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Family Connections

EDITED BY JUSTUN MILLER. AUGUST/SEPTEMBER 2016

By Justun Miller

This month's edition of the Family Connections Newsletter is focusing on communication, what it is, and ways in which we can use it more effectively in our roles as caregivers and loved ones of those struggling with mental health diagnosis, concurrent disorders, and addiction.



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

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

AAC Contact Information

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

Phone: 604-875- 8289

Address: 711 West 12th Ave

By Justun Miller



Communication is a dynamic, reciprocal process of sending and receiving messages. Communication is more than the act of talking and listening. The primary purpose of communication is to share information and obtain a response. People use communication to meet their physical, psychosocial, emotional and spiritual needs.

Most of us engage in communication every day, and know that communicating with others can be a difficult and frustrating experience at the best of times. If we factor in further complicating elements such as mental health and addiction into the mix it can become even more frustrating and challenging. There are times when we mean well, but because of the way we say what we say, our message is misunderstood, with often unintended and undesirable consequences.

Our loved ones can be experiencing a number of confusing and disturbing symptoms depending on their diagnosis and state of mind. As such, we need to be mindful of how we are interacting with them in order to decrease the chances of being misinterpreted. It is also very important to respect that there are times when our loved ones are not able to communicate effectively with us, and that it may be unsafe for us to attempt to do so. Examples of this may be if our loved one is under the influence of substances, and/or experiencing acute mental health symptoms such as mania or psychosis, etc.. In such circumstances it is best to connect with mental health/addictions professionals by calling the Access and Assessment Centre, or 911 to ensure both the safety of your loved one and yourself.

If we determine that our loved one is willing/able to speak with us it is helpful to understand that it is not just what we say, but also how we say it that is important. What you say (Verbal communication) only accounts for 7% of your overall communication. The other 93% comes from nonverbal communication, such as our facial expressions, body language and posture to mention a few. The same is also true of our loved one's, so be observant when speaking with them to ensure that what they are saying is matching their body language. One approach to doing this is called Active Listening. Some helpful tips for active listening are listed below:

Active Listening Tips

- Being able to listen to and understanding your loved ones verbal messages. Listen not only to what is being said, but also what emotions may be attached to the statements. This may also lead to you being able to identify what your loved one is not telling you.
- Being able to listen to and interpret nonverbal messages. Yes, listen to. Voice tone, pitch, level, intensity, spacing, and speed are all clues to what your loved ones is experiencing. More obvious nonverbals are body posture, facial expressions, skin colour, etc...
- Being able to listen with empathy. Empathy is often described as “walking a mile in another’s shoes”, or being “with” your loved one, and putting your own concerns aside.
- Being able to reflect back to your loved one what you have heard/understood, and listening to their feedback/clarifications.

I-Messages

I-messages are a way to communicate with our loved ones that avoids blaming, judgement, or put downs. They help us to better understand and express our own feelings, model healthy communication skills, and foster trust and connection. They can be used to express positive and negative feelings. We can break I-messages down into components as follows:

1. Describe how you feel: I feel...
2. Describe the specific behaviour: When you...
3. Describe the specific effect of the behaviour: Because...
4. Describe what you would like: What I would like is...

By using these guidelines we are able to address specific situations/behaviours, keeping the present situations as the focus.

With this tool we are able to own our feelings without judging/blaming our loved ones, and show that we want a constructive conversation working towards a solution and change, not an argument.

Like any skill, this will take time and practice to learn and become comfortable with.

Additional Factors to consider

Due to the nature of the struggles that our loved ones are experiencing, it is not enough that we just have these skills, we will also need to be mindful of what our loved ones are experiencing as a result of their illness.

In all situations it is important to be empathetic of what our loved ones are experiencing, and do our best to remember that it is very often the illness which is causing their behaviours.

Let's identify some common mental illness and substance use experiences that affect our loved ones ability to communicate, and ways to address them.

Here are some examples:

Loved One's Experience:

Low self-esteem
Isolation
Fear
Frustration/Anger/substance withdrawal
Experiencing Delusions/hallucinations
Difficulty concentrating

Our Accommodation:

- Be positive and empathetic
- Initiate conversations
- Remain calm
- Allow loved one to leave, and call emergency services if needed.
- Help them to focus on you
- Be succinct

Family Connections



Education Series for Families

The Family Support and Involvement team at VCH is excited to once again be offering its 8 week psychoeducation program for the family and friends of individuals who live with mental illness or concurrent disorders. This series offers information on mental illness and concurrent disorders. The group will be co-facilitated by VCH Family Support and Involvement staff and a family member. The series will also feature guest presenters on various topics.

Topics Include, but are not limited to:

- Understanding and accessing mental health services;
- Tools for effective communication among family, service users and service providers;
- Family involvement in the circle of care;
- Information on mental health and concurrent disorders;
- Understanding medication;
- Family support and self-care.

Date: October 18th – December 13th 2016 (Tuesday Nights). No group on Nov 22nd.

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)

This workshop is open to the family members and friends of individuals who live with mental illness or concurrent disorders.

This is a closed group and registration is required.

To register, please contact: Justun.Miller@vch.ca
604-736-2881

The Family Connections Support Group

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

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

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

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

DATE: Every first Thursday and third Monday of the month

TIME: 6:00 – 8:00 p.m.

PLACE: 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

“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”



Getting To Communicate

By Isabella Mori

This is the true story of Selma and her daughter Min, and how their communication changed for the better over the years.*

When Selma first found out about her daughter Min's illness, she did not understand Min's thinking or acting. As a result, she hardly even talked with her when she made her first hospital visits. Min also didn't even recognize her mother. It was hard – she couldn't even hug her, or tell her she was going to get better – Selma didn't know herself. When they could talk a bit again, "I was often not able to talk without accusing or blaming her, especially since she used a lot of marijuana. All these shoulds! I had high expectations, that recovery would be a quick fix. That made it very difficult for both of us. It must have been very hard for her to hear to stop pot when she couldn't, when she saw that as her way of coping. I would be frustrated, impatient, angry at times, pushy."

What was and still is difficult for Selma is that communication is good when Min has insight but when there is little insight, things become complicated. Min is very intelligent and articulate and often knows how to act so that she does not appear ill. The line between ill and not ill is quite thin, and Selma and Min can easily bump heads. When Selma remembers that Min living with roommates was fraught with great challenges and multiple hospitalizations and Min says, "But everything was just fine," is that a discrepancy because Min is symptomatic, or does she simply not remember? Always this question: is it the illness who is speaking, or is it Min? Despite these rough moments, Selma says that she has found at least some solutions.

Asking Questions: Selma has moved from what she calls "poking questions" to helpful, curious ones. "I used to ask a lot of question - what are you going to do, what are your plans. Now I just walk alongside. For example, the other day we went for a walk and Min said, I hear an owl, I hear a lion, I hear this and that I used to ask why but now I just walk alongside and say, oh, you hear this, you hear that. I don't speculate that much about what's going on now, I am more curious about her world, finding out where she's at, and my questions are not so accusatory anymore."

Just Listening: The other day Min said she didn't believe that the Heart & Stroke Foundation had believable information about nutrition. Instead of fighting, Selma just replied, "ok." When Min went on to talk about how she doesn't have schizophrenia, how she just has to do more Qi Gong and align her meridians, Selma only sat there and listened. "At the most I will say now, 'Maybe there are more opinions on that, maybe there is a middle road between those two,' but I definitely don't say things like 'This doesn't make sense' anymore." Selma feels she understands now that what Min says and does makes a lot of sense to Min in her illness, even if it seems strange to others.

Using I Statements: Selma feels that using “I” statements makes communication go smoother, that Min

knowing how her mother thinks and feels is important. In the beginning Selma would react to things like Min not getting up in the morning with “Tough, you gotta move on”. Now she is more apt to say, “You know, it seems to me that things aren’t going so well right now. But it’s okay, maybe we can figure this out together.” Selma points out that Min and her are not fighting that much anymore as a result.

Not Jumping to Conclusions: What helped with this was time, understanding, learning about the illness, learning to navigate the feeling and thinking process. “I thought the illness was just going to go away. When you see such a huge change in your loved one, everything is about her new beliefs now I see the patterns, just like so many others in the support groups. But I know my daughter is somewhere in there ... “

Taking My Time To Answer: Selma thinks she is a bit of an enabler.

“Now when I am asked for something, I say ‘let me think about it’ and I do. The other day my partner and I came back from a long trip and on that same night, Min asked us to download an enormous amount of music for her. Previously I would have said, ‘Yes, of course!’ This time I said, ‘well, we just got back, let me think about it.’” That gives me time to process and I don’t make hasty decisions that I later regret.

Of course things aren’t perfect. The other day Min became very aggressive verbally, just like her grandmother. Selma got upset because of Min’s behaviour and also because of her memories of her own abusive mother. Somehow she mustered the strength, though, to be honest and calm with her daughter: “I’m not sure that I can see you tomorrow. I just feel too angry.”

Selma found many of these new ways of communication through support groups. But that took some time, too. “The first time I joined a support group I thought I’ll never come back. These people have had these problems for such a long time and they still come. My problems will be fixed soon! But then things didn’t get better that fast, and I went back eventually.” Support groups, Selma says, allow participants to talk freely without judgment. Educational workshops helped, too, to understand the illness and the need for self care. Selma learned that Min doesn’t do some of the painful things because she doesn’t like her family but because of her illness.

It’s hard to switch to new ways of communicating, says Selma. It may not always work. “It takes time for me to open up to the idea that I need to work on myself and by doing that I could have a better relationship with my daughter.”

And then there is “the system.” “Along the way I find that the system is in pieces. There is not enough communication between professionals. But sometimes you find people who are able to go beyond their duty to support you in their journey. Without support it’s impossible to go through the grief of losing the family member you thought you had. Min did not become independent, did not go to university, I need to relearn to parent her. If I don’t get support with that, it will be more trouble for the system.”

**For reasons of privacy, names and identifying characteristics have been changed.*



Curious about **Mental Health and Substance Use Services** in Vancouver?

Open House – Join us!

- Date and Time:** Wednesday, October 5 at 6:00 to 7:30 p.m.
- Location:** 2750 East Hastings Street, Vancouver
(between Slocan and Kaslo, two block west of Renfrew/PNE)
- Presented by:** Vancouver Coastal Health

Special Topic: Access and Assessment Centre

The Access and Assessment Centre, known as the AAC, is Vancouver's newest one-stop, 24/7 access centre for mental health and substance use concerns, urgent needs and emergencies. Vancouver Coastal Health staff will be available to answer your questions. (AAC web site: <http://www.vch.ca/your-health/health-topics/mental-health/vancouver-access-&-assessment-centre--aac-/>)

*This is one of the events held during
Mental Illness Awareness Week
<http://miaw.ca/>*



First Nations Talking Circle

Carnegie Community Centre

401-Main Street/ Hastings.

Third Floor



Starts: Wednesday's at 10:00am.

Please join us for this weekly Talking Circle (Co-ed group for adults).

Coffee and snacks

Open to everyone

Come and learn more about culture, share, and express your thoughts, as well as experience traditional ceremonies.

Facilitator's Perry Omeasoo (VCH) 604-306-7474

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.
Contact Suemay Black @ 604-251-2179

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 Sally @ Tel: (604)270 7841 ext 2126

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 # 451, 4th floor, Burrard Building. Please pre-register by calling 604-682-2344 local 62403

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 @ 604-675-2531 ext 20689.

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

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

GRASP Support Group – GRASP offers peer-led mutual support groups for families or individuals who have had a loved one die as a result of substance abuse or addiction. 2nd Thursday of each month, 7-9 p.m. at Gilmore Community School 50 South Gilmore Ave, Rm 207. Please email graspvancouverarea@gmail.com to register.

SMART, Family and Friends - Support group for family and friends to learn and implement self care, boundary setting, and compassionate communication tools. Every Tuesday 6:30-8:00PM at Three Bridges Addictions 1290 Hornby Street, Rm 310.
Thursday 6:00-7:00PM at Raven Song 2450 Ontario Street, 1st floor.
Call Oona @ 604-714-3480.

Family Connections Support Group (FCSP)—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

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

Family Support Groups *October 2016*

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

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

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