

A day in the life of....

By Justun Miller

As I am sure many of you have experienced when writing a resume, one of the most difficult things to do is describe your job, volunteer work, projects, and other relevant experiences. You want each description to be clear and concise, yet descriptive. This is the boat that the Family Support and Involvement (FSI) team has stepped into after deciding to focus this issue of the newsletter on ourselves. Our goal is to have you know very clearly what our responsibilities are, what skills we have, where our strengths are, and what we can do for you.

After a fair bit of discussion the FSI team decided that the best way for us to explain all of the above was to share what an “average day” looks like for us.

A Day In The Life of A Tertiary Family Support Coordinator

By Zachariah Finely

Sometimes, a new job provides the opportunity to see things with fresh eyes. Since taking over temporarily as the Family and Consumer Coordinator for VCH Regional Tertiary Mental Health and Substance Use Services (while my colleague Becky is on maternity leave), I've been privileged to have many direct experiences of the strength, courage, and resilience of families as they support their loved ones dealing with mental illness. It's been rewarding for me to take on some new challenges in this role, and, to be honest, probably the biggest such challenge has been keeping in mind how many different “moving pieces” there are to the job. Having worked as a therapist with a community mental health program for the last six years, I felt confident in my skills providing mental health assessment, group therapy, and individual support. At first, though, I found myself a little lost when I had to give my “elevator speech” to friends and family about this mysterious Coordinator position I had accepted for 2017!

Because the Family and Consumer Coordinator role has many different aspects and multiple responsibilities, I've found it harder to nail down than a community team case manager or outpatient group therapy position. I have a sense that some family members may also wonder at times about the nature of our roles and responsibilities.

In the interest of clarifying what it is we do, I would like to take you on a guided tour of a typical day. Although I could just publish my job description, sometimes a story can help tell about things in a way that is more useful...

My day begins with a meeting with a family member. A mental health team cares for their son, who is experiencing increasing distress and difficulties with self-care. The change noticed by the family, based on prior experience, triggers concerns about increased symptoms of a psychotic illness. The family member needs some emotional support and validation, but, importantly, they also need some practical support regarding having their concerns responded to and addressed, and they need assistance with thinking about how to effectively support their ill family member. I help them articulate what they are seeing in their son's behaviour, so this information can be fed back to their son's team, and I also document the conversation in their son's record, so this can be accessed by the team. Finally, I try to facilitate a good line of communication between the family member and their son's team, so that in the future the conversation can happen directly between the care team and the family.

Then, I'm off to a tertiary (longer-term inpatient treatment) site, where I meet with the Clinical Coordinator for one of the units. He and I talk about how some survey data regarding clients' experience of care during their stays can be used to improve the quality of services. It's important to me that we use survey data we collect to make some changes, but it can be tricky to figure out how to do this in a consistent way. The Clinical Coordinator and I troubleshoot around this, sharing ideas that eventually will inform a plan about using this data to improve services.

My second meeting happens in a coffee shop by my worksite. I talk with a gentleman, trained as a Peer Support Worker, who sits as an advisory member on a tertiary leadership committee. This man utilizes mental health services. He has the benefit of an insider's perspective on these services, seeing both where things might work well, and how they could be improved. As part of my organization's commitment to recovery-oriented practice and person- and family-centred care, we invite his input, just as we invite the input of family members, and I feel honoured to help him connect with the organization in a way that, I hope, will truly make a difference in how we deliver care.

Finally, I'm off to the Hope Centre building in North Vancouver, where, like my Family Support and Involvement Team colleagues, I have the pleasure of giving presentations on VCH's Family Support and Involvement Policy as part of an orientation for new hires. I also introduce a family member with many years' experience supporting her child and advocating for systems change. She shares her powerful story with the group. One participant speaks to the dilemma she feels when patients on her unit request that information not be shared with family. My family presenter and I then have an opportunity to explore this, clarifying the staff member's responsibility with regard to the Family Involvement Policy, and also helping the staff member understand the family's perspective on what it is like when their position in the circle of care is not acknowledged. When I see that the family member's story has struck a chord with a number of the members of the group, I feel happy and relieved: it's good to know that what we're doing actually will affect how our staff think about including family, no matter where in the organization they are working.

So, that's it: a day in my life as Family and Consumer Coordinator. My story's a little longer than an elevator speech (I'm still working on that!) but I hope that it gives a sense of the variety and the nature of the role. If you are still wondering about some aspect of what I described, or are curious about still other aspects of our work, please feel free to be in touch. It's my sincere wish that being clear together about what our Family Support and Involvement Team does can help us provide you and your families with the best care.

A Day In The Life of An Acute Family Support Coordinator

By Isabella Mori

8:35 I arrive at work to a voice mail from a client just released from hospital. He wants to know more about how we can support his partner who does not understand much about mental health and addiction issues. I call him back; we have a conversation and I send him an email with all our basic information (here <http://www.spotlightonmentalhealth.com/family-involvement/>) as well as specific information about his diagnosis, bipolar disorder.

10:00 A mother shows up for an appointment for brief counselling. She has a hard time dealing with the stigma in her husband's family. We talk about how she can both advocate against stigma but also work on her own responses to hurtful comments. This brings up family-of-origin issues; we agree to meet again for two more sessions and to find more long-term counselling avenues for her.

11:00 I have a meeting with the Nurse Educator to discuss how to involve families in staff education around Seclusion Room use. In our discussion, I mention as an example the experience of a family who felt they could have helped prevent a painful seclusion room experience for their niece had there been more family involvement.

11:50 On my way back from the meeting, I swing by the Psychiatric Assessment Unit (PAU), where I introduce myself to a visiting friend. She is the patient's only supporter. She and the patient are distressed because they don't understand a lot of things about the system. The patient, still somewhat psychotic, wonders, "Will they chain me to the wall in the basement?" I explain to patient and friend how and why seclusion occurs, how long people typically stay at PAU, and what typically happens afterwards. Friend wonders whether the patient will ever be able to return to work. I tell her about the CMHA's vocational counsellors. I also show friend and patient how they can find out who the patient's nurse is, and reaffirm that they should ask for a family meeting with the doctor. I take down their information and make a note to follow up with them.

13:45 I get an email from a new support group participant. Their mother is acting strange; what to do? I phone him and it turns out that the mother lives in Burnaby. I connect him with my contact person at Fraser Health.

14:30 A scheduled face to face meeting with parents who have a complaint. I had already assisted them with going through some channels – psychiatrist, Patient Care Coordinator, and manager. None of the solutions were ideal. The parents decide to make a written complaint to the Patient Care Quality Office, and I help them write the letter and explain the next steps, for example, that the Patient Care Quality Office needs to follow up on the complaint with the unit in question within 48 hours.

15:45 The social worker for one of the inpatient units calls. The siblings of a person with hard-to-treat bipolar disorder are very upset and need more support and time than the social worker can give. I call one of the siblings, listen to them for a long time, and give them information about the two most pressing issues. One is about housing; I explain a number of possible housing issues, and that they are not obligated to have the patient live with them. The second issue is communicating with the patient. I outline the major ideas in the book "I Am Not Sick, I Don't Need Help," suggest they purchase it and come to a support group. I also get in touch with the other sibling, whose English is not very proficient. I phone the BC Schizophrenia Society to ask whether they have anyone speaking Farsi, and connect the sibling with that person.

19:15 I am home but have decided to take the work cell phone with me. It rings, and I decide to answer. It's just a short call from someone who wants to know when my coworker Justun Miller's next Family Connections Education series happens.

A Day In The Life of A Community Family Support Coordinator

By Justun Miller

There doesn't seem to be such a thing as an "average" or "typical day" in my role as the community family support and involvement coordinator. Each and every day I get to meet new family members at various stages in their loved ones recovery, and as such, I am presented with new challenges and opportunities to support and educate. I think that the unpredictability of my days is what I enjoy the most about the position. But for the sake of this article I will do my best to describe what one of my days can look like.

8:30: I get to my office and gather up the material I need to participate in my first meeting of the day @ 10:00 which is the Family Forum Planning Committee meeting. I work closely with a very dedicated, passionate, and caring group of Family Advisory Committee (FAC) members to plan, and organize the almost overwhelming amount of tasks and details that need to be addressed before May 13th (See page. 6 for the flyer).

12:00: I meet with a sub-committee of the FAC, to work on an initiative to develop and implement training and education for family members wanting to volunteer and work with VCH.

1:30: Return to my office and speak over the phone with a family member in crisis. I provide a sympathetic ear, share the community resources available to the family member and their loved in addition to supporting them in how best to access them. I too direct the family member to the spotlight on mental health website where all of the previous issues of the newsletter are archived so that they have material on various topics to refer to and lists of community support groups to explore.

2:30: Meet with the mother of a community mental health team client. She is struggling to be able to support her son in his recovery and maintain any semblance of a balanced healthy life style for herself. We discuss numerous selfcare strategies and work towards developing a routine that will work for her. We also talk about the importance of boundaries and effective communication with her son.

3:00: Attend a meeting in which we are finalizing a Family Experience of Care Survey for the community.

4:00: Review and print out the material for tonight's Family Education Series session. Tonight we will be learning about self care. I call and speak with the Family member of a community mental health team client that is our guest speaker tonight. She will be talking about her experiences with her son, and what self care looks like for her.

8:30: Now my day is coming to an end. I thank the group members, co-facilitator (who is the mother of a son with mental health and substance use struggles), and presenter for taking the time to come to the group, and answer any questions the group may have that came up after the session.

* My days are not always this long, just once a week when I co-facilitate the family education group. These are however amongst the most rewarding days.

Working With the FSI Team

By Francisca Ling

I am a family member and a member of the Vancouver Family Advisory Committee.

It all started 3 years ago when I was dealing with a crisis with a family member. I contacted BC Schizophrenia Society for help and they connected me with the Family Services Involvement (FSI) Team. They were very supportive. They started by finding out which mental health team was working with my loved one, let me know that he was okay, explained the Family Policy to me and helped me to slowly make a connection with his team. In the beginning, the mental health team was somewhat reluctant to allow me to be involved in his recovery plan, so at one point an FSI team member encouraged me to be more assertive. I spent a lot of time going to the Support Group (which at that time was a joint effort between BCSS and Vancouver Coastal Health), and also benefited immensely from attending the education groups they were running. I communicated regularly with The FSI team. During this time, I just needed someone to talk to, and they listened. I turned from someone who was just angry and frustrated at “the system” to someone who understands it better, works with it and advocates for better services in the many places where it is still so desperately needed.

“It all started 3 years ago when I was dealing with a crisis with a family member. “

In 2014 I was asked by the FSI Team to help co-facilitate the Family Education Series as a family member, which I found to be a very fulfilling experience. Then in 2015, the FSI Team asked me to join the Family Conference Planning Committee for the 2015 Family Conference, where I had the opportunity to serve as chair for the 2016 Family Conference. It was so gratifying to know that family members who attended were able to receive important information and useful resources.

In 2015, I joined the Family Advisory Committee (FAC) with the help of the FSI Team. My participation with the FAC meant that I then had a voice; not just my voice but a voice for other families too. Our committee put forward recommendations and helped with implementing public policies and programs that reflect the needs of families. This is the part that I value most, and I have the FSI Team to thank for their help, dedication, and support. I now feel empowered and know how to connect other families to the FSI team for support. I have a much better handle on what to do in a crisis, and can share that knowledge with other family members.

Family Education Forum



FINDING A HOME - HOUSING 101

MAY 13, 2017 Saturday

9:00 am – 12:30 pm

Paetzold Auditorium, Vancouver General Hospital, 899 West 12th Avenue

Working Together for Mental Health and Substance Use

Housing improves quality of life and is key component of recovery for people with mental illness and substance use. Affordable and supportive housing reduces hospitalizations, psychiatric symptoms and substance use while increasing freedom, privacy, dignity and safety.

Speakers:

- **Frances Kenny**, (Chair of Vancouver Family Advisory Committee)
- **Andy Day**, (Operations Director, Community Health Services at Vancouver Coastal Health & Planning Lead for Primary Care)
- **Bryn Genelle Ditmars** (Peer Support Worker)

Keynote Speaker:

“Accessing Housing Services: an Overview”

Anna Richley (Manager, Mental Health and Substance Use Housing Services VCH)

Panel Discussion: “Housing First”

- **Amber Romanowski** (Peer Advisory Committee VCH)
- **Patti Gilbertson OT, MA** (Facilities Liaison, Mental Health & Substance Use Supported Housing VCH)
- **Terri Smith** (Substance Use Housing Case Manager, Mental Health and Substance Use Services VCH)
- **Will Valenciano** (Housing and Health Services Manager, Orange Hall DTES Region, BC Housing)

Moderator: Jennifer Glasgow
(Manager, Family Services Involvement Team VCH)

REGISTRATION

ADMISSION FEE \$10
www.annualfamilyconference.com

Limited financial assistance for admission fee is available.

For all inquiries, please contact **Isabella Mori**
Isabella.Mori@vch.ca or 604-290-3817

Sponsored By:





BRINGING COGNITIVE REMEDIATION TO BRITISH COLUMBIA

SAVE THE DATE

Saturday, October 14, 2017 | 8:30 AM – 4:30 PM
Paetzhold Education Centre | Vancouver General Hospital

People living with schizophrenia and other psychotic disorders often develop profound and disabling cognitive deficits. Even more than positive or negative symptoms, cognitive deficits can impair daily functioning and are a major factor in chronic disability and unemployment.*

Come learn more about these cognitive difficulties and about evidence-based cognitive remediation programs. Hear about an efficient strategy for training staff to deliver programs, and from people in B.C. working on related initiatives.

Keynote speakers:

Dr. Alice Medalia (Director, Lieber Recovery Clinic | Columbia University)

Dr. Christopher Bowie (Director, Cognitive & Psychotic Disorders Lab | Queen's University)

Medalia and Bowie are co-editors of the recently published anthology, *Cognitive Remediation to Improve Functional Outcomes* (Oxford University Press, 2016).

This conference will be of great interest to clinicians, families, consumers, mental health administrators and educators.

To R.S.V.P. and receive updates about the conference, please email Ben at events@bcss.org.

* Hurford, Irene M. Cognitive Remediation in Schizophrenia. *Psychiatric Times*, March 15, 2011.



Family Support Groups

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

Contact Suemay Black @ 604-251-2179

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

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

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

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

Pathways Clubhouse Chinese Family Support Group – Education sessions for Chinese families who have a loved one living with mental illness. 2nd Saturday of each month. 1 – 4:00 p.m., Room 345/50, 7000 Minoru Blvd, Richmond.
Contact Bessie.wang@pathwaysclubhouse.com
or 604-276-8834, ext 12.

Family Support Groups

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

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

Family Connections Support Group —Every first Thursday and third Monday of the month in the CIBC Center for Patients and Families at the Jim Pattison Pavilion, Vancouver General Hospital, 899 W. 12th Ave (behind the Information Center) For questions or more information please contact: Isabella.mori@vch.ca, 604 290-3817 or Zachariah.Finley@vch.ca, 604-714-3771

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

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

Ravensong CHC 2450 Ontario Street, 1st floor 604-872-8441 Thursdays 6:00 – 7:00 pm
Three Bridges CHC 1290 Hornby Street, Rm 310 604-714-3480 Tuesdays: 6:30 – 8:00 pm
Please contact Oona at 604-714-3480.



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

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