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# Family Connections

EDITED BY OTTO LIM DECEMBER 2018

## The Coping Issue

In this issue of *Family Connections* we focus on the theme of coping. We asked some consumers (persons with lived experience of mental illness and/or addiction) and family members to share their experiences and wisdom of how they cope with their situation. Coping Tips from Parents Forever is shared. We offer a questionnaire on personal resiliency and describe the factors which enhance our resiliency. We describe WRAP (Wellness Recovery Action Plan) and list some helpful books and websites.



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## Family Advisory Committee (FAC)

We're recruiting new members to join the FAC. The role of the Family Advisory Committee (FAC) is to represent the diverse voice of families within Vancouver Mental Health and Addiction Services with the objective of improving the care experience. Members have an opportunity to:

- Participate in the FAC monthly meetings;
- Represent families on various committees and working groups.
- Provide input on Vancouver Coastal Health policies, programs, and practices.
- Organize events for families (e.g. education, networking, etc).

If you are interested, contact one of the Family Support & Involvement Coordinators to receive more information.

## 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, and 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!

## Dispatches of Coping: Strategies, Wisdom, and Experiences from Family Members and Consumers

### By Otto Lim

The following dispatches have been generously shared by family members and consumers when asked about how they cope with their situation and what has been helpful.

#### **Carol – family member**

My daughter was diagnosed with bipolar disorder almost 10 years ago, when she was 19 years old. She was hospitalized 3 times (involuntarily once) in the earlier years, and again 3 years ago after being off medication for a couple of years. She is currently stable and taking medication regularly and doing well.

#### **What helps you cope with your family member's mental illness and/or addiction challenges?**

For me, the best coping strategy is going for long walks, it clears my head and relaxes me. Often I walk alone with our dog, or sometimes with my daughter or another family member or a friend.

Also, going for tea or coffee or having a visit with a friend or two regularly really helps. We don't usually talk about mental illness, for me it is helpful to have friendships, interests and a life away from thinking about my loved ones' illness. It helps me to try and stay positive. Watching a hockey game is a great diversion also! My favourite resource (so far) is a memoir regarding mental illness written by Mark Lukach called "My Lovely Wife in the Psych Ward". It describes the author's experiences with his wife's mental illness and is similar to what I went through with my daughter. He is a loving and dedicated husband who somehow is able to remain incredibly positive during their experience.

#### **What helps you cope with your family member during the holidays (e.g. Christmas)?**

During the Christmas season, I try to keep things as simple as possible and try to focus on what is important, which is getting together with friends and family in a relaxed way. This can be hard to achieve because of the busyness of the holiday season. I don't stay long at office parties, etc. and try to minimize late nights. Again, I try to get outdoors for walks and exercise regularly, this is probably the most important thing.

## **Shayesta - consumer**

### **What helps you cope with your mental health and/or addiction challenges?**

My anxiety disorder manifests as worry and reassurance-seeking behavior. To deal with my anxiety, I use different coping strategies. In the morning, when I am most anxious, I use grounding techniques, deep breathing, and medication to control the anxiety. During the day, I use other coping strategies such as a one-hour brisk walk, distraction techniques such as watching television or listening to music, and talking to family and friends. I take medications both morning and evening. Other strategies I am learning such as CBT are also useful to challenge my negative thinking. I also received provincial disability payments (PWD), and this helps me cope with my anxiety about my finances.

### **What can family members do to help you cope?**

Family members can develop knowledge about your illness and be empathetic and understanding of your illness. They can be good listeners, and kind, caring, and patient. For example, I talk to my uncle daily for support, in spite of him finding it difficult at times. Family members can help you cope with sources of stress. At the present time, my father helps pay the rent for my apartment, and this is very helpful to me.

### **How do you cope with your family members?**

Some family members are difficult to cope with, and some are not. My father and I do not connect very often. I accept that he is unable to change. I am an only child, and my mother died many years ago. I generally connect with my extended family such as my uncle and aunt, because they are more supportive and provide me some help in dealing with my affairs including my financial affairs. However, we do not discuss certain topics, such as my relationship with my father.

### **What helps you cope for the holidays?**

Due to financial stress, I do not go on trips or vacations for the holidays. My extended family generally has visitors from out-of-town for the Christmas holidays. I do not spend that much time with my relatives and their guests over the holidays, except maybe Christmas day. I go to church and I enjoy the church festivities with friends and acquaintances over the holidays. I cope by spending time with friends. I use my routine coping strategies over the holidays as well.

## **Family Member**

*“For coping, it always helps to remain calm, to listen and not argue. I think patience is easier when you come to realize that you can’t always control everything”*

## **Holly – family member**

We have a daughter who became ill in her very early teens and was diagnosed with schizophrenia at the age of 16. She is now 36 and her last hospitalization (one of eight) was in 2012.

### **What helps you cope with your family member's mental illness and/or addiction challenges?**

As parents, probably the single most valuable lesson we have learned – both for our own well-being and for our relationship with our daughter – is 'acceptance' of the illness. It hasn't been easy and has required much learning on our part, support from other families as well as guidance from Coastal Health and the Schizophrenia Society of B.C. However acceptance has enabled us to have resiliency even when times are very rough.

I would also say that we have strived to maintain our roles as 'parents' to an adult child. This basic premise has provided a guidepost for us over the years as she has matured: i.e. We remain involved, concerned and always her advocate as needed, but in the end we are parents – we cannot live her life for her. Our daughter must make the final decisions as to her choice of lifestyle, medication regime, financial issues and more. It's not always easy, and sometimes the balance shifts one way or the other, but we try!

Our individual coping strategies include practicing what we've been taught at Coastal Health's Family Connections eight-week program and that is to listen closely to what our loved one is saying regarding their goals, try not to be judgmental or leap too quickly to what WE want as their goals and dreams, and to praise our loved one when they take even a baby step towards their goal. I.e. That might be a resolution to help rake leaves at their apartment complex or get out every day from the house even for 30 minutes.

### **What helps you cope with your family member during the holidays (e.g. Christmas)?**

Christmas can be tough but we try to compromise. Our daughter refuses to come over for Christmas Eve dinner because we have extended family there as well, so we see her for a nice Christmas Eve dinner and also breakfast on Christmas Day with just our immediate family.

## **Name withheld by request – family member**

My grandson, Timothy (not his real name), went into foster care at age 14 after his mother died. He excelled academically and in playing football. He was offered scholarships to many Ivy League Colleges in the US. During university, he began to suffer from severe depression.

In 2013, because of his erratic behavior, he was sent to live with me, his maternal grandmother, at age 22. After three hospitalizations Timothy was diagnosed as schizoaffective. Off and on he went homeless, but he has spent most of the past 5 years with me. I believe he may have Chronic Traumatic Encephalopathy (CTE). He suffered many concussions from the age of eight when he started playing football. He denies he has a mental illness, and blames everyone and everything for his current situation. He moved into mental health housing two months ago.

### **What helps you cope with your family member's mental illness and/or addiction challenges?**

My greatest challenge was overcoming my FEAR of Timothy. On several occasions he threatened to kill me. I would lock myself in my room until his tirade would stop. One night while locked in my room, Timothy knocked on my door and said, "Grandma, I promise I will never hurt you." I started staying in the room with him while he experienced what I believe now are psychotic episodes. I would pick up my knitting and the FEAR would dissolve. Afterwards I would give him a hug and tell him I loved him. At first he pushed me away, but I never stopped trying to hug him until one day he accepted the gesture. He still has these episodes on his visits to me since moving into mental health housing, and I continue with this same practice. He has even started to tell me his feelings. When he first moved out he said, "Grandma, I am so lonely and sad." I just hugged him and told him he could stay overnight occasionally until he had adjusted to his new environment. For the past two weeks he has not stayed overnight, but just comes for short visits from time to time.

During Timothy's 5 year stay with me I had to assert myself as an AUTHORITY FIGURE. He was rebellious at first, but he gradually began to follow the rules I put in writing to him, since he refused to speak to me, as I said before, unless he was in a rage. He would sometimes write back, "this is dumb!" Eventually after leaving and going homeless a few times, he decided to follow the rules.

Support groups have been very helpful. I felt so alone at first. I lost both of my children: my son went missing two months before Timothy came up from the US, and my daughter, Timothy's mom, died ten months later. Going to BCSS, and enrolling in the Strengthening Families Together Program gave me the confidence to pursue other avenues of care for my grandson. I had to build up my confidence and not fear triggering an angry episode in order to try and convince Timothy he needed to go on PWD. I stopped asking him, but told him instead what I expected him to do. It took a lot of patience. Recently I began attending Family Connections group at VGH.

### **What helps you cope with your family member during the holidays (e.g. Christmas)?**

During the Christmas holidays, since both Timothy and I have lost loved ones, it seems best to just allow ourselves to do and be whatever feels best at the time. I put up a tree, and I go to church on Christmas Eve. Timothy has chosen for the past 5 years to fast on Christmas day, and does not want to open any gifts on that day, and stays in his room all day. On Boxing Day he eats his Christmas breakfast and opens his gifts. He always buys me a few gifts, and he gives them to me on Boxing Day. Before his illness Timothy used to enjoy family dinners with aunts, uncles, cousins, etc. but he has not attended any family Christmas Dinners since his illness. He does not have friends any more, and he has not made any since moving out.

To sum up my coping strategies: I listen, I love him, I practice patience, and I trust my intuition.

# re·sil·ience:

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

The US Department of Health and Human Services defines individual resilience as the ability to withstand, adapt to, and recover from adversity and stress. In other words, resilience can manifest as maintaining or returning to one's original state of mental health or well-being or reaching a more mature and well-developed state of mental health or well-being through the use of effective coping strategies.

Researchers in the field of resiliency, often studied under Positive Psychology, have listed some traits of resilient individuals as the following:

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

<https://positivepsychologyprogram.com/3-resilience-scales/#scales-resilience-scales>

## How Resilient are You?

By Otto Lim

Review the following statements. Circle each statement that you agree with. The more agreements you have, the more resiliency factors you demonstrate.

1. I feel my life has meaning.
2. I consistently maintain a positive point of view in my thinking.
3. I share my feelings and concerns with people whom I trust.
4. I find it easy to ask for and accept help from other people.
5. I am aware of my personal weaknesses and vulnerabilities.
6. I exercise at least twice a week.
7. I draw strength from having overcome previous challenges and tough experiences.
8. When I experience unwelcome negative thoughts I try to stop them.
9. I express my own emotions in a way that other can understand and accept.
10. When I experience anger and frustration, I manage my behaviour so that I don't damage myself or others.
11. When problem solving, I listen to people with views that are different to mine.
12. I am able to identify when I am stressed and take action to unwind.
13. I don't dwell on things that I can't control.
14. When experiencing difficult times, I make an effort to do things that are enjoyable, relaxing and recharging.
15. I am realistically optimistic about my own capabilities and limits.
16. I am good at recognising the things which I can influence and the things that I can't.
17. I take good care of myself.
18. I find it easy to talk openly to others and build relationships.
19. My intake of alcohol, tobacco or caffeine does not increase when I am stressed.
20. There are significant people, causes and faith in my life.

These questions explore resiliency factors such as

- Sense of purpose.
- Positive mental attitude.
- Connection with others.
- Determination.
- Taking control.
- Self care.

Adapted from 42-item Personal Resilience Questionnaire (PRQ) – not all PRQ questions were included.

## **Coping Tips from Parents Forever (reprinted)**

[www.parentsforever.ca](http://www.parentsforever.ca)

### **HOPE**

Keep hope alive.

Your child can recover and get their life back – others have.

Be patient. It may take a very long time.

Watch for signs of their old self – cherish these moments.

Keep hope alive for yourself. You can get your life back – others have.

You can learn to cope, even if your child continues to struggle – you can be “in recovery” years before your son or daughter.

There’s no downside to being hopeful.

Join a support group – you’ll hear stories to keep your hope alive (for your child and for you).

### **LOVE**

Love them as they are.

Show your love.

Stay in contact, if possible (hard if they don’t have a phone). For example, meet for lunch once a week.

Establish boundaries. Boundaries are personal, but some examples: Can’t live in our house. Only occasionally give money. Don’t respond instantly to every call for help – respond on your timetable.

Forgive them.

It’s hard to love if you are filled with anger and resentment, so deal with your own issues.

Phone calls & visits are great opportunities to show your love (and not your anger), so plan what you will say next time she calls, next time you see her.

Example: You are capable, you will survive, we love you, let’s get together for lunch on Saturday.

Write letters of love to him, in your journal.

Photos of her/him that bring a smile to your face on the fridge.

Love yourself – just as you are. Go easy on yourself.

Forgive yourself – we all make mistakes, continue to make them.

Take care of yourself and your possessions (locks on doors, safe).

Share the burden – talk about it with family, friends, colleagues. Join a support group.

Don’t put your life on hold. Enjoy yourself, look after yourself, have fun, enjoy friends. Don’t feel guilty about this. Give yourself permission to be happy and find some peace.

Keep healthy – physically and mentally.



## **ACCEPTANCE**

Accept them, as they are and everything about them (their addiction, their choices, that they could die, that they could be an active addict for years).

Accept that despite your best intentions and trying everything to get them to change, you cannot control them. You are part of their support team, (along with counsellors, police, judges, probation officers, etc) but they have to decide to make the change. Accept that you are powerless over the addiction.

It can take a long time to come to acceptance. It's the last step of the grieving process (denial, anger, bargaining, depression, acceptance).

Accept that this can be a long ride. Be patient, through the detoxes, recovery houses, relapses, jail, emergency room visits, etc.

Accept the relapse, □□ they gained something and grew from every moment in recovery, even if it only lasted hours.

Accept yourself, and all your weaknesses, and ALL your emotions (it's OK to be happy, it's OK to be sad). The sadness will pass.

## **OTHER STUFF**

Live in the moment.

Educate yourself– about addiction, about coping (whose list is it on, etc), about services available for homeless (food, shelter is available – they wouldn't starve).

Feel gratitude for all the positives in your life (family, friends, country, whatever).

## **WHEN YOUR CHILD IS IN RECOVERY**

It's a lot easier to cope when your child is in recovery, BUT, addiction is often just one layer of the onion. They probably have underlying issues: lack of education, no job, mental illness, criminal record, etc, so still important to use coping skills.

Keep hopeful, continue to love and accept your child and yourself.

Initial stages of recovery can be worrisome (will he/she relapse?). but enjoy it.

Relapse is part of recovery.

Recovery is a long process, be patient.

Stay positive.

## **A Wellness Recovery Action Plan (WRAP) for Families**

**By Isabella Mori**

The Wellness Recovery Action Plan® or WRAP®, is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. It was developed in 1997 by a group of people who were searching for ways to overcome their own mental health issues and move on to fulfilling their life dreams and goals. It is now used extensively by people in all kinds of circumstances, and by health care and mental health systems all over the world to address all kinds of physical, mental health and life issues.

WRAP has been studied extensively in rigorous research projects and is listed in the National Registry of Evidence-based Programs and Practices.

WRAP can help:

- Discover and design simple, safe wellness tools

- Develop a list of things to do every day to stay as well as possible

- Identify upsetting events, early warning signs and signs that things have gotten much worse and, using wellness tools, develop action plans for responding at these times

- Create a crisis and post-crisis plan

There is also a Family WRAP. Below are a few short suggestions of how to develop a WRAP for a family affected by mental health or addiction issues. It is based on the book *Family WRAP – A Wellness Recovery Action Plan™ for Families*, available at <http://mentalhealthrecovery.com/family-wrap/>.

### ***What is our family like when we're doing well?***

E.g. people are doing the chores they have agreed upon; family eats together at least four times a week

### ***Signs our family is in crisis***

E.g. extreme tension; some family members have gone back to behaviours that they had previously improved

### ***Who are the family supporters?***

E.g. extended family, case manager, teacher - Write down name, role, phone number, specific ways this person may be helpful

### ***Who is not supportive?***

E.g. unsupportive family member, ex-partners - Write down name, and if you want to, why they should not be involved

### ***Healthcare Providers, Medications etc.***

Write down each family member's important medications, supplements, healthcare preparations, and what they need them for (e.g. Paul takes 500mg Vitamin C every day and goes to Mainland Physiotherapy once a week for the arthritis in his right knee). Also write down key healthcare providers, e.g. family physician's name and contact info

### ***Home Care / Respite, etc.***

Develop a specific plan of possible actions your family can take in a crisis. E.g. "Ask Joey if he can take Woof the dog for a week" or "Buy lots of frozen pizza"

### ***Where to go in a crisis***

Where can you go in a crisis? Someone in the family may need treatment (Doctor? Counsellor? Case Manager? Access and Assessment Center?) or maybe some people just need to get away, e.g. to visit a friend for a few days

### ***What Helps***

List some things you can do that might help the family – e.g. watch a funny movie together, having time away from each other

### ***What Doesn't Help***

List the things that don't help your family – e.g. getting "fix-it" advice from other family members, pressure to continue with school, etc.

### ***Help with Chores***

In a crisis, even the simplest chore can be a real burden. What are the absolute basic things, who can handle them, who can help? E.g. Emma and Bob can take turns with the cat litter, and maybe Uncle Zach can help with the dishes when they pile up too much

### ***When the Crisis is Over***

List the signs the crisis is over. May be things related to the first question above – what are signs our family is doing well, e.g. family starts eating together again at least twice a week. Could be something else entirely – Jim is going out for a walk!

## **Books and Web Sites That Can Help You Cope**

### **By Isabella Mori**

Below are some books and web sites that can help you cope with the stress that can come with having someone in your life with a mental health or addiction challenge.

Loving Someone With Bipolar Disorder  
by Julie Fast

The Essential Family Guide To Borderline Personality Disorder  
by Randi Krieger

Beyond Addiction – How Science and Kindness Help People Change  
By Jeffrey Foote et al

Surviving Schizophrenia – A Family Manual  
By E. Fuller Torrey

Loving Someone With Anxiety  
By Karen Thieda

How to help a depressed friend – and when to stop trying  
<https://www.psychologytoday.com/ca/blog/embracing-the-dark-side/200906/how-help-depressed-friend-and-when-stop-trying-part-2>

Dealing with insomnia  
<https://www.keltyskey.com/courses/insomnia/>

How to cope when supporting someone else (with a mental health challenge)  
<https://www.mind.org.uk/information-support/helping-someone-else/carers-friends-family-coping-support/#.W-NkidJKjHZ>

When someone in your family has psychosis  
[https://www.earlypsychosis.ca/files/documents/02-EPI-Coping\\_Booklet.pdf](https://www.earlypsychosis.ca/files/documents/02-EPI-Coping_Booklet.pdf)

The Family Coping Kit – When Addiction Hits Home  
<https://www.heretohelp.bc.ca/sites/default/files/fgta-coping-kit-from-grief-to-action-when-addiction-hits-home-full.pdf>

## Planning as Coping

### By Becky Hynes

While most of us like to focus on the warmer, fuzzier forms of coping – spending time with friends, going for walks in nature, meditating, relaxing in the bath etc., truly effective coping also requires us to plan. Planning can help us make positive life changes, solve problems and reduce stress and anxiety about the future.

A big concern for families supporting a relative with mental illness and/or substance use concerns is, “*what will happen to my loved one after I am no longer around or no longer able to support them*”. Finances, housing, support with health care decision making, and day to day emotional and social support are all areas in which planning may be helpful.

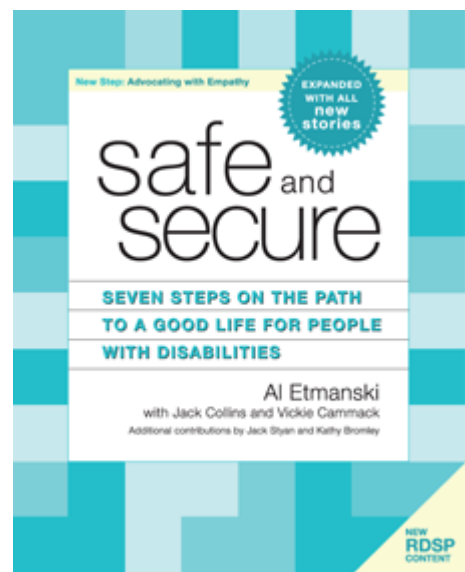
*Safe and Secure: Seven steps on the path to a good life for people with disabilities*, is a workbook for families trying to plan for the future. It contains information about personal planning and financial security, including information about the Registered Disability Savings Plan (RDSP). The workbook can be found online at <http://planinstitute.ca/learning-centre/publications/safe-and-secure/> and you can read more about the RDSP below!

## Money Matters: Financial Security for the Mentally Ill

### By Christopher Eltis, Consumer Advisor & Peer Support Worker

For people struggling with mental illness, money, or rather a lack of money, can be a vicious cycle. It can be difficult or impossible to work when one is unwell, and even during times of wellness there are many barriers to employment. A lack of money can exacerbate mental health problems. Provincial funding for a Person With Disability (PWD) includes an allowance of \$1,168 per month. Most PWD's are granted a monthly bus pass supplement of \$52 courtesy of John Horgan's NDP government. Key budgetary considerations for disabled persons include accommodation, food, clothing, personal care etc. Home and automobile ownership are now possible. The Ministry of Social Development and Poverty Reduction (MSD&PR) covers dental procedures, eye glasses, and medication needs.

Federal assistance is available through the Registered Disability Savings Plan (RDSP), an initiative sponsored by Jim Flaherty. Most Canadian banking institutions now offer the program. The beneficiary is allowed a maximum investment of \$200,000 but the money and contributions can be made until the beneficiary is 59. The government may contribute a yearly bond and grant of \$1,000 and \$3,500 respectively after an annual contribution of \$1,500 into the account. A twenty year window allows \$20,000 for the bond and \$70,000 for the grant which amounts to a maximum of \$290,000 in the account. Grants and



bonds are awarded only until the beneficiary is 49. Government funding is based on the extreme nature of the disability so one, both, or neither may be granted. The grant and bond are made retroactive meaning previous years of eligibility can be claimed. The money in the account is tax free. The interest earned and the government portion of the account is subject to taxation once the beneficiary is 59. A formula exists that calculates the amount that may be withdrawn annually. The money in the account can be invested in savings, Guaranteed Investment Certificate's (GIC's) or Mutual Funds, all are long term investments so the the interest rate reflects this.

To apply for an RDSP a Disability Tax Credit Certificate (form T2201) must be filed with the Canada Revenue Agency (CRA) every five years. This form is completed by a medical practitioner such as a Family Doctor. If the beneficiary withdraws money before the age of 59 he/she forfeits the government contributions.

This program is stellar. It provides the means for financial stability for a person with severe mental illness with less worry placed upon the loved one's caregivers. The RDSP program is not widely used because people are unaware of it. Everyone should consider enrolling in the program if mental or physical handicap is present in the family.



## 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, 604-313-1918 or otto.lim@vch.ca, 604 290-3817



*“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”*

## FAMILY SUPPORT GROUPS



**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 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.

**Parents Forever** – Support group for families of adult children 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)

**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.



# 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.

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.

**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](mailto:isabella.mori@vch.ca)) or Becky ([becky.hynes@vch.ca](mailto: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

**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)

## Notes:

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)

