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## Communication

Communication is a huge topic. This issue focuses mostly on spoken communication. We discuss two books that have greatly influenced our work. One is *I'm Not Sick, I Don't Need Help* by Dr. Xavier Amador, who has pioneered the Listen-Empathize-Agree-Partner method of communication. The other is *Beyond Addiction*, which discusses the CRAFT approach to helping families talk about substance use with their loved ones. You'll also read about experiences with confidentiality (or lack thereof) by a peer, a family member's musings about communicating with her sister, the ingredients of an apology, and meet our new team member, Tao-Yee Lau. And giraffes! Yes, you'll read about giraffes. Finally, we have a new column featuring some of the resources we share with our support group.



### Family Support and Involvement Team

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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](http://www.spotlightonmentalhealth.com)

By going to this website and clicking on the [Family](#) tab you can find our [Community Resource Guide for Families](#), Vancouver Coastal Health's [Family Involvement Policy](#) and much more.

Thanks for reading!

## A Message from the Family Advisory Committee

Today we arguably feel more pandemic stress than ever. We would like to cling to the hope that vaccines will make us safer though we are wiser now. We know the emerging variants could mean continued restrictions and worse.

Among the unintended consequences is the impact on our collective mental health. And sadly, some of you reading this will have lost someone to an opioid overdose during the pandemic.

The time has never been greater to raise the voice of people who are suffering or have left us. I encourage you to consider joining a Family Advisory Committee to be that voice.

We all want greater mental health and substance use awareness, more funding for services that will help and more people in the right place at the right time to make these changes happen. I don't think we can do it without you.

**Patti Zane, Chair, FAC (to VCH-MHSU)**

If you are interested, or wish to learn more about becoming an FAC member, contact us at [vancouverfac@vch.ca](mailto:vancouverfac@vch.ca)



# “I’M NOT SICK, I DON’T NEED HELP”:THE POWER OF LISTENING

By Isabella Mori

A book we talk about over and over is Dr. Xavier Amador’s *I’m Not Sick, I Don’t Need Help: How To Help Someone With Mental Illness Accept Treatment*. In it, Amador talked about his LEAP method of communication – Listen, Empathize, Agree, Partner. Paradoxically, a good way to start the often very long process of helping someone accept treatment is to stop fighting their assertion that they’re not sick. Here is an excerpt:

*“Tell me one last thing,” said Harry. “Is this real? Or has this been happening in my head?” Dumbledore beamed at him...“Of course it is happening in your head, Harry, but why on earth should that mean it is not real?” J.K. Rowling, Harry Potter and the Deathly Hallows*

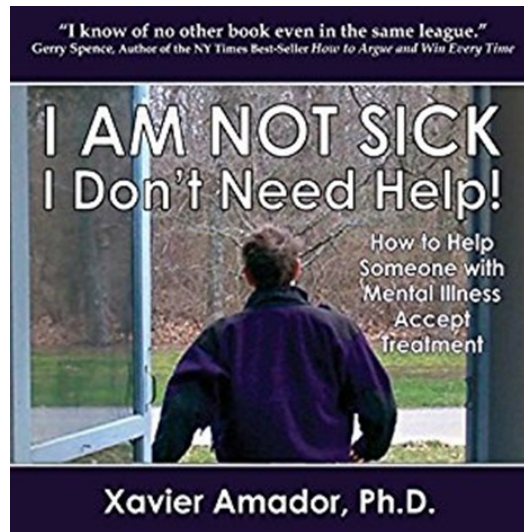
*For all intents and purposes, your loved one’s experience is very real indeed. To him, he is truly not sick. If you can relate to your loved one in this way, you will be much closer to becoming his ally and working together to find the reasons he may have to accept treatment—even though he is not sick. You don’t have to agree with his reality—the “realness” of his experience—but you do need to listen and genuinely respect it.*

*My colleagues and I have helped many patients accept treatment for a wide range of problems they feel have nothing to do with mental illness: e.g., to relieve the stress caused by the conspiracy against them; to help them sleep; to get their families “off their back”; to lower the volume on the voices being transmitted by the CIA, etc.”*

Amador doesn’t expect families to immediately embrace his ideas; they can feel a little counter-intuitive. After all, doesn’t patiently listening to someone’s delusional talk mean you agree with it? *No, it doesn’t.* Don’t you make them believe in their irrational ideas even more? *Unlikely – these ideas are much stronger than your words.* And what is the “agree” part about – why in heavens name would you agree with your loved one’s voices? *You only agree with the things you can agree with, and you find out about that through listening.*

Amador bases his approach on Motivational Enhancement Therapy (MET), a type of Motivational Interviewing (MI). In MET/MI, therapist and client collaborate, address the client’s misgivings or ambivalence toward change, and affirm that the resources for change reside in the client. This is a well-researched technique used frequently in substance use counselling, and has also shown successes in medication adherence (see e.g. Dobber, 2018, below).

You can’t enhance someone’s motivation if you don’t know what motivates them. Surprisingly often,



*Doesn’t patiently listening to someone’s delusional talk mean you agree with it?*

*No, it doesn’t.*

*Listen with only one goal: to understand the other person's point of view and reflect your understanding back to them*

we don't really know that. We are so busy trying to convince our loved one to talk to a psychiatrist, to take the medication, to stop smoking cannabis, that we can't really hear their story anymore. Therefore, the "Listen" chapter about LEAP is the longest and most important one. Here are a few things Amador says about listening:

- Listen with only one goal: to understand the other person's point of view and reflect your understanding back to them
- Reflective listening is a skill that needs to be cultivated – it doesn't come naturally to most people
- In reflective listening, we listen closely, frequently check back to make sure we understood what we heard ("I think I heard you say X, is that right?") and accept any corrections made by the other person
- Do not comment, disagree or argue. This is not the time to talk about your agenda. When you do this, you create safety for your loved one – they can freely talk and don't need to feel defensive
- You need to know what your loved one's hopes and dreams are, whether or not you believe they're realistic or important
- Ask a lot of questions, like a journalist conducting an interview
- Respect what you've heard

You can find a review of Amador's book, one of his videos, and a very short version of LEAP here <https://www.spotlightonmentalhealth.com/leap-dr-xavier-amador/>

References:

Amador (2020) "I'm Not Sick, I Don't Need Help: How To Help Someone With Mental Illness Accept Treatment." Vida Publishing

Dobber et al. (2018) Medication adherence in patients with schizophrenia: a qualitative study of the patient process in motivational interviewing. BMC Psychiatry



## COMMUNICATION: ADVOCACY, CONFIDENTIALITY AND SKATEBOARDING

An interview with S.M., who is a peer and a frontline worker.

*Isabella: What's the first thing you think of when you hear the word "communication"?*

S.M.: On the positive side, the idea of connecting with people. I think of socializing with others, self-advocacy, and finding creative ways to promote wellness.



On the less positive side, I think of being slightly distrustful of certain systems, a certain uneasiness. The uncertainty around communication between care providers and some uneasiness from having personal information shared that I would have preferred not being shared.

*Tell me more about communication and connection.*

Finding those spaces where you belong, being able to give and take with other people in similar situations. Connecting with others is such a big piece of my wellness. I get so much out of talking to people - talking about serious things that are deep and heartfelt or even just chitchatting, it fills up my cup. When things are not going well for me my connection piece starts slipping, I start pushing things away, and it's easy for me to go more inside myself and away from people.

An example: For me, connection with others often comes through extracurricular activities, especially sports. This is where I often connect with my people, socialize and engage in physical activity. All three became hard to do with Covid. It made me realize how much social time I get from my sports, where I get to see my humans and have fun. So, I had to figure something out to find community. I have become completely obsessed with skateboarding. Every single day since lockdown, I'm on my skateboard. I found an online community where I can watch skate videos, and I've even met some new people in real life from a safe distance. Being outside and making a racket on a board with wheels on the bottom seems to attract people, specifically those who want to learn and see me flailing about. I think they feel they can learn too. I've met several new people through skateboarding, which is unusual because most people aren't making new friends during Covid. Skateboarding has been absolutely remarkable for my mental health and it has given me some structure.

*What would you like to say about communication that's not so great?*

This comes from years of being in the system, since I was a young child. It's tough to have faith that important information is being communicated as it should be, and to trust that confidential info isn't being shared without my consent. For example, it was hard when I was under 19 and the communication between care providers and social workers was so far beyond my control. From that I have developed this mistrust – what do people know about me that I don't know? They would communicate all the bad things about me, and would "know" all these things that I'd only find out later on. There was an ongoing sense of betrayal that has made me quite guarded. Because of that, I still

*I get so much out of talking to people - talking about serious things that are deep and heartfelt or even just chitchatting*



*I've learned to start by identifying what my needs are so that they are clear to me, then figuring out who I need to communicate my needs with*

spend too much time thinking about what people may know about me that they've heard from others. I've even had experiences as an adult where I've been labelled as a troublemaker and that feels horrible. I could tell that their decision about this label had already been made, the communication had already happened, and I couldn't dig myself out of that. It left me feeling quite powerless.

Being in this line of work, I believe everyone comes into this field with loads of compassion and the goal of helping others. Their intentions are not to be mean, but the supports for front line workers are often limited, which can lead to burnout, compassion fatigue and sometimes unfortunate actions. I believe that a huge personal responsibility within the caring profession is to monitor our own capacity and notice the warning signs of compassion fatigue. How that is done is probably different for everyone, but for myself I think a key piece is finding ways to support myself so I can support others.

*What have you learned about communication?*

I've learned so much about myself through social interactions with my peers. It has given me more confidence to advocate for myself, more perspective, and a better understanding of how I can effectively communicate my needs with others.

*Isn't advocacy all about communication?*

Yes, the big question I think of is, what's an effective way to communicate your needs? I've learned to start by identifying what my needs are so that they are clear to me, then figuring out who I need to communicate my needs with, and making sure I have supports in place so I can respectfully, diplomatically and concisely advocate for my needs. Prioritizing them, too – you can't ask for a hundred things at once.

*As we wrap up, is there anything else you would like to say?*

An epiphany I had years ago is that at the end of the day I can only really 100% rely on myself. This is an important reminder for me because it helps me see the power I hold to make different choices, to do things that help me feel good, and to recognize my autonomy, my abilities and my strengths. I can figure out what's not working for me and I can find solutions that help me through challenges I face. It's very reassuring to know I can rely on myself, because I am very available to me!

*Then that's communicating with yourself?*

Yes. Recognizing you are there for yourself and that you got this.

*Thank you for sharing your time and experience in this interview.*

# GIRAFFES! THE MAGIC OF NONVIOLENT COMMUNICATION

By Isabella Mori, with excerpts from Magdalena Malinowska

Some of the most important things about communication I have ever learned come from Nonviolent Communication (NVC), also called empathic communication or the “giraffe language.” Psychologist Marshall Rosenberg, the creator of NVC, used two animals to illustrate communication. NVC uses two animals as symbols. The giraffe is the land animal with the biggest heart and stands for compassionate communication.



The other animal is the jackal stands for competition, which implies judging, criticising, analysing, moralising and accusing. People who feel accused, unfairly treated, or who feel the need to control and impose, tend to use jackal language. Jackal language divides, giraffe language unites.

Below is an excerpt from NVC trainer Magdalena Malinowska’s web site, at

<https://www.empathiceurope.com/nonviolent-communication-basic-information/>

- Everyone is responsible for their feelings and for fulfilling their needs (I am responsible for mine, you for yours)
- I act because I “want” and not because “I have to”
- All actions are attempts to meet needs
- We all have the same needs, but we choose different strategies to satisfy them
- Feelings tell you what you need
- When we reveal our needs, we have a better chance to meet them
- The needs of every person are equally important and can be at least taken into consideration
- Conflicts arise from the belief that there is only one way to meet a particular need
- Before we start to resolve a conflict, we make contact with another person
- Empathic contact is the essence of Nonviolent Communication
- What helps in making contact? Empathy and honesty

Here are the four steps of Nonviolent Communication

## 1. Observations

What happened? What did someone specifically do or say? We pay attention to facts and observations. The opposite of observations are interpretations and judgments that may “invite” the other person to hear blame and criticism, for example: “You are always late, I cannot rely on you!” An observation would be “This is the third time this week you come to our meeting 15 minutes later than we agreed.”

*Jackal  
language  
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unites*

*What is important?  
What do I want? Pay attention to the needs that are behind your feelings.*

## 2. Feelings

What did I feel then? What could the other person have been feeling? Feelings are emotions separated from thoughts. For example “I’m frustrated.” In NVC, words that express feelings are distinguished from words and sentences which contain the interpretation of other people’s behaviour and the description of our thoughts. For example sentences like “I feel that you do not take me seriously” or “I feel disrespected” tell nothing about our feelings.

## 3. Needs

Which of my needs is unfulfilled/fulfilled? What is important? What do I want? We pay attention to the needs that are behind our feelings. I express what is important to me at this moment. For example: “Respect and keeping promises are important to me.” It is important to distinguish needs from the strategies that we choose to satisfy our need. That is the next step.

## 4. Requests

Is there anything I would like to ask someone now? Maybe I can ask myself? It is best to express the request in a clear and specific way (what, where and when) and assuming the possibility of a “No!” If you ask someone for something and start to get nervous when the person does not meet this request, it means that it was a demand. In our example, the request could be “Could you do me a favour and inform me that you are going to come later as soon as you know it?”

In summary, the whole message in a situation with a friend who is late may sound like:

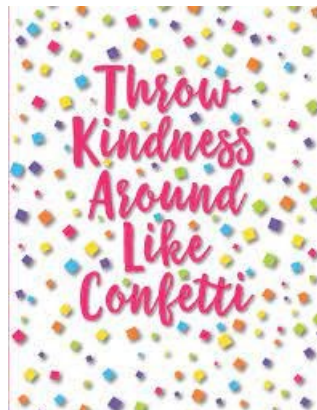
*“I’ve been waiting for you so long. You are always late, I cannot rely on you! I feel that you do not take me seriously. I need you to be punctual next time, okay?”*

or

*“This is the third time this week you come to our meeting 15 minutes later than we agreed. I am frustrated because respect and keeping promises are important to me. Could you do me a favour and inform me that you are going to come later as soon as you know it?”*

Do you notice the difference? Which statement would you like to hear from a friend or colleague?

If you’d like to learn more about NVC, go here <https://www.cnvc.org/learn-nvc>





## ON COMMUNICATION

### A family member shares her thoughts

I am not what you would call a good communicator. I buckle when I'm under stress and really struggle to navigate through a difficult talk. I end up saying nothing and that is often not helpful. So, when asked to write about communication it's important to let you know I'm not an expert.

But I'm learning and that will never stop. I'm reminded of a Toastmasters speech about long distance running. The message was 'just keep going'. It's the little steps taken every day that contribute to endurance. As a caregiver, this message has often been helpful to me.

My sister has developed her own self talk. She has embraced certain messages after taking a course in Dialectical Behavior Therapy (DBT). She tells me about what works for her and I find myself repeating some of her messages. And, we are both improving at listening reflectively (shout out to Dr. Xavier Amador).

Over the years I've noticed how quickly we are both able to bounce back from our uncomfortable moments. I've reflected on the things I've said to her at these times and realize I can be quite bossy and need to apologize. I think my apologies are appreciated and it opens the door to better conversations. And then we just keep going.

There are moments when I get to see my sister communicating well with others. Like our mother, she can walk into a room and have everyone laughing in mere seconds. It makes my heart sing and I'm acutely aware of the joy she brings to the world, just by being herself. What a gift to me!



## INGREDIENTS OF AN APOLOGY

1. Acknowledgment – Acknowledge what you've done and how it impacts others. "I am sorry for being late and that you missed your favorite show because of me."
2. Empathy and remorse – "I truly wish I hadn't said this to you. This is not how I want our relationship to be. (Remorse) I bet you feel really hurt by what I said." (Empathy)
3. Restitution – taking action to repair the damage. You can just ask, "How can I make it up to you?" or offer restitution that is directly related to the damage (sorry, guys, just buying a dozen roses doesn't count)
4. Timely – the quicker it is, the quicker you can repair the damage.
5. Proportionate – No need to go into a big spiel over a small transgression. You're just apologizing, you're not offering yourself as a doormat. On the other hand, a big transgression needs a big apology

For more on this, watch Dr. Robert Gordon's TED talk on apologies <https://www.youtube.com/watch?v=R7vP01U8qr4>

*I can be quite bossy and need to apologize. I think my apologies are appreciated and it opens the door to better conversations*

## POSITIVE COMMUNICATION

From the book “Beyond Addiction”, adapted by Isabella Mori

This book by Jeffrey Foote et al. outlines CRAFT, Community Reinforcement and Family Training. It is a guide for families of people with problematic substance use. Most suggestions also apply to other situations.

A stressed relationship makes communication difficult for families. Although unspoken or unconscious, understandably, what they want is not to feel as uncomfortable as they do (similar, in fact, to what drives many people to drink or use drugs.) The family’s apparent solution is an urge to fix things, or to demand apologies, instant change, maybe even retribution. It rarely works; negativity abounds, wounds deepen, connections become more and more frayed.

CRAFT suggests a way out: positive communication. It has seven elements:

1. *Be positive in word choice, tone and framing.* For example, “difficult” sounds more neutral than “horrible.” “This is never going to work” can be replaced with “let’s see how we can do this different next time.”
2. *Be brief.* We usually say more than we need to, especially in the heat of the moment. Sometimes it’s a good idea to write out what you want to say, and see whether you can say it in fewer words. Don’t be afraid to sound scripted – the less you say, the less opportunity for you to feel unnatural.
3. *Be specific,* especially with requests. Vague requests are easy to misunderstand. “Could you please be home by 11?” is better than “don’t be late again!”
4. *Express and label your feelings.* Crossing your arms and saying, “I don’t want to talk about it” can feel like the best way to deal with hurt, angry, confused, sad or disgusted feelings. Being vulnerable usually works better in the long run, though: “When you don’t come home until 3 in the morning, I lie away and worry. Then I get up four hours later and feel really grumpy.”
5. *Offer understanding.* “I’m so sorry you lost your job. I remember that time when I got fired. I felt so crummy.”
6. *Accept responsibility.* Your loved one who drinks or uses drugs probably makes a lot of mistakes. Whether they tell you or not, most likely they feel bad about it. Chances are you make a few mistakes, as well. By admitting them, you show your humanity, level the playing field a bit, and maybe make them feel a bit less like a “loser.”
7. *Offer to help if you can.* But not to fix! Offer to help with what your loved one says they need help with.

### Things to keep in mind:

- |   |   |
|---|---|
| Prepare and practice  | Listen                                    |
| Pace yourself and prioritize  | Consider your timing                      |
| Manage your tone of voice   | Listen                                    |
| Validate  | Ask permission                            |
| Sandwich it   | Relax your body and take care of yourself |
| Try to let go of attachments to the outcome   | Use “I” statements                        |
| Monitor yourself and give yourself permission to start over if you sense the conversation going off track |   |

“This is never going to work” can be replaced with “let’s see how we can do this different next time.”

## OUR NEW TEAM MEMBER: TAO-YEE LAU

We are pleased to introduce our new colleague working in the role of Consumer and Family Involvement Coordinator, Regional Tertiary Mental Health and Substance Use. Tao-Yee Lau supports families and consumers connected to our longer term Mental Health and Substance Use facilities – helping to strengthen the family/consumer voice across the system. Tao-Yee was good enough to answer some questions.



### *What is your background?*

I am a Registered Clinical Social Worker. I have worked for Vancouver Coastal Health since 2020 and numerous community settings since 2009.

My background includes working as a Program Coordinator, Mental Health Clinician, Social Worker, Shelter Worker, and Outreach Worker. My most recent focus has been working with adolescents and their families around mental health, behavioural health, juvenile justice, intimate partner violence, youth development, and peer leadership.

### *What is the Regional Tertiary Consumer & Family Involvement Coordinator?*

The Coordinator provides support, education, and resources to family members & consumers who are admitted to VCH Regional Tertiary (long-term specialized care) sites; builds staff capacity in understanding and implementing the Family Involvement Policy including involvement in complex cases, staff consultations, and presentations; coordinates the work of consumer, peer, and family advisors in Regional Tertiary programs; helps strengthen the consumer and family voice and advocates for patient-and family-centered care across the Regional MHSU system; and much more!

### *What areas does “Regional” cover?*

Regional Tertiary covers Vancouver, Richmond, North Vancouver, and Sunshine Coast sites, and clients come from Greater Vancouver, Sea to Sky, Central Coast, Sunshine Coast and certain sites in Burnaby and Surrey. In contrast, our Family Support and Involvement Coordinator for Community works with families who live in Vancouver proper, or whose loved ones do. The “Acute” counterpart works with families whose loved ones are currently in a short term psychiatric facility operated by Vancouver Coastal Health.

### *What are you looking forward to in this role?*

I am most excited about working in collaboration with consumer, peer, and family advisors to strengthen the Tertiary experience. It is always so great to see family members, clients, and consumers sharing their lived experience, perspective, and using their voice to help others or improve services.

### *What else?*

I enjoy spending time on long urban or nature walks, doing yoga, eating yummy food, and having fun with my fantasy basketball league. I’m also getting married this year in a City Hall micro-wedding! I am born and raised in Vancouver and my family background is from Hong Kong. I also lived and worked in New York City from 2011-2019 and was educated as a social worker there. I love seeing new places, pushing myself out of my comfort zone, living near water, and travelling.

How can we reach you? Email: [taoyee.lau@vch.ca](mailto:taoyee.lau@vch.ca) Mobile: 236-885-8169 (no text messages) Hours: Mon-Fri 9AM-5PM

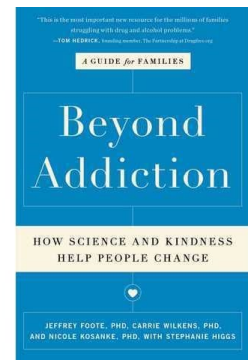
## TIDBITS from the Family Connections Support Group

In this new regular column, we will list selected resources we have discussed in our regular Family Connections Support Group (see next page). Let us know what you think!

A video on concurrent disorders <https://www.youtube.com/watch?v=IWhmc0tAuqc>

In some situations where substance use is involved, it may also be helpful to call the Overdose Outreach Team. See an interview with a team member in our July 2020 newsletter <https://www.spotlightonmentalhealth.com/family-involvement-newsletter/>

Currently, we discuss the book *Beyond Addiction* in our meetings, which is about CRAFT, the Community Reinforcement And Family Training approach pioneered by Robert Meyers (see <https://www.robertmeyersphd.com/craft.html> ). It was created for families of people using substances but a lot of the principles apply to other families, as well. Reviews of the book can be found here <https://www.goodreads.com/book/show/20385633-beyond-addiction>



Naloxone training to prevent overdoses – here is an online training video <https://www.stopoverdose.gov.bc.ca/theweekly/naloxone-training-online>

June Ariano-Jakes' book "Addiction – A Mother's Story" – moving and important reading, even if your loved one does not struggle with substance use <https://addictionamotherstory.com/author/junearianojakes/>

What to expect when you dial 911 for a mental health crisis <https://www.youtube.com/watch?v=JQzPNjGAdtUW>

One of the things many of the participants mentioned is how good it is to be among others who share similar challenges. Some of it is mentioned in this article about what promotes psychological healing (here <https://bit.ly/3cgfueA> )

How to find reliable information online. We will do a little education session on this in the next few weeks; in the meantime, here are a few (credible!) sources that tell you in general how to find reliable information

- <https://www.nia.nih.gov/health/online-health-information-it-reliable>
- <https://oldwayspt.org/6-tips-checking-if-website-reliable>
- <https://sccollege.edu/Library/Pages/EvaluatingInformationontheInternet.aspx>

*A video on  
concurrent  
disorders*

*Calling 911  
or Car 87*

*How to find  
reliable  
health info  
online*

*... and more*

## 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](mailto:taoyee.lau@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](mailto: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](mailto: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@bccs.org](mailto:vancoast@bccs.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 Northshore 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/>.