Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Family Connections

EDITED BY SKY LEE OCTOBER 2020

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Family Support and Involvement Team

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The Family Support & Involvement Team's Top Ten

The Family Support and Involvement Team (FSI) has been a part of VCH for many years. The team was developed to ensure that families and consumers are included and have a voice in Mental Health & Substance Use services at VCH. Despite its longevity, we still frequently get asked about what our jobs entail. This edition of the Family Connections Newsletter will answer that very question! We've broken down our role into the "Top Ten" services we typically provide. This issue is **chock-full** of resources for both families and staff within MHSU. I've also included personal stories from peers and family members that will undoubtedly tug at your heart strings.

Although our team is small, we strive to provide education, inclusion, and support to families and their loved ones. Enjoy a warm drink and relax with this issue for a few minutes. We could all use a reason to just sit and read.

Happy Reading. -*Sky*

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:	7:30 am - 11:00 pm 7 days/week; 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, support, and 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 substance use, sign up at 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!

A Message from the Family Advisory Committee

VANCOUVER FAMILY ADVISORY COMMITTEE is 20 Years Old!
The volunteer Family Advisory Committee (FAC) has reached a 20-year milestone and we're looking for your participation!

Organized in 2020 by families of loved ones with severe mental illness, the mandate of the FAC has expanded to include substance use challenges. However the FAC objectives remain the same as they were two decades ago: To promote services that reflect best practices of client and family-centered care, and facilitate a culture of family involvement in the healing process.

The FAC is not a support group. We advocate and advise with thoughtful proposals and educate with an annual Family Conference. Members meet monthly and include family representatives, those with lived experience, clinicians and staff members from the Coastal Health Family Support and Involvement team (FSI).

If you are a family member with a loved one with mental health or addiction issues we would love to have your input. If you are interested, or wish to learn more about becoming an FAC member, contact us at vancouverfac@vch.ca

Family Support and Involvement Program
200-1200 West 73rd Avenue, Vancouver BC
(604) 266-6124

"It's a real privilege to support a group of family members who want to inform and improve the services that we provide. At each meeting I'm truly amazed by the dedication, passion, and energy these family members bring from their own lived experience and that they choose to share and help those who are receiving services or might one day need to use our services."

#1 Family Support & Involvement Services

By Sky Lee

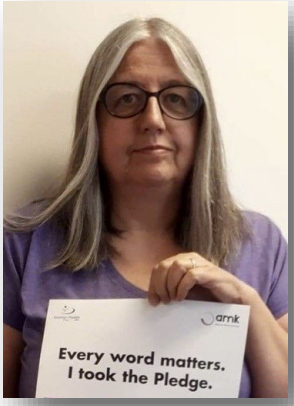
As mentioned, the Family Support & Involvement Team (to be referred to as "FSI") has been around for many years. It is a unique and specialized team that covers many areas. Part of our role is educating others on what the team does and what it looks like. Our preamble goes something like this:

There is an FSI coordinator who works with families in the community (Isabella Mori) and an FSI coordinator who works with consumers & families in acute care (VGH – Sky Lee). There is also an FSI Coordinator position in tertiary mental health & substance use (Willow Pavilion), however, this position is currently vacant. The FSI team is managed by Jennifer Glasgow. All of our contact information can be found on the front page of this newsletter. Here is a list of the services we offer. This list is not exhaustive, but it's a start!

- One-on-one navigation, support, coaching, and short-term counselling
- Facilitation of the Family Connections Support Group 2x/month
- Writing & editing the Family Connections Newsletter
- Supporting and training staff on family involvement in mental health & substance use services
- Engaging families in the system. Part of this involves sitting on the Family Advisory Council (see page 2) and ensuring that families & consumers have a voice in VCH Mental Health and Substance Use policies and projects.

Sky Lee

Acute FSI Coordinator



Isabella Mori

Community FSI Coordinator

Jennifer Glasgow

FSI Manager

#2 Navigation of Resources

By Isabella Mori

In the course of conversations with families, it often turns out that certain community resources would be helpful for them. In most cases, families don't ask us directly about them, often because they don't even know a resource exists for the kind of issue they are dealing with! Sometimes we give them our resource list (which you can find under #9 here https://www.spotlightonmentalhealth.com/family-involvement/) but it's pretty extensive and can be a bit overwhelming.

Support Groups of various kinds are something we refer a lot of people to; please see the article on support groups for that on page 9. Apart from that, below are some popular resources. Many of these resources are as helpful for families as they are for people who experience their own mental health or substance use challenges.

Access and Assessment Centre (AAC)

This is the gateway for mental health services provided through Vancouver Coastal Health. http://www.vch.ca/locations-services/result?res_id=1186. See more on page 2.
The AAC provides pathways for people and families to access to VCH mental health and/or substance use services in Vancouver and offers an alternative to the Emergency department for people having a non-life threatening mental health and/or substance use issue.

BounceBack (https://bouncebackbc.ca/)

Bounce Back® is a free CBT-based skill-building program designed to help adults and youth 15+ manage low mood, mild to moderate depression, anxiety, stress or worry. Delivered one-on-one online or over the phone with a coach, you will get access to tools that will support you on your path to mental wellness.

CBT Skills Group (https://divisionsbc.ca/vancouver/CBTskillsgroup) The Vancouver CBT Skills Groups offer an 8-week psycho-education program that targets patients 18 years and older with low to moderate severity of anxiety and depression, as well as other lower acuity mental health diagnoses. Each session is 90 minutes long. Participating in the program requires a referral from a family physician.

Choosing a therapist: Choosing a therapist, counsellor or psychologist is a bit of an art. Some people simply ask a friend for a name; however, that doesn't always produce the best results. If you want to get the best results, it's a good idea to invest some time into finding the right person. (I often equate it to planning a trip; you don't just jump on the next plane hoping it'll fly you to your dream vacation.) The article on how to choose a therapist (here https://www.spotlightonmentalhealth.com/wp-content/uploads/2018/06/Family-Connections-June-2018.pdf) can be helpful. Once you have figured out what you are looking for, you can use this directory https://counsellingbc.com/

Resource List: Our resource list is under #9 here https://www.spotlightonmentalhealth.com/family-involvement/ has a list of inexpensive and/or free counsellors.

Books and web sites on interacting with people with specific mental health or substance use concerns

For general information, the Here To Help web site is very helpful https://www.heretohelp.bc.ca/.

Bipolar: Julie Fast has extensive resources on bipolar disorder here https://www.juliefast.com/about/

Anxiety: Kate Thieda's book "Loving Someone With Anxiety" as well as https://www.anxietycanada.com/

Loving Someone With Borderline Personality Disorder by Shari Manning; also https://www.hopeforbpd.com/

BC **Schizophrenia** Society https://www.bcss.org/ has extensive resources for families on their website

Help for folks outside of Vancouver Coastal Health

Some people get services from a Mental Health Team at VCH, or through Outpatient Services or the like. Others don't, perhaps because they are not eligible for those services, they don't want them, or for other reasons. For folks *not* connected to VCH MHSU, the CMHA's Peer Navigator program (staffed by people who have lived experience) can provide peer support and systems navigation https://vancouver-fraser.cmha.bc.ca/programs-services/peer-navigator/

Legal Matters

The Mental Health Act comes into play when a person is "certified" (i.e. they are involuntarily hospitalized or required to take certain medication) https://www.bcmentalhealthrights.ca/

Other legal issues often come up as well, e.g. around financial matters, housing, employment, etc. A starting point is here https://www.bcli.org/bcli/looking-for-legal-advice-or-legal-information-start-here

Family doctors

Having a family doctor or GP is a really important part of getting the best care for a chronic condition (which is what mental illness and addiction often are). Here are some resources

Finding a family doctor https://bccfp.bc.ca/for-the-public/find-a-family-doctor/

Community Health Centres http://www.bcachc.org/what-is-a-chc/

Finding a family doctor for people with complex health/mental health needs https://www.divisionsbc.ca/vancouver/GPsupport/patient-attachment-initiative

#3 Communicating With Your Loved One

By Sky Lee

Family members often ask us "how do I communicate with my loved one?". Families can experience feelings such as frustration, doubt, and fear when they are called to communicate with someone who doesn't always hear them. It can be challenging to speak to someone who doesn't see things the same way that you do.

Isabella and I often suggest reading Xavier Amador's book *I'm Not Sick, I Don't Need Help,* in which the author recommends using the LEAP method of communication. The acronym **LEAP** stands for **L**isten, **E**mpathize, **A**gree, and **P**artner. It is a form of motivational interviewing for communicating with people whose reality/worldview is quite different from yours, but who you have to/want to engage with. It helps when it is used in order (i.e. listening first, then empathizing), but the skills can be used interchangeably as well.

Listen

Empathize

Agree

Partner

Listening involves dropping your own agenda and making it your only goal to understand what your loved one is saying *and* to convey that understanding. Amador states that listening should be reflective, vs. everyday listening (see diagram under "listen" on the next page). It works best if you avoid interrupting your loved one with statements that are based on your beliefs. Instead, you are listening to your loved one's current beliefs. Understanding the importance of really listening to our loved ones can be underrated, but it is *so* important that your loved one feels heard. This is the foundation for building trust for next three skills in the LEAP method. It is the longest chapter in Amador's book at 42 pages!

Learning to listen leads to **empathy**. The feelings of our loved ones are so important to validate! As Amador states, "These are among the most important feelings to connect with because they are feelings that drive people with mental illness away from their loved ones and therapists". You want to empathize with their frustrations, fears, discomfort, and desires. Instead of focussing on the irrationality of their ideas, you focus on the feelings related to irrational ideas. For instance, if someone believes they are being followed, you could say, "Wow, that could be scary to be followed…are you scared/how are you feeling?" This will help to build trust and open avenues for more discussion.

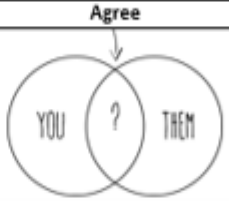
Having listened to your loved one's attitudes and feelings, and having conveyed your empathy, you may find areas where the two of you can **agree**. For instance, you both may want to avoid a hospital admission, or you both may want to see your loved one increase social (or virtual) interactions. When you share the same goals, you can work together instead of being at odds. *Look for opportunities for agreement, however small they may be.* When you see a window of opportunity, follow the six steps in the diagram on the next page when talking about the common goal. For instance, for someone who is apprehensive about joining an online CBT/DBT

group, you could start with "I would feel the same if I were in your shoes. It would be difficult to start something new. I wonder what the advantages and disadvantages of the group might be?". Write the advantages and disadvantages out and help your loved one look at pros and cons. If you feel they are ready to hear it, point out any misconceptions by providing general education about whatever they are worried about.

Then, highlight the benefits of the agreed upon goal by saying "So you said that learning *new skills* could be an *advantage* of starting the group. What else?". Lastly, agree to disagree whenever there are disagreements brought to the surface (Use the 3 A's from the Listen column of the diagram).

Once you have agreed on a common goal, **partner** with your loved one to reach that goal. Try to agree on goals that are obviously reachable, but don't limit yourself to those. If you reach a standstill, return to the first skill & listen, ask questions, and empathize with the process, both for yourself and your loved one.

If these skills look like they may be helpful to you, pick up a copy of Xavier Amador's book, I *am not Sick, I Don't Need Help.* It is rich with information, examples of using LEAP in practice, education on medications, and what to do when the above steps are not going as smoothly as they sound.

Listen	Empathize	Agree	Partner
	empathy - identification with and understanding of another's situation, feelings, and motives.		
"To do it right, you have to drop your own agenda. Your only goals are to understand what your loved one is saying and to convey that understanding" *The Seven Guidelines for Reflective Listening:* 1. Make it safe 2. Know your fears 3. Stop pushing your agenda 4. Let it be 5. Respect what you've heard 6. Find Workable Problems 7. Write the Headlines *The Delay Tool* Delay giving your opinion about controversial topics to preserve alliance. Honour the question, promise to answer, ask if it can wait until you better understand their point of view. *The 3 A's to Giving Your Opinion* Apologize (for hurt feelings) Acknowledge you could be wrong Agree to disagree	Convey empathy for any feelings your loved one is willing to reveal whether they are rational or irrational! Feelings that are particularly important: ~ Frustrations (pressure from others, personal goals not met) ~ Fears (medication, stigma, failure) ~ Discomfort (attributed to meds, gaining weight, feeling groggy, slowed down, less creative) ~ Desires (to work, get married, have children, return to school) Focus on better understanding the perspective and feelings of your loved one and building alliance. **Only** give your opinion when it has been asked for AND… Delay or avoid the "do you agree with me?" question.	Look for opportunities for agreement AND when trust is established and your loved one is open to hearing your point of view… 1. Normalize their experience 2. Discuss only perceived problems/symptoms, using their language 3. Review perceived advantages and disadvantages of treatment (whether rational or irrational) and WRITE THEM DOWN 4. Correct misconceptions (but not delusions) 5. Reflect back and highlight the perceived benefits 6. Agree to disagree wherever areas of disagreement are brought to the surface (using the 3 A's) *Remember: always ask questions when you want to make a point* *Encourage the "Scientist" approach (keeping an open mind and observing) to exploring advantages/disadvantages to treatment*	What does your loved one *want*? What can you both agree on? Try to agree on goals that are obviously reachable, but don't limit yourself to those. Once a treatment plan is agreed upon, watch out for non/partial follow through and discuss! ~ Listen ~ Empathize ~ Agree ~ Partner Encourage the "Scientist" approach *Remember: coming to terms with one's need for treatment is a process that takes time and involves learning and transformation*

L-E-A-P Method

#4 Encouraging Self Care

By Sky Lee

When families care for a loved one with mental illness or substance use, self-care can become an afterthought. Often families are trying to navigate the system while simultaneously educating themselves on diagnoses, medications, side effects, among myriad other issues. When we talk to families, we often try to bring up self-care, when the timing is right.

What is self-care? It can look different for each person depending on their family circumstances. What may work for someone else may not work for you.

Before coming up with a list of self-care ideas (i.e. meditation, exercise, etc.), it's important to pause, breathe, and consider ***why*** you need to take care of yourself. It could be to improve your health, increase balance, or to work on communication skills. Coming up with a self-care to-do list can become just another list. Before adding more things to do, look at self-care as a way of changing your mindset. Perhaps this involves setting boundaries to put yourself first, or worrying less about others. Or simply, just being okay with who you are at this given point in time.

"It's not self-ish...it's self-full"

Often people think of self-care as being selfish. Thoughts such as "I can't take time for me right now, I've got to look after my loved one" can be on the forefront and they can result in feelings of guilt. We need to reframe "selfish" and instead think of it as "self-full".

As inspirational speaker Iyanla Vanzant says, "It's not selfish to put yourself first – its' *self-full* to take care of you, to keep you whole and healthy. That doesn't mean you disregard everything and everyone, but you want to come with your cup full. You know 'my cup runneth over.' What comes out of the cup is for y'all. What's in the cup is mine. But I've got to keep my cup full."

Self-care is a way of thinking and it entails looking after ***all*** realms of health: physical, spiritual, mental, financial, and social health. It's not something we make time for, it becomes a way of being and thinking, not just for your loved one, but for you as a person. When you go about your day, take extra care of yourself in small ways. Take the scenic route on your drive home, take deep breaths in between phone calls/meetings, give extra hugs to those in your bubble. Read that book you've been waiting to read or enjoy a nostalgic song. All of these can be ways of caring for yourself, especially when you are overrun with the demands of our "new normal." **Take good CARE.**

#5 Support Groups: A Personal Story

Introduction by Sky Lee

Support groups can be a wonderful way of connecting. We offer the Family Connections Support Group 2x/month (via Zoom) and they are open to anyone. Email Isabella or myself to get on the email list (contact information on page 1).

Below, one of our family support group members shares her heartwarming experience:

"The work of the mature person is to carry grief in one hand and gratitude in the other .."

—Francis Weller, The Wild Edge of Sorrow

On a lovely spring morning in early May of 2018, I had a phone call that I now see as one of the most significant in my life as a loved one of a family member long beset by devastating mental health challenges. The therapist who answered my anxious search for help invited me to a **Family Support Group offered by Vancouver Coastal Health**. To my good fortune, it would be meeting that very evening. So, as the breezes chilled and the traffic died down, I positioned myself in my power wheelchair and headed it in the direction of Vancouver General Hospital. As I crossed the intersection of 10th Avenue and Heather Street, waves of apprehension and hope came over me. In the maze of buildings ahead, I was trying to find the Segal Pavilion and in it, the support group. Usually confident, I felt vulnerable and alone. And then, as I turned the corner and began ascending a small hill, I looked up to my left and saw one of the most unexpected sights I could have ever imagined. There, sculpted in granite, sat the "The Man in Motion," Rick Hansen. In a sudden moment of recognition, it was as though my inner and outer destinations became one. Rick had conquered the world from his wheelchair to help people like me. Strength was right at my side. I paused, seized this special moment of solidarity, and leaned into the hope that had just visited me through this unexpected encounter with greatness. As I whirred past the Blusson Spinal Cord Centre, I couldn't have known that my inner world would soon be in motion, too.

As I entered the boardroom where the support group was just about to begin, I joined the circle and realized that anyone of us would blend right into the queue of an airport

"The therapist who answered my anxious search for help invited me to a Family Support Group offered by Vancouver Coastal Health."

lineup, a doctor's office waiting room or a family of wedding guests. We had no distinguishing features that denoted our sorrows, shattered hopes or long-lost dreams. Only our stories would reveal the common threads that would draw us together. And stories they were! Known in mental health parlance euphemistically as "lived experience."

As we convened, I took in the learned wisdom of the therapist/facilitator who first led us through a guided meditation to help us calm our thoughts and focus on the present moment of our arrival that evening. And as we read through the guidelines, my concerns about "sharing" began to lighten. Emotional safety and confidentiality were expected and given. The welcome mat was laid out and hospitality awaited. Strangers were ready to receive strangers. My heart opened and became absorbed in listening rather than in my constant cycle of problem-solving and analysis about what to do to fix my life and my loved one's. We were there to discover our strength when we felt the weakest; to sit with others in pain when we thought our own to be the worst; to reach for help when we felt most cynical about finding it; to offer hope to others even if we could not find it for ourselves.

"any of us would blend right into the queue of an airport lineup..."

But the most life-changing part of the evening came near its end. The facilitator whose skill in listening and synthesizing still astonishes me more than two years and dozens of meetings later, began the "educational piece" for the evening. She was drawing on the work of Dr. Xavier Amador's book, *I Am Not Sick, I Don't Need Help.* As I heard the guidance for how to have those "difficult conversations" with our loved ones struggling deeply, but with little insight, with their mental illness in its insidious and often unrelenting grip, I began to realize that my years of trying to help had been, in many ways, silencing and disempowering the very person I loved so deeply. Even with my best and well-educated intentions, I had been writing a script in my own mind (as had too many of her healthcare providers), for how my loved one would become the well person we wanted her to be. No wonder my loved one couldn't play the role! She didn't even know she had auditioned for it!

But even more important to me on that desperate evening, I heard words no one had ever said to me before in all my decades of struggle as a family member of someone with mental illness, "You didn't cause this. You can't control it. You can't cure it. But you CAN cope with it." Even now, I repeat this mantra to myself daily, sometimes a number of times. At the moment that I heard it, the relief and hope I experienced washed over me like a waterfall of love. As I wheeled out into the soft evening air, I rode past the "Man in Motion" with a wave and a little garden of hope seeded in my heart.

Did that life-changing evening at the support group "make everything better" as we used to say about the band aid on the scraped knee? No. And later, yes. In the months that followed, my loved one became more ill than ever. The losses were immense. Employment, home, and relationships disappeared into the vortex of illness. Some of my worst fears came true.

But yes, so much became better because I became an ally instead of a street-corner psychologist; a listener instead of a problem-solver; a believer that hope is a goal not an outcome; that to have hope is to have life!

These days, much has changed. Through the support group, and with much work and research, we have become connected to resources medically, educationally, and financially that have given us new ground for recovery and quality of life. Everything from the Access and Assessment Centre to the community mental health team support us in my loved one's search for health and well-being. I am no longer a lonely, vulnerable scriptwriter but someone who continues to learn and love with careful and intentional hope. On many days, I am able to "carry grief in one hand and gratitude in the other."

- Anonymous

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 co-facilitated by a Family Support & Involvement Coordinator and 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.

Like many other resources during COVID, we have moved our groups to ZOOM meetings. Family and supporters are free to attend on a regular basis or drop in as needed, like in our regular meetings. If you would like to receive an invite to our Support Group, please contact us and we will happily add you to our invite list!

We meet online on the following days & times:

DATE: Every first Thursday and third Monday of the month

TIME: 6:00 – 8:00 p.m.

PLACE: In the comfort of you own home

**We do not meet on STAT holidays.*

MORE FAMILY SUPPORT GROUPS

PLEASE CALL/EMAIL AHEAD TO CONFIRM DATES AND TIMES

Parents Forever – Support group for families of adults living with addiction. Group meets weekly on Friday evenings. Contact Frances Kenny, 604-524-4230 or fkenny@uniserve.com

BC Schizophrenia Vancouver Family Support Group - for family members supporting someone with serious mental illness. Please contact Hardeep @ 604-787-1814 or vancoast@bcss.org for more details on the online group and to register.

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 use or addiction. Check online to find a group near you. http://grasphelp.org/community/meetings/canadachapters/british-columbia/ or email graspvancouver-area@gmail.com

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. Contact Perry Omeasoo @ 604-306-7474 for more information.

St Paul's Hospital Family Support Group- Support for families who have a loved one living with mental illness. 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. Contact Hella @ 604-675-2531 ext. 20689.

Borderline Talks - for individuals living with Borderline Personality Disorder (BPD) or Traits, and their loved ones. Zoom group every Wednesday at 7. Check https://bpdsupportgroup.wordpress.com/finding-help/

Pathways Clubhouse Chinese Family Support Group – Education sessions for Chinese families who have a loved one living with mental illness. Contact kathryn@pathwayssmi.org 604-926-0856

Hope 4 Families Support Group
This group is a regular support and information meeting for family members of those in the acute care unit at the Hope Centre in **North Vancouver. Contact: 604-984-5000**

Pathways Serious Mental Illness (formerly Northshore Schizophrenia Society) - weekly online support groups, and family to family education sessions. Call 604 925 0856 or email info@pathwayssmi.org .

#6 When You're Not Happy With The Service At VCH

By Isabella Mori

If you're a family/supporter of someone who is receiving services at VCH and things don't quite go right, what do you do? This article explores some options.

Often the issue you'd like to give feedback on has something to do with your loved one's care. In that case, the best route is to encourage your loved one to give feedback. We also realize that sometimes that is not possible, and sometimes your feedback is specifically about *your* interaction with health care providers.

Whether you give feedback or your loved one does, here are some steps:

You can start by talking to the nurse, doctor, or case manager directly (or whoever you think needs the feedback). It's good to prepare yourself for the conversation, or any of the conversations with their supervisors. Here are some tips: https://www.psychologytoday.com/ca/blog/changepower/201203/the-9-habits-highly-effective-complainers

If you are unable to talk to this person, if you don't feel heard, if you see no changes, or if you otherwise think you need to talk to someone higher up, ask for their supervisor's name. At a Mental Health Team, that would be the Clinical Supervisor. At Segal, it would be the Head Nurse. The next person up would be the Manager, and the person above that is a Director.

You can also send feedback to the Patient Care Quality Office, here http://www.vch.ca/about-us/contact-us/compliments-complaints/patient-care-quality-office

Some people opt to "mix and match", e.g. send an email to some or all of the parties just mentioned.

If you have submitted your concerns to VCH and are not satisfied with how they were handled or the response you received, you can request that the Patient Care Quality Review Board look into it.

https://www.patientcarequalityreviewboard.ca/requestreview.html

A few things are important to know:

- Giving feedback will *not* put you or your loved one on a "blacklist."
- Supervisors, managers and directors are usually very receptive to listening to feedback – they want to make sure that we do excellent work!
- The Patient Care Quality Office is mandated to review all complaints thoroughly in in a timely manner. Your complaint won't fall between the cracks.
- If you are the complainant, in many cases, the Patient Care Quality Office will need your loved one's permission to take the case further and/or to report back to you on any results.
- Sometimes the response you receive may sound like nothing is happening. Rest assured that your feedback is taken seriously, and that your care providers will discuss them. Sometimes the result is further down the road, perhaps because your feedback is similar to other people. Even if your situation can't be helped at the time, it is because of people like you who speak up that our health care system slowly improves. Sometimes the result may not be what you asked for, but may lead to similar results.

If you need help navigating through this, you can always call us.

We are all fallible. We all get to make mistakes. And then we get to fix them.

"Sometimes your feedback is specifically about your interaction with health care providers."

#7 Boundaries, Boundaries, Boundaries

Interview by Sky Lee

The issue of boundaries comes up in almost every meeting with a family member. Not only do we coach family members on how make boundaries, but we also talk about how they make us feel. Sometimes naming feelings such as grief, loss, guilt, and fear can be helpful in crystalizing why boundaries can be so darn difficult. I had the chance to interview Sonya, someone with lived experience, about the important role boundaries have played in her life.

Thank you for taking the time to chat with me! For someone with mental illness, how are boundaries helpful to you?

In most cases, people *want* to have a good relationship with you and they want to be in a good space with you. I have repeatedly asked my family members, "please let me know when I am coming across as too intense." I don't clue into my level of intensity, until after the fact. I am naturally talkative, and can get really absorbed and enthusiastic about things. I don't pause for breaths, and sometimes I can overload myself and others. I don't want the other person to glass over – *I want to have a conversation*; a back-and-forth with my family member. Sometimes I have to them know to let *me* know to take a breath!

"It helps when folks aren't subtle...it's more helpful when they are more direct"

I have told my husband that he needs to tell me when I need to pause. He is an introvert and after lots of practice, he will now tell me "I need some quiet time". It would never occur to me that someone needs quiet time! It also helps when folks aren't subtle. Depending on the situation, it's nice when they are nice, but it's more helpful when they are more direct and say "I need some space" or "I need quiet time". Be direct. Being subtle doesn't work – I'm not a mind reader. My husband and I may make/buy cue cards so that he doesn't have to say anything, he could just hold up a card that says "quiet time" – it could be easier this way. When we are out in public, my husband will give me subtle cues such as touching my arm when I'm getting too loud or talking too much. I don't want to be embarrassed – it's a protection for me too. It's something that I've asked him to do, so he's not overstepping my boundaries.

Has there been a time when boundaries were difficult for you?

Yes. Boundaries are generally alright with people I don't know. But with family, it can be hard on *both* sides because we are more comfortable with each other. It's easier to *not* be as conscious with family about our boundaries. I feel that sometimes my boundaries haven't been respected, and I am at a point in my life where I can talk to my family about what is acceptable. There is stigma against people with mental illness, even in families. Being treated with dignity and respect is important to me. Everyone is deserving of dignity & respect regardless of who they are and where they are at.

Why can it be hard to establish boundaries with someone who has mental illness and/or substance use?

One reason it can be hard for people with mental illness to maintain boundaries is because they don't have a lot of relationships in their life. Loneliness is a huge factor. They could have trashed boundaries with other people. They may have lost a lot of relationships and it can be difficult to maintain relationships they *do* have. The people they are reaching out to have now become their lifeline. I've seen it happen. They only have one person to talk to and this can encroach on that person's boundaries.

One of the solutions is to include more people in your life. It could be about building relationships with more family members or friends. One of the reasons this could be hard is because people lead very busy lives, but the more relationships a person can build in their life (not just with parents, a significant other, or siblings) the better. If I only have *one* person, that one person gets the brunt of my feelings. One person cannot be the outlet for all your emotions; their boundaries can get taxed. One of the best methods for a relationship to improve boundaries (being either the boundary setter or crosser) is to encourage that person to build other relationships. To build and rebuild those relationships takes time and work, but it's beneficial for everyone.

Also, if as the boundary setter you see a person behave very defensively, remember that it might not have anything to do with you. The person may be having a really bad day or possibly the person was just treated poorly by someone else or they might feel disrespected in general.

Knowing what's "off limits" to talk about is also important. And this boundary may be need to be re-established multiple times. If both parties know what's off limits to each other, it can be easier to rebuild that relationship. It's about knowing triggers. It's been great to rebuild a relationship with my family members by talking about what's off limits for us. I want relationships in my life, they are important to me.

Do you have anything else you would like our readers to know?

On a positive note, everybody wants relationships in their lives. Knowing this, it can help you to set boundaries. If your loved one is already coming to you, on some level they want to have a relationship with you, even though it may not be obvious to you. The person *does* want the relationship & they may be willing to work with your boundaries. This can be a starting point with your loved one!

"One of the solutions is to include more people in your life"

"Daring to set boundaries is about having the courage to love ourselves, even when we risk disappointing others" -

Dr. Brené Brown, PhD, Inspirational teacher.

#8 VCH Family Involvement Policy 101

by Sky Lee

Did you know that within VCH MHSU services, family members are considered part of the care team? In 2013, VCH implemented the Family Involvement Policy which states that "Family Involvement is a vital component of the framework of Recovery, which guides Client Care in Vancouver Coastal Health Mental Health & Addictions services and program". Part of our role on the FSI team is to provide education about this policy to staff and family. However, we realize that reading a policy may not be on the top of everyone's to-do list, so we've created an acronym to explain it – **IRIS**: Involve Family, Receive collateral information, Inform them of their loved one's status and general mental health/substance use facts, and Support family, so they can support their loved ones . Of note: I will refer to client/patient/ as *consumer* below.

"Family Involvement is a vital component of the framework of Recovery"

- Understand that "family" or "family member" is defined by the consumer, i.e. it does not have to be a blood relative or someone related by marriage. Ask them "What family member, if any, would you like to have involved?" This is an ongoing conversation that ebbs and flows.
- If consumers do not want to involve anyone even if there *are* family members, explain that we will not share any personal details, only what is needed to help them get better, e.g. if they live with their sister, explain that she may need to know the basics of the medication regimen once the patient comes home. This is sharing information for "consistent purpose" on a need to know basis.
- **Involve** - Treat family as part of the care team. Assume that family involvement is the default. Recognize and value the unique contributions of family, their strengths and expertise and document the information.
- **Receive** - Receive information offered by family; clinical judgment will tell you what information is most helpful. When requested by family to keep their information confidential, have a conversation about this to find out why. Then, document the information but mark it 'confidential'.

- **Inform** – staff can always share general information about the nature of mental illness and associated issues. If family is responsible for organizing follow-up appointments, ensure family knows about the appointment and whom to contact during the transition.
- **Support** - Ask family if they have support to assist them through this difficult time. What does family need to know to support the patient? Give them the link to https://www.spotlightonmentalhealth.com/family-involvement/ or give them the FSI team contact info/brochure. Lastly, give them any pamphlets on your program, either via email or hard copy.

#9 Research & Psycho-Education for Families

by Sky Lee

We all need information – it's how we learn and grow. But in the midst of a mental health crisis, or when learning about a new diagnosis (or lack thereof), it can be hard for families to know what information is needed to survive. That's where the FSI team comes in. We have the professional advantage at knowing *where* to look and *what keywords* might yield informative results. More importantly, we are connected to other professionals in the MHSU community at the click of a mouse – we network all time and get replies to our questions within hours or sometimes even within minutes!

Here are some common topics that come up when providing education to families:

- **Pscyho-education:** Imagine your loved one has a new mental health or substance use diagnosis. You will likely have many, many questions. Or, you may just need a moment to digest the information that the care team (physician, case manager, nurse) has given you and your loved one. When you are ready, you can contact us for information about the diagnosis. For instance, we have access to fact sheets, websites, books, blogs, support groups, and pretty much anything! Furthermore, we know where to look for translations when the family's first language isn't English – this is a frequent request from staff! Whether it's the first psychotic break, or a substance use medication regime (i.e. Opiate Agonist Therapy), we can find information to help family members build their toolkit.
- **Family Dynamics**: A lot goes on in families. We all have family dynamics that can be challenging. But when mental illness and substance use are intertwined into family dynamics, how does your family history or family structure impact you or your loved one's mental illness? For example, how are sibling dynamics impacted? Or, what about the impact of cultural or historical events (i.e. colonization, the Holocaust, Covid-19) on mental illness in your family? These are individualized questions that we can help you navigate by finding resources, articles, or by simply just listening to your story & pointing you in the right direction.
- **Individualized Resources**: Isabella already mentioned that we are well-versed in finding resources for families (see #2). However, every family is different. Therefore, the resources we provide to you are often tailored to your family needs. Examples of individualized resources we've provided to families include (but aren't limited to): support groups in your region (not all families are from Vancouver), resources for Autism, nutritional resources for loved ones, legal resources including writing a Representation Agreement, explaining VCH housing models, or even where to look to find employment. The list is endless and we understand that your story is unique, and we honor that.

We have the professional advantage at knowing where to look!

#10 - Giving Families a Voice

by Sky Lee

Here we are, the last (but not least!) top ten aspect of our work: ensuring families have a voice in MHSU policies, projects, and committees. We do this through "engagement" via family advisors, who provide advisory roles to VCH. We work closely with the VCH CEAN Team (Community Engagement Advisory Network) to recruit advisors & participants when a new project or policy is on the horizon. Furthermore, we consult members of the Family Advisory Council (FAC page 2) when we have ideas or polices that require a family lived experience lens. For instance, the building of the Joseph & Rosalie Segal & Family Health Centre had family advisors involved in every aspect of development from beginning to end. When time permits, we also do surveys, field calls, and bring family member concerns to meetings with our leadership teams or to the FAC. For family members who are interested in an advisory role, we direct them to CEAN (http://www.vch.ca/get-involved/community-engagement) or to the Family Advisory Council (email at vancouverfac@vch.ca) to get a better understanding of "Engagement" as an invaluable role in healthcare.

#11-100 - The Bits and Pieces in Between

And there we have it folks, the Family Support & Involvement Team's Top Ten (as I toss a cue card to the wind, resembling David Letterman's famous nightly Top Ten lists)! We strive to connect with families who are in the midst of managing MHSU concerns. We bridge you to tailored resources, listen to your story, while simultaneously helping you navigate the healthcare system. If you have a concern or question that does not fall into our Top Ten, please know that we do many other tasks that could not be included in this issue. Please call or email us and we will be happy to help, or at the very least, help you start to put the pieces of the puzzle together.