

visions

**Staying well in a
state of emergency**

**Living with
anxiety during a
global pandemic**

COVID-19



visions

Published quarterly, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental health or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and substance use issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Substance Use Information and funded by BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority.

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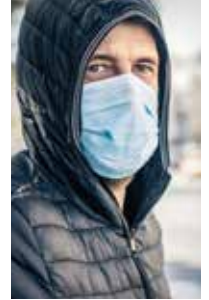


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letters to the editor

I am a newcomer to Visions magazine and there is much in the latest issue on Rural Communities that gives me food for thought. Michael's contribution, "Going Mental in a Small Town," was especially poignant for me. His words brought tears to my eyes. The mental health and addiction resources in rural/remote areas are indeed very fragmented, which has become painfully obvious during COVID-19. I would like to commend Michael on his bravery and thank him and the other authors for sharing their journeys with us.

We need to do a much better job in recognizing early on when people are struggling. Like Michael said, "when you get to the point where you're so low that you call someone for help, you need help now, not a month from now." The resources should be available close to home. The shortcomings of our health care system are so obvious; however, so are the solutions! We have to do better. Wishing everyone strength to get through these difficult times.

—Nienke Klaver, Princeton

The recent Visions was very relevant but missed one reality. COVID-19 knows no borders, and unfortunately, neither does substance use. Our community, like others, is seeing a rise in substance use which creates a cascade effect of other social issues in people's lives. Loss of housing can be a direct impact of substance use issues. As more people lose housing we are seeing an increased need for temporary and transitional shelters. I know first hand that our shelter here in Williams Lake has cut their occupancy in half in order to follow COVID-19 social distancing policies. This, in turn, creates increased homelessness in our community. This vulnerable population is being left out in the cold. Are we all, still, in this together?

—Leah Martin, Williams Lake

editor's message

The pandemic has changed all our lives in a million ways. Many of us have seen new freedoms and possibilities, lost livelihoods or loved ones, been inconvenienced or devastated—sometimes all simultaneously. We have upended routines, learned new skills, lost income, risked safety. We have been stressed, anxious, uncertain, exhausted, resilient, probably over-technologized and underconnected. Connection is central to wellness; it nurtures us. We are struggling to meaningfully relate in new ways. We are living through two major public health crises—COVID-19 and the opioid crisis—and mental health and substance use are central to both. People are living it and seeing it, seeing that mental health is so much more than mental illness, that substance use changes in times of stress, that people with power and privilege are (surprise) doing better. I'm grateful to have retained work, home and health. I'm grateful I could have a funeral for my father in March and that he's no longer in long-term care. I'm grateful I could support my 9-year-old through her first panic attack. But I hate that my widowed, technology-shy mother lives alone, that I haven't been able to hug her for nine months. So many different feelings and stresses. I know I'm not alone. Our Visions contributors confirm it.

Changes—You'll notice several changes from this issue forward as we build on Visions' strengths and implement reader recommendations. The design has been updated to better align it with the HeretoHelp website it lives on. We are adding more graphics to the paper and digital versions over time. We realize that the popular Experiences section was too narrow; in the renamed sections, we are striving to make all articles more personal, experiential and solution-oriented. You'll notice that now a couple of articles look ahead to the next theme of Visions, themes that allow us to be more relevant and responsive.

Goodbye—Another change: This is my last issue as Visions' Editor. I've been involved in some way with Visions Journal for two decades, the past 13 as its Editor-in-Chief. I pass the baton now to Kamal Arora: Leader, Health Promotion and Education at CMHA BC. She's worked alongside me for several months now and has seen the power of Visions' diverse perspectives. She will shine as the new Editor. I'm so proud to have been part of the team that has brought around 1000 amazing mental health and substance use stories to British Columbians. Thank you for the privilege. Please stay in touch and help us share thousands more. ▾

Sarah Hamid-Balma

Sarah is Visions Editor and Director of Mental Health Promotion at the Canadian Mental Health Association's BC Division

Staying Well in a State of Emergency

COPING AND ADAPTING TO THE COVID-19 PANDEMIC

RIVER CHANDLER, MA

On March 17, 2020, BC's Provincial Health Officer declared a public health emergency in BC. The next day, Premier John Horgan declared a State of Emergency with the goal of slowing the spread of COVID-19.



River is Director, COVID-19 Response, with the BC Office of the Provincial Health Officer, where she leads work to identify, monitor and report on the unintended consequences of the public health response to COVID-19. River's public health policy experience spans mental health, substance use and gambling. Previously a community-based social worker with a focus on children and families, River is also Artistic Director of TheatreWorks, using arts-based approaches for community and school engagement, dialogue and education

Photo credit: evrim ertik at ©iStockphoto.com

Schools, businesses, arts and culture venues, workplaces and social services organizations closed their doors or reduced their hours and capacity. Many people lost their jobs, travel restrictions were imposed and visits to our loved ones in long-term care were cancelled. We were also asked to maintain physical distance from people outside our immediate household.

Thoughtful leadership and widespread public cooperation with public health orders “flattened the curve” over the late spring and early summer—that is, slowed the rate of viral spread—in phases 1 and 2 of BC's Restart Plan. Starting at the

end of June, BC moved into phase 3, with travel within the province encouraged, along with planning for and restarting in-person education for kindergarten through Grade 12.

The pandemic and the public health response have been stressful for many of us. Fear and worry about our own health and the health of our loved ones, loss of the support services we count on and a change in our financial situation have been difficult. While public health measures are needed to control the spread of the disease, these actions can leave us feeling isolated and lonely and can impact our sense of well-being.

There is increased awareness and focus on addressing systemic racism, insufficient mental health supports, gender-based violence and other issues that have significant impacts on the physical and mental well-being of individuals and communities.



The effects of the orders are experienced unequally across different groups of people. For some of us, the social and economic impacts are inconvenient. For our most vulnerable citizens, they can be a matter of life and death. People living in poverty and experiencing homelessness, people living with existing mental health and substance use challenges, people living with disabilities and struggling to access necessary care, and adults and children at risk of gender-based violence have experienced additional and serious unintended consequences as a result of measures taken to reduce the transmission of COVID-19.

COVID-19 in the context of other public health emergencies

In BC, the COVID-19 pandemic has compounded the existing opioid overdose emergency. The growing toxicity and unpredictability of street drugs as a result of disruptions to the drug supply chain since late March 2020 is the primary cause of overdoses and deaths. Before COVID-19, people who used substances could reduce the risk of harms by accessing nearby services and social networks. The introduction of COVID-19 response measures has impacted service delivery and disrupted the settings and context of drug use, which has contributed

in part to an increase in overdoses. People experience reduced access to overdose prevention, supervised consumption and community drug checking services and, due to physical distancing measures, reduced ability to use the “buddy system” intended to reduce using and overdosing alone. Social and economic situations were compromised, which created additional mental distress and increased substance use due to decreased employment, income and housing security, and increased social isolation.

The BC Coroners Service reported 170, 175 and 176 illicit drug deaths from May to July 2020, respectively, the highest counts of monthly overdose deaths since the opioid emergency was declared. While August and September numbers of overdose deaths were lower at 150 and 127, they still reflect an increase of 110% over September 2019.¹ Risks are made worse by poverty, homelessness, unstable housing and the stigma experienced by people who use illegal drugs.

Recent media reports of police violence and reported increases in racism and hate speech in Canada and the US, along with long-standing existing racism experienced by Canada’s Indigenous peoples, show

us that racism is a third, unofficial, public health emergency. Incidents of racial tension and increased media reporting on the issue—during the already dire circumstances of a global pandemic—has been met with global Black Lives Matter public protests against systemic racism.

First Nations people have a history of suffering adverse impacts of pandemics. As a result of the historical, intergenerational and contemporary trauma that many First Nations people live with, the pandemic can be a trigger for increased mental distress, worry, irritability and other negative impacts. The continued impacts of colonialism and systemic discrimination and racism are also reflected in the disproportionate impacts of the overdose public health emergency on Indigenous peoples in BC. From January to May 2020, 16% of all overdose deaths were of First Nations people. First Nations represent only 3.3% of the province’s population.²

In the past several months, instances of intolerance, stigmatization and acts of violence towards Asian people and communities have taken place. While Asian communities have experienced racism in the context of health crises before (for example, during the SARS epidemic), targeted anti-Asian racism and discriminatory acts have increased in frequency and intensity throughout Asian communities in BC and across Canada during COVID-19.³⁻⁷

These trends are worrying. I am concerned about the intersecting effects of racism, sexism and gender-based violence in the context of the dual public health emergencies in BC. I am concerned about the long-term

impacts of the spring suspension of in-class learning on children and youth; as a grandparent, I witnessed firsthand the social and educational impact. I am concerned about the long-term impacts of the public health emergencies on our economy and, despite positive job growth in BC and Canada beginning in June,⁸ the widespread job loss experienced across the province, particularly by women and young people.^{9,10}

I am concerned about our ongoing willingness to observe physical distancing advice. I see in my own family the weariness that comes with following stringent public-health directives over the long term; we have all lost time with loved ones, and we have all curtailed or avoided activities that bring us pleasure and joy. I am also concerned about the failure of US federal leadership to listen to experts and to develop a cohesive approach to reducing the number of COVID-19 cases and deaths, and what this might mean for our health and our economic recovery here in Canada.

Drawing on our strengths as we move forward

Despite these concerns, I am hopeful. We have strong public health and political leadership in our province and country. There is increased awareness and focus on addressing systemic racism, insufficient mental health supports, gender-based violence and other issues that have significant impacts on the physical and mental well-being of individuals and communities. We have made thoughtful and creative adaptations to service delivery across the province. Overall, there is a continued willingness on the part of British Columbians to do what it takes.

A number of resources have been created or expanded to support our health care systems, including the publication of extensive, easily accessible information about COVID-19, provision of increased mental health supports, adaptation of service delivery and other innovative initiatives. One of these initiatives includes the March 2020 release of the BC Centre on Substance Use's prescribing guidelines, intended to reduce risks for people who use drugs, while supporting them to maintain physical distancing and self-isolation,¹¹ while the more recent public health order authorizing nurses to prescribe pharmaceutical alternatives to the poisoned drug supply will help save lives and provide opportunities for care, treatment and support.

Extensive planning, additional funding, enhanced safety measures and new resources have enabled a safe return to school for BC's K-12 students, supporting their emotional and mental well-being and ability to socialize and learn, ensuring that children needing additional resources receive supports and enabling parents to return to work. These innovations illustrate how flexibility and adaptability will enable us to safeguard the health and well-being of all people in BC, while ensuring that those of us who are most vulnerable receive the supports, care and protection we need. ▽

statistics

In a Statistics Canada survey that collected data between April 24, 2020, and May 11, 2020, over half of respondents (53%) in BC age 15 and older reported experiencing somewhat or much worse mental health following the implementation of COVID-19 measures (45% reported "somewhat worse" and 9% reported "much worse").¹²

According to an Angus Reid report released in September 2020, three-quarters of the Canadian population reports that their mental health is good (54%), or great (15%). However, more than one-third of people under the age of 35 say they are struggling; two in five women aged 35 to 54—those most likely to be caring for children or other family members—say that their mental health is bad (34%) or terrible (4%).¹³

Coping with COVID-19

EXAMINING HOW THE PANDEMIC AFFECTS MENTAL HEALTH AND WELL-BEING

TALIA MORSTEAD

The COVID-19 pandemic has disrupted lives across the globe on a massive scale. As scientists and medical practitioners work tirelessly to understand and combat the physiological impact of the virus, it is important to also consider the psychological and social impacts of the pandemic.

Talia is a student and project manager in the Psychology Department at the University of British Columbia. She is currently working under the supervision of Dr. Anita DeLongis and Dr. Nancy Sin, doing research on stress and coping responses in the context of the COVID-19 pandemic



Ramifications ranging from the financial stress of being laid off from work to the emotional turmoil resulting from reduced social contact will likely have far-reaching implications for mental health. For some, the effects of the pandemic on their mental well-being will persist long after the imminent threat of the virus subsides.

The sheer scope of the psychological and social disruptions associated with the COVID-19 pandemic makes it difficult to forecast future mental health implications. But looking to past infectious disease outbreaks and other historical events that have generated stress on a widescale population level can provide us with insights into what the coming months and years may bring.

Historical insights on present-day problems

Past infectious disease outbreaks give us evidence of the mental health impact of epidemics and pandemics. For example, heightened anxiety and symptoms of depression were commonly reported during the outbreaks of SARS, Ebola and H1N1.¹ In some cases, these symptoms were prolonged and lasted long after the epidemic had resolved.^{2,3}

Given the large scale of the COVID-19 pandemic, however, research on these relatively smaller outbreaks may not give us the full picture. It may also be worthwhile to look to other types of past events that have generated mass psychological trauma. For example, some researchers have put forward the

9/11 terrorist attacks as a reasonable comparison for the purpose of considering potential mental health implications in those affected directly and indirectly by COVID-19.⁴ Others have drawn parallels between the COVID-19 pandemic and recent natural disasters in order to illustrate how the mental health fallout generated by COVID-19 might persist long after the pandemic has passed.⁵

The common denominator of the current pandemic and the comparison cases is that each scenario generated (or continues to generate) an immense amount of stress that affects the lives of many. In each case, the stress generated can, for some individuals, contribute to the emergence or worsening of mental health challenges.⁶

The multifaceted psychological impact of a global pandemic

From the outset of the COVID-19 pandemic, mental health professionals have been aware of the diverse ways that the virus and the scale of the global response could have a significant psychological impact.¹ The novel, uncontrollable and unpredictable nature of the pandemic and the threat posed by the virus to our sense of safety can contribute to heightened stress and worsening mental health.⁷ Experiences of discrimination, inequality, resource scarcity, economic instability, social isolation and relationship difficulties have also been pointed to as factors that could negatively impact mental health during the pandemic and in the long term.⁸

Many of these concerns have been noted in recent research on the impact of the pandemic as it unfolds. In multiple studies, heightened levels

of anxiety and depressive symptoms have already been reported.⁹ Symptoms of post-traumatic stress disorder have also been found in some communities.¹⁰ In many cases, the heightened distress is associated with factors such as economic instability, social isolation and work disruption.⁹ Studies have also found that, despite the increased risk of the virus to the health of older individuals, younger people appear to be faring more poorly in terms of mental health, potentially due to the types of stressors they encounter or the ways in which they are coping with them.¹⁰⁻¹² What remains to be seen, however, is how the mental health impacts of the virus will play out over time and how features unique to the COVID-19 pandemic will play a role.

As the pandemic continues, researchers across the globe are working to answer questions about how individuals' mental health is being impacted in real time. One of the tools we use to do this is the longitudinal study, in which we follow up with the same individuals repeatedly throughout the course of the pandemic. In the lab where I work at the University of British Columbia, we are studying how individuals are coping with various stressors during the pandemic. We hope to provide insight into how these stressors are contributing to specific coping practices, and the impact of these stressors and coping responses on mental health over time.

Numerous studies have reported that psychological distress is, on average, higher than it was before the pandemic.¹³ In our research, factors such as social isolation, financial insecurity and resource scarcity are

described by study participants as sources of stress during the pandemic, and those experiencing these stressors are at higher risk of psychological distress.¹⁴ This type of research is extremely valuable as it helps us understand the unique factors that contribute to mental health during the pandemic and provides insight into specific targets for intervention.

The value of empathy and resilience

Despite the current extraordinary circumstances, it is important to remind ourselves of the remarkable resilience repeatedly demonstrated by individuals and communities in the face of disaster. While individual factors such as personality can contribute to resilience outcomes, so, too, can family and community-level factors such as communication and cohesion.¹⁵ It is crucial to continue to examine the long-term impacts of the pandemic to see how individuals and communities evolve and adapt over time.¹⁵

In the context of COVID-19, many of the stressors we face seem overwhelming and are largely beyond our control. One area where we can exert some control is in how we cope with the stresses we face due to the pandemic. Reminding ourselves of our resilience, and how our coping strategies can foster that resilience, is key: how we cope with stress can have a bearing on psychological outcomes and our mental well-being.

Previous work out of our lab has demonstrated that, in the context of infectious disease outbreaks, a

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Six Feet Between Us

AN ESSENTIAL-SERVICE WORKER'S PERSPECTIVE ON 65 DAYS WITHOUT A DAUGHTER'S HUGS AND KISSES

STACY MIDDLEMISS, RPN

Until recently, I was the manager of Warmland, a 24-hour homeless shelter in the Cowichan Valley on Vancouver Island. Working at Warmland has its challenges on the best of days. But March 17, 2020, is a date I'll always remember. That was the day I had to make the difficult decision to close our 15 cold-weather mats, limit the number of people inside at any one time, rethink and rebuild every process that our 30-bed, 24-apartment shelter had ever known.

Stacy is a registered psychiatric nurse who lives and works in the Cowichan Valley, where she is passionate about supporting people where they're at and enjoys seeing the benefit it has on people's health and wellness. In recovery herself, Stacy uses her innate understanding of the trials and tribulations of addiction to connect with and understand those she serves



Stacy Middlemiss

It was also one of the last times I would hug and kiss my five-year-old daughter for more than two months.

The fear and uncertainty brought on by the COVID-19 pandemic was overwhelming. Neither I nor the staff—nor anyone else—knew for certain if we were putting ourselves or our families at risk by coming to work. People we knew treated us like lepers because we work so closely with marginalized populations. After all, surely if anyone

was going to get COVID-19, it would be the homeless, right?! We now know that this kind of assumption is simplistic, but it is still common and shapes how people view those who work with marginalized populations.

By week's end, both my child's school and her daycare had also closed. I felt that the only safe option was to send my daughter to stay with my parents in a small community 15 minutes away, where we would continue to

visit six feet apart from each other for the next 65 days.

If you're a mother, you'll understand the absolute anguish that comes from being separated from the only person who's ever heard your heartbeat from the inside. As if it wasn't hard enough trying to find my way through the pandemic, I had to do it separated from my little girl.

I was constantly rattled with mom guilt, wondering if I was doing the right thing. My daughter is so insightful for her age and she understood the importance of my work. I am grateful to have parents who were not only willing and able to care for my child but kept her busy—helping her with school work and science experiments, making jam with her and teaching her how to ride her bike. At the same time, my daughter followed the six-foot rule religiously, knowing her Nan was vulnerable to “the germ.”

People judged me, though, for sure. But as a registered psychiatric nurse who chooses to work with vulnerable populations, I'm used to being misunderstood. People often questioned my choice to work for a non-profit rather than the local health authority; they wondered how I could spend my days serving people who are perceived as not wanting to help themselves. In fact, the part I loved most about my job at Warmland was that it gave me the freedom to support people exactly as they are.

But in this case, I felt another question hanging in the air: *How could I choose work over my daughter?* I had my answer ready: *I wasn't choosing work*

over my daughter. I was choosing to keep my daughter healthy and safe. I knew my daughter was well cared for and getting love—and probably more attention than I could have given her at the time, as I was so consumed with work logistics and anxieties. And I knew she was safe, while I did the work that I knew no one else would do if I didn't do it.

I was put on earth to do the work I do, that much I know for certain. Each day is different and unpredictable. Some days we celebrate milestones, big and small. Some days are filled with profound sadness, grieving the loss of a client we had come to know as family. I spend a considerable amount of time ensuring that people's basic needs are being met in the most respectful and dignified way possible. Some days, I make the call to clean and bandage someone up myself rather than call for an ambulance, knowing that our clients aren't always given the most compassion by paramedics or hospital staff.

COVID-19 as made the current opioid crisis even worse. Even during the pandemic, I have risked my life more than once to breathe air into a person's lungs. At the end of every single day, I am thankful for the opportunity that each day brings. I love my work and the people I serve, every single one of them!

It's easy to see the undesirable parts of my work, especially if you're looking at Warmland or other shelters (and the marginalized populations they serve) from a distance. I hear from others, almost daily, “I could never do your job.” But that tells me they only see the negative aspects of my work. They don't get to see the genuine care and compassion that my clients hold for me. My clients are the first to recognize when I'm showing signs of stress, the first ones to notice if I change my hair or wear a new item of clothing. They compliment me often on the work I'm doing, and they know the difficulty that comes with having to make hard decisions. Outsiders view the people I serve as criminals, mentally unstable and dangerous, but I see them as human beings. Everyone has a story, and I am interested in that story. That perspective has always served me well.

Under my management, Warmland was always a place for people to spend their days as they wished, a place that enables people to be who they are without facing judgement. But in March 2020, we had to change how we functioned. The shelter was no longer open during the day, except to people who need to briefly use the facilities. People were moved out into the world to spend their days on benches and sidewalks, moved along from place to place by the city authorities or the police. Many are scared and anxious,

I felt another question hanging in the air: How could I choose work over my daughter? I had my answer ready: I wasn't choosing work over my daughter. I was choosing to keep my daughter healthy and safe. ”

and some are mentally unable to comprehend what is happening in the world right now. People are feeling deserted, abandoned and alone. My heart goes out to the people who have no option other than to hope that someone will figure out a plan for them during this pandemic.

Support for health care workers in my community has been astounding, and rightly so. Yet I know that many Warmland and other shelter staff, who are frontline workers, don't feel that they fit into the same category. As a nurse who has worked in various health care facilities, I can tell you that the work done at shelters is just as important as the work done by other health care workers, and in many cases, shelter staff face greater challenges. Many staff members don't have extensive training in this line of work or in health care generally, but they have heart, compassion and dedication. No amount of training can provide those traits and those skills.

I was extremely grateful for my Warmland staff, and I was proud to see how they stepped up to the challenge of providing care in the circumstances, not just by showing up for work but by supporting our clients with love and compassion. Each person on the team brought something special to the shelter; together, they made the place great. So, as we move through the coming days, weeks and months, I ask that you take the time to consider all the frontline staff and essential service workers who dedicate time and skill to their work in shelters and other non-profits that serve marginalized populations in the Cowichan Valley and beyond. They are all heroes.

I am no longer at Warmland Shelter. I am now working with the same vulnerable population out in the community as well as on the psychiatric unit in the local hospital. But my experiences at Warmland and the work of my dedicated colleagues continue to inspire me daily.

After 65 days, I made the decision to bring my daughter home when I noticed she was trying to touch me quickly during our visits. I knew she needed me to be closer. The daycare had decided to reopen in the coming weeks, so the decision seemed like the right one.

Along with many other children in BC, my daughter went back to school in September, and I am trying to have faith in the system. We do our part to stay home when we have a cold, wash our hands and wear masks. We have reduced the number of public places we go, for sure. She is thriving in spite of "the germ," which shows me just how resilient children really are when they are given the love and support they need.

The day we picked her up, she ran to my husband and me and we had a big group hug that none of us wanted to end. I remember the smell of her hair distinctly, and I knew in that moment how much I had missed everything about her. Having her live with my parents was the right decision for her and our family at the time, but I hope we never have to make such a decision again. ▽

COPING WITH COVID-19— CONTINUED FROM PAGE 9

particularly effective form of coping is to consider others' perspectives and offer support. During the SARS and H1N1 outbreaks, those who used this coping mechanism, called empathic responding, were more likely to take the precautions recommended by the public health authorities.^{16, 17} In other settings, empathic responding has been identified as a coping strategy that can promote relationship functioning¹⁸ and benefit both the provider and recipient of the empathic response.¹⁹

When we focus on our resilience and practise our positive coping strategies, we may be better equipped to follow the guidance of Provincial Health Officer Dr. Bonnie Henry to be kind, be calm and be safe for the benefit of others as well as ourselves. Given that how we cope with stress affects our physical and psychological health, our capacity to control our response to stressors in the context of the COVID-19 pandemic may reduce negative mental health impacts over time. ▽

call for volunteers

If you are interested in becoming involved in our research, or would like to learn more about our findings, go to delongis.psych.ubc.ca/covid-19-study/ or contact us at adlab@psych.ubc.ca.

What to Expect While Parenting in a Pandemic

LORI RAIBLE

In 2002, I began my parenting journey with the popular book *What to Expect When You're Expecting* displayed prominently on my nightstand. As the years have gone on, I have read hundreds of articles, sifting through chapters on toddler nutrition, op-eds on age-appropriate bedtimes and research on emotions during the adolescent years.



Lori is mom to three boys, ages 18, 15 and 12. She lives, works and plays on the unceded traditional territories of the Syilx People of the Okanagan First Nation. As a FamilySmart Parent in Residence, she supports parents and caregivers with children who are struggling with their mental health

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In all that reading, I have never seen a blog on how to parent during a pandemic. In fact, none of the COVID-19 “new normal” ever even crossed my mind before March 2020, when we were told to “stay home and save lives.” One minute I was packing for a family trip, and the next moment I was at the grocer’s, looking at empty shelves and wondering if I would ever find toilet paper again.

Many families, like mine, have had difficult years before. For example, my eldest son has struggled with anxiety and depression throughout his child-

hood. But dealing with this challenge during the pandemic is different. In the past, we were supported by compassionate counsellors, caring school staff and family nearby. This is the first time I have had to develop a care plan in isolation. In other years when my child was struggling, I could invite one of his friends to come over and play and I could ask a grandparent to offer me some reprieve. We would sit and have coffee and watch the kids play on the carpet. That change of scene would carry my son and me through to the end of the week. Today, our family tackles challenges like this day in and day out,

We were embedded in the surrounding community. Now, we don't have that sense of community connection. And although I crave that contact, by the end of the day I lack the energy to pick up the phone and call a friend.



on our own, without a clear understanding of when all of this will end.

Although mental health issues have received more attention during the pandemic, the topic is still not widely discussed. In my work as a FamilySmart Parent in Residence, I have spoken to many families who are facing mental health challenges for the very first time. The pandemic places them on even shakier ground, as resources and services that might normally be offered are harder to access or simply not available. For many of these families, anxiety now occupies much of their days.

When we become parents, we are encouraged by health care practitioners to monitor our children's height and weight, but we aren't usually told to check their mental health. And because talking about mental health still carries stigma, it is often difficult to bring up the topic in conversation. As parents of a child who struggles with mental health issues, we found that most people around us were simply not aware of the challenges we faced. Over the years, we have gained the skills we needed to carry us through darker times and help create healthy boundaries and routines. I now find myself clinging to those tools to help me cope with daily stresses and protect the mental health of all three of my children.

I know there are many families who, like us, have battled ups and downs through the years. I thought it would be helpful here to share some of my feelings and experiences and the tools I have used to cope with them.

I have felt anxiety. *How long will the pandemic last? What will school look like? It seems that every outing requires discernment: Who are you going with? What is the plan? Can you please wear a mask?* Many families I support are single-parent families, and for these parents, all the answers and the planning rest solely on their shoulders. When my children were small, their questions were correspondingly light: *Why do crickets make that sound? Can I have more crackers?* Now the questions are heavy, and I am often without answers. When I feel a wave of anxiety, I have found it helpful to examine what little aspects I can control, and make changes that help calm me, and then consciously let go of the things I cannot control.

I have felt loneliness. Before the public health emergency, our family was non-stop, from school activities to sports and back again. Dinner in the car and on to the next activity. While we were busy, we were embedded in the surrounding community. Now, we don't have that sense of community connection. And although I crave that

contact, by the end of the day I lack the energy to pick up the phone and call a friend. I often wonder if our friends are feeling that way, too. Now, I focus on valuing each time I do visit a friend or receive a text. Each interaction has taken on new meaning. My children, too, are so appreciative every time they get to see a friend in the park.

I have felt disappointment. My son has worked through significant mental health challenges to reach high-school graduation and all the celebrations that go with it. I mourn that he will never experience that rite of passage in the way that he—and I—wanted him to be able to experience it. In this case, we were able to talk together and name our feelings. We both allowed ourselves the time to work through them and supported each other.

I have felt exhaustion. Like many families, we have continued working during the pandemic. It has been hard to gather the energy to be productive and positive. But I know that others have experienced exhaustion in a different way. Others have spent evenings at the kitchen table trying to manage how to pay their bills while receiving the Canada Emergency Response Benefit (CERB). The pandemic has further highlighted the income disparity in our country. Mental health care is not covered in our Medical Services Plan. Many of the parents I work with are asking themselves how they can look after their own mental health when they can't even afford to continue paying for counselling for their own children. When I feel this way, I have found it is very important to be protective of my time; I have learned to say "no," without feeling guilt and without judging myself.

I have felt overwhelmed. I have had to learn new skills in order to facilitate home learning. My work days now include technology battles for WiFi signals and scheduling of classroom Zoom calls. *Have you responded to your teacher? Have you handed in that science project? How many hours have you been on your screen? Can you please try to get out of bed and shower? What have you eaten today?* I feel a sense of urgency trying to keep the kids in a routine of healthy habits to ensure that they, too, don't slip into this abyss of feeling overwhelmed. As a family, we have found it helps to get more sleep each night and to begin our morning with a little bit of movement or activity.

I have felt grief. I lost my aunt to COVID-19. We haven't been able to hug Grandma in months. For some of the families I've worked with, the pandemic has been more than they could bear: some individuals have died by illness, suicide or accidental overdose. Family members and loved ones left behind have had to mourn largely alone, without the ceremonies that, in the past, have played such a powerful role in helping us through our grief. In my role as a FamilySmart Parent in Residence, I have found that one of the best ways to support someone is simply to listen—to let them go through their grief at their own pace.

I have felt guilt. I have awakened to the systemic racial injustice embedded in our communities. Not all of us have experienced this pandemic in the same way. *Why didn't I know? What could I have done? What can I do now? How do I begin to teach my children to see and act differently?*

I have also found that during the pandemic, perhaps even more than at other times, it is important to acknowledge and celebrate what is good in our lives.

I have felt resilience. The losses and changes of the pandemic have been difficult, but I continue to put one foot in front of the other. I am inspired by the stories of youth now working to contribute to their household income. I am in awe of my own sons learning to cook. And, after several failed attempts over the years, I have now started to exercise consistently. We are all forging new ways.

I have felt connection. My family has been able to reconnect with each other. With the calendar cleared, family dinners around the dining-room table have returned. In fact, so have breakfasts and lunches. And late-night popcorn bowls and movie nights. As a family, we have done puzzles, played board games and even started to colour.

I have felt kindness. I have made time for self-care. I have forgiven myself for not completing that to-do list. I have allowed myself to sit down and read.

I have felt hope. I am hopeful about the lessons that will come from this experience. What will the world look like when the pandemic is over? I hope that mental health and substance use will no longer be stigmatized. I hope that we will all be kinder and gentler with each other, more understanding of our differences.

Parenting in a pandemic is largely unpredictable, and much of the experience is out of our control. Our expecta-

tions—of ourselves, our children, even our daily routines—have to change. There will be some days when you can't lift yourself out of bed or bother to change out of pajamas. There will be other days when you are the sourdough queen or the pillow-fort maven. We are all parenting on unstable ground, trying to find our footing. What I do know is that my lived experience as a parent of a child with mental health challenges has given me tools that I can adapt to help me parent in this new environment. Using those tools—which make the most of my natural strengths and acknowledge my vulnerabilities—reminds me that sometimes it is okay to not be okay, and it encourages me to reach out and connect with others. ▼

Living the COVID-19 Dream

UNEXPECTED OBSERVATIONS ABOUT THE PANDEMIC FROM THE STREET

J.B.W.

I live in Nanaimo. Before COVID-19, I'd spend a lot of my time at the library. Now, the library's closed. Like most other places, there's a ghost-town feel.

J.B.W. lives in Nanaimo and has just reconnected with friends and family that he had previously lost contact with

Based on an interview with Sarah Hamid-Balma



J. B. W. | Photo credit: Niki

Nowadays I pretty much work all day. I work with the Wisteria Community Association charity. We get donations—clothing and stuff people don't need anymore. Most nights the clothing goes by van to Wesley Street [where homeless people gather in Nanaimo due to the services available there]. Wisteria has a coffee and bagged-lunch thing every night there. They started the service when COVID-19 hit and haven't missed a day.

One of the interesting things in my work is some of the clothing comes from boutique shops, so there'll be Tommy Hilfiger, Giorgio Armani or Polo shirts. I'm always thinking we must have the poshest homeless people here. They must not look homeless sometimes.

I wasn't working here before the pandemic. Niki [a volunteer at Wisteria] helped me, pointed me in the direction. I was going to Wesley Street and having coffee and talking to the people there pretty much every day. Niki was with them. She suggested I volunteer. It was just the right fit, actually what I've always wanted to do.

Most jobs never satisfied me in any way; I didn't have any connection to the work. And those jobs paid, whereas this job doesn't pay and yet I'd rather be here doing this than somewhere else getting paid. This is more fulfilling.

Along with my work I also do art. All kinds—even paint on canvas—but mostly pencil drawing for the last year

or two. I've always done some kind of art or drawing, but I never had any control over it, really; I just tried to draw. Then, during the pandemic, I had more time to focus on it. At the same time that my art improved, so did my linguistic skills and social skills and my abilities to recognize when things or ideas lacked definition.

I usually don't draw an image across a whole page; I'll draw something and when I'm done, I'll draw something else and the page will be covered in a bunch of different things, each piece a unique thought with its own meaning, like a meme. A lot of artists start with the shapes and then fill the shapes in. I just start in one place and go from there.

I share my art. People offer to buy it, but I say no; to me, art's value is not about how much money it costs. How do you value a message? I don't want to see or make a connection between money and art. So I'll just give my art away or offer to draw something for somebody.

Benefits or benefiting?

The pandemic has put a lot of things into perspective. A lot of people went after the COVID-19 money [provincial and federal benefits] simply because it was free money. I was hesitant. I watched what people would do with the money. I don't think I've seen one person who used it for any real use, wasn't just buying drugs or blowing it on whatever. I was at the shelter and there were people who had money to get out of the shelter, but that didn't even cross their mind. It kind of felt like we were in a dangerous moment, but people's choices didn't really change.

Because homeless people are treated as a different group within society, the messages given to the general population by government may not be perceived by the homeless in the same way. Financial benefits may not be seen the same way either. The needs of people who are housed are not necessarily the same needs as people who aren't housed. What we need is to be reconnected with family and to be sheltered and fed. We don't need money.

So I haven't accessed the benefit yet. I was thinking about how the money is supposed to be for people who were put out by COVID-19. If COVID-19 got in the way of living, you could access some money; it's there for that. But that's not me. This is the only time where I've actually been happiest. Not accessing that money made me understand my situation a bit more. With this whole COVID-19 thing, I've never felt better.

[Being homeless] is a different way of life. Unless you've been homeless, you wouldn't understand it. From a position of being "homeful," you have an idea of what homelessness might be like, but it's just based on your fear of being homeless.

Once you're homeless, it feels like you're taking a step backwards to get back into a home. You feel like you have to become something—become fake, create a persona, be something else. Society naturally shuns [those at the] bottom. But when you're at the bottom, you see that it's not what you've been told to shun the whole time. Homelessness just strips away everything. So people at the bottom, their problems are on the surface.

It's easier to understand them. Other people hide their problems; [their problems] usually end up being turned around and pushed out at people around them.

The people I'm around are more honest. Once your social persona falls away, then the veil has lifted. There are no masks at the bottom. You see what you were once a part of, but you've evolved beyond that. So it kind of feels like you're devolving to go back into a home—almost like you're putting a mask back on—because you're going back to being someone who looks down on people who are below you.

Self-isolation or self-insulation?

If I [moved back into a home], my ideal home would have people. A couple years ago, I lived in Victoria in a big [communal] home with 32 rooms. The rooms were pretty small and you had to share the bathrooms and everybody would share the two kitchens. It was just a lot of international students, always lots of young people—it was awesome. It was like seeing all the world's cultures under the same roof. If there's a shared vision, everything can work really well. In the house, the thing on everyone's mind was learning. Once you left the house, you were back in the land of capitalism. The house was an oasis. No hint of racism. It was the best place I lived, the best experience.

On the street, you never truly have privacy. The nature of privacy changes. The closest you'll get [to privacy or isolation] is locking yourself in a bathroom (and it's not your *own* bathroom).

Losing all privacy, in a way, is unsettling. Yet it must be healthy. After all,

we can never escape society. [When you don't ever have privacy], you start to notice you don't really *need* privacy—the desire for privacy is just a childish thing. The richer you are, the more you crave privacy. But privacy is really just the silence of everything and everyone you don't want.

Crisis? Which crisis?

In my world, COVID-19 is just the latest crisis—the loudest crisis but also the least threatening—the squeaky wheel. I've heard of only one person with a family member who tested positive for COVID-19. But I know people who have died from fentanyl in the last couple years and I know many more people who have become addicted in the past few months. I've also known people who needed Narcan [overdose prevention medicine] multiple times. With fentanyl, people are dying all the time. I don't know: maybe the drugs are worse.

Government tells us to be doing these things for COVID-19: gloves and masks and distancing. But to homeless people, it feels like nobody gives a shit [about us]. So not wearing the masks or handwashing, not acting like we're in a pandemic—that's the response. It's like being asked to dance by people who never asked us to dance before. Suddenly homeless people are supposed to care; yet we've never been cared for before.

If society has turned its back on the homeless, how much can it expect the homeless to listen to its message? Homelessness was not being solved before the pandemic; how does the government expect it to be solved now, simply by throwing money at it? With the normal resources closed or limited



Artist name: Rhonda Coughlin, Nanaimo B.C | Artist statement: Coronavirus is Real. SERIOUS, and we all know that laughter is the best medicine at least for our sanity; so I thought that I would put a comical twist on things to draw your attention to a serious matter, and now it has morphed into my own design and marketing company, so go ahead and order your very own Six Feet postcard and let us meet! yourattention.draw.n@gmail.com

in their capacity, there are fewer places for us to go.

[Most of] the problems of homeless people come down to what happened with family, with parents, with a fight that was never resolved. They spend the rest of their lives punishing themselves, doing risky things because they want somebody to care. They're trying to get attention by harming themselves. They have a gap in themselves and they need to fill that gap. When you're high on drugs, you can get away from the harmful thoughts and memories.

The import of human connection

This interview and the series of phone calls it generated are actually the first phone calls [anyone has made] directly to me in over a year. People need to reach out to each other. We have all these things that connect us, but the thing is, we also have the ability to not connect as well. It takes two to connect but it also takes two to *not* connect.

If you have people who care about you, and take the time to reconnect with you, then you end up caring

about yourself more. When someone goes out of their way to make you feel like you're not nothing, especially someone who's not in your family (like Niki was to me), with that kind of support, you can do anything.

People don't have support structures now, so they're collapsing. But any kind of support in any way is awesome. Any. Ever. When COVID-19 hit, everybody didn't want to associate [with each other] as much. But now is when you see who is going to be there when something happens. Now is a good time to reach out to people. If you need someone, realize you are half of that connection—you should be reaching out as well. It's not just about catching. It's about throwing, too. Now is the time to play ball. ▽

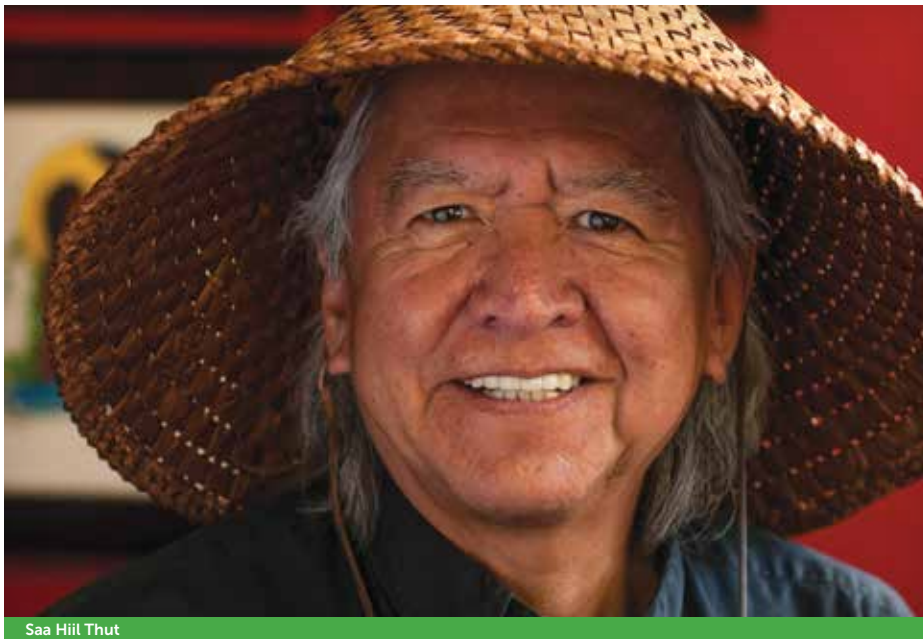
Editor's update: Since the interview, J.W.B. has reconnected with his ex-partner, young son, Daxz, and step-daughter, Willow, as well as his parents. His experiences during the pandemic have prompted him to reflect on what changes he'd like to make in his life.

S-kee-ax

“HE IS GOING CRAZY”

SAA HIIL THUT

My story, I believe, is a reflection of what life is like for an Indigenous person growing up with the ongoing impacts of the colonization experience in Canada. My name is Saa Hiil Thut, aka Gerry Oldman. I am St’át’imc, from Shalalth, BC.



Saa Hiil Thut (who is known by other names as well, such as Gerry Oleman and Gerry Oldman) is of St’át’imc descent and has been a human service worker since 1976, in addictions, abuse, family dynamics, cross-cultural education, cultural and spiritual support, traditional healing practices and guidance for mental health workers. Saa Hiil Thut hosts a podcast series called Teachings in the Air with Gerry Oldman. Gerry’s website is www.gerryoleman.com

My goal is to create understanding of the importance of cultural relevance for human service workers and to inspire those who suffer from mental health and substance use issues. It is through understanding that we can take clear, direct action to achieve health and well-being. This has become even more important in the context of the COVID-19 pandemic, when best health care practices encourage us to maintain physical distance from each other. The Indigenous peoples in this land have a long history of dealing with pandemics. Now more than ever it is important that we cultivate our ability to listen closely to each other. We must

listen to those who remember our Indigenous history – particularly as we learn how to keep each other safe and as we learn new ways and relearn old ways of communicating with each other and sharing our experiences. Those who survived historical pandemics have much to teach us when it comes to preserving our mental health during the current pandemic and maintaining our vigilance in following the best health care practices.

The first understanding is that my people were sound in mind, body and spirit before contact with European colonizers. We did not have alcohol

in our culture, so we did not have substance use issues. And we had effective ways to deal with mental health issues. Because of our philosophies and laws, and our diet and lifestyle, we lived healthy, long lives. My great-grandfather, for example, was 105 years old when he passed to the spirit world. The people at that time were taught that we were interconnected with all of life and that we all needed each other. As a result, our way of life was sustainable. Nothing was in danger of extinction before colonization.

The Six Rs that have traumatized First Nations

The title of my article, “S-kee-ax,” translates to “He is going crazy.” I grew up hearing this word used to describe someone intoxicated by alcohol. I had heard Elders describe how, when the white people drank alcohol, they would start to laugh and stagger around and fall down and act crazy. So my ancestors were curious and first tried alcohol to satisfy their curiosity. But because they had never had alcohol before, the impact was felt quickly by individuals, families and communities. When the colonizers saw the extreme impacts that alcohol had on my people, they started to use it as a colonizing tool, and giving it away to my people in order to weaken us.

My people and I became the victims of a social-colonial process that had been used successfully in many other places all over the world. The colonizer’s intention is to gain complete political and economic control over Indigenous territories. The colonizer knows how to use trauma to subjugate people. I have labeled this trauma-based plan of colo-



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It is only when we really listen to the narratives of personal experience, when we understand the history of abuse of Indigenous peoples and individuals, that we can all take positive action towards healing. ”

nization “The Six Rs That Traumatized My People.”

1. Racism

No human is born to be antagonistic or prejudiced against another human being. I have learned that all conflict is due to resources or ideology. In our case, it was both. We were not Christian, so we were “othered” by the colonizer as savage, pagan and heathen. Descriptions of us as “stupid,” “crazy,” “lazy,” and “drunken” were also used by the colonizer to make us appear inferior to the Europeans who were coming to the new lands, instilling in the settlers the idea that the Indigenous were to be feared as they were devil-worshippers; this created the view that they were loathsome and disgusting.

The territory that we occupied and used was rich in resources such as furs, gold, forests, water and farmable land. The colonizers’ appalling descriptions fuelled Indigenous-specific racism and opened the way for land theft, rape, murder and segregation in Canada.

2. Religion

I am constantly amazed and bewildered at how quickly the churches invaded all of our communities and dismantled the timeless ceremonies and rituals that had guided and bonded the clans. The trauma was imposed by the evil ministers, nuns and lay people who physically and sexually assaulted our children in our communities and the residential schools. The Truth and Reconciliation

Commission reports that, in January 2015, there were nearly 38,000 registered claims for injuries resulting from physical and sexual abuse at Canadian residential schools.¹

3. Reservations

Our Elders viewed the “Indian Reservations” to be nothing more than minimum security prisons. The reserves are situated on the least desirable plots of land; many did not have access to good water. After we were forced onto the reservations, the more desirable, resource-rich lands went to the settlers and immigrants. My people today, for the most part, live in poverty. Many in this system have become permanent wards of the state and are on welfare.

4. Residential schools

The residential school system was a breeding ground for dysfunction. It battered the children’s sense of self-worth and fostered in them the belief that, as First Nations people, they didn’t have the right to respect or fair and equal treatment. The residential school system was an evil genius in the dismantling of my people. A genius exerts a powerful influence—for good or evil, and in the instance of the residential school, it was evil indeed.

Physical and sexual abuse was part of every residential school in Canada. It was in the residential schools that we lost our identity as proud, vibrant Indigenous peoples. The mission of “taking the Indian out of the child” almost succeeded.² The federal government and the churches have been found liable when it has been determined that they knew of the ongoing abuse but did nothing to stop it.³

5. RCMP

The Royal Canadian Mounted Police (RCMP) and other police forces were used to enforce the racist laws created to oppress and control the Indigenous peoples of this land. My people continue to mistrust and fear the police because we have lived experience of beatings, shootings and other violence at the hands of police force members.

It is often said that abuse and mistreatment are dehumanizing. This is true, but the description is often misattributed. Abuse and mistreatment do not dehumanize the *victim*. Abusers dehumanize *themselves*. In my opinion, which is rooted in my lived experience, when evil, individual members of the police force dehumanize themselves by abusing others, then both the individuals and the justice system are liable. The abuse continues because there is not an effective system in place to deal with officers who overstep the boundaries.

6. Removal

According to Canadian federal law, the First Nations peoples in Canada became wards of the state when the colonizers began occupying the land. During the Sixties Scoop, transfer payments were made to the provinces by the federal government for every Indigenous child apprehended and taken away from their Indigenous family and community—in other words, “scooped.” These children were placed in foster care with non-Indigenous families or put up for adoption in non-Indigenous families. They ended up all over Canada, the US and Western Europe, losing all connection to their biological families and their Indigenous culture.

It is my belief, based on my personal and professional experience, that the 6 Rs have created what I call a trauma spectrum disorder. Someone with trauma spectrum disorder might be homeless, addicted, incarcerated, suicidal, or mentally and physically unhealthy, or they might be functional and self-supporting with mental and physical health issues, such as diabetes, addictions and a host of other preventable medical conditions.

Some exceptional individuals with trauma spectrum disorder have faced what caused them pain and suffering and have made healthy choices, worked on their personal healing and are successful in their chosen professions. But unfortunately, when someone struggles with trauma spectrum disorder, they often deal with daily triggers and suffering. Living this daily struggle creates extreme negative emotions.

In my personal and professional life, in discussions of poverty, addiction, suicide and child apprehension, I have heard individuals say, “Why can’t they get over it?” or “What’s wrong with those people?” But the appropriate question is, really, “What happened to you?” It is only when we really listen to the narratives of personal experience, when we understand the history of abuse of Indigenous peoples and individuals, that we can all take positive action towards healing.

Hi. My name is Gerry. I am a survivor of Kamloops Indian Residential School

I call myself a survivor of residential school because I am still alive. Many of my fellow students did not survive.

But even though I survived residential school, my life became hateful to me; I had no desire to live or be successful. I did not even think success was possible. I had internalized the colonial message.

My first memories are of growing up as a child in a loving family. In my family, there was no tension from fear of negative emotions or consequences, no hunger. My first experience of this kind of fear, and of hunger, was in residential school. It was there that I first felt the anger in human hands and voice. In my first week at school, I knew the shame of making a mistake: I was slapped around my ears and face in front of the class. The combination—of the angry, arrogant voices of the teachers and the physical pain and punishment—destroyed my education experience.

Living in the dormitories of residential school, I also experienced and witnessed the fear of physical and sexual abuse at the hands of the dorm supervisors. I left the residential school as damaged goods.

I took up unhealthy activities to avoid the tension in my mind and body—tension that was a direct result of my lived experience in residential school. I used alcohol and drugs, and these acts of avoidance became addictive. As a trauma victim, I was angry, afraid and depressed. The actions I took to avoid these feelings led to my being unhealthy and dysfunctional at home and in the community.

My healing journey

I had been using alcohol and drugs for 14 years when I hit rock bottom. I was deeply depressed and had recurring thoughts of suicide.

One morning, I woke up and I knew that the day had come to end my life.

My father had long ago gifted me a beautiful hunting rifle and told me I was to be the hunter for the family. I kept the hunting rifle under my bed. That morning, I got out of bed, took the hunting rifle and some shells, and started walking away from my family home, out of the community. I knew I could not kill myself within the circle of the community—I resolved to end my life outside. But as I walked past my younger brother's house, he saw me and called out and invited me into his house for coffee. I stepped through his front door and, without really knowing why, I handed him the rifle. "You are the hunter in the family, now," I said.

From that day on, I turned my life over to my culture. Thank goodness for the Elders and the Healers and

Knowledge Keepers who taught me that when I faced my emotional pain, I could say goodbye to my problems. They guided me in ceremony intended to heal my mind, body and spirit. These ceremonies—the equivalent of no-talk therapy—had been used by my people successfully for generations to deal with a range of mental, physical and spiritual issues. The Elders tell us that, as humans, we act the way we think: if we think negative thoughts, we talk and act in negative ways. The ceremonies expanded my understanding of who I was; I started to choose more positive behaviours and started to shape strong, healthy relationships.

My medicine was in the Sweat Lodge and in the smudging ceremonies, the healing circles, the chanting circles, in meditation and fasting and in being a support to others. The ceremonies



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How do we share Indigenous culture over Zoom?
How can we conduct a smudging ceremony?
How can we participate in a healing circle if
we are sitting alone in our living room?



brought me to a place of being responsible for my words and actions. The Elders' message was to free myself from anger, fear and sadness. They taught me that these emotions didn't belong to me—and I didn't belong to them. I could let them go. I was told that my healing would be complete when I forgave my abusers. When I accepted this advice, I let go of my abusers and their abuse, and I was free.

I now understand that each day that I wake up, I can make a choice to be healthy and free, I can choose how I face the day and the challenges it might bring. We can heal ourselves as a people today because all of our problems are man-made. Colonization is a product of humans, and we can heal ourselves from the negative impact of those events.

My healing journey combined Indigenous ceremony and philosophy and culturally relevant counselling with a therapist who understood the impacts of trauma from the colonization process. My message to other victims and survivors is to find a way to free yourself. My advice to therapists, counsellors and agencies is to do everything you can do to acknowledge and honour in your practice therapies that are culturally and personally relevant to the individuals you work with.

In the context of COVID-19, that advice takes on new meaning. It requires creativity—on the part of victims, survivors and counsellors—to adapt culturally and personally relevant therapies to suit our new physically distant world. How do we share Indigenous culture over Zoom? How can we conduct a smudging ceremony? How can we

meditate in front of a computer? How can we participate in a healing circle if we are sitting alone in our living room? It all sounds a bit hopeless. But it isn't. The philosophy behind Indigenous healing is that healing can be done at a distance. We must all take responsibility for making the abstract experience of digital interaction with each other more real, more human. It simply demands that we change our methods.

No hopeless cases

In 1975, I began working in an addictions program in my home community. But a year later, I did not have a single client. I told my chief that I was going to resign my position because I felt like a failure. He told me to give it another year and to change my methods.

I took his advice. I began to think about how I could change my practice to be more relevant to the people I was trying to help. I realized that one of the negative impacts of the colonial process was that many people had lost their connection to the land and to the skills that, for generations, had made our Indigenous communities vibrant, healthy, creative and self-sufficient. I started to take families out to harvest food on the land. It was at these camps that the people became active participants in their own healing.

By changing my methods, I changed my relationships with my clients, and together we changed the nature of their healing experiences. From this I learned a valuable lesson: there are no hopeless cases, only hopeless methods.

Being able to adapt our methods is even more important during the COVID-19 pandemic. It's important

to remember that Indigenous peoples have a history of abuse at the hands of so-called professionals, whether these were educators, medical care providers or legal authorities. As human service workers, we have to make an extra effort to connect with our clients, especially our Indigenous clients. We have an opportunity to promote new approaches to care, ones that encourage and acknowledge the benefit of self-isolation and introspection and the insights that come with sharing ceremonies and personal experiences in new ways. When we recognize the value of spending time alone, and explore sharing our thoughts and experiences in new ways—by Zoom, telephone and other digital communications technologies—then we can come to embrace growth and new understanding, in our relationships with each other and our relationship with self. I think of the Elders saying, "Free yourself from anger, from negative emotions." We all have that responsibility to free ourselves and support others to free themselves.

In closing, I would like to thank all of you who are answering the call to help people who are suffering from substance abuse and mental health issues. You are working in an honourable profession and the requirement is simply that you connect with people by being careful, creative and sincere in your work and always do your best. ▽

Coping with COVID-19

LIVING WITH ANXIETY DURING A GLOBAL PANDEMIC

MARK ANTCZAK, MA, RCC, AND STEPHANIE WILSON

Life is always full of uncertainty, but the COVID-19 pandemic is new territory for most people in British Columbia. The pandemic creates uncertainty as people become sick or wonder if they'll catch the virus. Many people have lost their job or have had to change jobs. Access to services and programs like health supports has changed. Loved ones were separated as borders closed. All of these uncertainties make us more anxious than usual.



Photo credit: Chalabala at ©iStockphoto.com

Mark is a registered clinical counsellor who works as Anxiety Canada's in-house anxiety management expert. He also practises out of the Vancouver CBT Centre, where he treats individuals with anxiety spectrum disorders. Mark's formal training includes the treatment of anxiety with primarily adult populations, using cognitive-behavioural therapy in numerous settings

Stephanie is Editorial Coordinator for the Canadian Mental Health Association BC Division, where she has authored hundreds of plain-language mental health and substance use health literacy educational products and resources over the past 11 years, including the content on CMHA's COVID-19 microsite

While uncertainty may be uncomfortable or unpleasant, we can manage some of our anxiety and worry by following some simple guidelines.



Find balance in media exposure and think critically about COVID-19 information

It's important to stay informed. Good information can help us evaluate risks and understand what we can do to stay healthy. However, too much news and social media can be harmful. When we focus on something, we're more likely to spend a lot of time thinking about it. When we spend too much time thinking about the pandemic, COVID-19 may feel riskier and scarier than it really is. It's important to find a reasonable balance. For example, we can commit to checking the news only a couple of times in a day; we can make ourselves a media schedule so we don't have to fight the urge to look for updates. We can disable news and social media alerts on our phone so we can control when we receive updates.

There's a lot of inaccurate information out there. Particularly on social media, a raft of "overnight experts" on virology and epidemiology are sharing their opinions, even when they aren't qualified to speak about a particular subject. It's important to access reputable sources and to critically evaluate the information we receive.

- For reliable information about COVID-19, visit cmha.bc.ca/covid-19-stay-informed/finding-reliable-information/
- For more on how to critically evaluate health information, see cmha.bc.ca/covid-19-stay-informed/thinking-critically-about-health-information/

Understanding risk

While we are all experiencing the same pandemic, we each have different risks to consider. Some people have a higher risk of complications if they become sick, or they may live with someone who is at higher risk. If we are concerned, we should talk to our health care provider and seek out accurate information so we understand what our risks actually look like.

Avoiding things we find scary or anxiety-provoking in order to reduce risk can make sense in the short term, but in many cases, avoiding situations can sustain and strengthen our anxiety. As we work to overcome anxiety, we learn two things:

- We often overestimate the likelihood or risk of something bad happening
- We often underestimate how well we can cope in the event that something bad does happen

Confronting anxiety

Putting ourselves in situations that bring on anxiety may not seem logical, but it is frequently exactly what we need to do. To confront anxiety safely, take the following steps:



1. Continue to follow public health recommendations

Challenging anxiety does not mean we should put ourselves in dangerous situations. We should still keep our contact groups small, maintain physical distancing, wear a mask when it's requested and stay home when we feel unwell. We should avoid touching our face and continue to wash our hands frequently.



2. Identify fears and beliefs and challenge them before confronting them

The anxious part of our brain will say things like *Don't do this: it could be risky, or What if you contract the virus and bring it back to your family?* In response, we can identify the specific fears behind those thoughts. For example, the specific fear behind *What if it's dangerous?* might be *I'm afraid that if I go to the grocery store, I'll catch COVID-19.*

For tips on how to identify and challenge more complex fears, visit www.anxietycanada.com/articles/challenge-negative-thinking/.



3. Start actively confronting the fear by doing the thing we've been avoiding

If we've avoided certain situations for a while, it may be harder to do the things that used to be easy. We should start with small goals and slowly work our way towards larger goals. We want to give ourselves a chance to succeed; as our confidence increases, so does our motivation to keep going. For example, if we've avoided going to the grocery store and the thought of setting foot in one is too anxiety-

provoking, we can set ourselves the goal of walking towards the entrance. Eventually, we can work our way up to walking inside the grocery store and buying a few items. If we complete the smaller, less anxiety-provoking steps first, then contemplating—and eventually taking—bigger steps is more manageable.

Another example involves anxiety related to seeing other people in person again. We can begin by identifying people we'd like to have in our "COVID-19 bubble" and start seeing them outside for a physically distanced walk. We can follow this up with an outdoor picnic, with the end goal of allowing ourselves to be indoors with the people we've chosen (when public health orders allow).

For guidance on doing these sorts of exposure exercises, visit <https://www.anxietycanada.com/articles/helpful-tips-for-doing-exposure-exercises/>.



4. Test fears thoroughly

Often when people first try to get past a fear, the situations in which they challenge their fear are limited (for example, we may go to the grocery store only in the morning when it's less busy). This doesn't provide us with much evidence with which to challenge and dispute our fears. To gather more useful information, we should vary the challenge and the situation.

When possible, we can even combine situations that make us anxious. For example, we could take public transit to the grocery store at a different time of day. The more we challenge our fears, the faster our anxiety will subside.



5. Reflect and debrief after confronting feared or avoided situations.

After we've challenged a fear or anxiety, we can reflect on our experience. *What did I think was going to happen before and after I faced that feared situation? What were the differences between my anticipation and the reality?* If there is a time delay between challenging our fear and experiencing the result of that challenge (for example, COVID-19's possible 14-day incubation period), we can set a reminder on our phone for two weeks after we engaged in the challenge. When our phone alarm goes off two weeks after we went to the grocery store, we can take the time to reflect on the outcome.

related resources

For more information and resources on coping with anxiety in the context of COVID-19, visit Anxiety Canada at www.anxietycanada.com/covid-19/, HereToHelp at www.heretohelp.bc.ca and CMHA BC at cmha.bc.ca/covid-19.



6. Don't come up with reasons why a feared outcome didn't happen.

When we face our fears and confront the situations we've been avoiding, our brains will start to come up with excuses, or reasons why a feared outcome didn't materialize: *I just got lucky*, or *Everyone in the store was healthy*. It's possible some of these statements are true, but if we continuously try to minimize the success of the outcome, we'll learn to never see the evidence and positive data as legitimate. The more data we collect, the more accurately we can test the belief that's causing so much anxiety.

Have compassion for ourselves and others

Facing fears is no easy task. On some days, we may feel like we aren't making much progress, or even that we're going backwards. On those days, we should remind ourselves that we're trying to do something that is difficult and that we're doing the best we can. We can't compare our current levels of motivation, willingness or productivity to what we were able to do before the pandemic hit.

We all have different experiences with COVID-19 and different relationships with anxiety. Comparing our

experiences to other people's experiences—or what we *perceive* to be their experiences—isn't useful. We must each work at our own pace and congratulate ourselves for working hard.

We must also reach out and ask for support from others if we're struggling. Can't go to that store alone? Ask a friend to go instead. Worried about leaving the house but aren't ready to bring someone? Call the person and talk to them.

Offering support to others can have surprising personal benefits where anxiety is concerned. If we are concerned about an elderly neighbour or a disabled or immunocompromised individual, we can call them and ask them if they need anything. Focusing on helping others makes overcoming our own anxiety easier.

Opportunity in anxiety

At the end of the day, the human experience of anxiety is a stress response designed to protect us. The worry we're experiencing now is activating the primitive parts of our brain that help us avoid danger; it is understandable that we avoid situations in order to keep ourselves safe. But in some circumstances, avoidance doesn't necessarily keep us safe; it simply gives us the *illusion* of control. The cost of sustaining this illusion is high: it has a negative impact on the quality of our life.

As human beings, we all tolerate uncertainty differently from each other. But if we continue to accept our reactions to our anxious thoughts rather than challenge the anxious thoughts themselves, then the power of anxiety to imprison us in an increasingly smaller box grows over time. During the COVID-19 pandemic, learning how to safely follow public health guidelines while challenging our personal anxieties will enable us to live the life that we aspire to, despite the uncertainty that lies ahead.

Some of the recent losses in our lives are not due to COVID-19-related anxiety, but to the fact that some activities were deemed too risky and were cancelled altogether. The weekly soccer practice, trivia night with friends, concerts—all of these are losses. We can't fight our way out of these losses; all we can do is feel their impact. It's important that we acknowledge that grief and loss are experiences that need to be processed; we can use the opportunity to see what new activities or routines we can adopt to replace the ones no longer available to us.

Today, it's a pandemic; next month or next year, we may face an entirely different, seemingly life-threatening challenge. Consider the pandemic as an opportunity to stop thinking about the countless "what ifs" and to focus on what we gain if we're not restricted by what we cannot control. ▾

Facing fears is no easy task. We should remind ourselves that we're trying to do something that is difficult and that we're doing the best we can. ”

Keeping My Balance in the Impact Zone

THE TURBULENT EXPERIENCE OF CARING FOR A PARENT DURING THE COVID-19 PANDEMIC

PATTY LEINEMANN

It hit hard. It was the middle of the night, six weeks after the March 2020 lockdown. I was in bed, staring at the ceiling with that vacant look that people have when lost in thought. Tears trickled along my crown's feet to my temples, pausing before slithering to the jaw. Their wetness continued to roll under my ears to rest in the baby hairs at the nape of my neck. I forced myself to be still. I waited. Waited for those pooling tears to expand enough to release and drip that one centimetre onto my pillow. It was a surreal moment as I realized that *this is happening to me*.

Patty is a Kelowna-based interdisciplinary artist. She completed her bachelor's degree in fine arts at UBC Okanagan in 2018 after years of exploration—from administrative work to teaching ballroom dance to owning a yoga studio to travelling the world to being her father's primary advocate in long-term care



Patty Leinemann with her father

Waiting. Waiting with immense anxiety for the next wave ... of further changes to adapt to, all the unknowns, the endless whirlpool of emotions, the dreaded second wave of COVID-19.

Earlier that evening, I had received an update about the next round of modifications at my father's long-term care facility, which is within walking distance from the house here in BC's Interior. I got the most unsettling feeling. Would I ever hug or help my father again? Would he ever be allowed to be a part of the mainstream society

that we had included him in the six years he has lived there? Would he die alone? My mind and heart were having a relentless tug-of-war that night. Forget falling asleep. I was rattled.

I'm exhausted.

With the countless official and unofficial revisions, remembering the sequence of each implementation is murky now. In mid-July, the new orders were 12 months of supervised, masked, social-distanced visits, at only limited times in the week, by only one

allocated person per family in a bare room with tables between resident and visitor. I visualized an interrogation room. How does a large family like ours choose who the one visitor will be? Currently, the decisions are made by my sister and me; however, every week we postpone deciding who will be the chosen one until we absolutely have to in the hopes that rules will change once again. Maybe we could both be included for alternating visits. In the meantime, we've agreed to see our father from outside a chain-link fence—which, as one can imagine, is marred with its own litany of problems.

Helplessness, frustration, anger, guilt, jealousy, depression, lack of motivation—you name it, I'm experiencing it. Getting balanced after each emotional shift is often tested by another unexpected wipeout. Having to confront my father's significant weight loss and witness his increased flailing and confusion due to Parkinson's, all from 10 feet behind a chain-link fence, is an affront to the senses. I can't hear my father over the landscaper's equipment. Yelling to be heard is not my style. Seeing the care aides pat my dad's shoulder triggers envy rather than gratitude. His lack of interest and his confusion as he attempts our yoga routine in his wheelchair challenges my own well-practised yoga breathing.

I swallow the heaviness in my throat as I trudge home, eat a dinner of potato chips, chocolate and ice cream—with a heap of fresh strawberries from the garden to suppress some of the guilt. Ha! And I wonder why my clothes are all tight. The reoccurring rant that I subject myself to—that I haven't tried hard enough to move Dad home—is

tamed with another wasted night of unfulfilling movies. With my empathetic, too-emotional, worrying OCD tendencies, I cannot find a routine to calm the nerves.

My wave of anxiety was reignited when we were told that the director and the assistant director of my father's facility were both leaving their positions at the end of July. Staff were weary. Indoor visits were still limited to one designated family member, one 45-minute visit per week. Jeez. Forty-five minutes in a 168-hour week! We continued to meet Dad outside to get him out of the building, and because we noticed Dad's positive reactions to the sound and movement of planes, birds and pedestrians.

After the first two months of the pandemic, I kept thinking I couldn't be the only one struggling with these feelings. This experience of unknowing and unseeing must be common for families with a loved one in long-term care. At the best of times, we must blindly trust what happens inside that building. We wait for personal updates, but the emails we receive from the facility contain COVID-19 reports, logistics and new safety

protocols. This is important, of course, but what about the personal touch?

I used to visit my father up to six days per week. Wrestling with my need for order and cleanliness, and worrying about the effects of change in Parkinson's patients, I would tidy, reorganize, restock supplies and encourage him through his yoga stretches. I would wash his face, hands and ears, I would fix his trimmed nails, soak his feet. I would hunt for things missing from his room—or whatever else welcomed me at his doorway—hoping I gave my dad some ease with his daily trials. In hindsight, some of those days were challenging... but the challenges then seem so trivial now.

I am grateful my father receives full-time professional care. However, contemplating the many seniors living in isolation at the end of their lives has always bothered me. With rising case counts, Dr. Bonnie Henry's advice to "be calm" is hard to accept when I think about my father spending more time alone. Increased COVID-19 numbers raise fears: planned visits could be cancelled. I have become extremely cautious; I postpone seeing

In mid-July, the new orders were 12 months of supervised, masked, social-distanced visits, at only limited times in the week, by only one allocated person per family in a bare room with tables between resident and visitor. I visualized an interrogation room. How does a large family like ours choose who the one visitor will be?

”

friends, stay home and watch as other people’s actions affect my life.

Updates about our loved ones is a key link for families on the outside. The importance of the personal update hit home when I received a text from an event programmer about how my father is doing on the inside. My relief was profound. All from reading two sentences! I realized I must continue to be my own advocate by writing and phoning for updates about my father. I need that comfort to avoid being pulled under—for my own mental health and well-being.

I should be more thankful that I am managing, able to live in BC, close to my father’s care facility. I am fortunate to belong to a community of many individuals being creative to help make a difference. For example, Family Caregivers of BC hosts online support meetings for families with a loved one who requires extensive or long-term care. I participated in some of these sessions and joined a supportive social media group, too. But many people’s stories trouble me; I realize that, despite my personal distress every day, we are some of the *lucky* ones in this experience.

Nevertheless, I remain unsettled. I know every person and family is processing this situation differently. It may relieve some families to not visit during this time, or they may not need or want to know as much as I do. Am I overacting? Am I asking for too many answers from our health care system that is scrambling for its own successful solutions? What can I do to help myself in this situation? I sense the answer is patience and hope. Yet all this waiting and unknowing perpetuates more angst.

“Be calm. Be kind. Be safe.” I am trying to let go, to accept. I am working on gratitude without guilt—and every other optimistic approach people encourage me to try. But I am challenged practising Dr. Henry’s words. The reality is that this situation is not getting better anytime soon. I just can’t shake this weight that accumulates on my head, my shoulders, my gut, my heart. Every time I think about how I will face the next wave—of anxiety or of the pandemic itself—my stomach does another backflip. I slowly breathe into my back ribs.

I know very little about surfing. Too bad. To be in the water, catching and riding those waves—rather than being tossed around in the surf—would be a welcome break for this body and mind. I just read an article about learning to surf, and I discovered that sitting—before standing—encourages

the student to garner balance and patience. Once you’re comfortable with the sway of the ocean, then you’re ready for the best surfing waves.

I’m fatigued by my ceaseless paddling. I’d better relax, though, enjoy the view, and get used to sitting for a lot longer. **V**

Editor’s update: Six months and 11 days after COVID-19 restrictions were first put in place at the long-term care facility, Patty was shocked and thrilled when the facility called to tell her she had been given “essential” status. This was a result of an exemption application submitted to Interior Health for approval, supported by the facility, her father’s physician and the family’s continuous advocacy. She is now able to enter the facility at a specific time each day and go directly to her father’s room. They can hug each other, hold hands and adjust to her father’s increased needs.

visions

we want to hear your story

The next issue we will be soliciting articles for is about **supporting parents**.

If you have a personal story reflecting on the types of supports most needed by parents dealing with mental health and substance use issues in their families, please contact us with your story idea at visions@heretohelp.bc.ca by January 15, 2021.



How the World Changed with COVID-19

A GRANDMOTHER'S PERSPECTIVE ON RELATIONSHIPS, MENTAL WELL-BEING AND AN UNCERTAIN FUTURE

REBECCA

When I was asked to contribute my COVID-19 story for the upcoming issue of *Visions*, I never imagined the difficulties I would be facing within myself when I began writing. Right now, I feel like I'm focused on everyone else. I'm trying to hold my life together, but I feel like I'm living everyone else's life rather than my own. Things have changed so drastically in just a few months. But I know I have to make a few more changes and start living the life that I want to live.



Rebecca lives in the Lower Mainland. She has two sons, a daughter and two grandchildren. She loves helping others and she loves to cook

In December 2019, after living with my long-term partner for a year in the Guildford Shelter (run by the Lookout Housing and Health Society), six of us finally found a place to live together.

I was hopeful. I felt I finally had a plan. At the shelter, I had spent a lot of time volunteering. I fundraised for and started the shelter's kitchen garden—herbs, vegetables and perennials—and began working in the kitchen, satisfying my longtime love of cooking. I had done things I

never thought I could do, and I had so much confidence. I was ready to bring that new confidence to my 18-year relationship. My long-term partner was one of my five roommates. We decided to give our relationship another chance.

But despite my new-found confidence, that particular fantasy ended quickly. The relationship had run its course. We remained friends—and roommates—but it was clear we couldn't remain romantic partners.

At the end of January 2020, I went to Squamish to visit a friend I hadn't seen in 20 years. There, I met a man who was 15 years older than me. We liked each other. After I came back home, we started seeing each other. At first, things were moving along slowly, which is what I wanted. But at the end of February, things started to get very serious with COVID-19, and this affected our relationship.

The man I was dating lived and worked on Mitchell Island, in the north arm of the Fraser River. As the pandemic worsened, he became so fearful of being in contact with anyone that he asked me to stay with him in isolation on the island for the foreseeable future. We had no idea what was ahead, so I agreed. But I couldn't do it for much more than five days. I was going crazy there—I called it The Compound. I swear at times we were the only ones on the island. He basically locked himself down. He wouldn't go out. He had people bringing him groceries. If we did go out, he would be nervous and jumpy. The fear that he had was just crazy. All he could think of was COVID-19.

And, honestly, I had a home that I missed. I lived with five other people I cared about. So I left Mitchell Island and went home to isolate myself with the other members of the household. My friend would come out every few days to see me—but at a six-foot distance. I was his girlfriend, yet he felt he couldn't come near me! He seemed to be mentally deteriorating more and more every day. He was becoming very insecure. Even at a distance, I felt smothered. I had to end it, and that's exactly what I did.

I spent the next six weeks working on my garden. I continued my volunteer work at Guildford Shelter for a couple more weeks, but I could tell my presence wasn't needed. And with the new COVID-19 regulations, I could no longer enter the kitchen, so I stopped volunteering. Through volunteering, I had gained so much self-esteem; it built me up. Once I stopped volunteering, I felt I lost who I was again.

At home, I lived in a very small social bubble that included my roommates and my four-year-old granddaughter, who would come to visit every other week and stay for four or five days each time. My daughter and her two children also live in a small social bubble, so we weren't too worried about exposure to the virus. And my

granddaughter's delightful presence in our home really helped. Although I talked to my daughter on the phone, I didn't spend a lot of time with her or the baby because my daughter has her own physical and mental health challenges. I helped by taking care of the older grandchild whenever I could. I have two sons as well, but both live on their own and neither of them has children.

Everyone in the house was aware that our choices about what we did would affect everyone else. For example, my ex has a daughter who came to stay with us briefly, but she lives a high-risk lifestyle and kept going out and socializing with other people. The rest of us were isolating ourselves as much as possible. Only one of us would go to



I spent the next six weeks working on my garden. But with the new COVID-19 regulations... I stopped volunteering. Through volunteering, I had gained so much self-esteem. Once I stopped volunteering, I felt I lost who I was again. ”

the grocery store. But my ex's daughter continued to go out at night and engage in high-risk activities. It got to the point where we had to ask her to move out.

Even though we all shared the same busy house, I felt more and more isolated. Over time, I became increasingly lonely. On one of my last days visiting the Guildford Shelter, I discovered that a close friend was having some difficulties there; I invited her to stay with me. It was great to have somebody to talk to. A few roommates were not too happy about me bringing her home, but we were careful about things, continuing to keep ourselves socially distant from the rest of the world.

One of the things that's become really clear to me during the pandemic is how difficult it is to live in the Lower Mainland and keep your social bubble small. Rent is so high that many adults can't afford to live on their own. But as soon as you have roommates, their families become *your* family, their social bubble becomes *your* social bubble. Their mental health challenges and medical challenges become part of your world, too. A social bubble of *six*? Are you kidding me? Our household of unrelated adults is six. That doesn't include our kids, our grandkids, our parents, our close friends, the people who are really important to us—that's just the people who live in the house.

The past few months blur together. I remember thinking at one point that I just wanted to run away—but I realized quickly that there was nowhere to go: the pandemic affects the whole world. When people first said that COVID-19 would be with us for 18 months, I thought it was ridiculous. I

see now that if COVID-19 is with us for only 18 months, we will be lucky.

Early on, I would take my granddaughter for walks; she couldn't understand why she couldn't go to the playground and play. Listening to a four-year-old trying to understand the "sickness," as she calls it, broke my heart. I worry about her future in this world. I worry about the future of everybody. I honestly can't see things reverting back. Every time I talk about COVID-19 and the future, I get anxious and I have trouble focusing.

Sometimes it feels like the world is imploding. My daughter recently had her second major health scare this year. She's improved drastically, but I'm still trying to help her with the kids. One of my roommates is very ill with cancer and will likely not live very long. My ex is battling depression. I'm trying to be there for everyone but I'm just putting on a brave front. Inside, I'm scared. I feel like life will never go back to normal.

But slowly, as the pandemic has dragged on, I have begun to re-think how I am living my life. I know that I have to make changes—for my own mental well-being. I have spent too long focusing on others. I know I need to start focusing on myself.

As I've spent more time helping my daughter, I've spent less time with my roommates, which is probably a good thing. Over the past six months, as we've had to count on each other more, my daughter and I have become closer, and I've had more time to consider what is important to me.

All my life, I feel like I've been trying to help everyone else. I know that helping others and working with people is valuable to me. But I have to do it in a way that gives me what I need for my own mental well-being. I can't make others want what I want. But if something that is personally fulfilling to me is also helpful to others, then that's a good place to start.

Recently, I catered a small event for a friend. It reminded me how happy I am to cook for other people—and it's something that satisfies my own soul, too. I've started to research culinary schools. I would love to one day run a shelter kitchen with its own kitchen garden. I think that would be a great way to satisfy my own needs and give something back to others.

I know there is no way we can get through COVID-19 if we aren't taking care of our mental health. I wish I could fix the world. But I'm going to start with me. ▽

A Ship out of Harbour

USING ASSERTIVENESS TO ADVOCATE FOR SELF AND NAVIGATE THE MENTAL HEALTH CARE SYSTEM

BIRDIE

My whole life I've been lonely. I've hidden away from relationships, ashamed of who I was. I didn't want to believe that I deserve to take up space. I eventually developed an eating disorder to cope with these feelings. The eating disorder was a friend whom I could turn to when I was alone; it told me I could be better if I changed my body.

Birdie is a 27-year-old non-binary individual currently living in Burnaby, BC. They've struggled with an eating disorder for nine years and have been through various treatment programs. Their favourite quote (by John Augustus Shedd, 1928) is "A ship in harbour is safe, but that is not what ships are built for"



Photo credit: x at ©iStockphoto.com

The stronger it grew, the lonelier I became.

After many years of self-inflicted abuse, I began to seek treatment in the summer of 2019. I completed programs and groups, meals and snacks, and my body became healthier. I was medically stable, but my mind was still full of doubts and fears. Through a peer-to-peer forum, I had heard about a well-respected residential treatment facility. People were recovering fully through its program. I was put on the wait list; eventually it was my turn.

My first week in the program was incredible. Weekdays consisted of group therapy and learning skills to combat negative thoughts and tackle underlying issues. We each saw a program therapist individually as well. A visit to the dietician was also on the agenda, where I would be weighed and go over what I had eaten during the week as I followed the meal plan I'd been given.

On most days, residents cooked dinner for each other. I remember how frightened I was to cook for 10 people. However, I was assigned a partner,

who guided me through portioning and preparing the food. I recall crying quite a bit during this period, wondering if I would ever be as strong as my fellow residents, especially the ones who were close to completing the program. It was a tough week, but I wouldn't have traded it for anything. I was welcomed warmly, and I felt like I was finding my footing.

Then COVID-19 hit.

We were informed by staff on a Thursday evening that we might be evacuated. By Monday, my worst fears were realized. The residential program was closed, and I was home before noon.

We were told that the time we spent at home wouldn't count towards our time in residential care. While we were away, the treatment house was repurposed as a place for clients of another program, one that was based in the hospital. I felt betrayed, as though we were being pushed aside for a program that was deemed more important.

Therapy continued over Zoom, for which I was immensely grateful. Dietetic support also continued, a simple 15-minute session done online with a dietician. Our weight was not tracked, although we still had to record our meals and snacks. I would often talk about the trouble I was having, trying to follow the meal plan that I had been given; without the constant emotional and mental support of staff and peers, I was finding it difficult.

There were no group sessions for the first few weeks after the pandemic began. I missed these dearly, but I thought they would continue when the

full program restarted. So I waited— impatiently, I must admit.

But ultimately, what had been a full-time in-residence treatment program was reduced to its bare bones. I still “met” with my therapist and dietician once a week, but there were no teaching groups. There was support from the program in the form of a phone check every night, but I was no longer cooking dinners for multiple people, learning how to properly portion. I felt lost.

I was using disordered eating behaviours daily, including bingeing and purging. I was having frequent thoughts of food: how much I could eat, how little, and when I could get rid of it. I actively avoided my friends and family, as all they could talk about was how much weight they were gaining due to the pandemic. I questioned every bite I put in my mouth, worried that I was going to get heavier and heavier. Every minute was a struggle.

I wondered how others seemed to be living the life that I only dreamed of. People in self-isolation said there was much more time in the day. But for me, it seemed like there was less. I didn't understand how anyone could be as perfect as they appeared online. My malnourished brain could not see that this image was a deception created by a world where the rich control the face of fashion and where carefully manipulated images on social media are portrayed as the “truth” rather than the constructed narratives they really are. It's a world in which, if you aren't perceived as beautiful or productive, you aren't worthy, and being able to control audience perception is the key to success.

In a world that feeds on these crafted media images, my mental illness is fashionable. After all, restrictive intake is billed as the basis of a “successful” diet program. The dieting industry is worth over \$65 billion dollars,¹ and it doesn't make money if you are healthy and well and satisfied with your appearance. It only makes money if you want to change how much you weigh or how you look. It's not hard to see why I was struggling.

One of the rules of the residence program is that residents are not allowed to engage in symptomatic behaviours (such as bingeing and purging). Generally, if someone breaks this rule, they are given two warnings. The third offence means discharge from the program. But while I was home, there was no way for the program to monitor my actions or ensure that I was accountable. My eating disorder thrived in this environment, fuelled by the thought that I was, once again, alone.

However, around May, we received the news that our program was starting again.

Virtually.

The reformatted program would consist of meals and groups over Zoom. I was devastated. For me, it was mortifying having to watch myself eat, knowing others were watching me as well. Hearing from the other members of the group helped me to understand that I was not the only one feeling this way.

This wasn't what I had agreed to, nor what I needed. But even though my motivation wasn't as strong as

it once was, I just couldn't give up. I had come this far; I wasn't about to throw away what I had gained. I was with a group of people who were all in situations similar to mine. They were all still fighting, still making changes. I pushed through the feelings of abandonment and fear and worked hard to recover.

I knew I was making great strides and allowing myself to dig deeper than I ever had before. I was frequently learning new things about myself. Maybe I *am* worthy, and maybe I *do* deserve respect. My therapist compared me to the ugly duckling. If the ugly duckling believes they will always be an ugly duckling, they will stay the same, hopeless and alone. I had to believe that I was, and *am*, a swan.

Yet something was still missing. When I disconnected the virtual calls at the end of the day, I faced the silent black screen of my computer monitor—and the reflection of someone who needed more help than they were getting.

I decided to write a letter. I decided to address the letter to representatives in the health care networks and patient relations. I was inspired by another member of the group, someone who was vocal that the program was not sufficient. I realized that I could do more than watch my chances pass me by.

I wrote my letter, in an afternoon full of anger and outrage. I wrote about how the program had suffered, how I had suffered. I filled a page with respectful but firm criticism about the way things were being handled. I argued that eating disorders have the highest mortality rate of all mental

illness^{2,3} and that I “refused to be swept aside because my care was not deemed an essential service.” By this time, bars, nail salons and parks were all re-opening; I wondered if my medical care would be deemed less important than the comfort of the general public.

I sent the letter. For four whole weeks, I waited.

Silence.

I began to lose hope. My program's initial duration—a period of 12 to 15 weeks—was nearly over. By the beginning of July, I doubted we would receive the news that I so desperately wanted. Disappointment was becoming commonplace. I gave up thinking I would be moving back to the house again.

Behind the scenes, however, program leaders and staff had received my letter. They had heard my anger. They had listened to my words. Change was underway.

On a Monday morning, after a fitful sleep, I was told by program leaders that we would each receive an extension to our time, and that we would move into the house very soon. I was so relieved, I began to cry. I had gotten through it. I had stood up for myself, said that I needed more, and I had been heard.

The most important lesson I've taken from this is that my treatment does matter, that I matter, and that I have a voice. Assertiveness has never been one of my strong suits, but this experience has affirmed for me that I can be assertive when I need to be and

when I believe in the value of what I am saying.

As we move forward through this pandemic, it's important to remember that everyone deserves to be heard, and everyone deserves a chance to speak. We are all important, worthy of love and belonging.

Speaking up put me in a vulnerable position. But this vulnerability allowed me to become closer to the people I care about. I know now that I can disagree with others. I can have my own opinions. I can state them clearly and firmly. And while it's still difficult, practising my assertiveness gives me a strong sense of myself and my place.

While the treatment program isn't quite the same as it was, we have moved back into the house. Our support system is back in place. The groups are no longer entirely on Zoom. The clients are together—distanced six feet apart, but together. We have formed a strong bond, having gone through this journey as a group. And as I reach the end of my stay here, I am realizing something important: *I'm not so lonely anymore.* ▼

Housing First, Then COVID-19

THE IMPORTANCE OF HAVING A HOME WHEN YOU ARE RIDING OUT A PANDEMIC

KURT

I am at the end of my one-year term on the Housing First subsidy program.* At first, the program helped me get my own place while I worked on getting income assistance and employment. Now, I have moved into a new place: I am living in a two-bedroom apartment with my 16-year-old daughter, and we are trying to reconnect.



Kurt currently lives in Williams Lake, BC, where he was born and raised. He has three teenage daughters and works in the construction industry

As told to Leah Martin, Participant Support Coordinator, Housing First Williams Lake, operated by CMHA Cariboo Chilcotin Branch

For as long as I can remember, since I started living on my own, I've been in and out of homelessness. Before I got on to the [Housing First] program, I was living with my girlfriend of four years. We had a cycle where things would be good until we got into a fight. She lived rurally so either I would be out on her property with no ride to get into town or she would tell me to pack my things and then she would drop me off somewhere in town. After that, I'd stay with friends or family until we decided to keep working on things.

A friend of mine who is a mental health worker suggested to me that we

were in a codependent cycle of abuse. I had never thought of things this way before, but I knew the description was right. This friend told me that there was a program that could help people who experienced "chronic homelessness," and so I applied. I was interviewed and accepted into the program. They helped me find my first one-bedroom apartment in town.

I was so happy to finally have a place of my own. I have three teenage daughters, who were living with their mother, so having the apartment in town helped me to connect with them. My eldest daughter in particular was

** Housing First is a community-based response to homelessness, providing people with assistance in finding and obtaining safe, secure and permanent housing as quickly as possible.*

With COVID-19, I don't know what to do in simple situations anymore. COVID-19 makes simple things complicated. Often I find I'm avoiding places because I can't figure out what the protocol might be. ”

having a hard time at her mom's place in town, and I was able to support her more. Things were good for a couple weeks but then the tenant upstairs from me was having mental health issues. My daughter was afraid to come to my place. Eventually, the landlords asked him to leave and another tenant moved in. Things got better after that.

Before the pandemic hit, my days mostly consisted of trying to make it to appointments set up for me by my housing support worker and getting food into my body. Often I felt lethargic as I'm impacted severely by changes in the seasons. Over the winter, I'd spent a lot of time inside, not getting out. I was not working much at this time as I was undergoing an assessment with WorkBC to try to finally understand what kept me from being the best worker I could be. Through the assessment, an occupational therapist was able to explain a lot to me. [Support workers] helped me apply for income assistance for Persons with a Disability (PWD). I couldn't afford to rent a place on my own before because of my inconsistent paycheques. I got onto PWD and I had just started working when COVID-19 hit, so they sent all the workers home.

Things got hard during the pandemic. I was finally feeling an upswing in

terms of going back to work, but then my whole life had to take a back seat. I work for a company that does construction and other stuff. I really enjoy it and had worked for this employer on and off for the past five years. The boss has always been super supportive of me, no matter what I'm dealing with. I'm lucky because of this. Having this work to do when I'm feeling good helps my confidence levels.

My confidence was truly shaken after my prospects of work were cut short by the pandemic. I was in fear again, of when I was going to find my next window of opportunity, and if it weren't for having stable housing, I would have been ready to quit life.

At the same time, my eldest daughter was already feeling wary about coming to my place because of the previous situation with the upstairs tenant. I had some rebuilding to do in that relationship, but now everyone was being told to stay inside. Luckily, my daughter was able to stay at a friend's house where she felt safe, but I knew that would not be able to last for too long. But with all that time on my hands, I started drinking, reverting back to old habits to distract myself.

With COVID-19, I don't know what to do in simple situations anymore. COVID-19 makes simple things

complicated. Often I find I'm avoiding places because I can't figure out what the protocol might be. It makes me feel diminished in my mental capacity on top of the struggle I already deal with. For example, I like to play guitar and have had lots of bands over the years. COVID-19 made it impossible to get together with people to jam. But jamming has always been a big part of my mental well-being.

But there have been positive outcomes, too. One positive outcome of the pandemic was being able to prioritize. With work being slim, I had time to talk with my housing worker about moving into a two-bedroom apartment in order to accommodate my daughter and have her live with me. I couldn't bear to live with myself if my daughter ended up on the street. We were lucky: we were able to find an apartment for both of us.

My daughter and I have now been living together for three months. We haven't lived together since she was 10 years old. We have a lot to learn in regards to becoming good roommates for each other. Along with my own mental health issues, mainly in regards to staying motivated and focused on the task at hand, it has been challenging at times to figure out how to navigate issues stemming from living together, such as respecting each other's space and methods of doing things. We are both getting counselling now through the Family Solutions Program with CMHA and it's slowly helping us work on our communication.

Another good thing to come out of the pandemic is being able to focus on my mental health and take the time to think about what I learned about

myself through my assessment with WorkBC. I suffered a lot of concussions when I was younger. I'm noticing now how these things are affecting me in my older age. Having the time off has allowed me to address those mental health concerns by researching better mental health tools and getting serious about my diet, and also [to address] sleep deprivation concerns through working on better sleep habits.

But it's also way easier to hermit inside with your meds, and harder to get out to socialize. I found I would volunteer at any opportunity, like helping a friend move furniture or any work I could do, just to keep busy.

Because of COVID-19, I can call my doctor for a phone appointment, which is great—easier than before. I feel that in a way, COVID-19 has simplified society and made us aware of our overuse of services, such as emergency room services. Without having to worry about transportation to appointments or sitting in a doctor's office, I feel more comfortable accessing my doctor via the phone than going into an appointment or running to the ER first.

The pandemic has also made me realize that I need to get out of the drug culture altogether, like trying to make different friends through volunteer experiences or by choosing not to hang out with negative peers. It's terrifying to do drugs right now in society because what was already a toxic supply is becoming more toxic from people cutting drugs they are supplying to acquaintances. Everyone is trying to make a dollar wherever they can so they are cutting personal supply with cutting agents. In one

way, I feel like a toxic drug supply in society is way more of a danger to society than COVID-19 itself. If all of our efforts for COVID-19 to protect people who are immunocompromised ignore the fact that a toxic drug supply only increases the prevalence of potential immunocompromise, then how are we actually protecting people?

Without housing and my work to stay healthy, I would lose myself. I now have a base to fight my fight from. I love going to work but it's really hard

to maintain that when you don't have somewhere to recharge. Since they reopened the economy, I have been called for a couple jobs but it's still slim and it's just temporary work.

Housing First helped me get back on my feet and start moving in a healthier direction. Having housing has helped me separate the things I can control from the things outside of my control. I have a whole new perspective on how to support myself, thanks to my housing. ▽



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Embracing My “Overcomer” Mindset

OPPORTUNITY AND RESILIENCE IN THE COVID-19 PANDEMIC

LILLIAN WONG, RSW, MSW, MA

Life was pretty normal for me pre-pandemic. I was working as an advocate at Disability Alliance BC, which provides resource support and advocacy for persons living with disability. Several years ago, I was involved in a serious motor vehicle accident that left me with a brain injury and a spinal cord injury which causes mobility challenges. Because of my brain injury, I depend on my colleagues to navigate the confusing world of technology as it is difficult for me to learn and remember now. But all of these challenges were my pre-pandemic normal.

Lillian is a Tax Aid, Access Registered Disability Savings Plan (RDSP) and Persons with Disability (PWD) advocate at Disability Alliance BC. She has facilitated brain injury support groups for almost 30 years

As told to Stephanie Wilson, Visions' Editorial Coordinator



Photo credit: Anun Lertwattanakit at ©iStockphoto.com

My first thought when everything began shutting down in March 2020 was that this was merely a blip on the horizon—that things would return to normal after two or three months. Initially, the experience felt surreal, like something out of a sci-fi movie. It was only as I learned of the number of people dying daily, and as increasingly more COVID-19 restrictions were put in place, that it began to sink in: this was, indeed, reality. Worse: it was a reality that no one knew how to navigate.

When Disability Alliance BC sent its employees home to work, the change

was extremely difficult for me. I did not have the technology (the computer programs, the up-to-date equipment) to do my work the way I was used to. I could always phone the office IT guy for help, and the office loaned me the use of a printer and a laptop, but learning a new operating system on my own, with a brain injury, was an insurmountable task. It magnified my cognitive challenges and brought up feelings of inadequacy and disablement. Just trying to learn Office 365 is still a painstakingly slow process for me; my colleagues must repeatedly remind me how use the program's features.

But at home, there were no colleagues close by to ask for help. For the first couple of months, I literally cried every day out of frustration. I would Google how to do something, but then I was either unable to comprehend all the technological language or get my outdated home-office equipment to work efficiently. Even faxing a few pages with my old, familiar fax machine took forever. From the office, it took only a few seconds to send multiple pages. But at home, if I used the equipment that I was most comfortable with, I had to fax one page at a time.

As the world increasingly became more anxious and despairing, I knew that I had to reframe how I saw things or I would become stuck in a pit of hopelessness. I had already spent too many years wallowing as a victim in self-pity after my motor vehicle accident; I knew I did not want to return there. As I saw it, my only option was to move from being a victim to becoming a survivor to triumphing as an overcomer—someone who overcomes adversity to thrive, despite the challenges they face. That approach has served me well in the past.

I remembered that when I was doing rehab at GF Strong Rehabilitation Centre in Vancouver many years ago and, more recently, at the Watson Centre Society for Brain Health in Burnaby, one of the activities I participated in was playing computer games, which improved my abilities to meet cognitive challenges. I began to realize that, in my work-at-home situation, instead of resenting the overwhelming task of having to learn computer programs and new devices, I could reframe the challenge as a

chance to exercise my brain muscle: free rehab, and no waitlists! In other words, it was an opportunity for me to challenge my brain's neuroplasticity—its ability to adapt and grow. With this new perspective, I was motivated to gingerly embrace all the new technology that was thrust upon me during the pandemic. I was even able to view other COVID-19 restrictions as part of the challenge.

What helps me to stay positive and resilient during the pandemic is not only my faith in God but also the realization that I have previously dealt with an accident that radically altered my life and my perspective. I know that I could have remained a victim and remained stuck all these years. But instead I became an overcomer and moved on with my life. The encouragement of good friends and family support, and an overcoming attitude, are essential in helping me cope with the pandemic as well.

I have now facilitated brain injury support groups for almost 30 years. With my own experience of countless hours in rehab and counselling, I knew I wanted to give back. My academic and professional background in social work and counselling, and my sense of personal blessing and thankfulness (my high neck fracture could have resulted in quadriplegia, but it didn't) encouraged me to start a brain injury support group in Vancouver. After some time, the Chinese Christian Mission Canada (CCM) approached me about starting a brain injury support group for the Chinese-speaking community in the Lower Mainland, as these individuals are isolated not only by their disability but by cultural norms and language.

More recently, as part of the Chinese Christian Mission's COVID-19 pandemic ministry, CCM volunteers have sewn thousands of cloth masks, some of which I have been able to give out to my clients. I have also given out these hand-sewn masks to panhandlers and the homeless. If someone was sleeping on the street, I would leave it on the ground beside them so they would see it when they woke up. I knew they likely didn't have funds to purchase masks for themselves; it was gratifying to be able to help.

I encourage people to view the pandemic as an opportunity to sift through their life experiences and determine what is truly valuable and meaningful—and to be patient, as it will be a long process. Just remember Aesop's fable of the tortoise and the hare. It was the slow and steady tortoise who won the race.

We need to let go of the past and our expectations of what our life was "supposed" to be. We must embrace the fact that that life is and will be different for everyone. We need to explore creative new ways of coping and managing the challenges we face.

Life is short. Let us be good stewards of this gift we have been given. ▼

Walking a Liberated Path Towards Anti-Racism

TRIXIE LING

“The beauty of anti-racism is that you don’t have to pretend to be free of racism to be an anti-racist. Anti-racism is the commitment to fight racism wherever you find it, including in yourself. And it’s the only way forward.”

– Activist and writer Ijeoma Oluo (@ijeomaoluo)

Trixie is passionate about creating intercultural spaces and opportunities to learn together and build relationships with refugee women, through celebrating food, culture and stories in her charitable social enterprise Flavours of Hope (www.flavoursofhope.com). She is learning, growing and leading with others to speak out for racial justice, equity and liberation



Trixie Ling speaking about Flavours of Hope at PechaKucha (Vancouver, 2019) | Photo credit: Bright Photography

My personal understanding of systemic racism and the impact of racial trauma revealed itself when I experienced a racist assault in Vancouver in May 2020, during the COVID-19 pandemic.

The incident was not my first experience of racism in Canada. I was born in Taiwan and moved to Canada in Grade 7; I am now in my mid-30s. Even though I feel very Canadian, I’ve often experienced what I think of as micro-aggressions—subtle, implicit biases, stereotypes and assumptions made about a racialized or marginalized

group. For example, I’ve had people pass me on the street and pretend to speak Chinese. Once I went to a micro-brewery with a friend and a white guy came up to me and (assuming I was Japanese?) began making comments about Japanese people.

But my experience in May was my first traumatizing experience of misogynistic, racism-fuelled aggression. I was walking home from picking up some food while—ironically—listening to an American podcast on the rise of anti-Asian racism during the pandemic, when a white man came toward me

and made sexual and racial comments before then spitting on my face.

That moment changed everything for me.

Even more ironically, the podcast was about “model minority” behaviour—how Asian Americans often keep quiet in the face of systemic racism, perhaps believing that speaking out will draw negative attention to themselves. The podcast speakers were pointing out that by being silent, the model minority actually supports the perpetuation of unacceptable racialized behaviours. We need to break our silence in order to confront and end racism.

On the sidewalk, in that moment, I felt a wave of emotions—rage, disgust, pain, sadness. I was also in shock. I immediately called a friend, and the friend encouraged me to report the incident to the police.

I didn’t think twice about it. I didn’t doubt the police would take me seriously. I felt that their job is to protect the public and investigate when a crime happens, so it’s important to report. In hindsight, I know that many persons of colour have different perceptions of the police. As an Asian Canadian, I go to the police because I feel it’s safe to. But if you’re Black or Indigenous, and you or your family have experienced racialized aggression by the police (or if you have witnessed that sort of aggression in the media), your first instinct may not be to report.

But in the days and weeks following the incident, I knew that, as a person of colour, I had a responsibility to take action. I had to break the silence that

serves only to protect the aggressor and allow fear, apathy and ignorance to fester among the wider population.

I spoke out publicly, sharing my story with several media outlets. I received a raft of emails and Facebook messages—from friends, acquaintances and even complete strangers. Typically, people were horrified and thanked me for sharing my story. Others (including white men) wrote to say they were shocked that something like this could happen in Canada. Many Asian Canadians shared that they’d experienced similarly racist aggression. It helped to know I wasn’t alone, but it’s hard to hear that some Asians are afraid to go out—not because of COVID-19 but because they might be attacked. It’s not even an irrational fear.

Reclaiming my Asian identity

My experiences of racism and racialization are different from the experiences of Black and Indigenous people in Canada. But my voice—and the collective voice of other Asian Canadians—is important in the conversation about systemic racism. Erna Kim Hackett, a Korean American writer, speaker and racial justice advocate, calls on us to “slash the model minority myth to bits with our refusal to stay silent and our unflinching resistance to white supremacy.”¹ As Asian Canadians, we must challenge the ways we have been affected by systems that deem Asians to be (essentially) law-abiding, non-violent, non-aggressive, non-threatening people of colour. We must ask ourselves, Who really benefits in that power-and-privilege hierarchy? Is it to our advantage to never speak out against racial injustice when we see it?

When Asian immigrants come to Canada, we tell ourselves to contribute, to not confront, to not speak out, to work hard and keep our heads down. These are common themes among the immigrant Asian community in the Lower Mainland and across Canada. But my family struggled to create connections within the immigrant community. I assimilated into many white spaces in my school, my work, my place of worship. You could even say that, given the model minority myth, and compared to Black and Indigenous folk, as an Asian Canadian, I have the closest proximity to whiteness.

But my experience in May of this year, and the rise of anti-Asian racism everywhere during COVID-19, is a reminder that our belonging and acceptance in this country is conditional on social circumstances and racial perceptions that are largely beyond our control. Historical and present racism reminds Asian Canadians that we are not part of the dominant white culture, even though we appear to have some of the same privilege and power as white Canadians.

One of the things I can do as an Asian Canadian is reclaim my Taiwanese identity, traditions and history, and actively recognize and hold the tension between Asian culture and the predominantly white culture that I also occupy. I will speak out against racism and oppression and be a co-conspirator in solidarity for justice and liberation with Black and Indigenous peoples.

As I have learned more about my own cultural heritage and identity, and the role I can play in white

spaces, I have also learned about historical and institutional racism in health care, social services, housing, education, employment and criminal justice systems. My work with the Canadian Mental Health Association in Indigenous communities has given me a unique opportunity to learn about Indigenous history, culture and identity in Canada and how a history of racial trauma has impacted mental, emotional and physical health in those communities. My work with Immigrant Services Society of BC has opened my eyes to how immigrant and refugee youth and families often fall through the cracks in our social systems—everything from trying to find employment or social services to simply trying to book a mental health appointment is a challenge.

There can be no silent witnesses

As I reflect on the incident in May, one of the things that continues to disturb me is that there was a silent witness—an older Asian man on a bike who happened to pass by just as the assault was happening. He looked at me, but he didn't say anything. I could tell from his facial expression that he was really angry or sad, but I think he was also afraid, particularly of the white man.

That kind of fear continues to feed into systemic racism. Our role as bystanders must be an active one, not a passive one. As people of colour, inevitably we will experience racism or witness it. It is important that, when that happens, we respond in an active and empowering way.

I can understand not wanting to confront the white man who assaulted me. But I would have liked the witness

on the bike to have acknowledged me and my experience, to have asked me if I was okay. He could have connected with me. That connection would have made him an active witness. Part of witnessing is validating, acknowledging, recognizing the human being involved—saying, *I saw this; how can I help?* Being an active witness ensures that the focus stays on the human being who is the victim of the racial aggression.

Healing and moving forward

In *Healing Racial Trauma: The Road to Resilience*, Sheila Wise Rowe talks about how racial trauma, caused by repeated direct or vicarious experience of racist incidents, can accumulate over time, leading to chronic stress.² It's no wonder that in a constant news cycle that features violent racist incidents and police brutality, many Black, Indigenous and People of Colour (BIPOC) are experiencing the mental and physical stress and weariness of fighting systemic oppression in their workplace, their community and public spaces.

The phrase "All my relations," used frequently by Indigenous peoples, is an important reminder of the interconnected way of knowing and being that links together ancestors, future generations, communities and land. The words have resonance in the fight against systemic racism. They remind us that we are all related, and that how we value others has a direct impact on our communities and our relationships. As an immigrant and settler living in the traditional, ancestral and unceded territories of the Squamish, Musqueam and Tsleil-Waututh Nations, I am committed to learning from Indigenous leaders, Elders,

land defenders and water protectors to bring healing and justice to the land and people. By understanding, honouring and practising holistic health and wellness at an individual and community level, we can heal past racial trauma and increase our resilience.

As I continue to process the incident in May, and to deepen my understanding of how systemic racism affects BIPOC across BC and Canada, I have also come to see that the act of resistance does not always have to be a fight.

We live in a society where the focus is always on *doing*. But by *not doing*—by simply *being*—we resist the Western practice of defining ourselves by what we do. The counter-narrative is to be who we are, our full selves. In this way, resistance can be meditating, going for walks, resting our body and mind, listening to meaningful podcasts, reading in the park. Resistance can be building friendships, sharing food and caring for our neighbours. Resistance is being our full, complex selves and showing up.

When we are fully present, it is easier to see and respond to injustice. It is easier to witness and speak out against systemic racism and oppression. When we are fully present, we see and hear things more clearly. When we see things more clearly, we can help each other heal and collectively work to end racism. ▽

“It’s No Surprise” and I’m Tired of Saying That

WHY BIPOC NEED JUSTICE AND HEALING INSTEAD OF ANOTHER NEWS STORY

YASMIN HAJIAN, RPN, MC, RCC

It’s no surprise that BIPOC (Black, Indigenous, People of Colour) communities have higher infection rates and death tolls from exposure to COVID-19 than white communities.¹ It’s no surprise that lessons learned about racial and health disparities in relation to this pandemic have come at the cost of Black and Indigenous lives. It’s no surprise that people continue to broaden their awareness of social injustices “off the backs” of historically and currently oppressed BIPOC communities.



Yasmin is a cis woman of colour and refugee settler on unceded x^wməθk^wəyəm (Musqueam), Səlilwəta? (Tseil-Waututh) and Skwxwú7mesh (Squamish) territories. She is trained as a mental health nurse and therapist and is committed to social justice. Yasmin is associate faculty in City University of Seattle’s Master of Counselling program and co-founder of www.healingincolour.com

Yasmin Hajian | Photo credit: Photography by Neets (Anita Cheung)

While the COVID-19 pandemic may be new, the BIPOC struggle is nothing new. And despite this pandemic magnifying pre-existing inequities, we’ve seen this before. It’s no surprise.

At least, it’s no surprise to the BIPOC community. But it should also not be a surprise to anyone else.

But I’m tired of saying “It’s no surprise.” I’m tired of the facts being known and still finding news article after news article that discusses how the pandemic affects people differently based on their social locations and

identities. If we repeat the same facts and quote the same statistics, will things somehow change? Or is the constant repetition designed to make us feel more accepting of unacceptable truths—as if by forcing ourselves to look at a harsh reality it will somehow become more palatable over time and we will feel better about it. And who gets to feel better? The people living the reality? Or the people viewing the people who are living the reality?

I’m not writing this piece to air my frustrations (even though I love to rant). Nor do I wish to regurgitate more



Photo credit: franckreporter at ©iStockphoto.com

For those who may not have recognized this truth before, here's a lesson from BIPOC and all our ancestors: those with more power and privilege get to be well and stay well, and those with less, don't. ”

statistics to prove that marginalized communities of colour are more negatively impacted by the COVID-19 pandemic. There's plenty of information out there for anyone who may still be blind to racial inequities.² For the rest of us BIPOC, we know it, we live it and we want to move beyond acknowledging it because our liberation is tied to action and change. Not just words. What I really want to talk about here is BIPOC healing and the intersection of wellness and justice.

There is no wellness without justice

As a mental health nurse and a therapist, and a woman of colour, I've seen first-hand many of the day-to-day challenges that members of our BIPOC

community face. COVID-19 complicates this everyday reality. Language barriers, racialized violence, financial marginalization and pre-existing mental health concerns (to name a few) contribute to our increased vulnerability during a pandemic.

Centuries-old, insidiously layered structures of power and oppression have had an enormous impact on BIPOC wellness, with lasting health, economic and social effects. For those who may not have recognized this truth before, here's a lesson from BIPOC and all our ancestors: those with more power and privilege get to be well and stay well, and those with less, don't. This is because structures of power create differential access to

services, resources and social capital and result in some people (who are part of non-dominant groups associated with gender, ethnicity, age, ability, sexual orientation or expression and socioeconomic status) being positioned as less powerful, being oppressed and marginalized, and facing barriers to their educational, vocational and personal development.³ Time after time, these structures continue to be upheld and enforced within various systems in different ways, but mainly because power and privilege are invested in some systems and dominant groups but not others. If your family has been poor for generations, for example, it is difficult to obtain the things you need to change your social and economic circumstances. In fact, it can be difficult to visualize whether such a change is even a possibility.

This is why things like distress, depression and anxiety thrive in structures of power and oppression— which are rooted in systems of white supremacy, patriarchy and the foundations of individualistic and capitalistic societies shaped by settler colonialism. In truth, not only do mental health challenges thrive in these sorts of social contexts but many of them are caused by such social inequities and oppressive structures—many of which were intentionally constructed to cause harm to certain groups of people. Accordingly, we see that racialized and marginalized communities face higher rates of health inequities and more barriers to achieving wellness in socially unjust societies—societies in which social, economic, environmental and political policies (and structures of power and oppression) enforce social inequities. For example, Martinique-born

psychiatrist Frantz Fanon observed that colonial subjugation and war have such a harmful impact on the well-being of an individual that symptoms of violence and oppression are often misperceived as symptoms of mental illness.⁴ In these cases, Fanon believed it is the unjust society that is sick, not the individual. We simply can't have wellness without justice: the two are connected and inseparable.

The fundamental relationship between wellness and justice means we must undertake a critical analysis of health care systems and institutions and consider how our care perpetuates inequities in our communities. Our mental health systems particularly have a long history of pathologizing people's experiences, commonly the experiences of BIPOC, women, femmes, queer, non-binary and trans people, causing irreparable harms. In my professional experience, within our mental health care models, emotional distress (typically stemming from traumatic events) is often pathologized as a psychiatric condition rather than recognized as a reaction to suffering and pain linked to oppression and injustice.

Yet no amount of medication can effectively treat someone's economic marginalization, or their experiences with sexism, racism, homophobia, transphobia or other social harms. Offering medication to treat pain rooted in social injustice serves only to diminish and further silence that pain, which in turn perpetuates structural and systemic harms.

The importance of collective healing

So how do we heal in the face of constant injustice? This is a hard ques-

tion to answer in only a few words, but I will say that our freedom, particularly the freedom of BIPOC communities, from suffering, liberation, empowerment, agency and wellness cannot be attained if we are distinctively, individually, alone. Isolation, in many forms, is a hugely negative part of this pandemic. But we don't have to get through the pandemic, or any other struggle, by ourselves. Staying connected (as best we can) is a powerful antidote to isolation and all the mental health challenges that come with it. Isolation can be detrimental to our mental health and our intrinsic need for social connection.

Unfortunately, current social distancing guidelines (which are necessary for our physical health) restrict our collective healing practices in many ways. And yet being in the presence of one another and witnessing and caring for each other are very powerful ways to soothe our emotional, physical and spiritual pain and some mental health challenges we may have. Part of what makes collective healing so powerful is the act of being in community with people who have shared intersecting identities and lived experiences, or who can be a supportive ally in all the right ways.⁵

I encourage all BIPOC to find (or rediscover) the community in which you feel belonging. Discover and revitalize the legacy of healing, liberation work and resiliency practices that have been lost or taken (as a result of oppression, colonization or genocide).⁶ This rediscovery and revitalization is vital to our mental well-being and moves us beyond words to real action. Collectively, we can better resist depression and anxiety, even by committing to small actions. We can heal our trauma, rest and take

care of ourselves and each other by practising radical love and compassion, which feminist theorist and poet bell hooks argues is a necessary step towards liberation and decolonization.⁷ We can nourish each other through shared joy, laughter, food, music, dance, art, poetry and a connection to the land and nature.

With that said, sometimes we need additional help with our racialized trauma, and it can make a significant difference if our health care practitioner has similar lived experience and possesses the social and critical analysis needed to better understand rather than cause more harm.

BIPOC, particularly Black and Indigenous folks, don't often see ourselves represented in the helping professions. This is one of the reasons that I co-founded Healing in Colour (www.healingincolour.com), a directory of BIPOC therapists across the land called Canada who hold anti-oppression values. This helps make the search for therapy that supports healing and liberation a whole lot easier. ▽

resources

Information about COVID-19 benefits and services

- Government of Canada: www.canada.ca/covid-19
- Government of BC: www.gov.bc.ca/covid-19

Information about COVID-19 and how to stay safe

- BC Centre for Disease Control:
www.bccdc.ca/health-info/diseases-conditions/covid-19

Mental Health information, resources, and courses

- Coping With COVID-19 from Anxiety Canada:
www.anxietycanada.com/covid-19
- Stay Well from the Canadian Mental Health Association BC Division: cmha.bc.ca/covid-19
- Bounce Back course (by phone or online) for low mood, stress and anxiety: bouncebackbc.ca
- COVID-19 Psychological First Aid Service from the BC Psychological Association:
www.psychologists.bc.ca/covid-19-resources
- Moving Forward Family Services low-barrier and low-cost counselling (online or by phone): mffs.ca
- Kelty's Key for free virtual self-help and therapy:
www.keltyskey.com
- Wellness Together Canada for mental health and substance use resources, support and counselling: ca.portal.gs
- Foundry in-person and virtual supports for young people ages 12-24: foundrybc.ca
- Family Caregivers of BC for virtual support, the Caregiver Support Line, and other supports for people who care for a loved one: www.familycaregiversbc.ca
- Kelty Mental Health Resource Centre resources for parents, caregivers, and young people: keltymentalhealth.ca


- Confident Parents Thriving Kids phone coaching for parents and caregivers of children who experience anxiety or behaviour challenges: www.confidentparents.ca
- Strong Minds Strong Kids for resources for children, youth, and caregivers www.strongmindsstrongkids.org

Phone lines and virtual support available 24/7

- If you have thoughts of suicide or are concerned about a loved one: **1-800-784-2433 (1-800-SUICIDE)**
- BC Mental Health Support Line for referrals to local services or a friendly ear when you just need to talk to someone: **310-6789** (no area code)
- Hope For Wellness Helpline for Indigenous people by phone or online: **1-855-242-3310** or www.hopeforwellness.ca
- Kids Help Phone for support for children and youth to age 20: **1-800-668-6868** or kidshelpphone.ca
- BC211 to find community resources like the Safe Seniors Strong Communities Program for older adults who need help with non-medical essentials, food banks, financial assistance, mental health and substance use care, and more: **2-1-1** or bc211.ca

Support for health care workers

- BCare For Caregivers mental health supports:
www.careforcaregivers.ca
- Care To Speak phone and online peer support: **1-866-802-7337 (PEER)** or www.careforcaregivers.ca/caretospeak
- Provincial Health Services Authority Mobile Response Team mental health supports: call **1-888-686-3022** or email MRT@phsa.ca

 This list is not comprehensive and does not necessarily imply endorsement of all the content available in these resources.



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