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**Family Support and Involvement Team**

**Isabella Mori**  
Coordinator, Community  
(604) 314-9032  
Isabella.Mori@vch.ca

**Andrea Sierralta**  
Coordinator, Acute  
(604) 290-3817  
Andrea.sierralta@vch.ca

**Tao-Yee Lau**  
Coordinator, Tertiary  
(236) 885-8169  
Taoyee.lau@vch.ca

**Jennifer Glasgow**  
FSI Manager  
Jennifer.glasgow@vch.ca



# Family Connections

SEPTEMBER 2021 — EDITED BY ANDREA SIERRALTA



## World Suicide Prevention Day

### September 10, 2021

This issue is dedicated to the incredible efforts being done in suicide prevention worldwide and locally. Since 2003, every year on September 10th the International Association for Suicide Prevention (IASP) recognizes this day as World Suicide Prevention Day (WSPD). And, although the work of suicide prevention is done daily all around the world, September 10th is a great opportunity to bring light and awareness publicly and help break the stigma of suicide and mental health. The new theme for WSPD has been released this year for 2021-2023 as “Creating Hope through Action”.

In this issue you will find information around the initiatives that the IASP encourages annually; local initiatives this year, tips and tools, interviews, and much more!

We hope you find this issue helpful in inspiring your own actions to support and promote suicide prevention around your community.

“By encouraging understanding, reaching in and sharing experiences, we want to give people the confidence to take action. To prevent suicide requires us to become a beacon of light to those in pain. You can be the light.”

- International Association for Suicide Prevention (IASP)

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](http://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!



**Family-to-Family** mental illness education course is back!

- Starting the week of **October 4th** (exact times & dates T.B.C)
- Led by trained family-member volunteers with living experience
- One 2.5 hr session/week
- Online via Zoom
- 8 week course
- Free of charge

**Spaces are limited**

**Register:** <https://pathwayssmi.org/education/family-to-family-course/>

If you have any questions before registering, please get in touch at [familysupport@pathwayssmi.org](mailto:familysupport@pathwayssmi.org) or 604-926-0856



## FAMILY-TO-FAMILY

## EDUCATION COURSE



**Starting October 4th | Online | Free | 8 weeks**

**For families, significant others and friends of a loved one with a mental illness across British Columbia.**

Info on mental illnesses • Treatments & therapies • Navigating the B.C. mental health system • Compassion-centered communication • Handling a crisis • Advocating for care  
Managing negative feelings & self-care



## **Expert Talks**

### **Families: An Invaluable Presence at The Hospital**

A conversation between Debbie C., RN, RPN, Care Management Leader at PAU (Psychiatric Assessment Unit) at VGH and Isabella Mori, Family Support and Involvement Coordinator, Community, Mental Health and Substance Use Services, VCH

**September 8, 2021, 6:00-7:30pm**

Join us for 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. This is followed by ample time for Q&A.

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

On second Wednesdays

Jul 14, 2021; Sep 8, 2021; Nov 10, 2021; Jan 12, 2022; Mar 9, 2022

1 ½ hours each, 6:00-7:30pm

Space is limited, so sign up early with Isabella Mori at [isabella.Mori@vch.ca](mailto:isabella.Mori@vch.ca)

*We aim to offer counselling that can support the stabilization of a suicidal crisis and connect to other resources and services that may further support the client's journey.*

## **SAFER (Suicide Attempt Follow up Education and Research)**

**Interview with Jerry Stochansky**

**Suicide Intervention Counsellor**

**By Andrea Sierralta**

I had the pleasure of speaking with my colleague Jerry Stochansky, who has been working at SAFER for 23 years. Let's see what he had to say about what SAFER does and what has kept him in the field providing services for this long.

### **What is SAFER?**

SAFER stands for Suicide Attempt Follow-up Education and Research. The program started out with a grant in 1972 to treat people experiencing suicidal ideation. It later on became part of what was known as Greater Vancouver Mental Health, which then became Vancouver Coastal Health as we know it today. SAFER was part of the community programs in Vancouver up until 2016 when we moved to Vancouver General Hospital campus and became part of Mental Health and Substance Use Outpatient Services. We are located at the Joseph & Rosalie Segal & Family Health Centre which allows us to work closely with the Segal psychiatric inpatient units and the Access and Assessment Centre (AAC) to support city of Vancouver residents who are experiencing suicidal ideation.



### **What services do you provide?**

We have a few different programs. We provide short term counselling for people experiencing suicidal ideation. We aim to offer counselling that can support the stabilization of a suicidal crisis and connect to other resources and services that may further support the client's journey. We try to tailor our work to each client given people's experiences are unique and can have different needs.

In addition to that, SAFER provides 1-3 psychoeducational sessions to those who are concerned about a loved one who is experiencing suicidal ideation. These sessions typically aim to provide support on how to assist a loved one with suicidal ideation, and emphasize the importance of self-care while providing support to a loved one.

We also provide counselling services to people who have suffered a loss due to suicide by providing a safe space to discuss the unique nature of suicide bereavement.

SAFER has been involved for many years in providing educational workshops for community agencies and partners to build awareness on how to work with individuals experiencing suicidal ideation.

Lastly it's important to note that SAFER clinicians also participate in providing group therapy at MHSU-Outpatient Services as we are a part of this service.





***Who are these services available for?***

At this time, we only take clients who are currently living in the city of Vancouver and are aged 18 and above. In order to avoid duplicating services, they must also not be connected to another mental health service such as a mental health team, or to psychotherapy services provided by private counsellors/therapists, psychologists or psychiatrists. Client must also have supports (Family doctor, other physicians) and stability in place if dealing with mood disorders, psychosis, or undergoing substance use detox that requires medical observation in order to engage in psychotherapy. Sometimes there are other resources more tailored to someone's experience, and we may refer them to those if we think they will provide better support for the person at that time.

***How do people access SAFER?***

People can self-refer through the Access and Assessment Centre (AAC). Individuals may also be referred to SAFER if they have been admitted to the inpatient units at Segal at the time of discharge.

***What got you interested in working at SAFER?***

I have been working at SAFER since 1998. Prior to that I had been working with survivors of sexual abuse and found that a number of the individuals I worked with would often express suicidality as a result of the trauma. This got me interested in learning more about suicidality and when the opportunity opened at SAFER, I applied to work there, and have been since.

***What has kept you working at SAFER for 23 years?***

The clients. We see a lot of people come in to our service with suicidal ideation, and the number of suicide deaths we have had during these 23 years has been very low. I think something about what we do works, and that keeps me going. The staff I have worked with also keeps me at SAFER, it is important to be able to maintain our own mental health as a team. I really like working with our clients. Seeing a person be in trouble (struggling), and then slowly see how they do the work and build resilience is rewarding. I get to witness that in the clients who I work with.

***What would you say to someone experiencing suicidal ideation or a family member reading this?***

Whatever you are going through, you are not alone. There is a good chance that someone can guide you to access resources that can assist you in getting you through what you are struggling with. And for families, we can suggest some tools to help you assist your loved one and find ways to take care of yourself as you support them.

***Thanks Jerry for proving us with an overview of your work at SAFER! And thank you for all the work that you do daily in suicide prevention.***



*We see a lot of people come in to our service with suicidal ideation, and the number of suicide deaths we have had during these 23 years has been very low.*

# International Association for Suicide Prevention (IASP)

## Worldwide Initiatives

by Andrea Sierralta

### “Creating Hope Through Action”



IASP has released the new theme for World Suicide Prevention Day 2021-2023: “Creating Hope Through Action”. “‘Creating Hope Through Action’ is a reminder that there is an alternative to suicide and aims to inspire confidence and light in all of us; that our actions, no matter how big or small, may provide hope to those who are struggling. Preventing suicide is often possible and you are a key player in its prevention. Through action, you can make a difference to someone in their darkest moments - as a member of society, as a child, as a parent, as a friend, as a colleague or as a neighbour. We can all play a role in supporting those experiencing a suicidal crisis or those bereaved by suicide.” “IASP leads the global effort in suicide prevention. World Suicide Prevention Day and the month-long period up to World Mental Health Day, is the primary opportunity throughout the year to raise awareness of suicide and to reduce stigma surrounding it and encourage conversations”. (<https://www.iasp.info/wspd2021/>)

*We can all play a role in supporting those experiencing a suicidal crisis or those bereaved by suicide.*



### Light a Candle

Light a Candle is an act of remembrance demonstrating support for suicide prevention, to remember a lost loved one, and for the survivors of suicide. Individuals from all over the world light a candle at 8:00 pm on September 10th.

### Cycle the Globe

IASP’s virtual cycling event, Cycle Around the Globe, is back for the eighth year running, to raise awareness of suicide prevention worldwide.

“Cycle Around the Globe aims to raise awareness of suicide prevention and supports IASP’s work promoting evidence-based action to reduce the incidence of suicide and suicidal behaviour. Through the new World Suicide Prevention Day theme, ‘Creating Hope Through Action’, The International Association for Suicide Prevention (IASP) encourages the global community to engage in a collaborative effort to cycle any distance to help prevent suicide.”

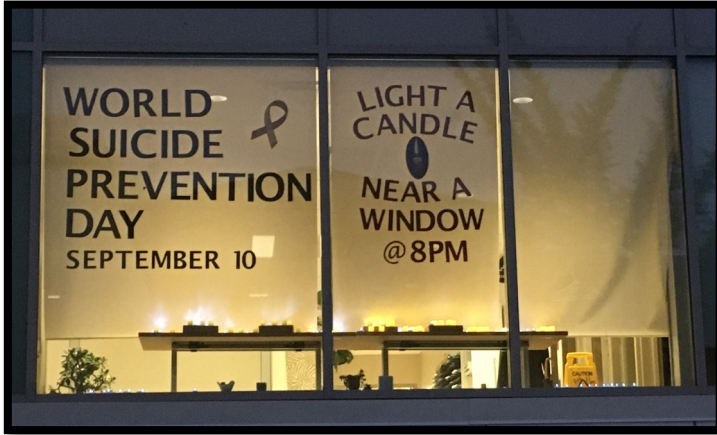
From 10 September – 10 October 2021, people cycle any distance on any road, track or gym. The IASP wants anyone from around the world to be able to take part. The event is completely free to participate and fundraising is optional. (<https://www.iasp.info/wspd2021-dev/cycle-the-globe/>)



# Local World Suicide Prevention Day Initiatives

By **Andrea Sierralta**

Each year, clinicians from SAFER (Suicide Attempt Follow up Education and Research) at Vancouver General Hospital's Mental Health and Substance Use Outpatient Services, work on local ways to promote conversations and initiatives that help bring awareness to suicide prevention and contribute to reducing stigma around mental health and suicide.



Joseph & Rosalie Segal & Family Health Centre at Vancouver General Hospital in 2020.

This year SAFER has made great efforts to light up the lower mainland for World Suicide Prevention Day (WSPD)! Many local landmarks will be using their illumination systems on September 10th, 2020 to light up Yellow and Orange, colours of WSPD, in support of this day.

In Vancouver and around the lower mainland:

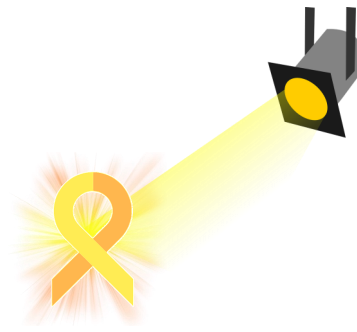
- ◆ [Convention Centre](#)
- ◆ [Canada Place-Sails of light](#)
- ◆ [Bloedel Conservatory in Queen Elizabeth Park](#)
- ◆ [Telus Garden](#)
- ◆ [Vancouver City Hall](#)
- ◆ [Port Coquitlam City Hall](#)
- ◆ [Lafarge Lake in Coquitlam](#)
- ◆ [Maple Ridge City Hall](#)

Vancouver Island:

- ◆ [City of Nanaimo: The Bastion](#)
- ◆ [Victoria: The Ceremonial Entrance, Front Fountain and Back Fountain of the Parliament Buildings](#)

Vancouver Coastal Health's social media accounts will also be featuring information, resources, and more over the week of September 6th to 10th, 2021. Look up @VCHhealthcare on Instagram, Facebook and Twitter.

*Check out these landmarks near you on September 10th!*



 @VCHhealthcare

 @VCHhealthcare

 @VCHhealthcare

*Distress Tolerance skills are helpful to prevent acting on strong urges of self-harm, suicide, or risky behaviours.*

## Tips for using Distress Tolerance skills when an urge hits

By Dr. Debbie Leung and Andrea Sierralta

Dr. Debbie Leung, Director of Wise Mind Centre in Vancouver and psychologist at Vancouver Coastal Health, met with me to talk about tools and tips that can help someone when they have suicidal thoughts/urges or urges to self-harm. Dr. Leung provided us with a quick go-to view of some of the Distress Tolerance skills that she teaches in Dialectical Behavior Therapy (DBT), based on Marsha Linehan's DBT skills. These skills can help in a distressing or crisis moment for anyone struggling with strong urges, and someone supporting them.

### IMPROVE the moment:



⇒ Imagine a relaxing scene, or a happy time and imagine being there again.



⇒ Finding purpose or meaning in a painful situation.

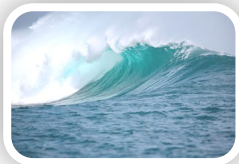
⇒ Take relaxing actions: breathing deeply, relaxing face or body.

⇒ Keep yourself in the moment

⇒ Take a brief mental vacation: turn off your phone, no social media. Go into nature



⇒ Encourage yourself: this too shall pass, you've got this, I can do this, I'm doing the best that I can.



Surf the urge to act on your thoughts



Do these things one-mindfully (focus on what you are doing NOT the urge)

### Self-soothe



Use your 5 senses to self-soothe. Here are some examples:

Vision: look at the mountains, something beautiful, nature, pictures you like.



Hearing: listen to soothing sounds, sounds of nature, or music.



Smell: use your favorite soap, smell flowers/nature, open the window and smell the fresh air.



Taste: eat some of your favourite foods, chew your favourite gum, sample flavours in an ice cream store, have a soothing drink (herbal teas, hot chocolate).



Touch: pet your dog/cat, take a hot bath or shower, use some hand lotion, hug someone or hug a pillow, wrap up in a blanket.

You can also build a self soothing kit with your go-to items and use it whenever/wherever you need it!



# Safety Planning

By Andrea Sierralta



What is Safety Planning? Safety planning is an important tool for people who are experiencing suicidal ideation. It can help to have a plan for a crisis moment when the suicidal thoughts are taking over and it feels like there is no other option. In my experience using safety planning with clients, it is important to have a basic overview of what should be included: emergency contacts, coping strategies, reasons for living, how to make the environment safe. But it is also important to keep in mind that this is a fluid tool, one that is not stagnant in time, one that can change as soon as something is different.

Anyone can do a safety plan: a friend, a family member, a care provider, and the person with suicidal thoughts. Sometimes it is really difficult for someone to think of all of the categories, especially reasons for living. It might feel like there is nothing to live for. Even in those moments, it's important to not give up! There may be things in the short term that someone can identify they want to participate in (i.e. an outing, the next season of a TV show, a concert, someone's birthday or graduation), it can also be an idea of something (i.e. being in a relationship, finding fulfillment in a career, finishing schooling, having a family, contributing to the world). Even if it's just one reason, it is worth adding to a safety plan. It is important to come back to these, and have a conversation around what can be helpful. As a friend, family or support person, you can help a loved one safety plan, you can also be an ally by collaboratively knowing when to use it and where to find it.

## Here are the basic categories to consider in a safety plan:

- ⇒ **Warning Signs:** What usually happens before a suicidal crisis for the person? This could be any changes in mood and behaviours; Increased hopelessness, thoughts of wanting to die; starting to think about planning for suicide; isolation & withdrawal; increased risky behaviours.
- ⇒ **Reasons for Living:** What are things, people, events that the person might want to live for? Anything that can be a reminder that their life can be worth living, short term and long term. This does not have to be a long list. And often we need to come back to this if it is difficult to think of in the moment.
- ⇒ **Coping Strategies:** What helps the person manage strong emotions and urges? This can be ways to distract oneself (i.e. going out for a walk, watching favorite shows/movies, reading a book) self-soothing strategies (i.e. warm shower/bath, drinking hot tea/coffee, eating a comforting meal, relaxation techniques), grounding strategies, (i.e. using 5 senses to be present in the moment)
- ⇒ **Support Network:** These are the people the person can call to be distracted or to talk about the crisis.
- ⇒ **Environment Safety:** Are there things in the environment that need to be removed for safety? Usually things the person may have that could be used as part of a suicide plan. Or removing oneself from the unsafe environment.
- ⇒ **Emergency Contacts:** Professional contacts involved (i.e. case manager, physicians, crisis lines). And a reminder to go to the nearest emergency room or call 911 if nothing has worked and they need support to be safe.

**You can find safety plan templates online. There are also many apps that you can download on a phone for easy access at all times (i.e. Hope by CAMH; Be Safe by mindyourmind)**

*Safety Planning is a tool that helps plan for a crisis moment when suicidal thoughts take over*

*What I've come to notice is the privilege and great responsibilities of being part of some of the most pivotal moments in someone's life.*

## **Interview with Dr. Debra Miller**

**Psychiatrist at Segal 5, inpatient psychiatric unit**

**By Andrea Sierralta**

***Tell us, what is your role with Vancouver Coastal Health?***

I am an inpatient psychiatrist at the short stay unit, Segal 5. I am also a consult liaison psychiatrist in the rest of the hospital; and I do a fair bit of on call work at Vancouver General Hospital.

***How long have you been doing this?***

I've been doing this work for almost 17 years at Vancouver General Hospital.

***Wow! That's a long time! What has kept you working here?***

What keeps me here is the people, the team, the camaraderie. It's generally a positive culture, like we are all in this together. It's important to help each other out, to help out colleagues when they need a lighter workload, when there are difficult cases. I also like the ability to work within a multidisciplinary team, not feeling alone and being able to get different perspectives about things.

***What have you noticed about working in this field? Does anything stand out to you?***

What I've come to notice is the privilege and great responsibilities of being part of some of the most pivotal moments in someone's life. It's a window into people's lives and gives us the opportunity to provide support to clients and their families. Not only is the patient in crisis, but so is the family and supports. Another thing that stands out to me is that it is important to remember that the way people present in crisis is a reflection of that, a crisis; it doesn't necessarily represent them outside of that. Families can really suffer from a lack of information and a lack of control in situations like these. Once we ensure that we can involve them to the best of our ability, we can give them information and support. I see my role as not only crisis intervention for clients, but also their support system. The Mental Health Act can be very confusing. Giving lots of information and reassurance that the family's input is not only welcome but a vital part of our assessment with regards to their baselines and if they think they are safe to be discharged, etc.

***What would you say to a family in crisis that may not want to come to the hospital for help?***

I would want to reassure them that our goal is not to hospitalize or restrict people's freedom. It is to get people safety, and help in the community. Safety is a priority. I would encourage this family to err on the side of caution. If a patient is able to be safe in the community, then they will go into the community. If not, it will probably be a transformative experience for both the patient and the family. Our role is to protect your family member and keep them safe.

***What would you tell a person who is struggling with suicidal ideation?***

The most important message is you are not alone! You don't have to go through this alone. We can be there to help you through this. I think of this quote a lot: "Suicide is a permanent solution to a temporary problem". Almost all problems are temporary. We have helped people who have been convinced there is no way out. It has included people coming out to their parents; people who are in an abusive relationship, or at the end of a relationship; people who are dealing with the death of a loved one,

even criminal charges, people who are facing having to report things to the police. We don't see any problems as insurmountable, nor do we judge them. We are here to help people get through things that need to be faced.

### **How do you work with families?**

We want information from families! We rely on the family's judgment, it can help us determine how to move forward with treatment.

I do notice that sometimes families can become overwhelmed. They may feel obligated to bring things to the hospital all the time, or try to be here a lot for their loved one. My advice to family is to be sure to take care of themselves. This is the time they can be reassured that their loved one is safe. Take the time to recharge, to engage in self-care, if you need to go away, take a break, and seek your own medical/mental health care. Though they need you supporting them, anything you can do to have the strength for when they are discharged is important. The suicide risk is elevated for a period of at least 30 days after discharge. They will need you when they are discharged.

I value family involvement and how important it is. I am only involved in a short time period of their life. Families are there long-term and respecting those relationships is important. I try to do my best to not disrupt that. When families bring their loved ones to hospital with suicidal ideation, sometimes their loved ones are upset that they have brought them to hospital. I try to clarify to the patient that doctors have ultimately made the decision to admit them to hospital, not their family member, and try to play a role in facilitating the repair of the relationship with the family, as this has incredible value for the patient.

We are bound by confidentiality, but that only goes one way. We try our best to support family involvement, even though sometimes patients don't want us to share information with families. It's important to note that we are not restricted from receiving important information even if we can't involve you directly. You are always still free to give all your concerns and information leading up to the hospitalization and give us feedback.

***Thank you Dr. Debra Miller for talking to us about your work and how you involve families in care!***

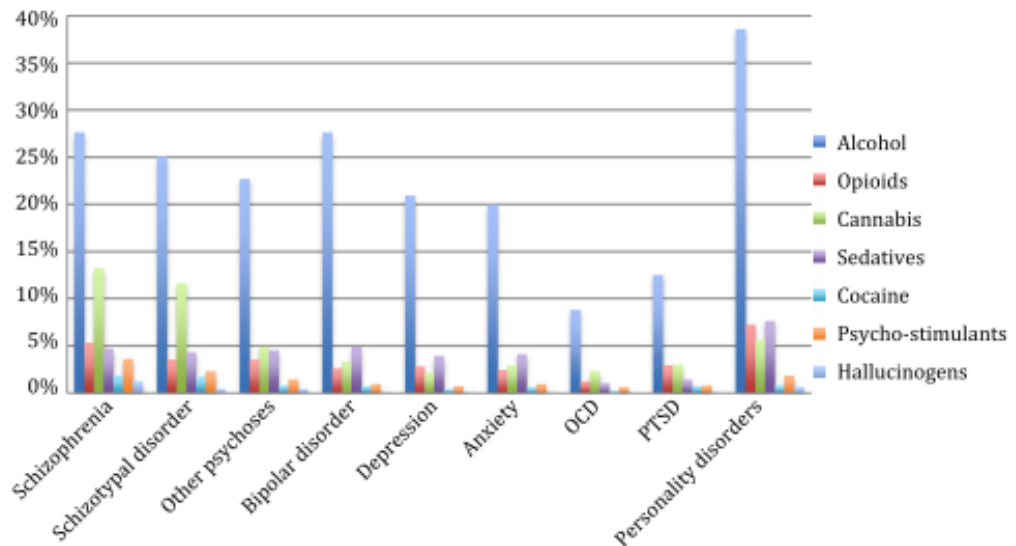


*We want information from families! We rely on the family's judgment, it can help us determine how to move forward with treatment.*

## Research on Suicide and Concurrent Disorders

By Isabella Mori

A 2016 study of over 450,000 Danish patients shows these percentages of substance use among people with psychiatric disorders:



*Individuals with substance use disorders are 10-12 times greater risk for suicide, and co-occurring mental health issues increases the risk of suicide even more.*

It is useful, then, to look at how suicidality – suicide ideation, attempts and deaths – relates to people who struggle both with mental health and substance use. The Center for Substance Use Treatment states “Research consistently shows a high prevalence of suicidal thoughts and suicide attempts among persons with substance abuse problems who are in treatment and a significant prevalence of death-by-suicide among those who have at one time been in substance abuse treatment when compared with those who do not have a diagnosis of substance use disorder.”

According to Holly Raymond, Clinical Director, General Psychiatry and Addiction Services at St. Joseph's Healthcare Hamilton, individuals with substance use disorders are 10-12 times greater risk for suicide, and co-occurring mental health issues increases the risk of suicide even more. Alcohol especially heightens the risk both for chronic and occasional users because it increases psychological distress, aggressiveness and impulsivity, and decreases the ability to use healthy coping strategies.

For men with schizophrenia, Ana Adan and her Spanish colleagues found in 2017 that the risk of an attempt is higher, among other things, for those who have a first-degree relative with a substance use and for those whose problem solving skills are impaired by substance use.

Raymond mentions that alcohol or opioid use also increases the risk of death by suicide, and that there are indications that among women, the use of more than one substance increases the risk. An 2020 study of 307 people who died by suicide in Ireland found that 23-46% had a concurrent disorder, which was particularly noticeable among younger and middle-aged people. Again, alcohol was by far the most frequently found substance (57%), followed by benzodiazepines (26%) and antidepressants



22%. Of interest is the difference between those use alcohol use was diagnosed (13.8%) and those who use was undiagnosed (60.7%)

In terms of suicide prevention, Hammond suggests that clinicians screen for type, number, amount, combination, of substances used, the severity and duration of substance use, alcohol use specifically, and also for intoxication and withdrawal. She also reminds us of ISPATHWARM – ideation, substance use, purposelessness, anxiety, trapped, hopelessness, withdrawal, anger, recklessness, mood changes. Not only do some of these, like substance use and withdrawal, specifically relate to substance use, but it is easy to see how some of these can easily be exacerbated by it, for example, recklessness.

Hammond ends her presentation with a recommendation to hear and heed the patient and family voice through

- Meaningful involvement of patient and family with safety planning
- Focus on incorporating of information provided by family even when there is not consent
- Focus on the patient's story and level of hopelessness as a component of risk assessment
- Patient and family specific education pertaining to suicide prevention

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*Of interest is the difference between those use alcohol use was diagnosed (13.8%) and those who use was undiagnosed (60.7%)*



# Vancouver Family Advisory Committee (FAC)

*A Partnership with Vancouver Mental Health & Substance Use Services*

## This issue's featured members:



I heard about FAC through a friend. What I found was a committed group of people working tirelessly to make a difference when it comes to family support for our loved ones. One of the most important FAC projects has been ensuring the public understand the importance of involuntary admission. My son was diagnosed with schizophrenia in 1987 and has been hospitalized many times over the years. After being placed on Extended Leave he is allowed to apply for release after 6 months. This has resulted in many more hospitalizations. So, I fully support involuntary admission under the Mental Health Act."

- FAC member, Sandra Larter



"When I first joined the FAC I felt I was assisting our very ill daughter, who at the time didn't believe she needed help. The commitment of family members has inspired me, while I have learned so much from our dedicated staff and those with lived experience. More than ever, our health system needs family advocates to ensure a better quality of life for our loved ones."

- FAC member, Holly Horwood

## Who is the Vancouver Family Advisory Committee?

*We are Vancouver parents, siblings, adult children and friends of those living with mental illness and substance use. We are individuals with lived experience. We are community agency representatives, MHSU professionals, and the VCH Family Support & Involvement team. Together, we are the FAC. The FAC provides a strong family perspective to improve services for our loved ones, and expand communication and supports for caregivers and families.*

Wherever you are in your journey navigating these waters, we understand. We are grateful to other Vancouver family members who organized over 20 years ago to urge change in the way families were included in the treatment of our loved ones.

## Spotlight on current FAC projects:

### FAC Gets the Inside Scoop!

A special presentation from **Andrew McFarlane**, Regional Director for Mental Health/Substance Use and head of Operations/Tertiary. Some key points:

- **A \$3 million enhancement of Early Psychosis Intervention (EPI) teams including service to Richmond,**
- **A new push to expand homelessness outreach and crisis response teams (Car 87/88) in Vancouver and regionally,**
- **There are now seven ACT (Assertive Community Outreach) teams, one in Richmond to best meet those in need,**
- **An initiative to better partner Mental Health/Substance Use programs with primary care.**

The FAC also heard from Clinical Nurse Specialist **Maja Kola** about efforts to standardize, audit and improve documentation of Mental Health Act involuntary admissions. An eight- member team and a \$2 million investment will bring hospitals and clinicians up to speed on MHA requirements to ensure involuntary patients and families are aware of their rights.

## Keeping you in the Loop!

The FAC received a response from Assistant Deputy Minister & Director of Police Services, Wayne Rideout, to our letter written to provincial leadership in support of increasing the funding for mental health/police partnerships such as Car87/88. Several noteworthy things came out of this exciting reply:

- **It was seen by the Premier, the Minister of MH and Addiction, the Minister of Health, and the Attorney General;**
- **The BC government has committed \$500 million “to expand mental health and addiction services” - the largest investment in MH services in the history of our province;**
- **An invitation to the FAC – indeed all British Columbians – to participate in the current process of reviewing and updating the BC Police Act.**

This Act governs how police services are run in our province, and this review will include the role of police with respect to complex social issues including mental health, addiction and harm reduction.

## Join Us! We are always looking for new FAC Members!

Even if you're unable to join the FAC at this time, families can be part of a wider initiative for advocacy. Here is something you can do right now to make a difference:

Your voice matters! You can share your input by completing this Review of the BC Police Act [survey](#). The survey will remain open until **Friday, September 3 at 5:00 p.m.**

[RPA Survey \(checkbox.ca\)](https://bclegislature.checkbox.ca/rpa-survey) <https://bclegislature.checkbox.ca/rpa-survey>

At its March 26, 2021 meeting, the Board of Directors of the Metro Vancouver Regional District (Metro Vancouver) adopted the following resolution initiated by Metro Vancouver's Mayors Committee: That the MVRD Board send a letter to the Province and the Special Committee on Reforming the Police Act requesting increased regional access to mental health services to partner and support police in all Metro Vancouver communities.

Want to learn more? <https://www.spotlightonmentalhealth.com/vancouver-family-advisory-committee/>

Want to join us, or get more information? Email: [vancouverfac@vch.ca](mailto:vancouverfac@vch.ca)

## Family Experience of Suicide Loss

By Lisa Kofod (Family representative, member of FAC)



Since 2013, every April 18th I write a letter to my nephew, Johnathan. I wrap it around a stone that's big enough to hold the weight of such a letter, tie it with string that's strong enough to send such a message...and head to Fisherman's Wharf near Granville Island. Once I'm there, I hold my letter-wrapped-stone, and remember Johnathan. Remember his bright smile and huge laughter, his pockets always filled with random collectables and the occasional fishhook. And I say a prayer of thanks - that for 22 years, I had him in my life.

Suicide ends all future. It banishes us, those known as "suicide survivors", to a realm of memories, moments, and rituals. Whatever we can find that might bring us a measure of peace.

Johnathan was born to go fishing. He seemed to have a connection to the earth and all creatures, but fishing was special. I have memories of him as a young boy, leaning in to the words of an old man whose gnarly fingers were showing Johnathan how to tie a knot that would never loose a hook, Johnathan repeating the lesson, swinging his rod over the edge and within minutes catching a small shark. I have memories of him at Sasamat Lake a few years later, at around 9 or 10 years old I think, sitting for hours and hours - so still. Just watching the bobbing float, the bugs bouncing along the water, chatting with such ease with anyone who passed by. Belonging there. We even went crab fishing at various wharfs around Vancouver. But we never fished off of Fisherman's Wharf near Granville Island. Even so, to me its name seems to resonate with the memories I cherish, memories never to be repeated. I've made this my own special place, a ritual I can cling to every time the anniversary of his death rolls around.

The world as we knew it shattered the morning of April 18, 2014, when my nephew's body was found. He'd been at a party at a friend's house, had the wrong kind - and amount - of alcohol, and had a fight with his girlfriend. Then, likely erupted in a rage, went downstairs and found a rope. The man who found Johnathan immediately rushed upstairs and yelled, "Get all the kids outta here!"

No one wants to see suicide. We don't want to talk about it either. Our first instinct is often to cloak it in silence.

Some time later, we visited the house where my nephew had died. I remember the tired sounding "creak" of the brakes as the truck we were in pulled to a stop in the yard out front. Lots of memories fade, but I remember so clearly stepping out of that truck, my feet landing on the dry, dry earth. As we walked across the yard, I remember trying to imagine the life that must have filled this house the night Johnathan was there - the friends, the music, the laughter... a proper party.

We walked from the truck to the house, following the lead of one of the community elders. I remember feeling grateful that we had such a guide. Looking back, I know it's fair to say that we were walking in a haze - a mist of un-knowing, un-believing, un-feeling. But when Elder Dooley lit a match and began to burn a bundle of sage, I felt in that moment there was purpose in our being there. Not just to "see" where it happened, but to connect to our loss, somehow. To connect in some way with my precious nephew - to let him know: 'We're here', 'You're not alone'...'we're here'.

So many years later, a lot has happened. Johnathan's mom and I have joined with others who share

*No one wants to see suicide. We don't want to talk about it either. Our first instinct is often to cloak it in silence.*



suicide loss, through Parents of Suicide and Friends and Families of Suicide (<https://www.pos-ffos.com>). We've also written his story for inclusion in the Faces of Suicide books (<http://www.facesofsuicide.com/ebook.php>), and my sister has volunteered at suicide prevention events. Suicide loss is a grief like no other. Those around us, who in the early days following Johnathan's death offered their sincere kindness and love, have since faded into the shadows; it's so hard to talk about suicide. But suicide loss never leaves you, and our longing for connecting with others who understand the need to keep these conversations alive has become even more important. We call them our "internet family".

When I heard the theme of this newsletter was 'suicide prevention', my first thought was, "How do you prevent something you never saw coming?", "What can you say to families who are now grieving a loss through suicide that they had no warning signs for?". My nephew was the centre of his circle of peers. He was the one to go door-to-door at 3:00am to wake his sleeping friends to go fishing. During winter, he was the one who set up the hut on the ice, who cut the hole, who caught the most because he could sit with such patience long after everyone else went home. He would always share his catch with the families in his community. The elders even called Johnathan an "old soul" when he was barely into his teens. He worked hard and seemed to have so many plans for things that he wanted to do. He was living life in such a big way. How do you prevent such a death; a death with no warning signs that this is where we would be right now? Did we miss something we should have seen? Was he experiencing something that he was unable to speak about?

How do you prevent such a death? For me, the answer is simply this: **Start talking**. Start talking in a way that brings us closer to a place where conversations feel like they happen with honesty, openness, and in safety. In the realm of words is as good a place to start as any. Especially if you are among the many who find conversations about suicide hard to have. Preventing suicide is something we can all participate in, especially with our words.

So, I take my stone wrapped in a letter, and let it fall from my grasp into the water at the end of the pier at Fisherman's Wharf. Words sent out into the unknown... Words to say: **Let's keep the conversation going.**

*Thank you for sharing your touching story with us Lisa. And thank you for starting the conversation!*



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## TIDBITS from the Family Connections Support Group

In this new regular column, we will list selected resources we have discussed in our regular Family Connections Support Group (see next page).

### A few articles discussed:

From the perspective of finances and having a spouse/partner with mental illness: <https://www.heretohelp.bc.ca/money-and-relationships> and <https://www.bcss.org/support/guide-spouses-partners-serious-mental-illness/> (under #10: Managing Employment and Finances).

An “oldie but goodie” piece from our Family Connections website, the difference between “supporting” and “enabling”: <https://www.spotlightonmentalhealth.com/supporting-vs-enabling/>

### Some resources we brought up and shared:

Car 87 in Vancouver, a partnership between VPD and VCH to provide crisis response: <https://find.healthlinkbc.ca/ResourceView2.aspx?org=53965&agencynum=17677401> or at (604) 675-3700

St. Paul’s Hospital “Rapid Access Addiction Clinic” (RAAC) for substance use treatment: <https://www.providencehealthcare.org/rapid-access-addiction-clinic-raac> or at (604) 806-8867

Our Family Support and Involvement Team website, where you can explore lots of resources and articles: <https://www.spotlightonmentalhealth.com/family-involvement/>

Mental Health and Substance Use Outpatient Services for individual & group therapy and psychiatric support: [http://www.vch.ca/locations-services/result?res\\_id=474](http://www.vch.ca/locations-services/result?res_id=474)

The classic text “I Am Not Sick, I Don’t Need Help! How to Help Someone Accept Treatment” (2020 edition): [https://www.amazon.ca/Not-Sick-Dont-Need-Help/dp/0985206705/ref=pd\\_lpo\\_1?pd\\_rd\\_i=0985206705&psc=1](https://www.amazon.ca/Not-Sick-Dont-Need-Help/dp/0985206705/ref=pd_lpo_1?pd_rd_i=0985206705&psc=1)

And the L.E.A.P. method of communication with your loved one, described here: <https://leapinstitute.org/about/>

### Useful Websites regarding some financial resources:

*Disability Alliance of BC:* <http://www.disabilityalliancebc.org/advocacydb.htm>

*Financial Assistance for Psychiatric Medication (Plan G):* <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/prescribers/psychiatric-medications-plan-g>

*Provincial disability benefits:* <http://www2.gov.bc.ca/gov/content/family-social-supports/services-for-people-with-disabilities/disability-assistance/on-disability-assistance>

*Canada Pension Plan disability benefits:* [http://www.esdc.gc.ca/en/reports/pension/cpp\\_disability\\_benefits.page](http://www.esdc.gc.ca/en/reports/pension/cpp_disability_benefits.page)

*Disability Tax Credit:* [www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities/disability-tax-credit.html](http://www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities/disability-tax-credit.html)

*Public Guardian and Trustee of BC:* <https://www.trustee.bc.ca/services/services-to-adults/Pages/financial-management-and-personal-decision-making-services.aspx>

*Registered Disability Savings Plan:* <https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/registered-disability-savings-plan-rdsp.html>

## 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 Tao-Yee Lau at [taoyee.lau@vch.ca](mailto:taoyee.lau@vch.ca) or*

*Andrea Sierralta at [andrea.sierralta@vch.ca](mailto:andrea.sierralta@vch.ca) for the Zoom link*

**“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](mailto: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](mailto: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

**BC Schizophrenia Vancouver Family Support Group** - for family members supporting someone with serious mental illness. Please contact the Vancouver Manager @ 604-787-1814 or [vancoast@bcss.org](mailto:vancoast@bcss.org) for more details on the online group 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/monthly-support-groups/>.

**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 via Zoom.  
Contact Elaine Chan at [elaine.chan@pathwaysclubhouse.com](mailto:elaine.chan@pathwaysclubhouse.com) or 604-276-8834 for details