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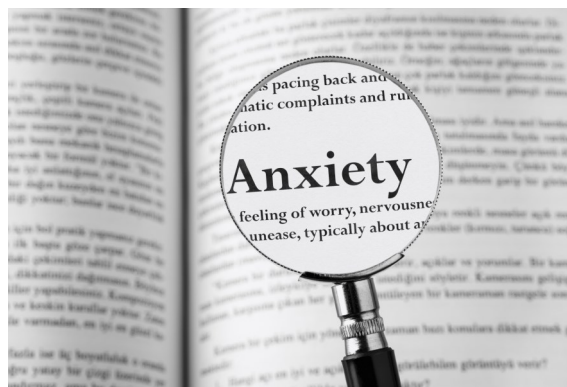
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# Family Connections

EDITED BY OTTO LIM — APRIL 2019

## The Anxiety Issue

In this issue of *Family Connections*, we focus on the theme of anxiety and caregivers. Due to the challenges and chronic stress in providing care and support for a loved one, family caregivers may experience their own mental health struggles caused by anxiety, depression, emotional and physical strain, financial burden, isolation, etc. This issue examines the effects of anxiety for caregivers and offer some strategies and coping skills to manage.



### 2019 Family Conference

Saturday, April 27th, 2019

Paetzold Auditorium

Vancouver General Hospital

8:30 am - 4:30 pm



See inside page 8-9 for more details!

## 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 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!

## Anxiety and Caregivers

By Otto Lim

Anxiety is often a normal, and beneficial, reaction to stress. It is an adaptive way to cope with the various stressors and challenges in the world. It's short-lived and doesn't have a dramatic effect on your life. However, when anxious feelings, like worry and fear, begin to interfere with daily life on a regular basis, seem unreasonable and excessive, or have no apparent association with any external stimuli or stresses, it can become an anxiety disorder. Anxiety is the most common mental health problem in Canada with approximately one in four Canadians diagnosed with an anxiety disorder once in their lifetime.

Anxiety disorders are not the same as the nervousness you may feel before an important meeting, or the worry that may arise right before checking your bank account balance, or planning a trip. Being temporarily anxious or nervous about exams, job interviews, joining a new social group, etc. is to be expected. However, this is not the case for people experiencing moderate to severe anxiety. When someone has an anxiety disorder - whether diagnosed or not - they are living with difficult symptoms on a regular basis, and these symptoms can be severe and interfere with all facets of life - home life, work life, social life, and relationships. Excessive, uncontrollable anxiety is quite different from the anxiety that we all experience as part of everyday life.

For caregivers supporting those with chronic or acute conditions, research has shown that 40% to 70% of caregivers experience anxiety and/or depression. Some common encounters of anxiety for caregivers are described in the following experiences:

- ◇ You've been in bed for an hour, tossing and turning, but you can't sleep. You keep re-hashing the day's events and worrying over everything that needs to get done tomorrow for your loved one. Now you start fretting about the fact that you can't get to sleep.
- ◇ Your mind starts racing about all the "what ifs" for your family member. Most of your thoughts turn into worrying and catastrophizing. Your body becomes tense and soon you experience a headache and tightness in your stomach.

Signs of caregiver “burnout” can mask or cover the roots of anxiety such as irritability, poor sleep, withdrawal from others. It is worthwhile to pay attention to the symptoms of anxiety:

**Emotional Anxiety Symptoms:**

Feelings of dread  
Difficulty concentrating  
Irritability  
Feeling tense and jittery  
Anticipating the worst outcome  
Over-alertness for signs of danger  
Feelings of apprehension  
Feeling as if your mind has gone blank

**Physical Symptoms of Anxiety:**

Nausea or dizziness  
Frequent need to urinate  
Diarrhea not caused by illness  
Trembling  
Headaches  
Fatigue  
Insomnia  
Sweating  
Rapid heartbeat and breathing  
Muscle tension

Source: <https://www.healthyplace.com/anxiety-panic/anxiety-information/anxiety-symptoms-recognizing-signs-of-anxiety>

## MY ANXIETY STORY

### From a parent...

***What creates anxiety for you as a family caregiver? (e.g. triggers that increase your anxiety).***

*Calls from private numbers and numbers I don't recognize, particularly within the area code of my loved one. These can be at any time of day or night and never stop. You never know if this is 'the call' from a stranger who says 'its about your loved one' and the words to follow can range from a perceived issue to death*

*Days when it seems like everyone close to me is experiencing issues and they let me know it. Its the accumulation of knowledge about these issues that causes anxiety in me. Days when I'm overwhelmed with all that's on my plate related to my loved one. My loved one is sympathetic, but in many ways not capable of understanding all of the time, effort and money spent on her. This is just the way it is, my reality.*

*My spouse feeling like he's not getting enough attention from me because of my loved one, and letting me know same.*

*Feeling like I have no place to unload 'my reality'.*

*My loved one asking me to do more than I can. Its usually about spending more social time with her and can involve significant outlay of money.*

***What do you notice most about your anxiety?***

*Its pretty much with me always. I try hard not to put my anxiety on others.*

***How do you cope or manage your anxiety? What works?***

*I give myself permission to do things I enjoy.*

*I distance myself from people who come at me with their anxiety.*

*I sleep, its my escape.*

## Managing Anxiety

- Recognize the signs of anxiety (see Emotional or Physical symptoms of anxiety).
- Practice mindfulness — the practice of being aware of what’s happening or what you’re experiencing in the present moment. It’s being “here and now” without judgment. Allow yourself to observe your experience of anxiety without the need to resolve, fix, or judge anything. Mindfulness can help mitigate automatic responses such as the “fight, flight, or freeze” reactions—reactions that can lead to anxiety, fear, foreboding, and worry. Repeat a mantra (e.g. “these feelings will pass and I’ll be ok”).
- Try keeping a “worry journal” — Learn what triggers your anxiety. Is it work, family, school, or something else you can identify? Write in a journal when you’re feeling stressed or anxious, and look for a pattern. Write down any negative thoughts, worries, and fears that crop up as a result of thinking about the event. Include your fears about what could go wrong, worst outcomes. When you write out negative thoughts, they tend to lose their intensity.
- Set aside a “worry time” — e.g. look over your daily schedule and pick two 10 to 15 minute worry periods for each day. Make it the same time each day. For example, you can set aside 10 minutes each morning at 7:00 a.m. and 10 minutes each afternoon at 3:00 p.m. – whatever works best for you, but keep to the same worry schedule everyday and strictly monitor the time allowed to worry. During this time, you can focus on your fears and worries without trying to “fix” them.
- Accept the uncertainties of life — Worrying about all the things that could go wrong (or right, for that matter) in life doesn’t make life any more predictable. Learn to enjoy the here and now – the good things going on in your life right now. Learning to accept uncertainty will help you overcome many of your anxiety symptoms.
- Managing your thinking. Ask yourself the following questions:
  - What’s the probability that what I’m scared of will actually happen? Is there a more likely, alternate outcome?*
  - Is the thought helpful? How will worrying about it help me and how will it hurt me?*
  - What would I say to a friend who had this worry?*
- Managing fear — a very common symptom of anxiety, dissipates and loses its power when faced head-on. Try to avoid “avoidance” as this will usually reinforce anxiety by overestimating the threat or danger and underestimating your ability to cope.
- Take a time-out. Practice yoga, listen to music, meditate, get a massage, or learn relaxation techniques. Stepping back from the problem helps clear your head.
- Focus on your self-care — important to look after your physical and emotional health. Try to get adequate sleep, physical activity, social support, time out or respite from caregiving, focus on your own needs. Eat well-balanced meals. Do not skip any meals. Do keep healthful, energy-boosting snacks on hand. Limit alcohol and caffeine, which can aggravate anxiety and trigger panic attacks.

- Talk to someone — whether it’s your GP, counsellor, close friend, partner or spouse. Avoid isolating yourself and ignoring your anxiety. Join a support group — there are many family support groups. See page 15 of this newsletter.
- Self acceptance — just be “good enough”. Do your best. Instead of aiming for perfection, which isn’t possible, be proud of however close you get. You don’t have to do everything perfectly or solve every problem as a caregiver. There are challenges and things beyond your control.
- Get enough sleep. When stressed, your body needs additional sleep and rest. Exercise daily to help you feel good and maintain your health.
- Take deep breaths. Inhale and exhale slowly. Count to 10 slowly. Repeat, and count to 20 if necessary.
- Accept that you cannot control everything. Put your stress in perspective: Is it really as bad as you think? Allow space for your anxiety. Don’t fight it.
- Welcome humor. A good laugh goes a long way. Maintain a positive attitude. Make an effort to replace negative thoughts with positive ones.

#### Sources:

<https://www.agingcare.com/articles/caregiver-anxiety-stress-worry-146701.htm>

<https://www.healthypace.com/anxiety-panic/anxiety-information/anxiety-symptoms-recognizing-signs-of-anxiety>

<https://adaa.org/tips>

#### Books

- The Anxiety & Phobia Workbook, 6th Edition. Edmund Bourne, Ph.D. 2015.
- The Mindful Way through Anxiety: Break Free from Chronic Worry and Reclaim Your Life. Susan M. Orsillo, Lizabeth Roemer, et al. 2011.
- Ten Best Ever Anxiety Management Techniques. Margaret Wehrenberg. 2008.

#### Internet

- <https://www.healthlinkbc.ca/health-topics/anxty>
- <https://keltymentalhealth.ca/anxiety>
- <http://www.heretohelp.bc.ca/factsheet/anxiety-disorders>
- <https://cmha.bc.ca/documents/anxiety-disorders/>
- <https://www.anxietycanada.com/>

# re·sil·ience:

the ability to bounce back when faced with stress or pressure.



Individual resilience as the ability to withstand, adapt to, and recover from adversity and stress. In other words, resilience can manifest as maintaining or returning to one's original state of mental health or well-being or reaching a more mature and well-developed state of mental health or well-being through the use of effective coping strategies. Researchers in the field of resiliency, often studied under Positive Psychology, have listed some traits of resilient individuals as the following:

- Optimism – those who are optimistic tend to be more resilient as well since they are more likely to stay positive about the future even when faced with seemingly insurmountable obstacles.
- Altruism – the most resilient among us often turn to help others when they need to relieve stress and boost their self-efficacy.
- Moral Compass – people with a strong moral compass or steadfast set of beliefs about right and wrong generally have an easier time bouncing back.
- Faith and Spirituality – while not a required factor for resilience, people often find their faith helpful in surviving challenges and coming through stronger and wiser on the other side.
- Humor – people who have a healthy sense of humor and are able to laugh at their own misfortune are at an advantage when it comes to bouncing back, for obvious reasons!
- Having a Role Model – this is also not a requirement for resilience, but those who have a role model in mind can draw strength from their desire to emulate this person.
- Social Supports – unsurprisingly, social support is important when it comes to resilience; those with strong social support networks are better equipped to bounce back from loss or disappointment.
- Facing Fear – this is not so much a characteristic as an action or tendency to act, but people who are willing to leave their comfort zone and confront their fears are more likely to overcome their challenges and grow as a person.
- Meaning or Purpose in Life – it shouldn't be surprising that those who feel they have a specific purpose in life or find a tremendous amount of meaning in their lives are more likely to recover from failure or disappointment; when you fervently believe you have a purpose, you are less likely to give up when faced with tragedy or loss.

## How Anxious are You?

Review the following statements. Score each statement as you experience them.

	Never	Sometimes	Half the time	Frequently	Always
	0	1	2	3	4
I feel tense, nervous, restless, or agitated					
I feel afraid for no apparent reason					
I worry about bad things that might happen to me or those I care about					
I have difficulty falling asleep, staying asleep or waking up early					
I have difficulty eating too much, too little or digesting my food					
I wish I knew a way to make myself more relaxed					
I have difficulty with my concentration, memory or thinking					
I would say I am anxious much of the time					
From time to time I have experienced a racing heartbeat, cold hands or feet, dry mouth, sweating, tight muscles, difficulty breathing, numbness, frequent urination, or hot/cold flashes					
I wish I could be as relaxed with myself as others seem to be					
<b>ADD ALL YOUR SCORE</b>					

### SCORING

Total the number of points in each of the columns. Add all columns together to get your TOTAL SCORE.

MINIMAL ANXIETY - 0 to 8 point

MILD ANXIETY - 8 to 16 points

MODERATE ANXIETY - 17 to 24 points

HIGH ANXIETY (Warning Level) - 25 to 32 points

EXTREME ANXIETY (Warning Level) - 33 to 40 points

Source:

<http://www.sadag.org/images/pdf/anxiety%20self.pdf>



**APRIL 27, 2019**

**2019 FAMILY CONFERENCE**  
Mental Health and Substance Use

Vancouver General Hospital  
Paetzold Theatre  
899 West 12th Avenue  
Vancouver, BC V5Z 1M9  
8:30 am - 4:30 pm  
Ticket Price \$10



**Whose Recovery Is It?**  
**CHALLENGES and HOPE**

**Speakers**

- Dr. Julian Somers**  
*"Addiction and Serious Mental Illness –  
Two Challenges under the Same Umbrella"*
- Monica McAlduff, RPN, BHSc, MA**  
Director, Mental Health and Substance Use, VCH  
*"Best Practices in Action:  
The Perspective of Vancouver Coastal Health"*
- Sam Burnett**  
CCMI, Center for Collaboration, Motivation & Innovation  
*"Foster confidence to make a change"*
- Frances Kenny**  
Founder of Parents Forever  
*"Hope for Families: Keys to Lasting Strength"*

**Panel Discussion**

***Whose Recovery Is It?***

Moderated by June Ariano-Jake,  
*Author of "Addiction: A Mother's Story"*

**Exhibitors**

- Alcoholics Anonymous*
- BC Schizophrenia Society*
- Canadian Mental Health Association, BC*
- Coast Mental Health*
- Community Engagement Advisory Network*
- Family Advisory Committee*
- Family Support & Involvement Team*
- From Grief to Action*
- Mood Disorders Association of BC*
- Odin Books*
- Parents Forever*
- And more .....*

**Registration**

<http://annualfamilyconference.eventbrite.com>



For all inquiries, please contact Patti Zane  
[facvevents@gmail.com](mailto:facvevents@gmail.com)  
Limited financial assistance for admission fee is available





## 2019 Family Conference

Saturday, April 27, 2019  
Paetzold Auditorium, VGH,  
899 West 12th Ave



### Whose Recovery Is It? CHALLENGES and HOPE Agenda


<b>8:00-9:00AM</b>	<b>REGISTRATION</b>
<b>9:00-9:10AM</b>	Welcome & Opening Remarks: Patti Zane, Chair of Vancouver Family Advisory Committee
<b>9:10-10:15AM</b>	<i>"Addiction and Serious Mental Illness – Two Challenges under the Same Umbrella"</i> Dr. Julian Somers, SFU. Founding Director, Centre for Applied Research in Mental Health and Addiction.
<b>10:15-10:30AM</b>	<b>MORNING BREAK with Refreshments</b>
<b>10:30-12:00PM</b>	<i>"Foster Confidence to Make a Change"</i> Sam Burnett, Director of Programs CCMI, Center for Collaboration, Motivation & Innovation
<b>12:15-1:00PM</b>	<b>LUNCH BREAK</b>
<b>1:00-1:30PM</b>	<i>"Best Practices in Action: The Perspective from Vancouver Coastal Health"</i> Monica McAlduff, Director, Mental Health and Substance Use, Vancouver Acute, Tertiary and Urgent Services
<b>1:30-2:45PM</b>	<i>"Hope for Families: Keys to Lasting Strength"</i> Frances Kenny, Founder of Parents Forever
<b>2:45-3:00PM</b>	<b>AFTERNOON BREAK with Refreshments</b>
<b>3:00-4:30PM</b>	Panel Discussion <i>"Whose Recovery Is It?"</i>  <u>Moderator:</u> June Ariano-Jakes, Author of <i>"Addiction: A Mother's Story"</i>  <u>Panelists:</u> Daina Baldwin, Frances Kenny, Mitch Budreski, Dr. Nancy Miki.
<b>4:30-5:00PM</b>	Closing Remarks & Adjourn

# ANXIETY AND FEAR – A CONTINUUM

By Isabella Mori

Fear is a natural and vital part of survival. It helps us avoid or fight situations that can result in injury or even death. Psychologists see it as one of the eight basic emotions. Perhaps it is the strongest, most powerful of them. The question is – when fear is not about something that is immediately life threatening, or when it is about something that we have no control over, how and when is it useful?

Fear ranges from mild apprehension to utter terror. Parents, spouses, siblings and other friends and family can experience the whole range:

- 
- Hm, I wonder whether he remembered to take his phone charger?
  - I hope she can see the doctor this week.
  - If he doesn't get to the pharmacy, he won't have his meds.
  - Her voices are getting louder; what if she needs to go to the hospital? She hates it so much there.
  - His boss told him he'll lose his job if he comes late one more time. Then he won't be able to pay rent. I'm afraid he'll land on the street!
  - She's in the hospital but I'm afraid they don't know how to help her there.
  - I got a call from the police. They say he tried to jump off a bridge.
  - Every time the phone rings, I'm afraid it'll be a call saying that she's overdosed once again and this time they couldn't revive her.

All of these worries and fears are completely legitimate. Also, they don't come alone. One thing that accompanies them is context: It's one thing when your son has left your charger at home for the first time, and another if this the 10<sup>th</sup> time, and last time it happened, it took him two days to come down from the panic he felt over it.

Also, these worries are often accompanied by physical discomfort, lack of concentration and energy, long periods of worry and rumination, unhelpful ways of coping, sleeplessness – the list goes on. When it goes on for longer than six months and the worry is hard to control, it may spill over into anxiety as a mental health issue. Unfortunately, this appears to come naturally to the 30%+ of people who have a genetic predisposition for anxiety. This tendency is sometimes referred to as “trait anxiety” – it's a personality trait. This is different from “state anxiety” – anxiety we feel in response to a given state, or situation. However, state anxiety can “wake up” trait anxiety or make it worse.

As caregivers, we function best when we are in a calm state and think clearly. How can we help ourselves to not let the situation rev us up? Rather than letting fear and anxiety take over, we want calm minds to direct our thoughts and actions.

Fortunately, there are many ways of doing that. One is to do what you can to bring yourself to a calmer, more mindful state and then look the situation squarely in the face. Then you can ask yourself some questions. Using some of the examples above:

- Is it your job to worry about whether someone else – even if it is your son – has their phone charger on them?
- What's the worst thing that can happen if your brother doesn't get his meds today? If the consequence is indeed cata-

strophic, is there something you can do? At time, a calm mind will answer this question with a “yes”. Other times it’s “no” or “maybe.”

- Do you know how good your loved one’s care is at the hospital? Can you find out? If it is not good, do you have the means to improve it for your loved one during their hospital stay? Can you let the doctors do what they do best?

For more tools to deal with anxiety, see our Kelty’s Key <https://www.keltyskey.com/courses/anxiety/> and Anxiety Canada’s tools <https://www.anxietycanada.com/all-tools> .

## **My ANXIETY STORY...**

### ***From a parent...***

#### ***What creates anxiety for you as a family caregiver?***

*If our daughter shows fluctuating symptoms that may – or may not – indicate a sign of relapse. Primarily that means odd thinking, persistent e-mails that reflect nasty opinions about medical practitioners (including her future sister-in-law), grandiose thinking and long-term plans that would require major financial investments on our part.*

#### ***What do you notice most about your anxiety?***

*What I notice most about my anxiety is my rush to “solve” the problem and get rid of the anxiety: I.e. I feel a need to respond to our daughter’s symptoms in a reactive manner.*

#### ***How do you cope or manage your anxiety? What works?***

*I cope with the anxiety by making sure I get out of the house, away from a computer and e-mail and do my “own thing” - a walk, for example. What often works, somewhat surprisingly is to simply NOT respond immediately or even ignore our daughter’s behavior/requests/demands/ as it can simply disappear on its own.*

*“What I notice most about my anxiety is my rush to “solve” the problem and get rid of the anxiety... “*

## **My ANXIETY STORY...**

### **From a parent...**

#### **What creates anxiety for you as a family caregiver?**

*What creates anxiety for me is worry about my younger daughter. When the phone rings I am anxious, at least until I know it is not her or if it is her she is not upset about something. A call or text message angry or upset about things in her life: work, her boss, her colleagues, her sports team or referees, or friends or a social situation. I get messages complaining about her colleagues and bosses, them not understanding her lateness is due to insomnia not laziness. I am terrified she will be fired or quit. I cannot pay for her rent again. But I don't want her to live with us, either. It is usually pointless to give her advice. She will hear what she wants and do what she wants. My older daughter blames me for her sister's issues, she will push her sister's buttons resulting in arguments and upset. I feel in the middle and even when things are calm I am anxious that things will explode. We pay for her counseling. That is expensive, and I worry about having to support her more fully, and running out of money for her care.*

#### **What do you notice most about your anxiety?**

*What I notice about my anxiety is tight chest, often skin issues such as rashes, dry skin, thirsty for water, no interest in food. I feel overwhelmed. I'm tired and feel frozen or paralyzed. I often wake up at night and can't get back to sleep. I want to stay asleep. I want to sit and read pretty junky stuff like mysteries, I play solitaire on my iPad, I don't call friends to socialize. I vibrate with worry. Its pretty much with me always. I try hard not to put my anxiety on others.*

#### **How do you cope or manage your anxiety? What works?**

*I deal with my anxiety by running, meditating, mindfulness and I play pickle ball.*

### **From another parent...**

#### **What creates anxiety for you as a family caregiver?**

*I am the sole caregiver to two close family members. One lives with me temporarily (for years now); the other came to stay with me recently for a couple of months during a severe delusional episode. I think part of the reason for this anxiety is the unpredictable nature not only of my adult son's illness itself, but of the treatment he receives. That treatment has done a U-turn this time. He is mandated under extended leave (outpatient commitment) to regularly attend the community mental health team. But the team has agreed to his request to completely taper off of the anti-psychotic medication that his long history of hospitalizations indicates is needed to prevent relapse. This causes extreme anxiety in me, because he puts himself in dangerous situations during a relapse; stopping antipsychotic medications has always ended in lengthy hospitalizations, which no one wants. It makes it extremely difficult to make plans (like moving to more suitable housing) because of not knowing when the relapse is coming.*

*"I vibrate with worry. Its pretty much with me always. I try hard not to put my anxiety on others."*

*"I think part of the reason for this anxiety is the unpredictable nature not only of my adult son's illness itself, but of the treatment he receives."*

**What do you notice most about your anxiety?**

*I experience anxiety internally, as well as with some outwardly expressed symptoms, such as an exaggerated startle response in the form of frequent screams, sometimes muffled into closed-mouth screams.*

**How do you cope or manage your anxiety? What works?**

*Of course self-care measures to reduce caregiver anxiety - such as hobbies that can provide a mental break from focusing on a difficult and desperate situation - are important. But looking at the local history of the mental health system, I am increasingly aware that one effective and important way to reduce anxiety is to be pro-active and speak up about what is and isn't working in this ever changing system. Become informed. Read the brief Family Involvement Policy. You can google issues such as the charter challenge against the B.C. Mental Health Act and how you can let your MLA and others know where you stand on that push to essentially abolish access to necessary involuntary treatment in the name of disability rights. What's the point of being hospitalized, if there is no access to treatment? Speaking up can reduce anxiety, because you are doing something that can have a positive outcome.*

*"I am increasingly aware that one effective and important way to reduce anxiety is to be pro-active and speak up about what is and isn't working in this ever changing system."*

***I am exhausted from trying to be stronger than I feel...***

***- Unknown***

## Virtual Care Planning through FaceTime

By Isabella Mori

VCH has an aim to include more technology in improving services. An exciting project is Virtual Care Planning. Virtual Care Planning allows mental health team case managers and psychiatrists to connect face to face with their clients during a hospital stay at Segal (the mental health and substance use hospital on the campus of Vancouver General Hospital).

The technology used is Face Time on iPads available at the hospital units. Virtual Care Planning provides valuable continuity of care for clients and facilitates information sharing between the teams and Segal inpatient units. Previously, case managers and psychiatrists would typically connect via telephone, and only when time allowed in person in the hospital.

The project was piloted at the South Mental Health team. According to a case manager there, Virtual Care Planning is very helpful for connecting with their current clients who have been hospitalized and meeting new clients who will be transferred to the care team. If clients are able to engage with their new care team prior to discharge it allows for a smoother transition.

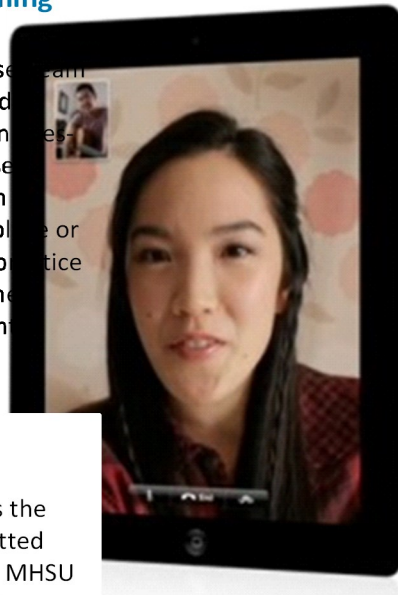
This can reduce anxiety and uncertainty about the next steps of their treatment plan, especially for people who are experiencing their first hospital stay, maybe even their first connection with the system. While connecting in person is still the best option, Virtual Care Planning is a good alternative so that clients can hear about what to expect at a team and ask questions. The latter was rarely possible until now, when the connection with the team was often made for but not with them. Because of the use of FaceTime, clients can also take the iPad and “meet” with the case manager in a private, comfortable corner of the hospital.

# Virtual Care Planning

- A new way to connect with your care provider

## What is Virtual Care Planning

Mental Health & Substance Use team clients when they are admitted to hospital will be able to have an on conversation with their case manager through FaceTime on phone or a tablet. This can replace or supplement the existing best practice of the case manager visiting the inpatient unit to see their clients during admission.



## The Benefit

- Virtual Care Planning closes the gap between hospital admitted clients and family and their MHSU Clinician and/or Psychiatrist.
- It allows clients and their family to conduct clinical assessment, consult discharge arrangement and resources with their case manager during hospital stay.
- During a 6 months pilot, the pilot data correlates with a 26% increase in clients connecting with their community clinician during their hospital admission.

## Teams participate in Virtual Care Planning

- ★ VGH Segal inpatient units 5, 6, 7 & 8
- ★ South MHSU
- ★ North East MH
- ★ Grandview Woodlands MH
- ★ Raven Song MHSU
- ★ Kitsilano-Fairview MH
- ★ Early Psychosis Intervention (EPI)
- ★ Eating Disorders Program
- ★ Cambie OAMHSU
- ★ Venture

## Q&A

1. Why can't I keep using Facetime after being discharged from hospital?

Answer: At the current stage, Facetime is used primarily to connect hospital admitted mental health client with their case manager. It will be widely used as we move forward where opportunity will be available.

2. Is Facetime secure?

Answer: Yes.

- Apple does not store FaceTime on their servers and there is encryption during transmission.
- Since iCloud will be turned off, there will be no back up of the FaceTime exchange which allows privacy legislation to be followed.

3. Is Facetime mandatory?

Answer: No.

Facetime will only be used if client feels comfortable and has consented (or substitute decision maker has consented) to using FaceTime for health care services before using as a modality to provide client care.

## 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 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.

*“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”*

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

For questions or more information please contact:  
becky.hynes@vch.ca, 604-313-1918 or otto.lim@vch.ca, 604 290-3817





## MORE FAMILY SUPPORT GROUPS

**Parents Forever** – Support group for families of adults 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)

**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

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

**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.

**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

**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.

**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.

### Hope4Families 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. Meetings are held every second Thursday from 4-5 PM at the HOPE CENTRE MAIN FLOOR, GROUP ROOM 4. A social worker or family therapist and a family member from the North Shore Family Advisory Committee attend each meeting. The remaining 2019 dates are: Apr.11,25; May 9,23; June 6,20; July 11,25; Aug.8,22; Sept.5,19; Oct.3,17,31; Nov.14,28; and Dec.12.

## FAMILY KUDOS

A special family thank you to **Anita Haidar** who has been a volunteer family peer facilitator in our Family Connections support group since the start back in the fall of 2015. Anita will be missed as she is ending her role. We would like to thank her for all her compassion, dedication, and commitment to the group.



*“It has been an honor and a privilege to be a part of this family support group. At times the intensity of emotion was overwhelming yet the courage of families to give voice to their experiences and their journey will remain with me as I say goodbye. “*

*Anita*

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; 365 days/year

#### **Note new change in hours of operation:**

7:30 am to 11:00 pm (last client seen at 10:30 pm)

Phone: 604-675-3700

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