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Canadian Mental Health Commission of Canada

The Canadian Mental Health Commission of Canada recognizes that for many Canadians living with mental health problems and illness, caregivers — whether relatives or people drawn from broader circles of support, are critical to recovery. Despite their crucial role, caregivers’ contributions, and the effects of caregiving on their own wellbeing, have long been underestimated and marginalized.

Caregivers make significant contributions

The unique role of family caregivers in fostering recovery and wellbeing among people with a mental health problem or mental illness must be better recognized within the mental health system and society. In the past, much of the blame for mental health problems was unfairly placed on the shoulders of caregivers. That attitude is changing, but more needs to be done to reinforce caregivers’ strengths and to facilitate their healthy involvement in the recovery journey and treatment of loved ones.

The impacts of caregiving

Caregivers often provide a variety of supports, including navigating the mental health system to access services, transportation, advocating for services, and social, financial, and emotional supports. Studies have shown that caregivers can experience a significant sense of personal growth, fulfillment, and purpose through the support they provide to a friend or family member with a mental health problem or mental illness. At the same time, the caregiver’s own health — both physical and emotional — can be negatively affected by the day-to-day demands of long-term caregiving.

The need for increased support

To realize the full benefits of caregiving, it is crucial that caregivers have access to the information and supports they need to sustain their own wellbeing, and that their voices are recognized and respected in Canada’s mental health system. Failure to support caregivers undermines mental health across the entire population, leading to poorer outcomes, both for people living with a mental illness and their caregivers. This also leads to increased health and social service costs.

To access this and other valuable information and material on caregiver issues, please visit: <http://www.mentalhealthcommission.ca/English/issues/caregiving#sthash.bIQ77neg.dpuf>

What Can I do!?



For many family members their loved one becoming ill can be a very overwhelming and scary experience. They find themselves immersed in a seemingly whole new world with its own language, and culture. The Family Support and Involvement team is here to help support and educate family members during this difficult time. We encourage family members as collaborative partners in care to pursue the following goals:

- Learn about mental illness, available resources, and the MH&A system of care
- Develop an understanding of the elements of recovery
- Develop their own support system
- Attend family education and support groups
- Be mindful of their needs and those of other family members
- Develop self-care strategies, and have realistic expectations of what they are able to control or do
- Participate in quality improvement and program development
- Maintain hope



There are many groups and resources available to family members which can support them in working towards realizing these goals. The back page of this newsletter has a calendar with descriptions, times, and dates of some fantastic community resources available.

Please feel free to contact the FSI team members if you have any further questions, or require clarification:

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What Do Caregivers Need?

If you are a caregiver, you probably know what you personally need – maybe more sleep, someone to listen to you, or better communication with your loved one. It’s also interesting to ask, what do caregivers as a group need? Below I will be referring to three studies on this topic.

Individualized support

Individualized support based on the specific needs of caregivers was one of the most important things Shankar & Muthuswamy (2007) found. How caregivers experience the illness, cultural backgrounds, individual family circumstances, how long they have been in the caregiver role – these are examples of issues that need to be taken into account.

More interaction with professionals

This need was found by the same authors. It’s important that caregivers’ expertise is taken seriously, as well as involvement in treatment and care decisions.

Support and recognition

Shankar & Muthuswamy also found that caregivers feel better supported when peers – fellow family caregivers – are part of what they call “crisis support teams.” A Canadian study by Barbic et al (2014) found something similar: support from others as well as the health care system was helpful, as well as getting recognition and acknowledgement of the illness and its impact on the person as well as the caregivers was significant. It’s hard when that support is not there: “Most people don’t understand what I’m going through or how much energy it takes to look after someone who is not well.”

A positive attitude and quality of life

Another study by Brand et al (2014) showed that social support also made it easier for caregivers to see the positive sides of their experience, referred to as “benefit finding.” They also found that social support, optimism and benefit finding were related.

Physical and emotional health

Fatigue, pain such as headaches, anxiety, isolation – these are just some of the things that need to be counteracted according to Barbic et al. In order to keep “emotional vitality”, the researchers call for proactive attention to these issues right at the beginning of the caregiving experience.

Meaningful activities other than caregiving

Many of the caregivers interviewed found it difficult to maintain the very activities that help them keep their emotional vitality – and it is this vitality that helps them keep going in their caregiver role. Just like Shankar and Muthuswamy, Barbic et al suggest assessment of caregiver’s diverse needs beyond preventing imminent burnout (when it may be too late.)

Dealing with chores, skills, roles

Household tasks, finances, shopping, and childrearing – the list is endless. Caregiving is not just about giving care, often it is more about doing all the chores that under different circumstances would be shared. (No wonder caregivers’ physical and emotional health is affected!) “The physical, emotional and social reserves of caregivers are essential to adequately care for a person.” Clearly, caregivers need resources: from actual help with their roles – including respite care – to learning how to become even more effective and efficient.

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“I recognize the limits of my own endurance and strength.”

Caregiver Bill of Rights

It is not uncommon for family members to want to “fix” their loved one’s problems, and become consumed by this unfortunately impossible goal. Family members can play a very significant role in their loved ones recovery, but they cannot do it alone. As such, the caregiver “bill of rights” has come to be a valuable document for many family members in establishing balance for themselves.

I have the right:

To take care of myself. This is not an act of selfishness. It will give me the capability of taking better care of my loved one.

To seek help from others even though my loved ones may object. I recognize the limits of my own endurance and strength.

To maintain facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person, and I have the right to do some things just for myself.

To get angry, be depressed, and express other difficult feelings occasionally.

To reject any attempts by my loved one (either conscious or unconscious) to manipulate me through guilt, and/or depression.

To receive consideration, affection, forgiveness, and acceptance for what I do, from my loved ones, for as long as I offer these qualities in return.

To take pride in what I am accomplishing and to applaud the courage it has sometimes taken to meet the needs of my loved one.

To protect my individuality and my right to make a life for myself that will sustain me in the time when my loved one no longer needs my full-time help.

To expect and demand that as new strides are made in finding resources to aid physically and mentally impaired persons in our country, similar strides will be made towards aiding and supporting caregivers.



“Families want to be heard. They want to know that their concerns are being addressed, and that they are valued for the contribution they make in caring for their loved one” (Parent)

It is very important that we acknowledge the significant commitment and contributions that family members and loved ones are making at VCH through their voluntary membership in the Family Advisory Committee (FAC).

The FAC is comprised of family members, service users and service providers who represent the diverse voice of families within Vancouver Mental Health and Addiction Services with the objective of improving the care experience by facilitating the development and maintenance of a culture that supports family involvement, ensures that mental health and addiction service delivery reflects the best practices and family-centred care, and supports the ongoing development of a culture of recovery in mental health and addiction services.

As a result of the FAC’s ongoing hard work and dedication the following goals have been achieved:

- Families are provided with information, referrals and support services
- The development and implementation of family focused programs and services has been realized
- Consultation services have been made available to families and service providers through the creation of Family Support and Involvement Coordinator positions
- The distribution of MH&A information to families, service users and service providers through multiple avenues is ongoing
- The FAC is actively engaged in the development of clinical policy and practice, ensuring that the family perspective is present
- Staff education programs to strengthen family support and involvement have been incorporated, and continue to be developed
- The FAC provides ongoing consultation to senior management, VCH planning committees and community MH&A organizations

Please feel free to review the *Family Involvement with Mental Health & Addiction Services Policy*:

http://mentalhealth-policies.vch.ca/policy/CA_4200.pdf

Update on the New Mental Health Facility, the Joseph and Rosalie Segal Family Health Centre

The Joseph and Rosalie Segal Family Health Centre (JRSFHC) strives to be a Centre of Excellence for treating people with mental health and substance use challenges. Through the creation of a welcoming, caring and compassionate environment it will promote healing to enhance and advance the health of all who need treatment. The environment and operations of the JRSFHC will allow for flexibility to meet individualized and unique needs, promote autonomy and choice, and support dignity, respect and hope.



This is the goal statement for JRSFHC – the new Vancouver Coastal Health Mental Health Facility slated to open its doors in the summer of 2017. Family and patient representatives have been very active, particularly in the last year, participating in the JRSFHC Stakeholders Committee to plan the design and operations of JRSFHC. One of the major contributions was to revise an earlier goal statement to the one the stakeholders group worked out above.

A few facts: The cost of the project is \$82 Million. \$57M of that comes from the Province of British Columbia, \$28M have been fundraised by the VGH and UBC Hospital Foundation, including \$12M generously given by the Segal family. It is a 100-bed, 9-storey facility with a rooftop garden on the ninth floor, an interior atrium, terraces on all floors, and a healing garden for a longer-stay unit.

Among the features provided are private bedrooms with a bathroom for each patient, internet/WiFi access, a family lounge on each inpatient unit, exercise facilities and lots of natural daylight. The intention is for the building to be welcoming, cheerful, non-intimidating, and to reflect the natural environment around us. Consultations with First Nations helped flesh out these themes; we also had two wonderful ground blessings carried out by First Nations elders. Well thought-out security measures will be everywhere needed but in as unobtrusive a manner as possible.

Apart from contributing to the goal statement, patient and family advisors' ideas have been incorporated in many ways. Here are a few examples:

- Family lounge added to every inpatient unit and to the main atrium
- Addition of wheelchair accessible areas at reception areas
- Kitchenette added to each inpatient unit dining room for client use – to prepare food, heat up food brought in by visitors, etc...
- Size of closed care team base was reduced to encourage increased interaction among staff and clients and to increase welcoming appearance
- Mobile comfort cart added to equipment list – people find different spaces comforting and would prefer flexibility, rather than having to use a specific room to seek comfort
- Wayfinding – we are in the process of seeking funding for a resource kiosk and volunteer support

If you'd like to find out more about this new building and/or have some ideas you'd like to see considered, please contact me, Isabella Mori, at isabella.mori@vch.ca. Part of my job as Family Support and Involvement Coordinator is to ensure patient and family voices are heard in the planning of this building. You can also find out more about the project on this web site http://www.vch.ca/about_us/development-projects/joseph-rosalie-segal-family-health-centre

Mood Disorders Association of BC (MDABC) – 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. 2nd Monday of each month, 6:30-8:30pm at Evergreen Community Health Centre (3425 Crowley) .Contact 604-873-0103

Raven Song 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 p.m. at Raven Song Community Health Centre, 2450 Ontario Street, Vancouver. Contact 604-290-3817

SPH 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 2B-169, 2nd floor, Burrard Building. To register, call Kaye 604-682-2344 local 68964

VCH Eating Disorder Program (VCHED)– 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 at 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@cmha.bc.ca or 604-276-8834, ext 12.

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 graspvancouver@gmail.com to register.

SMART, Family and Friends - Support group for family and friends to learn and implement self care, boundary setting, and compassionate communication tools. Every Tuesday 6:30-7:30PM. Every other Friday 6:30-7:30 at Three Bridges Addictions 1290 Hornby Street, Rm 310. Call Oona @ 604-714-3480. Thursday 6:00-7:00PM at Raven Song 2450 Ontario Street, 1st floor. 604-872-8441.

Family Connections Support Group (FCES)—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 becky.hynes@vch.ca , 604 313-1918

Family Support Groups



November 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3 SMART	4 VCHED	5 FCES	6 Parents Forever SMART	7
8	9	10 MDABC SMART	11 Raven Song	12 GRASP	13	14 Pathways
15	16 FCES	17 SMART	18	19	20 Parents Forever SMART	21
22	23	24 MDABC SMART	25	26 SPH	27	28
29	30					