

INSIDE THIS ISSUE:

PAGE 2 ABOUT US

PAGE 3: LETTER FROM THE EDITOR

PAGE 4: FINDING POSITIVES & LEARNING DAILY

PAGE 6: VCH MHSU CHANGES IN SERVICES

PAGE 8: FINDING EMPLOYMENT ALONGSIDE COVID-19

PAGE 10: LEADERSHIP IN ACTION

PAGE 12: HOW PSYCHOSOCIAL REHAB IS ADAPTING

PAGE 15: MAKE SOCIAL MEDIA WORK FOR YOU!

PAGE 16: FAMILY CONNECTIONS SUPPORT GROUP

PAGE 17: RESOURCES

PAGE 19: SKY'S TIPS ON GROUNDING

Family Connections

EDITED BY SKY LEE MAY 2020

COVID-19 Response: A Positive Outlook



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

Please remember that if your loved one is at risk to themselves or others, the best resources are your local Emergency Department, and 911. In Vancouver, for non-emergencies please contact the Access and Assessment Center (AAC). *Due to COVID-19, the method of service may be virtual (video) once you arrive.

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 addiction, sign up at

www.spotlightonmentalhealth.com

By going to this website and clicking on the [Family](#) tab you can find our [Community Resource Guide for Families](#), Vancouver Coastal Health's [Family Involvement Policy](#) and much more.

A Message from the Family Advisory Committee

Hello from the FAC!

Our Family Advisory Committee has been on hold during the COVID pandemic, but we hope to get going again once the social distancing measures are reduced. If anyone has any questions about the FAC, or would like to join, Please contact the FAC Chair, Patti Zane. We are always looking for new members!

Thank you,

Patti

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Message from the Editor

Hello Readers,

Thank you for picking up our latest edition of the Family Connections Newsletter. I hope you enjoy reading our latest edition!



We are living in a very different time than previous editions of this newsletter. For this edition, I wanted to make it as current as possible and highlight the “here and now” in Mental Health and Substance Use (MHSU), amidst the COVID-19 pandemic. I wanted this edition to be inspiring, and in doing so, I chose to focus on positive aspects of the pandemic. There are so many positive initiatives out there, but in order to provide some focus, I’ve had to limit myself in what I could include in this issue! Some questions I researched are: what have we learned (and are *continuing* to learn), how can we find purpose, how are we reaching out, and what are others doing to cope?

To get an understanding of how VCH staff is reaching out to people, our team talked to a Mental Health & Substance Use occupational therapist, a recreation therapist, and an IPS worker (Individual Placement & Support). They have shared their experiences and strategies to build connections with people. I also had the opportunity to interview an operations manager on the Downtown Eastside of Vancouver. She willingly provided information on Inner City Resources and shared her experience of managing healthcare teams during the pandemic.

This newsletter also includes some creative stories, because something that COVID has taught me is that being creative is a wonderful way to cope. It gives one the ability to be free and expressive, despite the social distancing measures that currently confine us. Therefore, I’ve infused this issue with beautiful photo submissions capturing our new COVID reality. I’ve also included inspirational voices from various family members, and a very applicable piece by my colleague, Isabella Mori, called “Make Social Media Work for You”.

Although staying put is hard, I can’t help but wonder what we will gain from this experience and instill into our regular lives. Will it be having creative tools on hand in case we get the urge to dream? Or having regular Zoom meetings with our friends & family who live afar? Or perhaps scheduling “free days” so we can spend time in solitude, or with loved ones, rather than moving from errand to errand. Whatever your circumstance, I hope you find this newsletter inspiring and enjoy taking a few minutes to read, reflect, and perhaps learn something new.

-Sky



COVID-19: FINDING POSITIVES AND LEARNING EVERYDAY

By Sky Lee

I reached out to a group of family members to find out what “positives” have emerged from COVID-19. I asked the following questions:

- What are some *positive* things that you have experienced as a result of COVID-19?
- What have you *learned* during this time?

Many family members replied within minutes to my request, which only added to the positivity of this piece! Some themes that came out were:

- Connection via video chats
- Creative projects
- Music as therapy
- Practicing patience & acceptance
- More free time

Enjoy their thoughtful replies below:

From Martin Hagedorn...

“I find it very nice to be able to connect with my family and friends over WhatsApp or Skype and to have the time to give them my undivided attention. Also, I’ve started to make greetings cards from old cards I had in stored in a shoebox. I’m writing good old-fashioned letters to some of my family and friends who are under lockdown. It’s great to connect via Zoom and take part in virtual meetings and support groups. Although I need to practise physical distancing, it’s very nice to be able to go out at times and walk and cycle and take photographs in the neighbourhood.

I’ve learned to have patience in the line-up at the grocery store; I’m doing mindfulness meditations while waiting, I practise kindness and compassion with people who seem fearful or discombobulated.

I live by myself, and therefore I’m practising self-compassion and I reward myself with chocolate when I have something (cleaning) accomplished at home. Now my place looks spic and span and I have gained a couple of pounds. At home I burn some incense, play some relaxing music and meditate. When I’m feeling overwhelmed, I do breathing exercises and try to accept the way things are.

When I’m preoccupied with my thoughts, I’ve learned to focus on what I’m grateful for and to use the mantra; “This too will pass” repeatedly.”

“I’ve learned to have patience in the grocery store; I’m doing mindful meditations while waiting.”

grow watch read learn think
listen create share express
understand inspire

From Patti Zane...

"I'm an accountant. That means, were it not for Covid-19, I would be doing bookkeeping and taxes for March and April deadlines, moving from one home to another and running the FAC annual conference at the same time. Because of Covid 19, tax deadlines have been extended and we postponed the conference, so there's less on my plate. As well I'm saving money because I can't travel to Ontario to do caregiver work. I thought I was patient but I've learned that I need to be even more patient, as routine tasks now take much longer."

From an anonymous author...

"Some positives are: decluttering, sewing projects, & listening to music. The song I like is originally from Tom Jones, "Why Why..." a name I forgot. The lyric now is "Die Die coronavirus" Hilarious! I also started a pyjama project, and I do have fabric for a skirt that I can work on. Decluttering also helps me to feel good...pulling things out from attic. Making a decision to let go is not easy though, but it needs to be done! I've been accepting that staying at home and social distancing are temporary issues. In the meantime, I practise focusing on myself."

From another anonymous author...

"Here's a positive, I can now visit my loved one via zoom. Something that I had wished for before Covid, but with the lockdown it sped up the process of getting this in place. I'm sure other families are happy to be able to visit virtually as well. I expect this is continue after COVID.

What have I learned? That many people out there are not able to judge distance very well!"

"Cherry Trees Practicing Social Distancing"

By Martin Hagedorn



"I thought I was patient, but I've learned that I need to be even more patient, as routine tasks take even longer."

VCH MENTAL HEALTH & SUBSTANCE USE SERVICES - SOME CHANGES

by Sky Lee

As with all aspects of our lives, the provision of VCH Mental Health & Substance Use (MHSU) services has also changed. I reached out to leaders in the three branches of MHSU to provide a brief update on how aspects of their programs have changed since the emergence of COVID-19. Of note, in all VCH sites, there are no visitors permitted unless on compassionate grounds (i.e. end of life), visits paramount to patient/client/resident care and well-being (i.e. assistance with feeding or mobility), or existing registered volunteers providing services related to the above.

“For most teams, the majority of staff are on site, with some exceptions, including in child and youth and older adult. All staff have enough PPE equipment.”

COMMUNITY: PSYCHIATRIC CARE FOR PEOPLE LIVING IN THE COMMUNITY

- **Protocols for COVID-19 (suspected or positive) patients:** We try to interact with clients virtually as much as possible. When it is necessary to see someone in person, (e.g. to administer an injection or if they do not have a phone), we try to gather as much information first by phone, including whether or not they have symptoms. All clients are also screened when they arrive at the site for symptoms. Clients without symptoms are met with staff wearing goggles, masks and gloves. Clients with symptoms are seen in a specialized isolation room and staff have additional PPE (gown).
- **Changes to staffing:** Our sites are safe for clients and staff. Most staff are being asked to come to work and there are key policies to support social distancing and other important protocols (cleaning, hand washing). Some of our team members work from home (including Isabella Mori, the Family Support and Involvement Coordinator for Community), using telephone, zoom, email, etc. Managers have tools available to them to decide who should work from home, with key considerations including any impact on client care and additional workload burden on remaining staff on site. For most teams, the majority of staff are on site, with some exceptions, including in child and youth and older adult. All staff have enough PPE equipment.
- **Access:** See “Protocols” above.
- **Any other changes impacting clients/families:** We are trying to offer as many services possible virtually, see, for example, the article on how psychosocial rehabilitation staff connects with clients (p. 12). Some services have been scaled back, some are interrupted, some continue virtually, and a few continue in person. One of the most important takeaways from this new experience is how quickly we are all learning to react fast and nimbly to new circumstances; we hear almost daily about services changing and adapting to the new reality. All group activities were initially cancelled, with virtual groups being quickly re-initiated for our substance use programs, such as Daytox. Currently, there are some virtual groups being offered, with more being considered.

TERTIARY: LONG-STAY INPATIENT PSYCHIATRIC CARE

- **Protocols for COVID-19 patients (suspected or positive):** Tertiary has set aside a number of isolation rooms to be able to safely care for clients with mild to moderate symptoms of COVID-19; all staff adhere to organizational guidelines for personal protective equipment (PPE) and dress code; we have carefully developed policies and procedures in partnership with Infection Control to optimize safety.
- **Changes to staffing:** All team members remain working at our Tertiary sites and are following recommended PPE guidelines.
- **Access:** For the time being, Willow (VGH Tertiary site) patient passes have been restricted to two 30-minute accompanied passes for the sole purpose of walking outdoors.
- **Visitor Restrictions:** Unfortunately, visitors are not currently allowed in Tertiary settings.

ACUTE & AAC: SHORT –STAY INPATIENT PSYCHIATRIC CARE

Access & Assessment Centre:

- **Protocols for COVID-19 patients (suspected or positive):** Patients are screened upon arrival. If symptomatic, the client will be asked to wear a mask & placed in a room set aside for symptomatic patients. Meetings with clinicians will be held via video conferencing on a tablet provided by staff.
- **Changes to staffing:** No changes to staffing – all staff is on site. All staff follow recommended PPE (personal protective equipment) guidelines for droplet precautions.
- **Access:** The public are still welcome, however virtual visits are preferred (phone or video conferencing). Please call first if possible. Car 87/88 are still being used.

Joseph & Rosalie Segal & Family Health Centre:

- **Protocols for COVID-19 patients (suspected or positive):** There is a unit designed at the Segal Centre that has the capacity to treat COVID-19 related patients, but it has not yet been activated.
- **Changes to staffing:** All team members remain working at our site and are following recommended PPE guidelines for droplet precautions.
- **Access:** For the time being, there are no passes for patients admitted to inpatient psychiatry. Patients must remain on the unit at all times.
- **Visitor Restrictions:** Unfortunately, visitors are not currently allowed in Acute settings. Family meetings and contacts are held virtually via video conferencing or telephone.

Outpatient Services: All outpatient psychiatrist visits are now virtual.

“We have carefully developed policies & procedures in partnership with Infection Control to optimize safety.”

FINDING EMPLOYMENT ALONGSIDE COVID-19

by Sky Lee



If there is one thing that COVID-19 has taught us, it is that job security is not always a given. However, gaining employment or engaging in a meaningful job search can still happen during recovery from mental illness. I interviewed Lana Cullis, an IPS worker (Individual Placement & Support Program), whose role on a mental health team is to match people's employment dreams with employment opportunities.

Photo: Lana Cullis, Senior Vocational Rehabilitation Counselor (Interim) лана.cullis@vch.ca

“IPS is an evidence-based program that helps people with mental illness to find & keep work.”

Can you please explain your role on Mental Health Teams as an IPS worker?

IPS stands for The Individual Placement & Support program. It is an evidence-based employment program that helps people with mental illness to find & keep work. We help anyone who is attached to a Mental Health & Substance Use (MHSU) team within Vancouver Coastal Health (VCH). There is one IPS worker on each of the seven MHSU teams.

How has your work changed since Covid-19 hit?

We are still helping people find and keep work – that's good news! We are now connecting over the phone and via zoom instead of seeing people in the office. The IPS focus is on 1:1 support with a really strong focus on individual preferences. With COVID, we have really been listening carefully to people – do they want a break from a job search or would they like to work on interview prep over the phone? Last week in our program five people safely obtained five different kinds of jobs. For people who want to put their active search on hold during COVID, IPS workers have the time to help uncover hopes towards untapped dreams with a Plan B or even a Plan C. It is a great time to plan for the future.

How are you connecting clients to employers right now?

We are connecting people to employers through the internet and on the phone. We are helping people fill out job applications over the phone if they don't have a computer. We really are having fun and taking the time to help people. We are also faxing resumes and cover letters to employers for people if they prefer we don't use computers. Oh! And we are also receiving phone calls from employers who are looking for employees, and as a team, we share those leads with each other.

What sectors are hiring, if at all?

Interestingly enough, there are a number of employers hiring. At the beginning of COVID, it was a lot of delivery companies. Then, it was a lot of grocery stores hiring people. Now, it's evening out. We are seeing that there are a number of diverse employers still hiring. When

we help a person, we start with the person and look for the opportunity. For instance, we look at their skills, interests, and abilities. Then, we support them to do a job search that makes sense for them. We are still seeing jobs being posted every day, so it's important to not give up!

Are the people you work with struggling to attain goals? Do you have any advice for them?

The people we work with, like all of us, have been worried about working during COVID. However, once we address how to work safely and do a job search in a way that makes sense [for them], then it's possible to talk about attaining job search goals.

So, the advice our team has is to **not** give up on your hopes and dreams for working. Connect with an IPS worker if you are on a MHSU team. If not, talk to a friend or family member to help you with your job search goals. Don't give up!!

The IPS program is through Canadian Mental Health Association: <https://vancouver-fraser.cmha.bc.ca/>



“We are still seeing jobs being posted every day, so it’s important to not give up!”

- Lana Cullis

“Magnolias at Sunset” by Isabella Mori

LEADERSHIP IN ACTION: AN INTERVIEW WITH AN INNER CITY MANAGER, by Sky Lee



Esther Eidse

During the COVID-19 pandemic, I have seen quick action from leaders in the Downtown Eastside (DTES) of Vancouver in efforts to mobilize staff, develop protocols, and create services in that geographical area. In line with my theme of “Positivity & COVID”, it is not only important to highlight the services available, but also the hard work & “learning points” that happen behind the scenes. In doing so, I interviewed Esther Eidse, an Operations Manager on the DTES of Vancouver.

Hi Esther! What is your official title & has it changed at all during COVID?

My official title is an “Operational Manager in the Downtown Eastside” & I’m currently located at the Pender Health Unit. In terms of my title changing during COVID, only just a few of my key responsibilities have changed. So, for example, I am the lead for DTES Network for Deployment and the Lead for staffing the fixed COVID testing site.

It sounds like redeployment and the COVID testing sites have been big projects. Can you talk a little bit more about them?

Yes, the stationary testing site (vs. the mobile testing) is located at 611 Powell Street and it’s kind of nifty! It was kind of like setting up a new clinic, but I didn’t have to hire new people go through all of the usual processes...It fed my soul a little bit as I was able to support leaders to lead something that’s really important. And then, the deployment of 14 programs on the DTES has been really enriching because I’m finding out who works where and what they are willing to do. And I get to see the crazy & awesome willingness to just jump in where they are needed. I’ve also been able to pull on my labour relations skills too, which is really neat. They resurfaced very quickly!

What new services are available to residents of the DTES?

There are many resources such as mobile testing, stationary testing, the COVID assessment team, COVID clinical outreach team, VCH Temporary Housing Referral Team, and new shelters at Coal Harbour and Roundhouse. There will also be hotels set up for people who need to self – isolate. In terms of resources, it’s always best to look at the freshest bulletin to get the most updated info. Also, the boundaries for these resources are not just for DTES, but extend to the Three Bridges and Ravensong areas too.

While working on these projects, what has been the most surprising to you?

Two things: (1) **Comradery**: I knew that it was there, but it’s really evident now! There’s a difference between *believing* that people are aligned and feel purposeful together, but *seeing* it in action is really powerful. It’s surprising because there could be a tendency just to want to “turtle” and not be vulnerable right now, but people are being pretty open about where they’re at. And (2), **Openness** to try new things, despite real fear, people are working through that really well. That surprises me, and delights me, actually.

“I’ve learned that both fear and calm are contagious”

What has been the biggest challenge, if any?

The biggest challenge is managing fear and not actually absorbing it myself. So, whether it's fear someone's expressing about their exposure & vulnerability at work, or fear about home life, I want to listen and empathise, but I can't own other people's fear. So that's been challenging because I want to be able to solve a problem, but it's actually not mine to solve, so that's been hard.

What have you learned during COVID?

I've learned that *both* **fear** and **calm** are contagious; both of them. They can coexist, and they actually both *need* to exist. But you can't get rid of fear. Calm can actually disappear, but fear doesn't. I've learned that just pasting calm onto fear isn't the right thing to do. You just have to cultivate calm on its own, and hope that it's enough to exist within the fear. The fear, however, is constant; it actually doesn't disappear.

As a busy manager of several portfolios, how do you take care of yourself during this historic time?

I'm delegating a ton. At first, I took everything on to get a good grasp, but very quickly I realized that I was not giving anything away, but people were ready! So, I've been delegating lots, and that tends to lend towards "ultimate empowerment" of others.

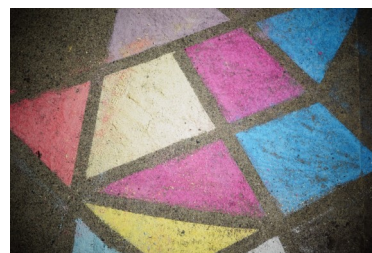
I've also been exercising daily to get everything out. I'm running like crazy, doing yoga (but not as much as I'd like), and cycling. I've also been reading a TON: fiction, non-fiction, podcasting. I'm looking for things to kind of test the process we are in, in general.

Is there anything else you would like to our readers to know?

Yes, I've read some really cool stuff lately, and I'm listening to the Brené Brown podcast "Unlocking Us", which has been really fitting. Also, the author I'm reading right now is Rebecca Solnit and she has been studying the concept of hope and disaster, that's her jam... When I'm trying to figure out how to solve stuff, I try to go into *process* first...I very much dive into "what is this?" before I surface. The other interesting thing is that I feel like this [COVID] is reinforcing *why* I'm here. I feel like I belong, and that it matters. And that's a great feeling – it's actually calming.

Esther manages several programs in the DTES & she is currently working out of the Pender Health Unit. Current information on Inner City Resources can be found on

<https://sneezesdiseases.com/covid-19-community-resources>



"Rising Star" by Sky Lee

"...I feel like COVID is reinforcing why I'm here. I feel like I belong, and that matters."

HOW PSYCHOSOCIAL REHABILITATION IS ADAPTING

By Isabella Mori

I talked to an occupational therapist (OT) to find out how OTs are helping their clients in this new situation. In mental health and substance use, OTs are the people mainly responsible for providing psychosocial rehabilitation. Broadly speaking – although it’s a simplification – psychosocial rehabilitation is any intervention or treatment that is not medication. The OT I talked to works on a community mental health team (OTs in hospital or facility settings may have different methods of working with people). I’ll also give an example of how a recreation therapist in a hospital setting provides supports since recreation therapists typically work very closely with OTs.

- ◆ The types of goals OTs work on with clients are still the same – developing structure in their lives, daily routines, increase exercise, meal planning, career exploration, dealing with cognitive difficulties such as concentration, volunteering, etc. However, the way OTs do their work has shifted. Everything is done virtually now – over the phone, via email, or via zoom. For example when someone wants to work on volunteering, an OT might go to govollunteer.com while they are on the phone with a client. Then, they’ll talk about making a resume and the client works on it a bit, and emails it to the OT. Then the OT edits it and sends it back.
- ◆ Some things are more difficult, for example some cognitive assessments, which need to be done with pencil and paper. The MOCA (Montreal Cognitive Assessment) test can be done online but it doesn’t give the kind of rounded picture that is more helpful with our clients.
- ◆ The biggest difference is that there is a lack of community resources. For example, OTs often connect clients with free access to a gym at a community centre, and often that would be enough. Now, they have to be more hands on and discuss more details, e.g. what could they do instead of going to the gym, and when they would do it. OTs also help people with motivation because it’s easier to be motivated when you’re in a gym! But when you’re at home, it’s more difficult, and many of our clients often struggle with motivation, even without the restrictions we live with right now.
- ◆ Some community resources have gone virtual. For example, Open Door has virtual groups such as for creative writing, photography, personal development, socializing, etc. They’ve adapted pretty well.
- ◆ A downside to this is that a lot of the resources depend on internet access. This can be difficult for people who don’t have internet access, maybe because they used to go to the library for that, or simply do not have the tech skills to know how to use it.
- ◆ OTs also provide education on Covid-19 related subjects, e.g. telling people that they can still go outside for a walk, as long as they maintain social distance.

“The biggest difference is the lack of community resources, such as gyms.”

- ◆ The OTs at one team publish bi-weekly newsletters covering topics such as: "Developing a routine", "Mental Wellness", "Physical activity", "Healthy Eating", "Money matters". These newsletters are helping case managers to have a quick "1 page" that they can share with their clients.
- ◆ Finally, OTs are extending more emotional support than usual. In the beginning especially, people were dealing with a great deal of anxiety. One of the things that has been interesting is teaching people CBT (cognitive behaviour therapy) skills over the telephone. I asked the OT to give me a taste of that and, as an example, I said I was worried about my dog. She did an ABC exercise with me over the phone (see below). She felt it was good to learn the skill of doing this with clients over the phone, and that it felt more empowering for the client to do it this way because they are more engaged; it felt like they were doing the exercise alongside each other.

Activating Event	Beliefs/Thoughts	Consequences - Feelings/Behaviours
<i>My dog coughs</i>	<i>I'll have to go to the vet, and it'll cost so much money</i>	<i>I'm worried, can't concentrate, start eating too much</i>
What can help?		
<i>My dog still coughs</i>	<i>Asking myself: Has he coughed before and I didn't have to take him to the vet? Answer: Many times!</i>	<i>Worry decreases a lot, I can concentrate now, and don't feel a need to eat over it</i>

“One of the interesting things has been teaching CBT over the phone.”

Here is what a Recreation Therapist who works at a long-term psychiatric facility shares with us:

- ◆ Much like the rest of us, we are all grieving the life we used to have. But the biggest thing I find with my clients is having to "reframe" this experience for them. As I work with inpatients this is about helping to process what "not having passes" looks like and how this situation might affect their discharge planning. It has been an extremely challenging time.
- ◆ Currently, clients are not allowed out without staff. This has meant many [clients] cannot smoke or even go to the store and buy personal items that make them happy. We need to find new things to create experiences and moments for each client. Each day is a challenge. We have a great team here who has been creating a number of programs for clients still to be part of, but motivation to do anything has been very difficult. So we have had to recreate what their day looks like.
- ◆ **Turn the page for Strategies from our therapists....**

**“Plan social
time
EVERYDAY!”**

Daily Strategies:



☞ **Plan your day:**

I can't emphasize enough- the most important thing to have each day is a plan of what you are going to do and create a routine EVERY DAY!!!!. If you don't, chances are you will do nothing. We get caught up watching TV and go down the worm hole. Follow the schedule!

☞ **Fresh air (rain or shine):**

Getting out and moving. It does not matter if it is for 5 minutes a few times a day or 30 minutes twice a day. Get out and move, regardless of weather. This gets worked into the plan for the day.

☞ **Finding new interests:**

Learn to paint or draw or play a new game (this helps deal with the boredom more so than doing something you already know how to do.) The excitement of something new is motivating. We finally have the time to learn it! (Thank you YouTube for all your great instructional videos).

☞ **Plan social time, EVERY DAY:**

It is so important to connect. Be it virtual meet ups or if you have the luxury of having a roommate or partner. Plan a fun activity together. Play cards, build a puzzle or go for a walk together. A lot of people are familiar with Facetime, Zoom and Facebook. Another great way to connect is via Houseparty, which allows you to connect with a group of friends at once and you can play games together. Connect to people you know. Talk about what you're feeling – good, bad or indifferent. Some hospitals and facilities have purchased more devices like iPads to help people with that.

“Crooked Tree”

By Isabella
Mori



MAKE SOCIAL MEDIA WORK FOR YOU!

By Isabella Mori



On danger of coming across as too positive, I'll say this: A crisis is a time of opportunity. It just puts everything into sharp perspective. I learned that many years ago, when my mother had a life-threatening depression and I was called to her side in Germany. I really didn't want to go. "I don't like the people," I whined, "I don't like *having* to go there, I don't want to go back to my past," etc., etc. And then it hit me: I was going to be needed there 100%, and couldn't be distracted by all the dislikes and resentment I felt towards Germany. I decided to acknowledge those feelings and then set them aside. The visit was hard, but successful. Deciding to make the best of that visit was one of the big learning experiences of my life.

So. Here we are. A crisis. An opportunity to kick aside some of the things that don't work for you, and make the best of what's in front of you. One of the things that people wrestle with quite a bit these days is social media. It can drive you crazy and bring your mental health down, or it can be something that helps you get through these difficult times.

As someone who's been on social media long before they called it that – since 1988 – I've learned a few tricks. Maybe some of them are of use to you.

The most important question is: What works for you? That means:

Who among your social media circle is uplifting? Sure, there are lots of fun people, but there are probably a few people who make your day.

Whom do you genuinely want to support? And no, that doesn't include all the 128 (or 457) people on whose posts you feel you should click a "like". I mean people for whom you really, really want to be there.

What do you like to "consume"? Honestly, ask yourself. Do you get a kick out of YouTube but only spend time on Instagram because you sorta think you should?

What do you like to "produce"? Do you enjoy hunting down the weirdest gerbil pictures and posting them? Do you like to write thoughtful blog entries?

In what ways has social media truly supported your mental health?

How much time on social media do you enjoy? And when does it become a vortex?

Do what works. Chuck the rest. You don't owe anyone social media allegiance – if you really want to be friends, there's still the phone, zoom, and eventually you'll be able to go for coffee together again.

"It can drive you crazy & bring your mental health down, or it can be something that helps you get through these difficult times."

THE FAMILY CONNECTIONS SUPPORT GROUP

The *Family Support and Involvement Team* has a support group for family and friends of individuals with mental illness and/or substance use concerns. The group is co-facilitated by a Family Support & Involvement Coordinator and family member.

We aim to create a welcoming and supportive space in which family members can share their experiences with each other and feel supported and strengthened in their efforts to help their loved ones. The group also 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 Sky or Isabella & 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.*

For questions or more information please contact:

sky.lee@vch.ca 604 290-3817 or

isabella.mori@vch.ca 604 314-9032

Our Support Group is now on Zoom! Join from the comfort of your own home.



A NOTE ON SUBSTANCE USE SERVICES & SUPPORT GROUPS



“Spring is not cancelled” by Sky Lee

The risk of contracting COVID-19 has drastically changed the way we offer services to the public. As a society, we are acutely aware that any service we received *prior* to March, 2020 has likely changed in one way or another. This being said, we could not offer a current list of resources in this edition of the Family Connections Newsletter. Some services have been cancelled and others have moved to online forums/meetings. Furthermore, the vast plethora of new resources is evolving everyday & there will likely be more added by the time this newsletter goes to print! Instead of a list, here are a few links of websites that have up-to-date information on COVID. I’ve also included some online resources in Vancouver that may provide a good start. Please also reach out to the Family Support & Involvement Team if you have a unique need that is not met by the links below.

- Visit vch.ca for other latest news releases, information, and links to COVID-19
- For Resources on Stress and Anxiety & managing COVID-19: <https://www.heretohelp.bc.ca/infosheet/covid-19-and-anxiety>
- Government of BC website where you can find virtual mental health resources for all populations: <https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/virtual-supports-covid-19>
- For more information and latest updates on COVID-19, you can also follow the BC Centre for Disease Control on Twitter [@CDCofBC](https://twitter.com/CDCofBC) or visit the website: <http://www.bccdc.ca/>
- Overdose Outreach Team: for people who have recently experienced opioid overdose and/or are at high risk for opioid overdose to substance use, care & support. http://www.vch.ca/locations-services/result?res_id=1422 or 604-360-2874.

More services available in the community for people and families affected by Substance Use.

BC 211: <http://www.bc211.ca/help-lines/>

Alcohol & Substances Information Referral Service (24 hour).

Local: **604-660-9382** Toll Free Line: **1-800-663-1441**

Vancouver Crisis Centre: <https://crisiscentre.bc.ca/> **604 872-3311.** 24hr support & information line

Parents Forever: <http://www.parentsforever.ca/> Mutual support group for parents and for families

BC Nurse Line <https://www.healthlinkbc.ca>

1 866-215-4700-24 hour health-related information

Vancouver Recovery Club: <http://www.vancouverrecoveryclub.com/>

Alcoholics Anonymous: <http://www.vancouveraa.ca>

Narcotics Anonymous:

<https://www.vaschna.ca/na-meetings-vancouver-bc/>

Cocaine Anonymous: <http://www.ca-bc.org>

Al-Anon: <https://www.bcyukon-al-anon.org/>

For family or friends of people with alcohol use challenges

Nar-Anon: <http://www.nar-anon.org/find-a-meeting>

For family or friends of people with drug use challenges

LifeRing Secular Recovery: <http://lifering.org/>

SMART Recovery: www.smartrecovery.org

SMART also has a meeting for families and friends

MEDIA OVERLOAD: SKY'S TIPS ON GROUNDING



1. **Breathe:** Stop and breathe deeply. Focus on the air going in & out of your lungs, through your nostrils and mouth. Take a breath now and practice!

2. **Ground** yourself by focusing on your **five senses:**

Feel whatever is in your hand and on our fingers (i.e. smartphone), feel your back & legs touching the chair while you watch TV, feel your feet on the ground.

Sight: Close your eyes for a moment & watch the colours change on the inside of your eyelids – we are currently inundated with information via screens and your eyes will thank you for a little break.

Listen: Mute the TV or live stream for a minute. Give your ears a rest from the noise. You can read the headlines later.

Taste: Enjoy your morning coffee or tea as you read the headlines. Enjoy the flavour as it hits the back of your throat. Be mindful of eating when watching TV & looking at your device. Enjoy the food instead of inhaling it.

Smell: Notice what you smell? Perhaps it is disinfectant, or coffee brewing, or the sweet smell of blossoms.

*Use your
five
senses to
find a
moment
of peace.*