direct Care; Evaluating and Transforming Systems of Care; Perinatal Substance Use

SPEAKERS



Jenn Rasmussen



Tessa Unger



Danielle Cousineau



NEONATAL ABSTINENCE SYNDROME; A NEW ERA

DAY 2: OCTOBER 7, 2026 | 14:20 – 15:20 | LIGHTNING TALKS

The toxic drug crisis has impacted all ages and stages of life. Over the last 10 years have the newborn presentations of NAS (Neonatal Abstinence Syndrome) and NOWS (Neonatal Opioid Withdrawal Syndrome) changed due to the toxic drug supply? This talk will explore current challenges in newborn management of NAS/NOWS with Eat, Sleep Console, Rooming In and pharmacotherapy in NICU and on FIR at BCWH. This talk will explore impact of the evolving drug supply on infant care and family centred care including case studies and opportunities to enhance healthy outcomes. Insights and opportunities from an interprofessional perinatal team will be explored.

LEARNING OBJECTIVES

1. Expand knowledge of approach to dyad and infant care for substance impacted infants in all communities.
2. Expand knowledge of substance impacted newborn clinical presentations.
3. Highlight opportunities for research in newborn management and family centred care.

KEYWORDS

Direct Care; Learning from Lived Experience; Perinatal Mental Health; Perinatal Substance Use

SPEAKERS



Charissa Patricelli

Felisha Segovia-Quiroz



Karly Stewart



Nevin Haynes



Danielle Cousineau



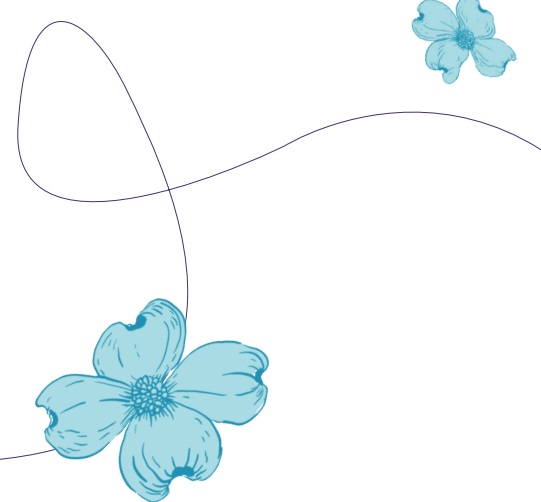
Nicole Carter



Scarlet Chapman



Shawn George



ADHD IN PREGNANCY: EVIDENCE-BASED GUIDELINES AND PATIENT RESOURCE OVERVIEW

This session introduces participants to the newly launched ADHD Guideline for pregnancy and postpartum care. It highlights key recommendations from the Guidelines, including evidence-informed approaches to medication use and non-pharmacological supports. The session also orients participants to the accompanying patient decision-making guide and explains how both resources can be accessed. It emphasizes practical application and the importance of integrating these resources into perinatal mental health practice.

SPEAKER



Catriona Hippman

LEARNING OBJECTIVES

1. Identify the purpose and scope of the ADHD in Pregnancy Guideline.
2. Recognize key clinical recommendations for managing ADHD during pregnancy and postpartum.
3. Locate the guideline and patient resource for use in practice.

KEYWORDS

Clinical Tools, Guidelines, and Resources; Direct Care; Learning from Lived Experience; Perinatal Mental Health; Research; Transitions and Continuity of Care

CHILDREN WITH PRENATAL OPIOID EXPOSURE – HOW DO THEY COMPARE TO THEIR PEERS AT SCHOOL-AGE?

Existing literature reports inconsistent associations between children with prenatal opioid exposure (POE) and adverse long-term neurodevelopmental outcomes at pre-school and early-school age, when compared to non-exposed peers, with even more limited Canadian data. We conducted a retrospective case-control cohort study using a cohort of children from Eastern-Newfoundland to understand the epidemiology and service needs of children with POE. Using developmental service utilization as a proxy for understanding developmental outcomes, we reviewed neonatal surveillance data and electronic medical records to analyze referrals, visits, and waitlists to pediatric developmental services at the Janeway Children's Hospital. A matched control cohort allowed comparison of service utilization between children with POE and the general population.

SPEAKER



Kayla St. Croix

LEARNING OBJECTIVES

1. Characterize the demographics, and outcome service utilization of children with POE in our province.
2. Identify differences that exist between infants receiving routine postnatal care versus those requiring escalated level of care.
3. Understand service utilization trends between children with POE, compared to non-exposed peers.

KEYWORDS

Perinatal Substance Use; Research



MENTAL HEALTH OF RACIALLY DIVERSE PERINATAL MOTHERS: CONTENT ANALYSIS OF YOUTUBE VIDEOS

Social media can be a prominent source of information for perinatal mental health, allowing for the discussion of resources, management, and personal narratives. Racialized mothers are at higher risk of developing certain perinatal mood and anxiety disorders, and current mental health diagnostics and treatment methods were made largely without consideration of cultural variability. This project provides a comprehensive overview of the perinatal mental health resources pertaining to racially diverse mothers available on YouTube. In October and November 2025, eight search terms were searched on YouTube. After screening for eligibility criteria, 47 videos were used for content analysis. Video content was summarized into 6 categories: mental health stigma, racial disparity/trauma, barriers to care, recommendations to improve care, professional supportive strategies, and coping mechanisms.

LEARNING OBJECTIVES

1. Identify key themes of mental health stigmas, racial disparities, trauma, barriers to care, and coping strategies in YouTube content on racially diverse perinatal mothers' mental health.
2. Discuss the importance of social support and equity-oriented strategies for promoting perinatal mental wellness and improving mothers' access to mental health supports and resources.
3. Emphasize the need to empower mothers by educating them on available resources to feel prepared for the perinatal experience.

KEYWORDS

Evaluating and Transforming Systems of Care; Perinatal Mental Health; Research

SPEAKER



Lillian Schatteman



MOTOR OUTCOMES OF CHILDREN WITH INTRAUTERINE EXPOSURE TO ILLICIT DRUGS: A CASE SERIES FROM SUNNY HILL'S EARLY MOTOR SCREENING PROGRAM

This Lightning Talk will present the findings from the study *Motor Outcomes of Children with Intrauterine Exposure to Illicit Drugs: A Case Series from Sunny Hills Early Motor Screening Program (EMSP)*. The study examined infants with Intra Uterine Drug Exposure (IUDE) referred to the EMSP at BC Children's Hospital. By characterizing early motor trajectories in infants with IUDE, this work addresses a critical gap in the literature while directly responding to the needs of a highly vulnerable population and their families. Earlier and accurate identification of motor risk has the potential to reduce delays in accessing care, timely access to supportive services, and alleviate the uncertainty many caregivers experience when developmental concerns arise. For families often navigating complex social, medical, and systemic challenges, this can foster empowerment, strengthen engagement with care teams, and promote more equitable health outcomes.

LEARNING OBJECTIVES

1. Identify the purpose and scope of the ADHD in Pregnancy Guideline.
2. Recognize key clinical recommendations for managing ADHD during pregnancy and postpartum.
3. Locate the guideline and patient resource for use in practice.

KEYWORDS

Clinical Tools, Guidelines, and Resources; Direct Care; Learning from Lived Experience; Perinatal Mental Health; Research; Transitions and Continuity of Care

SPEAKERS



Nandy Fajardo



Jill Zwicker



NEW UNDERSTANDINGS OF OXYTOCIN: HOW THE PAST IMPACTS THE PRESENT AND WHY THIS MATTERS IN PERINATAL CARE PROVISION AND PATIENT-CENTERED CARE

A commonly held belief of oxytocin is that it's the hormone responsible for love and bonding. Care providers share this narrative when patients express anxiety over connection with their infant after birth, or the non-birthing parent's connection - "Don't worry, oxytocin will take care of that. When milk flows, when you cuddle your baby, bonding is inevitable". However, recent research on oxytocin has demonstrated that it is just more complex, with studies from the field of neuroscience demonstrating that oxytocin is responsible for survival, security, and sociability (Yao & Kendrick, 2025). Through my experience as an RSW and RM in clinical practice working with individuals, I propose a new understanding of oxytocin that will improve patient-centered care, and add nuance and complexity to a patient's understanding of attachment to their infant.

SPEAKER



Adrienne Carruthers

LEARNING OBJECTIVES

1. Understand new research on oxytocin from an interdisciplinary perspective.
2. Develop new ways of providing psychoeducation to the postpartum client.
3. Learn basics of patient centered care and attachment theory, and how this impacts relationships in the care continuum.

KEYWORDS

Community Care; Direct Care; Perinatal Mental Health; Research



NURTURING MENTAL HEALTH THROUGH PERINATAL NUTRITION: INCLUSIVE CONVERSATIONS & SUPPORT STRATEGIES

This workshop is designed to equip perinatal professionals and helping peers with the knowledge and tools to offer more inclusive, sensitive, and comprehensive care for expecting and new parents. We will delve into inclusive practices for discussing weight with expecting parents, ensuring conversations are empowering and trauma informed. The workshop will highlight the role of nutrition in supporting mental health during the postpartum period and strategies for supporting families experiencing household food insecurity. Additionally, we will explore the challenges related to the changing body and disordered eating in this population. By the end of the session, participants will be equipped to offer empathetic and informed support to the families they serve.

LEARNING OBJECTIVES

1. Learn how to engage in inclusive and respectful weight conversations with expecting parents, while also recognizing the challenges around body changes and signs of disordered eating.
2. Understand the role of nutrition in postpartum mental health and support new parents in developing practical approaches to maintain their well-being.
3. Acquire tools to identify and support families experiencing food insecurity.

KEYWORDS

Clinical Tools, Guidelines, and Resources; Community Care; Direct Care; Learning from Lived Experience; Perinatal Mental Health

SPEAKER



Amy Chow

PEER EMPLOYMENT & ENGAGEMENT QUICK REFERENCE

A practical quick-reference guide for organizations planning to employ or engage people with lived and living experience. It outlines five key areas: employer readiness, role clarity, fair compensation and working conditions, training and onboarding, and ongoing support and evaluation. The checklist emphasizes equitable employment, meaningful participation, clear role boundaries, psychological safety, and shared decision-making power. It also links to relevant British Columbia and Alberta standards, training programs, assessment tools, and best-practice resources to help organizations build safe, supportive, and non-tokenistic peer employment and engagement practices. Please note: this list is not exhaustive.

LEARNING OBJECTIVES

1. Identify the key organizational requirements for equitable peer employment and engagement, including employer readiness, clear roles, fair compensation, appropriate training, and ongoing workplace support.
2. Locate and apply relevant tools, standards, and best-practice resources to strengthen meaningful peer participation, psychological safety, and shared decision-making within programs and teams.

KEYWORDS

Clinical Tools, Guidelines, and Resources; Evaluating and Transforming Systems of Care; Learning from Lived Experience; Research

SPEAKER



Stephanie Lowe

PERINATAL SUBSTANCE USE: AN ETHICAL FRAMEWORK FOR CLINICAL USE

Pregnancy presents a unique ethical challenge, as the actions of a pregnant individual can affect both their own well-being and that of the developing fetus. These challenges become more complex when substance use is involved, requiring clinicians to balance respect for autonomy with consideration of fetal well-being while navigating the ethical tensions created by stigma, trauma, and structural inequities. These competing considerations may contribute to inconsistent clinical responses, strained therapeutic relationships, and moral distress among healthcare providers who may lack clear guidance for ethical decision-making. This presentation introduces the Ethical Framework for Perinatal Substance Use (EF-PSU), a structured and practical tool developed to support ethical deliberation in perinatal care. The framework is designed to promote person-centred, culturally safe, and trauma-informed care while integrating consideration of fetal well-being within the broader context of the pregnant individual's health, values, and circumstances. Participants will gain an overview of the framework's guiding principles and practical application, with discussion of how it can support ethical decision-making, strengthen therapeutic relationships, and reduce avoidable harms in clinical practice.

SPEAKER



Tia Niedjalski

LEARNING OBJECTIVES

1. Clinicians will come away with a structured process to analyze and respond to ethical dilemmas in perinatal substance use care.
2. Understand ethical decision making to minimize moral distress.
3. Understand harm reduction, trauma-informed care, and cultural safety as ethical obligations.

KEYWORDS

Clinical Tools, Guidelines, and Resources; Perinatal Substance Use



PERINATAL SUBSTANCE USE CARE IN OUR RURAL COMMUNITY: WHY COLLABORATION MATTERS

In this short presentation, we will outline key barriers to perinatal care for people who use substances in our rural community. We will also share how we collaborated with local and regional services and highlight how working together can improve outcomes for this specialized population in a rural setting.

SPEAKERS

LEARNING OBJECTIVES

1. Sharing insights and sparking conversations around collaborating in a rural area.

KEYWORDS

Community Care; Innovation in Rural Areas; Perinatal Substance Use



Stephanie Pintar



Tanya Dutton



STANDING IN THE GAP: A RELATIONAL, UPSTREAM APPROACH TO SUPPORTING YOUTH AT THE INTERSECTION OF HOUSING, MENTAL HEALTH, AND SUBSTANCE USE

This session explores an upstream, relational approach to supporting youth experiencing the intersecting challenges of housing instability, mental health concerns, substance use, and complex trauma. Drawing on frontline leadership within a Youth Supportive Housing program, it examines how consistent, relationship-centred care can interrupt cycles of crisis and create opportunities for healing, resilience, and long-term stability. Rather than focusing solely on crisis response, the presentation highlights how trust, safety, and authentic engagement become powerful interventions in themselves. Through real-world practice examples, participants will explore how relational care unfolds with youth who may disengage from services, present with complex or evolving narratives, experience significant trauma, or have developed deep mistrust of healthcare, child welfare, education, and other support systems. The session also examines the challenges of navigating multiple service sectors whose priorities, policies, and timelines do not always align, while maintaining a steadfast commitment to the goals and well-being of the young person. Particular attention will be given to opportunities for earlier, coordinated intervention that can positively influence mental health, substance use outcomes, and, for youth who are pregnant or parenting, perinatal well-being and healthy family development. Participants will gain practical, evidence-informed strategies for building therapeutic relationships, strengthening cross-sector collaboration, reducing barriers to engagement, and fostering consistency across systems of care. The presentation will encourage attendees to view housing not simply as shelter, but as a critical foundation for mental wellness, recovery, healthy parenting, and improved outcomes across the lifespan.

SPEAKER



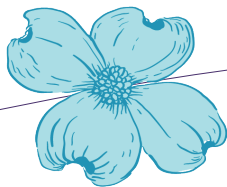
Simeon Odumuh

LEARNING OBJECTIVES

1. Understand how housing-based supports can play a role in stabilizing mental health and substance use for youth.
2. Strengthen confidence in using relational and trauma-informed approaches with youth who have complex needs.
3. Identify ways to work more effectively across systems while keeping the young person at the centre.

KEYWORDS

Community Care; Evaluating and Transforming Systems of Care; Housing & Long-term Care; Transitions and Continuity of Care



UNDERSTANDING CAREGIVING KNOWLEDGE NEEDS FOR INFANTS EXPOSED TO PRENATAL SUBSTANCES

Infants exposed to substances during pregnancy may experience challenges related to feeding, sleep, and development, which can increase caregiving demands and stress. In Canada, increasing numbers of infants are being cared for by biological parents and kinship caregivers in addition to being placed in foster care. In response to these changes, service providers have communicated uncertainty regarding what information is most helpful to share with caregivers across biological, foster, and kinship contexts. This lightning talk will introduce a community-engaged research partnership with Caring for Families Society focused on supporting biological, foster, and kinship caregivers of infants with prenatal substance exposures. We will introduce a proposed qualitative study exploring the information, resource, and support needs of diverse caregivers and discuss opportunities for collaboration.

LEARNING OBJECTIVES

1. Review caregiving challenges associated with prenatal substance exposures in infancy, and evolving caregiving contexts.
2. Discuss a proposed community-engaged study exploring the knowledge and support needs of biological, foster, and kinship caregivers of infants exposed to substances during pregnancy.
3. Identify opportunities for collaboration, recruitment support, and knowledge sharing with organizations, service providers, and caregivers.

KEYWORDS

Community Care; Learning from Lived Experience; Perinatal Substance Use; Research

SPEAKERS



Jelena Komanchuk

Mary Catherine Williams



LINOY ALKALAY

Linoy Alkalay is of middle eastern Jewish descent, an immigrant to the state, and an uninvited guest to the unceded stolen lands of the Coast Salish people. Linoy currently works as a Project Coordinator at RainCity Housing working on a project that looks at addressing systemic violence through harm reduction in the family system. Before joining RainCity Housing, Linoy worked in various frontline roles supporting women, youth, and families that are impacted by trauma, substance use, and mental health challenges. She is passionate about community approaches to break down the system and believes in addressing the impact of trauma through building and strengthening connection. Linoy holds a Masters in Leadership from Royal Roads University and a Graduate Certificate in Complex Trauma and Child Sexual Abuse Intervention from the Justice Institute of BC.



ELDER LUCY BARNEY, T'ÍT'Q'ET NATION, MScN

Lucy Barney is from the T'ít'q'et Nation on her father's side and N'Quatqua on her mother's. She is a proud mother of two sons, grandmother of six, sister to 12, and aunt to many.

Her early work as a Unit Clerk at the BC Cancer Agency and Richmond Hospital sparked her interest in health systems. Lucy became a Registered Nurse in 1997 after being encouraged to pursue her gift for caring.

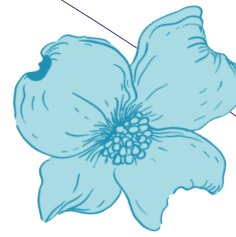
Her work has focused on Indigenous health, including roles with the Canadian Diabetes Association and as Program Manager for Chee Mamuk at the BC Centre for Disease Control, where she developed culturally safe and trauma-informed resources. She later became the Indigenous Lead at Perinatal Services BC, creating educational materials for Indigenous families. Lucy completed her Master of Science in Nursing at UBC in 2005 and has received numerous awards for her leadership in Indigenous health.

Outside of her professional life, Lucy is a skilled beadworker, sewer, and jewelry maker—and a champion Traditional Women Dancer, celebrating her culture through movement and creativity.

KIRI BIRD, MSc

Kiri holds a Master's degree in Resource and Environmental Management (Planning) from SFU and has held decision-making roles across organizations including SFU, Vancouver Foundation, First Nations Technology Council, and TELUS. Her work as a systems strategist sits at the intersection of climate transition, Indigenous sovereignty, and social innovation, with a focus on building cross-sector initiatives that foster resilient and regenerative futures. Kiri and her close group of friends experienced the tragic loss of a dear friend to postpartum suicide a few years ago. They are now channeling that loss into advocacy for improved care and support. I believe there is a powerful opportunity here for connection, collaboration, and mutual support as this important work moves forward.





KATHERINE BODKIN, MD

Biography and photo are not available.



JEN BOON

Jen is the regional perinatal MHSU educator for Northern Health. Jen has worked in NICU and LDR at UHNBC since 2009. Her role as an educator is to support staff who work with pregnant and newly parenting people who have substance use or mental health concerns. Jen supports NH staff regionally through care planning, collaboration, and with virtual and in-person education. Jen also supports policy and system change through her experience in acute care.

EMILY BOSDACHIN

Emily is a Master of Public Health (MPH) student at the University of Victoria. She is currently working as a research assistant at the Canadian Institute for Substance Use Research (CISUR).



SAM BRADD, MEd

Sam (he/him) leads the team at Drawing Change, bringing ideas to life visually. He's a graphic recorder, listening deeply and drawing in real time. He's worked in 11 countries and for groups ranging from the World Health Organization, Harvard and right here with PHSA. Sam is Italian and Scottish, and his lived experiences inform his creativity: listen to what's under the surface, find glimmers of joy, uplift equity, and return to wholeness.

KAT BROAD, RSW

Biography and photo are not available.



ROXANE CARR, PharmD, BCPS, FCSHP

Biography and photo are not available.



ADRIENNE CARRUTHERS, MSW RSW, RM, PMH-C

Adrienne Carruthers is a registered midwife and registered social worker, with additional training in multiple counselling modalities. Her clinical practice focuses on 1:1 support with perinatal clients requiring additional mental health support in pregnancy and the postpartum. Through lived experience with perinatal mood and anxiety disorder in the early postpartum, and through supporting hundreds of clients, Adrienne has developed a nuanced attunement to one of life's biggest transitions. All of Adrienne's work is viewed through a lens of anti-oppression and decolonization.

MICHELLE CARTER, MSN, RN

Michelle Carter is a Clinical Nurse Specialist in the Mental Health Program at St. Paul's Hospital and a Doctoral trainee in the School of Nursing at the University of British Columbia. Her clinical experience informs her research, which aims to improve access to perinatal mental health care and clinical outcomes through the development and implementation of pragmatic, evidence-based interventions and care models.



NICOLE CARTER, RN

Biography and photo are not available.

MATTHEW CARWANA

Biography and photo are not available.



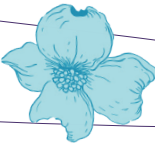
ERIC CATTONI, MD

Dr. Eric Cattoni is a full scope family physician, with a special interest in maternity and perinatal addiction medicine, and is an assistant clinical professor at UBC. He trained in Alberta at the UofA. He has his own family practice, is a physician at Sheway Medical Clinic with a focus on mothers/families impacted by substance use, and is also the current medical lead for Perinatal Addiction Services at BCWH.



SCARLET CHAPMAN

Biography and photo are not available.



AMY CHOW, RD

Amy is a registered dietitian and a grateful settler on the lands of the Kwantlen, Katzie, and Matsqui Peoples. Amy has been practicing as a dietitian, honing her expertise in diverse settings, including BC Children's Hospital, Healthlink BC and private practice. As a SOS-trained feeding therapist and mother to an adventurous 10-year-old boy, Amy integrates her professional knowledge with personal experiences. Her passion lies in empowering families with confidence in nutrition and rekindling the joy of eating. As the founder of Find BC Dietitians, Amy is dedicated to connecting the public with nutrition experts and advocating for evidence-based, harm-reduction nutrition practices in healthcare.



JENNIFER CLUNE, MD, FRCPC, cISAM

Dr. Jennifer Clune is a concurrent disorders psychiatrist at Red Fish Healing Centre where she provides care for patients with severe psychiatric and substance use disorders. She has an interest in rTMS in treatment of substance use disorders and provides inpatient treatment at Red Fish. She completed medical school and residency at UBC. Dr. Clune is the President of the Concurrent Disorders Physician Engagement Association and the Contract Administrator for the BCMHSUS Addiction Medicine Group. She is in the second cohort of the BEACON Medical Staff Leadership Program and recently completed the Physician Quality Improvement Applied Training Program.



DANIELLE COUSINEAU, RN, BScN, MPH

Danielle Cousineau (she/her) serves as the Regional Lead for the Regional Addiction Program at Vancouver Coastal Health, where she leads regional efforts to develop, implement, and monitor the perinatal substance use strategy. Working closely with Health Authority and community partners, she is passionate about strengthening services and improving outcomes for individuals and families. As a Registered Nurse with experience spanning primary care, substance use, and harm reduction settings, Danielle brings both frontline knowledge and strategic leadership to her work.



KELSEY CRANER, BHSc, BSW, RSW

Kelsey Craner is a Perinatal Case Manager with the Virtual Opioid Dependency Program at Recovery Alberta. Since entering the field in 2013, she has focused her career on supporting individuals and families navigating addiction, mental health, and perinatal care. She holds a Bachelor of Social Work and a Bachelor of Health Sciences and has completed Advanced Perinatal Mental Health training through Postpartum Support International. In 2023, Kelsey helped establish the Perinatal Team within the Virtual Opioid Dependency Program, expanding specialized supports and access to care for pregnant and parenting individuals across Alberta. She is passionate about reducing barriers to care and addressing the stigma, shame, and systemic challenges that can affect mothers navigating recovery. Her work is grounded in compassionate, trauma-

informed, and non-judgmental approaches that recognize the broader social and systemic factors influencing perinatal mental health and substance use care.

CHERYL DAVIES, RN, BA, MEd

Chief Operating Officer, BC Women's Hospital + Health Centre, Cheryl has over 30 years' experience in women's health as a nurse, educator and senior leader, in both community and hospital settings. She is a passionate advocate for gender and health equity, cultural safety and advancing innovative programs designed to meet the needs of marginalized populations. As a leader in an academic health centre, she is committed to strengthening research and academic partnerships vital to creating an effective and sustainable healthcare system that values and serves the needs of all.



TIOVA DE KOK, BScN, RN

Tiova De Kok is the Regional Lead for Perinatal Mental Health and Substance Use for the Interior Health Authority, dedicated to improving outcomes for pregnant and parenting individuals and their families. In this role, she provides leadership across the continuum of perinatal mental health and substance use services, supporting system planning, collaboration, and capacity building throughout the region.

With a primary foundation as an educator in perinatal mental health and substance use, Tiova is passionate about advancing knowledge, reducing stigma, and promoting evidence-informed, trauma-informed care.

Tiova brings expertise in stakeholder engagement, program development, and systems improvement, with a strong commitment to health equity and person-centered care. Recognized for her collaborative leadership and relationship-building skills, she is dedicated to fostering sustainable change and enhancing access to compassionate, high-quality perinatal services across British Columbia.



RUBEE DEV, PhD

Dr. Rubee Dev is an Assistant Professor in the UBC School of Nursing with a program of research focused on global women's health and primary healthcare. Her program of research sits in the intersection of reproductive and cardiovascular health of postpartum women. Her work entails extensive research to identify the data gaps and opportunities for action in meeting the needs of global women's health and improving care delivery in primary healthcare settings. Dr. Dev will co-facilitate the workshop.

MELISSA DREYER

Melissa Dreyer is a passionate advocate for the inclusion of lived and living experience in healthcare. As Peer Engagement Leader with BC Women's Hospital's Reproductive Mental Health and Substance Use Program, she leads the Patient & Family Advisor team and supports initiatives that strengthen the role of peer voices in system change.

Her career has included roles in supportive housing, community mental health, with a focus on supporting people navigating mental health and substance use challenges. Melissa's advocacy journey began in Vancouver's Downtown Eastside, where she developed a deep commitment to social justice, connection, and community.

Melissa believes that authentic relationships are at the heart of meaningful change. Drawing on both professional and personal experience, she is committed to creating opportunities for people with lived and living experience to influence decisions, strengthen services, and build a more compassionate healthcare system.



TANYA DUTTON

Tanya Dutton is a Proactive Outreach Worker with the Overdose Outreach Team (OOT) at Squamish Mental Health and Substance Use. OOT connects with people who have experienced or are at risk of experiencing an opioid overdose or toxic drug poisoning. Through a harm reduction lens, OOT provides systems navigation and short-term coordination to bridge clients to longer term supports or other appropriate services as identified by the client.



ALISON ELLER, RN

Alison is an uninvited guest of Scottish and English ancestry living on the unceded stolen territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətał (Tsleil-Waututh) Peoples. Alison identifies as a mother, sister, daughter, partner, and colleague, with recognition of the responsibility that comes with these relationships and this place. Since 2005, Alison has worked in Vancouver Coastal Health's Prevention Program in public health nursing and leadership roles serving and learning alongside families across VCH including many years in the Strathcona, Grandview-Woodland, and Downtown Eastside communities of Vancouver. As a nurse, leader, and community member, Alison is committed to learning from people with lived

expertise, advocating for strengths focused practice, and advancing systemic change that fosters healing, equity, and strengthened connections to family and culture.

NICOLE (ESLIGAR) HYDE

Nicole Esligar is Anishinaabe from Sandy Bay First Nation and of mixed European ancestry, and currently serves as Program Manager for Indigenous Patient and Family Experience at CWBC. In this role, she supports the design and implementation of Indigenous-led, relational, and system-accountable approaches to culturally safe care. Nicole's work focuses on embedding Indigenous roles—such as Indigenous Doulas—within hospital settings, advancing Indigenous governance, and shifting health systems away from extractive practices toward prevention, accountability, and trust-based care. She works closely with Indigenous leaders, clinicians, and community partners to address Indigenous-specific racism and improve patient and family experiences across the care continuum.



NICHOLE FAIRBROTHER, PhD, RPsych

Dr. Nichole Fairbrother is a Clinical Associate Professor with the Department of Family Practice at the University of British Columbia, a Michael Smith Health Research BC Health Professional-Investigator and registered psychologist. She is the head of the UBC Perinatal Anxiety Disorders Research Lab (PARLab), one of the only perinatal anxiety research labs in Canada. Dr. Fairbrother's research is in the area of perinatal anxiety disorders with a focus on epidemiology, screening, and new mothers' thoughts of infant-related harm and their relationship with obsessive-compulsive disorder (OCD) and infant safety. Current research activities include studies of: (a) perinatal anxiety and related disorder screening tools, (b) postpartum harm thoughts and their relationship with OCD and infant safety, (c) the mental health correlates of the burden of and gender inequities in unpaid domestic labour, and (d) a test of a preventative intervention for postpartum OCD. She has received extensive support for her work from the Canadian Institutes of Health Research (CIHR), Micheal Smith Health Research BC (HSBC), the Wellcome Foundation (UK), the BC Women's Health Research Institute (WHRI), the UBC Faculty of Medicine, and the University of Victoria's Institute on Aging and Lifelong Health.



NANDY FAJARDO, PT

Nandy Fajardo is a pediatric physiotherapist at BC Children's Hospital with extensive experience supporting infants and children with complex developmental needs. Since joining the team in 2017, she has worked across inpatient and outpatient settings, with a focus on early identification of neurological risk and family-centered care. She was part of the launching and expanding of the Early Motor Screening Program (EMSP) and the Cerebral Palsy Early Diagnosis Clinic, contributing to innovative, virtual approaches to early detection in the province of BC. Nandy is a member of the BC Children's Hospital Research Institute (Zwicker Lab) and participates in several global and interdisciplinary initiatives. She has a strong commitment to advancing equitable access to early intervention for vulnerable children and their families.

LAURA FOLINO, RN

Laura Folino, RN, is a perinatal nurse and Quality Improvement Leader at BC Women's Hospital with a focus on maternal mental health, patient experience, and trauma-informed postpartum care. She has been instrumental in developing and operationalizing the hospital's psychological birth trauma screening and support pathway, including frontline staff education, workflow integration, and interdisciplinary collaboration across maternity care teams. Her work centers on creating practical, sustainable systems that improve early identification and support for patients experiencing postpartum distress and traumatic birth experiences.



CHRISTINA FRIZZO, MD

Christina Frizzo is a psychiatrist at St Paul's Hospital where she primarily works with the Reproductive Mental Health team. As a previous speech language pathologist, she values collegial interdisciplinary teamwork. Further, she is a certified Menopause care provider.



ELDER LINDA GEORGE, SQUAMISH NATION

Biography and photo are not available.

SHAWN GEORGE, MD

Dr. George is a Clinical Assistant Professor in the UBC Department of Pediatrics and Medical Lead for Pediatrics and Mother Baby Care at BC Women's Hospital. He completed his Pediatrics residency at BC Children's Hospital through the University of British Columbia and has developed clinical interests in neonatal care, medically complex children, developmental pediatrics, and perinatal substance exposure. As part of his hospital leadership role, he oversees pediatric care within the Perinatal Addictions Program (FIR Unit) at BC Women's Hospital, supporting multidisciplinary care for substance-exposed infants and their families. He is passionate about improving newborn and maternal outcomes through collaborative, trauma-informed care.



JULIANNA GOTHA, BSC, PHARM.D, ACPR

Julianna (Jules) Gotha is a Doctor of Pharmacy and residency trained clinical pharmacist who has worked at Children's and Women's Health Centre since 2021. Jules is currently completing a Year 2 adult pharmacy residency in Mental Health and Substance Use.



SHANLEA GORDON

Biography and photo are not available.



ANDREA GRADY, BA, MSc

Andrea Grady, BA, MSc, has over twenty years of experience of working in various roles and capacities for health regions, school divisions, and different levels of government. She started working with youth in addiction services in Northern BC and then spent several years in Alberta contributing to provincial and federal strategies ranging from tobacco reduction, children/youth initiatives, Aboriginal Head Start, and HEP C/HIV prevention funding. Andrea has been with BCAPOP for over five years and is the current Director of Operations. Andrea is honoured to live, work, and play on the beautiful and unceded territories of the Lhtako Dene Nation.

CHERYL GUENTHER

Cheryl Guenther is a Regional Clinical Educator with Vancouver Coastal Health, where she supports nursing practice, professional development, and workforce learning initiatives across the region. She brings more than 30 years of nursing experience, including many years as a Public Health Nurse in VCH's Prevention Program, partnering with families and children from birth to age five in diverse Vancouver communities, including Commercial Drive, Strathcona, and the Downtown Eastside. Cheryl holds a Bachelor of Science in Nursing and is passionate about creating meaningful learning experiences that support evidence-informed practice, clinical excellence, and culturally safe care. Living and working on the unceded traditional territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətał (Tsleil-Waututh) Nations, she is committed to ongoing learning, relationship-building, and advancing cultural safety and humility in healthcare.



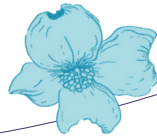
NEVIN HAYNES, MD

Dr. Nevin Haynes is a pediatric resident at the University of British Columbia with an interest in marginalized populations and infant health.



FIONA HEPHER

Fiona Hepher is an entrepreneur, creative director and birth & postpartum doula and mother. With a background in social entrepreneurship, creative direction and brand building, Fiona has spent her career turning ideas into meaningful businesses, experiences, and communities.



CATRIONA HIPPMAN, PhD, CGC

Catriona Hippman, PhD, CGC, (she/her) is an Adjunct Professor with the UBC Department of Obstetrics and Gynaecology. Overall, her health services research focuses on improving perinatal mental health through feminist, person-centred research and advocacy for equitable access to mental health services.

SAIMA HIRANI, PhD

Dr. Saima Hirani is an Assistant Professor at the UBC, School of Nursing. Dr. Hirani's research program is equity-oriented, focusing on improving mental health and well-being among individuals and families, particularly women and youth experiencing socioeconomic challenges. She examines psychosocial and contextual factors that shape mental well-being and contributes to the development and evaluation of community-based interventions that empower women and communities to support their own and others' mental health.



LINGSA JIA, MD

Dr. Jia is a psychiatrist and addiction medicine physician practicing at St. Paul's Hospital and Burnaby Hospital. She completed her psychiatry residency in 2021, including and addiction medicine fellowship. She has since worked as a reproductive psychiatrist, inpatient psychiatrist, and on the Addiction Medicine Consult team. She has an interest in Quality Improvement, perinatal mental health, and medical education.



LINDA JONES

Gilakas'la! My name is Linda Jones (née Speck), traditionally known as Tli'linukw. I am Kwakwaka'wakw, with roots in the Musgamakw Dzawada'enuxw, Tlowitsis, Mamalilikala, and 'Namgis Nations. I am an Indigenous birth worker and currently serve as the Doula Program Coordinator with the BC Association of Aboriginal Friendship Centres. My work focuses on strengthening culturally safe, community-led perinatal supports for Indigenous families across British Columbia, with a strong emphasis on connection, advocacy, and reclaiming traditional birth practices. I am passionate about supporting Indigenous doulas through training, mentorship, and systems advocacy, while helping bridge gaps in maternal health care services. Through both lived experience and frontline work, I bring a relationship-centered approach to supporting families navigating pregnancy, birth, postpartum, mental health, and substance use journeys.



JELENA KOMANCHUK, PhD, RN

Jelena Komanchuk, RN, PhD, is a pediatric registered nurse and postdoctoral research fellow at the University of British Columbia Okanagan. Her research focuses on the health and development of children in foster and kinship care, with an emphasis on community-engaged research, caregiver support, and early childhood. Mary Catherine Williams, BA, ECE, is the Safe Babies Regional Coordinator at Caring for Families Society in British Columbia. She has extensive experience supporting caregivers and infants exposed to substances during pregnancy. Her work focuses on caregiver education, relationship-based support, and strengthening community partnerships to support infants and families.

SERENA KULLAR, MSW, RSW

Serena is an uninvited settler with origins in Panjab, who currently lives and works on the unceded and occupied territories of the x'məθkwəyəm (Musqueam), Skwxwú7mesh (Squamish), and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) Nations. A social worker with more than 22 years of experience, Serena has dedicated most of her career to supporting individuals and families affected by perinatal substance use across both inpatient and community-based settings. Her previous roles also include Clinical Educator at Providence Health Care with the Involuntary Admissions Team and Psychosocial Team Leader at the Hope to Health Research & Innovation Centre. She currently serves as Program Coordinator at Sheway, where she supports interdisciplinary, relationship-based care for pregnant and parenting people who use substances.



EMMA KUNTZ

The Braiding Wisdoms collective presenting at PMHSU consists of Kat Nahanee, Dehlia Nahanee, Glida Morgan, Linda Georga, Matt Carwana, Linoy Alkalay, Candice Norris, Britt Udall and Emma Kuntz. This group includes Indigenous Elders, Knowledge Keepers, clinicians, researchers, and community service providers based on the unceded territories of the xʷməθkʷəy̓əm (Musqueam), Skxwú7mesh-ulh Úxwumixw (Squamish), and səliłwətał (Tsleil-Waututh) Nations. Launched in 2023, Braiding Wisdoms is a multi-year community-improvement and design initiative that seeks to address systemic health inequities and strengthen family health and well-being. This is done through relationship-building, shared learning, community gatherings, knowledge-sharing tables, medicine walks and more, all centering Indigenous teachings and ways of being. Together, the collective works to improve community collaboration across organizations and challenge the harmful overreach of the family policing system, with the ultimate goal of keeping families together.



LISA LAWLEY

Dzenes Hoti'e. Lisa Lawley, whose Tlingit name is Shaw wat Claw ("Mother Wolf's Cry"), is a Tahltan woman from Tahlitan territory and a strong advocate for Indigenous families, maternal-child health, and Fetal Alcohol Spectrum Disorder (FASD) awareness. As a mother of six children, including three with FASD, Lisa brings both professional knowledge and lived experience to her work. For more than 25 years, Lisa has worked as the Circle of Life and Perinatal Substance Use Coordinator with the Kermode Friendship Society in Terrace, BC. Drawing from her own experience as a parent, she helped build the Circle of Life Program (Parent-Child Assistance Program), supporting women and families affected by substance use and FASD. Lisa is a respected speaker

who has presented at provincial, national, and international conferences on FASD, family support, and Indigenous wellness. She is passionate about reducing barriers to care and helping families find strength, connection, and hope.

STEPHANIE LOWE

Since earning her degree in Anthropology, Stephanie has been dedicated to the mental health and substance use field since 2009, working in diverse settings across England and Canada. She has a keen interest in equity science and learning health systems, and proudly identifies as an evaluation enthusiast. Her clinical experience in both community-based and healthcare environments drives her commitment to collaborating with community members, colleagues, and partners to eliminate healthcare disparities. She is dedicated to promoting anti-racism, equity, social justice, inclusion, and a sense of belonging for all. In her community and family, Stephanie fulfills many roles, with her most cherished being a mother to two energetic children and a partner of 20 years. Stephanie is employed by Northern Health as an Evaluation Specialist in MHSU, within the Research, Innovation, and Evaluation Office.



ANNALEE KORNELSEN

I am an Illustrator and Graphic Recorder at Drawing Change. Since entering the field in 2013, I've had the pleasure of serving, and learning from, a wider variety of communities and organizations than I could have ever dreamed. I draw from my practice as a multidisciplinary artist and ICF trauma-informed coach to bring deep listening, and the power of beauty and imagination to my work. I was raised in Vancouver BC by my French Canadian mother surrounded by love, creativity, and music. My husband and I live in the Kootenays and cultivate a close relationship with the land and an artful life. Living with gratitude on the Sinixt təmx'úla?x^w (homeland).



COLLEEN LUM, RN

Colleen Lum is a registered nurse (RN) with a passion for perinatal nursing and nursing education. She graduated from University of Victoria in August 2001 with a Bachelor's in Science in Nursing and started her career at BC Women's Hospital (BCWH) shortly thereafter. She joined the FIR (Families in Recovery) Unit in June of 2003 as a bedside nurse caring for patients dealing with substance use, while supporting them in their transition to parenting. After completing her master's in nursing (MN) at Athabasca University 2016, Colleen shifted into an educator role as the Clinical Resource Nurse (CRN) for the perinatal program at BCWH including the FIR program. In May of 2024, Colleen returned to FIR part time as the Clinical Nurse Educator (CNE). What Colleen has

to say about working on FIR at BCWH: "I love working with the interdisciplinary team on FIR. Being able to educate staff and impart knowledge so that all patients receive the best patient-specific, safe care allows me to feel that I am contributing to a more positive healthcare system while supporting nursing and other health care team members. My hope is to take the knowledge and passion I have for FIR and educate others at BCWH and beyond to provide the safest, most compassionate care to all people who present for health care".



ELDER LORELEI LYONS, METIS NATION BC, REGION 2

Lorelei Lyons is a proud Métis woman whose family history is deeply rooted in the North-West Resistance. Her LaPlante, Langevin, and Page family lines come from the Métis community of San Clara/Boggy Creek in Manitoba, and her ancestral ties to the Turtle Mountain reserve ground her connection to her Chippewa and Métis heritage.

Since settling in Burnaby in 1987, Lorelei has been an active and influential member of the North Fraser Métis Association, serving as President from 2009 to 2011. As a knowledge carrier and Elder for Metis Nation British Columbia, she offers spiritual guidance and cultural education across her community, leading workshops that support cultural revitalization, wellness, and self-care. She also serves as an Elder for Métis Family Services and holds Elder-in-Residence roles with Capilano University, Vancouver Community College, and the Indigenous Health team at BC Women's and Children's Hospital.

Lorelei's career in Indigenous education spans more than three decades. As Indigenous Education Coordinator with the AWARE Society, she developed and delivered cultural competency workshops for post-secondary programs. She later retired from the Burnaby School District after 30 years of providing culturally grounded social and emotional support to Indigenous students and their families.

Through her business, 2 Métis Women Consulting Agency, Lorelei continues to share teachings that promote mindfulness, self-care, team building, and cultural understanding. Her work is guided by a deep commitment to Indigenous ways of knowing, Truth and Reconciliation, and community wellness. Lorelei's passion for her heritage shines through every workshop, relationship, and learning space she helps create.



ELDER KAT NAHANEE, SQUAMISH NATION



Ha7lh Skwa'yel (good day). My Ancestral name is Kwaltanaat, English name is Kathy Nahanee. I am an Elder, and, member of the Squamish Nation. I hold a Bachelor of Social Work Degree, from the University of Victoria. I am also a product of the Residential school, meaning, I didn't go to the school, but my mother did. However, I attended the St. Paul's Indian Day School for seven (7) years. I have five (5) children, who I am very proud of, 17 grandchildren, and 25 great grandchildren, with one more on the way. I am a certified Alcohol and Drug counselor, and a recovered addict. I worked many years as a Social Worker, for Ayas Men Men Child & Family Service. I worked as Guardianship worker, a Family Service worker, and Resource worker. I then went to

work in Vancouver, for Raincity Housing, as a Support worker, then several years as an Indigenous Cultural Liaison. I now work as a Elder in Residence for Squamish Nation Peoples Services, as an Elder Advisory for Raincity Housing, and an Elder with Braiding Wisdom.



SUMAN NARAYAN, MCP, RCC

I hold a Master's degree in Counselling Psychology and have extensive experience supporting individuals with complex mental health and substance use needs through a trauma-informed, person-centred approach. My career has included frontline roles across non-profit organizations, corrections, and specialized enforcement settings, working with diverse and high-acuity populations. For the past three years, I have worked within the Reproductive Mental Health and Substance Use (RMHSU) portfolio in healthcare, where I manage the FIR Program and support the Provincial Reproductive Mental Health Outpatient Clinic. I am passionate about advancing equitable, evidence-informed care through interdisciplinary collaboration, program leadership, and a commitment to improving outcomes for individuals and families experiencing perinatal mental health and substance use challenges.



KAITLIN (KATIE) NELSON, MSc



Kaitlin Nelson, MSc, is a Research Assistant with the Department of Anesthesia at BC Women's Hospital and a recent graduate of the Master of Science in Experimental Medicine program at the University of British Columbia. With a background in kinesiology and psychology, her research interests focus on women's health, patient-centered care, and interdisciplinary clinical research. Kaitlin has experience coordinating clinical studies in women's health and supporting quality improvement and research initiatives related to perinatal mental health and psychological birth trauma.

TIA NIEDJALSKI, DPS (CLINICAL ETHICS), MN, RN

Tia Niedjalski, a registered nurse whose career includes many years of dedicated work in perinatal and public health. Tia holds a Master of Nursing and has served in both frontline and leadership roles, where she has supported individuals and families through the perinatal journey. Tia also has a deep passion for ethics in healthcare. She brings a thoughtful, curious, and compassionate lens to questions of "what is right" for clients especially in areas where clinical practice and moral complexity intersect. This commitment has guided her ongoing doctoral work in bioethics with a clinical practice focus at the Alden March Bioethics Institute.



CANDICE “EAGLE SPIRIT WOMAN” NORRIS

Candice Norris, who is also recognized by the spirits as Eagle Spirit Woman, is of Dene, Cree, Scottish, and Irish ancestry. She proudly serves her community as a Dene and Cree Cultural Facilitator and Cultural Research Facilitator, supporting Indigenous cultural revitalization through ceremony, education, and community engagement. She leads cultural openings and conducts Smudging and Brushing ceremonies to welcome the spirits and honor the ancestors at community gatherings. Her work is grounded in helping Indigenous people reconnect with healing through culture, ceremony, and traditional ways of knowing. Candice is dedicated to uplifting Indigenous voices and bridging Indigenous and Western knowledge systems with respect and understanding. She is passionate about restoring cultural traditions, strengthening Indigenous families, and supporting Indigenous mothers through culturally grounded, wraparound care that helps keep children connected to their families, communities, and traditions.

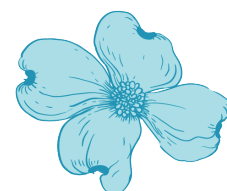


MARLEE MCGUIRE

Marlee McGuire is a health system strategist, researcher, and leader with expertise in health system planning, policy, and transformation. She brings a systems lens to complex health challenges, bridging research, policy, clinical practice, and the experiences of patients and communities. Her work focuses on designing and advancing integrated, equitable approaches to care across British Columbia's health system. She has led and contributed to provincial initiatives spanning health system planning, governance, service design, and prioritization and resource allocation frameworks. Her approach emphasizes collaboration across organizational and disciplinary boundaries, translating evidence and diverse perspectives into practical strategies for system change. Marlee holds a PhD in medical anthropology and is particularly interested in how health systems can create the structures, relationships, and shared accountability needed to improve outcomes at a population level and experience at an individual, community, and relational level.

SARAH MOREHEART, MPH, PhD

Sarah Moreheart, PhD (she/her) is the Director of BC Women's Reproductive Mental Health and Substance Use Programs. She oversees clinical services that deliver compassionate, evidence-based care for perinatal mental health and people who use substances, while leading system-wide capacity building and transformation initiatives. With expertise in equity-oriented research, trauma-informed care, and health system change driven by people with lived/living experience, Sarah brings both strategic vision and grounded, frontline insight. Her background in community work and research with highly marginalized and criminalized populations underpins her commitment to reducing health and social inequities. She fosters collaborative, transformative leadership, creating environments where individuals thrive while advancing equitable, person-centered care.



SIMEON ODUMUH, MBBS

Simeon Odumuh is a Manager of Youth Supportive Housing with Threshold Housing Society in Victoria, BC. He brings a background in medicine and a strong focus on working with youth who are navigating complex mental health and substance use challenges. His work centres on building consistent, relationship-based support and helping teams stay grounded in approaches that prioritize connection, safety, and collaboration across systems.



TIM OBERLANDER, MD, FRCPC

Biography and photo are not available.

ERIKA ONO

Dr. Erika Ono (she/her) is as a neurodivergent woman of colour living uninvited on unceded xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətał (Tsleil-Waututh) homelands. She is a postdoctoral fellow in the School of Nursing at the University of British Columbia, with a PhD in Social Work. She is a clinician-researcher, specializing in trauma- and violence-informed care, maternal-child health, and neurodiversity. With twenty years of experience, Dr. Ono continues to collaborate with families and communities to address health inequities through integrated, relational care and participatory action research.



VANESSA PAQUETTE, BSc(Pharm), ACPR, PharmD

Vanessa Paquette is a Clinical Pharmacy Specialist at the Children's and Women's Health Cen-ter of British Columbia, working with the perinatal addiction service at BC Women's Hospital for over 10 years. She holds a BScPharm and PharmD degree and is known for her expertise in drug therapy in pregnant and postpartum people.



IVY PARSONS, BA, PSYCHOLOGY

Ivy Parsons is an Addiction Practice Lead and has worked with Recovery Alberta Mental Health and Addiction Services for the past 17 years. She is passionate about working with perinatal substance-involved individuals and families. Ivy supports the development and implementation of Enhanced Rooming-in programs across the province through her work with the Neonatal Abstinence Syndrome Mother Baby Care Improvement program. Ivy is passionate about creating equitable access to care and walking alongside women empowering them in their journey through recovery.



CHARISSA PATRICELLI, MD

Charissa Patricelli is a family physician and addiction specialist on FIR at BCWH. She is inspired by interprofessional care and working with teams to create innovation in healthcare.



STEPHANIE PINTAR

Stephanie has been a Perinatal Outreach Support Worker (POS) with PearlSpace since its inception in 2023. The POS role provides specialized support to those on their perinatal journey who need extra connection and care due to substance use, homelessness, poverty, or who are just struggling during this time. The role is funded as part of the Provincial Perinatal Substance Use Project and has been informed by BCAPEP's Healthy Care Pregnancy Program, VCH Regional Addiction Program team, and the needs within the Sea to Sky communities. Stephanie will be attending the Midwifery Program at UBC in the fall of 2026.



ELDER ROBERTA PRICE, HONORARY DOCTORATE

Dr. Elder Roberta is Matriarch Elder and member of the Coast Salish Snuneymuxw and Cowichan Nations. For nearly four decades, she has shared her leadership, wisdom and teachings across British Columbia to improve health outcomes for Indigenous families. Her work brings Indigenous and Western approaches to health and healing together, advancing decolonization, cultural safety and equity in health care and research.

Elder Roberta has extensive leadership experience in health research. At the University of British Columbia, she is a Co-Principal Investigator with Critical Research in Health and Health Care Inequities and the Transformative Justice and Health Research Cluster within the School of Nursing. Elder Roberta is Co-Lead of the Indigenous Child Health Super Hub, at BC Children's Hospital Research Institute. Her research leadership and involvement has focused on initiatives addressing health and social inequities experienced by Indigenous people, including advancing culturally safe, equitable health care and research.



ALANA PROCHUK

Alana Prochuk (she/they) is the Manager of Public Legal Education at West Coast LEAF, a BC-based non-profit that uses legal strategies to advance gender justice in collaboration with community. Alana feels honoured to work with the BC Family Well-being Coalition on strategies to challenge the culture of risk and surveillance in the family policing system. They are excited about the potential of education to raise awareness of the realities of the system, reduce harm from overreporting, and increase safety and support for families. Before joining West Coast LEAF, Alana coordinated community-based anti-violence programs with Seniors First BC and with Salal Sexual Violence Support Centre in partnership with Vancouver Community College.

She lives uninvited on unceded x̱wməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and sə́lilwətaʔ (Tsleil-Waututh) homelands and is of mixed European ancestry.

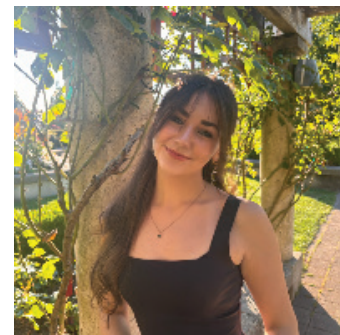
JENNIFER (JENN) RASMUSSEN, MN

Jennifer Rasmussen is a Registered Nurse with extensive practice experience in many areas of perinatal care, who currently works as a Perinatal Clinical Nurse Specialist in Fraser Health Authority (British Columbia). She also graduated from the University of Victoria with a Masters of Nursing in 2024. Through system leadership, advancement of nursing practice, knowledge translation, and evaluation and research, she works closely with diverse leaders, care providers and change agents, with the goal of effective and equitable delivery of evidence and trauma-informed peripartum care.



LILLIAN SCHATTEMAN, BSc STUDENT

Lillian Schatteman is an undergraduate neuroscience student at the University of British Columbia, completing her degree this December. She has a strong passion for mental health research, especially in regards to the lasting mental health effects of various stressors. This past year, she worked on this project under the supervision of Dr. Saima Hirani and Savitha Balachandran, analyzing YouTube videos on the perinatal mental health of racially diverse mothers. She previously did a directed studies project under Dr. Trisha Chakrabarty, analyzing the role of childhood maltreatment and hippocampal volumes on memory deficits found in depression. She has presented her research at the UBC Neuroscience Undergraduate Research Conference, UBC's Paths to a Cure Conference, UBC's Annual Psychiatry Research Day and as an internal speaker in UBC's Centre for Mood Disorders. Lillian plans to continue to research mental health in a graduate program next fall.



FELISHA SEGOVIA-QUIROZ

Felisha is a Patient and Family Advisor at BC Women's Hospital, bringing valuable insight through her own lived experience. With a background as a support worker in Vancouver's Downtown Eastside and across the mental health and substance use continuum, she draws on her own meaningful healthcare connections during pregnancy to support women in the Perinatal Mental Health and Substance Use Program. Felisha is dedicated to building connections and addressing stigma while promoting the role of lived experience in healthcare.

KATHERINE SELIGMAN, MD

Katherine M. Seligman MD, D.ABA, FRCPC is a Clinical Associate Professor in the Department of Anesthesiology, Pharmacology & Therapeutics at the University of British Columbia and Associate Department Head and Quality & Safety Lead for the Department of Anesthesia at BC Women's Hospital in Vancouver, Canada. She specializes in obstetric anesthesiology and leads multidisciplinary quality improvement and research initiatives focused on psychological birth trauma, trauma-informed care, maternal mental health, and patient safety in obstetric care. Her current research includes the WHRI funded PREDICT study evaluating early postpartum screening tools for identification of patients at risk for childbirth-related PTSD and postpartum depression following unplanned cesarean delivery.



ELDER GERALDINE (GRAMMA) SHINGOOSE

Gramma Shingoose is a respected Saulteaux/Anishinaabe Elder and activist from Winnipeg, Manitoba. Her spirit names, Sky Woman and Northern Lights Woman, reflect her deep connection with her Bear Clan and her home community, Tootinaowaziibeeng First Nation.

As a “Grassroots Grandmother,” she is a guiding force in movements for Indigenous rights and justice for Missing and Murdered Indigenous Women, Girls, and Two-Spirit people (MMIWG2S+).

Gramma Shingoose is a steadfast advocate for families seeking justice, notably supporting the search of Winnipeg’s Prairie Green Landfill for Morgan Harris, Mercedes Myran, and Buffalo Woman.

A survivor of Muscowequan Residential School (1962–1971), her activism is rooted in lived truth. She has spent over a decade sharing her story with students and has testified before the Truth and Reconciliation Commission. Recently challenging residential school denialism and urging acknowledgment of Residential School Survivors truth.

She is involved in Health Research as a Knowledge Keeper to bring change in the Health Care system for Indigenous peoples. She teaches as an Elder at the University of Manitoba, Health Care for First Nations, Metis and Inuit. Today she continues to guide the community with love, compassion and care.

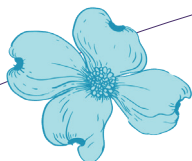


BARBARA SHULMAN, MD, FRCPC

Dr. Barbara Shulman is a psychiatrist and Medical Director of the Provincial Reproductive Mental Health Outpatient Clinic at BC Women’s Hospital’s Reproductive Mental Health and Substance Use Program. She is also a Clinical Assistant Professor in the Department of Psychiatry at the University of British Columbia, and a Mindfulness-Based Stress Reduction (MBSR) Teacher in Training at the Mindfulness-Based Professional Training Institute at the University of California San Diego. In addition to her clinical work, she has been involved in research focussing on mindfulness-based group therapies to treat women with perinatal depression and anxiety.

KAYLA ST. CROIX, BN, MPH

Kayla St. Croix (she/her) is a 4th-year medical student completing her MD at Memorial University of Newfoundland and Labrador (NL). Kayla has extensive experience as a Neonatal Intensive Care RN and completed a Masters in Public Health prior to entering medical school, which led to a special interest in perinatal mental health & substance use. She sits as a Board of Director Member of the Perinatal Mental Health Alliance of NL, engaging in advocacy work as Lead of the Communications Sub-Committee. In her free time, she can be found enjoying NL’s landscape and trails on skidoo, snowshoes, or in hiking boots.



KARLY STEWART, KNOWLEDGE KEEPER

Karly is of Cree and Irish ancestry on her father's side, and Mohawk and Scottish/English ancestry on her mother's side, and is the Indigenous Patient and Family Engagement Advisor in the Neonatal Program at BC Women's Hospital. As a mother of 4 and a person with lived and living experience, Karly generously shares her wisdoms and knowledge with healthcare leaders and research teams to ensure cultural safety and equity for Indigenous patients and research participants in BC.



CATHERINE TANSKI, RN

Amalakha. Catherine Tanski is a registered nurse of mixed ancestry whose family roots span four continents. For nearly 30 years, she has worked alongside First Nations communities throughout northwestern British Columbia. Through kinship ties, she was culturally adopted into the family of X'staam Hana'ax from Kitsumkalum and remains closely connected to the Kitselas community. Catherine has dedicated her nursing career to Indigenous health and wellness, supporting communities along the Highway of Tears and working with individuals and families affected by substance use, the toxic drug crisis, intergenerational trauma, and racism in healthcare. Since 2019, she has been involved with the Indigenous Leadership Circle of the BC Nurses' Union. During her three-year term as Provincial Chair, she helped advance Indigenous leadership and supported the inclusion of Indigenous language provisions in the union's collective agreement, a historic first. A mother of four, including two Métis children, Catherine's advocacy is deeply influenced by her missing sister and her commitment to justice, anti-racism, child welfare reform, and equitable care.

TESSA UNGER, MN

Tessa Unger is a registered nurse with a background in perinatal and public health nursing. She currently works as the Perinatal Substance Use Lead for her health authority, where she supports initiatives aimed at improving care for pregnant and postpartum people and their babies impacted by substance use. She holds a Master of Nursing degree and is passionate about bridging clinical practice, education, and system-level change. In addition to her professional work, Tessa brings personal insight through her family's journey supporting a loved one living with substance use and mental health conditions, which grounds her approach in compassion, empathy, and lived experience.



MISTY WASYLUK

Misty Wasyluk (she/her/hers) is a non-practising midwife with more than 15 years of clinical experience. She holds a Bachelor of Health Sciences in Midwifery from Laurentian University and a Master of Public Health from the University of Victoria. Drawing on both clinical and public health expertise, Misty is committed to advancing equitable, person-centred approaches that improve health outcomes and reduce inequities for people experiencing disproportionate adversity across British Columbia. Misty currently serves as Provincial Lead, Public Health and Primary Care with Perinatal Services BC (PSBC), where she works collaboratively with health system partners to advance provincial priorities that support the health and well-being of pregnant and postpartum people, children, and families.



MARY CATHERINE WILLIAMS, BA

Mary Catherine Williams has over thirty-five years of experience working with children, families, and communities to promote well-being, safety and success. Her career spans working in childcare centres in Vancouver's Downtown East Side and the Comox Valley, instructing ECE programs, creating and operating childcare facilities, supporting families and foster caregivers of children and youth with a variety of developmental disabilities and challenges, and providing training to families, caregivers and community professionals. She has worked with Caring Families Society as Regional Safe Babies Coordinator and trainer since 2006 and participated in curriculum updates of the Safe Babies Program. During the past 26 years she has collaborated in community development initiatives in Campbell River with a focus on mental health and addictions prevention and supports, reconciliation and resilience. Mary Catherine is currently semi-retired and continues her role as the Regional Safe Babies Coordinator on Vancouver Island with Caring Families Society.

JILL ZWICKER

Dr. Jill Zwicker is part of the Canada Research Chair in Pediatric Brain Development & Rehabilitation, professor in the Department of Occupational Science & Occupational Therapy at the University of British Columbia, and an investigator at BC Children's Hospital Research Institute. As an internationally recognized scholar for her work with children with developmental coordination disorder (DCD), Jill's research program aims to better understand potential causes of DCD, to evaluate the effect of rehabilitation on motor skill and brain development, and to inform evidence-based care to improve outcomes for children with DCD.



CURATED WITH CARE

The items in the care package (sent to participants in advance) were thoughtfully selected with the guidance and support of Indigenous partners with the intention to help participants feel grounded and engaged throughout the conference.

We hope these items offer moments of comfort, reflection, and connection throughout the conference.

Medicine Pouch Kit and Medicines

Participate in assembling your own medicine pouch, guided by the wisdom and teachings of an Indigenous Elder throughout the conference.

Curated by Metis-owned agency [2 Metis Women Consulting Agency](#)



Harm Reduction Sticker

Display this sticker as a simple way to promote compassionate, destigmatized, and inclusive approaches to care.

Created by local designer [Kina Utoro](#)



Tea Bags

Pour yourself a cup of tea, get comfortable, and enjoy the conference. We hope it adds a little warmth to your day.



Colouring Pages

Dabble in a little doodling throughout the conference. Colouring can help reduce stress, promote relaxation, spark creativity, and improve focus.

Designed by Gitksan/Cree artist [Michelle Stoney](#)



"Breathe Easy" Essential Oil Roller

Apply the "Breathe Easy" Essential Oil Roller to your temples or back of the neck for a soothing & calming experience.

Created by Indigiqueer and multi-spirit artist [Larissa Grieves Designs](#)



Sensory Ring

Roll the ring up and down your fingers for a tactile sensory experience that may be calming—or energizing—helping you refocus.



Upcycled Banner Bag

Carry your items in this one-of-a-kind bag as a practical reminder of sustainability and community

Created by the social enterprise [Jonnon](#).





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