Title: Envisioning Change: women’s lived experiences of substance use and mental health in northern BC through photography

Presenters: Hilary McGregor and Sarah de Leeuw

The purpose of this thesis project was to learn about intersecting factors related to women dealing with substance use and mental health concerns in throughout their life experiences, to inform actors in northern policy and practice, and increase awareness and dialogue on the topic.

The project utilizes a particular approach to participatory action based research called photovoice and Hillary shared the effectiveness demonstrated throughout the project. She went on to talk about the community based context in which she did the research and the significant public health issues and how they are unique given the northern geographies in which they exist (ie. large Aboriginal populations, large spread populations).

The project was launched 2011 and made up of self-identified participants introduced by Hillary contacting agencies throughout the city of Prince George, BC who provide services for the identified participants invited to be part of the study. Women took photographs in response to questions in qualitative interviews which were later compiled and showcased in an exhibit Hillary organized with the women involved. Hillary went on to discuss an over representation of aboriginal woman affected by lower financial levels and mental health issues, early childhood trauma, and other risk factors noted in this specific population.

Themes of the qualitative interviews with the participants are as follows:

1. Space and place are active – specific, how we understand our experiences connected to our world, triggered by places (isolating mental wards), not necessarily conscious of this connection – memory and connection to home, hospital, city.
2. Embodied Realities – on a physical level – anxiety attacks feelings through the body, cutting – choosing this way of pain, physical reaction to occurrences/interventions
3. Power Imbalances – Mental health workers and other health professionals. Dismissive, power plays (disclosure and custody cases), disempowerment, and not being heard. Potential experience that these women may receive, not a representation of what they will experience. Supporting women through empowerment rather than prescription.
4. Isolation and Alienation – disconnection as coping, treated differently when not fitting the normal behaviors, ostracized (not ok to talk about their issues in certain venues), siloed health services that they don’t talk to each other and impact access to health services.
5. Complexity and Importance of Relationships – something hidden to self, wanting to honor others in life as a goal, talk of positive characteristics of health care workers (compassionate, laughing, open, able to listen).


The messages from participants throughout were hopeful when asked about their experiences and presented in the community and generated discussion around what community thinks of mental health issues and how exhibition impacted them. One of the objectives of the exhibit was to begin a process in addressing gaps in knowledge of experiences of northern women dealing with mental health issues and substance use.