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Mental Health & Supported Housing

People with lived experience and experts alike have all emphasized safe, stable, and supported housing as being key in the recovery journey of mental health consumers.

What exactly does “supported” mean in the context of VCH Mental Health & Substance Use services?

This Family Connections issue has lived/family experience and health care experts talk about housing, especially for people transitioning after hospital stays. We learn from an individual living with schizophrenia who has resided in many housing types, and from a family member about how housing and its lack has so impacted recovery. We hear from staff how intake for VCH Mental Health Housing works, and inform you of housing resources. Finally, we ask our leadership what new exciting initiatives are emerging, and take a spin around the globe for more innovative housing models.

Let’s take a look at what “home” might be for those on their journey of recovery.



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 substance use, sign up at 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!

An upcoming event that may be of interest to our readership:



BC MENTAL HEALTH & SUBSTANCE USE SERVICES

DEMYSTIFYING THE MENTAL HEALTH ACT

Presenters: Dr. Vijay Seethapathy and Kendra Milne

Host: Victoria Maxwell

The BC Mental Health Act, made simple. An opportunity to unpack and understand how the Mental Health Act is applied in practice from medical, legal, and lived experience perspectives.

This webinar is part of a quarterly webinar series from BCMHSUS.

The series is specifically designed to help patients and families better understand topics relating to mental health and substance use issues, or concurrent disorders.

Registration is **free** but required.

Event details

When: **Tuesday, February 22nd**

12:30-2:00 pm PDT

Where: Online via Zoom

Who is this event for: Anyone interested in learning more about the BC Mental Health Act.

Link to register: https://phsa.zoom.us/webinar/register/WN_qQ-thpf9TOinQTKrQ5UrEg

“If the Right Housing Can Be Found, The Path to Wellness is Within Reach”: A Mental Health Consumer’s Perspective

By Anonymous

My supported housing experiences range over a span of 19 years of living in various types of supported housing in Vancouver.

Beginning of the Journey

The start of my supported housing journey is quite common. After being admitted to the UBC Hospital “psychiatric” ward, I unfortunately lost my student housing at BCIT, where I was studying at the time. Later, I experienced re-occurring paranoid symptomology, which, again, landed me back in the UBC Hospital psychiatric ward. Over the years, I have felt an immense sense of gratitude for the services I received at the hospital, including their efforts in helping me find suitable housing given my medical circumstances. I was effectively homeless at the time and not in any position to secure housing for myself.



VISTA and more uncertainty

I was kept in the hospital until suitable housing could be found. The housing arrangement the hospital was able to secure for me was “Vista,” a 24 hours/day, 7 days/week staffed “supported living facility” in a large character home in Kitsilano. The accommodation consisted of a shared room with other females with psychiatric illnesses, with 50% of residents diagnosed with eating disorders and 50% with other mental illnesses. I was provided room and board with a supplementary \$84/month disposable income support cheque issued by the BC government.

Upon discharge from the hospital, to my dismay, I continued to suffer from some severe side effects, including uncontrollable involuntary limb movements from the psychotropic medications I was prescribed. The strict regulations required for living at Vista were such that one had to be fully compliant with the administration of medication exactly as prescribed. In my case, clearly my medications were not well tolerated as my “side effect” symptoms were a marked disturbance to the other residents.

Ultimately, I did not see any other way out of this conundrum than to refuse the medication I was currently prescribed not allowing me to live a normal life, and as a result, I was asked to leave this supported housing situation. I was crushed and ultimately scared of where I might find new housing under my particular circumstances.

I was effectively homeless at the time, and not in any position to secure housing for myself

MPA and next step in the journey of recovery



I cannot have enough positive comments to say about the Mental Patients’ Association, now called MPA—Motivation, Power, and Achievement Society, which also operates supported housing in Vancouver. I was thankfully accepted into their beautiful house in Kitsilano, where I continued my journey of recovery. After discontinuing the offending medications, I was placed on significantly more tolerable and restorative medications. I was able to put my life back together and live in this MPA staffed supported living arrangement for 1.5 years.

We became a close and caring community ... I hold really great memories of living in that supported housing situation

We had a MPA person come to the house Monday to Friday, and since it was always the same staff member, we became a close and caring community. We had chores to do every week, and took turns cooking for the house. We also set out on many outings together. I felt very supported and the organization's philosophy to put the patient's needs first - and not impose rules that inhibited recovery rather than empowering it - was a healthy approach for us all. I hold really great memories of living in that supported housing situation.

Housing led to Stability

I became quite stable and took my life back into my own hands and even signed up for further education. Thus, I was finally able to see my way through my less-than-ideal situation. Unfortunately, the MPA housing had a time limit; however, I was extremely lucky in that an opening came up in the Phoenix Apartments on the Fairview Slopes of Vancouver, where the client was provided their own apartment in a supported living building, run and staffed by MPA. Every unit was occupied with people that had suffered a mental illness but were recovering well.



Finally, living in my own apartment

I could not have been more thrilled to finally find housing that suited my personal preference to be living in my own apartment. The building had a staff office always with the same MPA staff being in the office Monday to Friday during regular office hours. It also had a pleasant community room, where we had weekly building meetings discussing what was on our minds and the progress we were all making. Again, unfortunately, this supported housing was temporary with a maximum stay of two years.

A decision to make

I applied to several housing situations, where I was not accepted, but then received an invitation for an intake interview in an apartment building in the West End of Vancouver run by Coast Foundation, now called Coast Mental Health. Every permanent apartment in this building was very small and became rarely vacant. After the interview, I had a decision to make. Do I want to permanently move in such a small apartment in a building that houses only people with a mental illness for the entire building, and also having support staff onsite Monday to Friday?

It was a very difficult and tough decision where in the end, I turned down this offer. I felt very strongly at this juncture that I was ready for the next step in my housing journey, and therefore I took a big risk to let something so secure go. Looking back, I am not sure where I found the strength at the time to be an active participant in my recovery process and not to accept everything that was offered to me as the right and only solution.

BC Housing subsidy attached to the "person"

A month later, I received an offer to take over a BC Housing subsidy attached to the 'person', and not to the individual apartment, that was administered by the Coast Foundation. The conditions were that I had to take over the apartment of a person that had moved into seniors housing. I was thrilled to accept this rare opportunity of a BC Housing subsidy attached to the person.

I moved into this apartment, also in the West End, situated in a high rise that houses the general public and does not only house people with a mental illness. I have lived here ever since. It could not have been a better solution for me.

Now living independently

In 2013, after returning full time to stable employment in the community, I had no choice but to give up my BC Housing Subsidy attached to the person, making the tough decision to give up something of such value and support. I had to make this choice between stable and supported housing, or venture into integrating into the working world that has less guarantees than subsidized housing. Society at large does not generally embrace and uplift people with a mental illness. I ultimately chose what provided me a brighter and more healthy future by anonymously integrating into the work force. I am now fully integrated into the community.

Some conclusions after 19 years living in supported housing

In my many years of supported housing, with all the ups and downs of my recovery, the most negative part of it is the forced anonymity I have had to adhere to with regard to the public. Of course, everyone has a choice to tell their story in public willingly, but I am however forced to stay “in the closet” and stay publicly quiet about my mental illness.

Moving away from supported housing was a necessary move for me to stay anonymous and to hide my health challenges. It is through opportunities to write articles like these of my own experiences in subsidized/supported housing that I can finally share my story and hopefully shed light on my past.

Ghettoizing people with a mental illness is often the “go to” solution, but it is not always the most appropriate treatment solution. Allowing people with a mental illness to play a more central role in their housing choices and decision-making might reveal issues that some may not want to confront. Hopefully, the knowledge shared in this article will help shape a healthier and diverse community where everyone is accepted regardless of mental health challenges.



Sean Karemaker, “Let’s End Homelessness Together” mural on Jennie Pentland Place, East Hastings, Vancouver

It is through opportunities to write articles like those of my own experiences in supported housing that I can finally share my story and hopefully shed light on my past

Thanks to our writer for providing us with an intimate look at your journey through mental health and supported housing. You’ve provided some great lessons and insights!

What is the right housing?

The lack of appropriate housing for those with mental illnesses puts lives at risk...

“Mental Health Housing as Key to Recovery”: My Family’s Journey

By S.C., Family Member

Housing, a basic human right

Our society often denies housing to our most vulnerable. This dismays and challenges me as a socially-responsible citizen and tax-payer who worked for decades on housing issues. As mother of a 35 year old woman with a serious mental illness who developed a concurrent disorder during her journey through the mental health care system, I am outraged.



The lack of appropriate housing for those with mental illness puts lives at risk, brutalizing and changing our sick and vulnerable people into lost and abandoned souls. The streets are cold and unkind, and the struggle for survival often leads to conflict with the law.

What is the right housing?

When our daughter was diagnosed with schizophrenia, she was 26 and living with us, having been unable to find and keep a job that paid well enough for her to live on her own as she had done for 7 years before. Completing her GED and obtaining multiple vocational certificates failed to get her a job.

Deemed by Mental Health Housing as “too high functioning” for supported housing, she applied to Phoenix, a 2 year residence for youth under age 30 with self-contained apartments, an on-site manager, shared maintenance responsibilities and weekly meetings. Independent living with some oversight and community sounded perfect.

A supply problem

After waiting for a year we learned she would never be offered a unit at Phoenix while living with us. She needed to be homeless to reach the top of the list—too many in need and not enough units. So, when re-hospitalized for psychosis and aggression, we declined to take her back.

VGH transferred her to Venture, a community-based facility, to await placement. Feeling lost and abandoned, she broke the “no smoking in your room rule” and was evicted to a shelter in the Downtown Eastside. From there it was an easy step to real homelessness because if you miss a couple of nights your bed is given to another.

A roof is not enough

Distressed, we bought a condo. She moved in and paid her rent for a year. The mental health team provided support. When her boyfriend died suddenly while out of town, at her request, we got her a dog. 5 weeks later her father died after a lengthy illness. She confided later that the pain of loss was unbearable so she turned to drugs. She became increasingly isolated as buses and drop in centres like MPA only permit service dogs. Preoccupied with my own grief, I missed her turning to drugs.

Compounding the isolation was her success with the Appeal Board who de-certified her and she stopped taking her medications for schizophrenia. It took 8 months and written evidence of psychosis before her psychiatrist intervened.

Treatment facilities

Having alienated her condo neighbours during her paranoia and psychosis, she went to the Burnaby Center for Mental Health and Addictions, B.C.'s only treatment facility for concurrent disorders. She found the heavy male to female ratio and the lack of "women only" places depressing. Drugs were accessible and with Skytrain nearby, she ran away twice.



She filed another appeal and was decertified the Friday before her Monday hearing. She chose to leave so I brought her home to wait for admission to a women-only addiction treatment facility. After 2 months of waiting she was accepted, begin making progress in her recovery but was evicted after 2.5 weeks for calling a yoga teacher a bad name. She was handed a bus ticket and sent to a Downtown Eastside shelter.

However, a Downtown Eastside shelter is **not** a safe place for someone struggling with mental health and addiction! She came home and I accepted her but as she did not always honour our agreement to pay rent and not use drugs, my home was not a safe place for her or for me so we re-applied for Mental Health Housing.

Conflict with the Law and Extended Homelessness

In January 2020 on returning home high, she threatened me with a knife. Police attended and advised me to lay charges and request a "no contact order" from the courts. Taken into custody she was released 2 days later on orders she stay away from home. Homeless, Main and Hastings became her base. When the pandemic shut all services, she lived on the Carnegie Centre steps and slept in the smallest tent at Oppenheimer Park.

Increasingly worried for her safety and sanity, I reached out. Deeply angry at me for her situation, she wanted nothing to do with me. When the City closed Oppenheimer Park, she moved to Crab Park, then Strathcona Park where a community around a sacred fire made life a little better, a little safer for the homeless campers.

During 8 months of homelessness, she became addicted to crystal meth. Extended homelessness changed her dramatically. The physical changes were weight gain, acne, and a throat tic. The mental and emotional scars—loss of trust, confidence, and self-worth—cut deeper.



When the pandemic shut all services, she lived on the Carnegie Centre steps and slept in the smallest tent at Oppenheimer Park

This was a turning point....

A Safe Place to Live

In late August 2021, her housing application was matched to a room in the DTES. What a relief as her tent had been trashed by her stalker! Operated by the Portland Hotel Society, her building is women-only safe building, staffed 24/7 with no visitors permitted, shared toilets and showers, some food, a library and computer. This was a turning point.



In September, with the help of a sympathetic Crown Prosecutor, a judge changed the “no contact order” to “permissive contact”. Her probation officer was a gem who got to know her, made sure she kept her appointments with the MH team and intervened on her behalf when appropriate.

An Emotional Breakthrough

Re-hospitalized twice in late 2020, she felt frustrated. This became an opportunity to discuss changes that could keep her out of hospital. In pondering what good could come of being in hospital, she called back within the hour in tears because God answered her prayer with a rainbow. Her boyfriend, with whom she had planned to spend her life had died. Then Daddy died. They would hate to be her reason for drug use. The next day, she asked her psychiatrist for help.

Back at Burnaby Centre she was cooperative, did not run away or access drugs. Yet after 4 months of institutionalization she wanted out. Meeting resistance, she appealed. Her psychiatrist strategically negotiated a discharge with extended leave for March 2021.

Still waiting for a home

She continues to do well. Her probation ended in August and she transferred to an ACT team for MH support. She applied for supported housing outside the Downtown Eastside and has waited over a year now. How much longer will she wait? Two years? Three? She wants out of the DTES and away from the ever-present drugs. She would like her own bathroom. But she has a room thus is not a priority.

While grateful for her room in a “safe” building, she needs a place that feels like “home.” Could placement in supportive housing 9 years ago have changed the trajectory of our lives? Might she be meeting the life goals she had before becoming ill? Might she be working; married with kids? These normal life scenarios seem beyond the reach of the person she has become because of illness, homelessness, and addiction.

As her mother, I applaud her struggle with recovery and hope she will be given a home that can help get her life back on track.

Thank you S.C. for sharing your family’s deeply personal story with us. Thank you for showing us how interconnected housing is to health.

“FINDING THE FIT”: Intake into Supported Housing

Interview with Katherine MacPhee

Intake Clinician

By Tao-Yee Lau

I had the pleasure of speaking with Katherine, who is an intake clinician at VCH Mental Health & Substance Use (MHSU) Supported Housing. Katherine plays a pivotal role in helping place VCH clients into the right type of housing.

Today we'll have some background questions, and some questions submitted by family members! Please tell me a little about yourself and what you do in your role.

I've been a social worker for 22 years now. In my current role, I represent the Mental Health Supported Housing team which takes referrals from Tertiary Mental Health and Community Mental Health programs. There are two other teams here as well: the Housing First Team which places clients into low-barrier housing, and the Community Transition team which takes hospital referrals.

I conduct many of the assessments for the clients who are being referred to MH Supported Housing. Ultimately the goal is to get a client waitlisted and into one of our Supported Housing programs. These programs are not directly managed by VCH but are run by a variety of housing providers contracted by VCH.

For our readers who hear the term a lot, but may not know exactly what it looks like in practice, how would you define “supported” or “supportive” housing?

This can be a tricky question as there are so many types of supported housing within and outside our services. I can understand why it might be confusing to people on the outside or even working with the system!

In terms of our eligibility, people must be 19+ years old, working with a case manager and psychiatrist on a mental health team in Vancouver, homeless or precariously housed, and have a stable income source. We define “precariously housed” as someone at significant risk of homelessness, hospitalization, or serious safety issues in their current housing if they don't move.

Within MHSU Supported Housing I usually explain that there are 5 support levels, which can be a simpler way to understand it. The lowest level would be **“SIL” or Supported Independent Living**: clients looking for market housing who need a subsidy and outreach support from a MH worker.

Staffed Apartments: clients who are relatively independent in apartments but need some day-time support from MH workers onsite. There's typically no medication management or meal support included.

Enhanced Apartments: Staffed apartments but with 24/7 staffing; typically with one meal a day and support with medication administration; this type of housing is most in demand and has the longest waitlist.

Group Homes: communal houses for stable clients wanting to work on life skills; there's staff onsite during daytime.

24/7 Licensed Facilities: highest level of support with 24/7 staffing; all meals provided; some are rehab focused with focus on learning life skills and some are longer-term for maintaining stability; they are called facilities but look like normal homes in quiet residential neighborhoods.

Through **Housing First** we also have supported housing for people struggling mostly with substance use and other complex health issues; you don't need a mental health team to be eligible.



*Read here
about the 5
support lev-
els....*

We're really specific about what we think will work for someone...

The client's perspective on what would help them is really important.

Can you please provide a brief overview of the intake process for VCH MHSU Supported Housing?

There's a 2 page referral form that includes signed consent from the client. It's really important that there is consent from the client. The referral can come from anyone however it usually comes from case manager as they have the health information. The Intake Clinician will follow up to confirm eligibility, then request some additional information for the assessment—usually occupational therapy (OT) and psychiatric assessments.

We will also interview the client. This is an in-depth interview that is focused on housing and health history and what kind of supports client feels are important. The assessment is presented to our team and we agree on a plan together and waitlist the client. The length of the waitlists vary. The decision is made primarily based on the level of support needed. For example, we might decide that a young client with high support needs would do well in a 24/7 rehab facility to start with. Other young people are really independent. This is just an example.

We're really specific about what we think will work for someone. It is quite a significant assessment aimed at finding something that is most suitable for the client to prevent unnecessary evictions, and help the client maintain their health a lot better.



Would you be able to elaborate more on how clients are considered for the different housing models?

There are some key things that we try to focus on. The client's perspective on what would help them is *really* important. Function is also very important: what symptoms does the client have, what support seems to be indicated. There is a risk assessment, both for the client's safety and the safety of others. It's important to look back at housing history to see what has worked in the past.

We are always trying to get clients into housing where they can be as independent as possible. Sometimes we offer more support to start with but the longer term goal is always to move them to more independent housing, if possible. Also: we have several women only, men only facilities along with co-ed; housing programs for youth, clients with substance use disorders, and older adults.

How are family (i.e., anyone that the client considers a support person) consulted or included in client assessment and placement decisions?

I usually get several calls a day from family members asking about our program and I'm always happy to have general conversations about eligibility, how to refer, and what housing resources we have access to. I can't have a client specific conversation with a family member unless a client has given permission. But I would say in terms of the assessment, it is really helpful to get family perspective on client strengths, support they might need, etc. Some mental illnesses impact people's ability to care for themselves at times. We can learn from family if someone is good at cooking for themselves, for example, or do they tend to neglect that need. Often family members have tried many things and they know what is helpful [to make housing successful].

Anything else you would like to add about your role, the intake process, or the mental health housing system in general?

It is important to do a careful assessment of every individual and to hear their perspectives. The right match is so important. Finding supported housing does take time. When you think about moving in your own life, that is quite a big process. For people who are dealing with mental health issues, they might have even more challenges than the average person. There are a lot of barriers in society that might make the search for the right housing even harder. But I love helping clients find supported housing that's a good fit and improves their health.

Thank you so much Katherine for doing work that can often be life-changing for our clients, and for sharing your work with us.

Supported Housing Resources & Contacts

By Tao-Yee Lau



Go on their websites to learn more about their buildings and services!

VCH Housing Resources

- ⇒ **VCH Mental Health and Substance Use Supported Housing Services** Tel: (604) 675-3898 Fax: (604) 675-3899 http://www.vch.ca/locations-services/result?res_id=1232
- ⇒ **VCH Complex Rehab & Supported Housing Team** for clients with neurological disorders and traumatic brain injury Tel: (604) 730-7687
- ⇒ **Vancouver Home Health Central Intake** for assisted living/long-term care for clients with complex physical health needs Tel: (604) 263-7377 or existing home health care manager

Housing Providers (& Housing Advocates)

- ⇒ **MPA** <https://www.mpa-society.org/programs-services/housing/supported-housing>
- ⇒ **Coast Mental Health** <https://www.coastmentalhealth.com/what-we-do/pillar-housing/>
- ⇒ **Bloom Group** <https://www.thebloomgroup.org/our-work/mental-health/>
- ⇒ **Community Builders** <https://communitybuilders.ca>
- ⇒ **Kettle** <https://www.thekettle.ca/supportive-housing>
- ⇒ **Lookout** <https://lookoutsociety.ca/what-we-do/housing/>
- ⇒ **Portland Housing Society** <https://www.phs.ca/supportive-housing/>
- ⇒ **Raincity** <https://www.raincityhousing.org/> Raincity LGBTQ2S+ youth housing (604) 351.2855
- ⇒ **Yaffa** <http://yaffahouse.org>
- ⇒ **McClaren Housing** <https://mclarenhousing.com>
- ⇒ **Baptist Housing Seniors Living** <https://www.baptisthousing.org/affordable-housing>
- ⇒ **Atira Women's Resource Society** 101 E Cordova St, Vancouver, (604) 331-1407
- ⇒ **Coast Resource Centre** ask for Housing Outreach, (604) 683-3787
- ⇒ **Carnegie Outreach Program** 392 Powell St, Vancouver, 9AM-4PM, (604) 665-3318

Please note intake and referral for many of their buildings might go through VCH MHSU Supported Housing or BC Housing Supportive Housing

Thank you Katherine for suggesting many of these resources!

Other Types of Supported Housing External to VCH

- ⇒ Orange Hall – **BC Housing Supportive Housing**– 297 E Hastings St, Vancouver, 10AM-4PM Tel: (604) 648-4270
- ⇒ Churches may have separate housing services as well, for example United Church, Anglican Church, Baptist Church. **First United Housing:** <https://firstunited.ca/how-we-help/safe-shelter>

Innovative Housing Solutions in Other Jurisdictions

By Isabella Mori

As stressed as our housing situation here in BC is, it turns out that we are still doing better than other provinces and territories – or at least we were in 2010 according to the Mental Health Commission of Canada’s (MHCC) report *Turning the Key Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illness*. At that time, BC had one mental health housing unit for 458 persons 15 years or older. That compares to 682 in Quebec (the next best ratio) and none in the Northwest Territories and Yukon. The report also gives twenty-two examples of innovative housing projects; five of them are in BC. That doesn’t mean that we can’t glean good ideas from other jurisdictions. In the following, you will find examples from two other provinces, as well as from other countries.



You will find examples from two other provinces as well as from other countries

CANADA AND US

Prince Albert, AB: Community Partnerships and Vocational Support

The report cites two interesting, interconnected programs in Saskatchewan run by two mental health organizations, S.H.A.R.E. and the Canadian Mental Health Association (CMHA) of Prince Albert, a city of about 36,000. S.H.A.R.E. converted a Molson’s brewery into a vocational centre in 1988, out of which it provided sheltered employment to clients with mental health and addictions like lawn cutting, snow removal, moving jobs, etc. S.H.A.R.E. also started a group home, and their vocational program does the building maintenance. CMHA, for its part, is involved in mental health promotion, education and housing. Tenants can access CMHA’s drop-in centre, CMHA’s vocational program, a support worker, and a community mental health nurse. A partnership between CMHA and SHARE makes services of both organizations available to each other’s clients and both organizations jointly advocate for service and supports to the province and the health authorities.

Wakamow Place, Moose Jaw, SK: Moving Up And Down Through Various Levels Of Care

Three funding pots were integrated to provide the resources for Wakamow, facilitating a move away from a group home to a supervised apartment living model. This model, which has been acclaimed as a best practice, has a 16 unit complex, and accommodates tenants at three levels of care/independence. Tenants can move up and down through these levels of care and the services will follow them. The building has a recreational area, a vocational centre and a mental health resource centre, as well as life skills groups, income-management services, education groups, meal programs, and help with medication. Staff at the venue are cross-trained in mental health and addictions. Clients are encouraged to move out into the community with supports following them.

Los Angeles: 10th Decile Project

Searching for mental health supportive housing projects in the US was not easy (especially not compared to some places in Europe or Australia, which we will look at below.) It appears many initiatives are not geared directly to people with mental illness but rather to those who are homeless. The 10th Decile Project is an example. It is a collaborative effort to connect frequent users of emergency health services to housing and appropriate care. Over twenty-five organizations are involved in six neighborhood networks to address the needs of the top 10% highest-need, highest-cost individuals experiencing homelessness in the community. Using a triage tool, hospitals refer eligible individuals to supportive housing and intensive and comprehensive case and care management. Cost consciousness seems to be an important motivator for this project. Another project in New York talks about how supportive housing for one person costs US taxpayers \$12,500 a year, compared with \$25,000 for an emergency shelter cot and \$60,000 for a prison cell.

AUSTRALIA AND EUROPE

Researching these various projects was quite fascinating. It was difficult but not impossible to find initiatives in Canada, almost impossible in the US, but when it came to Australia and Europe, the difficulty was trying to find interesting examples among a large amount of offerings.

Sydney, Australia: The Cadre Project

This model was developed by Mind Australia to support inner city residents who live in public housing, including those with a mental illness, to care for one another. A cadre is a community group that promotes positive mental health and community outcomes. A cadre member may be called on to assist people in distress, provide support for someone with a mental illness, help a neighbour, act as a community leader or spokesperson, and understand and facilitate recovery. It has been described as Mental Health Neighbourhood Watch. It includes a mental health support program that trains and supports public housing communities to help care for each other. While the consumer movement and the recovery framework has informed the philosophy of the Cadre Project, cadre members do not need to have had a lived experience of mental health issues or function as a support worker.



Statue of St. Dymphna

of the walls... But that doesn't affect the way [hosts] see their boarders ... they accept that this is simply who their boarders are. It's not abnormal or something they need to change. "It's just normal life," says [one host] ... Early psychiatrists who observed Geel noticed that the treatment prescribed for mental patients was, in fact, no treatment at all. "To them, treating the insane, meant to simply live with them, share their work, their distractions," Jacques-Joseph Moreau wrote in 1845.

UK: Shared Lives Scheme

Sharing a home with someone with a mental illness is practiced widely in the UK, in the "Shared Lives Scheme." It applies to certain types of group homes but also to families or individuals living with someone with a mental illness, for varied amounts of time. In Wales alone, with a population of just over three million, around 1,300 people are in the Shared Lives Scheme (compare that to the numbers in Canada). This approach has been recognized by the WHO.

Germany: Mental Health Housing Board

Several regions in Germany have mental health housing boards accessible to the public, for people with various needs. As of this writing, the district of Lower Franconia, for example, lists one temporary free-of-charge unit in a renovated farm house for a woman with personality disorders; three temporary free of charge units for persons with a psychiatric illness; an unspecified number of places in a 26-person unit in a picturesque rural area, for people with mental health or substance use difficulties, with high intensity support, etc. It appears that financially, mental health housing is treated similarly to senior homes: some are totally free, and some ask for contributions from the person or family if they meet a certain financial threshold.

Thank you Isabella for sharing your expertise and research with us.

The people are not seen as patients who need treatment or therapy, but as guests or boarders...

I think of my role as a bridge between the health system and other systems like the non-profit housing system and the municipality

Spotlight on Leadership

Interview with Caitlin Etherington

Director, Supported Housing and Complex Rehab

By Tao-Yee Lau

I had the pleasure of speaking with Caitlin, who has a busy role as the Director of Supported Housing and Complex Rehab at VCH. Let's see what she has to say about being a leader in the field of supported housing and what initiatives feel exciting for her.



It must be fascinating to be a leader in the field of housing right now. Please tell me a bit about your role: what you enjoy about it and anything you find challenging.

It certainly is! I think of my role as a bridge between the health system and other systems like the non-profit housing system and the municipality - we work collaboratively with the shared goal of keeping people who need some extra supports both healthy and housed.

There is a lot of attention in BC right now on homelessness and precariously housed individuals, including new funding for MHSU Supportive Housing. I love working with my teams, and with partners inside and outside of the health authority, to identify gaps and then to also come up with innovative solutions to fill them.

There are, of course, always challenges – finding space for new Supported Housing programs; ensuring communities understand what supported housing is and welcome new neighbors; and of course meeting demand – there are so many folks waiting for MHSU Supported Housing and I wish we had spaces for them all.

What are some current trends you see in the supported housing field? What are some gaps?

Provincially, we are talking a lot about Complex Care Housing – which is focused on new, innovative solutions for people whose health care needs are so high that they would often not be successful in “regular” Supported Housing and often end up on the street, very unwell. I am so grateful we are having that conversation and asking bold questions about what housing stability could look like for those individuals.

Of course there are ongoing gaps as well. I would love to have more mental health focused group homes for people throughout the City. I would love to have more projects, like the ones within the Complex Care Housing work, that are Indigenous-led and/or grounded in cultural approaches to healing. I would also love to see a whole continuum of Supported Housing built out specifically for women and women led-families as well as LGBTQIA2S+ individuals.

Would you mind sharing any exciting information with our readership. For example, any new directions or initiatives in this field? Any new funding? Or new buildings we can anticipate?

The most exciting recent announcement has been of the two new Complex Care Housing sites being funded in Vancouver – as well as others in other parts of BC. Other recent new investments are just as exciting but more foundational – for instance increasing outreach services throughout the City and looking at how to provide home support in a way that works better for people whose mental health and/or substance use issues create barriers within the mainstream home support service.

Thank you Caitlin for all the work you do daily to provide leadership in this constantly changing field.

From Hospital to Home: One Family's Search

By H.H., Vancouver Family Advisory Committee (FAC) Member

After 25 years coping with our daughter's severe mental illness, we've come full circle.

From pre-teen outbursts to a diagnosis at Children's Hospital, to repeated relapses and acute care wards, to community mental health teams, to year-long tertiary care – to home again.

Our daughter will be discharged soon from an excellent long-term recovery program treating psychosis, where she has been for many months. But where will she go?

As a family who has done their best to keep up with everything from symptoms to privacy laws, this has set a new benchmark for our ability to cope.



Sean Karemaker mural "Let's End Homelessness Together"

There is, for example, a new set of acronyms to learn. In fact, a forest of acronyms if you happen to glance at the Vancouver Coastal Health Authority's housing website which offers ideas for families like us.

If our daughter returns to her basement suite and lives on her own, she might be assisted by outreach workers if she's lucky. Or perhaps a team from could drop by for visits. If she doesn't return to her apartment, would she be welcome in Mental Health Supported Housing? For example, a group home. But wait, to qualify, she would have to be "homeless" or "vulnerably housed", neither of which is the case.

So many housing models, all operated by contracted housing service providers. It's noted that in most cases, the potential client should be "willing to accept supports", which in our daughter's case, might jettison the whole exercise. Even more off-putting, we are told by one family in the same boat that candidates being discharged from tertiary services COULD go to the top of the housing list, but that the list is miles long, and there is zero availability anyway.

Still, we are plunging on with the search.

Lurking always, is the question – what about our daughter's two cats? They're still in the little basement suite, waiting her return, thanks to daily visits from us. Would they be welcomed in Supported Housing?

And what exactly are "supports" anyway? Who is being supported, by how much and by whom? Details are slim. It's a challenge to find particulars of each housing unit itself. For that you must seek out individual non-profit contractors such as the Kettle Society or Coast Mental Health.

But if you persist, you can find photos of licensed community homes, some with "24-7 staffing" and promising "vibrant, collaborative communities". Some look like charming homes in upscale Vancouver neighborhoods. Or consider options further afield, including "transitional cottages" on the old Riverview Hospital property in Coquitlam.

A call to the intake clinician is a promising boost; she wants to know the rent we're currently paying to hold our daughter's apartment and suggests an OT (occupational therapist) assessment to judge our daughter's capabilities. She also suggests one cat MIGHT be do-able but two, not so much.

So here we are. One family who has gone the distance to provide secure housing plus repairs, moving, cleaning, food delivery and other assists too numerous to mention.

The independent rented apartment concept still seems the safest bet. But is it the right bet, given our daughter's needs? Perhaps it just doesn't matter that she never turns on the heat because of concerns about electromagnetic radiation. Maybe only the cats care about things like heating. Frankly, maybe we've just been too involved. Or maybe not involved enough?

The exercise is making us spinny. We can only imagine the journey for someone on their own. I cling to the positive demeanor offered by the soothing intake clinician. Their job must be daunting given the scarcity of available units and the volume of referrals. I take to heart one cautionary note that urges hopeful housing applicants to update their application every six months. It concludes, "Be realistic".

Thank you for sharing your story of persistence with us.

*Still, we
are
plunging
on with
the
search...*

VANCOUVER FAMILY ADVISORY COMMITTEE (FAC)

A Partnership of Families with Vancouver Coastal Health Mental Health & Substance Use Services



Who Are We?

We are Vancouver parents, siblings, adult children, and friends of those living with serious mental illness and substance use. We are individuals with lived experience. We are community agency representatives, Mental Health/Substance Use professionals, and the VCH Family Support & Involvement (FSI) team. Together, we are the Family Advisory Committee.

The FAC provides a strong family perspective to improve services for our loved ones, and expand communication and supports for caregivers and families.

If you feel inspired to join our efforts, or simply want to learn more about the FAC, please check out our page here: <https://www.spotlightonmentalhealth.com/vancouver-family-advisory-committee/>

FAC Families Talk About Housing ... Hear their stories in this edition of the Family Connections Newsletter:

"After 25 years coping with our daughter's severe mental illness, we've come full circle. Our daughter will be discharged soon from an excellent long-term recovery program treating psychosis, where she has been for many months. But where will she go? As a family who has done their best to keep up with everything from symptoms to privacy laws, this has set a new benchmark for our ability to cope. There is, for example, a daunting set of new acronyms to learn and a maze of housing options. We have VCH Family Involvement and Support coordinators at our side, but the experience can still be confusing and frustrating." (HH, FAC member)

"As mother of a 35 year old woman with a serious mental illness who developed a concurrent disorder during her journey through the mental health care system, the lack of appropriate housing for her has been catastrophic. Diagnosed with schizophrenia at 26 and deemed by Mental Health Housing as "too high functioning" for supported housing, she began a journey of homelessness, waiting and decline as we continued our search for appropriate housing for her. She turned to street drugs during this time, challenged medications that might have helped her, faced evictions from facilities that were promising but were ill equipped to help her, faced run-ins with law enforcement, and ended up in shelters in the worse part of Vancouver for someone with her needs." (SC, FAC member)

Update on FAC Projects:

Mental Health & Substance Use Chart of Services and Family Expectations

Families entering the mental health and substance use services system encounter an intricate maze. They must suddenly navigate levels of care, types of services, mysterious acronyms, terminology and language of which they have no previous experience or knowledge. They often struggle to understand how it is all organized and what the options are for their loved one's care. The FAC is endeavoring to create a chart which will help families see how the system is organized.

What is currently being called the "Family Experience Chart" will outline levels of care in the system, facilities at each level of care, and crucially the expected family experience of care at each level. Describing the expected family experience is also helping the FAC to identify specific aspects of the family experience that need development or advocacy.

It is our hope that this chart will serve several purposes;

- to give families a quick and easy to read overview of Mental Health & Substance Use system and facilities
- provide a document which makes working with VCH leadership easier by outlining descriptive elements of family inclusion and involvement
- serve as a resource for family support coordinators working with families
- serve as a reference document for the FAC and for orientation of new members to the committee.

To connect, email us at: VancouverFAC@vch.ca

We're always looking for new members!

TIDBITS from the Family Connections Support Group

By Andrea Sierralta

This edition's Tidbits include a range of resources and information that we discussed in our Family Connections Support groups.

Websites and Resources:

- ⇒ It's important as a caregiver of a loved one with health issues to remember your "caregiver rights": <https://www.familycaregiversbc.ca/wp-content/uploads/2021/03/A-Caregivers-Bill-of-Rights.pdf>
- ⇒ More excellent caregiver resources from the Family Caregivers of British Columbia, including a Toll-Free Caregiver Support Line at 1 (877) 520-3267 and 1:1 Caregiver Coaching Sessions: <https://www.familycaregiversbc.ca/get-help/caregiver-referral-form>
- ⇒ BC Association of Clinical Counsellors or Psychology Today to find a counsellor in private practice: <https://bcacc.ca/> or <https://www.psychologytoday.com/ca/therapists/british-columbia>
- ⇒ More counselling resources listed here in our Resource Guide (Page, 5-9) <https://www.spotlightonmentalhealth.com/wp-content/uploads/2020/05/Resource-Guide-May-5-2020.pdf>. Can be so helpful to get your own support!
- ⇒ Red Fish Healing Centre for Mental Health & Addiction, new leading-edge provincial 105-bed facility treating people living with the most severe and complex substance use and mental health issues: <http://www.bcmhsus.ca/our-services/provincial-integrated-mental-health-addiction-programs/red-fish-healing-centre>
- ⇒ VCH- Adult ADHD clinic information: http://www.vch.ca/locations-services/result?res_id=1379
- ⇒ We also talked about SMART recovery, and their friends and family resources: <http://smartrecoverybc.com/index.php/action/learn-smart-recovery/help-for-family-friends.html> ; <https://www.smartrecovery.org/family/>
- ⇒ The guide to the BC Mental Health Act: <https://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf>
- ⇒ More information about the Mental Health Act that includes extended leave: <https://www.bcmhrb.ca/faq/> ; <https://www.bcsc.org/public-policy-advocacy/extended-leave-community-treatment-orders-continuity-care/>

Books and Articles:

- ⇒ The L.E.A.P. method of communication with your loved one pioneered by Dr. Amador, described here: <https://leapinstitute.org/about/>, and in the classic text "I Am Not Sick, I Don't Need Help! How to Help Someone Accept Treatment" (2020 edition): https://www.amazon.ca/Not-Sick-Dont-Need-Help/dp/0985206705/ref=pd_lpo_1?pd_rd_i=0985206705&psc=1
- ⇒ Take a look at our focus on suicide prevention in last Fall's newsletter: <https://www.spotlightonmentalhealth.com/wp-content/uploads/2021/09/Family-Connections-Newsletter-September-2021.pdf>
- ⇒ Beyond Addiction: How Science and Kindness Help People Change, by Jeffrey Foote, Carrie Wilkens, Nicole Kosanke.
- ⇒ Dopamine Nation, Finding Balance in the Age of Indulgence, by Dr. Anna Lembke
- ⇒ <http://www.bcmhsus.ca/health-info/what-is-complex-mental-illness-substance-use>

Hope you find these helpful and spread the knowledge.

*Websites,
Resources,
Books,
Articles...*

*And a
Caregiver
Bill of
Rights!*

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 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.

Like many other resources during COVID, we have moved our groups to ZOOM meetings.

Family and supporters are free to attend on a regular basis or drop in as needed, like in our regular meetings. If you would like to receive an invite to our Support Group, please contact us and we will happily add you to our invite list!

We meet online on the following days & times:

DATE: Every first Thursday and third Monday of the month

TIME: 6:00 – 8:00 p.m.

PLACE: In the comfort of you own home

**We do not meet on STAT holidays.*

Contact Tao-Yee Lau at taoyee.lau@vch.ca or

Andrea Sierralta at andrea.sierralta@vch.ca for the zoom link

“Whatever you are struggling with, there are others out there who understand.”

MORE FAMILY SUPPORT GROUPS



PLEASE CALL/EMAIL AHEAD TO CONFIRM DATES AND TIMES

Parents Forever – Support group for families of adults living with addiction. Group meets weekly via Zoom on Friday evenings. Contact Frances Kenny, 604-524-4230 or fkenny@uniserve.com

Holding Hope— peer led bi-weekly support groups for families affected by their loved one's substance use challenges. Connected to Moms Stop The Harm. Currently held via Zoom. Email: canadaholdinghopenational@gmail.com

SMART recovery meetings for families are back!. Tuesdays 6:00-7:00pm, <https://smartrecovery.zoom.us/j/91012011101>
Meeting ID: 910 1201 1101

BC Schizophrenia Vancouver Family Support Group - for family members supporting someone with serious mental illness. Please contact the Vancouver Manager @ 604-787-1814 or vancoast@bcss.org for more details on the online group and to register.

St Paul's Hospital Family Support Group- Support for families who have a loved one living with mental illness. Groups take place on the last Thursday of every month from 6-7:30 over Zoom. Please pre-register at 604-682-2344 local 62403.

VCH Eating Disorder Program – Family & Friends Support Group – for friends and family members of individuals living with an eating disorder. Contact Colleen @ 604-675-2531.

Borderline Talks - for individuals living with Borderline Personality Disorder (BPD) or Traits, and their loved ones. Zoom group every Wednesday at 7. Check <https://bpdsupportgroup.wordpress.com/finding-help/>

Pathways Serious Mental Illness (formerly North Shore Schizophrenia Society) - weekly online support groups, and family to family education sessions. For more information on the next support group: <https://pathwayssmi.org/monthly-support-groups/>.

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 via Zoom. Contact Elaine Chan at elaine.chan@pathwaysclubhouse.com or 604-276-8834 for details