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Family Connections

OCTOBER 2022 — EDITED BY ANDREA SIERRALTA

First Psychiatric Hospital Admissions

In this issue we will explore information, stories, and interviews related to the experience of being admitted to hospital with a psychiatric concern. For those who have never been admitted to hospital, things can be scary and unfamiliar. For those who have been admitted to hospital before, it can also be scary, and a reminder of difficult experiences and uncertainty. Our mental health system can be a quick changing one, and can feel like a difficult road to navigate. Our hope is that with this issue you can find some general information that can be helpful in the event of a psychiatric hospitalization within Vancouver General Hospital (VGH). We also look at some of the network of mental health services that work in partnership with VGH to provide care in a person's mental health journey. You will notice we start with a flowchart of a generalized hospital admission process, and the interviews and personal experiences shared will follow the overall journey from start to discharge.



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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/>

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/>



Vancouver Coastal Health Expert Talks

Q&A With A VCH Community Psychiatrist

Meet psychiatrist Dr. Zorn Netcheva, who will share her experience working with clients and families at a mental health and substance use team and with ACT (Assertive Community Treatment)

Facilitated by Isabella Mori, Family Support and Involvement Coordinator, Community, Mental Health and Substance Use Services, VCH

Wednesday, November 9, 2022, 6:00-7:30pm

Expert Talks are Zoom meetings in which experts – from GPs to case managers to families – talk about what makes them passionate about family involvement in mental health and substance use. The majority of the meeting will be Questions & Answers. Next talks: Jan 11, Mar 8 & May 10, 2023

Offered by the Vancouver Coastal Health Family Support and Involvement Team
Mental Health and Substance Use Services

Space is limited, so sign up early with Isabella Mori at isabella.mori@vch.ca

Vancouver General Hospital Psychiatric Admission

By Andrea Sierralta

We hear a lot from families and clients that it can be difficult to understand what is happening when someone is first being admitted to hospital. Many things happening at once, a lot of waiting, confusing messages from different professionals involved, the scary experience of being in a hospital and not knowing what will happen next.

The mental health system tends to change a lot as the years pass: practices change, research continues, and the system learns what has been working and what has not.

Given the system is difficult to navigate for the first time, the following is a chart of what someone might currently experience during a first hospital admission at Vancouver General Hospital. The flow of admission can change due to hospital bed capacity. Therefore, not every admission will follow this route, but generally speaking this can help understand the different entry points, assessment and admission process.

Situation

A person's experience of mental illness has had a change or increase in symptoms that become unmanageable on their own. This may include: psychosis, mood instability, suicidal thoughts or impulses, etc. The person may be at risk of harm to themselves or others.



Connecting to Mental Health Services that may lead to hospitalization:

- The person connects with their family doctor for assessment.
- The person or a loved one contacts Access and Assessment Centre (AAC) for urgent assessment.
- The person talks to a mental health professional (therapist, medical professional, etc.) who may suggest contacting AAC or calls 911 if worried about immediate safety.
- 911 is called by a family member, professional, concerned person.
- The person goes to, or is taken to, the Emergency Room.
 - ⇒ Via an accompanying loved one
 - ⇒ Via Police
 - ⇒ Via Ambulance
 - ⇒ Via Car 87/88



Assessment:

- ◇ Access and Assessment Centre (AAC)
 - The person is connected to a clinician and later assessed urgently by a psychiatrist.
 - Psychiatrist determines hospital admission is necessary to treat current presentation of mental illness, and provide safety for the person.
- ◇ Vancouver General Hospital – Emergency Room
 - The person is admitted to the Emergency Room.
 - Depending on the likely length of admission, the person may be admitted to PEAT (Psychiatric Emergency Assessment and Triage) or PAU (Psychiatric Assessment Unit) for short-term crisis intervention and stabilization.



Acute Inpatient admission is determined



Segal Building Acute Inpatient Admission



- If the assessing psychiatrist determines the person requires a more lengthy inpatient admission, the person may be admitted to one of the Segal Inpatient units: Segal 5, 6, 7, 8.
- **Voluntary admission:** the person is admitted voluntarily.
- **Involuntary admission:** the person is determined to be at risk to self or others, and meets the criteria for involuntary admission under BC's Mental Health Act.

Hospital Discharge

- After a period of hospitalization, once it is determined the person is safe and able to be discharged from acute psychiatric care, they will be discharged with specific plan for follow up:
 - Back to the care of a family doctor, private resources, community-based resources.
 - Referral to Outpatient Services (short-term psychiatry, group therapy, suicide intervention counselling) .
 - Referral to a Mental Health Team (depending on home address) which could include Early Psychosis Intervention for youth.
 - For longer-term psychiatric care, some people may be transferred over to Tertiary Mental Health services.
- **During admission:** the person receives multi-disciplinary treatment as needed (medication, occupational therapy, recreation, social work, etc.)



Interview with Jay Diell from Car 87/88

Clinical Coordinator for the Car 87/88 Program

By Andrea Sierralta

I had the pleasure of meeting with Jay Diell, Clinical Coordinator of the Car 87/88 Program who told me about the service offered by Car 87/88 and shared with me the incredible dedication of this team to support people with mental illness out in the community. This is what I learned and how it relates to hospital admissions at Vancouver General Hospital.

What is Car 87/88?

The Car 87/88 program is a joint initiative with Vancouver Coastal Health (VCH) and the Vancouver Police Department (VPD). They are a specialized unit that focuses on Crisis response/intervention in the community. The team has dedicated Mental Health Nurse Clinicians and Police Officers who specialize in providing support, education, and a timely response to assist people living in the City of Vancouver who are experiencing a mental health and/or substance use related crisis. The police officers wear plain clothes, and work collaboratively with VCH's experienced nurses to provide a rapid response to a crisis or urgent situation. They attempt to use the least intrusive resolution for each situation, understanding that early intervention during a crisis/urgent situation often reduces unnecessary admissions to hospital and can lead to better health outcomes for clients, patients, and their communities. This collaborative approach between health and safety aims to reduce harm as well as reducing involvement with emergency services, the criminal justice system and law enforcement.

What else can you tell us about your team?

Sometimes it seems that people have misconceptions about our team, thinking it is a huge team. It's actually a small dedicated team that covers the entire city of Vancouver. There is a huge demand for such a small team. We have 10 nurses and 4 police officers. We have one car (mobile unit) per shift, and two shifts per day (730-1830 and 1200-2300). **We are open 7 days a week/365 days per year.** Some of the interventions used are phone consultation support and assessment; outreach assessment; supporting community mental health teams; administration of medication, referral support, apprehension under the various sections of the BC Mental Health Act; and wellbeing checks.

How does someone access Car 87/88?

Health Care and Allied Professionals have a direct access to the program as a way to keep the system streamlined. The public can contact us through the Access and Assessment Centre and discuss the situation with them directly. The skilled AAC Clinicians will work collaboratively to triage the call to us if necessary. Triage is based on urgency, risk, safety, availability, need and demand to name a few. The AAC may also be able to engage other services, in addition to the services of Car87/88.

A Lot of people have had difficult experiences with being apprehended under the mental health act by Police, and this has included being handcuffed. This might deter them from getting help. What can you say about that?

It's definitely hard to go through that experience, but sometimes it's the least harmful in an unsafe situation. Not everyone is handcuffed, but when used, it's in response to safety concerns. This means police might be worried about the situation becoming unsafe or worse, and they do not want it to escalate. Our team aims to respond in the least intrusive ways possible. Our goal is to ensure everyone's safety, again in the least intrusive or traumatic way possible. We strive to use a trauma informed, client centred and compassionate approaches with

everyone we meet.

Being apprehended under the Mental Health Act can also be difficult, but its not all that we do. We can serve as a bridge to hospital admissions when needed, but we also aim to serve as much as possible to keeping people in the community and attempt to engage them with other services, if possible, to avoid unnecessary hospitalizations or apprehensions. We also advocate for people when ever possible, to help ensure their needs are met. Additionally, if utilizing Car87/88 is not an option, contacting the AAC, going to the emergency room, following up with case managers and care teams/providers may get you or your loved one connected to mental health services that are needed.

We know the healthcare system is having a difficult time with staffing and demand. How does your team get through the day to day?

A lot of collaboration. We have been able to craft this small team of diverse, amazing individuals, doing the best they can for clients. We believe we are here to serve. It's like a family. We come together to the round table to talk about cases, about the best way to help a person, all the time. There are times when we have had differing points of views, but together we try to come up with the best ways to handle a situation. Team work at its best.

It's really rewarding work and that's why we do this. We are a passionate group of people with a strong sense of community and that there is hope. We see the results in clients and know the importance of collaboration as a team but also with clients and their families. We all passionately believe in mental health and wellbeing.

What would you want families and clients to know?

We want to help. Our goal is to do the least restrictive, less harmful approach for the person who needs help and trying to achieve the best possible outcome at the same time. Staff are highly skilled. Sometimes we have to make difficult decisions based on the information we have. In the moment, with limited information, we may have to make a decision that later with more information we could think of a different approach but we strive to do the best we can with the information given and the situation before us. More information from families is always better. Sometimes it might feel like you as a family member are being interrogated, but there is a purpose to the questions we ask. We are trying to figure out how to best serve a person in need, as soon as possible, often in very stressful situations and trying to achieve the best possible outcome. We want to do the best we can for you and your loved ones. We want to help.

Thank you so much Jay for sharing about Car 87/88 and all the hard work your team does!



Interview with Deborah Hayles

Clinical Resource Nurse at Access and Assessment Centre and MHSU-Outpatient Services

By Andrea Sierralta

After hearing about Car 87/88, I thought it would be interesting to do some more in depth learning around what people might experience when engaging with the Access and Assessment Centre for hospital admissions, and subsequently what that process might look like entering the Acute units. I had a lovely conversation with Deborah Hayles, who has the amazing experience of working in multiple departments within Segal and has so much knowledge about the process. Join me in exploring what she had to share about the hospitalization process and what to expect.

What can families do if concerned that a loved one might need support and possible hospitalization?

Talk with your loved one and encourage them to seek help. This might mean making an appointment with a family doctor or going to a walk-in clinic (GPs and NPs are often the first line of support for mental health); calling or coming into the Access and Assessment Centre; or seeking emergency support.

If you think your family member is at risk of hurting themselves or someone else, please call 911 or take them to the nearest emergency room.

If you're not sure about what to do, families can contact the Access and Assessment Centre themselves, talk to a clinician, and ask for guidance. The clinician will listen, take the information and help you identify next steps.

They will probably ask you to encourage your family member to call or come into the AAC themselves or, if it is an emergency, may direct you to call 911. In some situations, a clinician may offer to reach out to the family member, but the clinician will have to share the information that someone called who is concerned about them.

The Access and Assessment Centre is the point of service access for mental health and substance use services in Vancouver Coastal health. They provide service to clients 17 years of age or older with mental health, substance use and/or addiction concerns who live in the Vancouver proper area. If your loved one contacts the AAC, by phone or in person, they will speak with a clinician who will assess them and identify the next steps. This may be a suggestion to connect with a family doctor or other resources to initiate some mental health care, scheduling a psychiatric consult (they may have to wait several weeks or months for that), providing resources or referrals to other community services, or a combination of options. If it's needed, your loved one might receive an urgent psychiatric assessment, and/or possible admission to hospital.

Other things family can do: support your loved one to come in; if helpful, accompany them to a family doctor or the AAC; provide additional information to care providers; reassure your loved one of your ongoing support. If the client is not willing to engage with services, families can still convey their concerns. There may still be something we can do. If you think their immediate safety is ever at risk, call 911.

What can you say to families about first time hospital admissions at Segal?

If your loved one is admitted, it is because the assessing psychiatrist believes they need a stay in hospital. There are many reasons people are admitted for an inpatient stay at Segal including a need for close support for safety and stabilization, further assessment to clarify diagnosis and treatment, and/or medication starts or adjustments. Your loved one might be admitted as a voluntary patient who agrees to being in hospital but can leave if they choose to, assuming they are safe, after a discussion with their doctor or care team. Alternatively, your loved one may be certified under the mental health act because the admitting and reviewing psychiatrists have determined that, at this moment, your loved one is at risk. This can sound very frightening for the client and their supporting friends and family, but it's important to know this is a way to keep them safe. Your loved one may not be able to

make sound decisions at that time. It is never a punitive measure. We recognize that certification is an infringement on people's freedom and can be a challenging, difficult experience. It is important to know that the psychiatrist will move towards decertification as soon as possible. Your family member or loved one also has the right to request a second opinion or a review of the certification. Our staff will make sure the client is aware of their rights and support them with any concerns.

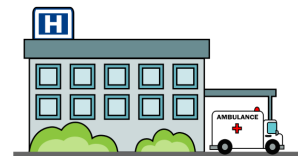
Because an admission, especially a first admission, can sometimes be frightening or overwhelming for a client, they will often appreciate your support. If it's helpful, you may want to stay with them while they're in the emergency department or the Access and Assessment Centre. Once they are in the PEAT, or on a unit, you won't be able to stay overnight, although there will be opportunities to visit. You can also call the unit to speak to your loved one, or nursing staff, who can give you a general update. Sometimes your loved one may be very upset or unwell and not want to speak to you. That can be really tough. Understand that it might be a reflection of the illness. Staff will try to give you as much information as they can, but will also respect the client's wishes.

As a family member/support person, you may be contacted by the attending psychiatrist or care team to provide information about your loved one, their history, and current presentation. Any information you can provide will be very helpful for staff in assessing your loved one and determining the best treatment plan.

Finally, you may be asked to help your loved one by taking valuables and some belongings home. We limit things that clients have on the unit for risk and safety, and knowing their belongings are safe may be helpful for the client. Similarly, your loved one or staff may ask you to bring specific things in that are needed or can help them settle in hospital. If the request is from your loved one, just check with staff that it's okay for them to have it. Also, your loved one may need your help if the hospitalization was unexpected, for example notifying other contacts, looking after pets, or ensuring their home is secured.

What might you say to clients about what a hospital admission might look like?

Hospital admission, especially if this is the first time, might feel confusing, overwhelming or frightening. Please know that the staff are available to provide care, help keep you safe, and support you. Do not hesitate to ask questions or seek support if you are feeling distressed, don't know what to expect, or can't remember what you've been told.



You will see a psychiatrist to be admitted, you will see one the next day after admission, and while you are admitted you may see them daily, usually Monday to Friday, sometimes on the weekend. While admitted, you will usually have two nurses assigned daily, one during the day, and one in the evening. You can go to the nursing station and ask if you aren't sure who your nurse is, but you can also speak to any available staff member if you need something. If you are certified under the Mental Health Act, someone should go through your rights with you. Please ask your care team anytime you are uncertain about your rights or need more information. Staff are here to support you. Most of our units have single rooms, but in emergency, PEAT or PAU, you will likely be in a shared room or space. Due to the number of people needing hospital admission, it might take some time to get a regular bed assigned even after being admitted, but staff will do their bests to get you settled as quickly as possible.

Sometimes, you may require additional short-term support to stay safe while admitted. There are protocols in place to help provide a reduced stimulation environment with ongoing close support if you need it. This is called seclusion, and only used when absolutely necessary.

When first admitted, expect to put on pyjamas and hospital socks or slippers. This is for safety. You and your psychiatrist will work together to assess how you are doing, and you will likely be able to soon wear your own clothes. If you are going to be in the hospital for a longer stays, your family or friends may bring in extra clothes for you, but remember, space is limited. There are laundry facilities on the unit.

Cell phones and valuables will need to be stored during your stay. If you don't have anyone to take them home, they will be stored in a safe place on the unit until you are discharged. Sometimes you may be allowed the use of your phone depending on the situation, but cell phone use is restricted for privacy and confidentiality reasons. There is a phone available to clients to make phone calls on each unit. If you want to use an mp3 player, laptop, tablet or other electronics from home, talk to your nurse. There are TV's, art supplies, games and activities available on the unit. You may also have the opportunity to participate in recreational and therapeutic groups.

If you are a smoker, you may be offered nicotine replacement therapy. If it's not offered, please ask. Hospital staff are not allowed to dispense or handle cigarettes or other substances used medicinally or recreationally, so you can assume you won't have access these products. This is part of a standard Vancouver Coastal Health smoking policy that also includes vaping and e-cigarettes.

Admission to hospital will help you stabilize your mental health and maybe start some treatment, but most of your recovery happens after discharge. When you and your care team decide you are ready to leave the hospital, you will likely be connected to follow up in the community. That could be a family doctor appointment, referrals to other services, or connecting to a mental health team. This will be the next step in your ongoing care. It is important to know that you will not get any follow up from the hospital psychiatrist, it will be someone different.

Anything else you would like people to know about a first hospital admission?

If your loved one is struggling with an acute mental health crisis, a psychiatric hospital admission will provide an opportunity for both the client and their circle of friends and family to regain some stability, knowing that the client is safe and supported. The time in hospital will allow for an effective assessment and connection to appropriate community services. It is the first, and sometimes necessary step, in the journey back to health.

Thank you Deborah for all the information about the hospital admission experience at Segal!



First Hospitalization—An Interview with People with Lived Experience

By Isabella Mori

In July, I had the honour of meeting with a few people who have been hospitalized for mental health issues many times. We talked about their first time in hospital, the long term effects of that experience, how they interacted with friends, family and coworkers, and what changes they'd like to see.

Participants felt passionate about sharing their stories but also wanted to make sure that people who read about their difficult experiences did not feel disturbed. Overall, their experience was painful, so if you find it challenging to hear about this, you may want to read this article in a supportive environment. Many of the difficult experiences are from quite a while ago. Many of the practices have changed, partly because people just like the ones interviewed for this article have shared their experiences and helped to improve things.

It is, however, wonderful to note that everyone interviewed is doing well today. For example, there were those in successful professional careers, as well as people devoted to peer support.

What motivated you to share your experience?

There was a desire to let people know what it's like because first hospitalizations really changed how they experienced subsequent ones. One person was a recent immigrant at the time, so that added to the difficulties. Another person referred to a "pretty colourful" first hospitalization, all the insight they gained over the years, and how they built on it. They wanted to share some of the lessons they've learned, both in terms of how the system works and also in terms of professional help, self-care, and self-awareness. For another person it was important that families understand that psychiatric services can be harmful to body and mind. There was also a hope that talking about their difficult experience would help with their own healing.

What was your first hospitalization like?

One person recalled living in the Interior in the 1990s. "This happened quite a while ago but the memory lingers." They had overdosed, were in an ambulance, and needed to go to the bathroom. The problem was, they were only wearing a hospital gown! They were shocked and upset when they saw themselves in the bathroom mirror at a rest stop. When they got to the hospital, nobody told them what was going on, and suddenly they found themselves "in a room with a bed, a comforter, and a toilet." They got angry, and were placed in a different room and given punching gloves. They acknowledge that things have changed a lot since then but emphasize how hard they found it that nobody told them what was going on.

Another person also had their first hospitalization in the 1990s. "It had a huge impact on me and shaped my view point on hospitals, health care in Canada, and being a mental health patient ... it set the tone." They had wandered the street around Christmas, ended up at an empty theatre at UBC, and started taking their clothes off. "I got taken out quite violently" and taken to seclusion at VGH. The way it was handled, "it built mistrust in anybody who was going to help me." When they were on a gurney "probably talking gibberish" they were treated like they were not there. "I could feel and I could see and I could hear ... but I just couldn't communicate." They were also made fun of, and their self-worth was affected by "being taken over by some authority."

The person who was a recent immigrant recounted how they kept being asked which family member to contact – but they didn't have any in Canada. "I came by myself ... you're on your own, you don't have an advocate ... it's me against the system, basically." They also found their first hospitalization quite trauma-

tizing and pointed out that they never received counselling to process that: “I’m a full time employee in a well-respected profession, so it’s like ‘everything is fine.’ Oh, everything is *not* fine. There is a lot of deep-seated, long-term trauma.” There is also some mistrust when they do talk to a counsellor in the system because they don’t seem to be sensitive to this type of trauma. “They need to look at the dark side as well ...the system is actually creating trauma.”

A participant recalls that they were “dragged by the ankle out of my home by a police officer, strapped to a gurney and taken to the hospital. There, a nurse yelled at me ‘take off your clothes or I’ll rip them off!’ In the locked unit, I received a neuroleptic that made my tongue swell up and stick out of my mouth and also interfered with my vision and another one that made my brain feel like it was submerged in antifreeze. I complained to staff and was told to ‘take a walk’ and ‘you’ll get used to it.’ The psychiatrist was cold and uncaring. I had a review panel. The night before a nurse told me to cancel it because the psychiatrist was ‘going to spend a long time making you look bad.’ I felt so tortured by the drug that I knew I wouldn’t be able to function at the review panel so I cancelled.” When they left, “no one at the hospital told me it’s dangerous to stop these drugs abruptly because they cause severe withdrawal symptoms. As soon as I left the hospital I abruptly stopped the drug because it made me suicidal. I ended up losing my job and housing. “

Were you supported by friends and/or family?

Three people were far away from their family. Also, “I didn’t know what was going on or how to reach out for help.” One person felt that they couldn’t share with others what they were going through because they were in a helping profession themselves. They found that traumatizing. “I couldn’t tell my secrets.” Eventually, their family did drive up and see them. Fortunately, “now I have complete support from friends over the last twenty years of building relationships and I try to be as honest as I can but at the time, it was a secret.”

Another person was living with a spouse who had difficulties with substance use themselves. Their family, too, was thousands of miles away. Their psychotic episode was immediately followed by a deep depression. At that point, they were “pretty much alone.” Fortunately, a year later, they met someone very supportive with whom they share mutual support for decades now. They also had some very unfortunate experiences at work, where upon disclosure of their mental illness, they were immediately let go, despite having produced highly visible, award winning work. Their mental illness was also gossiped about in the professional grapevine.

One interviewee mentioned that to this day, there are only ten, fifteen people who know about their mental illness. “I completely fly under the radar.” They talked about how they sometimes are “really creative and have to make up some stories” and the shame and the secrets but that they just couldn’t afford to be more open about it because of stigma and the fact that they work in a high caliber position. “I have to stay in the closet to make a living.”

“I can’t even imagine what it is like to have a supportive family” because they feel that if they opened up to their own “they wouldn’t be supportive, they are just not a caring, loving family, so I choose not to be around that.” However, today they have friends that insisted on seeing them in hospital but they had to overcome their original stance of “I want to go through this on my own.” They also realized that this self-reliance can be dangerous because “when I’m not doing well, I do need someone to intervene, otherwise I’m roaming the streets, and I starve myself to death because I think my food is poisoned.”

What would you like future patients and families to know?

It was pointed out that of course, everyone’s experience is different and unique.

One person, despite their negative experiences, felt that the mental health system isn’t all bad. It’s important to remember that it can take years to get better. And the hospital setting is a safe setting; remember that the staff is there to help you, that’s all they’re there for. That can be hard to understand when you’re in the throes of psy-

chosis. It can be incredibly frightening, a living hell. The hospital stay is to help you see the end of that so that you can manage on your own.

“Try as best as you can to get some insight into your brain disease. Inform yourself; read, read, read. Get to know the clinical features of your medication” was another recommendation. But that didn’t work for another person; it reminded them too much of the labels and stigma attached to mental illness. They felt they knew exactly what psychosis was all about, and instead of reading what professionals had to say, got something out of talking to the people at the ward. “You find some amazing people.” They also found it easier to build relationships with nurses, physiotherapists and occupational therapists rather than the psychiatrists at the hospital who, they found, “talk down instead of talk with me.” It was also good to have their friends visit and take them on passes.

Another person found that “the more you look inward and kind of get to know yourself, the less frightening it is.”

One person recounted that the majority of their hospitalizations were involuntary “so what I wanted never mattered. My rights were stripped. I had no say-so. I was never asked, there was no such thing as patient centered care. What do you recommend in a situation like that? Be quiet, pray that everything works out, speak up when you can but also be aware that there are repercussions of you speaking up.” They felt they were seen as a troublemaker. They found the hospital environment and being around people with similar challenges very difficult.

If there were one or two things you could change about what it is like for a person to have their first hospitalization, what would that be?

One person would like to change “the implications of the mental health act.” Sometimes it’s necessary to be certified but it would be nice to have peer support workers that tell people about their rights. When the Mental Health Act was first started, it doesn’t seem like the people who were suffering were included. Similarly, another person said “there is no place for coercion in what is claimed to be a system of ‘care.’”

Another thing is training and helping the next generation of helping professionals – “bring people like us that have experience with the system, create discussion, bring awareness. Information that is not out of the textbook, written by doctors for doctors.” The real change is that health professionals have to push for that from the inside. And it’s important for patients to get involved in committees.

Other topics that were brought up, either directly, or stemming from comments above: more empathy; more of the services offered through Car 87 (police can still be quite rough; inform the patient, and tell them what they can expect next; respectful communication at all times; compassionate, trauma-informed debrief/counselling after hospitalization; awareness that hospitalization can be traumatizing; anti-stigma initiatives, especially in the workplace; and mental illness education (including informed consent to care and a full review of the harm psychiatric practices can cause).

As hard as some of the contents of the interviews may be, it is important that we look at the truth of what people have experienced. Voices like these make a difference, and can only help to improve the system. While I sincerely believe that the system has gotten much better over the years, there is still a ways to go. If you want to be part of patient and management groups who constantly work on quality improvement, please consider joining CEAN (VCH’s Community Engagement Advisory Network at <http://cean.vch.ca/>) or Patient Voices Network (<https://patientvoicesbc.ca/>).

Thank you to all of those who participated in this interview with Isabella, and sharing your experiences with us!

Interview with Betty Yan

Regional Peer Support Worker for the Mental Health Act Support Team

By Andrea Sierralta

It is always a privilege and honour to hear personal stories from people with lived experience. We have just heard from a group of people who were open with us and shared how they were impacted in different ways by their first hospitalization experience. I was also very privileged to be able to sit down with Betty, a regional peer support worker for the Mental Health Act Support Team, who was able to share with me her own experience of hospital admission at Segal and some of her valuable input from being a Peer Support worker as well. Here is what Betty shared with us:

What is your role? How long have you been doing it for?

I've been in this role almost a year. A third of the role is Mental Health Act (MHA) rights education and support for clients; a third educating myself about the MHA, creating resources and programming, scheduling, professional development; and lastly a third engaging with other staff, meetings, staff education around MHA rights and why they are important for the patients. I spend time on all the units at Willow Pavilion, Segal and BC Psychosis (ten total).

What is a peer?

A Peer is someone who has lived experience in mental health and/or substance use issues and can use their experience to support others going through something similar. Nobody can know what somebody else is experiencing even if some of the experience is similar: age, culture, diagnosis; you can have a lot of similarities but the experience is very unique. Being a peer isn't about claiming to know somebody else's experience, but that we have been through a similar issue, have experienced care in a certain way, have experienced stigma, and in a sense that is the sharing part. Not to say that I know what you are going through exactly.



What do you recall about your admission experience?

I recall vaguely arriving at the Emergency Room, and not any of the intake process from ER at all, I don't think I was fully conscious. I remember waking up to a hospital bed, it might have been the ICU (Intensive Care Unit). I knew one or both of my parents were there. I remember feeling physically normal, feeling like I didn't need that much medical attention. It was very much about the physical health in the ICU: food, vitals etc. Then I had a new staff person visit me who asked me things about mental health, and they brought up the idea of transferring me to a mental health unit. They said it in a way that felt like this is what we are going to do, and are you okay with it? It felt like there was no choice, but I was willing to try it.

I didn't really understand what would happen. I didn't know but I was cooperative. I was transferred to Segal. There you couldn't have visitors all the time. I remember the first night, it was scary. I was in this unit alone, the building was nice, but I didn't know anyone there, didn't know the staff or how long I would be there. I remember saying 'Hi' to someone in the evening who was doing a jigsaw puzzle and I joined in on the puzzle with her and I felt a bit less alone. I started to notice the benefits of the structure they had on the unit: the same meal and snack times every day, you go to bed and get up at the same time as everyone. The routine was immediately helpful. The lack of stimulation, not being on my laptop or phone, not being online, not being in my day to day life, not worrying about having to do anything was also a relief. I was there for 2 weeks. Now as a staff member that seems like a short time.

It was pre-Covid, so there was a reasonable amount of activities to do on the unit. I remember doing jigsaw puzzles which I hadn't done before. I was talking to a lot of the patients, I felt like we were all exposed due to our illness even though we had different diagnoses, we all had come to a place where it landed us into the hospital. There was a shared experience, so I felt very comfortable with a lot of the other patients, there was a weird sense of community. Normally we can be closed off living in the city with a lot of people around us, but feel alone. On the unit I felt connected, you could be in the shared spaces on the unit, talk to people, have meals together, do things together on the unit.

I learned to play to chess on the unit, I had kind of learned as a kid and one of the other patients taught me again. I had no cellphone, wasn't working, had limited passes at first, so you are trying to fill the time for many hours.

It felt like a weird kind of retreat. The meds I was given were not giving me any extreme side effects. So I was able to do the activities I wanted: sit quietly and read, talk to the other clients, play games, sing with the cleaning staff, journal, watch tv. I felt like I got well quickly, by the first week I was going on extended passes, and then overnight passes home.

What are things to know or ask for during a hospital admission?

For clients:

I appreciated that they gave me a piece of paper with the name of the building and the address and a picture of the building. Know to ask nurses about procedural things, or material things you need. They will have things for personal hygiene you might need if you don't have a lot of things with you, and if there are no passes yet, or you don't have anyone to bring something in. You can ask the staff for whatever you might think you need.

Ask about what rules there might be, like visiting hours or if you can have pets visit on the unit.

Ask any questions if you are curious, for example, I remember them taking my blood pressure every morning, so if you are curious as to why they are doing something, ask.

Ask for things you need or want, if you weren't getting enough food, or you have dietary restrictions. If they say no, they say no, but there's no punishment for asking, and then you will know.

Depending on what you need, consider who you should ask: for passes ask the doctors, for medication ask nurses/doctors, for other life issues/resources after discharge ask social work, the occupational therapist gave me a WRAP (wellness recovery action plan) book to work on and discussed career support for discharge. If in doubt ask staff about who can help you with what you need, there are also psychiatric/rehab/ community mental health workers who you with your day-to-day needs on the unit.

For families

Ask about procedural things, passes, there are different processes for different units. What are the rules for bringing things in. Clients will ask families to bring things in for them, and they might not be accepted if they're not safe, like glass objects.

For people who may be less comfortable with their loved one being held in the hospital, you might want to ask about the MHA rights.

One of the first things for families as well, is to ask the client, talk to your loved one. When I was in the hospital, I did call family even though it was stressful to talk about the experience, the calls were short, there were visits, and I had a friend or two visit as well.

I think family should try to let the person who is in the hospital lead as much as possible, when they are ready to talk or to see you, because speaking for myself, family was a big trigger. So, it wouldn't have been nice if they were suddenly there, or if the doctor brought them without me knowing. I appreciated the distance and the control for how much contact I could have with family, when I was ready.

What was confusing or not clear that could have been better?

The main thing that was confusing was the certification status. When I first arrived, I don't remember their role, but someone gave me the 'your rights' brochure. I don't remember the form I had to sign, but remember receiving the brochure and assuming I was there under involuntary status. Because I wanted to be there and get care, it wasn't super upsetting, but it was scary, it felt like right now I'm okay with staying here, but what if next week I'm not? I remember reading the brochure. It did feel a bit scary that it would be up to the doctor to determine when it's time for me to leave. Even if I was happy to be there, there was still the understanding that I couldn't leave if I wanted to. After discharge, I requested my medical record and in it the doctor wrote that I was a voluntary patient and also that certificates were written for me, which doesn't make sense, which was it? So it's confusing not knowing still to this day if I was voluntary or involuntary. Maybe I was both.

I think the team did a good job of trying to find the root causes of why I wasn't doing well, picking up on my anxiety related to vocation and career, and looking at the family piece, the doctor facilitated a meeting in-hospital with me and my parents.

Career and family issues were contributing factors for my admission at that time. I didn't get the sense that the staff were in a rush to get me out of there. They wanted to go beyond controlling my mental health symptoms and try to get to what was causing the symptoms.

I feel in some ways I was a best case scenario, given that I only had a sole diagnosis (mental health not addictions, no medical issues), I had family support, was financially stable, was educated, could speak English, had no criminal record. Privileges that made me a gold star patient, and receive the level of care a "good" patient would get. I don't know that others in a similar position without those privileges would have been treated the same way.

Any stories you have heard from others during your admission or as a peer about hospitalization?

I still remember someone else who was having the opposite experience. They 100% didn't think they wanted to be there, had been brought in by police, wanted to apply for a review panel, was not getting along with staff, was not cooperating, every meeting with their doctor would be bad, and didn't want to be on the medications they were on.

I think I was on the one extreme of having a good experience, this other person was on the other extreme and other people were in the middle, maybe part of their stay was helpful and other parts not.

As a peer I feel like I've met more people who are unhappy. The people who are happy with their stay like I was, don't need much from me, they know their rights or don't care because they don't plan to challenge their certification. So I think I get more of the conversations with people who need more support because their hospital stay is not going well from their perspective.

In Acute, you might get people whose experience is brief, whereas when I'm encountering people in Tertiary, it's been a longer journey to get there, so it's rarely only about the current experience. For people in Tertiary, being a patient has been such a bigger part of their life. So it's more complicated.

There's always a mix of clients, there are people who just don't want to be in hospital. Some people who have had negative experiences in the past, and then there are people who do find it helpful and want to stay, and others who are confused about why they're in hospital.

What happened after discharge for you?

For discharge, I was connected with Outpatient Services, had a psychologist appointment set up. I had already been seeing a counsellor from SAFER before, and was going to reconnect with her. I had met with the Occupational Therapist and Social Worker on the unit, and they recommended I connect with Gastown Vocational Services (GVS). Even though all this was set up for me prior to discharge, in a sense I was leaving to go back to the same life routine that had put me in crisis.

It took me five months after discharge to make the adjustments I needed in my life to feel a true sense of change and recovery. I moved twice, I signed up for a school program, I became a client with GVS; these were some of the keys things that helped me to rebuild my life up and stay healthy.

Overall the stay at Segal was good. It was the chance to deal with an issue that had been bothering me for a long time. I don't think that I was handling it well myself. I felt like I got the help that I needed in hospital, both the physical piece in the ER and the psychiatric piece at Segal. I didn't feel that the doctors were overmedicating or not listening or keeping me longer than I wanted to be kept. The resources given to me were appropriate, and my freedoms were not restricted more than they had to be during my stay.

In the unit I remember thinking I wanted to come back somehow, but I was told I wouldn't be allowed to come to visit other clients. A nurse encouraged me to look into being a nurse, that was really kind of her, I felt like I was being treated like a normal person.

Ultimately I made my way back here as a peer support worker and I feel mostly super proud and fulfilled by that outcome, but still some sadness too for the journey that lead me here.

Thank you Betty for sharing so openly about your hospital and peer experience!

Interview with Teak Daniel

Case Manager at EPI (Early Psychosis Intervention) Vancouver and VCH Regional EPI educator.

By Andrea Sierralta

After hearing about what it is like to start the hospital admission process, what to expect when admitted, and what it was like for people to be admitted, it made sense to get a perspective from a possible discharge resource. I had the pleasure of meeting with Teak who is the Regional EPI Educator and has been a case manager at EPI Vancouver for the past 12 years. I asked Teak to give me some information about the EPI program so I could learn more about how someone who might be hospitalized would be connected to this team specifically. Here is what Teak helped me learn:

Wow, you have been at EPI for 12 years! What has kept you there for so long?

I came from a background of forensic psychiatry as well as tertiary and acute care, as a social worker. When I got to EPI 12 years ago, I saw the huge functional gains and overall life changes that the clients made within the timeframe they received EPI services. They were able to go back to university or work, and get back to where they wanted to be. They were able to accomplish the goals they set out. Their functional gains were huge, and I hadn't seen change to that extent before. To see this was quite rewarding - to see the degree of recovery that is possible with this population. Not even solely with the EPI model, but that recovery is alive and well for those who have had acute mental health challenges.



What is the EPI program? How is it different from other Mental Health Teams?

At EPI, we see people from ages of 13-30 who are in the first stages of their illness and live in Vancouver. The average age of EPI clients is about 21 or 22 years old. We see individuals who have experienced psychosis for the first time. Normally, they are individuals who have experienced untreated symptoms of psychosis for less than two years, or have had treatment for psychosis for less than one year. We receive a lot of referrals at EPI Vancouver and we are one of the busiest community mental teams by referral volume. We see people for up to 3 years for intense wrap-around service. We are social workers, nurses, clinical counsellors, peer support workers, IPS (Individual Placement Support) or Job Developers, psychiatrists, and occupational therapists.

When we look at the care pathway, we receive most of our referrals from acute care psychiatry, but we also get referrals from other sources, such as GP's, schools, families and self-referrals. We receive referrals directly to our program. Once someone is referred, the referral is reviewed by the EPI Intake Team and if it is felt they would benefit from our services, the assigned case manager will reach out to the client to initiate service by Zoom, by phone, in the office or in the community. We try to meet clients where they are at, quite literally. We work collaboratively with clients and their families, and we pull other team members into the care plan and introduce other therapeutic approaches based on client needs: Occupational Therapy, Job Developers, Counselling, CBT (Cognitive Behavioural Therapy), DBT (Dialectical Behaviour Therapy), MI (Motivational Interviewing), Nurses to review metabolic monitoring, etc.

As I mentioned, we like to work collaboratively with clients, as their needs dictate. It is their goals we consider when planning their care; that is, their functional goals become our goals.

The literature shows that the earlier you intervene with most illnesses the better the outcome. Historically,

certain mental health diagnoses were thought of differently; that is, once an individual had schizophrenia or bipolar disorder for example, it was more or less believed to be a set path for them. During the 90s in Australia, mental health clinicians decided to provide services early, like we do with other illness, and also incorporate non-pharmacological interventions and a more comprehensive and intense model of treatment. The ensuing literature showed that this model can change the trajectory of the illness and improve overall outcome; thus, there are now many programs around the world that follow a model of early intervention.

Currently, about 30% of our clients will go on to an adult mental health team once they complete EPI. So that means 70% go to their primary care provider. The hope is they are able to bypass the mental health system long-term, which is often one of the client's goals for treatment as well.

What else can you tell us about this program?

People are seen by EPI for up to 3 years from first contact. This time period may include the client stopping service and coming back, depending on the individual situation, but it all needs to be within the 3 year window from the time they were first connected to EPI. As I mentioned, we receive a large number of referrals relative to the size of our team, so it is important that we're able to have psychiatry and clinician resources available to serve those who have not yet had EPI, but that are in need. The essence of EPI itself is to reduce the barriers of getting help, and expedite care, so we don't keep a waitlist as that would defeat the purpose of early intervention.

In 2020, we had a record number of referrals that haven't come down much, and we continue to receive a high number of referrals. We do have lower caseloads compared to adult teams which allows us more time to work more with families, run groups, conduct our own intake process, and provide wrap around service including client psychoeducation and relapse prevention planning. The Provincial EPI Standards call for about 25 clients per full-time case manager. Right now we are over 30, but this is still about only half as much as an Adult Community Mental Health Team clinician would have on their caseload.

We offer a range of groups at EPI: psychoeducational groups and a group for families (both 5-6 weeks for 2 hours, 1 session a week), CBT and DBT groups, fitness groups, cognitive remediation type of groups, mood and psychosis groups. We are also piloting new groups and developing new groups regularly.

Another important piece I should emphasize is that families play an integral part in the client's care at EPI. So not only do we have 30 or so clients per case manager, but we also have many family members that each clinician is routinely working with. Psychosis, its treatment, and the recovery process can be a very scary and difficult time for families and loved ones, and EPI is often the first entry to the community mental health system. So family involvement at EPI is key.

What would you say to families who are new to the mental health system, after the first admission who access services for the first time?

I would say that things will get better; recovery is the expectation. It's a scary proposition at first, a scary situation to be in. These illnesses, there are good treatments for them, and by and large things usually get better. Advocate for yourself, for your loved one, talk to your team in hospital, open up the doors for communication with the acute and community treatment teams. Ask questions, seek knowledge; the more you know, the better equipped you will be to support your loved one, and the better the usual outcome is for the client. Initially, family members may be very anxious, and rightfully so, and anxiety often increases with the unknown. However, with education comes a deeper understanding and an increased sense that things are more manageable, which helps reduce the uncertainty and the related anxiety. So educate yourself about illness, treatment, and resources available. It takes away some of the question marks, and the more you can then support your loved one. Knowing that you are not alone can be helpful, and a lot of family members go through this. There is hope.

How do you manage when the client does not want family involved?

Family is very important to our care model. Generally speaking, the better the family involvement, the better the outcome. We know from the research that prognosis is better with supportive family involvement. While we feel they are an integral part of the treatment process and team, we also need to respect a client's wish for confidentiality. We explain to clients why we want families involved, explain the research and the literature. We explain to clients the more their family knows, the less anxious they will be, and as such they might react, respond and communicate differently towards them. We let clients know that when someone else supports their family members, this will directly benefit the client themselves. If their reluctance continues, we revisit, and revisit again; we explain the benefits, have another members of the client's care team inquire as well...and revisit. Now, if there are other family issues at play, for example: trauma, abuse, etc., then we need to carefully consider these factors on an individual basis, but generally speaking this is our approach.

Are there any barriers to care you are noticing?

Finding a primary care provider in today's climate it really hard to do and this is part of our treatment planning. So we end up having people who are ready to be discharged and don't require the services of a mental health team, but also don't have a primary care provider to follow up with. So this becomes a big barrier to moving clients through the mental health system.

Another barrier is that hospitalizations can be a very scary experience for some. Sometimes the use of seclusion or restraints for the safety of patients and staff is very necessary in acute care. So upon discharge people may be reluctant to follow up with mental health services in the community. In the community, it normally doesn't call for that degree of intervention; we are looking at increasing functioning, optimizing medication, symptom management and relapse prevention. It's a different approach, since we are further along the road of recovery than what you would find in acute settings. The approach will be different because the need is different, and the time is different. It's a slower and more gradual pace, as opposed to a hospital who has a shorter timeframe complicated by urgent system needs. In hospital they look at safety, shutting down acuity and moving towards a safe and supportive transition to the community. Often it is urgent, or acute, care. At EPI we are also looking at getting you well, but then we also helping clients keep well, long term. And I think hospitals look at programs like ours to fulfill that role.

Anything else you would like to add?

If anybody has questions about psychosis, or about the EPI program, give us a call. We are happy to provide education or answer any questions. You can call to talk about our service, and we can help you navigate the services available for individuals in the early stages of psychosis as well as their families.

Thank you for the in depth information around the EPI program Teak!

thank you!

Thank you to everyone who gave us their perspective and shared learning with us in this issue. I hope that what we have been able to share with you in this issue can be supportive to some of your journeys.

Resources related to VGH Psychiatric Inpatient Admissions

Crisis Support:

- Access & Assessment Centre (AAC) - Help for you, your family member or your friend during a non-life threatening mental health and/or substance use issue. The AAC serves City of Vancouver adult residents (17+) who are experiencing or identifying concerns related to Mental Health, Substance Use and/or Addictions. Open seven days a week: Call 604-675-3700 between 7:30 a.m. – 10 p.m. or Walk in 7:30 a.m. – 9:30 p.m. (Joseph & Rosalie Segal & Family Health Centre, VGH, 803 West 12th Ave.)
- Crisis Centre of BC: 1 (800) SUICIDE - 1 (800) 784-2433, available 24 hours a day, 7 days a week, youth chat and crisis chat also available
- <https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/crisis-and-information-lines>

Useful reads and pamphlets for families:

- Vancouver Coastal Health information page on Emergency Mental Health Care: <http://www.vch.ca/your-care/mental-health-substance-use/emergency-mental-health-care>
- Canadian Mental Health Association: <https://cmha.bc.ca/mental-health/mental-health-information/>
- <http://www.mindhealthbc.ca/>
- <https://pathwayssmi.org/>
- Mental Health Act in Plain Language: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/health-care-partners/colleges-board-and-commissions/mental-health-review-board/mha_plain.pdf
- Mental Health Act info for families: <https://www.bcscs.org/support/bc-mental-health-act-an-introduction/bc-mental-health-act-what-families-need-to-know/>
- BC Mental Health Act Rights information: <https://www.bcmhealthrights.ca/>



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 Local Resources

- ◆ Rapid Access to Consultative Expertise (RACE): <http://www.raceconnect.ca/> and <http://www.raceconnect.ca/about-race/> to share with family doctors so they can consult with specialists rapidly. For over twelve years, the program has been connecting primary care providers to their specialist colleagues for urgent advice within two hours.
- ◆ Gastown Vocational Services (GVS): <https://www.gvssupport.ca/>
- ◆ Thrive-Open Door group: <https://www.opendoorgroup.org/programs/thrive/>
- ◆ Family Advisory Committees in different VCH "Communities of Care" (the regions where VCH provides services), as well as webpages and contact information: <http://cean.vch.ca/cean-at-work/vch-mental-health-substance-use-family-advisory-committees/>

Variety of Educational Tools

- ◆ This was mentioned as a resource used to plan for crisis moments:
 - ◆ <https://www.nami.org/Your-Journey/Family-Members-and-Caregivers/Being-Prepared-for-a-Crisis> and <https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis>
 - ◆ WRAP (Wellness Recovery Action Plan) <https://www.wellnessrecoveryactionplan.com/what-is-wrap/> and <https://www.heretohelp.bc.ca/wrap-gave-me-freedom-depressions-control>
- ◆ About the LEAP method and Dr. Xavier Amador, who pioneered a method for families to communicate with their loved ones who are suffering from lack of insight into their condition.
 - ◆ https://books.google.ca/books/about/I_Am_Not_Sick_I_Don_t_Need_Help.html?id=BeKbpwAACAJ&source=kp_book_description&redir_esc=y
 - ◆ <https://www.spotlightonmentalhealth.com/leap-dr-xavier-amador/>

Variety of Resources for your Self-Care

- ◆ Mindfulness 101: the Basics. Mindfulness is focusing on the present without getting overly focused on the past or future. The benefits of mindfulness are many, including better health and relationships. A useful tool for crisis moments and difficult times. <https://www.ementalhealth.ca/Canada/Mindfulness-101-The-Basics/index.php?m=article&ID=55385>
- ◆ 5-Minute "Self Compassion" Practice. Self-compassion is responding to our own suffering in the caring way we would respond to someone else who is struggling. <https://www.fammed.wisc.edu/files/webfm-uploads/documents/research/stream/sc-break-script.pdf>

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.