CAPE/ACEP 2011
Canadian Academy of Psychiatric Epidemiology
Académie canadienne d'épidémiologie psychiatrique

CAPE 2011 Annual Scientific Symposium

Simon Fraser University, Downtown Campus
Room 7000, 515 West Hastings Street
Vancouver, British Columbia

October 13, 2011
CAPE 2011 Annual Scientific Symposium

CAPE was organized at the 1984 annual meeting of the Canadian Psychiatric Association (CPA) by a multidisciplinary group of researchers and teachers who recognized the need for greater communication among individuals sharing an interest in psychiatric epidemiology, but working in different parts of the country. A second goal was to bring the usefulness of epidemiological findings and methods to the attention of clinicians, policy makers, service administrators and scientific investigators throughout the mental health field. Thus, it was thought that membership would be composed of both producers and consumers of epidemiological research. A third goal was to improve the quality of training in psychiatric epidemiology offered to residents and graduate students in Canadian training centres.

In 2010, we had another successful CAPE held in Toronto. This event showcased the diversity and quality of research and knowledge application produced by the CAPE community of researchers and students. CAPE 2010 concluded with the traditional dinner, held at La Bodega restaurant, where networking continued and stories were exchanged. We also were able to celebrate the achievements of our newest CAPE/CPA 2010 Alex Leighton award recipient, Dr. Michael Boyle. I trust the meeting in Vancouver will be just as stimulating and enjoyable.

A very special thanks to the local organizing sponsor, Dr. Elliot Goldner, and the scientific committee Drs Terry Wade and Paul Kurdyak, who assisted in reviewing abstracts and organizing the scientific program. However, the real work was done by Carol Lane (McMaster University), Shazeeda Stettler (Simon Fraser University) and Sandra Dewar (University of Calgary), who are responsible for communications, organizing the venue, the food and the program. Thank you all very much!

Dr. John Cairney
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Information also available on CAPE website http://www.psychiatricepidemiology.ca/
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# Agenda

**7:45 to 8:20  Continental Breakfast and Registration**

8:20 to 8:30  **Welcome: Dr. John Cairney**, CAPE President

8:30 to 9:00  **KEYNOTE:** Psychiatric Epidemiology: A Powerful, Yet Economical Tool, for Advancing Science and Policy  
**Presenter: Dr. Jitender Sareen**

**9:00 to 10:15  Session 1: Epidemiology.  Session Chair: Dr. Terrance Wade, Brock University**

9:00 to 9:15  **Ms. Leslie E. Roos.** Do Axis 1 and 2 Disorders Mediate the Link Between Childhood Adversity and Future Homelessness?

9:15 to 9:30  **Dr. JianLi Wang.** Results From A Population-based Longitudinal Study on Work and Health in Alberta

9:30 to 9:45  **Dr. Norbert Schmitz.** Characterizing the Course of Depression in People with Diabetes: A Latent Class Analysis

9:45 to 10:00  **Dr. Tracie O. Afifi.** Physical Punishment and Axis I and II Mental Disorders: Results from a Nationally Representative Sample from the United States

10:00 to 10:15  **Dr. Xiangfei Meng.** Common Risks for Past 12-month Mood and Anxiety Disorders: a Population-Based Analysis

**10:15 to 10:45  Coffee and Networking**

**10:45 to 12:00  Session 2: Methods.  Session Chair: Dr. David Streiner, University of Toronto & McMaster University**

10:45 to 11:00  **Dr. Jennifer Ali.** Overview of the Canadian Community Health Survey – Mental Health

11:00 to 11:15  **Ms. Louise McRae.** The Canadian Chronic Disease Surveillance System: Tracking Mental Disorders Using Administrative Health Data

11:15 to 11:30  **Dr. John Cairney.** Exploring the Social Determinants of Mental Health Service Use Using Intersectionality Theory and CART Analysis

11:30 to 11:45  **Dr. Scott B. Patten.** “Tipping Points” in Anti-stigma Intervention - An Examination Using Agent-based Simulation

11:45 to 12:00  **Dr. Elizabeth Lin.** Using Health Administrative Data to Identify Individuals with Developmental Disabilities: A Comparison of Algorithms

**12:00 to 12:30  Lunch**
### 12:30 to 1:00 Poster Session I *

*Session Chair: Dr. Scott Patten, University of Calgary*

- **Mr. Trevor Cook.** Low Social Support as a Risk Factor for a Major Depressive Episode in Canadian Community Dwelling Seniors

- **Mr. Justin March.** Non-medical Use of Prescription Medication and Intimate Partner Violence: Results from a Nationally Representative Sample

- **Dr. Leslie E. Roos.** Characteristics of a Homeless Population With and Without a History ‘In-Care’

- **Ms. Hayley Chartrand.** Suicide Attempts versus Non-Suicidal Self-Injury Among Individuals with Anxiety Disorders in a Nationally Representative Sample

- **Ms. Arden Jones.** Rural-urban Differences in Stigma Against Depression and Agreement with Health Professionals About Treatment

### 1:00 to 2:15 Session 3: Health Services. *Session Chair: Dr. Paula Goering, Centre for Addiction & Mental Health*

1:00 to 1:15  
**Dr. Steve Kisely.** Can Community Treatment Orders Reduce Mortality Rates? A Controlled Before After Population Study

1:15 to 1:30  
**Dr. Paul Kurdyak.** When Does More Not Help: A Study of Psychiatrist Supply and Access to Psychiatric Services

1:30 to 1:45  
**Dr. Cara Mulhall.** Predictors and Outcomes of Control Interventions for Adult Mental Health Inpatients in Ontario

1:45 to 2:00  
**Ms. Kristen Fiest.** Home Care Needs in Community-Dwelling Seniors with Major Depression

2:00 to 2:15  
**Dr. JoAnne L. Palin.** One Hit Wonders: Characteristics of Patients who had a Single Visit to a General Practitioner for Mental Health Care in 12 months According to Administrative Records

### 2:15 to 2:45 Poster Session II *

*Session Chair: Dr. John Cairney, McMaster University*

- **Ms. Chantal Couris (Nawaf Madi presenter).** New Indicators Provide a Snapshot of Mental Health Performance in Canada.

- **Dr. Changgui Kou.** Rural Urban Difference in Self-Reported Suicide Thoughts and Attempts Among Canadians

- **Ms. Tamara L. Taillieu.** The Impact of Aggressive Parental Disciplinary Strategies Implemented in Childhood on Externalizing and Internalizing Problem Behaviour in Early Adulthood
Ms. Stacey Balchen. Do People Who Seek Care for their Panic Attacks in the Emergency Department Have Worse Outcomes Than Those Who Seek Other Mental Health Services? Results from a Nationally-Representative Survey

Dr. Andrew GM Bulloch. Alcohol Consumption and Major Depression in the General Population: the Critical Importance of Dependence

2:45 to 3:30  Interactive Workshop: Information for Mental Health System Transformation in Canada: Time for a Sea Change

Panelists:
Dr. Elizabeth Lin, Centre for Addiction & Mental Health
Dr. Carol Adair, University of Calgary
Dr. Lisa Petermann, Mental Health Commission of Canada
Dr. Steve Kisely, University of Queensland
Dr. Elliot Goldner, Simon Fraser University

3:30 to 3:45  Break

3:45 to 5:00  Session 4: Suicide. Session Chair: Dr. Tracie A. Afifi, University of Manitoba

3:45 to 4:00  Dr. Angus H. Thompson. Depression, the suicidal process, and age of onset

4:00 – 4:15  Dr. Sonja Swanson (Dr. Ian Colman presenter). Assessing the “Suicide Contagion” Hypothesis: Estimating the Association Between Proximity to Suicide and Suicidality Outcomes

4:15 – 4:30  Ms. Yunqiao Wang. Recent Stressful Life Events and Suicide Attempt: Results from a Nationally Representative Sample

4:30 to 4:45  Mr. Daniel Palitsky. The Association Between Adult Attachment Style, Mental Disorders, and Suicidality: Findings from a Population-based Study

4:45 to 5:00  Ms. Hayley Chartrand. A Longitudinal Population-based Study Exploring the Relationship Between Treatment Utilization and Suicidal Behaviour in Major Depressive Disorder

5:00 to 6:00  CAPE Business Meeting

7:00  Dinner at the Water Street Cafe
300 Water Street, Vancouver, BC (about 3 minutes walk from SFU)
Web: http://www.waterstreetcafevancouver.ca/F4.cfm
Phone: 604.689.2832

* Each presenter will have 3 minutes to discuss their work, followed by an open question period
Oral Presentation Abstracts

Session 1: Epidemiology

Do Axis 1 & 2 disorders mediate the link between childhood adversity and future homelessness?

Speaker: Leslie Roos

Authors: Leslie Roos, Natalie Mota, Tracie O Afifi, Laurence Katz, Jino Distasio, Jitender Sareen.

Affiliations: University of Manitoba, University of Oregon

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Objectives: Adverse Childhood Experiences (ACEs) are over represented in homeless samples, but this relationship has never been examined in a nationally representative sample. This study investigates the relationship between 6 different ACEs (physical abuse, emotional abuse, sexual abuse, physical neglect, emotional neglect, and general household dysfunction) and future homelessness. We further examined the role of Axis I and II mental disorders as potential mediators given their over-representation in populations experiencing both homelessness and ACEs.

Method: Variables were examined in the National Epidemiological Study of Alcohol and Related Conditions (NESARC, n=34,653) relating to ACEs, adult homelessness, and Axis I and II disorders. The data is considered representative of the non-institutionalized United States population 20+.

Results: Any ACE was experienced by 51% of males and females, with distinctive ACE prevalence rates at 7-31%. Using the Baron & Kenny model of mediation, a strong relationship was found between ACEs and homelessness (prevalence 1.9-3.4%) with Odds Ratios 2.3-5.6. This relationship was partially mediated by ‘Any Axis 1 or 2 Disorder’ (Adjusted Odds Ratios 1.8-4.4). Population Attributable Fractions (PAFs) are also reported.

Conclusions & Clinical Implications: To our knowledge, this is the first study to investigate a relationship between childhood adversity and homelessness in a large, nationally representative sample, and also the first to investigate Axis I & II DSM-IV mental disorders as possible mediators. When considering policy addressing homelessness, it is important to consider early life factors such as ACEs in addition to mental health disorders, as they may have significant outcome implications.
Results from a population-based longitudinal study on work and health in Alberta

Speaker: JianLi Wang

Authors: JianLi Wang, Scott Patten, Norbert Schmitz, Shawn Currie, jitender Sareen, Elizabeth Smailes

Affiliation: Departments of Psychiatry and of Community Health Science, University of Calgary

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Objectives: To (1) describe the goal of the study and its design, and (2) present results of the study with the data available thus far.

Methods: A population-based longitudinal study with 4239 employees selected across Alberta. Participants were selected using the random digit dialling method. They were assessed at baseline, 12-month and 24-month. Validated instruments about work stress, effort-reward imbalance and work-family conflicts were administered. Mental disorders were assessed using the full version of the WHO’s Composite International Diagnostic Interview – Auto 2.1.

Results: At baseline, the 12-month prevalence of major depressive disorder (MDD) was 6.5% followed by generalized anxiety disorder (3.2%), social phobia (2.5%), panic disorder (2.0%) and bipolar disorders (0.9%). The 12-month prevalence of any selected disorders was 11.5%. The weighted one-year incidence of MDD was 3.6% (95% CI: 2.8%-4.6%). It was 2.9% (95% CI: 1.9% - 4.2%) in men and 4.5% (95% CI: 3.3% - 6.2%) in women. The proportions of persistent and recurrent major depressive disorder in one year were 38.5% (95% CI: 31.1% - 46.5%) and 13.3% (95% CI: 10.2% - 17.1%), respectively. Work environmental factors were associated with the incidence, persistence and re-occurrence of major depressive disorder.

Conclusions: Job strain, effort-reward imbalance, job insecurity and work-family conflicts are important risk factors for the onset of MDD, and should be targets of primary prevention. Clinical and psychosocial factors are important in the prognosis of MDD. The factors associated with persistence and recurrence of MDD may be different.
Characterizing the course of depression in people with diabetes: a latent class analysis

Speaker: Norbert Schmitz

Authors: Norbert Schmitz, Genevieve Gariepy, Ashok Malla, JianLi Wang, Richard Boyer, Irene Strychar, Alain Lesage

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Understanding the course of depression in diabetes is important for clinicians and researchers, but analyses of longitudinal data from multiple time points are lacking. A prospective community based study (Diabetes Health and Wellbeing Study, DHS) in Quebec was carried out between 2008 and 2011 (n=2003). Participants with self-reported diabetes were assessed at baseline and at 1, 2 and 3 years follow-up. Minor and major depression was assessed using the PHQ-9.

Longitudinal latent class analysis was performed by using minor and major depression categories. Analysis yielded four clusters representing different pathways of depression: Cluster 1 ("no depression"; 71%): participants had neither minor nor major depression over time. Cluster 2 ("minor depression"; 17.3%): participants had minor depression over time, while most of the Cluster 3 ("major depression"; 6.2%) participants had permanently major depression over time. Participants in Cluster 4 ("recovering") started with high levels of depression, but progressed to low levels of depression.

Clusters showed statistically significant differences in disability, lifestyle, related behaviour and sociodemographic characteristics (p<0.01).

This is the first time, to the authors’ knowledge, that latent class analysis has been applied to longitudinal data on depression in people with diabetes. Identification of four distinct groups of participants might improve our understanding of the course of depression and may provide a basis of classification for intervention.
Physical punishment and axis I and axis II mental disorders: Results from a nationally representative sample from the United States

Speaker: Tracie O. Afifi

Authors: Tracie O. Afifi, PhD; Natalie Mota, MA; Patricia Dasiewicz, MA; Jitender Sareen, MD

Affiliation: Departments of Community Health Sciences, Psychiatry, Family Social Sciences, and Psychology, University of Manitoba

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Background: Controversy exists around the use of physical punishment. Very few studies have examined the relationship between physical punishment and several mental disorders in a nationally representative sample. The present research investigated the possible link between physical punishment and Axis I and II mental disorders, while addressing some noted limitations of past studies.

Methods: Data were drawn from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) collected in 2004 to 2005 (n = 34,653). The NESARC is a representative sample of the adult (20 years or older) population of the United States. Statistical methods included logistic regression models and population attributable fractions.

Results: Physical punishment without experiencing child maltreatment (i.e., physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, and exposure to intimate partner violence) was associated with increased odds of several mood disorders, anxiety disorders, alcohol and drug abuse/dependence, and Cluster A, B, and C personality disorders after adjusting for sociodemographic variables and household dysfunction (Adjusted Odds Ratios ranged from 1.3-2.5). Approximately 2% to 5% of Axis I disorders and 3% to 7% of Axis II disorders were attributable to being physically punished as a child without experiencing child maltreatment.

Conclusions: Physical punishment in the absence of harsh discipline and child maltreatment is associated with mood disorders, anxiety disorders, substance abuse/dependence, and personality disorders in a general population sample. These findings inform the contentious debate around the use of physical punishment and provide evidence that what some call customary physical discipline is related to mental disorders.
Common risks for past 12-month mood and anxiety disorders: a population-based analysis

**Speaker:** Xiangfei Meng

**Authors:** Xiangfei Meng, PhD & Carl D’Arcy, PhD

**Affiliation:** University of Saskatchewan

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**Objectives:** We explore the relationships between socio-demographic, psychological, physical risk factors, and mood and anxiety disorders and their comorbidities among Canadians.

**Methods:** The Canadian Community Health Survey of Mental Health and Well-being (CCHS 1.2) was used. Appropriate sampling weights and bootstrap variance estimation were employed in all estimates. Multiple logistic regression was used to estimate the odds ratios and confidence intervals for each risk indicator.

**Results:** The prevalence of any mood disorder was 5.24 % and 4.65% for any anxiety disorder. The highest 12-month prevalence of mood and anxiety disorders was depression (4.78%), followed by social phobia, panic disorder, mania, and agoraphobia. The prevalence of comorbid mood and anxiety disorders among patients suffering from mood and anxiety disorders was 22.40%. Unique risks for specific disorders were found. Depression and social phobia were associated with people born at Canada. Panic disorder was associated with Caucasians. Lower education was related to panic and agoraphobia. Mania and agoraphobia were related to low self-rated physical health. Those who were young, unmarried, not fully employed, having comorbidities, perceiving a greater stress, poorer mental health, and being dissatisfaction of their lives were more likely to have a comorbid mood and anxiety disorders.

**Conclusions:** Our findings suggest number of common risks not only relates to the onset of disease but also predicts the severity of disease.
Session 2: Methods

Overview of the Canadian Community Health Survey – Mental Health

Speaker: Jennifer Ali
Author: Jennifer Ali
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The Canadian Community Health Survey – Mental Health is an upcoming national population health survey at Statistics Canada that will provide a comprehensive look at mental health with respect to who is affected by selected mental disorders as well as their positive mental health. It will also examine access to and utilization of formal and informal mental health care services and supports. It will look at how people are functioning regardless of whether they have a mental health problem. This new survey, to be collected in 2012, will repeat some of the content from the 2002 Canadian Community Health Survey on Mental Health and Well-Being, Cycle 1.2 as well as address new data gaps. The presentation will provide an overview of the survey parameters, development, content, and timelines.
The Canadian Chronic Disease Surveillance System: Tracking Mental Disorders Using Administrative Health Data

Speaker: Louise McRae

Authors: Louise McRae, Saskia Vanderloo

Affiliation: Chronic Disease Surveillance and Monitoring Division, Centre for Chronic Disease Prevention and Control, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada

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Background: The Canadian Chronic Disease Surveillance System (CCDSS) is a collaborative network of provincial and territorial chronic disease surveillance systems, supported by the Public Health Agency of Canada, which aims to estimate the burden of chronic disease using administrative health data. In 2010, the CCDSS began tracking the prevalence of mental disorders.

Methods: In ten provinces and one territory, administrative health data (physician billing claims and hospital separation claims) were assembled based on individuals' unique personal health numbers (PHN), for fiscal years 1996/97 to 2008/09. Data for all residents receiving provincial or territorial health insurance were captured by this method. Mental disorder cases were identified by the relevant diagnostic codes from at least one physician claim or one hospitalization separation abstract. Further, the sub-category of mood and anxiety disorder cases was classified using at least one relevant code from a physician's diagnosis for a mood and/or anxiety disorder.

Results: In 2008/09, there were over 5 million Canadians with a diagnosed mental disorder (14.6% of the population: approximately 3.0 million females; 2.1 million males). Nearly 70% of these cases were classified as mood and/or anxiety disorders. Among working-age Canadians (15 to 64 years), those aged 45 to 54 years were most often medically diagnosed with a mental disorder between 1996/97 and 2008/09; however, those aged 85 years or older had the highest prevalence of medically-diagnosed mental disorders overall (more than 1 in 4).

Conclusions: The CCDSS provides an objective measure of the burden of mental disorders in Canada, allowing us to track these conditions longitudinally.
Exploring the social determinants of mental health service use using intersectionality theory and CART analysis

Speaker: John Cairney

Authors: John Cairney\textsuperscript{1,2}, Paul Kurdyak\textsuperscript{2,3}, Scott Veldhuizen\textsuperscript{2}, Terrance J Wade\textsuperscript{4} and David Streiner\textsuperscript{1,2,3}

Affiliations: \textsuperscript{1}McMaster University; \textsuperscript{2}Centre for Addiction & Mental Health; \textsuperscript{3}University of Toronto, \textsuperscript{4}Brock University

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Research has shown non-need related factors such as gender, socioeconomic status, ethnicity, age and marital status to be robust predictors of use of mental health care services. However, our understanding of the contribution of these social determinants to use of services has been limited by theory and method. In this presentation, we use intersectionality theory and recursive partitioning to explore the social determinants of mental health care utilization. Specifically, we use health administrative data from the province of Ontario and link it to the CCHS 1.2 survey. We find that service use is influenced by complex interactions among sociodemographic variables. A comparison with results from logistic regression analysis highlights CART’s ability to uncover patterns that are difficult to identify with other approaches.
“Tipping Points” in Anti-stigma Intervention – An Examination Using Agent-based Simulation

Speaker: Scott B. Patten

Authors: Scott B. Patten

Affiliation: University of Calgary

Email: patten@ucalgary.ca

Background: Stigmatization of mental illness is a major problem. However, anti-stigma interventions generally have modest and often temporary effects. This raises the question of whether such interventions are worth pursuing. One justification for doing so is the possibility that anti-stigma interventions, usually delivered to a small segment of the population, may trigger larger societal changes. The objective of this project was to explore these issues through simulation.

Methods: An agent-based model was developed using the software NetLogo. Agent-based models are comprised of discrete programming elements that are (to some extent) capable of autonomous action and are therefore called agents. Stigma was represented by incorporating concepts of social distance and social alignment into agents’ decision rules. The model also depicted the possible spread of attitudes and behaviour through social contact (social contagion).

Results: When an intervention capable of removing stigma was simulated, its impact was minimal even if it was highly effective. However, introduction of social contagion created conditions in which sweeping diminishment of stigma could occur, given appropriate conditions. This “tipping point” phenomenon was related more closely to the duration and social transmissibility of the intervention’s effect than to its effectiveness.

Conclusion: The model presented here confirms the potential for anti-stigma interventions to have a greater impact than would otherwise result from their direct effects. It also generates hypotheses that have not yet received much attention in the anti-stigma literature: the ultimate impact of anti-stigma interventions may be driven more by their social transmissibility than by the strength of their effect.
Using health administrative data to identify individuals with developmental disabilities: A comparison of algorithms

Speaker: Elizabeth Lin

Authors: Elizabeth Lin, Rob Balogh, Virginie Cobigo, Helene Ouellette-Kuntz, and Yona Lunsky

Affiliations: Centre for Addiction and Mental Health, Toronto, ON; Institute for Clinical Evaluative Sciences; Queens University

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Developmental disabilities (DD) are a group of disorders (e.g., Down syndrome, Fragile x syndrome, autism-spectrum disorders) that manifest and are usually diagnosed in childhood or early adolescence. Individuals with DD are highly vulnerable to physical and mental health problems. Research suggests that their care is often inappropriate or inadequate making understanding their characteristics and health services needs a critical issue.

Administrative data are logical sources of information on the health services utilization of these individuals. However, DD typically do not have direct health care interventions. Standard cohort-identification methods that use the main condition being treated are problematic and yield serious underestimates. One solution used by Balogh et al (2010) includes all diagnostic fields on the assumption that DD is captured as a comorbidity and searches all records since database inception on the assumption that this captures individuals at their first assessment. This solution, while it addresses the problem of underestimation, runs the risk of over-sensitivity and thus of poor positive predictive value. Also, because administrative datasets are initiated at different times, Balogh, et al.’s solution may create bias by over-detecting individuals in the oldest datasets and under-detecting those in the newest.

We created two alternative algorithms using linked data from five health administrative datasets. These are compared with the Balogh algorithm in terms of treated prevalence rates and sociodemographic and clinical characteristics. How to define meaningful differences given very large sample sizes and the implications for cohort definition and policy interpretations are discussed.
Poster Session I

Low Social Support as a Risk Factor for a Major Depressive Episode in Canadian Community Dwelling Seniors

Speaker: Trevor Cook

Authors: Trevor Cook¹, JianLi Wang²

Affiliations: ¹Department of Community Health Sciences, Faculty of Medicine, University of Calgary, ²Departments of Community Health Sciences and Psychiatry, Faculty of Medicine, University of Calgary

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Background: Major depression represents a great cause of disease burden worldwide. Further, the proportion of Canadian citizens aged 65 years of age and older is rapidly growing. Despite this, there is a lack of longitudinal data on risk factors for a major depressive episode in seniors. While comprehensive measures of social support are rarely employed in existing literature. A longitudinal approach to examining the relationship between depression and comprehensive social support tools has yet to be conducted in Canada.

Methods: This study will use 8-year population-based longitudinal data from the National Population Health Survey, collected by Statistics Canada. The survey will be restricted to individuals aged 65 years of age and older. Demographic and socioeconomic characteristics of the sample will be presented. The 2-year and 8-year incidence proportions of major depression in seniors will be estimated. The cross-sectional and longitudinal association between social support and a major depressive episode will be examined using multivariate logistic regression.

Results: The majority of participants were female, married and living with partner. Roughly 80% of participants reported a chronic condition, though only 25% reported a pain problem and a third restriction to activity. Chronic pain, chronic conditions, and restriction to activity were each associated with higher incidence of major depression. Only positive social interaction, affection and emotional social support were significant in incidence and modeling.

Conclusions: Some but not all types of social support are significant in the risk of a major depressive episode in longitudinal analysis. Chronic conditions, pain and activity limitations are important risk factors for depression.
Non-Medical Use of Prescription Medication and Intimate Partner Violence: Results From a Nationally Representative Sample

Speaker: Justin March

Authors: Justin March

Affiliation: University of Manitoba

Email: ummarch8@cc.umanitoba.ca

The rate of non-medical use of prescription medication (NMUPM) has increased significantly over the last number of years in North America and internationally and Intimate Partner Violence (IPV) has been shown to be a worldwide public health problem. The objective of the current research was to examine the relationship between past year perpetration only, victimization only, both victimization and perpetration, and neither perpetration or victimization of physical and sexual IPV and past year NMUPM; including sedatives, tranquilizers, painkillers, stimulants, ‘other’ drugs and any prescription drug. Data were from the National Epidemiologic Survey on Alcohol and Related Conditions Wave 2 (n = 34 653). A series of adjusted logistic regression models were conducted. Non-medical use of sedatives, tranquilizers, stimulants and any prescription drug increased the likelihood of IPV perpetration (odds ranging from 1.82 to 4.99). IPV victimization increased the odds of having all types of NMUPM (odds ranging from 3.02 to 3.47 adjusting for sociodemographic variables). IPV victimization held a significant likelihood ratio for misusing painkillers and any prescription drug with our most stringent controls. IPV victimization alone, IPV perpetration alone and both victimization and perpetration increased the likelihood of misusing any prescription drug. This research identifies IPV victimization and perpetration as independent predictors for NMUPM. This knowledge can inform primary care providers.
Characteristics of a homeless population with and without a history ‘in-care.’

Speaker: Leslie Roos

Authors: Leslie E Roos, Shay-Lee Bolton, Laurence Katz, Tracie O Afifi, Jino Distasio, Corinne Isaak, Paula Goering, Jitender Sareen

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Objectives: While multiple studies of homeless persons report an increased prevalence of a history in-care (child welfare placement), there is a dearth of information on their demographic and outcome profiles. This study investigated sociodemographics associated with a history in-care, Axis I mental health disorders, trauma exposure, and mental and physical quality of life.

Methods: Data from 483 Winnipeg participants of the At Home/Chez Soi Mental Health and Homelessness project were used. Participants were recruited through clinical and community referrals and interviewed by trained interviewers. Questions focused on demographics, mental health symptomatology, trauma exposures, and quality of life.

Results: Within our sample, 48% of participants reported a history in-care. These individuals were more likely to be younger, female, of Aboriginal descent, married or cohabitating, and have less education, and longer lifetime homelessness. After adjusting for sociodemographics, a history in-care remained significantly associated with increased rates of current depression and substance use disorders and decreased psychotic disorders. A history in-care was also significantly associated with increased likelihood of experiencing a wide range of traumas, specifically interpersonal, and lower mental (but not physical) health scores.

Conclusions & Implications: Amongst our homeless sample, a history in-care was associated with a distinctive risk profile. This is pertinent given the evidence of the dose-response relationship of cumulative traumas on negative outcomes, as well as the complex comorbidity associated with substance use and mental health. This knowledge can better inform clinicians advising treatment options and inform intervention development.
Suicide Attempts versus Non-Suicidal Self-Injury among Individuals with Anxiety Disorders in a Nationally Representative Sample

**Speaker:** Hayley Chartrand

**Authors:** Hayley Chartrand, BA(Hons)¹, Jitender Sareen, MD FRCPC¹²³, Matthew Toews, MD², James Bolton, MD FRCPC¹²

**Affiliation:** ¹Department of Psychology, University of Manitoba, ²Department of Psychiatry, University of Manitoba, ³Department of Community Health Sciences, University of Manitoba

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**Background:** The present study aimed to determine whether anxiety disorders are associated with suicide attempts with intent to die and to further investigate the characteristics of deliberate self-harm among anxiety disorders.

**Methods:** Data came from the Collaborative Psychiatric Epidemiological Surveys (CPES) (N = 20,130; age 18 years and older; response rate = 72.3%). DSM-IV anxiety disorders were assessed using the World Mental Health Composite International Diagnostic Interview (WMH CIDI). People with an anxiety disorder endorsing a history of deliberate self-harm were subcategorized as those who made suicide attempts (n=159; individuals who intended to die), versus those who made non-suicidal self-injuries (n=85; individuals who did not intend to die).

**Results:** Anxiety disorders were associated with both suicide attempts and non-suicidal self-injury. People with generalized anxiety disorder and social phobia who engaged in deliberate self-harm were more likely to have made a suicide attempt than a non-suicidal self-injury, independent of the effects of mood and substance use disorders. In addition, individuals with generalized anxiety disorder and social phobia who engaged in deliberate self-harm were more likely to engage in this behavior multiple times, and at least one of those times was a suicide attempt.

**Conclusions:** The present study suggests that anxiety disorders are associated with suicide attempts with intent to die. Social phobia and generalized anxiety disorder appear to be associated with the more worrisome patterns of deliberate self-harm including multiple suicide attempts.
Rural-urban differences in stigma against depression and agreement with health professionals about treatment.

Speaker: Arden Jones

Authors: Arden Jones

Affiliation: University of Calgary

Email: arjjones@ucalgary.ca

Objectives: To determine if levels of personal stigma towards depression and agreement with health professionals about treatment differ between rural-urban populations.

Methods: Data from a telephone survey conducted in Alberta \((n = 3047, \text{ response rate } = 75.2\%)\) was analyzed. Participants responded to a case vignette describing a depressed individual and questionnaires assessing attitudes towards treatments, and personal stigma against depression. The relation between rural-urban status and agreement with health professionals about treatment was assessed using logistic regression. Stigma scores in relation to rural-urban status were analyzed using multivariate linear regression.

Results: Urban respondents were more likely than rural participants to agree with health professionals about depression treatments. This was found overall, and in women. After adjustment for income and education, rural/urban status was no longer significant. Urban participants had lower stigma scores in overall analysis. After adjustment for income and education, stigma scores remained higher among rural men. Education was associated with lower stigma scores among both men and women in fully adjusted models. The ability to recognize depression was associated with lower stigma scores.

Conclusions: Differences exist in rural/urban population about treatments for depression and stigma towards depression. The rural-urban differences in stigma and agreement with health professionals about treatment may largely explained by educational levels.
Session 3: Health Services

Can community treatment orders reduce mortality rates? A controlled before after population study

Speaker: Steve Kisely

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Objectives: There is controversy as to whether community treatment orders (CTOs) can improve health and social outcomes including questions about their effectiveness in preventing admission to hospital. Less is known about any effect on the increased mortality experienced by people with severe mental illness. We investigated whether CTOs can reduce one- and two-year mortality over the decade following their introduction in Western Australia (WA).

Method: A population-based record-linkage analysis of all CTO cases in WA over 10 years. We compared one- and two-year mortality rates for CTO cases with matched controls. We used Cox regression analyses to adjust for demographics, education level, prior health service use, diagnosis and length of psychiatric history. We collected data on successive cohorts for each year of CTO use to measure changes in numbers, characteristics & outcomes.

Results: We identified 2,127 CTO cases from November 1997 to December 2008 along with the same number of controls matched on age, sex and mental health diagnosis. 64% were males with an average age of 37 years. The most common diagnoses were schizophrenia and other non-affective psychoses (76%), followed by affective disorders (14%). 476 patients (8%) died. Patients on CTOs had significantly lower mortality rates at one and two-year follow-up with hazard ratios of 0.6 (95%CI=0.5-0.7) on each occasion.

Conclusions: CTOs may reduce two-year mortality. This may partly be explained by increased contact with health services in the community. As CTOs in WA resemble those in Canada, this may have implications for Canadian practice.
When More Does Not Help: a study of psychiatrist supply and access to psychiatric services.

Speaker: Paul Kurdyak

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Introduction: Inadequate access to psychiatric services has been attributed to a psychiatrist shortages and poor reimbursement for psychiatric services. In Ontario, there is a single fee schedule that applies to the entire population; but psychiatrist supply is highly variable regionally. Ottawa and Toronto have 2 and 4 times more psychiatrists per capita than the rest of Ontario. Our objective was to study the impact of psychiatrist supply on access to psychiatric services.

Methods: We conducted a study of the characteristics of the patient panels of, and services provided by, full-time psychiatrists in Ontario between April, 2007 and March, 2009. The main outcomes were mean size of outpatient panel, number of new patients, and visit frequency. We also estimated the number of psychiatrists seeing <100 patients per year.

Results: Toronto, Ottawa, and Other regions had 42.6, 23.9, and 11.1 psychiatrists per 100,000 residents. Compared to the rest of the province, psychiatrists in Toronto and Ottawa: had 50% smaller outpatient panels (Toronto, 178; Ottawa, 210; Other, 395); saw 50% fewer new patients per year (Toronto, 103; Ottawa, 107; Other, 224); but almost double the number of visits per patient per year (Toronto, 12.5; Ottawa, 10.0; Other, 6.2). In Toronto, 40.6% of psychiatrists was <100 patients annually.

Conclusions: Universal mental health care coverage and a high supply of psychiatrists do not seem sufficient to ensure access to psychiatric services. In a setting where psychiatrists are reimbursed for an unlimited number of visits, increasing psychiatrist supply may not improve access for the neediest patients.
Predictors and outcomes of control interventions for adult mental health inpatients in Ontario

Speaker: Cara Mulhall

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Background: Control interventions (acute control medication, physical/mechanical restraint, and seclusion) are used to prevent patient self-harm as well as harm to others. They have been associated with adverse outcomes, such as further provocation of aggression, injury to staff or patients and damage to patient-staff relationships. In recent years, legislation, policies and initiatives have been implemented to minimize restraint use and to limit it to a measure of last resort intended to prevent harm.

Purpose: This analysis examines predictors and outcomes of control interventions among adult mental health inpatients using data from the Ontario Mental Health Reporting System (OMHRS).

Methods: 92,551 adults discharged from designated mental health beds in Ontario between 2006 and 2010 having a full OMHRS assessment were eligible for this analysis. Individuals were classified into one of four mutually exclusive groups based on their experience of control interventions: acute control medication only (n=14,290); physical and/or mechanical restraint (n=5,027); seclusion (n=4,965); and no control intervention (n=68,269). Analysis focused on socio-demographic, behavioural, cognitive, treatment, clinical, and stressor related factors and their relation to the experience of control interventions. The analysis also examined differences in rates of readmission, community tenure, and subsequent experiences of control interventions.

Results: Logistic regression models showed that violence, communication, history of admissions, and medication adherence were some of the factors independently associated with restraint use. Also, for all three restraint use categories, rates were significantly higher in general as compared to psychiatric hospitals. Results of the analysis on outcomes are presented as well.
Home care needs in community-dwelling seniors with major depression

Speaker: Kirsten Fiest

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Background: Home care needs increase with age, though the average age of home care recipients is decreasing. Previous research demonstrates that the presence of major depression can complicate health management practices through alcohol or smoking use, lack of exercise and poor adherence to treatment. There is a dearth of information on the pattern of home care needs in seniors with major depression.

Objectives: To describe the home care needs in seniors with major depression, overall and by gender, age, employment status, activity restrictions and provinces. Specifically, comparisons of home care needs will be made between those people with and without major depression.

Methods: Data from the National population Health Survey (NPHS) Cyles 1-7 were used. For the purposes of these analyses, the dataset was restricted to those aged 50 and over (n=5404). Home care needs were determined through self-report questions on whether various types of home care were required by the individual over the previous year. Major depressive episodes were assessed using the Composite International Diagnostic Interview-Short Form for Major Depression (CIDI-SFMD). To be consistent with the questions regarding home care needs, 12-month major depressive episodes were used.

Results: Persons receiving homecare in Canada are older, on average, than all adults over 50 years (1994: 75.84 years v. 65.51 years). In those adults over 50 years, more women receive homecare (1994: 54.12% (53.28-54.96) v. 63.43 (57.65-69.21)). The prevalence of depression in adults over 50 receiving homecare is as high as 9.01% (4.22-13.79). More adults over 50 with depression received homecare in 1994/95, 1996/97, 1998/99 & 2004/05 than those without depression receiving homecare.

Conclusions: These preliminary results indicate that adults over 50 with depression receive homecare more often than those adults without depression. In addition, they are older, female, and report poorer self-rated health. It is important to recognize the factors that may lead to the receipt of homecare, such as poor self-rated health, living alone, having a restriction of activities, or not participating in the labour force in previous years. These findings may inform patient care amendments and the assessment of possible risk factors for receiving homecare in later years.
One Hit Wonders: Characteristics of patients who had a single visit to a General Practitioner for mental health care in 12 months according administrative records

Speaker: JoAnne L. Palin

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Background: Provincial administrative health data provide information about the number of Canadians who visit physicians for mental health reasons. Thus, administrative records are used for national mental health surveillance and mental health services research. Yet, a large proportion of patients who are classified as mental health care users according to administrative data have only one administrative record pertaining to a mental health diagnosis (over a 12 month reference period). This study explores the mental health characteristics of single-visit mental health care users in administrative data, and examines other indicators of their mental health care, using a data linkage with mental health survey data. The study focuses on care provided by GPs, who are the main source of mental health care for most Canadians.

Methods: The sample included 2,373 (60.9%) of respondents to the Canadian Community Health Survey on Mental Health and Well-being in British Columbia, who gave permission for their survey responses to be linked to their British Columbia Medical Services Plan records.

Results: Patients with single visits differed from individuals who had no mental health visits to a GP for mental health reasons according to administrative data, and from patients who had more than one visit. Differences were observed across most measures of mental health status and service utilization, but were less consistent across demographic characteristics.

Conclusion: Many patients who had a single mental health visit to a GP according to the diagnostic codes recorded in their administrative records had other evidence of mental health problems, but a sizable proportion did not.
Poster Session II

New indicators provide a snapshot of Mental Health System performance in Canada

Speaker: Nawaf Madi

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General hospital data can provide insights on the performance of mental health services in Canada for individuals living with mental illness and/or poor mental health. Three performance indicators related to mental health services in Canada were developed: self-injury hospitalizations, 30-day mental illness readmissions and repeat hospitalizations for mental illness.

In 2009-2010, among Canadians age 15 and older, approximately 17,482 Canadians were hospitalized as a result of self-injury. About 7 in 10 hospitalizations for self-injury also included a mental illness diagnosis. 11.4% of mental illness hospitalizations were followed by a readmission within 30 days of discharge and approximately 64% of readmissions occurred within the first two weeks. 11% of people hospitalized for mental illness had at least two or more hospitalizations within one year of the first discharge. Repeat hospitalizations represented 28% of all hospitalizations for mental illnesses. All three indicators suggested provincial and territorial variation.

Early detection and treatment of mental illnesses and for optimal transitions between general hospitals and community services are possible strategies to improve performance of mental health systems. Variations between provinces and territories may reflect differences in how mental health systems are organized. Overall, these new indicators provide an initial glimpse of the patterns of mental health service use and of the performance of the mental health system in Canada. Regular reporting can be useful to inform planning, management and evaluation of the mental health system.
Rural Urban Difference in self-reported suicide thoughts and attempts among Canadians

Speaker: Changgui Kou

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Introduction: The literature that suggests that suicide thoughts and attempts may be more frequent among those who reside in rural areas. Is this true for Canada?

Methods: We examine this research question using data from the Master file of the Canadian Community Health of Mental Health and Well-being (CCHS1.2) a large national epidemiological survey that used Composite International Diagnostic Interview to assess the mental health of Canadians. Data on five place categories, urban core, urban fringe, rural fringe, urban outside CMA, rural outside CMA, were examined. Raw and age and gender adjusted prevalence rates were calculated. Logistic regression analysis was used to examine risk factors.

Results: There were essentially no statistically significant differences in suicide thoughts and suicide attempts between any places of residence. In terms of socio-demographic characteristics: males in urban fringe areas have substantially lower odds of suicidal thoughts; women in urban fringe areas had the highest prevalence of suicide thoughts; the youngest age group (15-24), across all place categories, most frequently reported suicide thoughts; widowed/separated/divorced also more frequently reported suicide thoughts; immigrants as well were less likely to report suicide thoughts. An income gradient was evident with suicide thoughts decreasing with rising income.

Conclusions: Even though there is some recent literature that suggest urban living affects brain structures and response to stress our finding that there is essentially no rural urban differences in self-reported suicide thoughts and attempts is consistent with a body of literature that finds very little rural-urban differences in mental health among Canadians.
The impact of aggressive parental disciplinary strategies implemented in childhood on externalizing and internalizing problem behaviour in early adulthood

Speaker: Tamara L. Taillieu

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Parental use of aggressive discipline, specifically corporal punishment (CP) and psychological aggression (PA), has been shown to increase the risk for a number of problem behaviours in children and adolescents. How CP and PA experienced in childhood contribute to adverse developmental outcomes in adulthood remains to be understood. Survey data collected from University of Manitoba students (n = 1133) was used to assess the effects of childhood experiences of CP and PA on externalizing (i.e., intimate partner violence, criminality, alcohol abuse) and internalizing (i.e., depression, anxiety, and low self-esteem) problems in early adulthood. Because aggressive disciplinary techniques do not occur in isolation, a number of protective factors were also considered in analyses. Both CP and PA were associated with lower levels of parental warmth/support and responsiveness, and more inconsistency in discipline. However, highly inductive parents tended to use CP and PA more frequently than less inductive parents. Hierarchical regression analyses indicated that childhood CP predicted later intimate partner violence, and childhood PA predicted anxiety and lower self-esteem in adulthood, even after the effects of positive parenting were taken into account. These findings suggest that not only do CP and PA tend to occur within environments that are less conducive to positive development, but also predict problematic developmental outcomes in adulthood even after the effects of protective factors are taken into account.
Do People Who Seek Care for their Panic Attacks in the Emergency Department Have Worse Outcomes Than Those Who Seek Other Mental Health Services?: Results from a Nationally-Representative Survey

Speaker: Stacey Balchen

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Background: Panic attacks are a common occurrence in the general population, and they account for significant disability and health care expenditures. Research exists on the outcomes of panic attacks, however to date there has been no investigation of panic attack outcomes with respect to type of healthcare service sought as a response to the attacks. We endeavoured to reveal, using a large nationally representative longitudinal survey of adults, whether individuals who present to the emergency department for help with panic attacks experience worse outcomes at 3 year follow-up compared to those who sought other services.

Methods: The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) waves 1 and 2 (n=34 653, aged 18 and older, response rate = 70.2%) was used to analyze panic attack incidence and type of healthcare service sought, along with comorbid conditions and demographic information. Individuals experiencing panic attacks at Wave 1 were examined on the basis of outcomes at Wave 2 (persistence of panic attacks and incident comorbid conditions) according to type of service sought for help with their panic attacks.

Results: ED service use does not predict PA persistence or the development of comorbid mental disorders at follow up. Certain characteristics of PA themselves (i.e., more frightening symptoms), and certain characteristics in respondents (i.e., receiving help for other disorders, having cardiac conditions) appear to drive ED use.

Conclusions: When looking at service use, ED or other service use is a significant predictor of PA persistence.
Alcohol Consumption and Major Depression in the General Population: the Critical Importance of Dependence

Speaker: Andrew GM Bulloch

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Background: Substance use disorders and major depressive episodes (MDEs) often co-occur. Alcohol consumption may contribute to the aetiology of depressive episodes and/or vice versa. In Canada, the National Population Health Survey (NPHS) has evaluated several aspects of alcohol use and MDE in a large population cohort over twelve years of follow-up. Our objective was to evaluate the incidence of MDE in relation to different patterns of alcohol use, and to examine the incidence of alcohol misuse in respondents with and without MDE.

Methods: The NPHS is a longitudinal study that began data collection in 1994 and whose cohort has been followed with biannual interviews. These interviews assess MDE using the Composite International Diagnostic Interview Short Form for Major Depression (CIDI-SFMD). Another CIDI-SF module assessed alcohol dependence during two interviews. Any alcohol consumption, exceeding moderate drinking guidelines and binge drinking were also assessed. We used logistic regression and proportional hazards models to assess longitudinal relationships between these variables.

Results: Respondents with alcohol dependence were at higher risk of MDE, but any alcohol consumption, exceeding guidelines for moderate drinking and binge drinking were not. There was no increased risk of transition of alcohol consumption in association with MDE, except that the risk of alcohol dependence was elevated in depressed men.

Conclusion: In this cohort, associations between alcohol consumption and MDE were not observed except when dependence was indicated. Alcohol dependence increased the risk of MDE in men and women, and MDE increased the risk of alcohol dependence, but only in men.
Session 4: Suicide

Depression, the suicidal process, and age of onset

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The suicidal process refers to a progression from behaviour of relatively low intent to completed suicide. Evidence from the literature and our previous studies has given rise to the speculation that early entry into the suicidal process may be associated with the ultimate seriousness of suicidal behaviour. To test this hypothesis, questions on the appearance and timing of suicidal process components (death wish, ideation, plan, and attempt) were embedded in a telephone survey on mental health and addictions. Age of onset of the first death wish was examined as a function of the severity of suicidal behaviour within the context of gender, and depression. The findings showed that increases in suicidal intent were associated with a progressively lowered age of the first death wish. This pattern held true for depressed and non-depressed persons alike and did not differ by gender. The results support the notion that such early onset portends more serious problem levels in later life. The finding that mood operates independently in its association with the timing of such suicidal behaviour suggests that the effect of a relatively youthful appearance of a wish to die cannot be explained by early onset depression. This, coupled with our earlier data, suggests that while a death wish leads to serious levels of the suicidal process in only a minority of cases, it is nearly always present among those that do reach that level. Thus, the view that early “fleeting thoughts of death” are not particularly serious should be reconsidered.
Assessing the “Suicide Contagion” Hypothesis: Estimating the Association between Proximity to Suicide and Suicidality Outcomes

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Background: Ecological studies support the popularized hypothesis that suicide may be “contagious”, in that exposure to suicide may influence risk for suicidal behaviour in others. However, this association has not been assessed in prospective studies. The objective of this study was to estimate the association between exposure to suicide and subsequent suicidality outcomes in Canadian youth.

Methods: The study used data from 20,438 participants aged 12-17 in Statistic Canada’s National Longitudinal Survey of Children and Youth (NLSCY). Students reported personally knowing somebody who has committed suicide, or knowing somebody who has committed suicide in their school. Survey members also reported suicidal ideation and suicide attempts. Logistic regression was used to measure the strength of association between exposure to completed suicide and subsequent suicidal behaviour.

Results: Exposure to a schoolmate’s suicide was associated with ideation at baseline in ages 12-13 (OR=5.06; 95% CI: 3.04-8.40), 14-15 (OR=2.93; 95% CI: 2.02-4.24), and 16-17 (OR=2.23; 95% CI: 1.43-3.48); it was further associated with attempts in ages 12-13 (OR=4.57; 95% CI: 2.39-8.71), 14-15 (OR=3.99; 95% CI: 2.46-6.45), and 16-17 (OR=3.22; 95% CI: 1.62-6.41). Personally knowing someone who committed suicide was similarly associated with suicidality outcomes for all age groups (p's<0.05). Two-year outcomes were assessed for ages 12-15; school suicide prospectively predicted suicide attempts in both 12-13 (OR=3.07; 95% CI: 1.05-8.96) and 14-15 year-olds (OR=2.72; 95% CI: 1.47-5.04).

Conclusions: Results strongly support the suicide contagion hypothesis across age groups and types of exposure. Two-year outcomes suggest these effects may linger longer than previously suggested.
Recent stressful life events and suicide attempt: results from a nationally representative sample

Speaker: Yunqiao Wang

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Objectives: To examine whether past-year exposure to stressful life events (SLE’s) were related to past-year suicide attempts in a nationally representative sample.

Methods: We used data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) Wave 2 (2004-2005), N=34,653 (age 20 years older). Examples of stressors included Any assaultive violence, Any financial stress, Any legal problems, etc. Logistic regression and population attributable fractions (PAF) were employed to examine the association between past-year exposures to SLEs and past-year suicide attempts.

Results: The relationship between most stressful life events and suicide attempts dissipated after accounting for mental illness. However, experiencing assaultive violence [Adjusted Odds Ratio (AOR)=3.02, 95% Confidence Interval (CI)=1.34-6.83] and financial stress (AOR=2.38, 95% CI=1.29-4.39) in the past year was significantly associated with a suicide attempt in the same time period, even after adjusting for the effects of demographic factors and mental disorders. Financial stress independently accounted for more than 20% of suicide attempts in the past year.

Conclusions: Specific life stresses are correlated with suicide attempts, independently of mental disorders. The findings regarding financial stress have important public health implications given the recent financial crisis in the United States.

Keywords: Past-year suicide attempt, past-year stressful life events, trauma, mental disorders
The association between adult attachment style, mental disorders, and suicidality: findings from a population-based study

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Attachment theory categorically assesses how a person perceives and experiences interpersonal relationships. Attachment style is linked to numerous physical and psychological phenomena, however there is a paucity of research examining its relationship to suicide ideation and attempt in adults. Our study addresses this and investigates the relationship of adult attachment style and mental disorders in a nationally representative sample. Using data from the National Comorbidity Survey Replication (N = 5692, Age > 18), multiple logistic regression analyses were conducted to examine these relationships. After adjusting for confounding variables, insecure attachment styles were associated with greater reporting of suicidal ideation, attempt and all mental disorder categories analyzed (adjusted odds ratio range: 1.13 - 1.81). Secure attachment styles were associated with a decreased likelihood of reporting suicidal ideation, attempt and any anxiety disorder (adjusted odds ratio range: 0.67 - 0.91). Clinicians should be aware of attachment issues in their patients to ensure better health outcomes and more effective doctor-patient relationships. Moreover, psychiatrists may use attachment assessments as a tool to identify patients at higher risk of suicidal ideation and attempt.
A Longitudinal Population-Based Study Exploring the Relationship between Treatment Utilization and Suicidal Behaviour in Major Depressive Disorder

Speaker: Hayley Chartrand

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Objective: To longitudinally examine the relationship between treatment utilization and suicidal behaviour among people with major depressive disorder (MDD) in a nationally representative sample.

Methods: Data came from Wave 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) (Wave 1, 2001-2002: N=43,093; Wave 2, 2004-2005: N=34,653; cumulative response rate 70.2%). Multiple logistic regression compared suicidal and non-suicidal individuals at Wave 1 based on subsequent treatment utilization (seeing a professional, hospitalization, visiting emergency, and medication). Regression analyses were also used to compare the likelihood of suicidal behaviour at Wave 2 between depressed people who had sought treatment at Wave 1 versus those that had not.

Results: In adjusted models, individuals with past year MDD at Wave 1 who attempted suicide were more likely to be hospitalized at follow up compared to non-suicidal people with MDD (adjusted odds ratio (AOR)=5.80, 95% confidence interval (CI) 3.19-10.53); however, they were not more likely to seek other forms of treatment. Among those with past year MDD who sought treatment at baseline, visiting an emergency room was associated with an increased likelihood of attempting suicide within three years (AOR=2.51, 95% CI 1.14-5.50), even after adjusting for mental disorder comorbidity, depression severity, and previous suicidal behaviour.

Conclusions: Suicidal behaviour does not lead depressed individuals to seek treatment with professionals or use antidepressant medications; instead, they are more likely to use emergency services. These findings suggest that treatment efforts for people with MDD who are suicidal need improvement.