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# Family Connections

EDITED BY ISABELLA MORI & BECKY HYNES AUGUST 2018

## This is the Psychosocial Rehabilitation issue!

PSR promotes resilience, personal recovery, full community integration, and a sense of purpose and meaning for those living with any mental health condition and/or addiction issue. Some people say that PSR is every treatment or activity that's done that goes beyond medication. Our first article goes into detail about this, and then you'll find examples such as exercise, or how PSR is implemented in VCH's exciting new pilot project, the Transition Day Program.



Sometimes supporting your loved one requires you to acknowledge that you are not able and/or capable of providing them with what they need.

Please remember that if your loved one is at risk to themselves or others, the best resources are your local Emergency Department, and 911. In Vancouver, for non-emergencies please contact the Access and Assessment Center (AAC).

### **AAC Contact Information**

Hours: 7 days/week; 24 hours/day; 365 days/year

Phone: 604-675-3700

Address: 803 West 12th Avenue (at Willow between 12th and 10th)

## About us...

This Newsletter is brought to you by Vancouver Coastal Health's Family Support and Involvement Team. We assist families with resources, education, information, and support, as well with facilitating the inclusion of family in the care of their loved ones. We also work with patient and family partners to ensure that clients and families are involved in planning and decision making across Vancouver Coastal Health's Mental Health and Substance use Services. You can find our contact information on the front page.

The *Family Connections* newsletter is available electronically, direct to your email inbox. If you don't already receive *Family Connections* via email and would like to stay up-to-date about programs and services for families who are supporting a loved one with mental illness and/or addiction, sign up at [www.spotlightonmentalhealth.com](http://www.spotlightonmentalhealth.com)

By going to this website and clicking on the "Family" tab you can find our *Community Resource Guide for Families*, Vancouver Coastal Health's Family Involvement Policy and much more.

Thanks for reading!

## Beyond Stigma: Conversations about mental health, courage and hope Events at the World Suicide Prevention Day September 10

The statistics are not changing. One Canadian out of every five is affected by mental illness, and the stigma is as strong as ever. Beyond Stigma is bringing some of the brightest minds and speakers to the table to continue the conversation and spark change.

Join us on World Suicide Prevention Day, Monday September 10<sup>th</sup> at the Paetzold Auditorium, Vancouver General Hospital as we present "Beyond Stigma: Conversations about mental health, courage and hope".

This free, public event brings together panelists who have been affected by a loved one's attempted or completed suicide to talk about the bereavement journey and finding hope. The event will also include a public showing of "Four Sisters"; a documentary about suicide bereavement from the perspective of four women who lost a sibling to suicide. Mental health clinicians will be on hand to answer questions and provide information on community resources.

### Join us in person:

Monday September 10<sup>th</sup>, 2018

Paetzold Auditorium

Vancouver General Hospital –Jim Pattison Pavilion

899 W 12<sup>th</sup> Avenue

Vancouver, BC, V5Z 1M9

Doors open at 5pm, with opening remarks starting promptly at 6pm.

Check [www.vch.ca/beyondstigma](http://www.vch.ca/beyondstigma) for updates.



## PSR – The Big Picture: An Interview With Regina Casey

Regina Casey PhD is Instructor and Psychosocial Rehabilitation Program (PSR) Coordinator at Douglas College and Instructor at the University of British Columbia, School of Occupational Science and Occupational Therapy.

*How would you describe PSR?*

Regina quotes Dr John Higenbottam, PSR Canada president and co-chair of PSR BC, who says, “PSR are the tools for recovery.” PSR tools include evidence based practices for supporting people and their families/supporters on their journey of recovery. Such evidence based practices include supported employment and education, skill development (e.g. social skills), peer involvement, and family oriented supports and services.

*What can the system do?*

We can ask ourselves from a PSR and Recovery perspective: 1) How are we using resources? 2) Are we implementing evidence based-practices, and 3) How is our current service delivery model advancing health and wellbeing for people who receive services as well as their family/supporters? Many of our resources are focused on hospital and crises but much work remains in helping to reorient our services toward wellbeing and recovery. One simple strategy that may help refocus systems toward more self-directed care is to begin more regularly to ask people: What is important to them in their day? Pets, spiritual practices, family? What gives them meaning and purpose? A workbook on this topic that may be helpful is “Action Over Inertia” by Dr Terry Krupa et al.

<https://www.caot.ca/client/product2/39/itemFromIndex.html>

*If mental health providers would decide to focus on only one aspect of PSR, what would make the most difference?*

Collaborating more closely with people receiving services to better understand what is working for them and their family/supporters. This would reorient them to a more recovery and self-directed care approach. Engaging people and family/supporters in conversations about outcomes more systematically seems essential. PROM is a tool in development under the tutelage of Dr. Skye Barbic at UBC. It measures dimensions such as hope, motivation, connectedness, employment, and overall quality of life. It can be found here:

<https://www.psyrehab.ca/files/documents/ENGLISH%20VERSION.pdf>

*What is important to people in their day?*

*What gives them meaning and purpose?*



### *What about families?*

We need to recognize that families are an important part of the natural support system for people in recovery, and supporting family health is a key component of a recovery-oriented mental health system. Responding to those needs require that systems offer psychoeducation, strategies for family health and wellbeing, and assistance with navigating the system. As people who may read this article know well - If families are well supported, it can also help the person in recovery . We know that supporting a person with mental illness and/or addiction takes a heavy toll on families and we know mental health systems rely heavily on families in the recovery process . The right kind of support at the right times can contribute to alleviating some of that stress for all partners, and support the recovery process.

### *What are new and exciting trends in PSR?*

Last year, families were instrumental in putting together the Cognitive Remediation conference. Cognitive remediation presents an exciting possibility for people in BC. Advancing that work seems like it would pay dividends. Other trends are helping people with economic prosperity, particularly social enterprises; an increase in the use of WRAP (Wellness Recovery Action Plan); a focus on self directed care; and as mentioned above, paying more attention to helping people engage in meaningful activities throughout the day. PSR Canada has also published Canadian competencies for PSR practitioners (see <http://bit.ly/PSRcompetencies>). There is now an effort underway to offer accreditation to people with lived experience of mental illness such as peer support workers.

### *Kudos To Families*

Regina stressed that she wants to acknowledge families active in the system, and the huge shift in the system they have managed to shape. She has witnessed tremendous contributions by families over the years. It is so rewarding to see families involved in shaping services, like in cognitive remediation and policy work. It is a lot of hard work. One of the groups doing that is the CMHA Family and Participant Voice, of which Regina is a part.

(Here's Regina in a field of tulips)



*Supporting family health is a key component of a recovery-oriented mental health System.*

## GOOD FOR YOUR BODY, GOOD FOR YOUR BRAIN

By Pat Parker, past Chair, Vancouver Family Advisory Council

*Body is brain, brain is body.* Brains, bodies, thoughts, movement and emotion exist in complex interactive processes. Understanding our bodies and brains as one structure, not separate from each other, is definitely a shift. This shift is supported by the exploding research field of neuroscience and exercise. A widening body of research indicates that exercise, fitness and promotion of physically active lifestyle, while important for everyone's health, should be critical components of treatment and wellness plans of those recovering from mental health conditions and or substance abuse. A regular program of physical activity and exercise can have profound positive effects.

*Physical activities can bring a sense of belonging and help reduce isolation.*

It is widely accepted that exercise will keep our bodies healthier. The World Health Organization reports that physical inactivity is one of the major leading risk factors associated with mortality causing an estimated 3.2 million deaths globally. People who live with mental illness exhibit health risks associated with a sedentary lifestyle such as cardiovascular disease, diabetes, and obesity resulting in a 25-year shorter life expectancy. A physically active lifestyle and good fitness levels help prevent these chronic diseases. Exercise can help mitigate the weight gain caused by some medications. Healthy body, what about healthy mind?

Exercise also makes our *social emotional selves* better. Physical activity programs can provide social support and empower individuals to feel in control of their own wellness (in keeping with the recovery principles of self-directed care and empowerment). Physical activities that provide leisure and recreation often serve as engagement opportunities. This brings a sense of belonging and helps reduce isolation. A sense of belonging can initiate the recovery process resulting in positive social interaction, community reintegration, and the development of daily routines that serve to provide structure and motivation. The power of engaging in an activity simply because it is fun and rewarding cannot be underestimated for all of us. The brain releases “feel good hormones” after exercise. Nature encourages us to move again because we feel better afterward.

One review of related studies found “regular, moderate aerobic exercise could alleviate feelings of depression, social isolation and low self-esteem in schizophrenics. An increase in motivation, primarily affecting eating habits, hygiene and willingness to exercise, was the most significant benefit ... regular exercise should be offered as an adjunct treatment for schizophrenia in psychiatric rehabilitation. Because the barriers to exercise which we all experience can be particularly daunting for those with serious mental illness they require therapeutic guidance in accomplishing regular exercise programs.”

Movement can also impact our *spiritual* lives. Contemplative types of activities like yoga, tai chi, or expressive dance, which consciously connect body and mind, offer

unique benefits. These “moving meditations” offer a pathway to self-awareness, integrating body, mind and spirit. Participants may experience increased mental focus, relaxation, and feelings of calm and “groundedness”.

But how does exercise connect to our mental health and functioning? How is movement linked to our minds and to the brain itself? According to Dr. J. Ratey, author of *Spark, The Revolutionary New Science of Exercise and the Brain*, exercise promotes very specific processes within the brain by affecting both the “physical” health and function of neurons (brain cells) and by promoting the production and release of specific neurotransmitters, the chemicals which create brain function.

BDNF is a substance secreted in the brain when we exercise. It acts like “Miracle Grow” for the brain by: promoting healthy robust cells, stimulating the growth of new cells particularly in the hippocampus, (the area of the brain associated with learning and memory), repairing the damage resulting from toxic stress and acting as an anti-depressant.

Brain cells communicate with each other chemically through neurotransmitters. Exercise stimulates and regulates the release of dopamine, endorphins, oxytocin, and endocannabinoids which regulate mood and reward systems in the brain. Thus exercise can reduce anxiety and depression and create a sense of well being and happiness. The prefrontal cortex of the brain, responsible for planning, problem solving, inhibition, and other “higher thinking functions” is stimulated by exercise. Attention and motivation centres in the brain are stimulated when we exercise, improving our capacity to learn. Research suggests that engaging in physical activities involving coordination, patterns and judgement builds more complex neuro-connectivity associated with increased learning and problem solving capacity.

Are there then implications for *cognitive function and remediation*? Should we use exercise in a therapeutic, prescriptive manner? An analysis of a number of studies examining the effects of exercise on cognitive function in people with schizophrenia concluded that exercise appears to “improve cognitive functioning in people with schizophrenia, particularly within domains of social cognition, working memory, and attention ... supervision from physical activity professionals and higher levels of weekly exercise are important for promoting the cognitive benefits of exercise.” The study also points to the possibility of combining exercise training with cognitive remediation.

Are there other therapeutic applications? Exercise is now recommended in the Canadian Network for Mood and Anxiety Treatments Clinical Guidelines for the Management of Adults with Major Depressive Disorder as first-line treatment for mild to moderate depression and as second-line adjunctive treatment for moderate to severe depression.

*The prefrontal cortex of the brain, responsible for planning, problem solving, inhibition, and other “higher thinking functions” is stimulated by exercise.*

*Walk, run,  
swim, cycle,  
play Frisbee,  
soccer, basket-  
ball, lift  
weights, do  
Zumba, aero-  
bics, dance,  
yoga ... find  
the potential  
for healing  
and joy in mo-  
tion.*

Dr. Guy Faulkner, professor of kinesiology at UBC, suggests that “this is an exciting opportunity for examining how kinesiologists can be integrated as part of the mental health care team.”

For those *recovering from substance use*, exercise can help mitigate cravings and withdrawal symptoms, deal with stress which triggers using, and counteract the irritability that comes with trying to quit. Exercise can rebuild brains damaged by drugs or alcohol by increasing neurogenesis. It can fill the “gap” or emptiness that recovering addicts often feel when they quit.<sup>v</sup> The website addiction.com says “exercise fills your time, leads to better sleep (also critical for brain health), promotes healing for the body and the brain, provides an outlet for strong emotions, helps cope with stressors and deal with after effects of stress, builds self confidence.”

Neuroscience supporting the positive effects of exercise on the brain is definitive. We need more research to establish the specifics of exercise prescription for mental health conditions. We need Kinesiologists on mental health and substance use teams to plan programs and support people in their use of exercise as part of their rehabilitation. Meanwhile, a good place to begin is the recommended minimum for everyone – moderate exercise 30 minutes a day most days of the week. Walk, run, swim, cycle, play Frisbee, soccer, basketball, lift weights, do Zumba, aerobics, dance, yoga ... find the potential for healing and joy in motion.

Sources:

- i World Health Organization: Physical Activity [www.who.int/ncds/prevention/physical-activity/en/](http://www.who.int/ncds/prevention/physical-activity/en/)
- ii Brown, D. R., Wang, G., Safran, M.A. (2005). A preliminary analysis of medical expenditures among active and sedentary us adults with mental disorders. *American Journal of Health Behaviour*, 29(3): 195-205.
- iii Casey, R. (2013) *The Experience Of Activities And Their Meaning For People Who Live With Schizophrenia: A Phenomenological Investigation*
- iv Gorczynski, P; Faulkner, G (2010) Exercise therapy for schizophrenia - Portsmouth Research Portal. In: *Cochrane Database of Systematic Reviews*, No. 5, CD004412, 2010, p. CD004412
- v Ratey, J. J. (2008), *SPARK: The Revolutionary New Science of Exercise and the Brain* New York: Little Brown & Co
- vi Firth, J. et al (2017) Aerobic Exercise Improves Cognitive Functioning in People With Schizophrenia: A Systematic Review and Meta-Analysis *Schizophrenia Bulletin*, Volume 43, Issue 3, 1 May 2017, Pages 546–556, <https://doi.org/10.1093/schbul/sbw115>



Image courtesy Dr. John Souglides

## Mike Lum, VCH's new Occupational Therapy Lead

Interview by Isabella Mori

### *What's your background?*

Mike graduated from the University of Alberta with a Masters of Science in Occupational Therapy. Before he came to VCH, he worked at Burnaby Mental Health. He has been the OT lead here since May 2018.

### *What's your passion?*

In life, it's running and biking, which he tries to fit in with being the father of two sons. At work, his passion is recovery and psychosocial rehabilitation. He believes that supporting people with their hopes and dreams ultimately leads to healthier communities.

### *What is your vision?*

Mike believes in working with other OTs to find out what's important to them. How can they build more connections with the community? That includes not only the obvious mental health organizations but also libraries, community centres, banks. Everybody is a part of it. Informal support is so important, like a smiling face at a community centre.

### *How do families fit in?*

The person's identified support networks, including families, are one of the most important factors that help keep people healthy. In our work in healthcare, we should always look at ways to include families. Families are the ones that are there a majority of the time. Families are the ones doing a majority of the work. Supporting families should be an important component of supporting the individual.

### *How will you support OT's?*

Mike sees himself as a collaborator. He likes bringing people together, people with different visions, and help them come to a consensus. He wants to work with different people, different professions, different ideas and hopefully through some constructive discussion, new possibilities emerge.

### *How will you support VCH as a whole?*

By listening to people's needs. PSR and recovery fit so seamlessly with people's needs. Just having general conversations of recovery is helpful. Sometimes the terms PSR and recovery are not part of the language that the medical system uses, then he finds other words and terms that still convey the same idea. Mike also believes in supporting people who already champion PSR and recovery type ideas, such as Safewards (a model from the UK aimed at making psychiatric wards more physically and psychologically safe for everyone - <http://www.safewards.net/>)

Other examples are assisting leaders understand the benefit of therapeutic groups; seeing how he can help VCH decrease its use of seclusion rooms; supporting OTs in having conversations within the team by using an Ethics framework; and participating in the Trauma Informed Practice working groups. He underscores the ways in which OTs can align with VCH priorities, especially in regard to families. Are we making sure families are included? How are teams connecting with the idea that that is so important? That's part of his long term vision.



Image courtesy Dr. John Souglides

*Are we making sure families are included?*

*How are teams connecting with the idea that that is so important?*

*That's part of Mike's long term vision*



## TRANSITION DAY PROGRAM - A MODEL PSR PROJECT

By Isabella Mori, with Carole Rudko



## Transition Day Program

*All care is collaboratively planned and implemented based on the individual's strengths, hopes and goals.*

It was my pleasure to chat with Carole Rudko, the Manager for the new Transition Day Program in Detwiller Pavilion at UBC Hospital. Her passion for the program shone through every word!

### WHAT IS THE TRANSITION DAY PROGRAM?

The TDP is based on the belief that individuals are entitled to best evidence based care within the least restrictive setting possible. As such, the goal is to serve those requiring care of greater intensity than community services are able to provide, but less than that of a 24/7 inpatient hospital unit. While meeting client needs in the best possible way is the priority, TDP is less expensive to the tax payer than a hospital admission.

The program is located in a newly renovated space. Clients aged 17 and above attend Monday through Friday, from 9:30 to 3:30. A diverse program of treatment modalities is offered, to provide individualized options, including both group and individual therapies. The interdisciplinary team includes a nurse, occupational therapist, mental health rehabilitation worker, activity worker, peer support worker, psychologist and psychiatrists. This pilot project began in June of 2018, and will be evaluated for viability by March 2019, based on numerous metrics and measurement tools.

### HOW DOES THE TRANSITION DAY PROGRAM FOLLOW PSYCHOSOCIAL PRACTICES?

All care is collaboratively planned and implemented based on the individual's strengths, hopes and goals. The program allows for a highly individualized approach. For example, though the daily schedule is robust, each client participates only in those pieces that are relevant to their recovery journey.

### CARE PLANNING AND MILIEU

As mentioned, each client maintains an individualized collaborative care plan which is reassessed on a continual basis, ensuring care is "on point" for the client. Perhaps beyond this is the milieu, which is healing in itself. Some of the team members frequently refer to the clients as their "guests", which speaks volumes about the quality of the team. Carole calls them "the dream team", adding that she would have her nearest and dearest cared for this group in a heartbeat. Touches of home and hospitality abound.



Each morning when the “guests” arrive, they are greeted with a fresh fruit bowl, which just happens to be constructed like a gourmet piece of art by the activity worker (also a fine arts graduate,) along with biscuits and beverage.

The day begins and ends with an all staff/client “community meeting” ensuring positive and safe transitions between home and the program.

### WORKING WITH FAMILIES AND OTHER SUPPORTS

The team also works closely and collaboratively with guests’ supports outside of mental health teams, e.g. family physicians, private psychiatrists, student health, friends – and of course family members. TDP knows it is only one link in the circle of care and support for the client. TDP considers engagement of families a fundamental part of the work and care in the program. The program space has a designated Family Centre and a family member sits on the Advisory Committee.

There is a minimum standard of touching base with a client’s case manager once a week but in theory it may be up to several times a day. Clients may or may not continue working with their case manager while they use TDP – that’s up to the individual’s care plan.

### PROGRAMMING

The team at TDP has designed diverse programming to serve a broad spectrum of individual strengths, hopes and needs. The psychologically oriented spectrum includes individual and group DBT, CBT, and CRT (cognitive remediation therapy).

Since some clients are not able to benefit from these therapies, programming also includes a broad range of behavioral activation and life skills opportunities. Some clients benefit from a blend of both.

### BEST PRACTICES AND RESEARCH

The application of best practices and research is woven into everyday planning and action in the TDP. It’s common to hear the team say something like “Well, best practice would tell us that we should ...” An example: One of the best practices for psychosis is a combination of Clozapine and Cognitive Remediation. TDP is very lucky to have Dr. Randall White, who is an expert on Clozapine, and one of the psychologists, Dr. Mahesh Menon, is internationally recognized for his expertise in Cognitive Remediation. Because this is a pilot project, TDP also collects a lot of data and measures outcomes.

Feedback from clients and families to this point has been hugely positive. If you would like more information, please contact Carole at: [Carole.rudko@vch.ca](mailto:Carole.rudko@vch.ca)

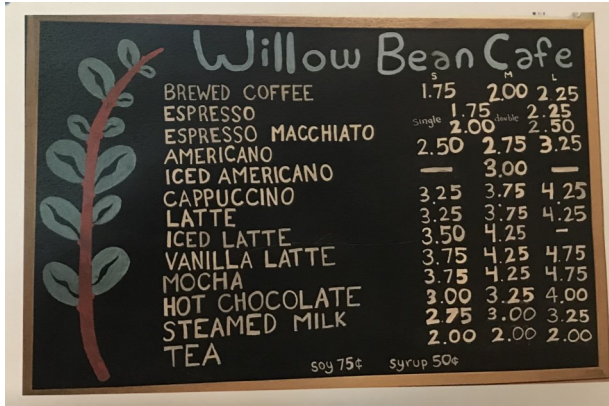
*TDP considers engagement of families a fundamental part of the work and care in the program.*

## PSR In Action!

### Job Training At The Willow Bean Café

By Patrizia Casciano, Willow Pavilion Recreational Therapist

*It has been amazing to see our clients transform from hospital patient to barista trainee.*



	S	M	L
BREWED COFFEE	1.75	2.00	2.25
ESPRESSO	1.75	2.25	2.50
ESPRESSO MACCHIATO	2.00	2.50	2.75
AMERICANO	2.50	2.75	3.25
ICED AMERICANO	—	3.00	—
CAPPUCCINO	3.25	3.75	4.25
LATTE	3.25	3.75	4.25
ICED LATTE	3.50	4.25	—
VANILLA LATTE	3.75	4.25	4.75
MOCHA	3.75	4.25	4.75
HOT CHOCOLATE	3.00	3.25	4.00
STEAMED MILK	2.75	3.00	3.25
TEA	2.00	2.00	2.00

The Willow Bean Café is a client-staffed coffee shop at Vancouver General Hospital, at Willow and West 12<sup>th</sup>. It started out as a social enterprise and is now a barista training program that has been a great success since reopening in June 2017. The clients who work there are clients living temporarily in our “Tertiary” facilities at the Willow Pavilion and the Segal building

just behind the Willow Pavilion. These are clients with significant mental illness or concurrent disorders who receive residential care for six or more weeks.

We have had seventeen Willow Pavilion and Segal clients participate in the barista training program to date, and it has been amazing to see our clients transform from hospital patient to barista trainee.

We are so impressed with each of the trainee’s commitment to the training, their eagerness to learn new skills, and most of all their determination to keep showing up for work even when their life takes a detour.

We really appreciate all the wonderful staff who support the café receives. Without their support the training program would not be viable. When they buy a Seattle’s Best coffee at the Willow Bean Café they not only receive a great cup of coffee, they also provide our clients with the opportunity to practice much needed social and work skills. Our clients are experiencing what it is like to have a job, some for the very first time.

Of course families are also more than welcome to taste our coffee, snacks and lunches! The café is open from 9:00am to 1:00pm Monday to Friday. We accept Debit, Visa, and Master Card.



## The Family Connections Support Group

The Family Support and Involvement Team has a support group for family and friends of individuals with mental illness and/or substance use concerns. The group is facilitated by a Family Support & Involvement Coordinator and co-facilitated by a family member.

We aim to create a welcoming and supportive space in which family members can share their experiences with each other and feel supported and strengthened in their efforts to help their loved ones. The group has a small educational component. Participants also receive twice-monthly emails with the contents of the educational part.

Family and supporters are free to attend on a regular basis or drop in as needed. We hope that having the group on the VGH campus makes it easier for families to attend who are supporting a loved one at the Psychiatric Assessment Unit (PAU), Inpatient Psychiatry or Willow Pavilion, though all family members and supporters are welcome.

**DATE:** Every first Thursday and third Monday of the month

**TIME:** 6:00 – 8:00 p.m.

**PLACE:** 2nd floor boardroom, Joseph & Rosalie Segal & Family Health Centre, 803 W 12th Ave (at Willow; can be approached from W 10th Ave, behind the Blusson Spinal Cord Centre at 818 W 10th Ave). A map is at

<http://www.spotlightonmentalhealth.com/segal-building-map/>

For questions or more information please contact:

isabella.mori@vch.ca, 604 290-3817 or becky.hynes@vch.ca, 604-714-3771



*“We aim to create a welcoming and supportive space in which family members can share their experiences with each other and feel supported and strengthened”*

## Family Support Groups



**Mood Disorders Association of BC** – Mutual support groups for families of individuals living with a mood disorder. 2<sup>nd</sup> and 4<sup>th</sup> Tuesday each month, 7 - 9 p.m., Mount St. Joseph Hospital, 3080 Prince Edward St, Harvest Room A. Contact [mdafamilygroup@gmail.com](mailto:mdafamilygroup@gmail.com)

**BC Schizophrenia Vancouver family support group** - Support group for families who have a loved one living with mental illness. 2nd Wednesday of each month 6:30 – 8:30 pm at Vancouver Community College, Broadway Campus 1155 E Broadway, Vancouver, BC V5T 4V5 (Room g218). Contact Andrew at 604-754-7464

**St Paul's Hospital Family Support Group**- Support for families who have a loved one living with mental illness. Last Thursday of each month, 6-7:30pm. St Paul's Hospital, 1081 Burrard Street, Room # 451, 4th floor. Please pre-register at 604-682-2344 local 62403

**VCH Eating Disorder Program – Family Support Group** – for friends and family members of individuals living with an eating disorder. 1st Wednesday of each month, 6 – 7:30 p.m., 3rd Floor, 2750 East Hastings, Vancouver. Contact Hella @ 604-675-2531 ext 20689.

**Parents Forever** – Support group for families of adult children living with addiction. Group meets every 2<sup>nd</sup> Friday at St. Mary's Kerrisdale, 2490 W 37<sup>th</sup> Ave., Vancouver. Contact Frances Kenny, 604-524-4230 or [fkenny@uniserve.com](mailto:fkenny@uniserve.com)

**Pathways Clubhouse Chinese Family Support Group** – Education sessions for Chinese families who have a loved one living with mental illness. 2<sup>nd</sup> Saturday of each month. 1 – 4:00 p.m., Room 345/50, 7000 Minoru Blvd, Richmond. Contact Lorraine Ng [Lorraine.ng@pathwaysclubhouse.com](mailto:Lorraine.ng@pathwaysclubhouse.com) or 604-276-8834, ext 215.

## Family Support Groups

**GRASP Support Group** – GRASP offers peer-led mutual support groups for families or individuals who have had a loved one die as a result of substance abuse or addiction.

2<sup>nd</sup> Thursday of each month, 7-9 p.m. at Gilmore Community School 50 South Gilmore Ave, Rm 207.

Please email [graspvancouverarea@gmail.com](mailto:graspvancouverarea@gmail.com) to register.

**Family Connections Support Group** — Meets every 1st Thursday and 3rd Monday of the month from 6-8pm at the Joseph & Rosalie Segal & Family Health Center, 803 West 12th Avenue, Vancouver. It is in the center of the VGH campus and can be accessed from Willow & West 10th, right behind the Blusson Spinal Center. A map is at <http://www.spotlightonmentalhealth.com/segal-building-map/> For more information, contact Isabella (604 290-3917 or [isabella.mori@vch.ca](mailto:isabella.mori@vch.ca)) or Becky ([becky.hynes@vch.ca](mailto:becky.hynes@vch.ca)).

**First Nations Talking Circle** - Weekly Talking Circle co-ed group for adult family and clients interested in learning more about First Nations Culture, sharing, expressing thoughts, and experiencing traditional ceremonies. Every Wednesday from 10:00 at the Carnegie Community Centre. Third floor 401 Main Street/Hastings, Vancouver. Contact Perry Omeasoo @ 604-306-7474

**SMART Recovery for Family and Friends** - Self Management And Recovery Training (SMART) is Based on the concepts of Rational Emotive Behavior Therapy & Cognitive Behavioral Therapy. Science-based and practical self care, boundary setting and compassionate communication learning and tools.

**Ravensong CHC 2450 Ontario Street**, 1st floor 604-872-8441 Thursdays 6:00 – 7:30 pm

**Three Bridges CHC 1290 Hornby Street**, Rm 310 604-714-3480 Tuesdays: 6:30 – 8:00 pm

Please contact Oona at 604-675-3988 ext. 20258

**Pathways Serious Mental Illness** (formerly Northshore Schizophrenia Society) - groups in West Vancouver, Tri Ciities, Squamish and Whistler. Call 604 925 0856 or email [info@pathwayssmi.org](mailto:info@pathwayssmi.org)