

**INSIDE THIS ISSUE:**

**PAGE 2**  
**A MESSAGE FROM THE**  
**FAMILY ADVISORY**  
**COMITTEE**

**PAGE 4**  
**HIGHLIGHTS FROM THIS**  
**YEARS CONFERENCE**

**PAGE 6**  
**BRIEF ACTION PLANNING**  
**GUIDE & TOOL**

**PAGE 9**  
**CONFERENCE HIGH-**  
**LIGHTS CONTINUED**

**PAGE 12**  
**INTERVIEW WITH JUNE**  
**ARIANO-JAKES, AUTHOR**  
**OF ADDICTION – A**  
**MOTHER'S STORY.**

**PAGE 16**  
**FAMILY CONNECTIONS**  
**SUPPORT GROUP**

**PAGE 17**  
**ADDITIONAL FAMILY**  
**SUPPORT GROUPS**

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# Family Connections

EDITED BY BECKY HYNES JUNE 2019

## Whose Recovery Is It? CHALLENGES and HOPE

Did you miss the 2019 Family Conference on Mental Health and Substance Use? Have no fear, Family Connections is here! In this issue of the Newsletter, you can read about some of the highlights of this year's conference: *Whose Recovery Is It? CHALLENGES and HOPE*.

This year's conference attracted 197 attendees including family supporters, people with lived experience and health care providers. Sixteen different mental health and substance use organizations attended as exhibitors and brought with them a wealth of knowledge, information and research to share with conference goers.

The Family Conference is an initiative of the Vancouver Family Advisory Committee (FAC), which advises Vancouver Coastal Health's Mental Health and Substance Use Services. You can read more about the FAC and the conference organizers in the following pages.



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 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!

## A Message from the FAC...

**By Patti Zane, Chair of the Vancouver Family Advisory Committee**

The Vancouver Family Advisory Committee just hosted the 12th Family Conference. It was wonderful to be part of it; to meet and learn from truly amazing individuals from all facets of mental health and substance use. We could not have done it without the combined efforts of many FAC members and volunteers. Soon we'll start to plan our next conference. It's the perfect time to join the FAC!

In addition to organizing the Family Conference, the Family Advisory Committee partners with Vancouver Coastal Health to improve services for clients and their families. We are looking for volunteers who have experience with these services, and a strong desire to make things better.

*Are you a family caregiver or supporter of someone living with mental health and/or substance use challenges? Do you find yourself thinking about how "the system" could be working better to support you and your loved one?*

If this is you and you would like more information about what we do or how to get involved, please email [vancouverfac@vch.ca](mailto:vancouverfac@vch.ca).

-Patti Zane, Chair of the Vancouver FAC



***“The conference offers enormous support and hope for families who share many of the same challenges”***

## **HISTORY OF THE FAMILY CONFERENCE: Interview with long time conference organizer Holly Horwood**

**By Becky Hynes**

### ***When and why did the conference start?***

I was on the Family Advisory Committee (FAC) in 2005-2006 when the planning of the first family education conference was initiated. Susan Inman, a long-time advocate for serious mental illness, and new FAC member at the time, came to the committee with a proposal for an educational conference. She had attended a NAMI (National Alliance on Mental Illness) conference in 2005 and came away from that convinced that families in the Coastal Health region wished to have similar access to information on mental health resources and coping strategies. (At that time, the FAC mandate did not include Substance Use as it does now).

Susan drew up a proposal for a one day conference and shared it with members of a Mothers Group with whom she was affiliated; they provided written endorsements of the idea. The FAC voted to sponsor the conference.

The first conference included a panel on educational supports, which had a surprising ripple effect. It became evident in listening to the speakers that different post-secondary institutions had different policies about services for students with mental illnesses. These differences led to the disability counsellors forming a special provincial committee to figure out what best practice should be.

Over the years, FAC Family Education Conferences have dealt with numerous topics, from housing needs to communication skills in dealing with loved ones with an addiction and/or mental illness.

### ***Why do you volunteer your time to organize the conference?***

I volunteer my time to assist with the conferences because I believe it is the single, most important role of the Family Advisory Committee.

There is such a thirst for information from families with loved ones with mental health and/or substance use issues. The FAC conferences offer enormous support and hope for families who share many of the same challenges.

### ***What is your favourite part of the conference?***

My favorite part of the conference is usually the Panel presentation which features life stories and perspectives of individuals with lived experience. However at this year's conference entitled "Whose Recovery Is It?" I was enthralled by speaker Fran Kenny, founder of "Parents Forever" who offered practical advice on maintaining our own well-being as parents while accepting and loving our ill relatives

## HIGHLIGHT'S FROM THIS YEAR'S FAMILY CONFERENCE

By Becky Hynes

The following session summaries include live tweets from our Family Conference Tweet Team, Iva Cheung and Isabella Mori. They are short, in-the-moment recordings of the presentations. *(see italicized text)*

### Addiction and Serious Mental Illness: Two Challenges Under the Same Umbrella

Dr Julian Somers presented on some of his research on concurrent disorders and homelessness. He highlighted the importance of harm reduction in addressing health and homelessness.

*"Harm reduction" as a term has become associated with specific practices—needle exchange, safe consumption sites, opiate agonist treatment—instead of a process (which is how it started). Harm reduction is not a noun; it needs to be a verb. It is a process, one step at a time; from excess, to moderation, to abstinence. - Dr Somers.*

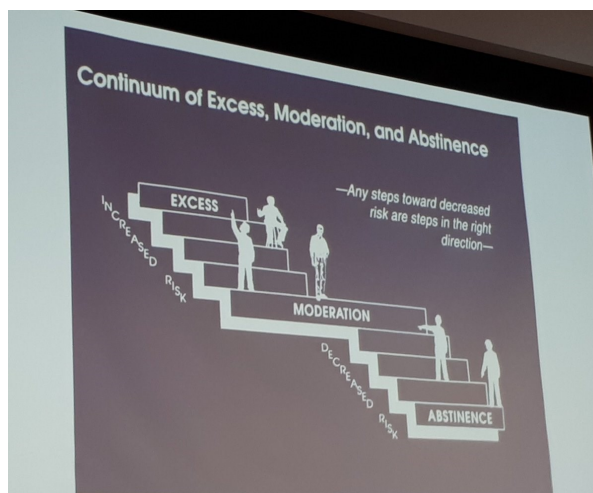
Building Recovery Capital is essential to this process. Recovery capital refers to the resources people need to make change:

- ◆ social: relationships (support from & obligations to);
- ◆ physical: property (including housing) money (being able to move away);
- ◆ human: skills, health, aspirations, hopes, resources;
- ◆ cultural: values, beliefs, attitudes

Drug treatment works for people who already have large amounts of recovery capital. For people who don't have that—those who are precariously housed, are homeless, have additional mental illness—drug treatment isn't that effective.

*Housing first* is an approach that has been shown to be effective in promoting recovery for clients who have serious mental illness and experience homelessness.

Housing First involves providing support to clients in regular market rental apartments. The approach puts a strong emphasis on client choice regarding both housing and the individuals own recovery process. Outcomes of Housing First include positive impacts on housing stability, client satisfaction, and reduced health/social service costs.



*"The health system is not able to compensate for homelessness."*

*Dr. Julian Somers*

*The average street homeless adult with severe addiction or mental illness in BC costs the public system >\$55,000 per year. Providing adequate housing and supports can reduce this cost to \$37,000 per year.*

Dr Somers, MSc PhD RPsych (C) is a Professor in the Faculty of Health Sciences at SFU and the Founding Director of the Centre for Applied Research in Mental Health and Addiction and founder of the Somers Research Group. For more on Dr Somer's Research go to:

<http://www.sfu.ca/somersresearchgroup.html>

## Foster Confidence to Make a Change

Sam Burnett presented on Motivational Interviewing and Brief Action Planning.

Motivational Interviewing is a way of speaking and interacting that supports change. The spirit of Motivational interviewing can be summed up by the acronym **C.A.P.E.**

**Compassion:** caring about what is important to another person and feeling moved to help them.

**Acceptance:** respecting another person and their right to change or not to change.

**Partnership:** working together with another person and recognizing them as equal. Motivational interviewing and brief action planning not something you do \*to\* someone. It's something you do with someone.

**Evocation:** bringing out another's ideas, strengths, knowledge about the situation and themselves. This can include encouraging to explore.

*Motivational interviewing is not so much about helping people to achieve a specific goal but to strengthen their overall ability to make desired changes (their self-efficacy). It is free of advice and judgment, pushing and threats.*

Brief Action Planning is a self-management support technique based on the principles and practice of motivational interviewing. Brief Action Planning (BAP) is good for people who have an idea of a change they want to make. It is not so good for a change they're ambivalent about. Start with this question: "Is there anything you would like to do for your health in the next week or two?"

Check out the Brief Action Planning Guide and Action plan in the following pages.

Sam Burnett is a Brief Action Planning Trainer and Director of Programs CCMI, Center for Collaboration, Motivation & Innovation.

## The Brief Action Planning Guide

### A Self-Management Support Tool for Chronic Conditions, Health, and Well-being

8 Aug 2016

*Brief Action Planning is structured around 3 core questions, below. Depending on the response, other follow-up questions may be asked. If at any point in the interview, it looks like it may not be possible to create an action plan, offer to return to it in a future interaction. Checking on the plan is addressed on page 2. Question #1 of Brief Action Planning is introduced in interactions after rapport has been established.*

1. Ask Question #1 to elicit ideas for change. "Situation" may be substituted when appropriate.  
***"Is there anything you would like to do for your health in the next week or two?"***
  - a. If an idea is shared and permission received, help the person make the plan SMART - Specific, Measurable, Achievable, Relevant and Timed. You may need to explain what a plan is.  
***"Many people find it useful to get very specific about their plan. Would that work for you?"***  
With permission, complete as many details as are welcomed or helpful.  
***"What?"*** (type of activity, specific behavior or action; consider giving an example or examples if useful.)  
***"When?"*** (time of day, day of week)  
***"Where?"***  
***"How often/long/much?"*** (often: once, three times, five times; long: minutes, days; much: servings, meals)  
***"When would you like to start?"***
  - b. For individuals who want or need suggestions, offer a behavioral menu.
    - i. First ask permission to share ideas.  
***"Would you like me to share some ideas that others have used or that might fit for your situation?"***
    - ii. Then share two to three ideas ALL AT ONCE. The ideas are relevant to their goal, not too specific, and varied. Use the last idea to prompt one of their own.  
***"Some things you might try are \_\_\_\_\_, \_\_\_\_\_ or maybe you have an idea of your own that occurs to you now."***
    - iii. Then ask what they want to do.  
***"Do any of these ideas work for you?"***
    - iv. If an idea is chosen, with permission, specify the details in order to make the plan SMART (1a above).
  - c. After the individual has made a specific plan, elicit a commitment statement.  
***"Just to make sure we both understand the details of your plan, would you mind putting it together and saying it out loud?"***
2. Ask Question #2 to evaluate confidence. The word "sure" can be substituted for the word "confident." Words, gestures, images or analogies (such as climbing a mountain) can be substituted for numbers. Scaling confidence without numbers often requires judgment. Use non-verbal cues and clarifying questions as needed to make an assessment about whether or not the person may or may not benefit from further problem-solving.  
***"I wonder how confident you feel about carrying out your plan. Considering a scale of 0 to 10, where '0' means you are not at all confident or sure and '10' means you are very confident or very sure, how confident are you about completing your plan?"***
  - a. If confidence level is greater than or equal to 7, go to Question #3 below.  
***"That's great. It sounds like a good plan for you."***
  - b. If confidence level is less than 7, problem solve to overcome barriers or adjust the plan. Explain the reason to boost confidence.  
***"5 is great. That's a lot higher than 0, and shows a lot of interest and commitment. We know that when confidence is a 7 or more, people are more likely to complete their plan. Do you have any ideas about what might raise your confidence to a 7 or more?"***
  - c. If they do not have any ideas to modify the plan, ask if they would like suggestions.  
***"Would you like to hear some ideas that might raise your confidence?"***
  - d. If the response is "yes," provide two or three ideas (behavioral menu). Often the following menu applies:  
***"Sometimes people cut back on their plan, change their plan, make a new plan or decide not to make a plan. Do you think any of these work for you or is there an idea of your own?"***
  - e. If the plan is altered, repeat step 1c and Question #2 as needed to evaluate confidence with the new plan.





3. Ask Question #3 to arrange follow-up or accountability.  
***“Would it be useful to set up a check on how it is going with your plan?”***

If they want to check, make the follow-up plan specific as to day, time and method (with themselves, with another via phone, email, in person, etc.)

#### Checking on Brief Action Planning

1. First ask, ***“How did it go with your plan?”***
  - a. If they completed their plan, recognize (affirm) their success.
  - b. If the plan was partially completed, recognize (affirm) partial completion.
  - c. If they did not try to do their plan, say, ***“This is something that is quite common when people try something new.”***
2. Then ask, ***“What would you like to do next?”***
  - a. If the person wants to make a new plan, follow the steps on page 1. Use problem solving and a behavioral menu when needed.
  - b. They may want to talk about what they learned from their action plan. Reinforce learning and adapting the plan.
  - c. If the person does not want to make another action plan at this time, offer to return to action planning in the future.

#### The Spirit of Motivational Interviewing

The Spirit of Motivational Interviewing underlies Brief Action Planning.

- **Compassion:** Caring about what is important to another person and feeling moved to help.
- **Acceptance:** Respecting another person and their right to change or not change.
- **Partnership:** Working together with another person and recognizing them as equal.
- **Evocation:** Bringing out another’s ideas, strengths, and knowledge about the situation and themselves. This can include encouraging to explore.

Adapted from Miller W, Rollnick S. Motivational Interviewing: Preparing People for Change, 3ed. 2012.



*Brief Action Planning was developed by Steven Cole, Damara Gutnick, Kathy Reims and Connie Davis.*



## Taking Care of My Health or Well-Being

16 Mar 2015

Today's Date: \_\_\_\_\_

My health or well-being goal is: \_\_\_\_\_

### 1) Make an action plan:

Is there anything you'd like to do for your health or well-being in the next week or two? If there isn't anything you'd like to do for your health or well-being right now, you might want to consider this again in the future. If yes, fill in the following details. Some of these may not apply. Try to be as specific as possible.

| My Action Plan                                                                                                      | My Answers | Comments |
|---------------------------------------------------------------------------------------------------------------------|------------|----------|
| What would you like to do?                                                                                          |            |          |
| Where?                                                                                                              |            |          |
| When and how often?<br>(What time of day will you do this? If it happens more than once—how often will it happen?): |            |          |
| How long or how much?<br>(minutes, servings, etc.)                                                                  |            |          |
| When will you start?                                                                                                |            |          |

### 2) Review your plan

2a) How sure or confident are you that you will be able to accomplish your plan?

Not sure at all 0 1 2 3 4 5 6 7 8 9 10 Very sure

\*Note: If you chose 6 or lower, go to question 2b. If you chose 7 or higher, go on to question 3.

2b) How might you change your plan to make it possible to raise your number to 7 or higher?

### 3) Check how you are doing

I will do this myself

I will check with someone else (a family member or a healthcare team member)

Who is that person? \_\_\_\_\_

How and when would you like to check in (i.e. in a week or a day, by phone or in person)

\_\_\_\_\_

Adjust your plan as needed. Remember to celebrate things that went well!



CCMI

www.centrecmi.ca  
info@centrecmi.ca



## HIGHLIGHT'S FROM THIS YEARS FAMILY CONFERENCE cont.

### Best Practices in Action: The Perspective from Vancouver Coastal Health

Monica McAlduff presented on Vancouver Coastal Health's strategic priorities and the work of the Regional Mental Health and Substance Use Program.

#### VCH Strategic Priorities:



##### Exceptional Care

Wrapping care around the person for the best outcome.



##### Great Place to Work

Coming together to build a great workplace.



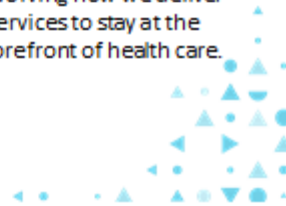
##### Convenient Health Care

Responsive care in the best setting: hospital, community or home.



##### Innovation for Impact

Evolving how we deliver services to stay at the forefront of health care.



Wrapping  
care  
around  
the  
person for  
the best  
possible  
outcome

The Regional MHSU Program is responsible for ensuring that mental health and substance use services are coordinated across Vancouver Coastal Health's three *communities of care*: Richmond, Vancouver and Coastal. This means making sure that the right kind of services are being provided to meet the needs of our population, and that specialized services are available to everyone across the health authority.

The Regional MHSU Team is currently working on a number of projects including;

- ◆ implementing recent recommendations from the Ombudsperson's Report on the Mental Health Act
- ◆ developing virtual care options for MHSU (Kelty's Key, MindHealth BC, Virtual Care Planning)
- ◆ planning services to support people with Autism Spectrum Disorder
- ◆ establishing a concurrent disorders strategy for the health authority
- ◆ coordinating the implementation of Trauma Informed Practice
- ◆ expanding Early Psychosis Intervention
- ◆ reviewing Tertiary MHSU Services

Monica McAlduff, Director, Mental Health and Substance Use, Vancouver Acute, Tertiary and Urgent Services

## "Hope for Families: Keys to Lasting Strength"

Frances Kenny, the founder of Parents Forever support group spoke about supports for families, and the importance of focusing on what families need in their own right. She encouraged families to get support early on in their process.

*"Your recovery and their recovery, think of it as a parallel journey. If they are stuck right now, what could you be doing in the meantime? Getting help, education and support for yourself - often this is the only change that is possible – or within your control."*

Frances highlighted the importance of ongoing support. You need to have regular support as a family member. That's part of what fills up your gas tank. Regular mutual support groups provide safe and confidential place for family members to come together to share experiences, wisdom, and courage. Families can learn new ways of coping, receive emotional and practical support in a judgment free environment.

At Parents Forever, part of each support meeting is devoted to successes. The largest part of the meeting is devoted to problem solving in breakout groups, giving family members individual time to work on specific issues.

*How are families affected by the day-to-day challenges of supporting a loved one with a mental illness or substance use disorder?*

*Emotionally: similar to stages of grief*

*Physically: continuous stress and anxiety leads to health problems...spiritually: connections with families & friends compromised*

*Financially: work life affected, finances devoted to helping loved one*

*How do families stay strong?  
A good Family Toolkit includes:*

*Education*

*Information*

*Support*

*copng skills/strategies*

*Hope*

*If things stabilize, action*

*"We decided very early on that support groups are NOT about advocacy. They don't discuss service gaps or policy. All about giving families support. "*

If a family member is feeling stable enough, taking action can be empowering—getting involved in the family advisory committee, making sure family voices are consistently heard.

*Being a family member of someone with a mental health and/or addiction issue is a rollercoaster ride. It's a trip you don't want to make solo.*

**Parents Forever** 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) .

<https://www.parentsforever.ca/meeting.html>

## **“Whose Recovery Is It?” Moderator: June Ariano-Jakes Panelists: Daina Baldwin, Frances Kenny, Mitch Budreski, Dr. Nancy Miki.**

Here are some of our favourite quotes and tweets from this year’s panel discussion...

*People start using substances because of pain. The physical we can understand, but the emotional we don't talk about much. "We have to stop keeping secrets," says Ariano-Jakes.*

*We can feel guilty taking care of ourselves when someone we love is struggling. But "taking care of ourselves isn't a luxury. It's a necessity." – F. Kenny*

*How do we balance the right to be well with the right to make bad decisions? -Dr Nancy Miki*

*A book recommendation “Just Like Someone Without Mental Illness Only More So: A Memoir” by Mark Vonnegut, Kurt Vonnegut’s son*

*"I don't think I've ever met anyone who is truly hopeless" says Dr Miki.*

*Families need to get support earlier, and get on their own path of recovery as early as possible.  
– F. Kenny*

*Inspiring talk by peer support worker Daina Baldwin - Says each person's recovery looks different. When she was first hospitalized, recovery meant being "normal" and not having symptoms. She now sees recovery as living her best life in spite of her symptoms.*

*"Recovery is such an individual concept. No-one can tell another person what their recovery should look like."*

*"Know you're not the only one, you don't have to do this alone - a message not only for families and person's with lived experience but also for Mental Health professions. Reach out to each other!"*

*One of the peer support workers recommends the book "Thinking, fast and slow"*

*A great resource for families - CRAFT Community Reinforcement and Family Training <https://motivationandchange.com/outpatient-treatment-for-families/craft-overview/>*

*Dr. Nancy Miki, talking about information sharing with family members: "Even if the Mental Health Act says it's legal" to share patient information, "doing so might damage the therapeutic relationship, and I have to consider that."*

*Dr. Miki tells patients that she needs their consent to share information, but she doesn't need their consent to listen to family members. She's open with family members that she's not in the business of keeping secrets.*

*Mitch Budreski says putting illness in clinical terms can help combat stigma. Makes clear it's not a moral choice. Some treatments of severe mental illness can interfere with a person's sense of self. The distress this can cause has to be acknowledged. Things aren't automatically better because symptoms of psychosis subside.*

***“Some-  
times we  
have to  
carry hope  
for our  
friends and  
families  
who can't  
muster it  
at the mo-  
ment.”***

***“There has been a phenomenal shift in how the public views mental health conditions and addictions. More and more people are speaking out.”***

## **“DON’T ISOLATE YOURSELF IN YOUR WORRIES”**

**An Interview with June Ariano-Jakes, author of *Addiction – A Mother’s Story*.**

**By Isabella Mori**

Ms. Ariano-Jakes shared some of her own life experience before moderating the panel at the end of the conference. The following is a post-conference interview with her.

***What did you find useful about this particular conference?***

Conferences such as the 2019 Family Conference on Mental Health and Substance Use are particularly valuable to families in providing updated information that many may not be aware of. It also provided a chance to ask questions and feel heard. Those in attendance are able to ask questions in a “safe” setting where there is no feeling of judgment or stigma.

When professionals set aside time for conferences, it is because they truly have a vested interest. You do not go into this field of work unless you truly care about people - the patient or client.

Often times the people most in need, are fighting any available help or support all the way. This career choice may look like a thankless job, but when you hear the professionals speaking, as family members you realize they are looking out for your loved one. As a family, you are not in this alone.

At times during the conference, you could sense that some people felt we are not making progress. This conference in particular allowed the sharing of information showing just how far we have come, in just the last five years for example.

There has been a phenomenal shift in thinking – in how the public views mental health conditions and addictions. More and more people are speaking out. Many more people are discussing addictions and mental health within their family unit.

As a society we are taking addiction and mental illness “out of the closet” in a sense – people no longer feel it is “the dirty little secret” that even just a year or two ago was common.

This conference provided information on harm reduction, and the importance of trust between the doctor and the patient, which is crucial.

I understand families want to know what is happening. I get that. As a family, no one besides the patient receiving care has more at stake in their treatment. However, what is more important – getting the information about our loved ones care and treatment or allowing that loved one to feel safe in knowing that their discussions are between the doctor and themselves and is privileged. Failure to understand that puts those needing help most at risk.

They have to know that their right to privacy is respected. Failure to provide that “privacy safety” could mean the difference between someone accessing help or refusing it.

The discussions and talks during the conference validated that. At the same time it allowed the family members a safe place to voice their frustration with that while learning why it is so vitally important.

***“My  
answer is  
in the  
form of a  
story...”***

***As someone who frequently interacts with people with severe substance use/mental health issues, what is one little thing that an individual/supporter can do for them? What do they need most from the system?***

My answer is in the form of a story ....

A couple of years ago while working in the Whalley area of King George Blvd and 108<sup>th</sup> Ave, while doing outreach – I heard about a woman that had recently be released from the penitentiary. I didn't know her when she lived in that area years ago, so I only “knew” what I was hearing.

That she was mean, aggressive, a bully, eager to fight, etc.

One day I saw her sitting on that corner leaning against the building with her backpack and contents spread out in front of her.

I put a few personal care items in a bag and walked across the street to offer them to her. This was out discussion:

“Hi, how’s it going”?

“Get lost”

“Oh that good eh”?

“I hate you church ladies, always wanting to save the junkies”.

“Oh I’m no church lady and I definitely can’t save anyone. I just wondered if you could use a few items”.

“Get lost”.

“Okay, well you take care”.

The next day I saw her sitting in that same basic spot so I thought I would give it another try.

I walked over and said, “Hey, how you doing today”?

“I told you to stay away from me”.

“Okay, well, you’re a phony”.

“Get lost. You don’t know nothing about me. You don’t know who I am or what I’ve been through”.

“You’re right I don’t. But what I do know if that you’re a phony”.

She got up, walked right up to me and said, “Yeah, well F-you”.

And I left.

***“Those  
needing  
love the  
most, are  
often the  
ones who  
appear  
most  
unlovable”***

Now the next day I saw her sitting in the exact same place. I knew she was waiting for me. I knew she had a question for me. Otherwise, she would have picked a different place to sit.

You know it was one of those times when you think to yourself, “I’m making progress. We are communicating”.

Anyways, I proceeded to walk across the street and as soon as I reached the other side, she stood up, angry and said, “Yesterday you called me a phony. Why would you do that? You don’t know nothing about me”.

And I said, “You are right. I don’t know anything about you. Except that you’re a phony”.

“F-you”.

“No, please let me explain. The other day I watched as a little boy and his mother walked by you on the street. The little guy fell and he started crying. I saw you reach into your backpack and had him a little stuffy. And he stopped crying.

Now I know that everything and anything of any value to you is in that backpack. And so I know that stuffy was important to you. And yet when you saw that little guy crying, you gave it to him.

You see, I think you are a really good person. I think you are kind and thoughtful and I think that ‘mean girl’ persona you flash about is your armor.

If you can keep people away from you, they can’t hurt you. So you wear this hard-core armor and it keeps people away.

I think you are a really kind person”.

“Yeah – well if you ever tell anyone that I will kick your a\*\*”.

I did the zip across the lips thing and in time we became really good friends. She would eventually allow me to cut the ‘rats nest’ out of her hair. She asked me to dye her hair purple and another time blue. I carried nail polish with me and when I would see her sitting on the sidewalk, I would paint her nails and then she would paint mine.

You see everyone in her life who should have protected her let her down. From the time she was a young child. She was used, neglected, abused. And eventually she learned that if she didn’t let people in, they could hurt her.

She wore that tough armor and it worked. No one wanted to be around her.

But she let me in. She made a comment once, “Everyone I ever trusted hurt me. I don’t trust no one except June. Her I trust. I’m a mess, but she always listens to me. She understands me, and she always gives me a hug and tells me she loves me, and I know she does”.

The reason I wanted to share that story is because often times those people who worked so hard to push you away, it is only because they have been repeatedly hurt by people that should not have hurt them. It is much more safe – to keep people away than risk letting them in and getting hurt.

And sadly that is exactly what so many people struggling do. Those needing love the most, are often the ones who appear most unlovable. It is crucial to make inroads. But you have to carefully judge the situation.



***“Never,  
ever give  
up. The  
miracle  
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hoping for  
may be  
just  
around  
the  
corner.”***

I fully believe that we have to meet people where they are at. We often have to go to them because they won't often come to us. For me, sitting on the curb talking to someone, or offering a haircut or a shave, has never served me wrong.

It is vitally important to do whatever we can to gain trust. And sometimes that is by being vulnerable ourselves. Once someone trusts you they are much more apt to allow you to help them. In whatever way is comfortable to them.

And again we have to accept what is, not what we may want it to be. But to be there and hopefully at some point be able to guide or help or direct that person to help.

***What do family members of people who experience severe substance use issues need the most from their immediate supporters? What do they need most from the system?***

We have to accept that each person will accept or handle their loved ones' mental health issues or addictions differently. While we wish everyone could be on the same page, that is not the reality.

We have to accept that each person's perception of a situation is their reality. What may be heart wrenching grief for a mother may come out as anger from a father, frustration from a sibling, alienation from extended family.

And while that is frustrating, we have to understand that each person is being affected differently and no one's pain is more or less than another's. We just all process differently, our personalities are different, and our basic understanding may be different. We can't judge anyone else's reaction.

We need to also remember that we are making headway – we all wish there was a magic formula – but there isn't – but every day I truly believe we are making progress.

Is it as fast as we would like? No. And many, many will continue to suffer and tragically die. But we are making progress and that is the message we need to share with families that are struggling. We need to continue to offer this support in a non-judgemental environment.

***What is your message of hope?***

Never, ever give up. The miracle you are hoping for may be just around the corner. You will never know when that day will come when your loved one is ready to get help, or when your loved one's medication finally connects the pieces.

Just never give up. And remember you are not alone. Reach out to those who understand your journey, because they too have walked their own journey.

We may not walk in each other's shoes but the path we travel is very similar. The most important thing is to not isolate yourself in your worries, in your times of devastation. Those times that seem impossible to be able to reach out are exactly those times when you must.

## Information on our wonderful exhibitors...

### Thank-you for coming out to share what you do with families!

**The BC Centre on Substance Use (BCCSU)** is a provincially networked organization with a mandate to develop, help implement, and evaluate evidence-based approaches to substance use and addiction. More info at: [www.bccsu.ca](http://www.bccsu.ca)

**Mood Disorders Association of BC** - <http://www.mdabc.net/>

**Vancouver Family Advisory Committee** - <http://cean.vch.ca/cean-at-work/vch-mental-health-substance-use-family-advisory-committees/>

**Family Support and Involvement Team, Vancouver Coastal Health**  
<https://www.spotlightonmentalhealth.com/family-involvement/>

**BC Schizophrenia Society** - <https://www.bcss.org/>

BCSS offers daily, weekly and monthly service to families through direct support phone calls/meetings, support groups, educational programs, and opportunities to volunteer in their communities. We are involved in public education and advocacy work to help reduce stigma and inform public health and safety professionals in our communities.

**Community Engagement Advisory Network, Vancouver Coastal Health** - <http://cean.vch.ca/join/>

**Canadian Mental Health Association (CMHA)** - <https://vancouver-fraser.cmha.bc.ca/>

**Alcoholics Anonymous** - <http://www.vancouveraa.ca/>

**Coast Mental Health** - <https://www.coastmentalhealth.com/>

**Mental Health and Substance Use Outpatient Services at VGH** provide assessment and treatment on an outpatient basis for people in Vancouver coping with depression, anxiety disorders, and personality disorders. This service includes SAFER (Suicide Attempt Follow-up Education and Research). At SAFER we see people who are coping with suicidal ideation, as well as family and friends who have suffered a loss via suicide. [http://www.vch.ca/Locations-Services/result?res\\_id=474](http://www.vch.ca/Locations-Services/result?res_id=474)

**Consumer Involvement and Initiatives, Vancouver Coastal Health** <https://www.spotlightonmentalhealth.com/>

**Early Psychosis Intervention Program, Vancouver Coastal Health**  
<https://www.earlypsychosis.ca/pages/help/vancouver-coastal-health>

**Imagining Inclusion Photo voice Project** - <https://imagininginclusion.ca/>

*A space in which family members can share their experiences with each other and feel supported*

## 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.

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

**TIME:** 6:00 – 8:00 p.m.

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

**For questions or more information please contact:**

[becky.hynes@vch.ca](mailto:becky.hynes@vch.ca), 604-313-1918 or

[otto.lim@vch.ca](mailto: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** - for family members supporting someone with serious mental illness. Meets 1<sup>st</sup> Tuesday of month. No meeting July & August. Starting September, the group will be meeting on the 2<sup>nd</sup> Tuesday of the month. Marpole Community Centre, 990 W 59th Ave, Social room -2<sup>nd</sup> floor, 7:00 – 8:30 pm

**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.

**Borderline Talks** - for individuals living with Borderline Personality Disorder (BPD) or Traits, and their loved ones. Every Wednesday from 6:00-8:00. Coast Mental Health: 293 E. 11th Ave., Vancouver, BC Contact: Coral More, [coralmore@gmail.com](mailto:coralmore@gmail.com)

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

#### **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**. 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.

**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)