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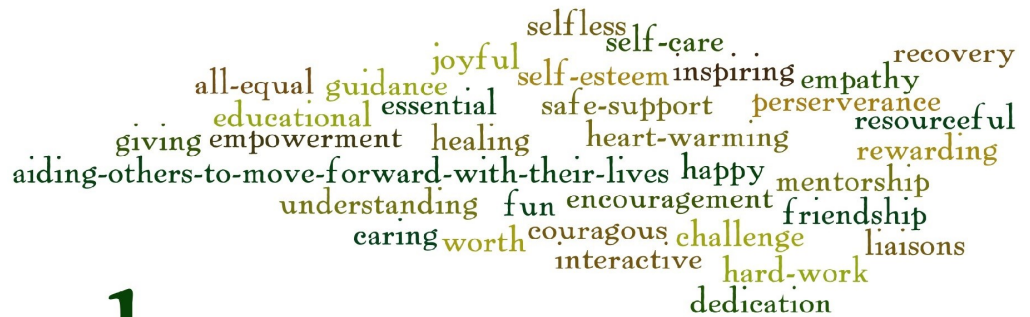
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Family Connections

EDITED BY BECKY HYNES AUGUST 2018

PEER SUPPORT & THE CONSUMER MOVEMENT

In this issue of *Family Connections* we take a look at the world of peer support. Read about some of the peer support that's happening locally across mental health and substance use services, the history of peer support and its links to the consumer movement, a look at family peer support models, and the field of peer-led research.



Peer Support, Words that Resonate
Generated by Grads & Guests of the 2013-14 Peer Support Training Class
Vancouver Mental Health and Addiction Services

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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 days/week; 24 hours/day; 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, and 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 addiction, 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!

INTRODUCING OTTO LIM, THE NEWEST MEMBER OF OUR TEAM!

We would like to introduce Otto Lim as the new Vancouver Acute Mental Health and Substance Use (MHSU) Family and Consumer Support and Involvement Coordinator.

Q & A with Otto Lim

What is your background?

I have been with VCH for 22 years starting in 1996. Of note, I was the initial Family Support & Involvement Coordinator hired in September 2004 working with the inaugural Family Advisory Committee and Kim Calsafferri, former Manager of Rehab and Recovery who was a true advocate of family involvement at the time. I started working at UBC Hospital in inpatient psychiatry and Emergency social work before transferring to the Schizophrenia Rehabilitation Day Program and Early Psychosis inpatient unit. I also worked as the program coordinator for the Centre for Concurrent Disorders (CCD) which provided individual, couples, and group treatment for individual with mental health and addiction issues. After CCD, I became the coordinator for an Assertive Community Treatment (ACT) team working with individuals with chronic mental illness and addictions facing multiple barriers (e.g. homelessness, criminal justice, trauma, isolation, acute medical illnesses, etc) who have multiple hospitalizations and/or ER visits. We spent the majority of our time in the community, particularly in the downtown eastside, to



outreach ACT clients. My last role was working as a social worker and family therapist at BC Operational Stress Injury clinic (BC OSI) providing individual, couples, family, and group therapy for military veterans and RCMP members with operational stress injuries (e.g. persistent psychological conditions as a result of their service such as depression, anxiety, addictions, PTSD, etc).

What does your role entail?

My job as a Coordinator is to support family and consumer involvement in acute mental health and substance use services – at Vancouver General Hospital and the acute inpatient units located in the new Joseph and Rosalie Segal building including Access and Assessment Centre and PEAT (Psychiatric Emergency Assessment and Treatment). My role is to help enhance psychiatric staff's ability to support family members and significant others, assist family members in navigating services, and provide psychoeducation around mental health and substance use, support regarding caregiver burnout and coping strategies. In addition, I work to facilitate family and consumer involvement and input in program development or strategic initiatives, staff hiring and education, and decision support tools (e.g. measures, operating procedures, etc).

I co-facilitate the Family Connections Support Group, contribute to the Family Connections Newsletter, and participate in a variety of family education and support initiatives with the other Family Coordinators. Another part of this role is supporting front line staff in understanding and implementing the Family Involvement Policy including group presentations and one on one family support. Finally, I support the Vancouver Family Advisory Committee and their subcommittee work.

What are you looking forward to in this role?

I'm looking forward to facilitating family support and involvement in the system and helping to foster families' resiliency and capacity in caring for their family members.

How can we reach you?

I work part time: Mondays part-day, all day Tuesdays & Wednesdays.

Email: otto.lim@vch.ca

Cell Phone: 604-290-3817

Phone: 604-875-4111 x 23502

AN INTRODUCTION TO PEER SUPPORT

By Renea Mohammed

“It is one of the most beautiful compensations in life that no man can sincerely try to help another without helping himself.” – Ralph Waldo Emerson



Peer support is based on a relationship between two people who have something in common. It can be as informal as a mutually helpful friendship or as formal as a relationship in which one person has been trained and is paid to focus on and provide assistance to the other.

It can happen between people who have experience with substance use, people with mental health issues, or really, any kind of thing in common - including being the family members of someone with a mental health or addiction issue.

It can happen in groups or one-on-one.

The Vancouver Coastal Health program that this author is connected to is called the *Consumer Involvement and Initiatives Peer Support Program*. We offer training to people who have experience with mental health and/or substance use issues and hire people on contract to support their peers to attain goals, link with community resources, or acquire new skills.

Those receiving peer support services benefit from personalized support provided by someone who is “walking the walk” of recovery. The “distance” that can exist between the peer and some other kinds of workers is less. There is not so much of a power imbalance between peers. Some people feel that peers relate better. People receiving peer support can also benefit from hope inspired by someone with similar experiences to their own who is farther down the path of recovery/wellness than they may be. Additionally, a Peer Support worker can be helpful in reducing self-stigma. They are living proof that one can live well and contribute despite

experiencing mental health or substance use challenges. Peers Support Workers are also in a unique position to talk about resources from the perspective of having used them and to share strategies that have worked for them (while recognizing that what worked for them will not necessarily work for their peer).

Word cloud generated by grads of the Peer Support Training Class of 2014/2015.



The health care system benefits from the opportunity for mental health workers to work, as colleagues, alongside people who are open about their mental illness or experiences with substance use. This can result in system practices being better informed by lived experience and also in stigma being broken down.

As for benefits to those working as Peer Support Workers, many report that the program makes a difference to them, helping them to move forward with their own recovery/wellness and sometimes to reframe past struggles as assets.

There are Peer Support Workers working at all the Vancouver Mental Health Teams, and many specialized units and hospital sites.

Here are some of the ways that Peer Support Workers contribute to Vancouver Coastal Health Mental Health and Substance Use Services...

Peer Support Workers at the Community Mental Health Teams help individuals work towards specific recovery goals they may have, for example; learning to use transit, starting an exercise regime, looking for volunteer work etc. There are also Peer Computer Tutors to help people develop their computer skills and Peer Activity Program leaders who run activity groups like *Why Weight*.

Peer Support workers also work throughout VCH substance use services running harm reduction kiosks, doing outreach and providing Naloxone training to people in the community.

Peer Facilitators are peers who are specially trained to run certain groups like Voices and Visions, WRAP (Wellness Recovery Action Plan), SMART Recovery, and Talking with your Doctor. These groups are open to anyone in the community who needs them. Information about these groups can be found at <http://www.spotlightonmentalhealth.com/>.

VOICES AND VISIONS

A conversation with Chris Eltis, Peer Facilitator

What is Vancouver Voices and Visions (VVV)? VVV is a non-therapy, self-help group based on the philosophy of the Hearing Voices Movement started by Dr. Marius Romme in 1987. It is for people who experience audio verbal, visual hallucinations and unusual beliefs. I co-lead the group with another Peer Facilitator. During the group people can openly talk about their voices, beliefs and visions. There are two groups running in the hospital and two groups running in the community. The idea is that when people leave the hospital they can continue with the community groups.

Why is it so important that it is led by peers? We have lived experience and we can help people with similar experiences. The group gives hope and connection and helps people see they have the ability to recover. Recovery is not only possible, it is inevitable.

A BRIEF HISTORY OF THE CONSUMER/SURVIVOR MOVEMENT

Taken from: Making the Case for Peer Support: Report to the Peer Support Project Committee of the Mental Health Commission of Canada

People have always engaged in mutual support to deal with life's difficulties within their families and local communities. But the idea that people from disparate families and communities who share a life experience can support each other is a more recent phenomenon; it has arisen from the development of membership to multiple communities in modern society. These multiple communities have taken on a new dimension in the last decade with the development of online communities.

The earliest known peer support group in mental health was the Lunatic Friends' Society established in England around 1845. Some peer-run groups also formed in Germany in the late nineteenth century, which protested on involuntary confinement laws. In addition to this a number of individuals in the eighteenth and nineteenth centuries publicised their protests about their treatment in autobiographies and petitions (Peterson, 1982).

The most well-developed peer support network was established in 1937. Alcoholics Anonymous has spread to every country and its twelve step method has been adapted for other addictions and for mental health problems. Also in 1937, an American psychiatrist called Abraham Low established Recovery Inc (now Recovery International) which uses cognitive behavioural techniques in a peer group setting. It currently supports 600 groups across North America. GROW, a 12-step program started by a priest in Australia in 1957, has also spread to many countries. These forms of peer support are all apolitical.

The consumer/survivor movement exists mainly in democratic countries. It has changed in the past 40 years from a small, unfunded, radical movement to a larger, more diverse and diffuse collection of people.

The movement originally worked independently of the mental health system on two main fronts: peer support and political action. In peer support people aim to change themselves and recover from their experiences. In political action people aim to change the people and systems that affect their well-being. The first Canadian peer support service, the Mental Patients Association was established in 1971 in Vancouver. Since then Ontario has developed more independently funded peer support services than other provinces (Chamberlin 1978; Everett, 2000).

In the last decade or two many consumers/survivors have also taken up new opportunities to work within the mental health and addiction service system. It could be argued that we are in a third wave of development in peer support—the use of peer support within mainstream mental health services, where peers are contracted or employed, usually to provide one-to-one support for people using the service. This development gives new opportunities for the growth and funding of peer support, but some respondents expressed concern that mainstream services may be adapting peer support to their own values rather than the values of the consumer/ survivor movement.

Source:

Cyr Céline, McKee Heather, O'Hagan Mary and Priest Robyn, for the Mental Health Commission of Canada (2010 first edition / 2016 second edition). *Making the Case for Peer Support: Report to the Peer Support Project Committee of the Mental Health Commission of Canada*. Retrieved from:

<http://www.mentalhealthcommission.ca>

PEER SUPPORT WORK IN TERTIARY MENTAL HEALTH

An Interview with Harreson Sito

Tertiary mental health and substance use services are longer term inpatient programs for people who need a longer stay in hospital to stabilize their mental health and get a start on recovery. People usually stay in tertiary anywhere from 3 months to two years, depending on their needs. Tertiary Peer Support Workers (PSW's) are unionized employees of Vancouver Coastal Health and full members of the interdisciplinary care team. We spoke with Harreson about this role and its importance within the hospital setting.



What does peer support work look like in a tertiary setting?

In tertiary, PSW's assist the clinical staff in the care of the clients. We do a number of things including; accompanying clients on outings or to in-house programs, teaching new skills such as how to access email, sharing stress reduction techniques, encouraging self-confidence through positive strength-based affirmations, supporting clients emotionally via an empathetic listening ear when they're going through a difficult time, encouraging them to move past their perceived limitations, sharing our own recovery journey to inspire clients of what is possible, sharing our own experience about a community resource, or accompanying clients to community programs as they transition out of the hospital.

PSW's work with all members of the team: the doctors, nurses, rehab workers, social worker, occupational therapist, recreational therapist, and music therapist. Together, as a team, we do our best to provide the best care to the client.

Why is peer support work so important in the tertiary setting?

The hospital setting can be really stressful for clients. The perspective of a mental health consumer on staff is vital in providing care in the areas where the clinical team is unable to do so, whether that's due to an imbalance of power or differences in life experience. Clients can perceive us as having "street cred," because we have some shared lived experience and they find that trustworthy.

Peer support strives toward a non-hierarchical, reciprocal relationship. Time spent with peer support is more informal and less structured which gives more time for building trust and a therapeutic relationship. Having at least one relationship in which a client feels safe and can let down their guard with staff can help to lower stress. It can help make being in the hospital feel more spacious so that a client has more space to move forward in their mental health recovery. PSW's also act as role models of what is possible even when living with a mental health chal-

lenge. This unique care we provide gives the client a safe zone that they might not feel with members of the clinical team. For all these reasons (and more), I hope that one day soon there will be PSW's in all acute psychiatric units.

Sometime when I am out with a client in the community and they say "Let's go home" (referring to the hospital), it touches my heart about how important their time is here and about how important my interactions with them are.

What is the magic ingredient in connecting with clients?

Empathy! When clients see that you are offering a non-judgmental, caring space to meet them where they're at then they can feel safe enough to trust you. Empathy can lead to greater connection, and greater connection is a positive factor for one's mental health recovery.

Why is family involvement so important to recovery?

Family relationships provide an invaluable connection outside of the hospital that is so crucial for a successful transition back to community. Without solid caring connections in the community, a client is much more prone to relapsing in their mental health. So even though it may be difficult for family members to be involved with their loved one's hospital stay, the love and caring that a family relationship can provide is invaluable for a successful recovery.

Do you have any tips for families trying to support a loved one with their recovery?

Persevere in your support even if it is difficult. Come visit and have a short visit if necessary. Be sure to take care of yourself, debrief with trusted friends, and perhaps join in a support group. Bring some favorite food for your loved one or do some fun activities together outside when on a pass. Show them that you care by either your presence, your encouraging empathetic words, or by a small gift that they might appreciate

THE PEER NAVIGATOR PROGRAM

The Peer Navigator program provides support in key areas related to mental health and substance use. We serve residents of Vancouver, age 17+ who identify as having lived experience of mental health and/or substance use concerns and are not currently working with a mental health team.

Peer Navigators are people with lived experience of mental health and/or substance use concerns. We support people with their self-identified goals, self-advocacy, and access to services in the areas of physical health and mental health, income, housing, legal resources, and community connections. These services are offered by the Canadian Mental Health Association with the support of Vancouver Coastal Health.

Central Intake Line: **604-872-3148** Or by email: peer.navigators@cmha.bc.ca

Empathy can lead to greater connection, and greater connection is a positive factor for one's mental health recovery.

FAMILY PEER SUPPORT

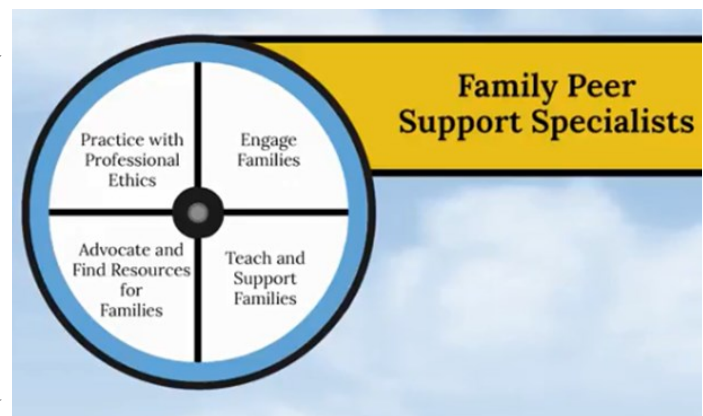
By Isabella Mori

In child and youth services, researchers (Hoagwood et al.) have defined family peer support like this:

- ◆ Family Peer Support is the instrumental, social and informational support provided from one parent to another in an effort to reduce isolation, shame and blame, to assist parents in navigating child serving systems and provide other relevant life experiences
- ◆ Family Peer Support is the unrelenting focus on the parent/ primary caregiver(s), while other team members focus on the identified child and family

When you google “Family Peer Support Specialist”? There are quite a few solid results – many of them in the United States. A video (at <https://bit.ly/2ML0x5g>) shows the graphic depicted here – a great overview of the work.

Digging a bit deeper, here is an excerpt of a job posting for Telecare, one of the leaders in recovery oriented care, the originators of RCCS (the Recovery Centred Clinical System)



Telecare In-Home Outreach Team (IHOT) ... has 4 mobile teams providing in-home outreach to adults with serious mental illness and their families ... focuses on relationship and rapport building ... The Family Peer Recovery Coach works to engage family members and the prospective participant with the goal of fostering a willingness to accept available services ... provides information, education, and resources ... works closely with participants and their families to ensure that their needs are expressed ... facilitates groups, promotes engagement and provision of peer and family support services; and serves as an advocate for the participant and family ... Draws upon own personal lived experience as a parent or primary caregiver of a person with behavioral health challenges ... Models strength-based, recovery focused interactions by accentuating solution-focused and positive steps

There are also some groups in Canada who use a family peer model. Burnaby Hospital has integrated family peers into their Family Support team. Among other things, they facilitate groups. Non-profit groups such as the BC Schizophrenia Society or Pathways Serious Mental Illness Society (formerly known as North Shore Schizophrenia Society) run education groups such as the well-researched NAMI Family To Family program.

There is a family peer program through the Psychiatric Survivors of Ottawa, which also operates in Montreal. They are quite extensive, with support groups, a newsletter, one on one services and Family WRAP.

One of the most active groups is Family Guide To Mental Health Recovery. In addition to videos and lots of resources, they have also produced a review of family peer support (see <http://www.familyguidetomentalhealth.com/familypeer-support/>)

Finally, here is a fabulous video produced by a family peer-led program (“In Our Voice”) on dealing with stigma: <https://bit.ly/2NIWeTb>

More sources:

Hoagwood et al, 2009: Family Support in Children’s Mental Health: A Review and Synthesis. In *Clinical Child and Family Psychology Review* 13(1):1-45 · December 2009 – referenced at http://www.fredla.org/wp-content/uploads/2016/01/Issue-Brief_F2FPS.pdf

SAMHSA: The Benefits of Family Peer Support Services [mostly about parents of children] <https://www.nasmhpd.org/sites/default/files/Benefits%20of%20Family%20Peer%20Support%20FIC%20SAMSHA%20Updated.pdf>

Family-to-Family <https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Family-to-Family>

Psychiatric Survivors of Ottawa: http://www.pso-ottawa.ca/about_us

PEER RESEARCH

By Isabella Mori

What is peer research? “Peer research (sometimes called user focused research) is research that is steered and conducted by people with lived experience of the issue being studied. Peer research may be completely user-led, or it may be carried out by peer researchers working alongside non-peer researchers as part of a bigger research team.” This is the definition of the McPin Foundation in the UK (<http://mcpin.org>) The McPin Foundation exists to transform mental health research by putting the lived experience of people affected by mental health problems at the heart of research methods and the research agenda.

An example in Vancouver involves research on bipolar disorder. Research on bipolar disorder is getting more and more sophisticated. However, there are many areas that still face challenges – for example, improving quality of life, adapting treatments for marginalized people, and making sure that research outcomes are adopted in real-world practice.

A possible solution is Community-based participatory research (CBPR)—research that is conducted as a partnership between researchers and community members, or peers. This is a topic Dr. Erin Michalak has been working on for a few years. Dr. Michalak is a psychologist who teaches at UBC and works at CREST.BD, the Collaborative RESearch Team to study psychosocial issues in Bipolar Disorder.

CREST.BD does this research with aims such as diminishing stigma for people with Bipolar Disorder and meaningfully engaging individuals and families with lived experience of Bipolar Disorder in collaboration with researchers and healthcare providers. CREST collaborators have produced tools such as peers talking about ways to have optimal wellness in their lives (see <http://www.bdwellness.com/Support-Tools/Videos>) or a Quality of Life Tool (<http://www.crestbd.ca/tools/quality-of-life-tool/>) that is very easy to fill out and gives a quick overview over all important areas of life, from sleep to spirituality to work to personal relationships.

METACOGNITIVE TRAINING OPPORTUNITIES FOR PEOPLE WITH PSYCHOSIS

The Cognitive Neuroscience of Schizophrenia (CNoS) lab at UBC is recruiting for a research study to better understand how two effective group treatments for psychosis change brain network activity. Each group targets different types of cognitive difficulties that are known to be challenges for people who experience psychosis. Previous research has shown that participants find the training helpful for improving thinking skills (such as attention and memory) or reducing problematic thinking patterns associated with psychosis. The ideas and strategies that result from participant discussion are key to the learning process.

We asked a previous participant, who is also a peer support worker, to share her experience of the groups. Her quotes are provided in the blue boxes and show how these groups can be helpful both in managing symptoms of psychosis and in supporting peers!

About metacognitive training

“My client had great anxiety around learning to ride the bus. I introduced the term *catastrophizing* to him – one of the most important concepts I learned in the metacognition group, and this was not the first time I was applying my lessons to my peer support work. The metacognitive “thinking about thinking” was proving useful, such as when helping my client reframe his thoughts about his auditory hallucinations.

- Peer support worker & past MCT participant

“Metacognitive training (MCT) is a program developed directly from current research findings on psychosis. Metacognition is being aware of one’s thoughts—or, thinking about one’s thinking. Research has shown that cognitive biases experienced by all people are increased in psychosis, leading to errors in how we interpret people and events.

Common thinking distortions include:

- * making strong judgments based on little evidence
- * blaming other people rather than circumstances
- * being unable to fully consider and accept information provided by other people
- * being unable to let go of strongly held positions
- * being overconfident that inaccurate memories are in fact accurate

These increased cognitive biases may lead to increased symptoms of psychosis, particularly delusions.

Jumping to Conclusions—a MCT Exercise

This module shows how what appears to be true at first often turns out to be inaccurate once more information is gathered. We will look at parts of a picture and see whether the amount of information we have is enough to decide, or whether we need more information to decide.

Is it a:
smiling face?
bowl?
boat?
sled?
rocking chair?
elephant head?

1 Does this look like a sled or a bowl to you? Is this possible, or probable? Do you need more information, or do you have enough to decide?



2 Sled? Rocking chair? Elephant’s head? Do you need more information, or do you have enough to decide?



3 Can you now decide this is a rocking chair?



4 You’re correct, but it was important that you waited to get all the information before making a strong decision.



By learning more about these thinking patterns and discussing alternate ways of thinking about situations, group members develop a more balanced and less stressful perspective of their everyday events that is helpful for wellbeing.

About cognitive remediation therapy

“
In the cognitive remediation therapy group, I sharpened my ability to listen with attention to my clients, and was better able to remember what they'd said, both of which helped them feel heard and respected.

”
- Peer support worker & past CRT participant

“
In the cognitive remediation group, computerized practice and discussion target attention, memory and planning abilities that have been shown to be impacted in psychosis. Group conversations and exercises allow members to learn new information about some of the cognitive difficulties they might be having, and strategies that are helpful in improving these skills in everyday life.

How to get involved:

We are currently looking for research volunteers who:

- * have a diagnosis involving psychosis
- * are 19 - 60 years of age
- * are fluent in English, and are interested in receiving free education and training sessions

Study participants are assigned to one of the groups and attend 16 group sessions. They also attend research sessions before, midway, and after participating in the groups. Research sessions include an interview, some tests, and might involve mapping brain activity through magnetic resonance imaging (MRI) and electroencephalography (EEG). Participants' time and transportation costs for these sessions are financially compensated, and both groups are accessible to all participants.

Groups are currently held Monday and Thursday evenings at the Leslie Diamond Health Care Centre. Participants may attend groups without participating in the research if they do not wish, or are not eligible to take part in the study.

For further information, please contact the Cognitive Neuroscience of Schizophrenia (CnoS) Team at cnos.lab@ubc.ca or 604-822-7312

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 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.

Family and supporters are free to attend on a regular basis or drop in as needed. We hope that having the group on the VGH campus makes 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; can be approached from W 10th Ave, behind the Blusson Spinal Cord Centre at 818 W 10th Ave). A map is at <http://www.spotlightonmentalhealth.com/segal-building-map/>

For questions or more information please contact:

becky.hynes@vch.ca, 604-313-1918 or otto.lim@vch.ca, 604 290-3817



“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”

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 mdafamilygroup@gmail.com

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. Please pre-register at 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 Lorraine Ng Lorraine.ng@pathwaysclubhouse.com or 604-276-8834, ext 215.

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 — Meets every 1st Thursday and 3rd Monday of the month from 6-8pm at the Joseph & Rosalie Segal & Family Health Center, 803 West 12th Avenue, Vancouver. It is in the center of the VGH campus and can be accessed from Willow & West 10th, right behind the Blusson Spinal Center. A map is at <http://www.spotlightonmentalhealth.com/segal-building-map/> For more information, contact Isabella (604 290-3917 or isabella.mori@vch.ca) or Becky (becky.hynes@vch.ca).

First Nations Talking Circle - Weekly Talking Circle co-ed group for adult family and clients 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 – 7:30 pm

Three Bridges CHC 1290 Hornby Street, Rm 310 604-714-3480 Tuesdays: 6:30 – 8:00 pm

Please contact Oona at 604-675-3988 ext. 20258

Pathways Serious Mental Illness (formerly Northshore Schizophrenia Society) - groups in West Vancouver, Tri Ciities, Squamish and Whistler. Call 604 925 0856 or email info@pathwayssmi.org

Notes: