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Your Family Support and Involvement Team

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Family Connections

EDITED BY JUSTUN MILLER

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Mental Health Awareness

October brings with it **Mental Health Awareness Week** which begins on October 4th and continues onto October 10th which is **World Mental Health Day**. Needless to say, this month's edition of the *Family Connections Newsletter* will be focusing on raising awareness about mental health.



Awareness raising can take many forms. It can involve educating yourself and those around you about mental health, participating in an awareness raising event such as the *Light up the Night Ride for Mental Health*, reflecting on your own views and beliefs, as well as those of your family surrounding mental health, having conversations, or even just paying attention to how mental health is represented in the media.

Engaging in any of the above mentioned awareness raising activities or the countless other possibilities helps to bring issues and concerns to light and address them. One of the main issues that exists when raising awareness around mental health is stigma.

All to often, stigma is a reality for individuals living with a mental health condition and their families. Stigma can have such a negative effect on people that it has been identified as one of the greatest barriers to accessing services, and attaining a complete and satisfying life.

So lets talk about that.



Please remember that if your loved one is at risk to themselves or others the best resources are your local Emergency Department, and 911. Other resource available to you are:

Mental Health Emergency Services (MHES) at: 604-874-7307 Vancouver Adult Mental Health Intake (VAMHI): 604-675-3997

Children and Youth Mental Health: 604-675-3895 Older Adult Mental Health Intake: 604-709-6785 Access Central (Addictions Services): 1-866-658-1221



The question,
of course, is —
what can be
done to combat
stigma?

Stigma and the Family

A recent review (Clement et al, 2015) of 144 studies of mental illness stigma with over 90,000 participants indicated that stigma was the fourth highest ranked barrier to people seeking help. The issues most often related to stigma were shame or embarrassment, negative social judgement, disclosure concerns/confidentiality, and employment-related discrimination.

The question, of course, is what can be done to combat stigma? And what can families do? This question is literally close to home. We often hear things like, "My sister and I are the only ones who get that loe's mental illness is just that, an illness. The rest of the family doesn't want to have anything to do with him." Part of the problem is what is perceived as "stigma by association", which can lead to distress on the part of the family, as well as decreased closeness (vander Sanden et al, 2013).

So, once again - what can be done? Storytelling is one potent antidote to stigma (I wrote about this here last year http:// www.spotlightonmentalhealth.com/ family-stigma-and-storytelling). The article referred, among others, to Patrick Corrigan, perhaps the best known researcher on the topic. Another project in which he was involved investigated group based interventions to deal with stigma. In family peer-based groups called In Our Own Voice - Family Companion (IOOV-FC), family members describe their experience

in adjusting to having a member with a mental illness in a 15-minute video. This is followed by a 60-minute group discussion facilitated by family peers. This approach was compared to mental health professionals doing a 75-minute educational presentation on mental illness, its treatment, family impact and resources.

The peer-led group had a stronger impact, especially for those family members who reported high anxiety before attending the group. Also, the peer-led group reduced secrecy and self stigma (when an individual internalizes societal misconceptions about mental health and holds negative views about people with mental illness, often together with feelings of shame, anger, hopelessness, or despair.) An excerpt of one for the videos can be seen here https://goo.gl/ABnWsH

Research like that underscores our commitment to involving family members as much as possible in all our projects (e.g. staff education, and support and educational groups for families). At the Family Support and Involvement team, we follow and accompany families and help them discover, nurture and work with their own resources!

Sources (all available online):

Clement, S., et al. (2015) What is the Impact of Mental Health-related Stigma on Help-seeking?

Perlick., D.A. et al (2011) In Our Own Voice— Family Companion: Reducing Self-Stigma of Family Members of Persons With Serious Mental Illness

Vander Sanden, R. (2013) Experiences of Stigma by Association Among Family Members of People with Mental Illness

By Isabella Mori

Canadian Mental Health Commission of Canada: Opening Minds

Opening Minds is the largest systematic effort in Canadian history focused on reducing stigma related to mental illness. Established by the MHCC in 2009, it seeks to change Canadians' behaviours and attitudes toward people living with mental illness to ensure they are treated fairly and as full citizens with opportunities to contribute to society like anyone else.

Tackling stigma on multiple fronts

Opening Minds is addressing stigma within four main target groups: health care providers, youth, the workforce and the media. As such, the initiative has multiple goals, ranging from improving health care providers' understanding of the needs of people with mental health problems to encouraging youth to talk openly and positively about mental illness.

Ultimately, the goal of Opening Minds is to cultivate an environment in which those living with mental illness feel comfortable seeking help, treatment and support on their journey toward recovery.

Why stigma?

People living with mental health disorders often say the stigma they encounter is worse than the illness itself.

A number of programs across Canada are working on reducing stigma. Opening Minds has been evaluating more than 70 of these projects to identify those most effective at reducing stigma so they can be replicated across Canada. Evidence gathered through these evaluations will reveal best practices that will contribute to the development of anti-stigma toolkits and other resources, to be released soon.

At the same time, Opening Minds' evaluation process is forging ties throughout Canada's mental health field, creating a valuable network for sharing best practices and programs designed to reduce stigma.

This and other articles published by Opening Minds can be accessed through the Canadian Mental Health Commission of Canada website: http://www.mentalhealthcommission.ca/

English/initiatives-and-projects/opening-minds

"60% of
people with a
mental health
problem or
illness won't
seek help for
fear of being
labeled. "

Canadian Mental Health Associaton



What you can do to stop stigma and discrimination

Use the STOP criteria to recognize attitudes and actions that support the stigma of mental health conditions. It's easy, just ask yourself if what you hear:

Stereotypes people with mental health conditions (that is, assumes they are all alike rather than individuals)?

Trivializes or belittles people with mental health conditions and/or the condition itself?

Offends people with mental health conditions by insulting them?

Patronizes people with mental health conditions by treating them as if they were not as good as other people?

If you see something in the media which does not pass the STOP criteria, speak up! Call or write to the writer or publisher of the newspaper, magazine or book; the radio, TV or movie producer; or the advertiser who used words which add to the misunderstanding of mental illness. Help them realize how their words affect people with mental health conditions.

Start with yourself. Be thoughtful about your own choice of words. Use accurate and sensitive words when talking about people with mental health conditions.

https://ontario.cmha.ca/mental-health/mental-health-conditions/stigma-and-discrimination/

"The Library
Technician will
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and up-to-date
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The Family Connections Support Group

The Family Support and Involvement Team is starting up a new support group for family and friends of individuals with mental illness and/or substance use concerns.

The group will be held at the CIBC Centre for Patients and Families at the Jim Pattison Pavilion at VGH and will be co-facilitated by a family member and supported by a Library Technician. We are very excited to pilot this approach of having an embedded librarian technician in the group and are grateful to the CIBC Centre for Patients and Families for partnering with us on this exciting endeavour. The Library Technician will provide research and up-to-date information based on the needs of the group, while showing participants how to access useful and reliable information by asking the "right" kinds of questions. In addition to all of this, 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, starting

Thursday, October 1, 2015

TIME: 6:00 - 8:00 p.m.

PLACE: 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





Here are some myths and facts from material available through the Canadian Mental Health Association (http://www.cmha.ca/). These myths and many more exclude people with mental illnesses from our communities and create barriers to well-being. If we want to reduce the impact of mental illnesses on our communities, we need to learn the facts and start with our own assumptions and behaviours.

Myth #1: Mental illnesses aren't real illnesses.

Fact: The words we use to describe mental illnesses have changed greatly over time. What hasn't changed is the fact that mental illnesses are not the regular ups and downs of life. Mental illnesses create distress, don't go away on their own, and are real health problems with effective treatments. When someone breaks their arm, we wouldn't expect them to just "get over it." Nor would we blame them if they needed a cast, sling, or other help in their daily life while they recovered.

Myth #2: Mental illnesses are just an excuse for poor behaviour.

Fact: It's true that some people who experience mental illnesses may act in ways that are unexpected or seem strange to others. We need to remember that the illness, not the person, is behind these behaviours. No one chooses to experience a mental illness. People who experience a change in their behaviour due to a mental illness may feel extremely embarrassed or ashamed around others. It's also true that people with a history of a mental illness are like anyone else: they may make poor choices or do something unexpected for reasons unrelated to symptoms of their illness.

Myth #3: Bad parenting causes mental illnesses.

Fact: No one factor can cause mental illnesses. Mental illnesses are complicated conditions that arise from a combination of genetics, biology, environment, and life experiences. Family members and loved ones do have a big role in support and recovery.

Myth #4: People with mental illnesses are violent and dangerous.

Fact: Some people try to predict violence so they know what to avoid. However, the causes of violence are complicated. Researchers agree that mental illnesses are not a good predictor of violence. In fact, if we look at mental illnesses on their own, people who experience a mental illness are no more violent than people without a mental illness. Excluding people from communities *is* linked to violence. And people with mental illnesses are often among those who are excluded. It's also important to note that people who experience mental illnesses are much more likely to be victims of violence than to be violent.

Myth #5: People don't recover from mental illnesses.

Fact: People can and do recover from mental illnesses. Today, there are many different kinds of treatments, services, and supports that can help. No one should expect to feel unwell forever. The fact is, people who experience mental illnesses can and do lead productive, engaged lives. They work, volunteer, or contribute their unique skills and abilities to their communities. Even when people experience mental illnesses that last for a long time, they can learn how to manage their symptoms so they can get back to their goals. If someone continues to experience many challenges, it may be a sign that different approaches or supports are needed.

Myth #6: People who experience mental illnesses are weak and can't handle stress.

Fact: Stress impacts well-being, but this is true for everyone. People who experience mental illnesses may actually be better at managing stress than people who haven't experienced mental illnesses. Many people who experience mental illnesses learn skills like stress management and problem-solving so they can take care of stress before it affects their well-being. Taking care of yourself and asking for help when you need it are signs of strength, not weakness.

Myth #7: People who experience mental illnesses can't work.

Fact: Whether you realize it or not, workplaces are filled with people who have experienced mental illnesses. Mental illnesses don't mean that someone is no longer capable of working. Some people benefit from changes at work to support their goals, but many people work with few supports from their employer. Most people who experience serious mental illnesses want to work but face systemic barriers to finding and keeping meaningful employment.

Myth #8: Kids can't have a mental illness like depression. Those are adult problems.

Fact: Even children can experience mental illnesses. In fact, many mental illnesses first appear when a person is young. Mental illnesses may look different in children than in adults, but they are a real concern. Mental illnesses can impact the way young people learn and build skills, which can lead to challenges in the future. Unfortunately, many children don't receive the help they need.

Myth #9: Everyone gets depressed as they grow older. It's just part of the aging process.

Fact: Depression is never an inevitable part of aging. Older adults may have a greater risk of depression because they experience so many changes in roles and social networks. If an older adult experiences depression, they need the same support as anyone else.

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Family Support Groups

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
					Parents Forever	
					SMART	
4	5	6	7	8	9	10
		SMART	VCHED	GRASP		Pathways
11	12	13	14	15	16	17
11	12	SMART	Raven Song	15	Parents Forever	±1
			Raven Song			
		MDABC			SMART	
18	19	20	21	22	23	24
		SMART				
25	26	27	28	29	30	31
		SMART		SPH		
		MDABC				
		MIDADC				

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.