

FAMILY CONNECTIONS

Edited by Katie Cribb



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COMMUNICATION TO BUILD CONNECTION

For this edition of the newsletter, the family support team decided to focus on communication as many family members have questions about how to improve this within their families. In times of stress and crisis, communication can be one of the first things to fall apart. It can also be the key to building and maintaining positive relationships. Therefore, in this newsletter we wanted to tackle communication from a few different angles, including communication within the family, boundary setting, and with your loved one's care team. We also have great interviews with a family therapist and a family member.

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 to call "911" or go to your local Emergency Department. In Vancouver, for non-emergency mental health support, please contact the Access and Assessment Center (AAC). If you or someone you know needs substance use support, call Access Central. Information for both is provided below:

AAC Contact Information

Hours: 7:30 am - 10:00 pm 7 days/week

Phone: (604)675-3700

Address: Joseph & Rosalie Segal Family Health Centre,
803 West 12th Avenue, Level 1

Access Central information

Hours: 9:00 am - 7:45 pm 7 days/week

Phone (toll free): 1(866)658-1221

(Voicemails left after hours are answered the following morning)

FAMILY SUPPORT AND INVOLVEMENT TEAM

MELANIE GRIFFITHS

Coordinator, Acute

(604) 290-3817

Melanie.Griffiths@vch.ca

KATIE CRIBB

Coordinator, Tertiary

(236) 885-8169

Katie.Cribb@vch.ca

COLLEEN STEWART

Coordinator, Community

(604) 314-9032

Colleen.Stewart@vch.ca

JENNIFER GLASGOW

FSI Manager

778-879-3293

Jennifer.Glasgow@vch.ca

TERRITORIAL ACKNOWLEDGEMENT

Vancouver Coastal facilities lie on the unceded and occupied territories and waterways of the fourteen First Nation communities of Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, Sechelt, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa. To find out more about the Indigenous territories where you reside, one option is the website native-land.ca

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!

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 webpage.

Website: vch.ca/en/vancouver-mental-health-and-substance-use-family-advisory-committee

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

WE'RE ALWAYS LOOKING FOR NEW MEMBERS!

INTERVIEW WITH FAMILY THERAPIST LISA BAY

By Katie Cribb

I am ecstatic to share this interview I conducted with Lisa Bay about her work as a family therapist on the North Shore. While our roles are different, I also provide support to family members of loved-ones receiving care at tertiary mental health sites. In my role, this looks like supportive counseling, system navigation and resource connection. So, Lisa and I had lots to discuss.

Katie: What is your professional background?

Lisa: I did my master's in counselling at SFU and since then have worked in many different contexts in both England and Canada, all of which have included some form of family support. Whether working individually with children and young adults or working with caregivers of those with life-limiting illnesses, **including families has always played a critical role in my care for clients.**

Katie: Could you tell us about your role as a family therapist?

Lisa: My role as a family therapist is to provide short term (3-8 sessions) of family support for the loved one's of clients connected to the Hope Centre. This could be a client's parent, sibling, partner or adult child.

We provide loved ones with **emotional support, skill building opportunities** (boundary setting, communication strategies), **and relevant psychoeducation.**

Katie: What is the North Shore's HOpe Centre Family Therapist service and how do families access it?

Lisa: Our Family Support Program offers short-term counselling for loved ones of clients connected to the teams or programs at the Hope Centre. You can ask your loved one's care provider to make a referral to our program.

Above all we create safety to express thoughts and feelings they may not feel comfortable talking about with anyone else.



Image of the HOpe Centre

Katie: I have met with families who live on the North Shore and have received family therapy at the HOpe Centre, and they have spoken very positively about the support they received.

HOpe Centre Family Support website:
<https://www.vch.ca/en/service/hope-centre-family-support#overview>

Katie: What are common communication issues that families come to you for support with? And how best to work through these issues?

Lisa: Overall, **families are feeling unheard** in many ways. Not just by their loved one, but also by the system and their communities. This is not only difficult, it is isolating.

What I encourage family members to do is **find their 'safe people'**. It might not be the person you thought it would be (like your best friend). It could be a neighbor or colleague – someone who really gets it.

Katie: I have seen people find their safe people in support groups for family members. In the support group I run, we often hear people say that, while positively intentioned, friends or extended family just do not understand severe mental illness and the nuances that come with it. While others in the support group likely have different situations they can understand the uncertainty, grief, and love that comes with being a support person.

Katie: While every situation is different, are there any tips you have for communication?

Lisa: **Communication is integral to relationships and caring for loved ones** – but it gets complicated. Most people will share that their loved one ‘doesn’t listen’ to what they’re saying. This is situation dependent:

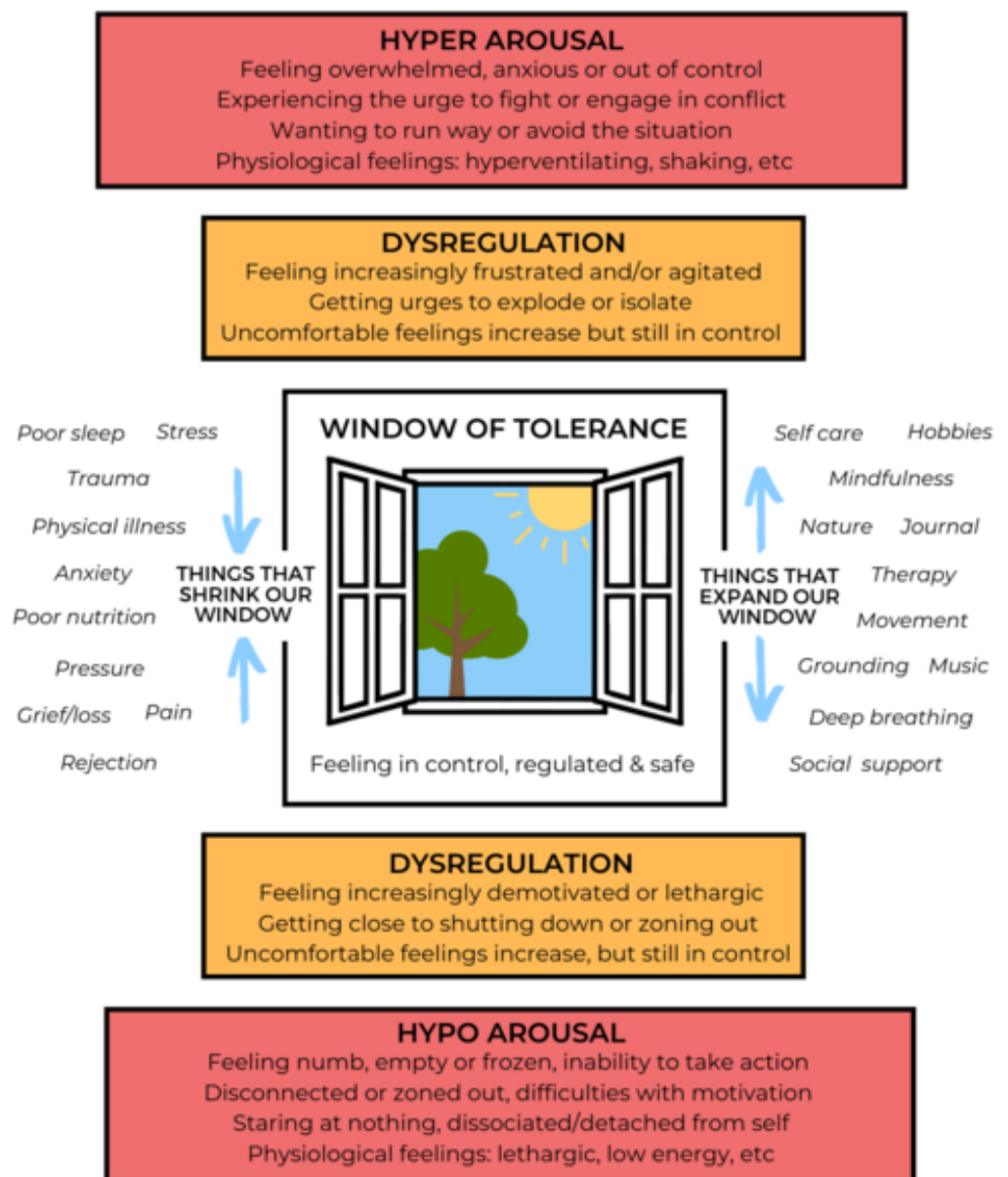
1. Is your loved one currently under the influence of substances or actively psychotic? If so, this is not the right time to have a conversation. In this moment it is crisis management and support.
2. If your loved one is open to conversation, first start with your non-verbal body language. What is your posture saying? Have an open relaxed position, and make sure your expressions are congruent with what you’re saying or hearing. Make sure you’re active listening! Provide indications that you are listening (nodding head, asking clarifying questions). Make sure your tone of voice stays steady.
3. Discuss one topic at a time. Don’t rush an agenda. Start small.
4. Pay attention to what is happening in your own body.
5. Know when to stop or take a break. Have a safety plan if things escalate.

Katie: What might you say to families who feel like they have tried everything and are feeling discouraged?

Lisa: **The fact that you are still here fighting for your loved one says it all.** This is a marathon and not a sprint. Try to find micro moments of joy or peace in between the grief you carry. Start to understand your **window of tolerance**. Find your safe people.

Katie: Are there any resources you commonly recommend to families (for communication and/or beyond)?

Lisa: It always comes back to unapologetically taking care of yourself. We’ve all seen the oxygen mask safety video on the airplane. There is no family support without a healthy and well family member. You must know that setting boundaries to **protect your own wellness** is an act of care for your loved one.



Adapted from NICABM (2019) by Monumental Health

Continued: Interview with Family Therapist Lisa Bay

Katie: For anyone interested in further learning about taking care of yourself, Lisa recommends exploring the topics of self-compassion and radical acceptance. I have posted some resources on the topics below.

Self-Compassion:

Feeling compassion for others often comes easily for many of us. However, when we go through hard times it is often hard to turn that same compassion onto ourselves. Self-compassion can help us get through those tough times. Dr. Kirstin Neff is an expert in the topic of self-compassion and she theorizes that self-compassion has three parts; self-kindness, common humanity, and mindfulness.

Dr. Neff's website: [Self-Compassion.org](https://www.self-compassion.org)

Ted Talk: [The Space Between Self-Esteem and Self Compassion: Kristin Neff at TEDxCentennialParkWomen](https://www.ted.com/talks/kristin_neff_the_space_between_self_esteem_and_self_compassion)

Radical Acceptance:

Radical acceptance is a tool from Dialectical Behavioral Therapy. Its purpose is to support people in fully accepting aspects of their life that may be difficult to accept. Doing so, allows someone to alleviate additional pain that is caused by denial or avoidance. Radical acceptance does not mean approving of or liking what you are trying to accept.

For an overview of the topic, I have found this YouTube video to be clear and concise: [Radical Acceptance](https://www.youtube.com/watch?v=...)

BOUNDARIES By Katie Cribb

Is it a wall? Is it a fence? Is it a moat? Not in this article. I am placing a boundary that we will only focus on person-to-person boundaries in this paper. When looking at our relationships, a boundary is our determination of what we are comfortable with and what we are not comfortable with. This article will explore why having conversations about boundaries is helpful, how to prepare for a boundary conversation, and provide an example conversation.

Why talk about Boundaries

The boundaries we set in our personal life are often the invisible type, which is why talking about our boundaries is a key step to having them respected. So, even if a boundary may be obvious to us, differences (such as age, culture, and other factors) all impact what boundaries we have.

For someone raised to take off their shoes when entering a home, they may see someone else leaving their shoes on as disrespectful. However, it could be as simple as the shoe wearer being from an area where people keep their shoes on at home and not knowing that it is polite to remove their footwear when entering someone else's home. Having conversations about boundaries allows everyone to be on the same page.

**Prepping for Boundary Conversations: A Practice Scenario**

Say you have a relationship where you regularly find yourself providing the other person with large amounts of money when they request financial help. This might have initially felt okay. However, overtime you have felt burdened by the cost and are no longer able to support your loved one in this way.

Setting a boundary in this scenario would start off with you deciding what type of support you are able to provide and what kind of support you are no longer able to provide. For example, perhaps you are okay with providing a set amount of money per week (example: \$20) or buying them groceries instead of providing cash. If financial support is not possible, but you are willing to be a shoulder to cry on or a cheer leader for their wins, this is also an important form of support. During your boundary conversation you could also ask if there are other ways you could support outside of the alternatives you suggested (while being clear and respecting the boundary put forward).

Continued: Boundaries

Once you have an idea of the boundary, it is time to talk about it with your loved-one. If possible, try to choose a time of relative calmness and ideally before the has been crossed again. When discussing the boundary, try to focus on the future and what you are willing to provide. It can be easy to get sidetracked on why you are setting the boundary or what went wrong in the past, but this may not be helpful. Try to remain future-focused.

Honoring your own boundaries is the clearest message to others to honor them, too.

Gina Greenlee

Example conversation between a Boundary-Setter and their loved one:

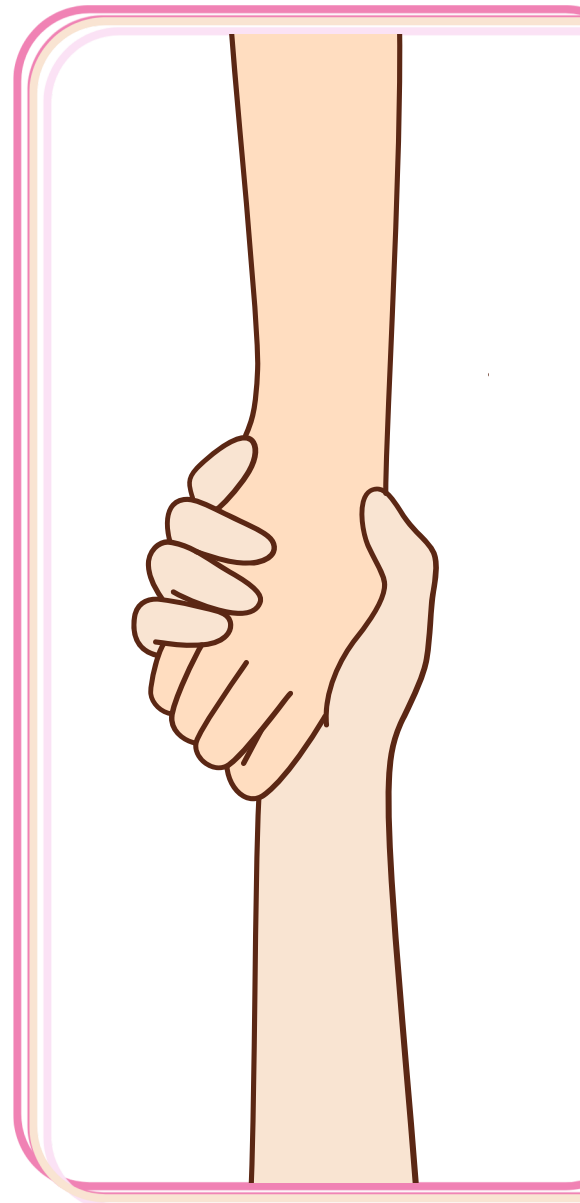
Boundary Setter: There is something I want to talk to you about. Previously, I have been able to help cover some expenses. I want to let you know that going forward I am not able to help with expenses any longer. Here is what I can do: I can take you grocery shopping and cover the cost of that.

Loved-one: Why aren't you able to give me cash?

Boundary setter: I understand that this is a big change, and I suspect that on your end this may feel like it came out of nowhere. I have been thinking for a while about what I am able to help you with going forward and it is grocery shopping.

Loved-one: But why did you change your mind?

Boundary setter: I had been thinking about this for a while and came to the realization that going forward I can only help you with groceries. I understand if this is upsetting but I thought it was important to let you know now, so that you can make plans accordingly.



You may feel like a broken record but keeping your position and not debating the boundary is key to clearly getting your message across.

Initially, the boundaries you set may hurt your relationship. But not setting it and continuing in a way you are not comfortable with can also hurt your relationship as resentment and frustrations build up. In this example, you have helped with finances in the past, it is reasonable to expect a request for financial help after having the boundaries conversation. If you get a request for money in the future, it would be important to gently remind your loved one of your earlier boundary conversation and what you can help them with (ex: groceries). It will take time for someone to adjust to the new boundary.

First Published in Family Connections: Top Ten Services

Further Reading: [How to Set Boundaries When You've Never Been Taught How](#)

What if your family's cultural values don't embrace the concept of boundaries?

https://greatergood.berkeley.edu/article/item/how_to_set_boundaries_when_youve_never_been_taught_how

Staying Connected: Communicating with the Care Team in Inpatient Care

By Melanie Griffiths

When a loved one is in hospital for mental health care, families are important partners in the circle of care. Clear, respectful communication with the team can support recovery and help everyone work toward the best possible outcome.

Vancouver Coastal Health's Family Involvement Policy recognizes families as valuable partners and encourages

collaboration whenever possible:

<https://shop.healthcarebc.ca/PHCVCHPolicies/BD-00-11-40005.pdf>

How to connect with the care team

- **Start at the unit:** Staff don't provide direct emails or phone numbers. Call the unit and ask to speak with the nurse on duty, who may answer your question or arrange for the psychiatrist, social worker, or another team member to call you back. You can also ask at the nursing station in person.
- **A one-page summary can help:** A short, written overview (history, current concerns, triggers, what helps, key supports) can help staff understand important details quickly.
- **Prepare key questions or points in a format that works for you:** Some families find it helpful to talk things through, make notes, use a phone note or voice memo, or bring a support person to conversations with staff.
- **Ask about key topics:** Ask about medications (purpose, benefits, side effects), treatment goals, and what to expect with discharge planning. You can also ask to attend a family discharge planning meeting or case conference when available.
- **Track what feels important to you:** This might include names, updates, or next steps—captured in notes, on your phone, or with help from a support person.

Privacy & information-sharing (what to expect)

- You can always share information with staff (often called collateral), even if staff can't share details back.
- Staff can share general information about the unit, the care process, and may offer psychoeducation and resources to support families.
- Sharing specific details usually requires patient consent (for example, medication changes or discharge plans). Some patients may consent to sharing certain information but not others.

If you don't hear back

- Leave a message with your name, your loved one's name, your relationship, and your availability.
- If you don't get a response, follow up and/or ask to speak with the unit manager or the social worker.



Curious about diagnoses or medications? See the [Patient Education Catalogue](#) to find health education information in many languages and links to reliable health information on external websites.

Remember: You are an essential part of your loved one's care team. Your insights, questions, and support matter.

Raising concerns or giving feedback

If you have concerns, start by speaking with the care team. You can also contact the **Patient Care Quality Office (PCQO)**. PCQO is an accessible point of contact for **compliments, concerns/complaints, and help navigating VCH services**, and they work with you to seek a reasonable resolution.

Contact: 1-877-993-9199 | pcqo@vch.ca | Monday–Friday 8:30–4:30

More info: <https://www.vch.ca/en/about-us/contact-us/compliments-and-complaints/patient-care-quality-office>



RAISING INDEPENDENCE ONE SMALL VICTORY AT A TIME

AN INTERVIEW WITH BILL BY COLLEEN STEWART

For this newsletter, I chose to interview a family member, Bill (a pseudonym), whose daughter was born blind and later developed mental health challenges that require medication. Like many families, Bill shared that his daughter, Sally, has not disclosed her mental health diagnosis to him directly and has only shared that she takes medication. Over time, Sally has also learned to advocate for herself in seeking medical care.

This article focuses primarily on Bill's approach to parenting a child born with a disability and his determination to foster independence in all aspects of his daughter's life. I wanted to share Bill's story because of his practical, strengths-based approach and the way he consistently focused on what his daughter could do, rather than on limitations. While primarily written from Bill's perspective Sally has contributed her experience, as well.

Bill and Sally's Story

Sally was born prematurely at 26 weeks and spent time in an incubator. It was shortly after her birth that Bill learned she was blind, following an eye exam at Children's Hospital. It was not until she was between a year and a half and two years old that she was able to see anything at all—such as shadows—and glasses did not improve her vision. When I asked Bill whether Sally's diagnosis of blindness changed how he raised her, he said it did not. As his first child, he had no point of comparison.

As part of Sally's early development, Bill learned how to accommodate her needs in an insightful manner, recognizing when she needed a challenge. For example, because Sally could not see her bottle, he deliberately positioned the nipple differently each time, allowing her to learn how to find it on her own. He recognized that her abilities would not grow if he made things too predictable or easy.

In another example, Bill placed bells on Sally's hands and ankles so she could discover and play with her feet—something a sighted baby might do instinctively because they could see them. As Sally grew up, Bill approached new learning experiences as adventures rather than deficits. As a teenager, for instance, he took her to the SkyTrain so she could learn how to navigate escalators and board trains independently. Through the Canadian National Institute for the Blind (CNIB), Sally was also introduced to another blind teenager who shared her experiences of growing up without sight.

Throughout her upbringing, Bill focused on empowering Sally toward greater independence, which helped build her confidence over time. He emphasized that her confidence grew through small victories. For example, when Sally started school, she was able to find her classroom on her own. Bill also enrolled her in therapeutic horseback riding; although riding the horse proved overwhelming, Sally found success in learning how to groom one of the horse's legs instead.

...CONTINUED ON NEXT PAGE

Continued: Raising Independence, One Small Victory at a Time

Sally also demonstrated strong academic abilities. Late in one school year, she enrolled in French immersion and, within that same year, caught up with students who had been in early French immersion from the start. After taking a math aptitude test, she was placed in an advanced math class. As an adult, and with the support of her mother, Sally moved to Alberta, where she has lived independently for several years. She trained as a legal assistant and now works in that role for an organization.

One aspect of Sally's story is the way blindness itself was part of her "normal," rather than an obstacle. Growing up with visual impairment, she learned early on that her blindness did not define what she could or could not do.

Sally's Perspective**Growing Up Without Lowered Expectations**

Supported by her parents and strong educational resources, she participated fully in everyday childhood experiences—riding bikes, swimming with friends, baking with her mother, and helping in her father's workshop. Sally states, "The phrase 'you can do anything you set your mind to' was something I don't remember ever being spoken aloud in my home growing up, but the spirit was there." There was no family mantra about overcoming adversity, but the deeper message was clear: lowered expectations were unnecessary. Sally reflects that, while blindness itself was not the source of later mental health struggles, the way others responded to her often was. Moments of exclusion—being told she could not help, could not try, or might get hurt simply because she could not see—left lasting impressions. What mattered most in those moments was that her parents did not absorb or reinforce those assumptions. Instead, they affirmed her capability and let her keep learning, reinforcing a belief that independence grows when people are trusted to discover what they can do for themselves.

**Advice for Other Parents**

When asked what advice he would offer other parents, Bill said it is important to "play the hand you're dealt" and to recognize that a child's personality plays a role in how they respond to life's circumstances. He reflected that if Sally had been more recalcitrant, supporting her independence may have been more difficult. Early on, Bill made a conscious decision never to treat his daughter as a victim:

"If we treat her like a victim, she will act like a victim—and this is not a good way to get through life. Don't create problems that aren't there."

Bill's approach to parenting also offers valuable insight for families supporting loved ones who experience mental health and/or substance use challenges. His focus on strengths, respect for autonomy, and belief in growth through small, achievable steps mirrors what many families strive for in these circumstances. Fostering independence in this manner is only limited by imminent safety concerns! Rather than trying to fix or control outcomes, Bill emphasized walking alongside his daughter, trusting her capacity to learn, and allowing her to define what independence looked like for her. For families navigating mental health or substance use challenges, this perspective serves as a reminder that progress may be built through patience, encouragement, and recognizing everyday successes—while honouring each person's right to move at their own pace.

The LEAP Method Overview

Adapted by Katie Cribb from Becky Hynes original work

Families often find Dr. Xavier Amador’s LEAP (Listen, Empathize, Agree, Partner) Communication Method to be helpful as it focuses on helping a loved one open up to talking about treatment and goals. Dr. Amador’s method describes an approach to achieve a positive relationship. He developed this method through his work as a psychologist and as a support person to his brother who has schizophrenia.

Listen



“To do it right, you have to drop your own agenda. Your only goals are to understand what your loved one is saying and to convey that understanding”

The Seven Guidelines for Reflective Listening:

1. Make it safe
2. Know your fears
3. Stop pushing your agenda
4. Let it be
5. Respect what you’ve heard
6. Find Workable Problems
7. Write the Headlines

The Delay Tool

Delay giving your opinion about controversial topics to preserve alliance. Honour the question, promise to answer, ask if it can wait until you better understand their point of view.

The 3 A’s to Giving Your Opinion
 Apologize (for hurt feelings)
 Acknowledge you could be wrong
 Agree to disagree

Empathize

empathy - identification with and understanding of another’s situation, feelings, and motives.

Convey empathy for any feelings your loved one is willing to reveal whether they are rational or irrational! Feelings that are particularly important:

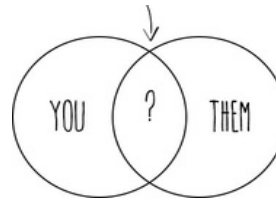
- Frustrations (pressure from others, personal goals not met)
- Fears (medication, stigma, failure)
- Discomfort (attributed to meds, gaining weight, feeling groggy, slowed down, less creative)
- Desires (to work, get married, have children, return to school)

Focus on better understanding the perspective and feelings of your loved one and building alliance.

Only give your opinion when it has been asked for AND...

Delay or avoid the “do you agree with me?” question.

Agree



Look for opportunities for agreement AND when trust is established and your loved one is open to hearing your point of view...

1. Normalize their experience
2. Discuss only perceived problems/symptoms, using their language
3. Review perceived advantages and disadvantages of treatment (whether rational or irrational) and WRITE THEM DOWN
4. Correct misconceptions (but not delusions)
5. Reflect back and highlight the perceived benefits
6. Agree to disagree wherever areas of disagreement are brought to the surface (using the 3 A’s)

Remember: always ask questions when you want to make a point

Encourage the “Scientist” approach (keeping an open mind and observing) to exploring advantages/disadvantages to treatment

Partner



What does your loved one want? What can you both agree on?

Try to agree on goals that are obviously reachable, but don’t limit yourself to those.

Once a treatment plan is agreed upon, watch out for non/partial follow through and discuss!

- Listen
- Empathize
- Agree
- Partner

Encourage the “Scientist” approach

Remember: coming to terms with one’s need for treatment is a process that takes time and involves learning and transformation

The best way to learn more about the LEAP method is by reading Dr. Amador’s book “I’m Not Sick I Don’t Need Help”.

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.

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 component. Family and supporters are free to attend on a regular basis or drop in as needed.

Tidbits from the Family Connections Support Group

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

LOCAL & CANADIAN RESOURCES:

The Plan Institute has free upcoming Webinars on the Disability Tax Credit. They also have webinars on the Registered Disability Saving Plan, and Wills, Trusts, and Estate planning. Direct Link: [Webinars & Training - Plan Institute](#)
Website: Planinstitute.ca

If you or someone you love struggles with gambling, **Gambling Support BC** has free support services available to all BC residents, including short-term counselling services.

Direct link: [Home | Gambling Support BC](#)
Website: Gamblingsupportbc.ca

To learn practical skills and approaches to support someone with emotional dysregulation, **Sashbear** has a free family support program.

Direct Link: [Family Connections Program - The Sashbear Foundation](#)
Website: Sashbear.org



WE MEET ONLINE ON THE FOLLOWING DAYS & TIMES:

DATE: Every first Thursday and third Monday of the month (We do not meet on STAT holidays)

TIME: 6:00 – 8:00 p.m.

PLACE: In the comfort of your own home over video call (Zoom)

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!

Our email is:
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: parentsforever@lookoutsociety.ca

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

Borderline Talks – for individuals living with Borderline Personality Disorder (BPD) or Traits, and their loved ones. Zoom group every Sunday at 4pm. Check 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: 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 or 604-761-3723 for details.

Al Anon Family Groups – Support groups for family and friends of someone with an alcohol use disorder. Local meeting locations can be found here: <https://al-anon.org/al-anon-meetings/find-an-al-anon-meeting/>

