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Family Connections

EDITED BY ISABELLA MORI. SEPTEMBER 2017

This edition of our newsletter celebrates the opening of the new mental health facility at Vancouver General Hospital, the Joseph & Rosalie Segal & Family Health Center.

Over a decade it existed as an idea, and in 2013 it became clear that it would happen. Joseph and Rosalie Segal and their families gave the extraordinary

gift of \$12 million, insisting that we needed to build something that would show the dignity and care that needs to be afforded to people dealing with mental health and substance use issues.



The purpose of the Family Connections Newsletter is to support and enhance family involvement within Vancouver Mental Health and Addiction Services. The newsletter aims to provide information about issues, developments and activities and to create a respectful space for diverse voices and opinions within a culture of recovery and family involvement.



Sometimes providing the appropriate care for your loved one requires you to acknowledge that you are not able and/or capable of providing them with what they need.

Please remember that if your loved one is at risk to themselves or others, the best resources are your local Emergency Department, and 911. For non-emergencies please contact the Access and Assessment Center (AAC).

AAC Contact Information

Hours: 7 days/week; 24 hours/day; 365 days/year

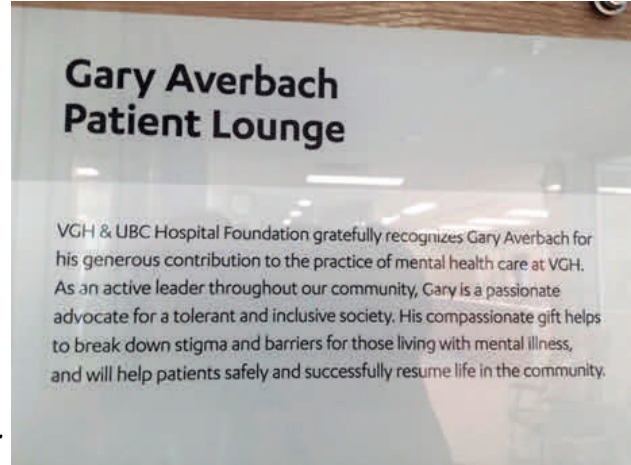
Phone: 604-675-3700

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Why Did Segal Building Donors Donate?

By Isabella Mori

When you walk through the Segal Building you will see plaques in many places. For example, the Outpatient Reception area is dedicated to Bell Canada. It is very inspiring to read some of the reasons and sentiments that were behind the donations. Here are some.



“... people regain their sense of ability, meaning and hope amidst life-changing circumstances”

The Segals' leadership as philanthropists in our community is exceptional. The Centre is here today as a result of their compassion and understanding of how important this facility is and how it nurtures healing for those with mental illness and substance abuse. During the campaign for the Centre, Joseph made many speeches. He often noted that when people are diagnosed with mental illness, “they walk alone.” He and his family want to ensure that this loneliness abates with a more caring and sensitive environment. The hundreds of people who planned this integrated facility have listened carefully to Mr. Segal. The building is a place of safety, community and healing ... no one will walk alone here.

Well-known realtor Bob Rennie and his family ... are acknowledged for their contribution towards removing the stigma and isolation that affects for too many lives of British Columbians living with mental illness and substance abuse. The family believes in a strong, caring and engaged mental health community. The hope is that the Centre's compassionate environment will contribute to patients healing and successfully resuming life beyond hospital care.

The Hin Tang family expressed their wish that the patient lounge that carries their name brings to all a sense of renewal, enjoyment, fellowship and relaxation.

One of the terraces bears the name of Jim and Shirley-Ann Eccott from Kelowna. During her life, Shirley-Ann pursued her love of helping others, and as a social worker always strove to see the best in people. In her spirit, the terrace is meant to be a space to nurture connections and facilitate healing.

The Julienne Li Family Multi-Purpose Room honours Julienne Li and her family. Julienne was an occupational therapist who went beyond her means to help people regain their sense of ability, meaning and hope amidst life-changing circumstances.

A Client Advisor Reflects on Participating in the Segal Stakeholders Group

By Penelope Rowley

It has been a real learning curve working on the Segal project, and a very worthwhile experience. I have learned so much, and gained an amazing amount of insight. I was surprised to discover that all of what I have written in this message (and more,) I learned during the time I was a part of the Segal project.

First, it occurred to me that the stigma that comes with having the label, "client," "consumer," "person with lived experience," usually construed in a derogatory manner within the Mental Health and Substance Use System portrays us as less than adequate human beings, and, this same system was not serving to educate or support patients, family, and the general public in a constructive manner. It is bad enough that we are already labeled with a psychiatric diagnosis, and it seems to me that "they," whoever "they" are, are simply switching names to describe who we are as one who should know one's place, and being a valued member of society isn't it. All these negative connotations are not respectful to the individual or the dynamic process it takes to rethink the old Medical Model, some of which is quite dysfunctional, and embrace the Recovery Model instead.

Now, off the top of my head I was unsure of whether participating in the Segal project served to change the level of stigma positively per se, but after some deeper reflection I am pleased to say, "Yes, it did." I think that the stigma that plagues people in this demographic will continue to exist, although as clients/consumers/people with lived experience improve their self-esteem with their own abilities more, change can and will happen, albeit slowly.

My challenges related to the Segal project opened my eyes about why stigma occurs, for example: some is based on ignorance, and some is fear based. There are also other factors, but I will not elaborate on them here. Much of the time it has been an uphill battle for me, but has been bearable as these challenges were presented to me as a blessing in disguise. I became comfortable gently speaking up during the stakeholders meetings, felt validated by the other attendees, and, learned to advocate for others. Also, I am quite sure that those of us in recovery, as defined by each individual's journey, strive to understand, to be understood, and are loathe to be bombarded with pity which is also a common occurrence. Personally, I receive people who pity me with empathy and compassion because I realize that they cannot possibly know what my experience with mental health and substance use concerns is, or the strengths I have gained through my struggles.

Unfortunately, in the beginning when I self-disclosed, I was often dismissed as incompetent, or relegated to the general category of crazy, so I understand why educating the wider community, including medical professionals is key. And all we are asking for is a chance, to prove things to ourselves through seeing the results of our efforts and hard work to grow healthier, while contributing to the community/society. We are not all severely disabled, nor are we problems to be solved, and with a little support we can succeed.

"I was unsure whether participating in the Segal project served to change the level of stigma positively ... I am pleased to say, "yes, it did"

A Client Advisor Reflects ... (continued)

Currently, I am involved with the Vancouver Coastal Health Research Institute, and the University of British Columbia, conducting research through a small research grant that my colleague and I were awarded. Our project is research into whether an employment website geared specifically for people with mental health and substance use challenges will increase opportunities, and sustainable employment. The website www.worknwellness.ca is also designed for employers to post job offers who have chosen to disclose their challenges. I am fortunate in that stigma no longer affects me as I do have a proven record of success while having Schizoaffective Disorder - Bipolar Type 1. I am considered high functioning and have ceased to worry about whether my diagnosis will shock the community.

Thanks to my involvement with the Segal project I take things in stride, look at the big picture, while paying attention to the details, and am confident that many people will now take me seriously, and my sense of humour cheerfully, or at least with a grain of salt. Some of my message may seem to be written with a negative tone, but I am simply coming from a place of "it is what it is."

I feel the Segal stakeholders project has made great strides working proactively to embrace the Recovery Model, and to honour each person's journey, all the while encouraging their families and friends to play an important role in their care.

I am humbled by all the support I have received through being part of the Segal project. I have had the pleasure of working with incredibly talented and dedicated people who worked so hard, and continue to do so, to see the vision come to fruition. The result of this collaboration is a well thought out, bright, and welcoming physical space conducive to healing. The people involved are living the vision, and the mission of the Joseph & Rosalie Segal & Family Health Centre on a daily basis. It is truly the Recovery Model in action. Well done!



One of the Family Advisors, Nicole Taylor, presents a plaque with the Segal Building mission statement to Joseph and Rosalie Segal. The plaque was mounted in the same way as the individual Art Cart paintings in patient bedrooms, and was designed by Mindi Reynolds, who identifies as a person with lived experience.

Culture of Safety: A New Initiative To Start In The Segal Building

By Janice Fyfe

In February 2017 Monica McAlduff participated in the Annual World Patient Safety, Science & Technology Summit in Laguna, California. Monica McAlduff is the VCH-Vancouver Director Mental Health and Substance Use Acute, Tertiary and Urgent Services. Ms. McAlduff was on a panel that discussed the underlying factors to accessing appropriate care in acute psychiatry. Following that, Vancouver Acute Psychiatry made a commitment to eliminate deaths on acute inpatient units by 2020.

The Patient Safety Movement Foundation (PSMF) was founded in 2012 and is a non-profit organization whose objective is to eliminate preventable patient deaths in U.S. hospitals by 2020. The Summit event brings together leading clinicians, hospital CEOs, patient advocates and government leaders from around the world to identify main health care challenges and provide tested solutions. These tested solutions are presented as challenges to health care providers and companies around the world. Attendees of the Summit are asked to make a formal commitment and report on progress annually through PSMF.

In 2017, PSMF focuses on Mental Health. An additional challenge, access to acute psychiatric beds, was added to their challenge list. Vancouver Acute Mental Health and Substance Use has been redesigning services for the past four years and has added the Access and Assessment Centre (AAC) to improve access to care. With these changes in mind, leadership agreed to make a commitment to the larger and broader challenge: Creating a Culture of Safety.

In July we started the process of engagement with stakeholders to guide what the Vancouver Acute Psychiatry commitment to a culture of safety would look like. Family, clients with lived experience, leadership and front line staff were all invited to participate in our commitment process. Over 150 front line staff participated in our Culture of Safety World Café during orientation to the new Joseph & Rosalie Segal & Family Health Centre. With all of their amazing ideas we were able to craft a commitment and action plan for creating an Authentic and Sustainable Culture of Safety in Vancouver Acute Psychiatry.

Our commitment to a sustained and authentic culture of safety is driven by five themes: Communications, Learning Organization, Psychological Safety, Staff Practice and Environment. Each theme has several initiatives that build on the already great work our staff do every day.

For more information on this initiative please contact Janice Fyfe, Project Coordinator: Janice.Fyfe@vch.ca or visit: patientsafetymovement.org or watch this video <https://www.youtube.com/watch?v=1hGJEMJ8uf8>

*Five themes
of culture of
safety:
Communi-
cations,
Learning
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Overview of the Segal Building

By Isabella Mori

The mission statement for the Joseph & Rosalie Segal and Family Health Center (the “Segal Building”) reads

The Joseph & Rosalie Segal & Family Health Centre strives to be a Centre of Excellence for the treatment of mental illness and substance use. Through the creation of a welcoming, caring and compassionate environment it promotes healing to enhance and advance the health of all who need treatment. The environment and operations of the Joseph & Rosalie Segal & Family Health Centre allows for flexibility to meet individualized and unique needs, promote autonomy and choice, and support dignity, respect and hope.

Here is a summary of building features:

The building itself consists of nine floors. Four of them are short-stay inpatient units. All units have twenty private bedrooms, each equipped with their own bathroom as well as individual art. Wheelchair accessible bedrooms are throughout the building. Each unit has its own colour accent, two balconies, a dining room, a family lounge and several patient lounge areas. Units are also equipped with two seclusion rooms, which can only be used as seclusion rooms, not as extra bedrooms. All public and staff wash-rooms are wheelchair accessible and marked as transgender-friendly.

One floor is dedicated to Tertiary, that is, longer-stay patients. It is a locked unit and because of that also provides access to an indoor atrium in order to maximize patients’ access to light and fresh air. Indeed, “light” and “nature” were some of the guiding principles in designing this building.



Currently, the Psychiatric Assessment Unit (PAU) is being renovated, and during that time, PAU is located in the Segal Building. When renovations are over – scheduled for the end of 2017 – PAU will move back to its old location beside VGH Emergency, and the unit known as UBC Mood (currently on the UBC campus) will move into the Segal building.

The ninth floor is a rooftop garden where we hope eventually to have opportunities for patients to do some gardening. The second floor is for Outpatients and also houses a large boardroom, which in the future will be used for our Family Connections Support groups – probably starting in October of 2017. The Access and Assessment Center is on the first floor. The ample green space in front of the building is already in vigorous use by staff, patients, families and passers-by.

Twenty
private
bedrooms in
each unit,
with
bathroom
and
individual
art

The First Week

By Isabella Mori

As I write this, three-quarters of the move to the new building are over. And we already have some great stories and feedback! One of our biggest concerns was that our new strict non-smoking policy was going to be a hardship on our patients. We spent hours and hours on refining our no-smoking policy, dedicated a huge chunk of our training to it – and we haven't had a single problem with it so far. Once we had a clear policy in place that left no room for negotiation but at the same time placed much emphasis on doing all we can to help patients not to smoke, we were apparently fine!

Another concern was how some of our more severely ill patients might do during the move itself. Again, it was no problem. In fact, patients helped, even the most agitated ones, and there was no need to transport patients who were in seclusion rooms. Since moving into the new building, fewer seclusions are required, and they are carried out for shorter times. Patients love their rooms so much that they say they'd be happy to stay longer if needed (something rarely heard of in places like the Psychiatric Assessment Unit.)

A nurse talked about how patient and helpful her patients are with the little problems that naturally crop up with a move. For example, they are understanding when nurses have a hard time finding pillows, and they come up with ways to keep their rooms clean and tidy – apparently there is a bit of a problem with water from the showers.

The family lounges, which exist on every unit, are full with visitors, and I was delighted when I saw a peer support worker approach a family member who had just entered the unit and made her feel comfortable.

I'm certain that we will soon find out that things are not as nearly perfect as they appear now but we're sure off to a great start.



Psychologist Dr. Jane Sun talking animatedly to some visitors—probably about her great passion, helping people to quit smoking.

The family lounges are full with visitors



BRINGING COGNITIVE REMEDIATION TO BRITISH COLUMBIA

SAVE THE DATE

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

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

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

Keynote speakers:

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

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

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

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

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

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



A CLASH TO RAISE THE ISSUE TO CARE.
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY



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

We aim to create a welcoming and supportive space in which family members can share their experiences with each other and feel supported and strengthened in their efforts to help their loved ones.

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

DATE: Every first Thursday and third Monday of the month

TIME: 6:00 – 8:00 p.m.

PLACE: In September:

CIBC Center for Patients and Families at the Jim Pattison Pavilion, Vancouver General Hospital, 899 W. 12th Ave (behind the Information Center)

As of October:

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

For questions or more information please contact:

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

Zachariah.Finley@vch.ca, 604-714-3771



“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

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

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

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

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

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

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



More Family Support Groups

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

Contact Suemay Black @ 604-251-2179

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

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

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

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

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

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

NOTES