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SUBSTANCE USE among OLDER ADULTS

In 2012, one in seven Canadians was a senior (aged 65+); by 2030, the older adult population will jump to nearly one in four. The proportion of older adults who experience problematic substance use is also expected to rise. In this issue, we will explore some basic facts about Substance Use among Older Adults. We will speak to the team of Counsellors who specialize in treating this population. We also will hear perspectives from Indigenous Health and End-of-Life Care. You'll see some tips for support persons and resources for this important health issue. Finally, we are also including a "past issue flashback" and providing a Ministry update on Complex Care Housing. As usual we end with Family Support Group resources. Read on! Even if you are not currently the family member of an older person, you will find much food for thought.



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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!



Vancouver Family Advisory Committee (FAC)

A Partnership with Vancouver 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/>

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

We're always looking for new members!

Interested in a Family Advisory Committee in a different VCH region, such as Sea to Sky, North Shore, Richmond, or Sunshine Coast? Please see here for more information:

<http://cean.vch.ca/cean-at-work/vch-mental-health-substance-use-family-advisory-committees/>

PRIDE AT VCH

SUMMER EDUCATION SERIES 2022



IT'S PRIDE SEASON AND WE'RE BRINGING BACK OUR POPULAR SUMMER EDUCATION SERIES! Throughout July and August, Prism will host an online, lunch-hour webinar on topics related to **2SLGBTQI+ Health and Wellness Across the Lifespan**

[CLICK HERE for Eventbrite Page \(All Sessions Info\)](#)
[Learning Hub Registration](#)

Open to: VCH Staff, Physicians, Students & Volunteers (Community members welcome to attend, space permitting) **Location:** Online via Zoom

To request ASL interpretation, or further information, please contact us at prism@vch.ca

Check Out the PRIDE at VCH sessions specific to Older Adults below

Mental Health Across the Age Spectrum: A Focus on the Experience of LGBTQ2S+ Older Adults, with Nesa Hamidi Tousi, Aug 23rd 12:00 - 1:00 pm

Social isolation and stigma continue to be the driving force of poor mental health outcomes in older adults who are part of the LGBTQ2S+ community. The Covid-19 Pandemic has further exacerbated this experience, putting individuals at greater risk for harms. In this presentation we will review: research and health outcomes related to under-treated mental health concerns, some underlying causes of mental health concerns in the older adult, and interventions to address this gap in care at an individual, community and systemic level. [CLICK HERE TO REGISTER FOR THIS SESSION](#)

Thriving at End of Life: 2SLGBTQI+ Needs, Challenges, Resources, and Tools, with Mono Brown Aug 4th 12:00 - 1:00pm

To thrive across the lifespan, 2SLGBTQI+ people and communities require meaningful support—perhaps most of all in life's final chapter. This hour-long session will explore the unique needs and challenges of 2SLGBTQI+ patients and their loved ones at end of life, such as an increasing need for improved cultural safety and better recognition of sexual and gender diversity within hospice and palliative care. Participants will be introduced to several resources and tools for navigating aspects of end of life—for example, advance care planning and legacy work—from a place of empowerment. [CLICK HERE TO REGISTER FOR THIS SESSION](#)

<https://www.eventbrite.ca/e/pride-at-vch-summer-education-series-all-sessions-info-tickets-367059594127>

Introduction to Substance Use Among Older Adults

By Tao-Yee Lau



Facts about Substance Use among Older Adults

- Substance use amongst older adults is a common health and social issue, directly affecting up to a quarter million older adults across Canada.
- Alcohol is the substance most commonly used by older adults. Other common substances used are benzodiazepines (sedatives) and opioids (pain relievers). The use of illicit substances is also increasing (such as heroin and cocaine). Older Adults may also mix alcohol and prescription or over-the-counter medications.
- Most older adults can use alcohol safely. However 6-10% of older adults experience alcohol problems. Only a small percentage of older adults with alcohol problems receive help.
- There is a greater vulnerability to use of substances because of increased use of medications. In 2007, older adults represented 13% of the population, however, consumed more than 40% of all medications in Canada. They may have a higher rate of exposure to potentially addictive medications. Their misuse can be intentional or unintentional.
- Older adults are more at risk for adverse consequences of substance use because of changes in body composition (less body water; increase in fat) and function (reduced organ efficiency, greater sensitivity of the central nervous system to substances).
- As people age, their bodies metabolize alcohol more slowly. Even relatively small amounts of alcohol can negatively affect some older adults' health. It can worsen health conditions such as diabetes, heart or blood pressure problems, liver and kidney disease, bone and nerve problems, ulcers, memory issues, and mood disorders.
- Alcohol also adversely interacts with 150 medications that are commonly prescribed to older adults. Combining these can be a serious medical hazard.
- Within the older adult population, some groups of people may face specific challenges. For ex.: women, people with concurrent disorders (also facing mental health disorders), people who are homeless, people who are cognitively impaired, and those living in rural areas or nursing homes.
- Several safety concerns arise when older adults use substances, including falls, accidents, motor vehicle crashes, and fire risk.
- Diagnosis of substance misuse may be complicated by symptoms that mimic other conditions. Symptoms sometimes resemble the changes associated with age-related illnesses. Substance use may go unnoticed as older adults may not be attending school or work. Older adults may also be reluctant to reveal problems due to shame.
- Focus on harm reduction is important. Abstinence may not be realistic. Reducing use or altering harmful pattern of use may be better goals.

Alcohol, benzos, and opioids are common, as well as the mixing of alcohol and prescription medication

Factors Influencing Problematic Substance Use in Older Adults

Those who work in the field of substance use understand that we often need to look at the underlying reasons for substance use.

Some of the contributing factors to harmful substance use among Older Adults include the following. Many of them are specific to older adults as they involve the life-changing transitions that often happen in later years. They also involve societal responses to aging.



Older Adulthood is a time of life-changing transitions and sometimes losses

Sources: <https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/using-substances-older-adult.html>; Best Practices Information Sheets developed by Seeking Solutions Project, 2004; The Essentials of Seniors and Substance Abuse, Canadian Centre of Substance Use, 2007; <https://nida.nih.gov/publications/drugfacts/substance-use-in-older-adults-drugfacts>; <https://myhealth.alberta.ca/Health/Pages/conditions.aspx?hwid=ug4806>; Substance Use Among Older Adults, Behavioral Health in Aging Course, Center for Aging & Disability Education & Research (CADER), Boston University

Group Interview—Older Adult Substance Use Counsellors

Cambie Older Adult Mental Health and Substance Use (MHSU) Services

By Tao-Yee Lau

Cambie Older Adult Substance Use Services are here to help if you are 65+ years of age and have concerns regarding alcohol, drugs (prescription, over-the-counter, or other drugs) or tobacco, or are affected by someone else's substance use. Older Adult Substance Use Counsellors use a trauma-informed, bio-psycho-social-spiritual approach. The service is client-centered in helping clients work toward their substance use goal; whether the goal is abstinence, harm reduction, or moderation management. They offer individual and group counselling sessions, information and education sessions, support groups, and referrals to other service providers, including detox, outpatient programs, residential treatment and other specialized services as required. I had the privilege to sit with the Older Adult Substance Use Counsellors during one of their weekly meetings and ask some questions:

What should we know about the population of Older Adults who want to make changes to their substance use?:

“Quite a number of clients have changed very close to their death as they didn't want to die being addicted to the substance.”

“Our clients who make changes to their substance use are often surprised by how better life is substance free. There is a lot of anxiety about giving up something they have used as a coping mechanism. Yet they find when they become free of their substance or greatly reduce them, life is so much more worth living and so much more enjoyable.

They find themselves connecting with things they used to enjoy, and having renewed interest and connection with people.

It's never too late - there can be such transformation in someone's life that it's really worth it.”

“It's never too late to make a change. There's an old stigma of 'they've been doing it their whole life, what's the point of changing.' Quite a number of clients have changed very close to their death as they didn't want to die being addicted to the substance.”

“Our clients have many strengths and bring experience and life skills with them into counselling.”

“It can also be a stage of rekindling family relationships. Recovery means a lot of healing and also working through a lot of shame and guilt and trying to reconnect with kids, grandkids, and the whole family system. It's a vital stage of being re-integrated back into the family again.”

What would you say to families who are supporting a loved one who is an Older Adult struggling with Substance Use?

“Maintain connection. Maintain boundaries. And be consistent. Maintain connections that are realistic to your abilities. But maintain connections that are sustainable under the circumstances.”

“Family support can really make a lot of difference in how successful someone is in making changes to their substance use. Sometimes families think 'what difference does it make? They're going to do it or not.' No, their support can often be the make it or break it.”

"It's helpful to ask your loved one 'what would you find helpful?' Maybe that's not having wine at the family meal. Or maybe that's not the problem, maybe they would love a phone call once a week—go to them directly and ask what support they need."

"It is important to understand that people who use substances often experience shame. Therefore, it is important to be hard on the behavior and soft on the person."

What have you learned/enjoyed from this work?

"No matter whether they were born into a family with love, money, trauma, or addictions, addiction can happen to anyone. Very important. When people learn this it changes their perspective. It can happen to anyone."

"Diminished meaning and purpose seems to be a contributing factor to addictions or problematic substance use. A lot of people, when we look at their substance use history, they weren't life-long alcohol or substance users. It's not till they retire that their alcohol use increases significantly. For example, once they retire, they may go from an occasional glass to a significant increase in their consumption."

"The crossroads often came after retirement. They are grieving the loss of their former life. A life where they felt they had value and they were contributing to society or they had an interesting or important job, with all the friends in that world, and now they are isolated."

Social isolation is a huge contributor. Which isn't age specific but seems to increase with age."

"There's a higher amount of isolation and loneliness amongst older adults. It's a social phenomenon in North America. Older people don't have a role here. Once you don't have a role contributing money, you don't have a role because the emphasis is on production. Within Indigenous cultures for example, elders are revered for their wisdom, they lead the family and are involved in the community; often in Western cultures older adults are placed in care or find they don't have a role anymore."

"I've learned so much from hearing from people with lived experience. The reasons why they are using, some of the challenges when they are using. There was a client who had used IV heroin from age of 14 till the age of 83. How resilient they have to be."

"I get paid to explore someone's life. With older people if you can open up a space for them to explore themselves, addiction is just one piece. They are not an 'alcoholic'; they are a person who has lived a rich life."

What else would you say to clients or families reading this?

"There's always really good reasons why people use substances. There's a common phrase in the field: if the substance is the solution, what is the problem? Turn it on its head."

"In terms of successful recovery if you can shift recovery to discovery—discovery of meaningful human connection and self-reflection—then you can maybe find a successful and sustainable recovery."

And is being an older adult a barrier to that? The assumption is that there is nothing left to discover. But it's not true. It doesn't end."

"They are not an 'alcoholic'; they are a person who has lived a rich life."

End-Of-Life Care For Persons Who Use Substances

By Isabella Mori

The following looks at some research on the palliative care needs and experiences of people who use substances, including alcohol.

About 25% of people who are homeless also experience substance use. A Canadian study by Ebenau et al. interviewed people experiencing homelessness about their wishes regarding end of life, and 48% of the study participants were dealing with substance use. Death and dying was a topic on the minds of many, having often had first-hand experience with seeing others die. Interviewees made their hope clear that they would be treated with dignity, respect and compassion. They wished that those who are using substances would receive care that respected their desire to use substances at the end of life.

Said one participant:

“If I’m using and I’m dying, I don’t think I’m going to decide to get clean at that point, you know. If I’m clean – yeah, I want to die a clean death, right. But if I’m using and I’m dying I’m going to say, hey man, get me some crack cocaine.”

Unfortunately, and very much against their hopes, this population often dies in hospital settings, where these wishes are not granted. The barriers to accessing alternative palliative care for people experiencing homelessness are significant and include lack of housing to receive home care, abstinence requirements in some palliative care places, and care avoidance because of negative experiences with health care, which is what most of those interviewed had experienced, and which is frequently echoed by many people using substances. Interviewees hoped that end of life care would be free of the stigma against substance use that many health care providers still have. They stressed the importance of having peers with lived experience of homelessness and substance use as part of their palliative care team.

A systematic review by Olivia Cook et al. of studies concerning end-of-life care notes that there is little research, and particularly not much on best practices (one exception is the Good Practice Guidance, mentioned below.) The review found that a history of difficult relationships with family, friends, and/or health care professionals was a common theme. This led to loneliness, isolation, regret and remorse for some.

The Good Practice Guidance for supporting people with substance problems at the end of life, developed by Manchester Metropolitan University, recognizes challenges related to how complex and manifold people’s needs are. Their key message is that it is imperative to identify those needs early, and to have community partnerships among care providers (e.g. services that provide housing, health care, home visits, etc.) It is important to have the relevant staff education to carry this out (Magoon, another researcher, found that only 41% of palliative care specialists felt prepared to deal with non-prescribed opioid use.) Cook states that respectful conversations are very important, and they often include being able to listen to difficult life stories because they may well dictate preferences for end of life care. Another important conversation is about advance care planning. The guide lays



Receiving care that respects their desire to use substances at the end of life...

out examples of how these conversations can be held. For example:

“People may drop cues into conversations to see if you will pick up on them as they may not know how to raise the topic ... It can be difficult to use the terms ‘end of life’ with people. Sometimes asking open questions can help ... [e.g.] questions about the future ... What are your fears and concerns about your substance use towards the end of life?”

These challenging conversations are one of the reasons why staff themselves need support; this is emotionally very taxing work. Similarly, families also need help.

Those at the end of their lives need access to harm reduction supplies and practice just like other people who use substances do. Support around safe injection (but also privacy in their personal spaces to use), an outside smoking area, and safe alcohol administration are recommended for places that offer or support palliative care.

Another issue is pain management. Again, from the Guide:

“I guess where we hear about things that are of concern clinically, [it] will be things like people being afraid to prescribe analgesia properly, particularly if somebody has a heroin or some kind of a drug related abuse...my clinical experience is that some people, particularly with heroin abuse or related drugs, have a very high tolerance for the drug and therefore they need really big doses...people are really afraid of really big doses and so I think that there is a tendency to underserve this population.”

To close with the words of another participant in Ebenau’s study:

“It doesn’t matter where we are in life. We all deserve autonomy to make our own decisions and actually be able to say—this is actually what I want. It doesn’t matter that you don’t want that for me. You’re not me and I get to make my own choices, right, so. It’s, I mean even when people are dying, they still get to make their own decisions, right.”

Research Cited:

Cook, Olivia & Doran, John & Crosbie, Kate & Sweeney, Phillipa & Millard, Ian & O’Connor, Margaret. (2022). Palliative care needs and models of care for people who use drugs and/or alcohol: A mixed methods systematic review. *Palliative Medicine*. 36.

Ebenau, A., Dijkstra, B., ter Huurne, C. *et al.* (2019) Palliative care for people with substance use disorder and multiple problems: a qualitative study on experiences of patients and proxies. *BMC Palliative Care* 18, 56.

Galvani, S., Wright, S., & Witham, G. (2019). *Good practice guidance: supporting people with substance problems at the end of life.*

Magoon, C., & Shalev, D. (2022). Toward holistic care: Including substance use in mental health-palliative care integration. *Palliative and Supportive Care*, 1-2.



Only 41% of palliative care specialists feel prepared to deal with non-prescribed opioid use

In many Indigenous cultures, elders are considered the carriers of the wisdom and teachings

“Healing as Restoration”

By Tao-Yee Lau in Consultation with Indigenous Health



In many Indigenous cultures, elders are considered the carriers of the wisdom and teachings rooted within the culture. Vancouver Coastal Health has had the privilege of working with and collaborating with many Indigenous elders who has granted their wisdom and expertise to help us deliver health care in a better way. I reached out to Indigenous Health to see if we could gain any perspectives on the topic of substance use among older adults. Here are two quotes that show how progress on substance use requires not only discussion of assessment and treatment; rather, it necessitates a community and holistic view of health. If health is a state of physical, mental and social well-being, not merely the absence of disease or infirmity, what is the role of history and societal healing in the health of our older adults?

“[Substance use for Indigenous people] requires both capacity to envision a future of hope and the practical means to make that vision a reality.

Community-based prevention and intervention is just one aspect of a long-term solution.

Restoring balanced, holistic health in the Aboriginal population also requires significant improvements to the social and economic conditions impacting health”

“Healing needs to go (conceptually) far beyond ending hurt and dysfunction patterns. It also needs to include building a new pattern of life that is healthy and

pursing visions and dreams of possibility.

Insofar as healing is restoring balance to a people and society that were thrown out of balance by what happened to them in the past, that restoration must go far enough to return the people to a form of life that extends beyond meeting basic requirements for survival.

“Healing as restoration” must also mean creating the conditions within people and their society that will support and enhance the realization of human potential.”

Thank you Indigenous Health for sharing knowledge with us.

References: People, A. A. (2007). Addictive Behaviours Among Aboriginal People in Canada:74; Lane, Phil. Mapping the Healing Journey : the Final Report of a First Nation Research Project on Healing in Canadian Aboriginal Communities. Solicitor General Canada, 2002.

Tips for the Support Persons of Older Adults

By Tao-Yee Lau

Many barriers exist for the older adult population in getting help and support. One of the reasons may be that members of society and even health providers may assume that older adults are unwilling or unable to change substance use patterns. This may prevent them from receiving a referral for treatment for substance use concerns.

Research literature, however, has shown that older adults have treatment outcomes that are equal to or better than those of younger adults.

Here below are some tips for working with Older Adults who express they want to change their substance use. These tips were developed for providers; however could also help family members who want to engage their Older Adult loved ones in conversations about use.



Hold out a message of hope and recovery



Guide the person to identify their own reasons for change

Work together:

- ⇒ Use a non-judgmental approach which includes listening and understanding as much as possible.
- ⇒ Acknowledge first that this can be a difficult or awkward subject to discuss.
- ⇒ Create a safe environment for the discussion. Avoid confrontation, anger, or arguments.
- ⇒ Provide education on substance use and promote an approach where it is a health issue not a moral issue.
- ⇒ Avoid labels. Don't use terms "alcohol" or "addict"; instead raise possible impacts of the substance use.



Create a safe environment for the discussion

Use the concept of "Motivational Interviewing", which is a technique used frequently in substance use treatment

Here are some therapeutic principles of this directive but not confrontational technique:



Respect individual autonomy Focus on an individuals' strengths



Acknowledge that someone's ambivalence about change is normal and not pathological



Use empathy, not authority or power Affirm the individual's self-efficacy

Develop discrepancy between an individual's goals and behavior

Accept interim and incremental treatment goals

CADER

These tips are taken from Center for Aging & Disability Education & Research (CADER)'s *Substance Use Among Older Adults* Course. For more information see: <https://thenetwork.bu.edu/cader/>

Resources related to Substance Use Among Older Adults

VCH services:

Older Adult Mental Health & Substance Use (MHSU) Services, Central Intake Line: Tel: (604) 709-6785; http://www.vch.ca/Locations-Services/result?res_id=281

General Overview of VCH Substance Use Services: <http://www.vch.ca/your-care/mental-health-substance-use/substance-use-services>

START—Substance Use Treatment and Response Team (rapid outpatient detox) or Vancouver Daytox: new referrals through Access Central at 1 (866) 658-1221

Community Services:

Seniors Distress Line: (604) 872-1234; <http://seniorsfirstbc.ca/links/seniors-distress-line/>

BC211 Redbook Online—Provincial information and referral line: <https://bc211.ca/>

Resources for Families, Friends & Caregivers:

BC Centre on Substance Use: Family and Caregiver Resources, <https://www.bccsu.ca/family-and-caregiver-resources/>

*THRIVE Family and Friend Caregiver Support Program—*for family and friend caregivers of Older Adults who use substances or multiple prescription medications, <https://www.bccsu.ca/thrive/>

Smart Recovery (Life Beyond Addiction) for Family & Friends: <https://www.smartrecovery.org/family/>
Family Caregivers of British Columbia, Caregiver Support Line: 1 (877)-520-3267

*From Grief to Action Coping Kit—*directed at parents of young adults with substance use, however useful for other types of families, <https://www.bccsu.ca/wp-content/uploads/2018/11/Coping-Kit.pdf>

Al-Anon Family Groups: <https://al-anon.org/>, including some [tools](#) to determine “if Al-Anon is right for you” or *Nar-Anon Family Groups:* <https://www.nar-anon.org/>

Adult Children of Alcoholics, <https://adultchildren.org/> or *Co-Dependents Anonymous,* <https://coda.org/>

Books for Further Learning:

Addict in the Family: Support Through Loss, Hope and Recovery, by Beverly Conyers, 2021 edition.

Beyond Addiction: How Science and Kindness Help People Change, by Jeffrey Foote, Carrie Wilkens, 2014.

Organizations and Website Resources:

Canadian Coalition for Seniors’ Mental Health: Substance Use and Addiction, <https://ccsmh.ca/substance-use-addiction/>

Government of Canada: Using Substances as an Older Adult: <https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/using-substances-older-adult.html>

Canadian Centre on Substance Use and Addiction: 2018 report on Substance Use and Aging, <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Substance-Use-and-Aging-Overview-2018-en.pdf>

or report summary at <https://www.ccsa.ca/improving-quality-life-substance-use-and-aging-report>

Canadian Deprescribing Network: <https://www.deprescribingnetwork.ca/>

Alcoholics Anonymous: www.aa.org or *Narcotics Anonymous:* <https://na.org/>

A list of resources collected from all of the experts interviewed and research done for this Newsletter

**** Past Issue Flashback ****

Update on Mental Health & Supported Housing

By Tao-Yee Lau

In February 2022, our Family Connections Newsletter focused on Mental Health & Supported Housing. While I heard from many it was educational and enlightening, I also heard from others who thought the current state of supported housing described felt hopeless. As a result, I reached out to the Ministry of Mental Health and Addictions (MMHA), who I knew was conducting province wide consultation around new developments called “Complex Care Housing.”

MMHA kindly provided this update for me, for inclusion in this month’s newsletter. It was great to hear directly from them about this large initiative. Read on to hear more!



Complex Care Housing

In November 2020, the Ministry of Mental Health and Addictions was mandated to lead the development of Complex Care Housing to provide an increased level of support for British Columbia’s most vulnerable who need more intensive care than supportive housing provides.

Through a rapid but broad engagement and collaboration with key stakeholders, including housing operators, health service providers, municipal partners, advocacy organizations, people with lived experience and Indigenous partners, the ministry developed a [draft strategic framework](#).

This framework outlines the foundational principles and core elements of what we’re looking to attain with this new voluntary service model and will guide the implementation of the first phase.

Complex Care Housing is a new approach to address the needs of people who have overlapping mental health or substance use issues and other unmet needs who often experience homelessness or face barriers in achieving housing stability. As outlined in the [framework](#), Complex Care Housing includes three different ‘tiers’ or ‘steps’ for housing: intensive supportive housing, respite/stabilization, and highest intensity housing. At all steps of the model, individuals will be reached by a full suite of voluntary health, housing, social and cultural services at an intensity that meets their need.

Notably, the service model includes different kinds of housing (e.g. congregate housing and scattered site housing) to provide individuals with as much choice as possible. Additionally, services follow the individual and last as long as the person needs, depending on their goals. This means if an individual moves housing locations, the services will move with them.

In January 2022, government announced the first four Complex Care Housing projects in [Vancouver, Surrey, and Abbotsford](#). These early projects provided an opportunity for us to get additional services to people as soon as possible. Budget 2022 includes \$164 million over the next three years to deliver 20 new complex care housing projects, with plans underway to support a total of ~500 people by the end of 2022/23. Additional projects have also been announced including [Victoria, Langley and Fraser South, Kelowna and Kamloops, Bella Coola](#) and [Powell River](#), with more announcements to come.

Going forward, our current focus is on implementation. This includes establishing a coordinated access and referral process, and developing provincially consistent operational policies and guidelines. This also includes developing a monitoring and evaluation framework that will assess impacts and outcomes for individuals, families, and systems, and help inform future phases.

Thank you to the Ministry for this intriguing update.

Link to their draft strategic framework here: https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/mental-health-addictions/draft_complex_care_housing_framework_-_feb_2022_external_v2.pdf

“Budget 2022 includes \$164 million over the next three years to deliver 20 new complex care housing projects...”

TIDBITS from the Family Connections Support Group

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

Variety of Resources and Websites mentioned:

- Pathways Serious Mental Illness Society, Family to Family education course, an evidence based program specifically for those supporting a loved one with a serious mental illness (offered 3 times a year): <https://pathwayssmi.org/education/family-to-family-course/#:~:text=The%20Family%2Dto%2DFamily%20education,a%20designated%20evidence%2Dbased%20program>
- For those supporting a loved one who is expressing suicidal ideation, our Sept newsletter dove into this topic and includes some communication tools: <https://www.spotlightonmentalhealth.com/wp-content/uploads/2021/09/Family-Connections-Newsletter-September-2021.pdf>
- Wanting to get involved in voicing feedback on the system and opportunities to be a family advisor? See here for multiple opportunities to do so: <https://engage.vch.ca/>
- Psychology Today Guide to Therapists in private practice in B.C.: <https://www.psychologytoday.com/ca/therapists/british-columbia>
- Guide to the Mental Health Act (Huge document, but Appendix 13 is very pertinent to families as it is about information sharing): <https://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf>
- Selected resources from Caregivers Awareness Month (Saying No, Caregiver stories, financial resources, juggling work and caregiving): <https://www.familycaregiversbc.ca/blog>
- <https://www.familycaregiversbc.ca/> and contact information: free BC Caregiver Support Line: [1-877-520-3267](tel:1-877-520-3267), 8:30 am – 4:00 pm PT Monday to Friday, <https://www.familycaregiversbc.ca/get-help>
- Access and Assessment Centre for urgent MHSU concerns or referrals to Vancouver MHSU services. See here for info: <https://vch.eduhealth.ca/PDFs/CD/CD.140.V44.pdf>, 604-675-3700 (7:30am-11pm daily)
- BC 24/7 Mental Health Support Line, 604-310-6789

Resources around medications:

- Patient counselling materials from VCH Pharmacy Services: <https://one.vch.ca/dept-project/lower-mainland-pharmacy-services/pharmacy-services-vancouver/vch-patient-counseling-materials-va>
- CAMH website on common medication therapies for MH and SU: https://www.camh.ca/health-info/mental-illness-and-addiction-index?query=*&facets=filter_tags:FBE2D610F63F4BB0A530F89F7899D21F

Resources related to first episode of psychosis:

- All about the Early Psychosis Intervention (EPI) model: <https://www.earlypsychosis.ca/>
- <https://www.earlypsychosis.ca/what-family-members-need-to-know/> (many sections that might be relevant)
- <https://www.earlypsychosis.ca/how-to-help-a-friend-or-loved-one/> In English, German, Korean, Punjabi, Mandarin, Hindi <https://www.earlypsychosis.ca/resources-and-downloads/>
- <https://www.earlypsychosis.ca/how-to-cope-as-a-caregiver-or-friend/>
- <https://www.earlypsychosis.ca/downloads/1-EPI-Coping.pdf>



*Websites,
Resources,
Books,
recommended
reads!*

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 the Family Support and Involvement Team for the Zoom link at:

familyconnections@vch.ca

“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; Also search for a local meeting here: <https://meetings.smartrecovery.org/meetings/location/>

BC Schizophrenia Society Family Support Groups - for family members supporting someone with serious mental illness. Local listings of BCSS support groups across B.C. regions can be found here: <https://www.bcss.org/support/bcss-programs/family-support-groups/>. You can also contact the Coastal Manager @ 604-787-1814 or coastmanager@bcss.org for more details on the groups 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 Northshore Schizophrenia Society) - weekly online support groups, and family to family education sessions. For more information on the next support group: <https://pathwayssmi.org/weekly-support-groups/>

Pathways Clubhouse Chinese Family Support Group – Catered to Chinese-speaking (Cantonese and Mandarin) individuals and families, who are caring for a loved one with mental health issues. 2nd Saturday of each month from 1:00pm to 4:00pm via Zoom. Part 1 (1:00pm-2:30pm) is a free talk delivered by a guest speaker and Part 2 (2:45pm-4:00pm) is a Heart to Heart Support Group Sharing. Contact Lee Ma at Lee.Ma@pathwaysclubhouse.com or 604-276-8834 for details.

