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Your Family Support and Involvement Team

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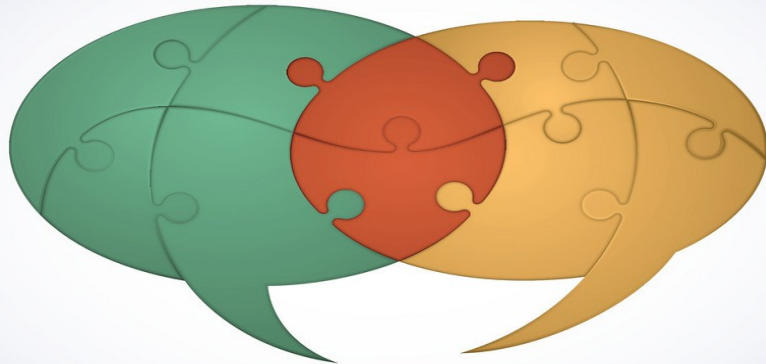
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Family Connections

EDITED BY BECKY HYNES . MARCH 2018

Talking with Doctors



And other Healthcare Providers

In this issue of Family Connections, we discuss partnership between healthcare providers and family supporters. You can read about some of the strategies that family supporters have found helpful in building partnerships with healthcare providers. We bring you a powerful story of recovery through partnership, and excerpts from an interview with Dr. JJ Sidhu, Deputy Medical Director for Vancouver Mental Health and Substance Use on the benefits of family involvement. Thanks for reading!

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)

Partnering with Health Care Providers: Strategies for Family Supporters

By Becky Hynes

When it comes to recovery, a good partnership between family supporters and health care providers can make all the difference in the world. It can be helpful to think of family involvement as a process of building these partnerships. Your approach to this partnership is going to change depending on how well the care provider knows your relative and how well they understand your involvement. In new partnerships with care providers you may find that you are focused on sharing information, advocating for your relative or for your ability to be involved in their care. Once a good partnership has been established, your approach may broaden and include things like getting involved in care planning, providing feedback on your relative's recovery, and getting the information and support you need to sustain your involvement.

This article highlights some of the skills and strategies that family members have found useful in their efforts to create such partnerships. It also provides some links to help you find more information.

Defining the Circle of Care

When speaking with a new care provider, it can be helpful to talk about your relative's circle of care; the people who provide support to your relative on a regular basis including health care professionals, family and other social supports. Explain your own role within this circle of care and the specific support that you provide. For example: Does your relative live with you? Do you help them get to appointments or access services in times of crisis? Do you speak to other care providers that your relative is involved with? Do you support your relative with day to day activities; grocery shopping, housekeeping, medication etc.?

Whenever possible, ask the care provider to discuss family involvement and information sharing with your relative, and do the same yourself. Try to come to an agreement about what information can be shared with you. Ask that this consent to share information is documented in your relative's health record. If you can't come to an agreement, let them know why you want to be involved, what kind of support you can provide and what information you need to safely provide this support.

When it comes to information sharing, you can always share information with care providers. This information is referred to as family collateral and is an important part of a mental health assessment.

*“Circle of
Care”
describes the
people who
provide
support to
the client/
patient on a
regular
basis.*

Providing information to care providers

Before speaking with a care provider, it is a good idea to write down your observations of your relative; changes you've noticed and any difficulties they've been having. Helpful information to include:

- ◆ Recent changes in thinking, mood or behaviour; recent stressors (think housing, jobs/school, relationships, illness, deaths); substance use; changes to medication – have they been taking it?
- ◆ Historical information including; history of prior treatment, relevant family history, significant life events
- ◆ Feedback on your relatives progress with recovery

If your relative has not agreed to share treatment information with you, care providers can still share general information including: the nature of substance use and mental health problems, how to support someone experiencing symptoms, how to respond to difficult behaviours, how to get help in an emergency, and how to get help for yourself.

In addition to this, they can share information that you need in order to provide care to your family member. This is referred to as continuity of care. For example: if you help your relative take medication, you need to know what medication they are taking and possible side effects to look out for. This is why it is so important to explain how you fit into your relative's circle of care.

Questions to ask the doctor/care provider regarding family involvement

- ◆ What is your approach to working with families?
- ◆ When are you available for family meetings and/or phone calls?
- ◆ Is the family able to participate in care planning meetings and/or discharge planning meetings?
- ◆ How can we, the family, support the treatment plan?
- ◆ What is the best way to contact you? Who is the best person to contact if we have information, questions or concerns to share?

"I always ask the practitioner about her approach to involving families and ask to participate where appropriate. Often this requires challenging the premise that this can only take place if the client wishes or requests this involvement" – Family member

The policy encourages the involvement of family whenever possible and helps clarify information sharing between care providers and family members.

The Family Involvement Policy

Many family supporters have found it helpful to familiarize themselves with Vancouver Coastal Health's *Family Involvement in Mental Health and Addiction Services Policy*. This policy covers mental health and substance use (MHSU) services provided by Vancouver Coastal Health. MHSU programs offered through Providence Health Care are governed by similar guidelines. This policy encourages the involvement of family whenever possible and helps clarify information sharing between care providers and family members.

Some family supporters have had experiences with care providers who are unfamiliar with the Family Involvement Policy and reluctant to share information with family and/or involve them in care planning. If this happens, try to stay calm and curious and:

- ◆ Speak about past involvement you've had in the person's care and identify any care providers you've worked with so that your involvement can be validated. Explain how you understand your role within the circle of care.
- ◆ Explain that you are aware that Vancouver Coastal Health has a Family Involvement Policy and that you learnt about the policy through the Family Involvement Team. Ask the care provider to consult with the site supervisor about family involvement and information sharing. The Family Involvement Team is also available for consultation.
- ◆ Contact the site supervisor and/or a member of the Family Support and Involvement Team if you feel the staff member doesn't understand the Family Involvement Policy or remains reluctant to involve family members.
- ◆ Consider that the care provider may not be able to help you in this interaction, especially if they require additional support around the policy. Remind the care provider that in the meantime, they can always accept and document information provided by family.

Don't give up! Even if you encounter resistance during an interaction, ask for help and keep trying.

"I write everything down - dates of hospitalizations, outcomes of hospitalizations, diagnosis, medication, effects of medication, changes to medications, periods of wellness, and all the professionals who have been involved. This has helped me give good information to care providers in stressful times. It's also essential in making sure that the information doesn't get lost as my relative goes from doctor to doctor, team to team." – Family Supporter



Tips on getting the most out of meetings...

When arranging to meet with a doctor or other care provider, be sure to ask how much time you will have for the meeting. This will help you to prioritize your questions/concerns and ensure that the most important things get addressed. Think about how much time you need to share information vs having questions answered. Remember the doctor will have questions and information for you as well.

Before the meeting

- ◆ Write out bullet points of the information you feel is important to share with the doctor.
- ◆ Write down your questions
- ◆ If needed, plan to bring another involved family member who can help take notes and keep things on track or ask for support from a social worker or case manager who is involved

Commonly asked questions for the Doctor

- ⇒ What is the diagnosis? Are there any other possibilities that you are considering and if so what are they?
- ⇒ What are the treatment options? Which do you recommend and why?
- ⇒ What medication(s) are you going to use? Are there any side effects?
- ⇒ How soon will we know if the medication is effective? How will we know?
- ⇒ How can we help our relative manage distressing symptoms?
- ⇒ How will we know they are getting better? What can we expect to see and how long will it take?
- ⇒ When will discharge likely happen and how will the family be included in planning for discharge?
- ⇒ Who will be providing care after discharge?

During the meeting

- ◆ Take notes
- ◆ Be succinct and to the point, try to avoid lengthy stories
- ◆ Ask for clarification if there are terms, phrases or acronyms that you don't understand
- ◆ Watch the clock!
- ◆ Make a plan on how to communicate any additional information and/or questions that arise

*“Plan-
ning is
bringing
the future
into the
present so
that you
can do
something
about it
now.”
-Alan
Lakein*

For More Information:

You can find information on Vancouver Coastal Health’s Family Involvement Team here, along with the Family Involvement Policy:

<http://www.spotlightonmentalhealth.com/family-involvement/>

BC Schizophrenia Society’s tip sheet: Family Do’s and Don’ts

<http://www.bcscs.org/wp-content/uploads/DODONT.pdf>

On information sharing and consent:

Obtaining and Providing Mental Health Information: A Guide for Family Members

<http://www.bcscs.org/wp-content/uploads/Obtaining-and-Providing-MH-Info1.pdf>

Personal and Health Care Planning

By Becky Hynes

In times of crisis, supporting your relative with health care decision making can be much easier if there is already an agreement in place about what this should look like. This may be as simple as discussing family involvement with your relative and the care team when your relative is well, and having an agreement documented into their care plan or health record. It may be more involved, such as in the case of a Ulysses Agreement or Wellness Recovery Action Plan (WRAP), which are personal and recovery planning tools. There are also formal and legally binding agreements such as a Representation Agreement (RA9) that gives an individual legal authority to act on someone’s behalf in the areas of health and personal care decisions.

For Information on local WRAP groups :

<http://www.spotlightonmentalhealth.com/category/wrap/>

For information on a Ulysses agreement:

<http://www.heretohelp.bc.ca/visions/families-and-crisis-vol12/plotting-the-course-ahead>

For Information on Representation Agreements and other personal planning resources: [http://](http://www.nidus.ca/)

<http://www.nidus.ca/>

Talking With Your Doctor – A Workshop and Brochure

By Isabella Mori

From the web site <https://pcpe.health.ubc.ca/ourwork/ttyd/community#TWYD>

A wealth of evidence shows that patients have difficulty communicating with their doctors. Change can be realized through enhancement of communication skills and support to encourage and facilitate the use of these skills.

"Talking with Your Doctor" is an interactive workshop series that aims to help citizens communicate more effectively with their doctors. This project was developed to assist seniors, mental health clients and stroke recovery patients with Informed and Shared Decision Making and the PACE framework to improve their health care. The centerpiece of the workshops are trigger videos which illustrate a common patient-doctor encounter. In the videos patients use the PACE framework to resolve a communication problem. The videos are short (about 5 minutes) and have pauses after each scene to allow for group discussion. The Patient Voices Network and Langara College School of Nursing have adopted our workshop model and, with our support and workshop materials, facilitate workshops with various community groups across Lower Mainland BC.

If you are interested in one of those workshops, contact Amanda Berg at amanda.berg@vch.ca.

There is also a brochure that explains the PACE framework, namely:

- Presenting** detailed information about how you or your loved one are feeling.
- Asking** questions if desired information is not provided.
- Checking** your understanding of information that is given to you.
- Expressing** any concerns about the recommended treatment.

You can download the brochure here:

<https://pcpe.health.ubc.ca/sites/default/files/TTYD%20booklet.pdf>

Trust, Faith and Continuity of Care

By Jody Terweeme

Me and My Doc Talks is a VCH Speaker Series promoting best practice in mental health and substance use through showcasing stories of recovery and partnership between people and their physicians. The following is an abbreviated version of Jody Terweeme's presentation at the January 2018 "Me And My Doc" talk.

My family has a history of significant MH challenges. As a kid, my Mom took me to our GP with concerns about my OCD behaviours. We were dismissed with the admonition that she was an "over anxious mother" and I was merely looking for attention. This was the beginning of my distrust of doctors and the medical system. The cycle of stigma had begun.

Although an A student, bullying, a profound lack of self confidence and crippling anxiety took away much of the joy I might have experienced in school. In university, I began to flirt with suicidal ideas. Driving to school, I wondered if it might be better if "I didn't make that bend in the road." Naivete and poor self-esteem led me to make poor relationship decisions. I fell prey to being assaulted sexually and emotionally.

After an accident – not of my own making - my psychological wellbeing continued a steady decline. Although I had a psychiatrist, I experienced a nightmare of side effects from countless medications. Nothing seemed to help lift me out of my darkness.

I got married and had a child. Despite a history of mental illness, it took my psychiatrist and GP two years to recognize I had serious postpartum depression. No need to belabour the consequences this had on my marriage, my child and my role as a mother. And so began my history of hospitalizations.....

My response to medication was poor and I was now besieged with constant thoughts of suicide. ECT seemed the only recourse. However, the combination of inadequate meds with a lack of follow up care meant that it made little to no difference.

Leaving my marriage and moving to Vancouver gave me renewed hopes of wellness. They were dashed as I dealt with workplace bullying, financial, housing and legal concerns. Coupled with parental concerns, this led to sending my daughter back to her father in Ontario. That was the straw that broke the camel's back! In October of 2011, I was hospitalized again.

New medications. More side effects and poor outcomes. More ECT. During this time, support from my family remained unwavering despite the distance. By May 2012, I was deemed "well" enough to go home. However, I was assigned to a mental health team that failed me very early on. But, as often happens, out of darkness comes hope.

What happened next turned the tables. As an outpatient receiving ECT, I met Dr. Tham for the first time. I will never forget my first appointment with him. I was feeling overwhelmed after my discharge from hospital. I had no mental health professional to follow my "progress". The ECT was leaving me muddled and confused. Dr. Tham listened with intent and support as I babbled my way through our interview. By the end he simply said, "How about I become your follow up doctor?" I left the building, sat outside on a bench and burst into tears.

Even so, I ended up falling off the rails, even landed back in hospital. Maintaining wellness is far from a linear process. It often feels like I am walking a balance beam, carefully placing one foot in front of the other but painfully aware that one misstep could lead me over the edge. But fortunately, each time I have been able to regain my ground with a little more certainty.

My last course of ECT required about twenty treatments. I have no memory of them but friends and family tell me that I was very skeptical about it. Apparently, I slept a lot, had a flat affect, received lots of visitors but never remembered them. Fatigue and dark holes of memory loss are symptoms that still plague me, together with decreased mental stamina. But would I agree to this treatment modality again? Gosh, I hope it won't ever be necessary, but yes, I would. Together with medications that have finally agreed with me, I now feel like what I imagine it must be like to feel like a "normal" human being.

It didn't happen overnight. Progress is still a slow process but I now know that the ECT was just the "jump start" that my brain and body needed. (Pun intended!)

Over time, I've learned that I need to have faith and trust:
In my myself and my body's capacity to heal
In my ability to come to terms with my reality
In finding ways to assimilate the knowledge I've gained along the way
In my medical interventions and the health professionals involved in my care

And, finally, in my psychiatrist who has demonstrated the utmost faith and trust in me that I will find my way. This last point is particularly critical because for over five years Dr. Tham has been a most patient, engaged, compassionate, encouraging and non-judgmental caregiver. He has always treated me like a person and not a diagnosis. He has taken a genuine interest in getting to know me, what makes me tick, and who and what impacts my life.

It is the longevity and stability of our relationship that has contributed to getting me to where I am today. I can't emphasize enough that continuity of care — such as an ongoing relationship with a psychiatrist, counselling, and support programs in areas like life and social skills — is essential. Sadly, financial pressures in the system make it challenging to maintain that continuum.

A few years ago, I came across a quote from Nobel Prize writer Herman Hesse. He said "I have always believed and I still believe, that whatever good or bad fortune may come our way, we can always give it meaning and transform it into something of value." I could simply be angry and upset about how my mental illness has negatively impacted my life and those around me. I have chosen to see it as a gift instead.

This shift in mindset, and the support of others in my life, has helped me find the courage and ability to overcome the barriers that have held me back from achieving my full potential.

Without ECT, new medicines, Dr. Tham and the entire continuum of care, I am certain I would not be here today.

"It often feels like I am walking a balance beam, carefully placing one foot in front of the other but painfully aware that one misstep could lead me over the edge."

“It’s hard to get someone better in isolation”

By Isabella Mori

The following is an excerpt from an interview with Dr. JJ Sidhu, Deputy Medical Director for Vancouver Mental Health and Substance Use, Acute, Tertiary, & Urgent Services. I asked Dr. Sidhu about his interactions with family members.



How does a typical conversation with family members go?

I often try to connect with a patient’s family early on. It’s important to get information from them if at all possible. A patient’s admission can be such a distressing thing for all involved. When people come to the hospital, it’s usually one of the hardest times in their life. I am always grateful to family members who are involved. They can be a big part of the treatment plan. It’s helpful to have the consent of the patient to talk to their family but that’s not always possible. We can obtain collateral though, even if we’re not always able to say exactly what’s happening with the patient. I ask family what their thoughts are, what events lead to admission, and what kinds of things were happening in previous days, weeks and months. Family can have so much insight, knowing their loved ones so well. It’s important for health care staff to tap into that, as it may inform the next steps. I like to give family an idea of what a typical admission looks like and if the situation allows, give them my initial thoughts. They may have fears about the hospital and I want to know their concerns and address them in a clear and transparent way. I try to give them a rough estimate of how long the patient might stay. Sometimes it’s helpful to have several family meetings and ideally, involve the patient in those meetings.

What does family involvement look like, ideally?

If we can do the work early on and get input from family members, it can be really beneficial towards recovery. A collaboration between the patient, their family and the treatment team is a great scenario. Sometimes it’s the relationships within the family system that can contribute to stress and I try to get a sense of all of that. Sometimes I give passes for the patient to leave hospital temporarily with family. They can see how their loved one is doing and may return with helpful feedback. Some of the nuances of recovery and symptoms are better picked up by someone the patient knows well. It’s nice when the patient is receptive to that.

“I am always grateful to family members who are involved. They can be a big part of the treatment plan.”

What would you like family to do more of?

I'm always so impressed by the support families provide and how much they want to help. There's not a lot that I typically have to ask of them. When I give passes for the patient to leave accompanied by family, it's helpful if the family communicates how passes went. Also, we want families to bring up concerns regarding systems or care issues. Sometimes errors happen, but family members don't mention it because they don't want to be seen as "troublesome". I want to know of these things early on, as addressing them could potentially positively impact the patient's treatment.

What have you learned from families?

I feel very fortunate to work in mental health. I learn so much from families and patients. Through seeing the spectrum of wellness and suffering, I appreciate how similar we all are as people. We all want to be safe, secure, and healthy, no matter what background or culture. Expressions of caring - you don't need a translator for that. Meeting with a family reminds you that the person in front of you is so much more than a diagnosis, so much more than a patient, they're somebody that means a lot to others. They have identities, relationships, obligations as parents, siblings, and children. "An infection of the hand does not stop at the wrist." The family is the body. When a person is unwell, the whole family system suffers. My colleagues and I feel privileged to look after patients and their families from this perspective. It's very rewarding to see them find relief and get better as a whole. It can be difficult for someone to get better in isolation. The patient's family can be the best mental health support that they have.

What can the system learn from families?

We are trained to think specifically of the individual in front of us. It's their health that needs to be improved. Sometimes family is seen as a layer outside of that. I would challenge that. Our obligation is to think of them as a connected system. Of course, it's the individual's symptoms that are in front of us, but they are connected to all these people around him/her. When we see family it leads to a more robust outcome for the patient and there's a lot of value in learning from that.

"The patient's family can be the best mental health support that they have."

The Family Connections Support Group

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

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

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

DATE: Every first Thursday and third Monday of the month
TIME: 6:00 – 8:00 p.m.
PLACE: 2nd floor boardroom, Joseph & Rosalie Segal & Family Health Centre, 803 W 12th Ave (at Willow; can be approached from W 10th Ave, behind the Blusson Spinal Cord Centre at 818 W 10th Ave). A map is at

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

For questions or more information please contact:

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



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

Introducing the newest member of the Family Support and Involvement Team!

By Jennifer Glasgow Manager

I would like to introduce Joyce Minami as the new Vancouver MHSU Community Family Support and Involvement Coordinator. Joyce joins a team that includes Family Coordinators in Vancouver Acute (Isabella Mori) and also the Regional Tertiary program (Becky Hynes). The three coordinators, as well as myself as the program manager, meet regularly to coordinate and support family involvement work across our mental health and substance use service continuum.

Please join me in welcoming Joyce to this important role.

Q & A with Joyce Minami

What is your background?

I have been with VCH for over 10 years working in home & community care, acute and residential care in various roles that included social worker & case manager, clinical educator and project manager for the new Joseph & Rosalie Segal & Family Health Centre.

What does your role entail?

My job as a Coordinator is to support family involvement in community mental health and substance use services. Part of this is providing support to family members with navigating services, psychoeducation around mental health and substance use, support regarding caregiver burnout and coping strategies. I maintain the Family Connections Resource List, contribute to the Family Connections Newsletter, and participate in a variety of family education and support initiatives with the other Family Coordinators.

Another part of this role is supporting front line staff in understanding and implementing the Family Involvement Policy including group presentations and one on one family support.

Finally, I support the Vancouver Family Advisory Committee and their subcommittee work.

What are you looking forward to in this role?

Supporting families and encouraging their involvement in our system by bringing a unique lens of having worked in multiple capacities along the continuum of care.

How can we reach you?

I work part time: all day Tues & Thurs, Friday AM

Email: joyce.minami@vch.ca

Phone: 604-736-2881



Family Support Groups

Mood Disorders Association of BC – Mutual support groups for families of individuals living with a mood disorder. 2nd and 4th Tuesday each month, 7 - 9 p.m., Mount St. Joseph Hospital, 3080 Prince Edward St, Harvest Room A. Contact Suemay Black @ 604-251-2179

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

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

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

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

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

Family Support Groups

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

2nd Thursday of each month, 7-9 p.m. at Gilmore Community School 50 South Gilmore Ave, Rm 207. Please email graspvancouverarea@gmail.com to register.

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

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

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

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

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

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



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

NOTES