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# Family Connections

EDITED BY ISABELLA MORI — FEBRUARY 2019



Without the tireless work of families, you would not be reading this newsletter right now. Find out why on page 13! In this issue, read about the volunteer, advocacy and community engagement work of families right here in Vancouver and around the world.

## Family Support and Involvement Team

Isabella Mori, Coordinator  
Community

604 314-9032

Isabella.Mori@vch.ca

Becky Hynes, Coordinator  
Tertiary Care

604-313-1918

Becky.Hynes@vch.ca

Otto Lim, Coordinator  
Acute Care

604-290-3817

Otto.lim@vch.ca

Jennifer Glasgow, Manager  
(604) 736-2881

Jennifer.Glasgow@vch.ca

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, 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!



## **FAMILY EDUCATION FORUM** **SAVE THE DATE: APRIL 27, 2019**

The Family Advisory Committee of Vancouver is hosting a Family Education Forum on April 27, 2019.

This forum's theme is '**Who's Recovery Is It?**'

*Join us as we learn about our city's response to the opioid crisis  
Learn how to help a family member or friend with a substance use  
or mental health issue or both  
Hear the stories of persons with lived experience*

It will be a full day affair with a keynote speaker, as well as a panel and time for Q and A and more ... Details coming soon!

## CONNECTING FAMILIES IN VCH COMMUNITIES WITH THE HELP OF TECHNOLOGY

By Saori Yamamoto , VCH Community Engagement Network (CEAN)

The second annual VCH Mental Health & Substance Use Family Advisory Committee (FAC) videoconference took place on Thursday October 4, 2018. FACs from four of VCH's communities connected to talk about successes, priorities, meaningful engagement and opportunities to collaborate. At the first videoconference in 2017, FAC members expressed an interest in connecting more regularly to share their work and hear about what other committees are working on.

### Sharing Successes

Each FAC took some time to share their successes over the past year. The Sechelt FAC felt very engaged and included in a recent Clinical Services Review. They spoke of how the process was very inclusive and how they really felt listened to. In Richmond they spoke about working together as a group and also taking on separate pieces of work that then gets brought back to the greater committee. They also spoke about their continued connection to the Institute for Patient and Family Centred Care. A couple of members of the FAC attended the conference in Baltimore to co-present with staff. The North Shore FAC shared the news that a webpage that they had been working on for years is finally up and running. This webpage lives on the VCH website, and includes lots of helpful information for families accessing Mental Health & Substance Use services on the north Shore. The Vancouver group shared their recent renewal process which has been facilitated by the Family Support and Involvement Team. This group has updated their terms of reference, established priorities, reviewed their relationship to VCH, as well as strengthened their relationship to the Community Engagement Team and CEAN.

### Implementing the Family Policy

The committees also spoke about the Family Involvement Policy and the ongoing work to create awareness about the policy amongst staff and patients and families. The Family Involvement Policy was advocated for by the FACs and came into being in September of 2013.

*Family Advisory Committees from Vancouver, Richmond, Sechelt and the North Shore connected to talk about successes, priorities, meaningful engagement and opportunities to collaborate*

The purpose of the policy is:

- To achieve better outcomes for Clients through collaboration among Clients, Family Members and Care Providers
- To guide Care Providers to support, educate and involve Family Members; and
- To implement all of the above in a culturally sensitive and linguistically appropriate way.

Click [here](#) to read the policy and find out more about the FACs in each region.

### Meaningful Engagement

The conversation then turned to discussion around being meaningfully engaged. What made them feel connected and effective in their advisory roles over the past year? Members listed the following as the key ingredients to good engagement experiences:

- Being listened to
- Seeing their feedback used to influence systems change
- Being included in project meetings with staff
- Working with staff & clinicians
- Being connected to Leadership
- Having strong staff/liaison support
- Working with other families
- Being a part of staff hiring panels

### Staying Connected

Moving forward, the group would like to continue to hear about what other FACs are working on. Regular in-person forums or video conferences were discussed, as well as the possibility of other ways to connect folks remotely. Everyone enjoyed that it was relatively easy to connect through video conference and were happy to have the technology to support the connection!

If you'd like to find out more about the Regional Family Advisory Committees or about how you might get involved e-mail [ce@vch.ca](mailto:ce@vch.ca).



*Holly Horwood (L), member of the Vancouver and FAC and Becky Hynes (R), Consumer and Family Involvement Coordinator for Tertiary Mental Health*

## EVOLVING AS AN ADVOCATE

By Susan Inman

I appreciate this invitation to discuss my experiences as a volunteer advocate for people with schizophrenia and other severe psychotic disorders. The people I focus on are, like my daughter, those whose illnesses prevent them from advocating themselves for the kinds of services that they need.

When my daughter became ill and was trapped after almost two years in a seemingly refractory psychosis, we visited the Menninger Clinic in the US. We came away with a new medication strategy that freed her from this terrible ordeal. At this clinic, I also first heard about family advocacy. However, I had no idea what I might want to advocate about.

Gradually, I began to understand the larger social context in which my daughter's illness was occurring. In the linked article below, I discuss the poor choices we made at the onset of her illness and the ignorance that was at the root of these choices and at the root of the misguided help we received: <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.2016001>

My daughter was still profoundly ill when I finally heard 16 years ago about the BC Schizophrenia Society's Family to Family psycho-education program. Through that course and other educational opportunities, I began to identify significant gaps in the available services.

In these events, I got to know and learn from parents like me. Eventually I invited ten mothers to my home to hear each other's stories; this was the beginning of years of involvement in Mothers Groups that helped me come to terms with my new life situation.

In 2005, I joined the recently formed Family Advisory Committee (FAC) that Vancouver Coastal Health had created. Having recently attended a national conference in the US put on by the National Alliance on Mental Illness (NAMI), I had seen what dedicated family advocacy had been able to create. I prepared an outline for a one-day family conference; it was endorsed by the members of my Mothers Group and their partners. Then I brought this plan to an FAC meeting where members voted to sponsor it.

We were fortunate that Otto Lim had the new position of coordinator for family involvement; he saw the value of this proposal and helped us as we planned the first Family Conference. The families who came to this well-attended day made it clear that they wanted this kind of educational event. We had psychiatrists letting us better understand severe mental illnesses and psychosocial rehabilitation clinicians informing us about the kinds of services that could help our family members rebuild their disrupted lives. We also had a Family Panel where we could hear from both family members and people living with illnesses about their experiences.

I worked on this conference for the next ten years; it was always full and left no doubt about how motivated families are to learn about these illnesses and possible services.

*full  
The conference was always full and left no doubt about how motivated families are to learn about mental illnesses and possible services.*

*Services for people with serious mental illnesses are under-funded. If we families could better inform and organize ourselves, we could become more effective advocates*

During these years, I also began to write and speak publicly about my experiences and perspectives. People's responses to my memoir, *After Her Brain Broke, Helping My Daughter Recover Her Sanity*, let me know that many other families make the same mistakes we'd made when we looked for help.

My articles often explore the two not very compatible belief systems informing the delivery of mental health services. Archives of my articles for Huffington Post Canada and The Tyee can be found at <https://www.huffingtonpost.ca/author/susan-inman/> and [https://thetyee.ca/Bios/Susan\\_Inman/](https://thetyee.ca/Bios/Susan_Inman/)

I realized there could be more of a role for families to play in planning services. I knew through attending conferences in the US that the kinds of severe cognitive losses my daughter has suffered have been well researched. And over the past 20 years various evidence-based cognitive remediation programs have been implemented in many other countries. Meanwhile, in Canada, except in Early Psychosis Intervention (EPI) programs, clients and their families haven't even been learning about these losses.

I asked the BC Schizophrenia Society to partner with me to sponsor a conference on this topic. Over the two-year planning process we were joined by the BC Psychosis Program, BC EPI and BC Psychosocial Rehabilitation; on Oct. 14, 2017<sup>th</sup>, we held the first Canadian conference on cognitive remediation. This link provides an overview of the conference: <http://bcpsychosis.org/2017/12/05/bc-hosts-first-canadian-conference-cognitive-remediation/> This is a link to videos of the presentations: <https://www.bcscs.org/cognitiveremediation/>

Efforts are continuing from the conference planners to find ways to make cognitive remediation available in psychosocial rehabilitation programs.

I have made very little progress in advancing other key advocacy issues. I often write about the dangerously inadequate public mental illness literacy programs and the lack of good psycho-education for people living with severe illnesses.

In all of these education programs people need to learn about anosognosia, the brain based inability of many people in psychosis to understand that they are ill. This is the reason many people don't agree to treatment. Ignorance about this core feature of this disorder has led to the current Charter Challenge to BC's Mental Health Act: [https://www.huffingtonpost.ca/susan-inman/bc-mental-health-act-autism\\_b\\_14137954.html](https://www.huffingtonpost.ca/susan-inman/bc-mental-health-act-autism_b_14137954.html)

Services for people with serious mental illnesses are underfunded across Canada. If we families could better inform and organize ourselves, we could become more effective advocates to help people with severe psychotic disorders have the comprehensive care they deserve. This includes access to evidence-based psychosocial rehabilitation, supported housing, and compassionate inpatient care when needed.

Family caregivers are aware of what services are needed. We just want a chance to share our perspectives and a mental health system willing to work with us.

## FAMILY ENGAGEMENT AND ADVOCACY IN CANADA AND AROUND THE WORLD

By Isabella Mori

### *Ontario: Family Council Runs A Resource Centre*

The Ontario Shores Centre for Mental Health Sciences in Whitby (ca. 70km Northeast of Toronto) has had a vibrant Family Council since 2010. They designed, planned and now run a family resource center, which was established on the Ontario Shores Centre grounds in 2013. It is mostly volunteer-run, with close collaboration with the mental health teams and their social workers. The resource center offers regular *WRAP for Caregivers* and *Powerful Tools For Caregivers* sessions as well as other educational events. In the fall of 2018, they offered educational programming four evenings a week. Family Council members volunteer, among other things, as one-to-one support persons for the families of the clients using the Ontario Shores services. A family Elder for Indigenous patients is also available. The resource center is comfortable and homey with a children's area, a private meeting room, and a kitchenette. It is often used to hold family birthday parties for patients in the hospital. The Family Council is currently exploring adding a Family Peer Navigator to their range of supports.

[https://www.ontarioshores.ca/patients\\_families/family\\_and\\_caregiver\\_resources/](https://www.ontarioshores.ca/patients_families/family_and_caregiver_resources/)

### *Indigenous Families in Canada: Healing and Advocating for Indigenous Women and Girls*

As early as 1990, the families and friends of Missing and Murdered Indigenous Women (MMIW) knew that something was wrong, but their reports to police were often ignored, or investigations run with little enthusiasm. In great part thanks to those families' tireless work, the issue was finally taken seriously enough to start the MMIW inquiry in 2015. The violence experienced by many Indigenous women and girls is one of the devastating effects of colonization, which includes poverty and racism and the resulting trauma. That in turn often ends in mental health or substance use issues. A concrete example of families working on healing from these traumas is Jeanie de Vries, the daughter of a murdered woman. Together with Lorelei Williams, she started Butterflies in Spirit, a Vancouver dance group that raises awareness of violence against Indigenous Women and Girls and MMIW. Another example are memorial quilts made by family and friends, which honour their missing and murdered loved ones, raise awareness, and help with healing the grief.

<https://www.cbc.ca/news/indigenous/family-quilt-missing-murdered-women-1.3577010>

<https://www.facebook.com/pg/ButterfliesBIS>

<http://itstartswithus-mmiw.com/>

*Butterflies in Spirit, a Vancouver dance group that raises awareness of violence against Indigenous Women and Girls and MMIW*

*India:  
Addressing  
the needs  
of persons  
with mental  
illness  
through the  
eyes of  
families*

*India: A Home and Work*

Aasha is a non-profit organisation in Chennai, India, promoted and run by families of persons suffering from mental illness. In 1990, turning to each other for comfort, these caregivers wanted to create a forum for addressing the needs of persons with mental illness through the eyes of families. Now they run a home for 30 people that provides vocational training and rehabilitation. Aasha believes in empowerment through employment in a sheltered environment. Among other things, Aasha collaborates with the Abilis Foundation in Finland. Aasha strives to eradicate stigma through removing misconceptions and demolish the many myths that have made lives miserable for people connected with this illness.

<http://www.mhinnovation.net/organisations/aasha>  
<http://theaashafamily.blogspot.com/>

*UK: Rethink, An Organization Started by Caregivers: From A Letter to A Billion In Funding*

In 1970, Journalist John Pringle wrote a column in the UK Times about his son's experience of schizophrenia. 400 people contacted John in response. This resulted in the founding of the National Schizophrenia Fellowship. In 1989, they drafted the Schizophrenia Aftercare Bill, which, while ultimately defeated, was passed in the House of Lords and moved schizophrenia up the public agenda. In 1995, the organization produced *Silent Partners*, commissioned by the Department of Health, then the largest ever survey of the needs of people who care for someone with a severe mental illness. In 2002, the organization was renamed to Rethink. In 2006, Rethink unveiled a statue of Winston Churchill wearing a 'straitjacket of stigma' to represent his experience of depression. In 2016, the UK Mental Health Taskforce publishes its Five Year Forward Strategy. All of Rethink's 17 recommendations were accepted and the National Health Services committed to one billion pounds of new funding per year for mental healthcare by 2020/21.

<https://www.rethink.org/about-us/people-and-history/rethink-mental-illness-timeline>

*Spain: A Federation of 17 Family Organizations*

The Andalusian Federation of Family Associations was created in 1990. It evolved from criticizing the closure of mental hospitals in the 1980s to supporting changes towards community care and played an important role in mobilizing public opinion. It influenced regional members of parliament and helped to create a foundation responsible for community services, i.e. housing, employment and recreation. It played a similar role in speeding up the implementation of new mental health services. The principal activities of family groups involve advocacy for persons with mental disorders, self-help programmes for families and the provision of some services for patients, namely social clubs and recreational activities. Today, the Federation consists of 17 different non-profits.

[https://www.who.int/mental\\_health/policy/services/1\\_advocacy\\_WEB\\_07.pdf](https://www.who.int/mental_health/policy/services/1_advocacy_WEB_07.pdf)  
<http://feafesandalucia.org/>



### *Hong Kong: NAMI and more*

When Kim Ho's son was diagnosed with depression, she realized how little support there was in Hong Kong for families of people with mental illness. As a counsellor-in-training, she worked with others to start a group for families of those with mental illness, housed at the Methodist International Church in Hong Kong. This support group is still ongoing, assisting families who have to deal with something they are not prepared for. Mental health awareness is not as high in Hong Kong as it is in North America and the UK. This is why Kim has now handed the support group to Nathan Chau, and focuses on bigger-picture advocacy work. Combatting stigma is important to her; she was involved in "Mental Health Matters," Hong Kong's first ever conference on mental health, an event that spanned three days in 2017. Kim continues to work on mental health education and advocacy through Mind HK (<https://www.mind.org.hk>). She and her husband facilitate NAMI Family to Family educational sessions, and has also facilitated taught Hong Kong's first English-speaking Mental Health First Aid course.

<https://medium.com/mindhk/the-hong-kong-mental-health-conference-2017-a58c3e4a0945>  
<https://www.nami.org/find-support/nami-programs/nami-family-to-family>



### *Zimbabwe: The Grandmother Bench*

In 2005, Dr. Dixon Chibanda lost a patient to suicide. She was to come for an appointment but couldn't because she did not have the bus fare to the hospital where he worked. Chibanda realized he couldn't wait for people to come to him and started exploring the steps needed to take mental health into the community. It occurred to him that the people who were always there were grandmothers. They were already doing community work. The friendship bench formalized their role.

An evidence-based, culturally appropriate therapeutic intervention was developed, drawing on familiar concepts in the local culture while incorporating elements of cognitive behavioural therapy. Together with the grandmothers, they came up with key terms such as kuvhura pfungwa, which means opening the mind, and kusimbisa (strengthening) that formed the basis of the Friendship Bench. Sitting on benches outside health facilities, grandmothers provide six sessions of individual problem-solving therapy. They started with 14 grandmothers in a suburb of Harare; now they are in 70 communities. Watch the TED talk!

[https://www.ted.com/talks/dixon\\_chibanda\\_why\\_i\\_train\\_grandmothers\\_to\\_treat\\_depression?language=en](https://www.ted.com/talks/dixon_chibanda_why_i_train_grandmothers_to_treat_depression?language=en)  
<https://www.who.int/bulletin/volumes/96/6/18-030618/en/>

*“Mental Health Matters” - Hong Kong's first ever conference on mental health*

## “YOU HAVE TO BE IN IT FOR THE LONG TERM”

A member of the Richmond Family Advisory Committee tells her story

By Zach Finley

Marion’s story, like that of many family advocates for change, begins with deep concern for the suffering of her child. Her son started having mental health difficulties in elementary school. “It took us a long time,” Marion says, “to figure out that something was wrong.” Marion’s son continued to experience mental health challenges as a young adult, and Marion searched for professional help for him.

However, in seeking assistance, Marion experienced a lot of barriers. First and foremost, she tried to navigate a complex, sometimes bewildering system of care that was hard to access. “I was trying to find some help for him, and trying to figure out the system,” recalls Marion, but “he wasn’t ill enough for the mental health team.” He was referred to a psychiatrist, but she felt blamed and shut out, and her son didn’t form a lasting therapeutic relationship. At the same time, he continued to experience significant problems with his mood and his behaviour.

Marion saw a ray of hope when, for the first time, she read about Pathways, a clubhouse program for people with mental health concerns in Richmond. Pathways sounded inviting and friendly to her, and she suggested to her son that he visit. Eventually, he got up the courage to go, and at his first visit, he was told, “When you join, you’re a member for life!” With this warm welcome, her son began contributing his talents and interests to the Pathways Clubhouse. Though he still struggles, this was an important turning point.

As her son continued his journey, Marion continued hers. She investigated, learned more about available services, and connected with other parents in similar situations. Eventually, Vancouver Coastal Health invited her to apply for a newly forming Mental Health and Substance Use Family Advisory Committee in Richmond.

“Now,” Marion says, “I stick with the FAC because it’s supportive and validating” to work with other dedicated family members to improve family involvement with mental health services. Marion also appreciates the rewarding relationships she has forged with other members of the committee.

Of course, Marion has weathered significant challenges during her membership: “The biggest challenge is not having the information you need – not knowing the structure of the health system.” VCH worked with the Richmond FAC to provide information on its services and those of community partner agencies, but this shifting and complex landscape of services can be hard to keep track of. Additionally, aspects of the system that providers take for granted are often not so obvious to family members.

When asked about her proudest achievements to which she’s contributed as an advisor, Marion doesn’t hesitate: “The creation of a brochure for family members.” The brochure, entitled “When Your Family Member Comes to Hospital for Mental Health or Substance Use Treatment” (and available in English at <https://vch.eduhealth.ca/PDFs/CD/CD.200.W45.pdf> and in Simplified Chinese at <https://vch.eduhealth.ca/PDFs/CD/CD.200.W45.CS.pdf>) contains valuable information for Richmond families on acute psy-

*As her son continued his mental health journey, Marion continued hers*

chiatry, care teams, and community resources. The Richmond FAC partnered with VCH as part of the Richmond Mental Health and Substance Use (MHSU) Person and Family-Centred Care initiative (PFCC) to create the brochure as a new VCH Patient Health Education Material. This addressed a vital need, recognized by FAC members as a gap in information for families. When the FAC began the brochure project, they thought it would be relatively brief, and were surprised at the complexity of the decision-making in addition to the timeline needed to complete it. Though frustrated at times with the process, the committee members persevered, and this much-needed resource has now been distributed to all of the family doctors in Richmond, as well as being made available in the Richmond Hospital Emergency Room, inpatient mental health units, and online for VCH staff and the public.

Her advice to other family members who want to work for transformation of the mental health system is “you have to be in it for the long term.” Marion’s commitment has allowed her to see that change does happen through family involvement, if you stick with it. Seeing that change, for Marion, has been immensely rewarding: “What makes me volunteer is that I believe I can make a difference. It’s like [anthropologist] Margaret Mead said, ‘... a small group of thoughtful, committed citizens can change the world...’ “. Through Marion and the “small group of committed people” she works with, the worlds of Richmond families have changed, and are better for it.

*Change does  
happen  
through  
family  
involvement,  
if you stick  
with it*



*Patient and Family volunteers act in advisory and educational roles to improve the care experience*

## WHAT IS AN ADVISORY COMMITTEE?

By Becky Hynes

*Excerpts taken from Vancouver Coastal Health's Community Engagement Advisory Network Members Handbook*

A Patient and/or Family Advisory Committee is a group of people who meet to provide advice, and sometimes to accomplish a specific set of tasks. Committee membership is mostly made up of patient and family volunteers who have experience accessing a particular health service – e.g. mental health and substance use services. Additional committee members may include VCH staff, physicians, and members of partner agencies. Committees normally have a “chairperson” or someone who will lead the committee. This role can be shared by more than one person. At least one VCH/PHC staff representative is assigned to support the committee. Patient and Family volunteers act in advisory and educational roles to improve the care experience for patients/clients and their families. In the case of an advisory committee, the goal of engagement is to partner with advisors to work together in an ongoing basis, or until the project has completed.

Across our health authority, there are a number of Patient and/or Family Advisory Committees who are working with mental health and substance use (MHSU) services to improve the care experience for patients/clients and their families. These include:

- The Sunshine Coast MHSU Family Advisory Committee
- The North Shore MSHSU Family Advisory Committee
- The Vancouver MHSU Family Advisory Committee
- The Richmond MHSU Family Advisory Committee and Partners
- Providence Health Care's Eating Disorders Program's Patient and Family Advisory Committee
- **New** Regional Tertiary MHSU Family Advisory Group

There are different avenues for joining different advisory groups. For more information you can contact Becky Hynes at [becky.hynes@vch.ca](mailto:becky.hynes@vch.ca) to discuss or check out the websites below.

Vancouver Coastal Health's Community Engagement Advisory Network:

<http://cean.vch.ca/join/>

Providence Health Care's Patient and Family Partners:

<http://www.providencehealthcare.org/about-us/who-we-are/person-family-centred-care/patient-and-family-partners>

Patient Voices Network: <https://patientvoicesbc.ca/>

## A History Of The Vancouver Family Advisory Committee

By Pat Parker

The Family Advisory Committee in Vancouver was formed in 2004. It was the result of a long process, some eight years of families working with and lobbying for improvements in the way families were treated within the system. In 2004, Kim Calsafferri, Regional Manager for Rehabilitation Services, formalized the **VMHS Family Support and Involvement Plan**. Two critical recommendations of this plan were the establishment of a Family Advisory Committee (FAC) and the appointment of a **Coordinator for Family Support and Involvement**.

The FAC, for the next six years, worked to establish its role as an advisory body as well as the role of the family support coordinator within the system. The committee began to address the priorities of families that were identified in the Family Support and Involvement Plan. First on the list was identifying and addressing the challenges inherent in having family members included as partners in the care planning for their loved ones. It was a long, slow and at times frustrating process. We are grateful for the leadership of the family members whose efforts resulted in the creation of the committee and for their persistence and patience through challenging times.

The committee took action to meet other family needs identified in the plan. **Family support groups** were formed via contracted agencies such as BC Schizophrenia Society or Mood Disorders BC. The committee began sponsoring and organizing an annual **Family Conference** dedicated to educating about mental illnesses and navigating the health care system. (Susan Inman was instrumental in this; see her article on page 5.) Conference programs have incorporated keynote speakers, family presenters and interactive sessions with themes such as medications, housing, and care for the caregivers. The FAC continues to identify education as one of its top priorities. This year's conference, scheduled for April 27, is in the planning stages.

The position of tertiary family and client support coordinator was established in 2011. Sharon Marmion in this position and Gloria Baker as the community coordinator established a cooperative working relationship. The role of the family coordinator had grown, as had need for family support services. In 2012, the FAC submitted a proposal for the creation of a **Family Support and Involvement Team** to consist of a Manager for Family Support and Involvement, and coordinators for tertiary, acute and community services with mission *“to work collaboratively to establish a culture of family inclusion and involvement extending across acute, community and tertiary levels of care wherein service systems aim for navigational excellence and seamless transition as client and family needs change.”*

The proposal was accepted, representing a significant step toward working across barriers created by administrative silos within the health care system. A range of family support services and staff development goals were set. The FSI team works diligently in conjunction with the FAC. The team's work has resulted in education programs for families and staff, family support groups, focus groups, family participation in program evaluations and redesign, reviews and policy development, the family connections newsletter,

*We are grateful for the leadership of the family members whose efforts resulted in the creation of the committee and for their persistence and patience through challenging times.*

*VCH staff developed the Family Involvement Policy which addressed, at last, the number one priority of the family plan - the inclusion of families as partners in the care team.*

information brochures, handbooks and thousands of one to one contacts with family members in need of support. The FSI team facilitates communication between the FAC and leadership of VCH Mental Health and Substance Use services.

Two major changes in organizational structure and philosophy have taken place which significantly affected the work of the FAC. Firstly, there was the amalgamation (unification) of mental health and addiction services. The FAC made efforts to identify needs of families specific to substance use and welcomed the potential to address the needs of those with concurrent disorders. The second major shift across the entire health authority was a shift to a philosophy of family and patient centred care, which supported many of the FAC's goals and objectives

In this atmosphere, VCH staff developed the **Family Involvement Policy** which addressed, at last, the number one priority of the family plan - the inclusion of families as partners in the care team. Ongoing consultation with and input from the FAC contributed to finalize this policy in 2013. Subsequently, the committee has worked with the FSI team participating in and monitoring the implementation and practical application of the policy across care settings at all levels.

FAC has contributed to the development of **staff education** programs such as Heart and Soul, the orientation workshop for new staff. Members participate in presentations of this workshop which emphasizes family involvement. A **review of the status of the implementation of the policy** and recommendations for further support of the implementation process was submitted in June 2016.

As part of its role the committee has submitted a number of position papers and proposals including:

- 1) **Position Statement on the Model of Care** (2013) which outlines our opinions on the types of services and supports needed for clients and families and what structures would be most effective.
- 2) **Commentary on Psychosocial Rehabilitative Services** (2014) - In which we affirm and delineate the needs for expansion of psychosocial rehab services.
- 3) **Proposal for Establishment of Family Counselling Services** (2015)
- 4) **Response to the reorganization of Downtown Eastside Services** (2016)

Over the last five years the committee has continued to grow its capacity as an advisory body, deepening communications with leadership and providing input as requested for a variety of initiatives such as:

- \* development of education materials by Early Psychosis Intervention, and SAFER (suicide prevention)
- \* clinical practice guidelines, acute
- \* development of admission and discharge protocol in tertiary care
- \* educational brochures for families
- \* Segal hospital building design and planning
- \* Redevelopment ideas for Venture

- \* Family involvement in housing services
- \* Virtual care services development
- \* Reviews of acute, tertiary and community services

The current terms of reference state that “*the Family Advisory Committee will represent the diverse voices of families and act in advisory, advocacy and educational roles to Vancouver Coastal Health, Mental Health and Substance Use Services*”. As the VCH focus on patient and family centred care develops, the role of the Family Advisory Committee evolves and grows as well. Family engagement is more important than ever as we move into an era where the needs of clients and families will more directly determine the development and delivery of services. The FAC provides a channel for the flow of information from families to care providers and for care providers to reach out to families for support and direction. There is still work to be done and improvement to be made. We have come so far from the time when families had to fight to be heard to a time where we participate as partners in respectful collaboration in creating the best possible services and care for our loved ones.

*The FAC provides a channel for the flow of information from families to care providers and for care providers to reach out to families for support and direction.*

### **The Tertiary Family Advisory Group is looking for members!**

Tertiary MHSU Services are specialized services for people with complex needs related to their mental illness and often substance use. We are currently looking for family supporters and past clients who have experience of tertiary services who are interested in joining the Tertiary Family Advisory Group. These Services include: Willow Pavilion, Intensive Tertiary Rehab (ITR, Segal 4<sup>th</sup> floor), Sumac, BC Psychosis, Alder and Parkview.

If you would like more information please contact Becky Hynes at:  
604-313-1918 or [becky.hynes@vch.ca](mailto:becky.hynes@vch.ca)





## 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 Ciities, 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.

Notes: