



# Family Connections

JULY 2023 - EDITED BY ISABELLA MORI AND SEAN FORD

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## Family Success Stories

Families work tirelessly to support their loved ones with mental health and substance use concerns. As family support and Involvement coordinators, we are frequently awed and amazed by the love and strength we see from these families. We often focus on the challenges, the barriers and problem solving that these family members encounter, but spend less time on the positive change that can result from these loving relationships and support.

In her last Family Connections newsletter before retirement our family support and involvement coordinator Isabella Mori requested that we take a moment to recognize some of the many amazing stories of change and success that families have witnessed and facilitated. We welcome all of you to celebrate the love and hope within these stories and join us in thank-



### Family Support and Involvement Team

**Sean Ford**  
Coordinator, Acute  
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*The Co-ordinator, Tertiary position is currently vacant due to maternity leave.*

*The Co-ordinator, Community position is currently vacant.*

**Jennifer Glasgow**  
FSI Manager  
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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).

#### 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](http://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!



## 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](mailto:VancouverFAC@vch.ca)

**We're always looking for new members!**



## 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](mailto:vancouverjunction@vch.ca)

or call: 604.812.3139



Vancouver  
CoastalHealth

## Hope: The Thing With (Tattered) Feathers

By Isabella Mori

I look back on one of the most impactful articles I read while in this job: Kaethe Weingarten on reasonable hope. From our [our June 2021 newsletter](#) about her work:

“The classic images of hope -- a butterfly, a rainbow, an undemanding bird that perches in one’s soul – set up expectations and standards that are without limit. It refers to feelings one may or may not have. Hope’s objective is most often placed in an eagerly awaited future, with the arc of time between the present and the future filled with anticipation. Hopelessness arises from the conviction that nothing that one wants is within reach, whether love or security or health.”

Weingarten contrasts the “butterfly image” of hope with reasonable hope, something we do rather than feel: working towards a goal without undue expectation that the goal will be achieved, and working towards it with others whenever possible, not only on our own. It accepts the messiness of life and doesn’t operate in the black and white of failure or success, and has room for “doubt, contradictions, and despair.” A therapist in South Africa who has seen the most horrible violence, Weingarten is intimately familiar with all of this.

But speaking of doubt and contradiction – as much as I have passionately recommended this approach to families, I have had moments where these words about hope felt hollow. How many families have I told that statistically speaking, their loved one who is using potentially lethal substances has a greater chance of surviving than dying? And then there is that family for whom that statistic is meaningless when they get that dreaded call and they have to bury their son. Have I foisted too much hope on them? Or the family whose loved one, for a constellation of often incomprehensible reasons, just can’t access services, and keeps deteriorating at an alarming rate. When they burn out on their hope, have I contributed to the fire by trying to dig up yet another thin straw to grasp at, in the faint hope that this one might work?

I have no satisfactory answers to these questions. All I know is that I don’t see an alternative to squinting at what might just be a dim light at the end of the tunnel. There’s no way to foresee whether the family who gives me the privilege of sharing their worries with me will be one that will recover and stay recovered. Often they ask, “what’s the prognosis?” I’m not the psychiatrist; I don’t know (and most psychiatrists I know will also hesitate to give a prognosis – there are just too many variables involved). What I can do is point out possibilities, e.g. that self management techniques as provided by occupational therapists often contribute to decreased symptom severity, that people with co-occurring serious mental illness and substance use seem to have a tendency to get a little better over time, that clozapine is a promising medication for schizophrenia, or, as the stories in this edition show, that there are glimpses, and sometimes vistas, of hope for families.

Sources:

Robert E. Drake et al: A 16-year follow-up of patients with serious mental illness and co-occurring substance use disorder, *World Psychiatry*, 2020 Oct; 19(3): 397–398.

Melanie Lean et al: Self-management interventions for people with severe mental illness: systematic review and meta-analysis, *The British Journal of Psychiatry* (2019) 214, 260–268

Kathryn Rudlin: Prognosis vs. Diagnosis in Mental Health. <https://www.verywellmind.com/prognosis-defined-2610393>

Elias Wagner et al: Efficacy and safety of clozapine in psychotic disorders—a systematic quantitative meta-review, *Translational Psychiatry*, vol 11, 487 (2021)

Kaethe Weingarten: Reasonable Hope, <https://www.migrantclinician.org/files/Reasonable%20hope%20for%20our%20times.pdf>

*“The stories in this edition show that there are glimpses and sometimes vistas of hope for families”*

# A Treasure Trove Of Experience

By Isabella Mori

This article shares bits and pieces from various family members experiencing hope and successes with their loved ones, each a little jewel.

## A Poem

Ten years of worrying, despair, and realization.  
From loving home, to leaving home, to homelessness.  
From tent-city, to SRO.  
From lost to found, from lost to found.  
From detox to rehab, from detox to rehab.  
From overdose to Naloxone, from overdose to Naloxone.  
From addiction, to drug induced psychosis, to psych meds.  
From drug dealer, to interdisciplinary care team.  
From involuntary inpatient, to supervised independent living.  
From loving family, to disreputable friends, to loving family.  
From hopelessness to hopefulness.

*Family member*



## A good life

“Our nephew is doing very well these days. Having a girlfriend was a step he thought would never be for him. But it happened (at a supportive art workshop for people with different abilities) and just a few months later, he even wasn't shy to propose to her. Investing a lot of his time in the relationship is something that has changed his mood, and confidence; of course, he still shows some ups and downs, but overall, it's clear he feels more secure, more loved, and has the trust to express his love. Continuing to work a part time job has also helped. Now he is showing interest in languages, so we are supporting him taking a few classes online.”

*Family member*

“I take comfort in knowing that my family provided my now deceased brother with a beautiful home with lots of social interaction in a very safe and peaceful environment. After experiencing all the challenges and difficulties paranoid schizophrenia caused him in his life, I can say he did know a good life.”

*Sibling*

## Support groups

“It's been a long and winding road at age 69 now ... I was buoyed by three different support groups at crucial times and there's nothing like that experience. So helpful while living with a schizophrenic son who is possibly becoming a peer support worker, and closely supporting another son who is schizoaffective and lives on his own. Support groups have made all the difference in my life.”

*Parent*

“Francis of Parents forever always gave me a little hope saying she has seen miracles. I hung on to this thought, attended meetings and after many years my 46 year old son is in rehab at Red Fish (3+ months). He was diagnosed with schizophrenia around 17 years old and has been self medicating with substances for many years. He had head injuries, developed a seizure disorder and full on fentanyl addiction and now he is clean. The best part is that he has gained back his personality, laughs genuinely and is very supportive of others in the program. I truly believe in miracles! Keep hoping!”

*Parent*

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### **Relationships**

“My daughter was first admitted with bipolar psychosis at 17, 7 years before I was. She had had the significant stressors of a home invasion and substance use. When I learned of the hereditary factors I somehow felt responsible even though I had brought children into the world long before I was diagnosed with lifelong illness.

My daughter is now a wonderful mother. Our bond fortifies us through wobbles and struggles. We watch over each other checking in about sleep, managing stressors and making reasonable plans. We are blessed to understand, care and encourage one another, the silver lining of a hereditary mental health disorder.”

*Parent*

“A significant triumph I experienced was once my mother began receiving treatment for her psychosis. For years, I lacked a parental figure to provide support, constantly aware that no one was taking care of me. Our roles were reversed. However, a few weeks ago, she approached me and handed me a cup of green tea that she had prepared, expressing that it was beneficial for my well-being. This seemingly small act carried great significance, reflecting the immense progress she had made. I find myself reflecting on this moment every day.”

*Family member*

### **Helping out**

“I had to have a medical procedure, and knew my daughter would find it stressful to drive me to it. But I needed to be driven home, so arranged for my cousin to do it and was searching for bus fare to get myself to her place when my daughter, completely out of the blue, came upstairs with the keys and offered to drive me. She found it stressful and would rather not have done it, but she pushed herself to help me out. It meant the world to me.”

*Parent*

“My brother, who had untreated schizophrenia until 2017, now cares for our 90-year old father when I am away; calls and checks on two Chinese speaking seniors weekly; is working through the peer support training prerequisite modules with the help of another peer support worker; participates in the upcoming dragon boat race and weekly practices and weekly chi gong exercise at a community center.”

*Sibling*



## Counselling

“Counselling was my life line with my husband’s health was declining, my sister who has Borderline Personality Disorder, and my son and his anger. Not fixed but doing better. One of the best things was doing the Sashbear course for DBT skills for family. I’m now looking into the CBT Skills Course. The support group helps, too.”

*Family member*

“I was going through a terrifying and completely exhausting situation with an extremely difficult spouse. Then Covid hit. It really could not have been a worse combination. I was beyond the end of my rope and desperately looking for help when I reached out to an FSI counsellor. I didn’t know it then, but I just had just met one of the most helpful, kind, and wise people I would ever encounter. I asked them some questions about programs that might be available and they asked me if I could explain my situation. They offered some advice, and asked if I would like to call again for more assistance. They made themselves available for the next couple of years. Sometimes, I needed to reach out in the depths of crisis. And sometimes just knowing that they were going to check in on me was enough to keep me going. Most people will have a time in their lives when they might need the help of mental health supports. I have learned that not all helpers are created equal. If something feels off, just chalk it up to experience and move on. Try not to settle for someone who just isn’t a fit. You may have to go through a few until you hit the jackpot. but, believe me, it’s so worth it.”

*Spouse*

## Watching Growth

“I am now 74. My two grown children are both thriving in their own ways ... still very unique, serious, zany and creative, using tools from years of counselling and exploring. They have gone to the brink ... the depths of despair, the heights of mania, one almost found her way out of this life on three occasions. It took me down as well. There have been therapists, meds, hospital visits, a locked ward, times when I was pushed away and I realized I felt relieved. Now in their thirties they are each in heartfelt strong relationships, with partners who have been part of opening up their childhood treasure-box of fun and wisdom, while doing the work of adults in the world. One is still on meds, the other I don’t ask. But we are happier together than during so many intervening years, and I know that they take responsibility for themselves. It is such a relief for their Mama.”

*Mother*

“My son who lives with OCD and psychosis is gainfully employed and discovered he has a gift for painting; without any formal instruction he is gaining acknowledgment for this talent and was commissioned to do a mural and invited to paint the landscape of a winery and sell it in a select gallery. His challenges remain yet he is strengthening his strategies to minimize the duration of symptoms. I can stop waiting for the other penny to drop and trust that together we can get through the setbacks when they are presented. “

*Parent*



*“We can  
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presented.”*



been over the past 3 decades. I need to remember how much we have come through and I need to remember the people who have helped us into the present. Over the years the zig zag\* emotional experiences we have had, from money and valuables stolen, an attempt to end his life, being hospitalized, witnessing adjustments to meds that made tough bodily changes and his social life miserable. The emergency visits to the hospital, often in the middle of the night, have been frightening and exhausting. However, there has been movement forward for all of us. Moving from fear to being able to have more of a family life has often been bumpy and frustrating and like learning to ride a horse, it's been worth the long ride. It just took time.

Tonight JK picked up the medications that are daily delivered through the advocacy of his psychiatrist, counsellors and mental health supporters. He sat with us as we watched a TV news program and chatted. There was no tension in the room. He ate a hamburger and headed off to his place. He's been seeing old friends occasionally. It's just taken time, and help.

Without a doubt I'm grateful for JK in my life. I love him. Make it plural. We're grateful. We love him.

I have no important reason to be grumpy today but I do wish he would have remembered to fill up the gas tank whenever he's used the car. There's nothing like a warning light to make me annoyed. But grump be gone! I hear the whisper again: "Do you know how well JK is doing!"

- The "zig zag" the author refers to comes from the book *Zig Zag Boy: A Memoir of Madness and Motherhood* <https://www.nytimes.com/2023/02/18/books/review/zig-zag-boy-tanya-frank.html>

## I Decided To Back Off Completely

### By a family member

I've lived twenty years on and off with my son's addiction. With help from Frances, Parents Forever, I survived, continued on with my life, worked, traveled and retired. My daughter was in six treatment centres, some lasting less than three days. Last summer was another crisis and Car 87 was called. She attended a substance use program at Vancouver Coastal Health but it did nothing. Back home, her paranoia, depression and extreme anxiety continued. The nightmare didn't let up. I went back to Parents Forever. I decided to back off completely and kept saying "it's your life make it what you want." At the beginning of this year, without telling me, she made a life altering decision with the help from her family doctor who did some counseling and two types of meds, one of them for ADHD. She is five months clean now, totally on her own, cooks most nights, has painted my condo and got it ready to sell

Yes, there is hope, and I am thankful for every minute.

*"Yes,  
there is  
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for every  
minute"*

# Creating Success On A Wider Scale: Combatting Stigma

By Isabella Mori

Last year, the well-known medical publication The Lancet published [The Lancet Commission on Ending Stigma and Discrimination in Mental Health](#). It was the result of a collaboration of more than fifty people worldwide, and it brings together evidence and experience of the impact of stigma and discrimination, as well as successful interventions for stigma reduction.

The four main components considered were:

**self-stigma** (or internalized stigma), which occurs when people with mental health conditions are aware of the negative stereotypes of others, agree with them, and turn them against themselves.

**stigma by association**, which refers to the attribution of negative stereotypes and discrimination directed against family members or mental health staff.

**public and interpersonal stigma**, which refers to stereotypes, negative attitudes (prejudice), and negative behavior (discrimination) by members of society towards people with mental health conditions; and

**structural stigma** (systemic or institutional), which refers to policies and programs which work against persons with mental disorders.

The report mentioned the following ways stigma can be reduced:

## **Advocacy**

Promoting the rights of people with mental health conditions to reduce stigma by use of individual or group sessions and distribution of printed materials (eg, fotonovelas, brochures).

## **Collaborative community-based care**

Any intervention provided by informal community care providers and only implemented in the community, including psychoeducation and rehabilitation strategies to improve personal, social, and vocational functioning, and linkage to self-help groups and social and financial support.

## **Constructive discourse**

Transformative education about the importance of disclosure of family members' mental health problems.

## **Gatekeeper training**

Refers to individuals who have primary contact with people at risk of suicide or self-harm or who have a mental health condition. This type of training provides knowledge and skills, discusses attitudes, and provides strategies to help gatekeepers better inquire about and recognise risks and to intervene appropriately.

## **Protest**

A campaign-based approach that aims to highlight a morally unacceptable view of mental health con-

*“the impact of stigma and discrimination, as well as successful interventions for stigma reduction”*

ditions and that criticises people who continue to engage in such practices. It also condemns negative media representations of mental health conditions.

### **Psychoeducation**

Provides information for family members and the public about mental health conditions, including risk factors, prevalence, symptoms, diagnosis, and care, and addresses misconceptions and myths. It can be provided face-to-face, through social media, theatre, or workshops (eg, simulations).

### **Social contact**

Sometimes called contact or interpersonal contact, social contact takes place when there is positive, cooperative interaction between people with a lived experience of a mental health condition and a particular target group. Such contact can be direct contact (face-to-face and in person), or indirect (eg, imagined, simulations, video, online, social media, or observed). Specific key characteristics of positive social contact that are likely to be most effective for stigma reduction have been identified.



### **Social networking**

Restoring social interaction through support groups and open dialogue, including the use of normalisation.

An organization that has long worked on this topic is NAMI, the US National Alliance on Mental Illness, which encompasses many families. (Their slogan for last month's Pride month is a great example of their work on stigma reduction: "[Mental Health Without Conditions](#)").

A few years ago, NAMI asked its participants how they reduce stigma. Here is what they found:

#### **Talk Openly About Mental Health**

"I fight stigma by talking about what it is like to have bipolar disorder and PTSD on Facebook. Even if this helps just one person, it is worth it for me." (see an [article we wrote about this in 2015](#))

#### **Educate Yourself And Others**

"I take every opportunity to educate people and share my personal story and struggles with mental illness. It doesn't matter where I am, if I over-hear a conversation or a rude remark being made about mental illness, or anything regarding a similar subject, I always try to use that as a learning opportunity and gently intervene and kindly express how this makes me feel, and how we need to stop this because it only adds to the stigma."

*"I always try to use that as a learning opportunity and gently intervene and kindly express how this makes me feel, and how we need to stop this because it only adds to the stigma."*

*“Encourage  
equality  
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illness”*

**Be Conscious Of Language**

“I fight stigma by reminding people that their language matters. It is so easy to refrain from using mental health conditions as adjectives and in my experience, most people are willing to replace their usage of it with something else if I explain why their language is problematic.”

**Encourage Equality Between Physical And Mental Illness**

“I find that when people understand the true facts of what a mental illness is, being a disease, they think twice about making comments. I also remind them that they wouldn't make fun of someone with diabetes, heart disease or cancer.”

**Show Compassion For Those With Mental Illness**

“I offer free hugs to people living outdoors, and sit right there and talk with them about their lives. I do this in public, and model compassion for others. Since so many of our homeless population are also struggling with mental illness, the simple act of showing affection can make their day but also remind passers-by of something so easily forgotten: the humanity of those who are suffering.”



**Choose Empowerment Over Shame**

“I fight stigma by choosing to live an empowered life. To me, that means owning my life and my story and refusing to allow others to dictate how I view myself or how I feel about myself.”

**Be Honest About Treatment**

“I fight stigma by saying that I see a therapist and a psychiatrist. Why can people say they have an appointment with their primary care doctor without fear of being judged, but this lack of fear does not apply when it comes to mental health professionals?”

**Let The Media Know When They're Being Stigmatizing**

“If I watch a program on TV that has any negative comments, story lines or characters with a mental illness, I write to the broadcasting company and to the program itself. If Facebook has any stories where people make ignorant comments about mental health, then I write back and fill them in on my son's journey with schizoaffective disorder.”

**Don't Harbor Self-Stigma**

“I fight stigma by not having stigma for myself—not hiding from this world in shame, but being a productive member of society. I volunteer at church, have friends, and I'm a peer mentor and a mom. I take my treatment seriously. I'm purpose driven and want to show others they can live a meaningful life even while battling [mental illness].”

Finally, CAMH has developed an online course, “[Understanding Stigma](#),” which is meant for health care providers but can also be taken by families.

## 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:**

- Pathways Serious Mental Illness Society <https://pathwayssmi.org/>
- Get set connect - for leisure and volunteer connections <https://www.getsetconnect.ca/>
- Coast Mental Health - a wide variety of services, including Housing and a Club House <https://www.coastmentalhealth.com/>
- Family Caregivers of BC - education, resources and supports for caregivers including coaching and a support phone line <https://www.familycaregiversbc.ca/>
- Red Fish Healing Centre for Mental Health and Addiction <http://www.bcmhsus.ca/our-services/provincial-integrated-mental-health-addiction-programs/red-fish-healing-centre>



### **Variety of Educational Tools:**

- SMART - Recovery community for people seeking a self-empowering way to overcome addictive problems <https://www.smartrecovery.org/>
- Invitation to Change - Approach developed for families supporting a loved one with substance use - <https://cmcffc.org/approach/invitation-to-change>.
- Psychosis toolkit—How to move forward with your life managing psychosis <https://www.heretohelp.bc.ca/workbook/dealing-with-psychosis-a-toolkit-for-moving-forward-with-your-life>
- Family tool Kit—How to support a loved one with Mental Illness <https://www.heretohelp.bc.ca/workbook/family-toolkit>
- ECT education (Electroconvulsive Therapy) - 20min videos in different languages explaining this treatment and what/who it is best suited for <http://canects.org/patients.php>
- The BC Schizophrenia Society's "Strengthening families together course" is a six-session program that provides knowledge, support, and tools for families to better cope with mental illnesses together <https://www.bcss.org/support/bcss-programs/strengthening-families-together/>

### **Book suggestions:**

- Ambiguous loss by Pauline Boss - <https://www.ambiguousloss.com/resources/>.
- I am not Sick I Don't need help by Dr. Xavier Amador— <https://hacenter.org/about-leap>

*Websites,  
Resources,  
Books, recommended  
reads!*



## 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](mailto:fkenny@uniserve.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](mailto: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. Additionally the 4th Saturday of each month has a face to face support group at the Pathways Clubhouse. Contact Lee Ma at [Lee.Ma@pathwaysclubhouse.com](mailto:Lee.Ma@pathwaysclubhouse.com) or 604-761-3723 for details.

**Alcoholics Anonymous**— Support groups for individuals looking to stop problem drinking. Local meeting locations can be found here: <https://www.aa.org/find-aa>