

visions

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finding the right help —
navigating the system

lost in the maze

challenges of finding a care provider in a small town

visions

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

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bc partners and heretohelp

Heretohelp is a project of the BC Partners for Mental Health and Addictions Information. The BC Partners are a group of seven non-profit agencies working together to empower people to improve their quality of life by providing useful, accurate and good quality information on mental health, mental illness, substance use and addictions. We represent AnxietyBC, British Columbia Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addictions Research of BC, FORCE Society for Kids' Mental Health, Family Services of the North Shore's Jessie's Legacy Program and the Mood Disorders Association of BC. BC Partners work is funded by BC Mental Health and Substance Use Services, an agency of the Provincial Health Services Authority. Visit us at www.heretohelp.bc.ca.

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we want your feedback!

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A map of a region in British Columbia, Canada, with a pushpin stuck to it. The word "visions" is written in a large, light grey, sans-serif font across the right side of the map.

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I am responding to your recent issue having to do with the workplace, bullying and recovery. I was happy to see these issues addressed. As the executive director of a mental health non-profit agency, I feel very fortunate to work in an environment which supports people with lived experience to engage in meaningful employment.

Our organization has a mandate to hire only persons who have experience with the mental health system and also we recruit the majority of our board of directors from that group.

The composition of our staff makes it necessary to accommodate for mental disabilities the way some organizations have to accommodate for physical disabilities; but instead of building wheelchair ramps or expanding doorways we have to possess empathy; for example if someone has had a sleepless night and has to come in late we are understanding.

The most exciting part of working here is the way in which some volunteers have moved along the continuum of recovery and have become paid employees. One of our staff was the volunteer assistant; when the volunteer coordinator resigned, she took over that role and has blossomed in it. Having a workplace where everyone has a similar condition which does not hamper their performance but rather enhances it is a rare occurrence and should be encouraged.

—Barbara B., Vancouver

Wow, the issue of *Visions*, themed 'culture,' is so well done. I read it cover to cover! The topic is fresh and new to me. The contributors all have unique perspectives and insights while working with a shared definition of culture. Thank you for your interesting, relevant themes. And thanks for allowing readers' input, through surveymonkey, toward future themes.

—Nancy Zegarchuk, Vancouver

editor's message

The working title for this issue of *Visions* was System Navigation, but 'system' really is a misnomer. There are multiple parallel systems (mental health, addiction, primary care, child welfare, housing, income, justice...) and the word system itself implies a degree of coordination that isn't always there. In fact, then-senator Michael Kirby after his consultations on mental health reform in Canada called this problem "the complex labyrinth of existing services that comprise our current non-system."¹ In the coming pages, you'll see how this non-system feels for people who have to navigate it.

For many reasons, I'm glad that the word 'consumer' for a person experiencing a mental illness is going out of fashion. But in one way, it's apt: the journey to finding the right help at the right time is essentially a shopping experience. And consumers shop. If you're anything like me, shopping can be fun when a few conditions are there: resources like time, energy and money; a plan on which malls or stores to focus my outing; maybe a friend to come with me; a goal that's not so specific I'll be quickly frustrated; and of course freedom to give up without a major impact on my life.

But imagine what it's like when you're unwell and you don't have much time, energy or money; when you have no idea where to focus your search; when you have no one to help you or, alternatively, it's falling heavily on a loved one to do the work; when you're sometimes not entirely sure what your service goal is at all until you find it; and where giving up is at the high cost of your daily functioning, well-being and recovery.

The good news is that getting to the point of realizing you need help and asking for it is huge. And more good news is that two out of three Canadians aged 15+ who faced mental health or substance use concerns in the past year said their mental health care needs were met.² But a full one in three did not. Our "non-system" needs to do far better for those one in three and their families.



Sarah Hamid-Balma

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

footnotes reminder

If you see a superscripted number in an article, that means there is a footnote attached to that point. In most cases, this is a bibliographic reference. For complete footnotes, see the online version of each article at www.heretohelp.bc.ca/visions.

Lost in the Maze

Guest Editors Debbie Sesula, MA, RTC, CPS and Shainul Kassam, MA

The mental health system in BC is a complicated maze. It can be distressing to experience symptoms of mental illness and struggle with fear, shame, denial and ill health all at once; then negotiate help for yourself or your loved ones.



Unlike those with physical health issues, people with mental illness are often ignored, not believed or discriminated against. Additionally, many people don't know what services exist, who provides the services or how to access them.

Most mental health conditions, however, are treatable, and recovery is the expectation, not the exception. Those who get help are generally satisfied with the help they receive, but getting the right help is challenging and feels like walking through a minefield of barriers.

The '5As' (Affordability, Availability, Accessibility, Accommodation, Acceptability), or barriers to receiving public mental health services have been identified and written about often in the literature since the 1980s.^{1,2} In our opinion, the joys and pitfalls of

these 5As are still very much alive—as reflected in our personal and professional experiences.

The 5As: Debbie's experience

I began receiving mental health services in my last year of university at the age of 27, even though I needed services years prior. Thus began a 25-year roller-coaster ride of being lost in the maze of the 5As, with bouts of wellness, suicide attempts, psychosis, depression, anxiety, self-harm, hospitalizations, medications, electro-convulsive therapy, mental health services, outpatient services, residential facilities, psychosocial rehabilitation, vocational services and several attempts to access affordable housing.

Affordability (my ability and willingness to pay)

One time, it took me seven years to find the resources I needed. Although

Debbie has a master's degree in Leadership. She trains and manages peer support workers, and develops and facilitates recovery-oriented programs with Vancouver Coastal Health. She is also Education Coordinator with CMHA North/West Vancouver and Pacific Bipolar Foundation, a BRIDGES and WRAP trainer, and is a member of Peer Support Accreditation and Certification Canada's Certification Committee. Among Debbie's numerous awards are CMHA's Consumer Involvement Award, Coast Foundation's Courage to Come Back Award and PsychoSocial Rehabilitation Canada's Resiliency Award

Shainul has a master's degree in Library and Information Studies. As Coordinator of Volunteer Services and Mental Health Navigation at the Canadian Mental Health Association's BC Division, she has 15 years' experience providing frontline support and referral services. Additionally, she trains volunteers to empower individuals across BC with the knowledge needed for their road to recovery. Shainul has received CMHA BC's Outstanding Community Volunteer Award for her courage to speak up that help is available and recovery is possible

The '5As' (Affordability, Availability, Accessibility, Accommodation, Acceptability), or barriers to receiving public mental health services have been identified and written about often in the literature since the 1980s.

government-funded and other not-for-profit services were offered at no cost, they were limited in what they provided. To receive the help I needed, I had to pay for private counselling. Being on disability benefits, this was a real hardship. Another time, an intensive type of treatment was recommended. It was only available privately and was very expensive. The cost prevented me from accessing this service which resulted in a further decline of my mental health. Finding subsidized housing was another challenge I endured for many years. Once this was in place, I was able to work on getting well and staying well.

Availability (the waiting time and whether the service met my needs)

I was once discharged from an outpatient psychiatry program for being disruptive and threatening suicide, and found myself in the hospital again where it was recommended that I receive electro-convulsive therapy (shock treatment). When I refused, I was told that if I didn't consent to the treatment, I would be committed and have no choice, so I consented. After discharge, I received services for nine years, but suddenly one day I was told my file was going to be closed. I asked that services be cut down slowly, but my request was denied and the only referral I was given was to a psychiatrist with a waiting list.

After 12 years of not needing mental health services, I slipped into a deep depression just as I finished obtaining my master's degree. I went to employee counselling services, but needed more intensive care and therapy. My general practitioner referred me to the psychiatric outpatient program. I waited six weeks for an appointment with a psychiatrist which only added to the distress I was already feeling.

Accessibility (the referral process and my ease of being able to physically reach the location)

Oftentimes, the formal process of accessing services is challenging. When you factor in how unwell a person with a mental illness can be, this can be a double-whammy. For example, I remember having to go through a lengthy phone intake process and attend an orientation to fill out a number of questionnaires before even obtaining an appointment. However, I did receive an appointment within a week.

When I was hospitalized the first time, the hospital didn't have a psychiatric ward, and after a few weeks I was transferred to a hospital two hours away from my home and community. At another time, I had to travel at least one and a half hours each way to receive specialized services from a psychologist.

Accommodation (the hours, duration, location and transportation constraints)

When I was working, it was a challenge to obtain services of any sort, as they weren't offered outside of regular working hours. When I moved to a different residential address, I had to get a new referral to receive mental health services in the community I now lived in. Because I worked in the mental health field, I expressed my discomfort of receiving services in the community where I worked. But I was too distressed to advocate harder to receive services elsewhere. Besides, it would have been a one hour commute.

Acceptability (my comfort with the use of services)

Having one particular diagnosis (borderline personality disorder), I experienced judgment and condescending attitudes because of that diagnosis. Twice, I inquired about attending a particular treatment group that was recommended and was told I wouldn't be a good fit. I did not experience the same with a later diagnosis of bipolar disorder. As mentioned above, when I needed help that wasn't available, I saw a private counsellor. When I told the mental health team, I was told that my file would be closed if I continued to see someone privately (something about having more than one provider involved interfering with treatment). I kept going but never told them.

The 5As: Shainul's experience

As someone whose job involves steering people to the right resources and services, I can totally relate to Debbie's frustration with the mental health system in BC. In my work, I and the people I work with continue to encounter challenges on a daily basis. The top seven challenges (presented in first-person 'snapshots') include the following:

1. The hospital released my son just hours after it took so much effort to get him there. We waited for five hours in ER. He is clearly experiencing symptoms of paranoia and psychosis, but convinced the hospital staff there is nothing wrong with him. What do we do now? I am too scared for my safety to bring him home.
2. I am really depressed, have severe anxiety, cannot hold down a job or get out of the house, and am taking some medication. But my local mental health centre refuses to accept me as a client because my symptoms are not severe enough to warrant their services.
3. My doctor recommended that I seek the services of a counsellor or psychologist. I was able to access a counsellor through my extended health benefits, but \$500 only covered three sessions. Is there somewhere where I can access free counselling on a long-term basis?
4. My doctor has referred me to a psychiatrist. There is a three-month wait-list. What do I do in the meantime?
5. My daughter has been involuntarily committed to the psych ward, but the hospital staff won't tell me anything about her diagnosis or treatment.
6. I have a concurrent disorder and need to access mental health housing

with some supports in place. There is a one year wait-list. If I don't find something in six weeks, I will be homeless.

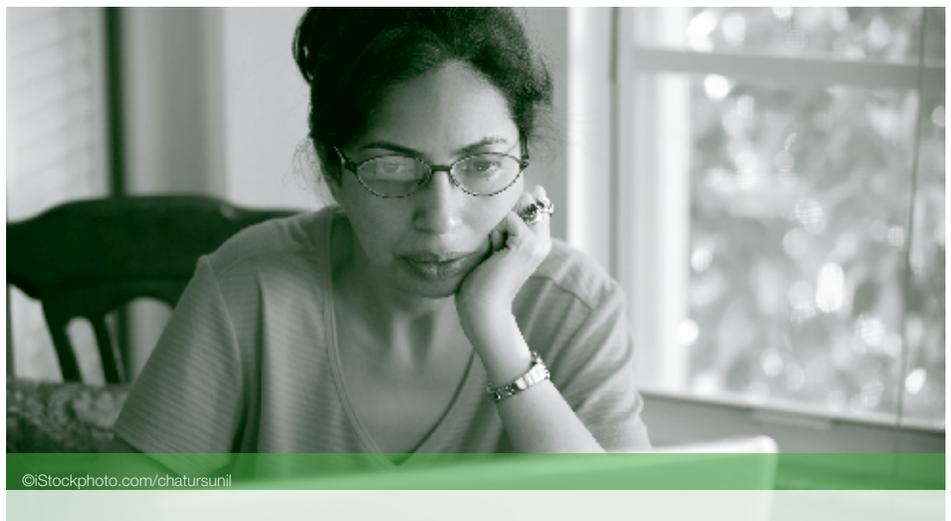
7. My mom was released from the hospital, without any referrals into the community, one day after a suicide attempt. She refuses to take her meds and self-medicates with alcohol, and I am really worried about her safety.

My own personal experiences of accessing services for people I care about (elderly and youth) have been full of challenges, in spite of my own breadth of knowledge regarding services in BC. These experiences include being turned away from the hospital after waiting for seven hours to see the Registrar in ER. On another occasion, they were released too early because of lack of beds. When they inevitably needed another visit to the ER a couple of days later, we had to go through the whole admission process all over again, including the excruciating wait. We know the exhaustion of having to repeat our story with every new professional we encountered on our journey.

Additionally, we have experienced not being given any explanations about the necessity of experimenting with the medications or the consequences of non-compliance (solitary confinement in a straitjacket). I have also had to wrestle with the cultural stereotyping, judgements and condescending attitudes that some health professionals assume about their clients and the differences that shape their experiences and recovery.

Having said that, as soon as I was able to find my voice, and learn how to negotiate and advocate for my family, we were able to get connected to, and receive, invaluable services. Unfortunately, when you are in the throes of a deep depression, or frozen with panic and anxiety, or experiencing a totally different reality, it is extremely difficult to be accountable for yourself or for your loved ones.

Coming back to the 5As, we wish we had the answers, but we do not. As you read through this edition of *Visions*, our hope is that you will consider the importance of the 5As, whether you are a service provider or a recipient of services. ▽



The Right Path for You

FINDING YOUR WAY THROUGH SERVICES IN BC

Stephanie Wilson, BA

When you're seeking mental health services and providers, you may feel confused or even overwhelmed. You may be wondering which path is the right path for you.

Stephanie is Editorial Coordinator for Visions and the Canadian Mental Health Association's BC Division



Or wondering, is there a right path? You might even wonder if there is a path at all...

The reality is that everyone has a path, and it isn't always clear. And everyone experiences unexpected setbacks or challenges at some point along the way. However, as long as you're moving, with the intention of improving your health and well-being in a way that supports your goals, you are likely already on the right path—the right path for you.

Actually, your path is defined by your situation, your wishes, and your choices. For some people, it may include only medical health services like doctors and psychiatrists. Other people look outside of medical health systems for help and support. Whether

it's intentional or not, many people use supports from different systems. After all, seeing a psychiatrist doesn't exclude someone from exploring the benefits of yoga or meditation.

In BC, a reality is that geography does impact the services that are available. Some communities will offer most or all of the services in this article, while rural or remote communities may not offer all of these options. While travel may be an option for some people, it may be not an option for everyone.

This article focuses only on medical health services, included those covered by the BC Medical Services Plan (MSP).^{*} The major players in BC's medical health services are the health authorities, which are government agencies that administer health services

^{*}BC Medical Services Plan (MSP) is the public insurance provider that covers necessary medical appointments and tests, along with some complementary services. To learn more about MSP, visit www.health.gov.bc.ca/msp

in a particular geographic area. There are five health regions for adults in BC (Northern, Interior, Island, Fraser, Vancouver Coastal). There are also two BC-wide health authorities: the Provincial Health Services Authority (BC Women's and Children's is part of this) and the new First Nations Health Authority. Children and youth also receive health services through the Ministry of Children and Family Development. These systems aren't the only way, but they are systems that most people encounter at some point.

Before you start...

Before you begin your journey, it's helpful to think about the challenges you're experiencing and what you want to do about it. How would you describe the problem? How is it affecting your life? What do you expect to get out of treatment? Are you interested in a particular approach, or is there a treatment that you aren't willing to try?

Remember to think about the practical aspects of seeking services too. Does your schedule restrict the times you could go to appointments? Do you anticipate any barriers, such as transportation or child care? Do you have family or friends who can help you? Can any community providers help reduce these barriers? For example, some community organizations can coordinate transportation to appointments.

When you talk with service providers, it's important to be clear about your experiences and expectations so that everyone is on the same page. Some people find it helpful to bring a list of questions or points they want to talk about at their appointments.

You can learn more about how to work with health professionals at

www.heretohelp.bc.ca/factsheet/managing-a-mental-illness. But first you need to find the right one.

Common service providers

There are many different kinds of services providers in the health care system. The type of professional you see will depend on your specific mental health challenges, the diagnostic and treatment strategies you feel most comfortable trying and your own goals for achieving wellness. It may also depend on where the service providers are located or your ability to travel, or not, to these providers.

A **family doctor** (also called "general practitioner" or "family physician") is a medical doctor. They can diagnose mental illnesses and prescribe medications, and their services are covered by MSP. Most people initially seek help through a family doctor. A family doctor is a good first step for most people because they can refer you to more specialized psychiatric services, which usually require a doctor's referral. A referral means that the doctor requests an appointment with the specialized service provider on your behalf. Your family doctor may also have good recommendations for counsellors or psychologists, local

mental health resources, and other key support people in your community.

If you don't have a family doctor you see regularly, you can also go to a walk-in clinic to see a doctor. You can find a regular family doctor through the College of Physicians and Surgeons of BC.

Psychiatrists are medical doctors with specialized training in mental health. They can diagnose mental illnesses and prescribe medication. Many psychiatrists also offer talk therapies, such as cognitive-behavioural therapy. A different medical doctor, like a family doctor, must refer you to a psychiatrist. A psychiatrist's fees are covered by MSP.

Psychologists and **registered or certified counsellors** (such as a Registered Professional Counsellor or Registered Clinical Counsellor) assess mental health care needs and provide different therapy or counselling services. This often includes teaching skills that support recovery and improve well-being. Some psychologists or counsellors specialize in a particular therapy approach, mental health concern or population group. Psychologists and counsellors cannot prescribe

phone and email support

There are several different free phone and online support organizations. Many of these organizations offer crisis support as well as general advice around identifying local resources. See *Navigating the Navigators: British Columbia's phone-based support and information lines* on page 28 to learn more about these phone-based services in BC.

For email support to navigate mental health and addiction services anywhere in BC, please contact us at HeretoHelp at askus@heretohelp.bc.ca

aboriginal services

Health services for Aboriginal community members are administered through the First Nations Health Authority in an agreement between BC First Nations, the government of BC, and the government of Canada. Learn more at www.fnha.ca. In Nisga'a communities, health services are provided by the Nisga'a Valley Health Authority. Learn more at www.nisgahealth.bc.ca.

Many Aboriginal people living off reserve find health and mental health services through their local Friendship Centre. Learn more from the BC Association of Aboriginal Friendship Centres at www.bcaafc.com

All health authorities in BC have Aboriginal patient liaisons, navigators or nurses. For more information, visit www.healthlinkbc.ca/commonhealthconcerns/aboriginalshealth

medication. Provinces have laws that regulate the standard of care that psychologists offer. Counsellors may choose to join a professional organization with its own standards of care, though these groups are not regulated by laws in all provinces.

You can access a psychologist or counsellor on your own, but their fees are not always covered by MSP. If you have a private insurance plan, such as your employee benefits, the insurance provider may also cover some costs.

To find a psychologist or counsellor, contact the BC Psychological Association or the BC Association of Clinical Counsellors. You can also ask a family doctor or other medical service provider for recommendations.

Social workers and **nurses** may be involved in mental health care. They can help coordinate your care, teach skills and support recovery goals.

Occupational therapists support skills around activities like self-care, daily tasks or obligations, community involvement, paid work, volunteer work, and social or recreation activities.

You can learn more about these professionals through a health care provider and through community mental health organizations. Some fees for these services may not be covered by MSP, so it's a good idea to ask about this when you make your first appointment.

Support is an important part of recovery and well-being. **Peer supporters**, or **peer support workers**, are people who have experienced a mental illness or who support a family member with mental health issues. Peer supporters use their experience to provide support and understanding as well as practical help to navigate health systems and find community services. **Support groups** are a formal or informal place to gather and share experiences, learn from others and connect with people who understand what you're going through and are navigating medical health systems too. Support groups may be led by a service provider or by peers. They often work within and alongside medical health services. Ask your health care providers for more information about peer supporters, peer support workers, and support groups.

Where else can I find help?

Health authorities deliver (or fund other non-profits to deliver) many of the services described above. They can provide a lot of information around inpatient services (where you stay at a hospital or other facility) and outpatient services (where you stay at home but attend services at a hospital or other facility). They may also provide other services in the community, like mental health teams for people who need more support than a family doctor. Be aware that many of these programs have some sort of eligibility requirement—for example, you may need a doctor's referral or you may need to live in a certain area to access services. Health authorities may offer assistance around navigating the local health system or assistance with advocacy. To find contact information for your local health authority, visit www.health.gov.bc.ca/socsec. To learn more about services for children and youth, visit the Ministry of Children and Family Development at www.mcf.gov.bc.ca/mental_health.

Some **workplaces** can provide a lot of guidance and support around accessing mental health services. In addition to employee health benefits, you may be able to access counselling sessions or other supports directly through an Employee and Family Assistance Program (EFAP). Your EFAP can also recommend service providers in your area.

Schools are another great resource. Some schools offer counselling or therapy services to students, and some offer other tools like support groups, advocacy, information sessions or guidance for parents. Remember that mental illnesses are considered disabilities, so a school disabilities assistance



Finding the right service provider for you

When you start connecting with service providers, it's easy to feel like you have to accept the first available option, especially when options feel limited. However, some people just aren't the best fit. This isn't anyone's fault—it's just the nature of human relationships. You could have different values or perspectives, or you may simply not match in terms of experiences and expertise. If you feel like you aren't connecting well with a service provider, it's okay to explore other options. Take advantage of any introductory consultations to see how you work with the service provider, and don't be afraid to speak up if it isn't working for you.

Resources

For a handy list of key phone numbers and websites, please see the resources section on the back cover. ▾

Whether it's intentional or not, many people use supports from different systems. After all, seeing a psychiatrist doesn't exclude someone from exploring the benefits of yoga or meditation.

provider or advocate at the school can also help with mental health resources. Teachers can play an important role, too. Teachers can connect you to other resources in the school or community, or suggest places to seek extra help. If younger people need to talk to someone, teachers and school counselors are a good option.

Community mental health organizations can connect you with service providers and provide a great deal of guidance around local resources. Many organizations offer education, support and recovery programs. If you can't find an organization in your community, provincial organizations like the partners behind HeretoHelp have diverse networks and can still help identify helpful options near you. Visit www.heretohelp.bc.ca/about

about for a list of some major provincial mental health organizations.

Additional approaches

There are other types of health services, generally considered to be "alternative" or "complementary," which some people find to be useful. Some of these services may be offered by physicians while others may be offered alongside mainstream medical systems. A few options include acupuncture, massage therapy, and naturopathic treatments. Be aware that some treatments should not be used alongside others (for example, using certain medications at the same time as certain herbs), so it's important to talk with all care providers about all of the approaches that you're using. Some of these services may be covered by private health insurance.

Lost in the Gap

Joshua R. Beharry

In the fall of 2009, I became severely depressed. When I finally reached out for help, I thought I'd come to a turning point. I didn't realize getting treatment and navigating our mental health care system would be just as hard as the struggle to ask for help.

Josh is 27 years old and lives in Vancouver, BC. He is currently working on a Movember-funded project to create a men's depression help website. He enjoys hockey, photography, sci-fi and hiking. Visit Josh's website [Mental Health Point of View \(mhpov.com\)](http://Mental Health Point of View (mhpov.com)) to learn more



At first, since I was a student at UBC, I tried to get help through student services. I saw a doctor at Student Health Services in mid October, and was told to make an appointment with Counselling Services. Appointments there were hard to get. I had to skip classes to make an emergency appointment, going to the office early and staying until I finally got to see someone.

I saw that "someone," a psychologist, just once. He helped calm my stress and anxiety, but couldn't see me more than a couple of times, weeks apart. There weren't resources for long-term (or even short-term) treatment, and getting an emergency drop-in session was very stressful.

I gave up trying to get help at the university. It would've been helpful if

the doctor at Student Health had told me what level of support I could expect at Counselling Services. It certainly wasn't the start I expected after finally confronting my stress and emotions and reaching out for help.

I also thought about seeing a private psychologist, but my student health plan wouldn't cover more than a couple of sessions and I needed more support than that. Trying to find a psychologist or psychiatrist (I didn't really know the difference) was like drawing names out of a hat. I couldn't find information about individual practitioners and what they specialized in.

After my initial experiences with the student health and counselling services, I made an appointment to see my family doctor. After speaking with

her about my stress and sadness, I was diagnosed with depression, at the age of 22.

After a couple of weeks, which seemed endless at the time, my family doctor got me a psychiatric consult at the Vancouver General Hospital (VGH) outpatient psychiatric clinic. My family doctor was a great advocate, calling repeatedly to get me on a standby list in case earlier appointments opened up.

When I saw the consulting psychiatrist, and the psychiatric resident I started seeing at the outpatient clinic, I didn't admit how hopeless I was and avoided answering painful questions. I'd never talked about the things that were bothering me, and to share them with a stranger was an unfamiliar process.

I was relieved to get more routine help, but after a month or so of weekly meetings with the resident, I realized our sessions were ending. I didn't know why at the time, but basically, my resident's placement was over.

I was doing slightly better, though my mood was still very low. It was hard to tell, because I was so stressed about school and my career path, about hiding what was happening from my friends, and whether or not I'd ever recover.

Around this time, I also attended a cognitive-behavioural therapy (CBT) course suggested by my resident. The CBT course ran weekly, for eight to 10 weeks. It helped me understand just how warped and distorted my thinking had become—I was consumed with worries and thought only in absolutes. But I really needed more individual care, as I had many longstanding issues.

It's now four years later, and through talk therapy, CBT, mindfulness practice, medication, and overall improvements in my sleep, exercise and eating habits, I'm doing much better.

The resident also told me about a drop-in rapid-access counselling group, where I could see a mental health worker in a group setting. It sounded like something I was being referred to for lack of better supports, though, and I didn't try it out.

Through the resident, my family doctor and the CBT course, I did learn more about depression and what I was going through. The process was much slower than I'd hoped for though, as every day was difficult to get through.

I started seeing a counsellor at SAFER (Suicide Attempt Follow-up Education and Research), a suicide prevention centre that my resident referred me to before our sessions ended. My counsellor at SAFER didn't seem to have a good grasp of what I was going through, and there wasn't the same personal connection as with my family doctor and resident. I kept going, for a few weeks, hoping this would help me get better. But I didn't really trust him or value his advice, so wasn't forthcoming about the things I worried about most.

Meanwhile, at school, I'd hoped to receive advice and help managing my courses through UBC and the Faculty of Science advising centre. I didn't receive any help. Instead, I had to get a note from my doctor, which I did, and then scramble to negotiate extensions for

coursework with each of my professors. I ended up dropping one of my four courses, but my remaining professors gave me extensions. One went out of her way to express sympathy for what I was going through, which meant a lot to me.

In December 2009—while I was still doing the CBT course and seeing the counsellor at SAFER—I went to emergency at VGH to see about being admitted to a psychiatric ward. I was having suicidal thoughts and was afraid of what I might do to hurt myself.

At VGH I was seen by an emergency room doctor and a psychiatric nurse. I found out I'd only be admitted to the hospital as a last resort—I'd have to have a specific plan to kill myself already in place. I was sent home, and left thinking that a hospital wasn't a place to get better.

A few weeks later, I formed a plan to end my life. I didn't go back to VGH to seek help—instead, I attempted to take my life by jumping off the Oak Street Bridge.

I was incredibly lucky to survive the fall. I had texted my brother just before, counting on his usually poor phone service to ensure he wouldn't see it right away. Fortunately, he did and stepped into action to get help. I was

taken by ambulance to VGH, where I stayed for a week. I had six broken ribs and five hairline fractures in my vertebrae. Luckily, I didn't have any spinal cord damage.

I'm not sure what the best care option for me would have been, but again I was sent home without being admitted for psychiatric treatment.

Recovery from my physical injuries took many months, and I ended up dropping all my classes in the January 2010 semester.

Recovery from my mental illness has taken years. I'm still not consistently at the place I want to be, though I'm doing infinitely better than in the weeks and months surrounding my suicide attempt.

End of summer 2010, my family doctor was able to find a psychiatrist who could see me on a long-term basis. I began taking university courses again in fall 2010. It's now four years later, and through talk therapy, CBT, mindfulness practice, medication, and overall improvements in my sleep,

exercise and eating habits, I'm doing much better.

Trying to get well has been a confusing process. I was met with a disjointed system. Each time I met with someone at another service, I had to once again explain what was going wrong. No one told me the extent of, or limits to, the supports I was receiving until much later in the process. It all eventually led me to recovery, but only after a tremendous amount of luck gave me a second chance. ▾



Do you have a Housing Discrimination or NIMBY story to share?

we want to hear from you.

Our upcoming issue of Visions is looking at discrimination in housing, NIMBY (Not In My Back Yard), and promoting inclusive and welcoming communities. If you have a personal story (as an individual living with mental illness or addiction, a family member, a frontline service provider, a landlord, or a neighbour), please contact us. We may invite you to contribute to Visions!

Email us today at visions@heretohelp.bc.ca

Hiding in a Glass House

CHALLENGES OF FINDING A CARE PROVIDER IN A SMALL TOWN

Jennifer S. Watson, RTC

I'm a relationship counsellor and hospice volunteer in Vernon, BC, so I could just speak from a professional point of view, but I am first going to speak as an individual searching for a counsellor or therapist of my own.



Jennifer is a Registered Therapeutic Counsellor and the sole owner of Querencia Counselling (www.querenciacounselling.com) in Vernon, BC, specializing in relationships and communication. She also helps clients with grief, loss and self-esteem, and provides life coaching

Jennifer at Polson Park in Vernon BC

I grew up in a small town of about 25,000 people in the Kootenay region of BC. In 1997, just before I moved to Vernon, I lost my mother in a head-on car accident that instantly took her life. It was then I first experienced the challenges of living in a small town and needing to find someone to guide me through emotional recovery.

Where does one start?

When I was seeking a professional to speak to about the very painful loss of my mom, I struggled with what people often grapple with in this kind of search: Do I need a counsellor? A therapist? A psychiatrist? A psychologist?

What is the difference? How do I know if they are covered by my benefits? Where do I find them? What makes one better than the other? What if they can't help me, then where do I go?

At the time, I wanted to be invisible. I didn't want people to ask me about the accident. I didn't like walking down the street in my little town and seeing people whispering and hearing them speak my mom's name. And I didn't want people to know I was emotionally wounded and needed help—didn't want them to see me as 'weak.' I just wanted to disappear; I wanted it all to disappear.

There are always pros and cons of living anywhere. Some of the pros of living in a small town are a strong sense of community, familiarity and the benefit of only having one or two places to go to find what you're looking for, instead of having to choose from many options.

Unfortunately, these pros can also be cons, especially in the mental health field when you are trying to remain faceless. When it came time to start my healing, however, it was going to be impossible to stay hidden in what felt like a glass house because everyone knew everyone else.

Having limited options may make decision-making easier, but for me, there was more to it than that. What if I know them? What if they knew my mom, who also worked in the mental health field? What if they know my friends? How do I know I won't show up in a social setting with them? What if I didn't like how they were dealing with me? What if I didn't get along

with them? What if I felt judged? Then what? Then who?

These concerns reduced my options in mental health to probably fewer than a handful of choices. It was frustrating and rather scary. And what if I needed a specialist? They were even fewer and farther between, and I didn't even know where to look. And how often would I have to see them? How far away might I need to travel to see them? Could I afford to leave town for appointments?

Through word of mouth, I ended up seeing a professional at the hospital in town and the cost was somehow covered. I don't remember if he was a psychologist, a psychiatrist, a therapist or a counsellor, but I do remember how uncomfortable I felt. I left his office thinking maybe I wasn't in too bad of shape—but also like I hadn't actually been helped. I decided to just struggle through on my own for a while, thinking that maybe what I felt was normal!

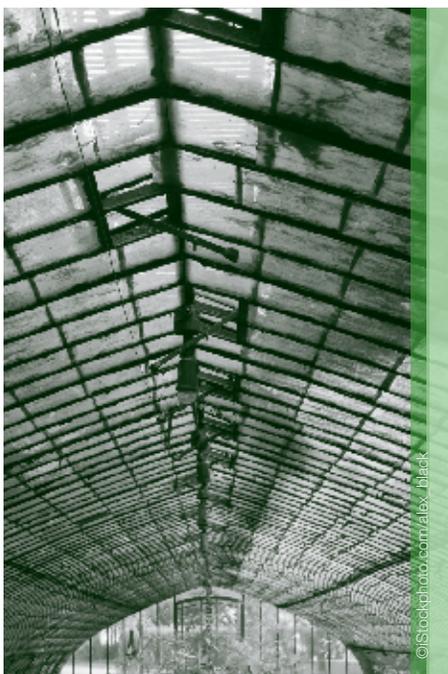
Trying a slightly larger small town...

I decided that if I was going to have a chance to fully heal, I needed new surroundings. It hurt too much, seeing places I'd had lunch with my mom or places we had lived, or driving by where the accident happened. I moved to Vernon (population of 58,000) a few months later, and once again looked for a helping professional. I wanted confirmation—by someone who knew what they were talking about—that I was going to be all right.

Being new to town made it a bit easier in that I knew I wouldn't know them, and they wouldn't know anything about me. But still, I worried about whether I'd meet them later in a social setting. That, however, was a risk I had to take, because what scared me more was being emotionally unhealthy—was I going to “snap” one day, or had I worked through the grief? I felt okay, but was I?

I simply opened a phone book and called for appointments. I met with two or three counsellors before I found one I connected with; one I felt really understood what I was going through. I didn't want a 'textbook with a treatment plan.' I wanted someone who would talk to me in words I understood and not look at me like I was a wounded animal.

Finally I found one I felt safe enough with to share my pain and who didn't make me feel judged. I don't know if he held a diploma or a PhD, but he had worked for years in the field. He seemed to be reasonably priced—between \$75 and \$100 per hour, which was covered on my employment benefits plan at the time, allowing me 12 sessions in one year. What was most important to me, though, was finally



When it came time to start my healing, however, it was going to be impossible to stay hidden in what felt like a glass house because everyone knew everyone else.

Thanks to the Internet, a lot of the concerns I had as a client are now more easily answered. You can search for just about anything or anyone by typing in just a few words, though finding the right person for you can still be a struggle.

being able to open up and to feel like someone was listening.

In my counselling sessions, we discussed the loss of my mom and what it was like for me. We also talked about other obstacles I'd faced in my earlier years. After about six months of seeing him every couple of weeks, I felt good enough about my emotional state to stop regular counselling sessions. I still have a counselling session every few months, however. This provides me with a support person who is not directly involved in my life, but who listens with care and supplies me with the life tools I need.

My fear of bumping into my counsellor in public actually came true once, but he handled it professionally, not addressing me until I waved at him. It felt safe and cured my fear of my problems being public.

Help is out there!

It's only in the last two years that I pursued a profession as a counsellor. After experiencing first-hand how hard it was to find the right person to share my deepest emotions with, I decided I wanted to be that person for others. And, having experienced various obstacles and concerns as a client has definitely helped me as a professional. I truly understand the meaning of confidentiality and appreciate the importance of that, especially in a small town.

Thanks to the Internet, a lot of the concerns I had as a client are now more easily answered. You can search for just about anything or anyone by typing in just a few words, though finding the right person for you can still be a struggle.

Most of my clients find me on the Internet. I have my own website and am also linked to other websites such as Psychology Today, Twitter, Facebook and LinkedIn. However, I do enjoy the benefits of living in a small community. Local bulletin boards show my card, and word-of-mouth referral from clients, friends, colleagues and other professionals has proved invaluable.

Word-of-mouth referrals can work to the advantage and disadvantage of a professional, as the word about you could be good or bad. But in my case, it has served me well. Doctors who work in the same building often refer clients to me—not something as readily done in an urban centres where, in very large buildings full of service providers, there isn't the same connection and camaraderie. It eases the minds of clients when I come 'doctor recommended.' They have one professional referring another and don't have to go through the kind of search I did when I needed help.

Ask your doctor, your chiropractor, a nurse or other professionals you may be seeing. Most of these care providers

have a list of people they trust and they're usually happy to refer you.

Be patient and don't settle for help from just anyone—it's so important to find someone you're comfortable with and feel safe with. And if they don't 'feel' right to you, ask them to refer you to a colleague. This may sound odd, but as a counsellor I would respect that. A counsellor will often feel the lack of connection, or they may not specialize in what the client needs to work on, so may be very happy to refer you elsewhere.

It took me many years to realize that seeking emotional help doesn't mean you are weak. It takes a great deal of strength to ask for help when you need it to deal with what this world sometimes hands us. ▾

Family Peer Support

A VITAL ROLE IN SYSTEMS NAVIGATION

Moira Hazlehurst

I'm a Parent in Residence (PiR) with The FORCE Society for Kids' Mental Health (see sidebar). A PiR is a parent who has lived experience of having a child or youth with mental health challenges, and who provides other parents with support, mentorship and assistance finding resources.

Moira is a Parent in Residence with The FORCE Society for Kids' Mental Health in Coquitlam, Port Coquitlam and Port Moody, and is the mother of children ages 9 and 12. Her older son has struggled with mental health challenges since he was a young child



We work directly with parents/caregivers and service providers to create stronger relationships and collaboration between the two.

For this article, I wanted to find out about parent and caregiver experiences navigating the mental health services system. We also wanted to know about how helpful peer support from a person with lived experience of navigating the system can be for someone trying to get needed care for their child.

What is system navigation? Simply put, it's where and how you find the information and services you need to support your family.

The topic of navigating a complex system can be challenging, and everyone is different. What works for some families doesn't always work for others—you must pick and choose what speaks to you.

The following information represents my own experience and the experiences of families I support as a PiR and of the families I interviewed for this article.

Frustrations in finding help

Unlike a physical disability, mental health challenges are often invisible and can appear to be a behaviour challenge. When should a family in crisis reach out for help? Where does a normal behavioural challenge end and a mental health challenge begin?

the FORCE society for kids' mental health

The FORCE Society for Kids' Mental Health is a provincial organization that serves families who have children with mental health challenges. The FORCE supports and empowers families, providing opportunities to speak with other families who understand and may offer support or advice on what has worked for them. The FORCE also works collaboratively with professionals and systems toward better understanding and meeting the mental health needs of families.

How does a parent or family member determine the difference? One parent said:

- *One of the most frustrating aspects of system navigation (other than limited resources) was convincing our contact that there is an actual mental health challenge and it's not just a parenting issue.*

When I first began trying to find help for my son's mental health issues, I had no idea what services were available. And I had no idea where or how to begin searching for services. And now there are so many websites you can go to, but first you need to know what you're dealing with, so you can search for the appropriate services.

How do you find the services you need? Some things parents suggested would be helpful:

- *A centralized guide or directory of all mental health services and mental health practitioners in each area geographic location including specialist therapies*
- *Having one identifiable person to help create a plan and work throughout the bureaucracy that we so often come up against*

When families were asked what they found least helpful about navigating the system and finding the right help for their loved one, one family member said:

- *Some services that are needed and would be optimal are not available everywhere. For example, a mood disorders clinic in one community offers an agenda booklet with information on resources and on their "best practice": that is, a team of people assisting the client to function in society. But this best practice isn't provided in all BC communities.*

Another challenge parents face—especially when you have a child/family member who hasn't been diagnosed or who has multiple diagnoses—is “gated services,” or those that require a professional referral.

- *Some agencies have “gate keepers,” who make sure that every avenue has been tried by the families before they will refer them to some other agencies that may meet their needs.*

Yet another challenge families have faced is that, once they've received the services, there's a lack of follow-up.

One parent noted:

- *There was one assessment, but then only minimal follow-up afterward, and no ongoing supports or queries to determine how things are going.*

When your child becomes an adult, the information family members receive can be reduced due to privacy issues put in place to protect the individual.

- *We don't always know what is going on with regards to care/treatment plans, and have to continuously ask our loved ones questions.*
- *Some specialists/health care providers are great at communicating with us and telling us what is going on. However, with others, my mom or I will attend meetings with my dad so the issues that need to be raised with the doctor are*

communicated and we fully understand the next steps.

What is helpful

Some of the things families found most helpful during their journey to access services for their family member was connecting with service providers who were knowledgeable, non-judgmental and who understood what they were going through.

- *They took the time to understand the complexities of my son's illness and to get to know us as a family.*
- *Most of the programs I've learned about have been through outreach groups, including The FORCE and ACT BC—Autism Community Training. I consistently refer people to these organizations as sources of information, but they are only a starting point.*
- *Peer-to-peer support, the Internet for information gathering and online support, and support groups such as BCSS (BC Schizophrenia Society) and The FORCE are all assets.*

Peer support is crucial

Families were asked if they'd had an opportunity to talk with other parents or family members in a similar situation, and if so, to say how and why this helped them. Most people said talking with others in a similar situation can help with the isolation and frustration

many parents face. But they also said that peer support was crucial in getting the support they needed for their family.

- *Almost all the help, personal support and information I have ever received has come directly through peer support groups and one-on-one discussions with others dealing with the same issues. Because they have lived these experiences, they seem to care more and understand that your child/family member deserves help and services as much as anyone else.*
- *Unlike many professionals in the health community, peers never judge you personally or assume that your bad parenting has somehow caused or contributed to your child's mental health challenges.*

When a family is in crisis, it's often overwhelming. They don't know where to begin and who to turn to. But when families have an opportunity to talk with other parents or family members with lived experience, they can receive information about options for resources and support to navigate the system.

Parents expressed:

- *Talking with persons who fully understand the condition and can empathize is extremely helpful in dealing with the exasperation of the condition and learning to accept the condition.*
- *I was accepted by other families walking a similar path as mine; there was no judgment, just understanding. They understood the chaos, trauma and uncertainty that surrounds a diagnosis of a serious mental illness. No situation is exactly the same, but hearing another person's story helped me see solutions and approaches that might work for our situation.*
- *With shared experience regarding the lack of services, inadequate existing services and the long wait-lists . . .you*

When families have an opportunity to talk with other parents or family members with lived experience, they can receive information about options for resources and support to navigate the system.

don't feel as alone. And you realize that the frustration felt at the lack of services is not due to a negative outlook, but to the reality of the situation.

The FORCE PiRs assist families to feel connected to, and capable of accessing, the services their family needs. One family said it like this:

- *My relationships with them have been so important, particularly during times of stress combined with a need to make medical decisions. They get it!*

My family has experienced some of what I would call wrap-around care. The service provider asks what's working and what isn't working, while considering our whole family dynamics. At the same time, this service provider collaborates with us to support our son, by putting services in place that are specific to his needs. This kind of wrap-around service benefits not only the individual with the mental health challenge, but the entire family.

I believe the mental health system has progressed, but we still have a long road ahead of us. My hope is that one day we'll see all families and caregivers, wherever they reside and whatever their financial barriers, collaborating with service providers to engage in "wrap-around care." ▼

When Words Get in the Way

Natasja van der Lingen, MA

I am a WorkBC employment services advisor for Beacon Community Services, a multi-service non-profit agency in Victoria, BC. Frequently, I encounter clients who struggle with multiple barriers to employment, such as limited education and training, disabilities or unstable housing.



Natasja has worked with people with disabilities for nearly 20 years. Ten of these years focused on vocational rehabilitation and employment services. In addition to related training, including in mental health and addictions, Natasja has a master's degree in, and passion for, intercultural and international communication. She lives and works in Victoria, BC

Immigrant job seekers often have a possible language barrier as well.

For immigrants, the struggle to communicate clearly and with confidence significantly impacts their ability to familiarize themselves with local resources and to access service providers. It was this kind of struggle that brought a mature immigrant woman to tears in my office recently.

Marina*

Marina was referred to us by the BC Employment and Assistance program. People who apply for income assistance benefits (welfare) are routinely directed to WorkBC Employment Service Centres, where we support them in their efforts to find sustainable employment.

Marina moved to Canada from the Ukraine many years ago, but she had relied heavily on her former husband to handle communication with businesses and service providers. Her English skills, after all these years, remained limited.

Marina was single now, desperately trying to build a new life for herself here, on her own. She realized, however, that she couldn't do it all on her own. She needed support with finding employment, finding stable housing and accessing mental health services to deal with a past traumatic experience. Her efforts to access crucial services and supports were greatly hampered by her inability to communicate clearly in English.

*Client names and any identifying information, including countries of origin, have been altered to protect privacy and confidentiality.



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It's very important for service providers to be aware of the professional translation and interpretation services available to immigrants and to help their clients access these services as needed.

Marina needed to update her banking information for her Canada Pension Plan (CPP) and have her automatic deposits redirected. Her tears of frustration on that day stemmed from her failed attempts to explain her situation over the phone to a CPP representative.

Lost in translation— A stranger in strange lands

My own experience as a Dutch immigrant in Canada wasn't a difficult one. I was a teenager when I moved here with my family. I was already proficient in English, as I'd had a nomadic early childhood and had studied at international schools. Later as an adult, I did struggle from time to time with determining a 'home' for myself—a result of being not quite from anywhere in particular. This was a common challenge for a "third culture kid." Nevertheless, I was, for the most part, comfortable adapting to new environments here in Canada.

I have, however, experienced trying to familiarize myself with a new land or cityscape and not being comfortable. (By "comfortable," I mean moving about with a confidence that only comes with fully understanding and speaking a common language.) I remember being helplessly lost on more than one occasion in Taiwan, having boarded the wrong bus because I couldn't read Chinese, and oh my goodness, all those streets looked the same to me!

The language barrier became even more frustrating when I fell ill in Seoul, South Korea. There on a one-year teaching contract, I came to class day after day, weak with an unrelenting cough. My Korean colleagues teased me—"Just eat some meat!" they quipped. I was vegetarian.

Despite being in one of the world's most bustling cities, I felt more and more isolated as my health deterio-

rated. I just didn't know where to go for help. Once, when I felt particularly unwell at work, I was escorted to a nearby clinic where they hooked me up to an IV. To this day I don't know what kind of fluid I was given (it did provide a temporary energy boost).

I realized I needed more urgent help when I woke one night in a panic, gripping the side of my mattress as I tried to clear my airway of fluids, and feeling like I was suffocating. I described my symptoms to the only Korean staff member at school who was fluent in English. Since she wasn't available to accompany me to a doctor, she described my symptoms to another staff member who hardly spoke a word of English. I then had to trust this staff member to relay my information accurately to a doctor. So there I was, sitting in a doctor's office, as my health was discussed in front of me in a language I didn't speak.

My symptom details had been passed through three different people, and I wondered how much information had been lost in translation. Fortunately, trusting in my co-workers and in unfamiliar service providers resulted in a positive outcome for me. I was diagnosed with asthma and given the right medications, so recovered fairly quickly.

Interpretation services

Through the work I do for Beacon Community Services, and previously for the Capital Mental Health Association, I've become increasingly familiar with the many services and resources available to people with multiple barriers here in Canada. These include a number of services for immigrants with language barriers—including the very important language interpretation

services, which are certainly available to immigrants here in Victoria.

It's very important for service providers to be aware of the professional translation and interpretation services available to immigrants and to help their clients access these services as needed. Nobody should have to rely on friends, co-workers or family members to speak on their behalf. When it comes to personal matters, such as one's finances or health, some information may be too embarrassing to share with other people, even those close to you. Service providers also need to be aware, when speaking about personal matters to well-intending advocates in front of clients and patients, that confidentiality and dignity are at stake.

When immigrant job seekers come to our employment services centre, one of the first things they are asked is whether they're familiar with the Victoria Immigrant and Refugee Centre Society (VIRCS) or with the Inter-Cultural Association of Greater Victoria (ICA). At ICA, clients are able to access interpretation services as well as document translation services (for a fee) from certified community interpreters in over 50 languages. Volunteer interpreters at VIRCS, though not certified, offer assistance to clients for free. VIRCS also employs employment services advisors who speak different languages and are able to offer some assistance with interpretation.

Integration

Thinking back on my own intercultural and international struggles, I remember there came a time when the unfamiliar language stopped being "gibberish." When I started hearing words among the confusion of sounds. When I started feeling more connected to my environment. When I started feeling safe. And feeling connected and safe didn't come just from learning more of the language—it came with putting my faith in service providers who had the patience to listen while I struggled to find the right words to communicate my needs. And it came with the courage to reach out to new communities, trusting that, somehow, I'd eventually find my place among them. ▽



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I Am a Believer

ACROSS SYSTEMS AND PROVINCES TO FINALLY FIND THE 'MAGIC'

Ana Smith

In January 1998, when I was 28, I voluntarily entered St. Paul's Hospital in Vancouver after one of my voices, Noah, told me to go to the hospital.

Ana lives in Vancouver and plans on writing more in the future



Lost

I lived in an art studio, had recently finished film school and was just starting to find my voice as a screen writer. But I also lived in a delusional spirit world, where I was an artist on the brink of being 'discovered.'

Six weeks later I left the hospital with a diagnosis of paranoid schizophrenia and a prescription for antipsychotics. My parents let me move home, so I took a six-month leave of absence from my job and moved to Calgary.

As a family, we knew very little about mental illness. The nurses in Vancouver had given my parents brochures on schizophrenia, but I was in such denial I never read them. And we knew nothing about services in Alberta.

My mom took care of me, as my dad often worked up north. But neither my mom nor I grasped how important

the medication was for me to remain healthy. I was trying to write a comic book, but couldn't write when on the meds so didn't want to take them.

Early on, though, when my dad came back from up north, he found a psychiatrist in the local phone book. He marched into the psychiatrist's office saying he had a mentally ill daughter and wanted her to get some help. The psychiatrist did help. He got my records from Vancouver, and I had about 12 sessions, one every two weeks. He also gave me medication samples to offset drug costs.

After the six months, I returned to Vancouver and my job—and I failed miserably. Again, I wasn't taking medication—didn't see the point of it, and it made me put on weight.

Since the hospital didn't know I'd returned to Vancouver, there was no

*St. Elizabeth's women's shelter is a service of The Bloom Group, formerly known as St. James Community Service Society.

way I could get help unless I looked for it myself. I'd never heard about mental health teams or that there was Persons with Disability income assistance, and I didn't know anyone who had schizophrenia.

I just talked endlessly to the voices in my head—I was 'taking the Master Class' at the art school in another world.

Finally, a friend, worried by my bizarre behaviour, called my parents. They rescued me for a second time, just a year later.

My struggle to get where the magic happened

My mother couldn't handle my bizarre behaviour, so my father came up with a Catholic group home for women with addictions and other life problems. (I'm Catholic, so this was okay.)

Again, I wasn't taking meds—I'd been on an antique antipsychotic that made my muscles lock. Group home staff took me to the mental health team and I was tested by a psychologist, but I kept saying I was going back to Vancouver, so there was no follow-up.

After eight months in this home, the police and ambulance showed up and took me to the psych ward—this was my second time, though the first in Calgary.

After being certified for 30 days, they let me leave, though the hospital psychiatrist put me on "extended leave." This meant I had to see her every week. To minimize hassle, I stayed on meds. They helped with my racing thoughts, but didn't work on the voices.

In 2002 my dad got me involved as a volunteer with the Calgary branch of

the Schizophrenia Society of Alberta (SSA). This was a very positive experience. I took a course called Outreach, and visited people in hospital, explaining illness and the value of meds. I also performed in a play and did public speaking, and got paid for my contribution.

Through my involvement with SSA, I was put in touch with a mental health team and mental health housing in Calgary. I lived in a mental health apartment building for about eight months. I was with others who had schizophrenia, and it was nice to be somewhere I fit in.

But my roommate had loud, bratty parrots and our meds (my sleeping aids) were being stolen. I was feeling well at the time, so my parents helped me find a place to live in on my own that wasn't in a mental health building.

My time in this bachelor suite was really positive at first. I even started jogging up the hills in my neighbourhood. Then a boyfriend, an IV user, moved in and I started using some harder drugs. When I used them, I heard no voices at all. But, like it always was with drugs, it was a hell disguised as heaven.

When the mental health team found out I'd used cocaine, they kicked me out. Service providers were still practising the "ping pong" approach, separating addiction from mental health treatment.

In 2003, when I landed in the psych ward after my boyfriend beat me up, I found out I was five months pregnant. They took me off medication because there was very little research on medication and pregnancy. Off medication, I

couldn't sleep at all. The voices were louder, more intrusive and very abusive.

In my seventh month, however, I took a bus trip to Vancouver to see a friend. We mental health patients learn to work the system. I learned that if you act calm and keep your cool in hospitals, they assess that you're not a danger to yourself or others and they discharge you.

I hadn't felt the baby move at all during the 15-hour bus ride, so went to St. Paul's Hospital to get checked. (My friend worked there.) The baby was okay, but they wouldn't let me be pregnant and homeless. I was found a place in the St. Elizabeth's shelter.*

In St. Elizabeth's, I attempted suicide by pill overdose. My voices were threatening to kill me in horrible ways and to make my child a sex slave. I felt that leaving this world would be best—I could raise my beloved child in heaven.

In my eighth month, I was flown back to Calgary, where I delivered a baby girl in July 2004. I knew the chances of me raising a happy child were low, so a girlfriend connected me to two women who wanted to adopt, and I eventually chose them to be my daughter's parents. It was a bittersweet time, but my baby was healthy and her parents were awesome.

After the baby was adopted, I thought very little of myself, and the stigma of the illness was hard on me. The war of voices raging in my head was so intense, again I thought about suicide.

The hospital sent me to a different mental health team than the one I'd been kicked out of. There, I had a

new doctor who tried his best, but my life wasn't improving. I did a lot of revolving through hospital doors—going in hospital was my way of trying to hide from the voices and get some respite care.

I was incredibly unhappy living in Alberta. While living close to family had its positives, I really needed to move on from their care, which had lasted for eight years. My friend read some research that said moving away from family is a self-empowering step forward, because you have to take care of yourself.

In 2006, I made the bold step to move back to the city of my dreams—it was always my dream to live in Vancouver and be an artist—and this is where the magic happened.

When 'systems' work together

The Calgary YWCA homeless shelter, where I'd been living, gave me a list of shelters in Vancouver. When I stepped off the Greyhound bus, I called a women's shelter and they had a bed for me—it was St. Elizabeth's.

I was very sick, but I knew I had to phone a mental health team. The women at St. Elizabeth's gave me the number of the team closest to their area. (I don't think I was referred; it was a self-referral.) I phoned and told them I'd just moved to Vancouver and I was a schizophrenic. I remember them telling me I did the right thing to call. They received all my hospital records and mental health team records from Calgary, and we went from there.

Because my new mental health team advocated for me, I was able to enter the mental health housing 'system.' After about four months in the

women's shelter, the mental health team placed me in an MPA Society licensed care home until they could figure out what would be a good situation for me. I was still very paranoid, but no longer suicidal. I was also drug-free.

I lived at the MPA house for five months. A housing worker came to evaluate me. I had a good attitude, so they suggested I move into a group home.

To be honest, I really don't know how I got to where I'm at today. I know I had a good case manager and a good team. My case manager even came to visit me in my group home. And the mental health worker at the group home was no ordinary mental health worker! She gave a shit. She didn't let me sleep all day, and we were all encouraged to find a volunteer job.

At the mental health team, I was told about peer support work. I decided I'd be good at that and took the Vancouver Coastal Health peer support training in 2007 and 2008. To my surprise and delight, I was hired by a mental health team. I was elated—after years living on the edge, I had a job!

And after 18 months in the group home, mental health housing came calling again to make a new placement for me—I didn't have to call them. I was still paranoid about people hurting me, but mental health housing thought I'd do well in supportive housing. So, in August 2008 I moved into an MPA Society (Motivation, Power and Achievement) supportive housing apartment.

The mental health worker there was a rare gem too. She helped me when I

got so tormented by my voices that I voluntarily checked into hospital a few months later.

That hospital stay in 2008, for 22 days, was my last. My doctor termed it a "med change" stay. I was still hearing voices, but I left the hospital knowing that the professionals there couldn't do anything more for me.

Self-empowerment at last

I knew I had to learn to live with my voices and find my own solutions to my problems. I read every book the Canadian Mental Health Association (CMHA) Vancouver-Burnaby branch library had on mental illness.

After two successful years in my supportive apartment, mental health housing interviewed me once again, and my next move was into a partially subsidized apartment of my choice, under Coast Mental Health's semi-independent living (SIL) program. However, since I had a history of suicide (I'd made about four other attempts), they arranged for a housing worker to visit me twice a month.

I'm so happy with the way things turned out. My parents are very proud of me too. They finally agreed that moving to Vancouver has been the best thing for me. And, in my mind, Vancouver is the best mental health community anywhere. I got the help I needed to find a way to live—there's no way I can fail.

I found that Vancouver had many resources, advocates and social enterprises where I could work despite my voices. I went to meetings, forums and seminars on mental health, all to find a community of people just like me. Most of my friends do have a mental illness,

and we support one another in many ways. The motto of a BC Schizophrenia Society class I took, called BRIDGES, was: “You are not alone.”

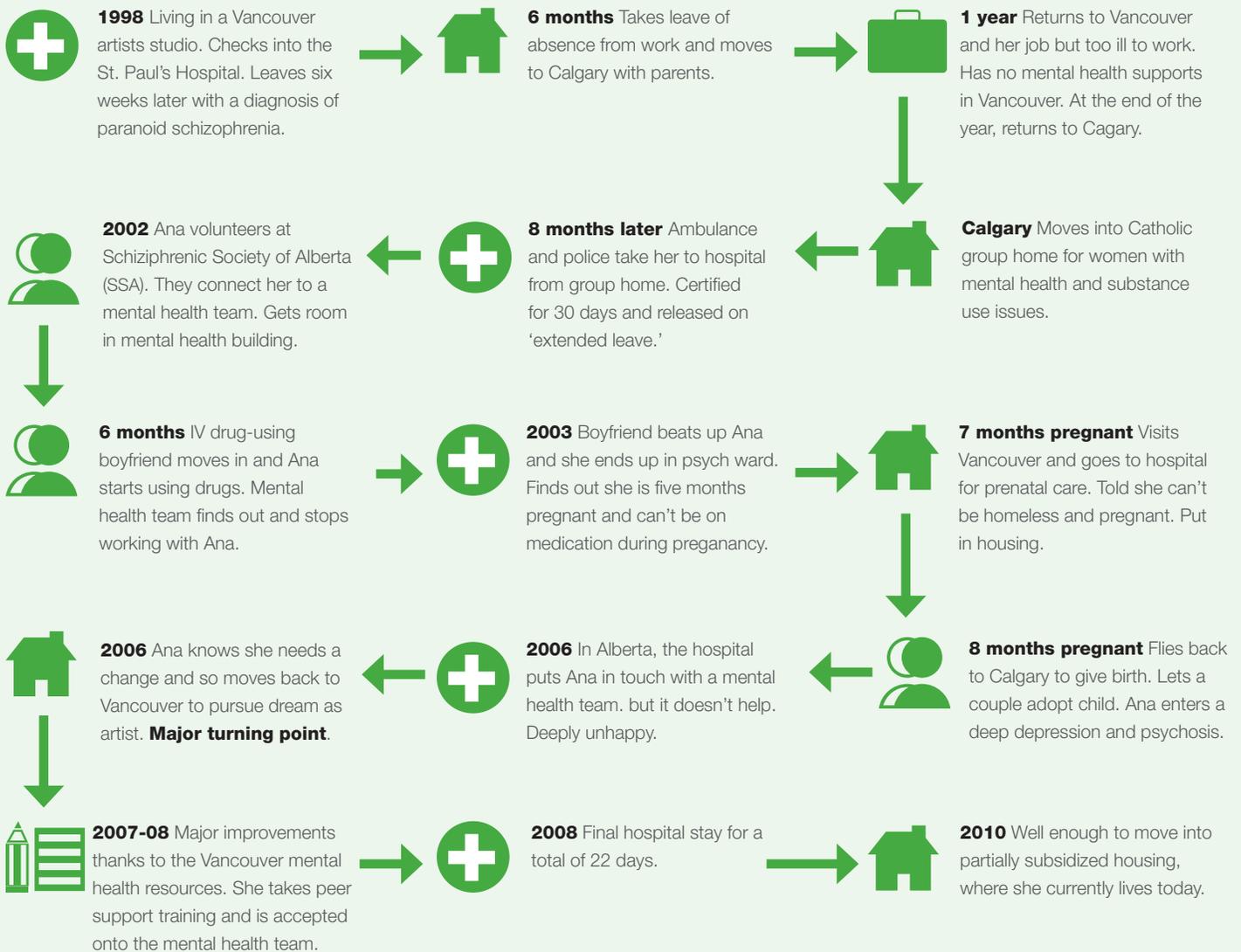
Today I’m known as a “professional consumer.”** Employment gives me meaning and purpose.

I’m also medically compliant, getting an injection every two weeks. I still live in the same SIL apartment. And I was a finalist for a Coast Mental Health Courage to Come Back Award.

After being rock-bottom, I knew there was only one way for me to go—and that was up. ▾

**There is a movement to make this title the professional designation for peer support workers in Canada, or consumer contractors, and to oversee and regulate the training and work.

Ana’s journey



This is a patient journey map. To see more examples of how to use patient journey mapping as part of service user engagement, see the report by guest editor Debbie Sesula at www.cmha.bc.ca/engagement.

Navigating the Navigators

BRITISH COLUMBIA'S PHONE-BASED SUPPORT AND INFORMATION LINES

Aazadeh Madani, MA

Sometimes it's hard to know what type of support you're looking for, and it helps to have someone to talk with to figure it out. That's what the Kelty Centre is here for.

Aazadeh is a Project Coordinator for the Kelty Mental Health Resource Centre and Health Literacy Teams at BC Mental Health and Substance Use Services in Vancouver. She previously volunteered as a collective member with Vancouver Rape Relief and Women's Shelter and has also worked on their crisis line for over six years



The Kelty Mental Health Resource Centre helps you find support

The Kelty Mental Health Resource Centre is a provincial information and resource centre for BC children, youth and their families who are experiencing mental health and/or substance use challenges. Kelty Centre staff provide peer support, assistance in navigating the mental health system and accessing resources, and information and education about mental health and substance use challenges. A key part of our role is providing telephone support and helping callers connect to relevant and useful resources in their area. We offer these services free of charge by phone, in person or through email. Kelty has a unique peer support model: the centre is staffed by Parents in Residence (PiRs) and Youth in Residence (YiRs) from The FORCE Society for Kids' Mental Health. PiRs and YiRs are peer support workers

with lived experience of mental health and/or substance use challenges who provide information, resources, and system navigation based on their own lived experience. They can also help to connect you with FORCE PiRs in your own community. The Kelty Centre also has an eating disorders peer support worker. She provides information, resources, system navigation and peer support to individuals of all ages across BC who are struggling with eating disorders or body image issues.

How to reach us

- Call toll-free from anywhere in BC: 1-800-665-1822; Lower Mainland: 604-875-2084 (hours are 9:30am to 5pm weekdays for phone (available at other times for in-person visits, by appointment)
- Visit in person if you want more information or prefer face-to-face support: BC Children's Hospital,

Mental Health Building, 4555 Heather Street, Vancouver, BC, Room P3-302 (3rd Floor)

- Email: kellycentre@bcmhs.bc.ca
- Website: www.keltymentalhealth.ca

As much as we'd like to, we can't do it all. We're open weekdays during the day, but sometimes you need support on weekends, in the evening—or the middle of the night! Although we have a wide range of multilingual resources available on our website, the support we provide at Kelty is primarily in English. And other than for eating disorders, our focus is on resources for young people and their families. For all these reasons, we rely on many other specialized support and information lines across the province to assist our callers and the visitors to our centre. We've listed below, by area of concern, some of the phone lines we've found to be most helpful for navigating the health and mental health systems in BC.

Helpful phone services we refer to

Here is only a brief overview of some of the phone services, other than the Kelty Centre, that are available to BC residents. Most of these services are multilingual (just say the name of the language you need in English) and all are free and available 24 hours a day, seven days a week (24/7).

Crisis and suicide intervention

It's always important to remember that if you're in immediate distress or are worried about someone, you can call the Crisis Centre's distress phone service. They also have online chat services available in BC and Yukon for youth and adults. You can chat online with a Crisis Centre volunteer between noon and 1am, every day. If someone you know is in immediate danger, however, 9-1-1 is the best place to call.

- Call 24/7 toll-free from anywhere in BC: 1-800-SUICIDE (1-800-784-2433)
- Lower Mainland: 604-872-3311
- Multilingual translation services available
- Chat for youth: youthinbc.com
- Chat for adults: crisiscentrechat.ca
- Website: www.crisiscentre.bc.ca or www.crisislines.bc.ca

Mental health support

If you're not in immediate distress or crisis, but want support right away or just need someone to talk to, the best place to start is the 310 Mental Health Support Line service. Crisis lines across the province are partnered and coordinated to provide this service through the Crisis Line Association of BC. All staff have advanced training in mental health issues and a wide range of knowledge about mental health services offered province-wide, so they can offer emotional support and pinpoint which resources are the most relevant for you.

- Call 24/7 from anywhere in BC: 310-6789 (do not enter an area code)
- Multilingual translation services available
- Website: www.crisislines.bc.ca

Drug and alcohol support

This line is specifically for the needs of BC residents who are experiencing substance use issues. The Alcohol and Drug Information & Referral Line provides education and prevention

strategies and referrals to a full range of counselling and treatment services across BC.

- Call 24/7 toll-free from anywhere in BC: 1-800-663-1441
- Lower Mainland: 604-660-9382
- Multilingual translation services available
- Website: www.bc211.ca/adirs2.html

Health and healthy living

Part of good mental health is having good overall health. Finding ways to be healthy or stay healthy can be hard. That's why it's useful to have a service like HealthLinkBC, which offers free support and information from nurses, with additional support from dietitians and pharmacists. You can check out your symptoms of illness in a non-emergency situation with a registered nurse at any time of day or night. You can also consult with a pharmacist for medication questions during non-business hours and access a dietician during business hours or via email. In addition, HealthlinkBC can help you get connected with healthy-living resources in your area—they have a Navigation Services team to direct you to what you need close to where you live.

- Call 24/7 from anywhere in BC: 8-1-1
- TTY (deaf and hearing-impaired) anywhere in BC: 7-1-1
- Multilingual translation services available
- Website: www.healthlinkbc.ca

A key part of our role is providing telephone support and helping callers connect to relevant and useful resources in their area.

More child and youth support

Kids Help Phone offers 24/7 bilingual (French and English) support from professional counsellors to Canadian kids, teens and young adults from ages five to 20. They provide free, anonymous, non-judgmental support by phone, live chat or web post. They help with issues ranging from problems at home and school through to issues around mental illness and thoughts of suicide. They also can help you find resources in your community that are targeted specifically toward youth and youth concerns.

- Call from anywhere in BC: 1-800-668-6868
- Website: www.kidshelpphone.ca

General information

The need for support isn't always limited to mental health or substance use challenges. It might not be linked to health at all. Luckily, there is 211, a free, multilingual line in BC for the Metro Vancouver, Fraser Valley, Squamish-Lillooet and Sunshine Coast regional districts. The 211 line provides general support for people looking for help. Much like the other lines, its services are non-judgmental, confidential and available 24/7. And it provides information and referral to a wide array of resources in the community, for example, support for victims of violence, help for problem gambling, shelter and transition house

information, financial assistance, senior's services, meal and grocery services, and other government and social services.

- Call: 2-1-1
- Website: www.bc211.ca ▼



A REASON TO HOPE. THE MEANS TO COPE.
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY

care about someone with a mental illness?

support
and information
for **family** and
supporters

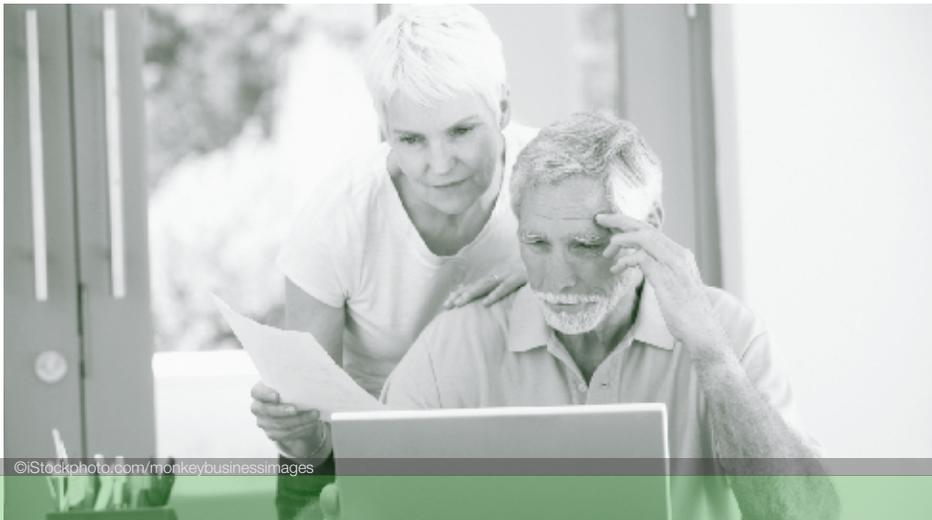


www.reachingfamiliesproject.org

Making the System Easier to Navigate

Dan Reist and Bette Reimer

Mental health and substance use problems are often intertwined with each other and with general health problems. Quality care in such circumstances requires mental health, substance use and general health care providers to collaborate or work together effectively.



Dan is Assistant Director (Knowledge Exchange) with the Centre for Addictions Research of BC. He leads a team that communicates current evidence about substance use in a way that supports the evolution of effective policy and practice

Bette is a Research Associate with the Centre for Addictions Research of BC and a member of the knowledge exchange team

It may also involve professionals from education, child welfare and other human service systems.

Typically, however, all these care providers are trained to recognize and respond to only one part of a person's needs. For example, the doctor who prescribes methadone for a patient may have very little awareness of the substance use or mental health counseling the client is accessing (or could be accessing) at separate programs in the community.

These different programs are usually found within parallel systems that each focus on a different area of need. These systems also compete with each other for funding and other resources. Not surprisingly, the result is fragmented

services that do not promote the well-being of the people they serve.

This has led to numerous calls for integrated care, particularly for people with dual mental health and substance use problems. But what do we mean by integration?

Discussions of integration are often confused by a lack of clear language and concepts. The Substance Abuse and Mental Health Services Administration in the United States has identified three levels of integration: ¹

- Integrated *treatment* involves communication and interaction between service providers to ensure that the multiple strands of a person's needs can be addressed.

This may be as simple as enhanced referral that involves appropriate information sharing and follow-up.

- Integrated *programs* involve the use of teams of different kinds of health professionals or effective links between programs to ensure a person's diverse needs are addressed when the person accesses service for any particular need.
- Integrated *systems* involve an organizational structure that supports an array of programs addressing different needs but linked through common system support functions (e.g., needs assessment, strategic planning, information management, funding and other management functions).¹

Integration at any of these levels can exist to varying degrees and may involve various combinations of these levels. Integration at one level does not ensure integration at another level. A lack of integration at the systems level can slow or block integration at the program or treatment level.

So, what actions and supports would help reduce fragmentation and make the system easier to navigate for people seeking care? Unfortunately, there are no easy solutions. The evidence around system-level integration is limited² and does not point to a specific approach for integrating systems to enhance collaboration. Nevertheless, there is general acknowledgement that systems do matter when implementing new approaches and innovations.³

Toward more integrated systems

Research suggests the following areas are important to focus on when seeking to increase system integration and support collaboration.

A comprehensive, person-centred approach

Basically, the goal of system integration is to ensure a person receives care that addresses multiple needs in a coordinated and efficient way.

A person-centred philosophy with a focus on needs, engagement and participation⁴ is a characteristic of effective system integration. Understanding the experiences of people who need to access services is central to creating system change.

Therefore, the involvement of consumers and their families in managing their health, and in the design and evaluation of programs and services, is critical. An example of consumer involvement is Patients as Partners (www.patientsaspartners.ca), a collaboration between the BC Ministry of Health, health care providers and consumers. This collaboration aims to include a "patient voice" in improving BC's health care system.

While a person-centred approach is central to achieving integration, it doesn't mean that actions should focus only on the individual. The unique circumstances of each individual are

influenced by many factors related to physical, social and political environments. Recognizing that there are many contributing factors opens up a wealth of potential strategies for maximizing the health of individuals, communities and populations.

A key element of systems integration is providing comprehensive services.⁴ This means facilitating co-operation among health and social care organizations, having multiple points of access, and emphasizing wellness, health promotion and primary care.

So, an integrated system designed to promote the health and well-being of individuals will need to take a comprehensive approach. That is, it will be structured to support health care interventions at multiple levels (e.g., individual, institutional setting, community). For example, an intervention to reduce alcohol-related harms might involve providing self-management tools to help individuals explore making positive changes to their behaviour. They might also provide hospital-based screening and brief intervention for at-risk drinking, and a community-wide "responsible beverage service" strategy.



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Integrated primary care

Strong and integrated primary care is a consistent feature of effective health care systems.^{5,6,7} In BC, the Primary Health Care Charter sets the direction of primary health care in the province. The charter describes primary care as providing “first contact access for each new need, long-term comprehensive care that is patient-centred, and coordination when care must be sought elsewhere.”⁸

A framework developed by the Quality Improvement and Innovation partnership in Ontario (now part of Health Quality Ontario; www.hqontario.ca) provides a way to picture primary care and guide change.⁵ The desired outcomes are healthier populations, an improved client and care team experience, and more efficient use of resources.

The framework puts those served by primary care (clients, their families and the communities in which they live) at the centre; they are the core focus. Surrounding these consumers of primary care are the key elements of effective primary care:

- a focus on the population as a whole rather than just those who seek care
- patient engagement
- partnerships with other health and community services
- team-based care
- commitment to quality improvement and innovation
- performance measurement to assess whether changes and improvements achieve their goals
- A governing body with diverse representation from all stakeholder groups that understand how to deliver services along a continuum based on the health needs and goals of individuals and populations (e.g., the needs of a person with mild depression differ from those of a person living with severe depression and HIV)
- Well-designed systems for the exchange of information among services and service providers

Together these elements contribute to the overall quality of care delivered.

Evolving an integrated system

Elements of a system can either promote or impair integration and collaboration. Characteristics of effective system integration include:⁴

- Funding models that ensure equitable funding for different services or levels of service (e.g., acute care, mental health, home care, social care, etc.) and do not create barriers to collaborative practice
- Means of promoting teamwork between professional groups to build collaborative relationships and inter-organizational understanding

There isn't a one-size-fits-all approach for system integration. The considerations listed above, however, show promise in helping us change the way we think about and deliver traditionally isolated mental health and substance use services and supports. These considerations provide guidance for all those involved in the planning and design of service delivery systems, whether they are planners, funders, administrators and front-line staff, as well as consumers and their families. ▽



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Empowered Transitions

WHEN YOUR CHILD BECOMES AN ADULT

Victoria Keddis

“Transition” seems to be a bit of a buzz word lately. Transitions occur many times throughout our lives—going to a new college, starting a new career, making new friends or discovering life as a young adult are all very exciting stages of life.

Victoria is a Parent in Residence (PiR) with The FORCE Society for Kids' Mental Health, and she has a background in social work. Victoria's two children have been her greatest teachers, providing her opportunities to learn new ways to face life's challenges with grace and gratitude



But they can also seem very overwhelming—particularly if you're a young adult struggling with mental health issues, or their parent/caregiver. With planning and knowledge, however, transitions can be much smoother.

The 'buzz' started for me two years ago in my role as Parent in Residence (PiR) with The FORCE Society for Kids' Mental Health. The FORCE is an organization that supports families with children or youth experiencing mental health challenges. I sat across from a very scared mom who was worried about getting her son all the mental health services possible before he turned 19. This mother's fear was based on reality—when her eldest son,

who also struggled with mental health issues, aged out of youth services, there were no mental health services in place to meet his needs.

Unfortunately, this was not a one-time encounter. Many families were expressing the same fears. And not only were parents fearful for their young adult's future, but they were feeling hopeless. It's challenging enough to convince our young people to agree to get help—often, they're not able to take the steps or make choices that lead to healing.

The fact is, there are only very limited resources available for our youth once they become adults at age 19. As children and youth, their mental

health care is provided through Child and Youth Mental Health (CYMH) in the Ministry for Children and Family Development (MCFD). But when they turn 19, they come under the Ministry of Health's mental health and substance use programs for adults.

The intention of CYMH is to provide youth and their families with a prior six months of transition assistance. However, this didn't happen for the families I was meeting, and there are a few reasons for this. Most often it's because the case workers are under incredible pressure with their overwhelming caseloads. And sometimes there just aren't any services to move on to.

Much of adult mental health services are for serious and persistent chronic illness. There seems to be a gap in adult services between providing knowledge and providing support for extreme needs, which leaves families as the primary care and support for their adult children.

Transitioning to transition

If accessing mental health services has been a part of your life, either as a young person or a family member or caregiver, it is an adjustment to discover that what you came to expect in youth services is no longer available. Preparing for the transition from youth to adult services will take time—and curiosity.

There is, currently, recognition happening around how important both transition to services and family involvement are. The Children and Youth Mental Health and Substance Use Collaborative Learning Session held in March 2014, an initiative in the Interior Health region of BC, is

an indication of this recognition. The collaborative aims to improve the coordination and service integration for children and youth with mental health and substance use challenges.

This project invited health care professionals, service providers, community groups, educators, and youth and their families to be involved. I was invited to the March 2014 Learning Session because of a document I was working on to inform families, youth and professionals about what each wants the others to know. I'd been curious about what services existed around transitions, so began to do research, on the Internet and speaking to staff at various community service agencies. I found some great resources directed to vocational training, supported living and the medical system, but none for the mental health system.

I also connected with families and youth who were already accessing the system, and with professionals who were providing the service at both youth and adult levels. My co-workers at The FORCE were an incredible resource. Not only do they have their own personal experiences, but they are also familiar with the experiences of many other families.

At the Learning Session, I presented and distributed my document. The parents in attendance expressed how grateful they were that everyone was hearing how important a collaborative process is in caring for their children. This theme was shared in discussions and on panels led by youth with lived experience. The youth voices, as well as their parents' voices, were valued. The organizers and other presenters and participants consistently referred to us as the "experts in the room."

This is what I learned...

What youth want their families and professionals to know...

- Youth don't want to be talked about as though they aren't in the room. Include them in treatment discussions and plans.
- They want to be acknowledged and have professionals take the time to get to know them as a person, not just as a case. Find out what excites them. What do they do to pass time? Build a relationship with them—be curious.
- Youth want to be informed about their health and wellness. Help them understand how they can help themselves—don't do it for them. How does it affect their body? Their emotions? What limits does it put on them?
- Know that if they could do better, they would.
- Youth are not a 'disorder.' They are your child. Have a relationship with them—they need you.
- Don't protect youth from the truth. Be honest with them.

What professionals want families and youth to know...

- Services are not always ideal. There are inconsistencies, such as staff changes or time off, or variations in the length of time service is provided. A private community-based counsellor or service can provide more consistent therapy and a trusting relationship that is longer term; services are based on your need, not on a mandated timeline of service.
- Communicate with your youth service providers long before their service ends. Begin planning proactively with present supports. Ask them to connect you with

appropriate services in the adult system and ensure files are transferred.

- Know that there are gaps in service provision.
- Research your community services and find out what does exist. Be prepared and informed so you don't have to do this when in a crisis. Access services before it gets to that point.
- With youth and young adults, family engagement by professionals tends to be limited; parents and siblings are not often included. Youth and parents should discuss how they each want the other to be involved in care, treatment planning and support. They should put this into writing so the service provider will understand the agreed-upon level of sharing and involvement.

Families don't have to be alone in facing this challenge, and they don't have to know it all. When you come from a place of strength and curiosity, you will be empowered to discover what is out there to meet your needs as a family. Reach out to others for ideas and support. And remember, you are the expert on what works for you and your child.

Through my research and sharing, I found this core truth: every professional, parent and youth want the same thing—for there to be services in place to meet needs. ▼

strategies and tips for families in transition

- Be sure to have a family physician that can make referrals when needed.
- Ask for copies of all reports and paperwork so that you have what you need on file.
- Both young people and families should have the same paperwork so you're all informed about the information being shared.
- Talk to present mental health service providers about getting recovery and relapse prevention plans in place.
- Have a conversation with your adult child and service provider about how and when information will be shared with family members. Understand your child's wishes. Ask the professional if they require their clients to sign consent forms giving them permission to share information with you.
- Look at what you will need to know down the road. Many services have wait-lists and procedures that require advance planning. Independent living and disability status, for example, are a few that require time for processing applications.
- The language you use is important—choose words that bring family members closer together in collaboration with service providers. Create an environment of, “How can we work together?”
- Where able, have your youth take the lead.
- If something doesn't fit, ask for other options.
- There are sometimes judgments expressed or implied by professionals that parents are too involved and protective. Parents can feel that, “Maybe we are.” This is a good time for parents to look at their own transition to having an adult child. Is there more your young adult could do for themselves? Are there places you can comfortably step back?
- Come from a strength-based place of advocacy for your family member. There is no need to apologize; you wouldn't do any less for a friend, parent or spouse.
- Talk with other families who've been through this. The lived experience of others can help us to become aware of, and to overcome, barriers. Others' wisdom is invaluable.

Telehealth—An Innovation to Improve Access to Services

Matthew Chow, MD, FRCPC

You can do almost anything online these days. One area that hasn't caught up with the online revolution, however, is health care. Many Canadians wait months for care and some have to drive or fly hours to another community to get help.



Dr. Chow is the Medical Director of E-Mental Health Services and Strategy at Children's and Women's Health Centre of BC. He is one of the first psychiatrists in Canada to see patients almost exclusively online. Matthew teaches at the University of British Columbia and has a private practice

Canadians who are dealing with mental health problems often face even longer waits because of a shortage of professionals who are trained to deal with these issues. If you live in a small town or city, you likely face the longest waits.

This is where telehealth comes in. Telehealth is a word we use to describe health care services that are delivered at a distance. Telehealth used to be limited to telephone services, but in this age of the Internet, telehealth includes video calls (e.g., Skype), instant messaging, email and even technology such as wireless stethoscopes and portable ultrasound machines.

What, where, how?

A telehealth visit may look like this:

1. An individual talks to their family doctor about a mental health problem.
2. The family doctor refers the individual to see a mental health professional.
3. The mental health professional has telehealth available and offers a telehealth visit instead of a regular in-person visit.
4. The individual goes to a telehealth room (usually a special room in a local clinic or hospital that has a video camera, microphone and large screen). In the future, you will be able to do this from the privacy of your own home, school or place of work. Some private telehealth companies already offer this option.
5. The professional connects to the

individual using a secure video link.

6. The professional writes a report, prescribes a treatment, orders any necessary tests and sends this information to the individual's local health professional, such as a family physician, pediatrician or mental health clinician. This information is often sent by fax or mail. In the case of prescriptions, it's often faxed or called directly into the pharmacy. Lab tests are often ordered by fax. In the future, much of this information may be sent electronically.

In British Columbia, we are seeing some exciting new options for people to get mental health care using telehealth. Many hospital clinics now have an option for telehealth visits rather than travelling to the clinic in person. For example, children and families who are referred to the mental health programs at BC Children's Hospital are automatically offered a telehealth visit if they live in a community with a telehealth room and have a problem that doesn't require an in-person visit. Between 2012 and 2013, children and families saved more than \$400,000 in travel costs by using telehealth rather than travelling to see us at BC Children's.

Some private companies are also getting in on the telehealth action. Livecare and Medeo, both headquartered in Vancouver, are two examples of new companies that offer telehealth services from family doctors and specialists all across BC. According to these companies, thousands of people have received care this way, and hundreds of doctors are participating.

With some of these new companies, seeing your doctor is becoming as easy as turning on your laptop or tablet. Some provide services to regular

clinics, and using the service is as easy as walking into a participating clinic. Other companies require individuals to subscribe to the service. The advantage of a subscription service is that individuals can access the service from virtually anywhere they have Internet service and a device with a camera.

In general, people who choose one of these private companies do not have to pay for the service. This may change in the future.

Is telehealth for everyone?

Telehealth is not for everyone. Some problems are better solved when an individual travels to meet a health care professional in person, or the professional comes to the individual's community to make a visit. For example, individuals with developmental disabilities such as autism are usually seen in person. Likewise for individuals with complicated medical problems that require a physical examination or special tests like a CT scan.

Common mental health problems such as depression and anxiety, however, can often be helped by telehealth visits. The Operational Stress Injury (OSI) clinic in BC makes hundreds of telehealth visits every year to military veterans and members of the RCMP who suffer from problems such as post-traumatic stress disorder (PTSD). Because of telehealth, the OSI clinic is able to reach many more people who need help.

Some people worry that telehealth may not be as good as a regular face-to-face visit. Others worry they will have trouble using the technology, especially if they aren't used to using computers and smartphones. These are normal worries, and fortunately, we've found

the experience of telehealth is better than what people expect. In fact, I've spoken to telehealth professionals who find that elderly people are some of the most grateful users of telehealth. Imagine an elderly person who needs to travel several hours away to see a medical specialist: this person is now able to see the specialist at a nearby clinic, or perhaps even from the comfort of their own home.

Ask about it!

The next time you need to see a mental health professional, or a friend or family member needs help, ask if telehealth is available. Check out your local mental health clinic, hospital or even one of the new telehealth companies.

Telehealth is a safe and effective way to provide care. We can expect to see the use of telehealth grow in the future as we keep trying to find ways of delivering care to people no matter where they are. ▼

how to get from 'I'm, like, SO fat' to 'I'm okay' in a weight-obsessed world

The Provincial Eating Disorders Awareness (PEDAW) campaign is co-sponsoring a Public Forum, featuring eating disorders expert/researcher and author Dianne Neumark-Sztainer.

Date: Sunday, October 5, 2014

Time: 6:00 pm–7:00 pm Reception and art exhibit
7:00 pm–8:30 pm Speaker

Cost: \$15 (includes admission and refreshments)

Place: Vancouver Marriott Pinnacle Downtown Hotel, 1128 West Hastings Street

Order tickets at: edacpedaw.eventbrite.ca

Transition to Parenthood (T2P) is a Youth Engagement Legacy Project aimed to increase the engagement of young people in informing and guiding the knowledge to address risk and protective factors for the transition to parenthood for first-time parents who have lived experience with a mental health challenge.

Check out the 6 videos the T2P Youth-led team created highlighting the questions and concerns that young people with lived experience may have transitioning into parenthood:

www.forcesociety.com/transition-parenthood-t2p

In addition to the phone lines in “Navigating the Navigators: British Columbia’s phone-based support and information lines” on page 28,

To find a mainstream service provider

College of Physicians and Surgeons of British Columbia
www.cpsbc.ca

The College of Physicians and Surgeons of British Columbia can help you find a family doctor. Visit www.cpsbc.ca or call 1-800-461-3008.

BC Association of Clinical Counsellors

www.bc-counsellors.org

The BC Association of Clinical Counsellors can help you find a counsellor based on location, area of practice, language, and other criteria. Visit www.bc-counsellors.org or call 1-800-909-6303.

BC Psychological Association

www.psychologists.bc.ca

The BC Psychological Association can help you find a Registered Psychologist in BC. They also have information around choosing a good psychologist for you. Visit www.psychologists.bc.ca or call 1-800-730-0522 (or 604-730-0522 in the Lower Mainland).

 This list is not comprehensive and does not imply endorsement of resources.

To find local mental health information and supports

BC Partners for Mental Health and Addiction Information

www.heretohelp.bc.ca

Many of the Partners behind HeretoHelp—AnxietyBC, BC Schizophrenia Society, Canadian Mental Health Association’s BC Division, Centre for Addictions Research of BC, FORCE Society of Kid’s Mental Health, Jessie’s Legacy at Family Services of the North Shore and the Mood Disorders Association of BC—have branches or programs across BC, or can refer you to local resources. For contact information, visit www.heretohelp.bc.ca and click “About Us.” You can also email us anytime at askus@heretohelp.bc.ca

Support and information for families and loved ones

Online Family Support Group

www.reachoutpsychosis.com/phpBB

The BC Schizophrenia Society offers the Online Family Support Group for family members and loved ones of people who experience a mental illness. For more, visit www.reachoutpsychosis.com/phpBB.

stressed? down? screening can help

anonymous. confidential. drop-in.

www.heretohelp.bc.ca/beyond-the-blues

Free, fun screening and education events by non-profit partners across BC can help you look at a range of issues including mental well-being, mood, anxiety and risky drinking. Presented provincially by BC Partners. **Get connected. Feel hope.**



beyond the blues
education & screening days

October 2014



heretohelp

Mental health and substance use
information you can trust

Suite 1200, 1111 Melville Street
Vancouver BC V6E 3V6 Canada

