Vancouver Coastal Health
Promoting wellness. Ensuring care.

Family Connections

MARCH 2023—EDITED BY TAO-YEE LAU

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INNOVATION in MENTAL HEALTH

Some treatments for common mental health concerns have been around for decades. Others are not as well-established, only just now growing in popularity or research backing, or simply not widespread within our mental health system yet. In this issue, we explore some of these treatments and programs. We speak to a Clinical and Project Lead who are leading an exciting pilot project around Cognitive Remediation Therapy. We do an in-depth dive into Psychedelic-assisted Therapy, which you'll see mainstream media covering these days. We'll take a look at recent research around including families in mental health care. We speak with our Family Advisory Committee about what innovation means to them. As usual we end with Family Support Group resources. Get ready to think outside the box!

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

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

AAC Contact Information

Hours:	7:30 am - 10:00 pm 7 days/week; 365 days/year
Phone:	604-675-3700
Address:	Joseph & Rosalie Segal Family Health Centre, 803 West 12th Avenue, Level 1 (at Willow between 12th and 10th)

About us...

This Newsletter is brought to you by Vancouver Coastal Health's Family Support and Involvement Team. We assist families with resources, education, information, support, and with facilitating the inclusion of family in the care of their loved ones. We also work with patient and family partners to ensure that clients and families are involved in planning and decision making across Vancouver Coastal Health's Mental Health and Substance Use Services. You can find our contact information on the front page.

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

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

Thanks for reading!

Talking With Your Doctor

Get the most out of your time with your doctor!

Peer facilitators lead this interactive workshop to empower patients to be active participants in their health care. An active patient asks questions, voices concerns and has opinions about their care which they share with their doctor(s) and other healthcare professionals. Using the PACE framework, we explore common challenges with doctor-patient interactions and learn techniques on how to improve them.

FRIDAY, MAR. 31, 2023
1:30 - 3:00 PM

RAVEN SONG COMMUNITY HEALTH CENTRE,
2450 ONTARIO ST, VANCOUVER, BC

TO REGISTER: www.recoverycollegeyvr.ca/course/talking-with-your-doctor

This workshop runs regularly at different locations.
For all workshop dates, visit:
www.spotlightonmentalhealth.com/talking-with-your-doctor

RCYVR

Vancouver CoastalHealth

Looking for support on your recovery journey?

New inclusive substance use community recovery supports now available through The Vancouver Junction:

- In person and virtual stigma-free supports
- Open to anyone 19 and older
- Abstinence/sobriety not a requirement

Scan the QR code to find out more:
To register: email: vancouverjunction@vch.ca
or call: 604.812.3139

Vancouver CoastalHealth

Hope on the Horizon: Cognitive Remediation Therapy

Interview by Family Member Pat Parker; edited by Tao-Yee Lau

As family members we see firsthand the impairment to cognitive function that our loved ones endure as a result of bouts of psychosis. We long for concrete and specific treatments to help them live happy, independent lives. Cognitive Remediation Therapy (CRT) is a promising evidence-based strategy that can help do just that.

A bit like "physiotherapy for the brain," CRT capitalizes on what is known as neuroplasticity, the brain's innate ability to grow and revitalize itself. With the right kind of stimulation the brain is able to recover from damage, regrow neural pathways and recover lost function. It is exciting that our Ministry of Mental Health and Addictions and Ministry of Health are providing support in establishing this new therapy in British Columbia.

The following is an interview with Dr. Mahesh Menon (*Clinical Lead, BC Cognitive Remediation Advanced Practice; Psychologist, BC Psychosis Program*) and Melissa Yeung (*Provincial Lead, BC Cognitive Remediation Advanced Practice; Regional Lead, VCH Regional Mental Health & Substance Use).* They kindly provide us with intimate information on this breakthrough therapy and its implementation in BC.

Most treatments for schizophrenia don't really address cognitive difficulties

Pat: For our readers who may be unfamiliar with the term, could you briefly explain what Cognitive Remediation Therapy (CRT) is, who it is targeted to, and what benefits can be expected from this therapy?

Mahesh: Typically we think of schizophrenia spectrum disorder (SSD) as a disorder characterized by hallucinations or delusions and sometimes negative symptoms. What many people may not realize is that cognitive difficulties may be comorbid for a significant percentage diagnosed with SSD. Most treatments for schizophrenia don't really address these cognitive difficulties. Psychosis may have an impact on cognitive function, particularly in areas like verbal memory, processing speed, executive function, and attention. In order to address difficulties in these domains, Action-Based Cognitive Remediation (ABCR) was developed by Dr Chris Bowie at Queen's University. ABCR has 3 Key components. The first component is Computer Exercises: game-like exercises to improve specific aspects of cognitive function, such as memory or sustained attention. These exercises can help with increasing neuroplasticity. But if we just do the computer games, these gains don't translate into the real world; you just get better at the games. The second key component is the use of Strategies and increased awareness of strategies: clients build self awareness about cognitive skills, identify challenges, and learn strategies for meeting challenges. The therapist works with clients to use certain strategies. The third component is the use of Transfer Tasks, which allows us to practice ways to generalize these strategies into everyday life. We discuss how we can use these strategy and how they might be applicable to their real life personal goals, such as wanting to go back to school.

Pat: What might a typical session of CRT entail?

Mahesh: The overall intervention is typically 16 sessions long, with each session being around 90 minutes to 2 hours with breaks. The sessions would typically involve clinician and client doing the computer exercises together. They will have a round of exercises then discussion about strategy – what strategies worked and didn't work - then go back and do the exercise again. We may need to change the strategy that we use at different levels of complexity of the task. And then they do a 'transfer task', a version of a real life task they try in group. For example, one of the tasks is a dinner party task. We have a mini pantry set up and tell them: "you've got some people coming over for dinner, and here are some simple recipes. However, one person is a vegetarian and another person has a gluten intolerance. I want you to look through your pantry, and try to match up which foods you can

prepare depending on your guests' restrictions."

We do that transfer task and then have the discussion about what worked and didn't work. Then we ask how clients could try using this strategy in the week ahead, and maybe [weave in] some of the goals that they're working towards this week as well. So the clinicians are constantly checking with the client about their real life goals, and how these strategies might link to those goals.

One of the themes that run through this is that "something difficult isn't something I should avoid, but it's a challenge that I can overcome, push myself to do, and have the sense of satisfaction that comes from that." The computer tasks themselves have 10 levels, from easy to hard. A clinician might ask, "As the task is getting tougher, what can we do that's going to help you bump up and move up that level?" We want to make sure that people are having some success; at the same time we do want it to be challenging for folks, because that is when they are pushing themselves outside of their comfort zone.

We recognize that this is an intervention with a relatively high demand on clients; it may not be for everybody. The people we think this is suited for are those who may have schizophrenia spectrum diagnosis who are stable enough that they can participate in the group, but who also have a functional goal that they're working toward, because then we can say—"look, this intervention is going to help you get to this goal."

Pat: You are both currently involved in a pilot program of implementing Cognitive Remediation Therapy across Vancouver Coastal Health and the province. Could you tell us more about this exciting process?

Melissa: The Ministry of Mental Health and Addictions as well as the Ministry of Health are jointly funding our 2-year demonstration or pilot project, which ends in 2024. One of the key goals is to provide provincial training for CRT to clinicians, as well as establishing one pilot program in each of the health authorities. Our funding covers hiring dedicated clinicians to run the program as well as providing them with some of the software and equipment. Our team facilitates a weekly "Community of Practice" where we provide consultation to the CRT clinicians and help problem solve.

The other exciting piece is because CRT hasn't been widely adopted in BC, we are also tasked with writing a provincial draft standard and guidelines for what is "gold standard treatment with CRT", along with an evaluation framework. Other programs, such as the Early Psychosis Intervention programs as well as the Assertive Community Treatment teams also have provincial standards and evaluation. So if someone else is trying to provide CRT, what's the roadmap like? What's the essence of CRT? Because we don't want them to call it CRT when they're not delivering that service. That's the goal of the standards and evaluation.

What's been a challenge is that we had a bit of a blip with implementing the pilot sites because of recruitment challenges; all across the province there's been shortages with frontline staff. We're now very excited to say that 5 out of 6 health authorities are running CRT groups. We currently have 31 clients enrolled in the program. So we're very excited to see how it expands.

Pat: Family members will be very eager to know what the availability and access to this treatment will be for their loved ones. What is the broad vision for the implementation of CRT in British Columbia? How widely will it be available?

Melissa: Our goal is at the end of our 2 year project to hand the Ministry a report around the evaluation of the pilot program. If you were to roll it out to become a core service within mental health and substance use services, this is what you need for it to be effective. Here are the ingredients, and this is how you would roll it out. We just have to demonstrate that this model works and can be scaled up across the province.

One of the themes that run through this [intervention] is that "something difficult isn't something I should avoid, but it's a challenge that I can overcome"

"A big part of our hope is helping them to make these meaningful lives, even if they're having the symptoms"

Pat: So it is in the very early stages. You're figuring out how to create the programs and how to establish them.

Melissa: The recipe. Yeah.

Pat: Could you share with us some of the successes you have experienced along the way, as you've been doing the pilot program, both from a staff training perspective as well as a client perspective?

Melissa: One of the big ones I think is the enthusiasm. There was so much interest on the part of some of the health authorities. Within VCH I think one of the big milestones was that the Sea to Sky Mental Health Team is our pilot site. We were so excited that a rural community wanted to participate.

Mahesh: That team has a fairly large catchment, as opposed to our Vancouver teams which are much more high density within a smaller geographic area. So on the Sea to Sky Team, they've started ramping up with Squamish and will also be starting up groups at Whistler and Pemberton. Another key achievement is that we've had over 55 clinicians complete the training with us last year, across a range of different programs. Part of our hope is looking at how we might adapt the program to be applicable for clients in these different settings. What might be ideal for one population might be a little bit different for another one.

We completed the training last December, so we've got the first cohorts running it. They haven't finished the intervention yet, but we've had some real positive stories. A big theme of doing an intervention like this is to increase clients' sense of self-confidence and self-efficacy so that they can take on bigger challenges.

I think having psychosis, which typically comes at such a crucial time in people's lives—late teens and early twenties—can pull them out of the world they've just been starting to get into. So a big part of CRT is to increase your sense of confidence that "I can do this stuff", and if something is difficult to do, doesn't mean I should avoid doing it. The really nice thing to see was that people have been willing to challenges themselves. Go back to school, volunteer, or work, or be able to say "I've been willing to try making new meals while I've been living by myself, or go out to new places because I don't worry about getting lost— I think that I can find my way."

Pat: And that's a huge impact for people to feel: giving them a sense that they can go out there and cope with challenges.

Mahesh: One of the things which can be so heartbreaking is that there are people with psychosis whose symptoms respond well to treatment. But if they aren't feeling comfortable getting back into the real world, they're not able to create the kinds of lives they want for themselves. A big part of our hope is helping them to make these meaningful lives, even if they're having the symptoms.

Pat: That message of hope is really important. And I know that family members are always looking for that hope; it's a huge theme for us all the time. So we appreciate that you are out there providing a new avenue for our hope. That's really what our long term focus is always: quality of life. I appreciate that beyond words. Thank you.

Intrigued by this interview and want to learn more?
Website with great information (BC-based): https://www.earlypsychosis.ca/cognitive-remediation/

Psychedelic Assisted Therapy

By Sean Ford

Psychedelic medicine is re-emerging as a promising area of treatment for a range of mental health and substance use disorders. As it has become increasingly visible to the public and prompted many questions as well as concerns we thought that it would be a topic of interest to our Family Connections readers.

After showing early promise in research conducted in the 1950's and 60's, and subsequent decline in the 70's, the last decade has seen a resurgence in psychedelic research (Schlag et al.). This resurgence has been encouraged by a desire for new and innovative techniques as rates of mental illness continue to rise globally and the need for new treatments are gaining greater urgency. A better understanding of psychedelics and an effort to destigmatize and promote their therapeutic benefits has led to excitement from researchers along with questions and concerns from the public.

What are psychedelics?

Psychedelics are a class of psychoactive substances that affect all the senses, altering a person's thinking, sense of time and emotions, and occur in both artificial and natural forms (Andrews et al.). Citing several studies, Andrews et al. describe psychedelics producing varied experiences that can include a dreamlike state in which participants describe having visions, revisiting childhood memories, personal revelations, and experiencing transcendence of time and space. At higher doses, individuals have described mystical type experiences and a loss of subjective self-identity that is often difficult to put into words. Yaden et al. propose that it is partly due to these subjective experiences that psychedelics produce positive treatment effects.

The term Psychedelic was coined by a Saskatchewan based Psychiatrist, Humphrey Osmond, and means, "mind manifesting" (Andrews et al.). The term is typically used to describe "Classic Psychedelics" including psilocybin, LSD (lysergic acid diethylamide), Mescaline, DMT (Dimethyltryptamine) but is sometimes used more broadly to include other substances such as Ketamine and MDMA (Methylenedioxy methamphetamine). However, while there may be similarities in how they are used therapeutically to alter an individual's conscious state, Ketamine and MDMA are both different from classic psychedelics in their effects and chemical structure (Schlag et al.).

The use of psychedelics as therapy and medicine has a long tradition outside of traditional western medicine (Andrews et al.). They have a long history in underground therapeutic practices and an even longer history within Indigenous knowledge and spiritual practices. As a result, the understanding of their therapeutic value is often varied.

Types and Treatment

Commonly used psychedelics being researched for mental health and substance treatment include psilocybin, LSD, Ketamine and MDMA. Psilocybin is perhaps most well known by the general public, commonly referred to as Magic Mushrooms, and is a naturally occurring compound in a select species of Fungi. It has been studied in the treatment of depression, end of life anxiety, alcohol dependence, cocaine misuse, and cigarette dependence (Andersen et al.). LSD has also been studied in the treatment of clients with end of life anxiety or patients with life threatening conditions (Andersen et al.). Ketamine has been studied in treatment for Obsessive Compulsive Disorder (OCD), Post Traumatic Stress Disorder (PTSD), Suicidal Ideation (SI), and Substance Misuse (Dore et al.). MDMA has been most frequently studied in the treatment of PTSD (Schenberg).

Psychedelics are a class of psychoactive substances that affect all the senses and occur in both artificial and natural forms

Psychedelic Assisted Therapy may look different depending on the drug and treatment objective. However, it is typically considered best practice to include intensive screening, psychotherapy over multiple sessions that include sessions focused on the integration of the patients' Psychedelic experience and learnings into their everyday life (Schenberg).

Set and Setting in Psychedelic Assisted Therapy are essential components to creating a sense of trust and safety for the patient increasing the likelihood of a positive psychedelic assisted therapy session. “Setting” refers to the physical place in which one is experiencing treatment; “Set” refers to the emotions and mind-set the patient brings into the session. The session often involves the patient lying down in a quiet space, while a therapist supports them in exploring their thoughts, emotions and feelings.

What the research is showing

Wheeler et al. conducted a systematic review of 43 studies of psychedelics used to treat a range of mental health conditions with results indicating significant positive effects on participant’s mental health outcomes. Common themes identified from participant reports included “increased acceptance and processing of emotions, connectedness to others, forgiveness, self-compassion, insights into the self, peak or mystical experiences, ego dissolution, positive changes in worldview, motivation and commitment to change, changes in the relationship to the substance of abuse for those with substance use disorder, and acceptance of death for those with terminal illness.” (Wheeler et al.).

Wheeler et al. conducted a systematic review of 43 studies of psychedelics with results indicating significant positive effects on participant’s mental health outcomes

Examples include the first pilot study for participants with treatment resistant depression in which researchers reported sustained antidepressant effects for up to 3 month following two sessions of psilocybin assisted therapy and lasting benefits up to 6 months (Wheeler et al.). In the first pilot study for treating nicotine dependence with psilocybin assisted psychotherapy produced results in which 80% of participants abstinent at 6-month follow-up and 60 percent abstinent at 30 months (Wheeler et al.)

Safety

The potential range of psychological and psychiatric effects of psychedelics remains to be fully understood (Schlag et al.) However, most researchers now consider them to be non-toxic and with limited dependence and abuse risk. In their review examining diverse effects of psychedelics, Schlag et al. note that a number of studies have ranked psychedelics near the bottom in terms of risk of dependence and abuse, and less harmful to the individual and society than alcohol and almost other controlled substances. The review notes that individuals have reported “bad trips” which can include experiences of fear, anxiety, and paranoia, although many report these experiences still being valuable and cathartic. In unprepared individuals in uncontrolled settings this has the potential for dangerous behaviour emphasizing the importance of set and setting and working with a trained mental health professional. The review notes that in rare cases Psychedelics have triggered psychotic episodes in non-clinical settings and that this risk is greatly reduced with psychiatric screening, as anyone with a predisposition towards psychotic illnesses are generally excluded from clinical trials. Although there have been very promising early results, researchers make clear that the client’s individual history and personal context is essential when considering whether Psychedelic Assisted Therapy is an appropriate treatment.

Canada

Starting in 2020, the Canadian Minister of Health began giving approval on a case-by-case basis for several terminally ill cancer patients to receive psilocybin to treat end of life distress (Schlag et al.). Successful preliminary results led Health Canada to expand their Special Access Program so that specific health care practitioners could, on behalf of patients with serious or life threatening conditions, request access to restricted drugs including psilocybin. Health Canada has since also granted exemptions to a number of healthcare professionals to take psilocybin themselves for personal training. Health Canada has also provided the licence for B.C.-based company Optimi Health to develop a Psychedelic mushroom growing facility reported to be able to produce on a scale that would allow them to be a global supplier for psilocybin research (Strachan, B.).

In Vancouver, while psilocybin remains a controlled substance there are an increasing number of psilocybin mushroom dispensaries opening up as well as many mental health professionals in the private sector who are offering Psychedelic Assisted Therapy (Ballard, J.). The Vancouver Police Department has noted that psilocybin continues to be illegal and those connected to it could face charges but that they "continue to target violent and organized criminals who produce and traffic harmful opioids, which fuel gang violence and contribute to the ongoing health crisis of illicit drug deaths" (Ballard, J.). As a result most Psychedelic usage remains in a semi-underground state similar to Cannabis usage prior to Canada's Cannabis act legalizing and regulating Cannabis products.

Continued research and clinical trials will determine how Psychedelic Assisted Therapy is integrated into healthcare systems, and mental health and substance use treatment effectively and safely. Current research suggests that it is a promising and relatively safe avenue of treatment to explore and will likely be approved by an increasing number of medical regulators around the world. However, individuals interested in Psychedelics as a mental health treatment should continue to seek out professionals and experts as to if and how they can be appropriate for their own treatment. As rates of mental illness continue to rise globally, Psychedelic Assisted Therapy continues to gain attention and acceptance as a new treatment option for a variety of mental health challenges.

Resources

https://www.imperial.ac.uk/psychedelic-research-centre/news/

https://hopkinspsychedelic.org/

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Recent Research On Including Families in Mental Health Care

By Isabella Mori

We present here a few examples of recent research that has been undertaken on the inclusion of families of persons with mental illness within mental health care. Certain approaches, interventions, and philosophies that have proven successful are discussed here.

STRUCTURED FAMILY INVOLVEMENT

Implementation of A Comprehensive Family Involvement Program In Norway (2022)

This program was meant specifically for families of persons with psychotic disorders receiving services in community mental health centres. An important program component was to establish a baseline of family involvement in the centres. This included offering patients at least one conversation about family involvement and family psychoeducation; offering family at least one conversation without the patient present, and at least one with the patient present; and providing written information for families. The conversations had structured guidelines. Also standard were crisis/coping plans and both individual and group psychoeducation for families. This program was implemented by training and mentoring clinicians, and hiring a family coordinator for each centre. The centres that were particularly successful developed routines and checklists, formed an implementation team, received support and supervision from management, had clinicians who felt confident in dealing with potential barriers to family involvement, and understood the importance of involving families at an early stage.

Source: Hansson, K.M. et al: Barriers and facilitators when implementing family involvement for persons with psychotic disorders in community mental health centres – a nested qualitative study. BMC Health Serv Res 22, 1153 (2022).

FAMILY, NOT JUST INDIVIDUAL, RECOVERY

Exploring the concept of Family Recovery (2019)

The idea of recovery for the person identified as client has been around for quite a while. Definitions of recovery vary but typically, recovery ideas focus on five factors: 1) Connectedness (e.g. peer/group support; participating in community); 2) Hope/optimism (e.g. belief in improvement; motivation to change; dreams and aspirations); 3) Identity (e.g. a positive sense of self; overcoming stigma); 4) Meaning (e.g. spirituality; quality of life; meaningful roles; work/volunteering); 5) Empowerment (e.g. personal responsibility; control over life; focusing upon strengths.)

The researcher surveyed what scant research there was on the topic and also interviewed families that included a person diagnosed with psychosis. Four recovery related themes emerged:

Developing relationships within the family. Important were a sense of growth within the family, an ability to stay together, and enjoying their relationships. A 'recovery task' for families may relate to developing family relationships and supporting a shared sense of 'togetherness'. A task for clinicians could be to help build positive family relationships

Holding on to hope that the family can come/stay together. Hope is often seen as an individual phenomenon. In a family context it can be around developing or maintaining relationships and ordinary activities within the family. Higher levels of hope can be associated with a reduction in distress for family members who have a relative with psychosis. There is some evidence to suggest families can draw hope from emotional support they receive from within their families.

Meaning and roles within the family. For some family members, their identity could be related to their caregiving role, which some expressed a wish to move beyond. Some who had experienced psychosis lost their roles when they developed symptoms, and they became "the sick person." Recovery was related to having identities beyond illness related or caregiver related roles.

Empowering service users and family members. In recovery, families can offer ongoing emotional support by 'being there' for their relative, whilst also promoting empowerment through supporting and not judging. Family members also described the need to pursue their own recovery, although feelings of guilt can be a hindrance in that. Clinicians are invited to help families balance their wellbeing with that of

their relative.

Source: Mundy, E. 2019. Exploring the concept of 'family recovery' in families and individuals with lived experience of psychosis. Doctoral Thesis, Canterbury Christ Church University

ADVOCACY AS HEALING

How Family Members Advocate For Their Loved Ones (2021)

This qualitative study explored family member perspectives of advocacy actions they took on behalf of relatives who had bipolar disorder, as well as on behalf of themselves. The authors mention some characteristics of advocacy, for example stating a case to receive better services, equal treatment, inclusion, protection from abuse, sufficient information, and sensitive treatment from health care professionals. Advocacy can reduce the fearfulness and feeling of disempowerment that can stem from inadequate mental healthcare. Ideally, advocacy is empowering, independent, impartial, confidential, and free of cost. Families often move from the shock of discovering their loved one's mental illness to learning about coping.

Some move on to a third phase, growth and advocacy. The majority of the actions observed in the study were in three areas. One was advocacy for a loved one's health care. Says a mother: "This nurse never once looked at my daughter … I said to the nurse 'It would have helped if you would have looked at her once during the interview.'" Another topic was normalizing mental illness, i.e. seeing that mental illness is a chronic disease; that everyone has difficulties; and that a person is more than a disease. A third approach to advocacy was engaging in social and political action. In that, people shared their stories with others, supported others in similar situations, and worked at reaching a larger audience. An example is of a sister who said "I wage my small campaign by sending handwritten thank you notes to people in authority positions for even their small work related to mental health."

Source: Schaffer MA. Speaking Up: How Family Members Advocate for Relatives Living with a Mental Illness. Community Mental Health J. 2021 Nov;57(8):1547-1555

VILLAGE APPROACH

It Takes A Village (2022)

This paper was written for those working with families (mostly of children) who are experiencing multiple adversities, and is based on the idea that "it takes a village to raise a child." What does "village" mean in the context of mental healthcare? It takes many people to provide a safe and healthy environment where people's voices are taken seriously, they can develop and flourish, and realize their hopes and dreams. One of the problems is that services are currently not in a whole "village" but siloed, both among organizations, and also, especially in large organizations, within organizations. A mental healthcare "village" would be interdisciplinary, interagency, strength based, prevention focused, have a lifespan approach, promote agency and empowerment, give clients a voice, be culturally sensitive, and be feedback and evaluation-informed.

In a related article, Ofar Zur, a psychologist in California, says: "In the mold of the traditional villages of old, forming a village around the...disordered [sic] is designed to break through the tendency of western culture to isolate and often hide the different and disabled away. The community of care is designed to provide the ill person with communal, physical, emotional, and spiritual support while guiding him/her toward recovery so that s/he may again live a satisfying, connected and meaningful life … The village is where life, in all its endless and often chaotic diversity, takes place and is accepted and embraced according to the needs and functions of all the villagers. Like any human creation, the village is never perfect, but where there is care, concern, and acceptance, there is also the opportunity for, learning, healing and growth."

Source: Andrea Reupert et al: It Takes a Village to Raise a Child: Understanding and Expanding the Concept of the "Village". Frontier in Public Health, Sec. Public Mental Health Volume 10 – 2022
Ofer Zur: Resurrecting the Village: Integration and recovery through a community of care https://www.zurinstitute.com/resources/resurrecting-the-village/

While the concept of "innovation" is often seen as pertaining to new treatments and interventions for illness, there is also such a long way to go in fully involving clients and family members as collaborative members in care. Any new approach on this topic is innovative and we should celebrate every success in family inclusion.

"If I Had a Magic Wand, What Innovative Program Would I Wish to See in the Mental Health System?"

By Vancouver Family Advisory Committee (FAC) Education Sub-Committee

We posed this question to all Vancouver FAC members. We asked them to be as thoughtful, imaginative, or downright super futuristic as they wished. We had 7 FAC Members weigh in! Read below for their ideas.

"If I could change anything, it would be to provide more home-care services to enable folks to stay in their own residence: for example, a buddy to go to the gym, an occasional cleaner, a mentor to apply for community center classes, an advisor to help find volunteer or part-time work" - HH, FAC Member

"If I had a magic wand....A phone or tablet app where a person could put out a request for a buddy for help with a task or for a visit AND the person on the other end was from a pool that had been vetted as reasonable people, i.e. no criminal record, familiar with types of clients they may have, calm demeanor, able to understand the significance of what they are doing. I'm guessing the pool of peer supporters might be the best place for this. My loved one would also need to be vetted so that the buddy could know that they would be safe with her/him/they. The app would have to work on a tablet or laptop as well. Reason for this wish: a casual buddy, who might become a friend, can go a long way in relieving anxiety both for my loved one and me as a primary caregiver and family member. It could help my loved one feel as if she/he/they were living on a good planet, help them to establish trust with other humans in general" – Patti Zane, Chair of the Vancouver Family Advisory Committee

"If I could change anything, it would be planning/funding for some or more respite care to caregivers and families either at home or away from home. [Another idea] would be to increase more adult care centres for elderly or aging persons with dementia/mental illness" - JW, FAC Member

"Thank you for this opportunity to imagine a better world. My hope for future pharmaceuticals would include medications that unlike Lithium have 1) fewer drug interactions 2) wider therapeutic window (less risk of toxicity with change in salt and water intake) and 3) don't cause hypothyroidism and kidney failure. How wondrous if they developed antipsychotics which are free of metabolic effects such as elevated glucose and lipids and weight gain. There would also be a benefit to increasing the variety of slow release injectables to improve adherence to treatment and chances of benefits to individuals. By using genomics it will be possible to predict therapeutic medication responses on a genetic basis, decreasing the need for time consuming trials, especially with a first illness." – Carol, FAC Member

"I'd like to see an increase in awareness and dissemination of caregiving resources to families caring for loved ones with mental illness by healthcare professionals. And a recognition that all types of family members (children, parents, siblings etc.) can benefit from being offered them." – KM, FAC Member

"I would like to speak about discharge. When my daughter was discharged from hospital we never had any help with continuity of care.
1. Have detailed conversations with patient and family, caregivers explaining diagnoses and what it means for everybody.
2. Appointments are arranged with medical professionals, organizations to insure continuity of care.
3. Living situation.
4. Prescription has been filled and at least a week of medications given to patient during discharge"
- AS, FAC Member

"If I could change anything, I would erase all stigma so that people with mental illness are treated with understanding, respect, empathy and kindness; their illness addressed/treated in the same way as someone with Alzheimer's, another brain disorder" – Shirley Chan, FAC Member

Vancouver Family Advisory Committee (FAC)

A Partnership with Vancouver Mental Health & Substance Use Services

Who Are We?

We are Vancouver parents, siblings, adult children and friends of those living with serious mental illness and substance use. We are individuals with lived experience. We are community agency representatives, Mental Health & Substance Use professionals, and the VCH Family Support & Involvement (FSI) team.

Together, we are the Family Advisory Committee.

The FAC provides a strong family perspective to improve services for our loved ones, and expand communication and supports for caregivers and families.

If you feel inspired to join our efforts, or simply want to learn more about the FAC, please check out our page here:

https://www.spotlightonmentalhealth.com/vancouver-family-advisory-committee/

To connect, email us at: VancouverFAC@vch.ca

We're always looking for new members!

Interested in a Family Advisory Committee in a different VCH region, such as Sea to Sky, North Shore, Richmond, or Sunshine Coast? Please see here for more information:

http://cean.vch.ca/cean-at-work/vch-mental-health-substance-use-family-advisory-committees/

TIDBITS from the Family Connections Support Group

This edition's Tidbits include a range of resources and information that we discussed in our VCH MHSU Family Connections Support groups.

Variety of Local Resources:

- Gastown Vocational Services (GVS) - a VCH program, which specializes in employment services to support individuals living with mental health conditions to achieve and sustain employment or education: https://www.gvssupport.ca/
- Community Living BC (or CLBC) – A provincial crown corporation which funds supports/services to adults living with development disabilities or individuals with diagnosis of Autism Spectrum Disorder or Fetal Alcohol Spectrum Disorder: https://www.communitylivingbc.ca/who-does-clbc-support/who-is-clbc/
- The MPA society and the Kettle society were discussed as community providers of the Supported Independent Living (SIL) and Super SIL programs, which provide personalized support and a housing subsidy: https://mpa-society.org/community-outreach/sil-program/ https://www.thekettle.ca/supportive-housing

Variety of Educational Tools:

- Information about Clozapine an anti-psychotic medication – From VCH patient health educational materials: https://vch.eduhealth.ca/en/viewer?file=%2fmedia%2fVCH%2fEA%2fEA.022.C25.pdf#search=clozapine&phrase=false
- Living well with schizophrenia - an individuals lived experience with Schizophrenia and the insights they have learned throughout their mental health journey: https://www.youtube.com/c/LivingWellwithSchizophrenia
- Explaining the concept of "Substitute decision makers" specifically for example Representation Agreements:
  - a video that shows a family using the option of a representation agreement: https://www.youtube.com/embed/sIGKQ_shkWA
  - "My Voice" which is a resource that deals with advance care planning: https://www.health.gov.bc.ca/library/publications/year/2020/MyVoice-AdvanceCarePlanningGuide.pdf
  - Nidus, which is a unique and valuable resource that helps citizens understand personal planning: https://www.nidus.ca/types-of-planning
  - BC Schizophrenia Society has a webpage around representation agreements specifically around mental illness: https://www.bcss.org/family-advocacy/representation-agreements/

Self Compassion:

- Self compassion was a running theme over several groups in which the idea popularized by Psychologist Kristen Neff was introduced as well as some specific exercises and resources listed below:
  - Introduction to self compassion: https://self-compassion.org/the-three-elements-of-self-compassion-2/ and Overcoming objections to self compassion: https://www.youtube.com/watch?v=YFhcNPjIMjc
  - Taking a self compassion break: https://self-compassion.org/exercise-2-self-compassion-break/
  - Self compassion exercises for care-givers—Taking Care of the Caregiver: https://self-compassion.org/exercise-8-taking-care-caregiver/ and Self compassion practice for Caregivers: https://www.youtube.com/watch?v=jJ9wGfwE-YE

Websites, Resources, Books, recommended reads!

The Family Connections Support Group

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

We aim to create a welcoming and supportive space in which family members can share their experiences with each other and feel supported and strengthened in their efforts to help their loved ones. The group has a small educational component. Participants also receive twice-monthly emails with the contents of the educational part.

Like many other resources during COVID, we have moved our groups to ZOOM meetings. Family and supporters are free to attend on a regular basis or drop in as needed, like in our regular meetings. If you would like to receive an invite to our Support Group, please contact us and we will happily add you to our invite list!

We meet online on the following days & times:

DATE: Every first Thursday and third Monday of the month

TIME: 6:00 – 8:00 p.m.

PLACE: In the comfort of you own home

**We do not meet on STAT holidays.*

Contact the Family Support and Involvement Team for the Zoom link at:

familyconnections@vch.ca

"Whatever you are struggling with, there are others out there who understand."

MORE FAMILY SUPPORT GROUPS

PLEASE CALL/EMAIL AHEAD TO CONFIRM DATES AND TIMES

Parents Forever – Support group for families of adults living with addiction. Group meets weekly via Zoom on Friday evenings. Contact Frances Kenny, 604-524-4230 or fkenny@uniserve.com

Holding Hope— peer led bi-weekly support groups for families affected by their loved one's substance use challenges. Connected to Moms Stop The Harm. Currently held via Zoom. Email: canadaholdinghopenational@gmail.com

SMART Recovery meetings for families are back! Tuesdays 6:00-7:00pm, https://smartrecovery.zoom.us/j/91012011101 Meeting ID: 910 1201 1101; Also search for a local meeting here: https://meetings.smartrecovery.org/meetings/location/

BC Schizophrenia Society Family Support Groups - for family members supporting someone with serious mental illness. Local listings of BCSS support groups across B.C. regions can be found here: https://www.bcss.org/support/bcss-programs/family-support-groups/. You can also contact the Coastal Manager @ 604-787-1814 or coastmanager@bcss.org for more details on the groups and to register.

VCH Eating Disorder Program – Family & Friends Support Group – for friends and family members of individuals living with an eating disorder. Contact Colleen @ 604-675-2531.

Borderline Talks - for individuals living with Borderline Personality Disorder (BPD) or Traits, and their loved ones. Zoom group every Wednesday at 7. Check https://bpdsupportgroup.wordpress.com/finding-help/

Pathways Serious Mental Illness (formerly Northshore Schizophrenia Society) - weekly online support groups, and family to family education sessions. For more information on the next support group: https://pathwayssmi.org/weekly-support-groups/

Pathways Clubhouse Chinese Family Support Group – Catered to Chinese-speaking (Cantonese and Mandarin) individuals and families, who are caring for a loved one with mental health issues. 2nd Saturday of each month from 1:00pm to 4:00pm via Zoom. Part 1 (1:00pm-2:30pm) is a free talk delivered by a guest speaker and Part 2 (2:45pm-4:00pm) is a Heart to Heart Support Group Sharing. Contact Lee Ma at Lee.Ma@pathwaysclubhouse.com or 604-276-8834 for details.