Family Connections

EDITED BY ZACHARIAH FINLEY, NOVEMBER 2017

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Your Family Support and Involvement Team

Isabella Mori
Coordinator, Family Support & Involvement, Acute
604-290-3817
Isabella.Mori@vch.ca

Zachariah Finley
Coordinator, Family & Consumer Involvement, Tertiary
604-313-1918
Zachariah.Finley@vch.ca

Jennifer Glasgow
Manager,
Family Support & Involvement
(604) 266-6124
Jennifer.Glasgow@vch.ca

Coordinator Family Support &Involvement, Community

On leave until February 2018 Isabella and Jennifer provide coverage until February.

Concurrent Disorders: Mental Health and Substance Use

In this issue of the newsletter, we explore the vast topic of concurrent challenges with mental health and substance use. We look at the topic of harm reduction, the challenge of integrated treatment, and the opioid crisis and response. There's an interview which touches on substance use, multi-generation trauma, and the family, and recommended coping skills for family members. For those of you who missed the recent conference on cognitive remediation, you'll find a brief recap here. We've also included some information on how to access substance use services in Vancouver.

Sometimes providing the appropriate care for 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. For non-emergencies please contact the Access and Assessment Center (AAC).

AAC Contact Information

Hours:	7 days/week; 24 hours/day; 365 days/year
Phone:	604-675-3700
Address:	The Joseph & Rosalie Segal & Family Health Centre 803 W 12 th Ave Level One East Entrance

Substance Use Harm Reduction: A Brief Primer for Families

By Zachariah Finley

As a young adult, I sometimes used to bike without a helmet – I found it inconvenient and I thought the helmetless look was a little more "hip" – something with which, at the age of 23, I felt I needed all the help I could get.

Then, suddenly, a friend of mine died in a bike accident. He was traveling at low speed, close to home, and without a helmet. This had a profound effect on my life in a number of respects, but one of the outcomes was that I became a consistent wearer of a bike helmet.

Wearing a bicycle helmet, like wearing a seatbelt, is a method of "harm reduction." It is a means of reducing the risk of harm associated with a behaviour.

Like many other behaviours, substance use carries risks. In simplest terms, substance use harm reduction is any strategy that reduces the risk of harm associated with the use. This can include things like supervised injection (rather than injecting at home or in the streets, where medical help is less available should an overdose occur), changing the route of administration (from injection of a drug to swallowing it in a pill, for instance), or changing the drug (from heroin purchased on the street, for example, to prescribed suboxone or methadone). Reducing the amount and frequency of use can also be harm reduction strategies.

Harm Reduction Practice is an established policy guiding service delivery throughout Vancouver Coastal Health. It is not limited to substance use, but includes sexual health and, indeed, all aspects of healthcare service delivery.

Why does Vancouver Coastal Health support a harm reduction approach? Simply put, harm reduction is effective, both for individuals and for promotion of the health of the population as a whole. It reduces infection, injury, and death related to substance use, and it also improves social and vocational functioning and reduces public disorder. The public health research literature supports the conclusion that harm reduction is good practice.

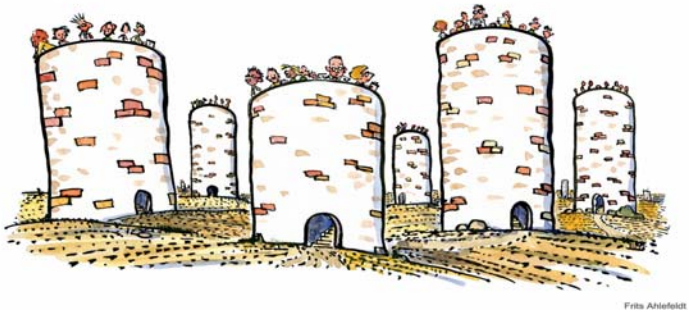
For some, harm reduction is controversial because it is seen as condoning or supporting illegal or risky behaviour. When people are struggling with substance use, this line of reasoning goes, why make it easier? From this perspective, we should be putting up more barriers to engaging in harmful behaviours, rather than "facilitating" them. Often, this way of thinking goes with a feeling of "moral outrage." Generally, it is behaviours we oppose morally that we think should not be "supported" through harm reduction.

However, this way of thinking might fail to acknowledge the reality of living with risk – that we all engage in behaviours that carry some degree of risk of harm. Since harm reduction strategies reduce risks, they increase the likelihood that someone using substances can improve their quality of life and the health of their communities. Harm reduction requires that we get away from "all-or-nothing" thinking when it comes to substance use and acknowledge that there are many degrees of risk and harm associ-

ated with substance use.

If your family member receives services for mental health and substance use concerns through Vancouver Coastal Health, those services will be delivered through a harm reduction perspective. As a family carer, you can talk with your family member's treatment providers about harm reduction and the rationale for harm reduction interventions. Discussing questions or reservations about harm reduction with your family member's care team can be useful. You can also support your family member by acknowledging and reinforcing any effort to reduce risk of harm associated with substance use, even if their approach falls short of the abstinence ("zero use") you might feel would be best. Harm reduction challenges all carers, whether family or treatment team, to be nuanced, flexible, and non-judgmental in their thinking about an individual's substance use – this challenge is one of the helpful opportunities for psychological growth inherent in the harm reduction perspective.

For more information, visit http://www.vch.ca/public-health/harm-reduction.



Treating Concurrent Disorders: From Silos to Integration

By Zachariah Finley

In the not-too-distant past, helping people with mental health difficulties and helping people who used substances were thought of as separate tasks. On the one hand, substance use treatment was strongly influenced by 12 Step philosophies and self-help strategies, and, on the other hand, mental health practitioners and agencies would often not treat individuals who were currently using substances. Unfortunately, this often resulted in a "siloed" approach, with separate treatment approaches, philosophies, and, in fact, whole systems of care. These separate systems worked in isolation from each other: people received substance use treatment, or they received mental health treatment, but they rarely received treatment that worked in a systematic way with both.

This lack of integration ignored what most family members, service users, and clinicians know well from their own experience – that mental health difficulties and substance use problems often go together. This is an important fact, because the interaction between substance use and mental health problems of all kinds can change the course and outcome of care. For instance, if someone is anxious, and uses alcohol to cope with the anxiety, teaching anxiety management strategies may be of limited use as long as the person is using alcohol in a problematic way. On the other side of the coin, if someone is dealing with psychosis, and uses crystal methamphetamine, this will tend to worsen the psychotic symptoms and make them harder to manage.

More recently, there has been a move towards greater integration in mental health services and substance use services. The pace of change can sometimes feel slow, but, little by little, programs and sys-

tems that historically have served *either* people with mental health concerns, *or* people with substance use concerns, are achieving a greater level of collaboration in their shared work. One recent example in our tertiary system ("tertiary" means longer term care for individuals with conditions that have not responded to brief treatment) is the hiring of a Concurrent Disorders Counsellor to work with clients and staff. This member of the team improves and coordinates efforts to address how substance use and mental health concerns interact. This clinician can serve as a resource to clients, staff, and families to improve outcomes by looking at the whole picture of substance use and mental health. More and more, this is the norm in our system of care within Vancouver Coastal Health.

As a family member, it may be helpful for you to know that this integration is an important priority of treatment teams. If you are involved in your family member's care, you can be a champion for this integration by asking treatment providers how substance use concerns and mental health concerns will be addressed concurrently. Clinical judgement plays into these decisions. Sometimes substance use issues are the initial focus, and at other times, mental health challenges will be in the foreground. Always, though, clinicians, clients, and families can work together to find creative ways to bridge substance use and mental health treatment approaches in order to provide the best client care.

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Interview: Concurrent Disorder and Family Involvement
Interview conducted and recorded by Isabella Mori

This is an interview with JW, an Indigenous woman of the Simpcw Nation. She has just finished a counselling diploma. She gave up drug and alcohol use in 2007 and has not used since.

What issues have you struggled with?
Crack cocaine, cocaine, marijuana, alcohol, sugar, flour, fried things, cigarettes … I started drinking at 14, smoking at 13, food since I was 2, cocaine at 20, crack at 30, mushrooms at 19. I'm in my forties now. I did crack cocaine very specifically because I wanted to either lose weight or die. I didn't lose the weight, just lost money, my car, everything. Food is still a problem, and my first memory of "using" food goes back to when I was two. Mental health concerns in my life are PTSD, depression, anxiety and hypervigilance. I may also be a little on the autism spectrum.

What was/is family support like?
All my friends and family were supportive. They didn't know whether to use tough love when I started using hard drugs. They were particularly supportive when I went into recovery and would visit me when they could at the recovery house. My sister was unsure whether she could be part of my life. She had a young family and didn't know whether they'd be safe with me. It's not that she wasn't supportive; she was just unable to help.

My family was there to listen. Friends that I met in recovery would go to meetings with me. Family members came to 12-step celebrations only but that's probably for the best. You don't really want "normie" family members to be at your meetings. (That's what Al-Anon/Nar-Anon meetings are for.)

What advice do you have for families?

Don't give your loved ones money – give them food. Listen. Don't take your ill loved one's difficulties on. Don't take things personally, even if the addict is saying "it's your fault." It's not your fault. Even if you had a part in building the addiction. It's the addict's responsibility to get well. If you have a loved one in addiction, families can go to Alanon, or Adult Children of Alcoholics. Even if your family is not alcoholic, it helps! If your loved one goes to support groups, support them with that – if it's a 12-step group, they may go there for the rest of their lives. It's okay if they do.

Was stigma an issue?

Possibly with PTSD, and to some degree, stigma around mental illness and addiction. Neither of these things were new to my family but it's not exactly something to be proud of. As I got healthier and was more on an even keel, it turned out that some of it was thyroid, and somehow because of that they understand my challenges better now. Now my family understands that brains and bodies are just made the way they are. I think it's because it's changing in society in general but also definitely within my family. We learned from an occupational therapist that my niece will never be muscular due to her particular genetic makeup, and that was useful. No-one is ever going to be everything. All this came about through my niece and nephew's play therapy. That was an important moment for the whole family. Genetics plays such a big part of who we are and what our challenges might be.

No-one was surprised I had depression. I was a depressed kid. It was different for PTSD. Only recently has PTSD become more commonly known – my family didn't understand it. They understood I was trying to medicate with drugs, alcohol and food regarding the depression but weren't curious to learn more about PTSD as far as I know. They understand shell shock but not further. I didn't talk with them about my PTSD until 10 years clean and sober.

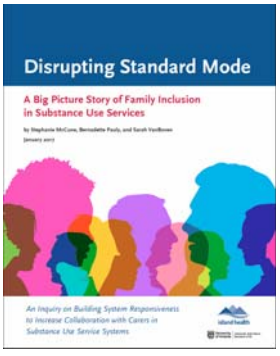
My family would freely say I got a lot of help in recovery houses and through NA and OA but they wouldn't talk about psychiatric issues unless prompted. For them, my difficulties were mostly about addiction but I know for me it all started with mental health issues. My mom tried to get me to a psychologist when I was a teenager but I wouldn't go because I had the stigma then myself.

How did your family change?

It was frightening for them when they first found out I was an addict. But they had faith in me and faith I would get well. My dad thought I was too smart to be an addict. He didn't get that it had nothing to do with intelligence. That belief has changed. As I did the 12 steps, I became a much more loving person, and another family member also joined a 12-step fellowship and is doing very well with it.

When I started going to school for counselling and learned about intergenerational trauma, that was important, too. I shared that with my family and we had discussions about it: What's the family background, who passed on what to whom, that sort of thing.

For a great report on family inclusion in substance use treatment, see *Disrupting Standard Mode: A Big Picture Story of Family Inclusion in Substance Use Services,* available for free download at https://www.uvic.ca/research/centres/carbc/assets/docs/report-family-inclusion-substance-use-services.pdf.



HOPE FOR FAMILIES AFFECTED BY SUBSTANCE USE

From Frances Kenny, Parents Forever

We seldom hear about **how families are affected** – how they struggle everyday to cope with the day-to-day challenges of their loved one's substance use (often with a co-occurring mental health condition). When addiction hits, parents and family members' lives are impacted emotionally, physically, spiritually and financially and it is critically important they receive the tools *they* need to recover and stay strong - EDUCATION, RESOURCES and SUPPORT. This recovery process involves learning how to take care of themselves and building the resiliency and strength needed for supporting their loved ones who may be struggling for a long and difficult time. For 17 years PARENTS FOREVER has been providing parents and family members with what we call the "Recovery and Survival Toolkit". It consists of ongoing support meetings where emotional support is given, resources shared, lending library provided as well as special events and presentations on various topics such as recovery, legal challenges, relapse prevention etc. Below are the Coping Tips compiled from all the wisdom and experience of the Parents Forever members. We hope it is helpful in your journey...

Parents Forever COPING TIPS – www.parentsforever.ca

HOPE

- Keep hope alive.
- Your child can recover and get their life back – others have.
- Be patient. It may take a very long time.
- Watch for signs of their old self – cherish these moments.
- Keep hope alive for yourself. You can get your life back – others have.
- You can learn to cope, even if your child continues to struggle – you can be"in recovery" years before your son or daughter.
- There's no downside to being hopeful.
- Join a support group – you'll hear stories to keep your hope alive (for your child and for you).

LOVE

- Love them as they are.
- Show your love.

- Stay in contact, if possible (hard if they don't have a phone). For example,meet for lunch once a week.
- Establish boundaries. Boundaries are personal, but some examples: Can't live in our house. Only occasionally give money. Don't respond instantly to every call for help – respond on your timetable.
- Forgive them.
- It's hard to love if you are filled with anger and resentment, so deal with your own issues.
- Phone calls & visits are great opportunities to show your love (and not your anger), so plan what you will say next time she calls, next time you see her.
- Example: You are capable, you will survive, we love you, let's get together for lunch on Saturday.
- Write letters of love to him, in your journal.
- Photos of her/him that bring a smile to your face on the fridge.
- Love yourself – just as you are. Go easy on yourself.
- Forgive yourself – we all make mistakes, continue to make them.
- Take care of yourself and your possessions (locks on doors, safe).
- Share the burden – talk about it with family, friends, colleagues. Join a support group.
- Don't put your life on hold. Enjoy yourself, look after yourself, have fun, enjoy friends. Don't feel guilty about this. Give yourself permission to be happy and find some peace.
- Keep healthy – physically and mentally.

ACCEPTANCE

- Accept them, as they are and everything about them (their addiction, their choices, that they could die, that they could be an active addict for years).
- Accept that despite your best intentions and trying everything to get them to change, you cannot control them. You are part of their support team, (along with counsellors, police, judges, probation officers, etc) but they have to decide to make the change. Accept that you are powerless over the addiction.
- It can take a long time to come to acceptance. It's the last step of the grieving process (denial, anger, bargaining, depression, acceptance).
- Accept that this can be a long ride. Be patient, through the detoxes, recovery houses, relapses, jail, emergency room visits, etc.
- Accept the relapse, -- they gained something and grew from every moment in recovery, even if it only lasted hours.
- Accept yourself, and all your weaknesses, and ALL your emotions (it's OK to be happy, it's OK to be sad). The sadness will pass.

OTHER STUFF

- Live in the moment.
- Educate yourself– about addiction, about coping (whose list is it on, etc), about services available for homeless (food, shelter is available – they wouldn't starve).
- Feel gratitude for all the positives in your life (family, friends, country, whatever).

WHEN YOUR CHILD IS IN RECOVERY

- It's a lot easier to cope when your child is in recovery, BUT, addiction is often just one layer of the onion. They probably have underlying issues: lack of education, no job, mental illness, criminal record, etc, so it's still important to use coping skills.
- Keep hopeful, continue to love and accept your child and yourself.
- Initial stages of recovery can be worrisome (will he/she relapse?). but enjoy it.
- Relapse is part of recovery.
- Recovery is a long process, be patient.. Stay positive.

THE OPIOID OVERDOSE EMERGENCY

THE SITUATION:

THE NUMBER OF OVERDOSES AND OVERDOSE DEATHS HAS BEEN INCREASING SINCE 2012

In 2016 alone, there were over

930

unintentional illicit drug overdose deaths, which is more than ever before

WHO IS AT RISK?

Overdose occurs in people who smoke or snort drugs as well as inject

Of people who died of overdose in 2016...

4/5 were male

In **17/20** cases, 911 was not called

Of people who were brought to the emergency department for an overdose in 2016...

2/5 were using drugs alone

4/5 were between age 20-49

More than **1/2** were using drugs in a private residence

OVERDOSES AND OVERDOSE DEATHS ARE INCREASING BECAUSE OF FENTANYL

People don't know **what** or **how much** is in their drugs

Many people who test positive for fentanyl **don't know** that they are taking it

Since fentanyl was introduced, more people have been having **repeat overdoses**

Fentanyl was found in **3/5** of overdose deaths in 2016

At InSite, **4/5** of drugs tested had fentanyl

There are **different types** of fentanyl, such as furanyl fentanyl and carfentanil, which vary in toxicity

Fentanyl has been found in:

- Pills, as fake oxys or other club drugs
- Powder, as heroin or fent
- Powder mixed into other drugs (crystal meth, cocaine, etc.)

A **PUBLIC HEALTH EMERGENCY** WAS DECLARED ON APRIL 14, 2016

This lets the province collect more information on overdoses so that they know where most help is needed

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WORKING TOGETHER REDUCING HARM

CREATED BY THE BCCDC HARM REDUCTION TEAM

UPDATED MAY 31 2017

BC Centre for Disease Control
An agency of the Provincial Health Services Authority

THE OPIOID OVERDOSE EMERGENCY

SINCE THE EMERGENCY WAS DECLARED...

NALOXONE HAS BEEN MADE MORE AVAILABLE

Naloxone (also known as Narcan) reverses the effects of overdosing on opioids (e.g., heroin, methadone, fentanyl, morphine)

More people have been trained to give naloxone, including paramedics, firefighters, and police

People don't need a prescription for naloxone anymore

Now anyone can give naloxone to someone who has overdosed

The Take Home Naloxone program has been expanded

The Take Home Naloxone program provides training and gives out naloxone kits for free to people who are either at risk of having an overdose or seeing someone having an overdose

There are over **500** Take Home Naloxone sites in BC, including at emergency departments, correctional centres, health units, and community agencies

Over **45,000** kits have been given out, over half of which were given out in the past year

Over **9,000** kits have been used to reverse an overdose

The Facility Overdose Response Box program was introduced

The Facility Overdose Response Box program gives out boxes with naloxone in them to community organizations, so that they can respond if clients overdose

THE JOINT TASK FORCE ON OVERDOSE RESPONSE WAS FORMED

The Joint Task Force works with the government and provides leadership in responding to the crisis

A PROVINCIAL OVERDOSE AWARENESS CAMPAIGN WAS STARTED

The campaign, using posters and TV ads, tells people how to prevent, recognize, and respond to overdoses

THE BC CORONERS SERVICE HAS FORMED A SPECIALIZED DRUG INVESTIGATION TEAM

This team hopes to complete investigations of overdose deaths sooner

THE GOOD SAMARITAN DRUG OVERDOSE ACT WAS MADE A LAW

People who call 911 to help someone who has overdosed will not be charged with simple possession, and neither will the person who overdosed

MORE PEOPLE ARE ON OPIOID SUBSTITUTION THERAPY

The number of people on suboxone has nearly doubled since 2015, and more people are on methadone

PharmaCare now covers methadone and Suboxone for people who need it, if a form filled out by a physician is approved

It's now easier for doctors to prescribe Suboxone, and nurse practitioners are allowed to refill prescriptions

OVERDOSE PREVENTION SITES WERE OPENED ACROSS BC

Overdose Prevention Sites are temporary spaces for people who use drugs, monitored in case of an overdose

There are **23** Overdose Prevention Sites across BC

There have been:

Over **85,000** visits

Over **600** overdoses managed

0 deaths at any Overdose Prevention Site

SUPERVISED CONSUMPTION SERVICES ARE INCREASING

InSite, a supervised consumption site in Vancouver, is now open 24 hours a day during peak times

Applications for supervised consumption sites have been made for Kelowna, Kamloops, Victoria, and another in Vancouver

2 supervised consumption sites in Surrey and 1 more in Vancouver have been approved

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HOW TO RESPOND TO AN OPIOID OVERDOSE

Know the signs

Not moving and can't be woken | Slow or not breathing | Blue lips and nails | Choking, gurgling sounds or snoring | Cold or clammy skin | Tiny pupils

Call 911

*Stay and help. Canada's Good Samaritan law can protect you**
More at: canada.ca/opioids

Know the SAVE ME steps to save a life

STIMULATE *Unresponsive? Call 911*
AIRWAY *Check and open*
VENTILATE *1 breath every 5 seconds*
EVALUATE *Breathing?*

MEDICATION *1 ml of Naloxone*

Keep giving breaths. Brain damage can occur within minutes.

EVALUATE & SUPPORT *Another dose?*

* If you are at the scene of an overdose and you or someone else calls 911 to get medical assistance, you are not to be charged with simple possession (possession for your own personal use) of an illegal substance. You are also not to be charged for breach of probation or parole relating to simple drug possession.

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Find
information on training and naloxone delivery for opioid overdose at

Cognitive Remediation Conference – A Quick Recap
By Isabella Mori

The "Bringing Cognitive Remediation To BC" Conference on October 14 was a great success – it was sold out and the presentations were fabulous. And it was put on by a family member! Susan Inman and her group did an amazing job. Watch the BC Psychosis blog for a full review (here http://bcpsychosis.org/). A few tidbits:

- Gerritt van der Leer from the BC Ministry of Health was present. His passion for the topic was inspiring
- Families can make a difference! In France, families demanded and got cognitive remediation nationally
- We need to find ways to teach cognitive remediation under all circumstances, "even in a rice paddy"
- Cognitive remediation is inexpensive and easy to implement
- More evidence based practices are needed for schizophrenia
- Three drugs are currently in the later phases of trials to help with cognition, one of them oxytocin, the hormone that helps with social bonding
- Social cognition (the ability to understand and plan social interactions, e.g. reading body language) is particularly important in the world of work
- In Vancouver, people who live with psychosis can participate in research and cognitive training (http://www.spotlightonmentalhealth.com/living-with-psychosis-interested-in-free-group-training/)

We will hopefully have an article about the conference in our next newsletter as well.

Top Book Picks on Substance Use for Family Members
By Frances Kenny, Family Member

Addict in the Family – Beverly Conyers

Loving Yourself, Loving an Addict – Candace Plattor

Beyond Addiction – How Science and Kindness Help People Change – Jeffrey Foote, Phd, Carrie Wilkens, Phd. & Nicole Kosanki, Phd with Stephanie Higgs

Don't Let your Kids Kill You — Charles Rubin

Co-dependent No More – Melanie Beattie

Highly recommended as well:

In the Realm of Hungry Ghosts – Gabor Mate

Love Her As She Is – Patricia Morgan

**Note that some of these resources include language which is not currently recommended in the reduction of stigma (eg, "addict). They may also be from a perspective which includes some focus on 12-step groups, which are helpful tools for many but are not necessarily always helpful for all people in all stages of recovery — ed.

The Family Connections Support Group

"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"

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 being held at the CIBC Centre for Patients and Families at the Jim Pattison Pavilion at VGH and is co-facilitated by a family member. We are very grateful to the CIBC Centre for Patients and Families for partnering with us on this exciting endeavor.

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 runs twice a month and family members are free to attend on a regular basis or drop in as needed. We hope that having the group on the VGH campus will make it easier for families to attend who are supporting a loved one at the Psychiatric Assessment Unit (PAU), Inpatient Psychiatry or Willow Pavilion, though all family members and supporters are welcome.

DATE: Every first Thursday and third Monday of the month

TIME: 6:00 – 8:00 p.m.

PLACE: 2nd floor boardroom, Joseph & Rosalie Segal & Family Health Centre, 803 W 12th Ave (at Willow; approach from W 10th Ave, behind the Blusson Spinal Cord Centre at 818 W 10th Ave).

For questions or more information please contact:

isabella.mori@vch.ca, 604 290-3817 or

zachariah.finley@vch.ca, 604-714-3771

How Do I Access VCH Vancouver Substance Use Counselling and Groups?

Service	Offered on site	Intake Process
Cambie Older Adult Mental Health and Substance Use 200 - 4088 Cambie St. Telephone: 604-873-6733	**1:1 counselling**	**Call 604-873-6733**
Downtown Community Health Centre 569 Powell St. Telephone: 604-255-3151	**1:1 counselling** **Groups**	**DTES residents only** **Drop in intake hours:** **Monday to Friday: 8:30 am to 5:00 pm** **Women only: Tues 6:00 pm to 8:00 pm**
Evergreen Community Health Centre 3425 Crowley Dr. Telephone: 604-707-3620	**1:1 counselling** **Acupuncture**	**Drop in intake hours:** **Tuesday: 1:00 pm to 3:30 pm**
Pacific Spirit Community Health Centre 2110 W 43 Ave. Telephone: 604-261-6366	**Youth 1:1 counselling**	**Drop in intake hours:** **Tuesday: 9:00 am to 4:00 pm** **Wednesday: 9:00 am to 4:00 pm** *(Closed 12:00 pm to 1:00 pm)*
Pender Community Health Centre 59 W Pender St. Telephone: 604-669-9181	**1:1 counselling** **Groups** **SMART**	**DTES residents only** **Drop in intake hours:** **Monday to Friday: 8:30 am-4:30 pm**
Raven Song Community Health Centre 2450 Ontario St. Telephone: 604-872-8441	**Youth 1:1 counselling** **1:1 counselling** **Groups** **Acupuncture** **SMART**	**Drop in intake hours:** **Monday to Friday:** **9:00 am – 12:00 pm** **1:00 pm – 4:00 pm.** **Youth (under 25) call 604-709-6532**
The Robert and Lily Lee Family Community Health Centre 310-1669 East Broadway Telephone: 604-675-3990	**Youth 1:1 counselling**	**Call 604-709-6532**
South Mental Health and Substance Use Services 220-1200 W. 73 Ave. Telephone: 604-266-6124	**1:1 counselling** **STAR Women's Group Program** **Acupuncture** **SMART**	**Drop in intake hours:** **Monday: 11:00 am to 2:00 pm** **Wednesday: 8:30 am to 11:30 am** **Friday: 1:00 pm to 4:30 pm**
Three Bridges Community Health Centre 301-1290 Hornby St. Telephone: 604-714-3480	**Youth 1:1 counselling** **1:1 counselling** **VAMP Group Program** **Acupuncture** **SMART**	**Drop in intake hours:** **Monday: 1:00 pm to 3:30 pm** **Tuesday: 9:00 am to 11:30 am** **Wednesday: 4:00 pm to 6:30 pm** **Thursday: 1:00 pm to 3:30 pm** **Friday: 9:00 am to 11:30 am**

Call any of these sites for more information and/or to inquire about visiting at a different time to learn about programs and services. VAMP and STAR are open to residents of the North Shore and Richmond.

All sites offer free harm reduction supplies and naloxone training. No referral required for SMART or acupuncture.

Addiction Medicine is also available at DCHC, Pender, Evergreen, Raven Song, South, Three Bridges and DTES Connections Clinic (604-675-3600). Please phone for more information.

Resources in nearby cities: Richmond (Transitions, 604-244-2486) North Vancouver (Stepping Stones, 604-982-5616 or Hope Centre, 604-984-5000) and Fraser Health (fraserhealth.ca or 604-580-4950 or 604-660-9382).

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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