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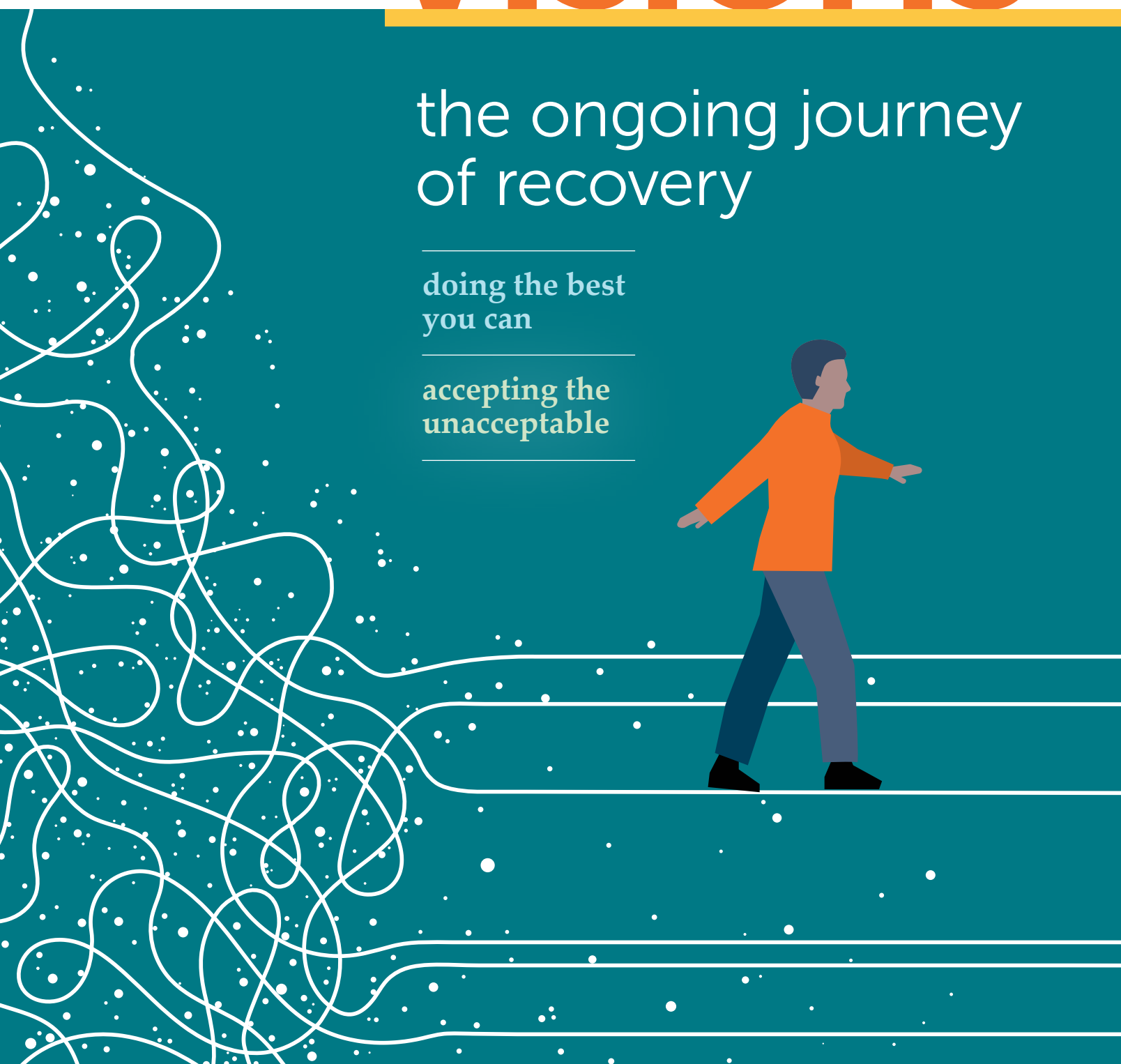
BC'S MENTAL HEALTH AND SUBSTANCE USE JOURNAL | Vol. 20 No. 3 **2025**

visions

the ongoing journey of recovery

doing the best you can

accepting the unacceptable



visions

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

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visions

the big picture

stories + strategies

looking ahead: anxiety and depression among young people

editorial column

When I was asked to join the Visions editorial board as an external member, I said yes with enthusiasm. I have always valued *Visions* as a reader and writer. *Visions* is an excellent source of resources for individuals and professionals. I appreciate the content, both as an individual with a mood disorder, and as someone who had a previous career in a health-related profession.

As a board member, I was able to work with various mental health professionals and organizations. I appreciated their support for my contributions. We collaborated in Zoom meetings to discuss the theme of the upcoming issue and choose its guest editor.

The only drawback was not initially knowing the other board members or their work, as I was not familiar with their organizations. Meeting online didn't make that easy. But I felt their passion for mental health for all people and backgrounds. Just as I gained more knowledge and a comfort level with my role, it was nearing the end of my term.

I'm always impressed with how CMHA BC incorporates individuals with lived experience into the work they do. My own professional background allows me to look at situations from that perspective, in addition to having lived experience.

I learned so much as a board member, like working for the best interest of the mental health field, and wish I could have continued on longer sharing and integrating more experiences.

Kathy

editor's message

As Managing Editor, this issue has been an exceptionally cathartic experience for me. From selecting our Guest Advisors to meeting with the editorial board and working with contributors, my understanding and definition of recovery was continuously challenged and its horizons broadened. The more that I reflected on my own experiences, listened to the stories of the ones around me and read academic literature, I've realized that recovery is ever-changing and ongoing. Recovery isn't a well-defined endpoint or goalpost that can be marked against a standardized checklist in order to declare it as a success or something that has been achieved. It is a journey that once we embark on it, we know best on how to remain on it for ourselves.

Our Guest Advisors for the issue, Emily Jenkins and Theodore Cosco, discuss recovery through a strengths-based approach whereby recovery shouldn't be measured in terms of external standards of success but by centring the individual, their experiences and their own self-determination regarding their well-being. When intersectional identities including age, gender and lived experience are considered, the definition of recovery becomes even more vibrant and dynamic. Adding a culturally responsive lens can help further ensure that we move away from a one-size-fits-all recovery model and towards one that considers each unique individual and their specific contexts. The contributors for this issue reflect on their own lived experience as it relates to recovery and explore topics like terminal uniqueness, eating disorders and accepting the process of recovery.

It is my hope that this issue will expand readers' understanding of recovery, as it did for me, or perhaps reaffirm what readers already hold true. Either way, I trust there's something in these pages for everyone. Finally, I want to draw attention to a new feedback form we have created for our readers to submit their comments and letters to the editor which can be found at: heretohelp.bc.ca/visions-feedback.

I look forward to reading your submissions!

Bakht Anwar

Bakht Anwar is one of Visions *Managing Editors and Leader of Health Promotion and Education at the Canadian Mental Health Association's BC Division.*

Rethinking Recovery

THE NEED FOR A STRENGTHS-BASED APPROACH

EMILY JENKINS

For the last two decades I have worked in the mental health and substance use field, first as a clinician, and now as a researcher. During this time, I have seen our collective understanding of recovery shift, sometimes for the better, sometimes reinforcing old patterns of control.

Photo credit: FG Trade at ©iStockphoto.com

Emily is a registered nurse and Associate Professor in the University of British Columbia School of Nursing. Emily leads a program of research focused on strengthening mental health and reducing substance use harms among children, youth and their communities.

One thing that has become clearer is that a strengths-based approach to recovery benefits everyone. A strengths-based approach is one that brings attention to assets as opposed to deficits and seeks to build resources for well-being. However, despite some of the progress that has been made, particularly in relation to mental health, stigma and rigid definitions of recovery continue to harm people who use drugs. We need to redefine how we think about recovery across both these areas.

The evolution of recovery

In mental health settings, the notion of recovery started as a grassroots movement. It was led by people with lived and living experience of mental ill-health who wanted to reclaim their identities and challenge medicalized narratives that reduced them to their diagnoses. The message was clear: mental illness does not define us. People can and do live full, meaningful lives, even while navigating persistent mental health challenges.

This idea of recovery aligns with the mental health continuum model, which presents mental health and mental illness as distinct but also intersecting phenomena. Someone can experience mental illness but still

> **We must stop treating some experiences as more legitimate than others. A true strengths-based approach recognizes that everyone has the capacity for well-being, and that people define recovery in different ways.**

have high levels of mental well-being, for example, just as someone without a diagnosis can struggle with poor mental health. This perspective supports a broader, more inclusive vision of recovery—one that emphasizes autonomy, dignity and personal meaning, rather than rigid clinical benchmarks.

The weaponization of substance use recovery

In contrast, in relation to substance use, the definition of recovery has been narrower and is often meant to signal abstinence. People are not considered capable of experiencing the hallmarks of recovery (i.e., a full and meaningful life) unless they have stopped using drugs altogether. This framing creates a problematic hierarchy: those in abstinence-based recovery are seen as "successful," while those who continue to use drugs are seen as "failing" or undeserving of support.

This is not a strengths-based approach. It indicates that autonomy isn't important and ignores the spectrum of substance use experiences. It doesn't recognize that people use drugs for complex reasons and that minimizing harm—not necessarily stopping substance use altogether—can be a valid and valuable goal.

The power of language

Language plays a crucial role in shaping how we view mental health and substance use as a society. In mental health, we have been fairly successful in adopting person-first language, moving away from terminology that defines people by their diagnoses. This means using phrasing such as "a person with a mental health condition," as opposed to referring to someone as "mentally ill." This shift reinforces the idea that a person is more than a diagnosis.

In substance use, however, dehumanizing language remains widespread, stripping people of their dignity. Even well-meaning terms like recovery can carry implicit judgments when they are tied to abstinence goals. Instead, we need to recognize that while some people find meaning and stability in abstinence-based recovery, others focus on different forms of well-being and minimizing harms while using drugs. People walking each of these paths deserve respect.

Welcoming different experiences

We must stop treating some experiences as more legitimate than others. A true strengths-based approach recognizes that everyone has the capacity for well-being, and that people define recovery in different ways. It prioritizes dignity and self-determination over external measures of success.

Moving forward: A unified approach

To dismantle stigma and make further progress we need a more unified approach to recovery. We can:

- adopt a strengths-based framework for recovery in both the mental health and substance use fields; recovery should not be about control, but about empowerment
- challenge abstinence as the only valid form of recovery when it comes to substance use; efforts to minimize harms must be recognized as legitimate
- shift our language to respect all lived experiences; words shape reality—let's use them to build a more inclusive, compassionate world
- centre people with lived experience in policy and practice; those directly affected must be front and centre in the conversation

We have made some important strides when it comes to thinking about recovery in mental health. When it comes to substance use, there's still work to be done. It's time to adopt a strengths-based approach to recovery, recognizing that all people—regardless of where they are on their journey—deserve to be valued and supported in living a full and meaningful life. V

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Recovery on Your Terms

NAVIGATING HEALTH CHALLENGES IN AGING

THEODORE D. COSCO, PHD (CANTAB), CPSYCHOL

Mental health is a deeply personal and nuanced journey, especially for older adults. And recovery is not a one-size-fits-all idea. It's about adapting to the physical, cognitive and emotional changes that come with aging. All these changes are also influenced by a complex web of social, demographic and economic factors.

Photo credit: bernardbodo at ©iStockphoto.com

Theodore is Director of the Precision Mental Health Lab, Associate Professor of Mental Health and Aging in the School of Public Policy at SFU, and a Research Fellow with the Oxford Institute of Population Ageing, at the University of Oxford

For older adults, recovery is not only about restoring what once was. It's about finding new ways to move forward—doing your best with what you have. For some, recovery means learning to live with chronic pain or with mental health challenges. For others, it's about maintaining social connections despite mobility challenges, adjusting expectations and finding new ways to thrive.

Whatever the specific changes, embracing a new normal and redefining success should not be based on societal standards, but on each person's evolving needs and capabilities.

Going forward, not turning back the clock

One of the most persistent misconceptions about health, especially mental health, is the belief that recovery means returning to a state of perfect health. This expectation is not only unrealistic but unfair.

For older adults, the expectation that they can "get over" health challenges can be unhelpful. Recovery often involves managing chronic conditions

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We need policies that address digital literacy, provide financial support for those who need it most and improve health care access. Above all, we must listen to and respect older adults' journeys.

or adjusting to new limitations. Learning to live fully within the context of one's circumstances can be a truer path to recovery, including accepting the physiological, psychological and socioeconomic aspects of one's life. For example, adjusting a senior's environment after a fall can facilitate recovery; however, this may be limited by the resources they have available to them.

It's crucial that society understands the complexities older adults face, not only in terms of health challenges, but also in navigating the natural changes associated with aging itself. Recovery is often about redefining success—not by an external standard, but by what brings meaning, purpose and fulfillment to an individual's life.

Recovery spans mental, emotional, social and even spiritual dimensions. For some, this could mean being able to walk to the end of the driveway to get the newspaper; for others it could be returning to the workforce.

What is success as we age?

As a PhD student, I explored the concept of successful aging for a mind-numbing three years. First, I examined how researchers defined successful aging. I found 105 unique definitions, most of which emphasized physical functioning and the absence of disease.[1] A very different picture emerged when I examined how older adults defined successful aging. They emphasized psychosocial aspects.[2] These include:

- emotional resilience
- social engagement
- maintaining a sense of purpose

This disconnect between academic definitions and personal experiences demonstrates the importance of broadening our understanding of recovery. Recovery is not just about physical health; it's also about emotional well-being, social connections and living a meaningful life, regardless of one's health status.

A digital divide

Imagine needing a follow-up appointment after surgery but you're unable to use the hospital's online portal or a prescription refill. You might be on hold for hours because the digital system is too complicated. For many older adults, this isn't a hypothetical scenario, but a daily struggle.

As health care becomes increasingly digitized, older adults face real challenges related to digital literacy. In today's world, tasks such as booking medical appointments or accessing telehealth services often mean navigating digital systems that many older adults are not familiar with. The COVID-19 pandemic made these challenges harder, highlighting the need for adaptation and resilience in the face of rapidly changing health care practices.

The digital divide is more than a technical issue. It's a barrier to accessing essential health care services. Addressing this divide can mean teaching technical skills, but more importantly, we also need to:

- design inclusive systems that cater to diverse needs

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- ensure that no one is left behind due to a lack of digital proficiency

Dollars and cents

Recovery may also carry a financial burden for older adults. But this burden goes beyond medical bills. It includes:

- transportation costs for appointments
- home modifications for safety
- caregiver expenses

For some, these costs become the deciding factor between seeking necessary treatment or "making do."

The financial challenges of recovery highlight the need for more comprehensive support systems. Policy changes that provide financial assistance for older adults and community programs that offer practical support can significantly improve their recovery journeys.

For example, in BC, the Age-friendly Communities (AFC) program offers grants to local and Indigenous governments to develop and implement projects that promote the health and well-being of older adults. In 2023, the AFC program awarded a total of $500,000 in grants across 25 communities in B.C., supporting initiatives that enable seniors to age in place and remain active in their communities.[3]

People-centred care

Social support is one of the most vital, yet often overlooked, aspects of recovery. Aging can be an isolating experience, especially after a health setback, such as a fall. Loneliness and social isolation can significantly impact both mental and physical health, slowing the recovery process. Social connections provide more than emotional comfort. They also encourage physical activity, cognitive engagement and a sense of purpose—all of which contribute to a holistic recovery process.

Ultimately, recovery is about doing the best you can within your circumstances. It's about adapting to a new normal and finding ways to live a fulfilling life, even when faced with challenges. For older adults, this might mean accepting help, using mobility aids or discovering joy in smaller, quieter shared moments.

The future of recovery

Recovery isn't always about "getting better." Recognizing that fulfillment and well-being are not solely determined by physical health, we must also look to emotional resilience, social connections and a sense of purpose.

We must broaden our understanding of recovery to create a more inclusive approach to health and well-being. This means challenging traditional definitions, recognizing the unique challenges older adults face and redefining what success looks like.

We need policies that address digital literacy, provide financial support for those who need it most and improve health care access. Above all, we must listen to and respect older adults' journeys.

Recovery is not meeting a societal standard. It's navigating the winding path of life—full of ups and downs, setbacks and victories—on your terms. It's doing your best with what you have where you are.

The narrative of recovery, especially for older adults, must evolve to acknowledge its complexity, individuality and emotional depth. By redefining success and creating supportive, inclusive systems, we can help older adults find fulfillment and peace—whatever that may look like for them. V

Bridging the Gap

REIMAGINING RECOVERY WITH CULTURAL RESPONSIVENESS

AISHA AFZAL

Imagine a space where you're expected to pour out your deepest struggles, but the lens used to make sense of your pain is distorted. For many racialized folks, this is what recovery in the current mental health care system can feel like: designed without our lived realities in mind. One example: some folks don't frame their experiences using terms like anxiety or depression, but as a disruption in balance, a spiritual test or a weight carried for generations. Unfortunately, they can go unheard.

Aisha is grateful to work as a mental health therapist and social worker in community. She's passionate about collective liberation and finds joy in storytelling, time in nature, and chats over chai

Aisha Afzal

I've sat on both sides of the therapy room—first as a client, then as a clinician—and I've felt the disconnect. Too often, recovery is framed as a solo journey. But unwellness doesn't happen in isolation. It's shaped by systems, histories and the realities we move through every day. Therapy often draws from a Eurocentric lens. This lens misses the way people across cultures actually experience distress and recovery.

Cultural responsiveness isn't something to check off a list. It's a practice. The goal isn't to have a perfect understanding of every cultural nuance, but to develop a practice that's flexible. This approach takes humility, curiosity and a willingness to unlearn what we think we know about healing. We have to:

- stay open
- make space for new ways of understanding
- recognize that we'll always be learning

Revisiting the clinician role

Therapists are not blank slates. We bring our own worldviews, training

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and assumptions into the room. Western therapy tends to centre individualism, emphasizing personal agency and self-actualization. But for folks from collectivist cultures, well-being is deeply intertwined with family, community and shared responsibility. The idea of putting yourself first can feel unnatural, or even selfish.

We need to let go of the assumption that Western mental health and recovery models fit everyone. There is no one-size-fits-all approach. To practise cultural responsiveness, we need to reflect on how our positions and perspectives shape how we interpret clients' experiences.

We can start by making changes to how we work towards recovery. Below, I explore a few changes.

Listen: Meeting people where they are means listening to how they make sense of their own struggles. If we require clients to shrink their pain into predefined boxes, we risk missing the full picture. Therapy should never make clients translate their experiences into terms that aren't a fit. It should be a space where their own language and truth are enough.

Resist labels: Beyond that, the very lens clinicians use to diagnose fails to capture the impact of systemic oppression. What gets labelled maladaptive coping might be survival. What's seen as avoidance may be necessary withdrawal from spaces that have historically caused harm. Without an understanding of intergenerational trauma and racism, the labels we use in recovery risk making pain a disease instead of making space for its context.

Clinicians working for recovery in all their patients should also accept that healing might look different depending on someone's community, faith or family dynamics. That includes creating space for collective ways of coping, for storytelling and for spirituality.

Research backs this up. A meta-analysis of 78 studies found that culturally adapted therapy is nearly twice as effective as standard therapy for racialized communities.[1] Beyond making therapy feel more inclusive, it's about making it work.

Consult: For culturally responsive recovery, clinicians should make use of consultation. Consultation involves seeking guidance and feedback from experienced peers to improve care. This lets therapists regularly explore cultural context, systemic oppression and alternative healing frameworks.

Accept: Clinicians working for recovery in all their patients should also accept that healing might look different depending on someone's community, faith or family dynamics. That includes creating space for collective ways of coping, for storytelling and for spirituality.

Work towards systemic change: Even the most well-intentioned clinician will struggle to provide culturally responsive care if they work in a system that doesn't prioritize it. A diverse team is simply performative if those perspectives don't influence the way services are delivered. This isn't about representation; it's about divesting power.

Who decides what "best practices" look like? Mental health care is so deeply connected to larger systems that shape access, outcomes and the definitions of mental illness and wellness. Often, folks seeking support are not only navigating personal struggles, but the weight of structural inequity and racism. Yet, mainstream approaches reduce distress to individual problems, ignoring the conditions that create unwellness. This replicates the very harm mental health care seeks to heal.

Rethink suicide prevention: By the time many racialized people reach a crisis point, it goes beyond individual despair—it's harm upon harm. It's the end point of systemic neglect, racism and the barriers that have failed them. Suicidal feelings are often a response to oppression, intergenerational trauma and unaddressed pain. The mental health system often steps in at the peak of crisis but does little to address the conditions that pushed people there in the first place.

Standard suicide prevention models rely heavily on involuntary

hospitalization, despite little evidence that forced care prevents suicide. For racialized folks, these responses can be deeply retraumatizing, leading to coercive treatment and heightened surveillance.

Teams need to move beyond checklists and standardized safety plans. We need to centre trust and relationship-building. We need to build holistic, affirming plans that draw on cultural strengths, faith and communal care.

Encourage pod mapping: This concept was coined by disability activist Mia Mingus.[2] In pod mapping, folks identify small groups of people (pods) who can provide immediate practical or emotional support. Support may include integrating spiritual practices for those who find these are important. Pod mapping may also involve trusted community members or elders in ways that align with the client's values. The goal is to prevent immediate crises, but also to foster long-term sustainability and recovery.

Culturally responsive care recognizes people in recovery as the experts of their own lives—not passive recipients of therapy or care, but active participants in their healing. Even when they're in crisis, even when they're suicidal and even when the system fails to imagine alternatives. V

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Healing Happens

A PERSONAL AND PROFESSIONAL PERSPECTIVE ON ADDICTION RECOVERY

ROZ SAYANI, RCC

I was just eight when I discovered ways to numb out my experiences and emotions. Over time, more dysfunction came into my life and I became consumed with addiction. I have experienced homelessness in the Downtown Eastside, as well as in Vernon for several years.

Photo credit:Daniel Balakov at ©iStockphoto.com

Roz (she/her) is a Registered Clinical Counsellor with the BC Association of Clinical Counsellors. She has a master's degree in counselling psychology and a certificate in addictions counselling. Roz identifies as a queer woman and a visible minority. Her primary goal is to create a safe space for clients, which fosters change, growth and healing

I tried treatment—13 times. When it didn't work, I blamed them and carried on with my addiction. I later realized it wasn't really about the program. It was more about where I was at and how willing I was to heal. My family attempted to support me but to no avail. Finally, I was forced to take a break from my addiction, and that is what inspired me to seek recovery. I stayed clean and began to slowly get my life back.

I knew that I wanted to give back what I had learned and help others start on the path of wellness. I completed an addictions counselling certificate and eventually a master's. I'm now a Registered Clinical Counsellor with a private practice.

The power of in-reach

I now have the opportunity to support those in recovery settings as part of their in-reach program. People have often heard of outreach, where we provide community members with available resources—like offering medical services to marginalized communities through street nurses.

In-reach is quite different. It's the act of engaging and supporting individuals who are already part of an organization or system, fostering their involvement and ensuring their needs are met. In addiction many factors are often at play, like trauma or mental health issues. We have to deal with these issues, otherwise the client is sent

back into substance misuse. Providing in-reach is imperative in helping the client achieve long-term abstinence.

A recovery house often has in-reach, as they provide services like therapy, psychiatry and doctors to the members of that house. In-reach services also provide a full assessment of a person and treatment planning that will lead to success.

It's important for any facility assisting with recovery to have qualified multi-disciplinary staff available to assess clients' specific needs. They should be able to:

- see addiction counsellors
- meet with therapists
- get advice from medical and psychiatry professionals
- have access to develop and build a sense of spirituality, however the client sees fit

These things are imperative in giving the individual a chance to be successful in recovery. Am I an expert on each of these things? No! But I get to share with clients what I've learned, not only from my lived experience, but also from extensive study of addictions and recovery from addictions.

Currently, I work with the Mood Disorders Association/Lookout Housing Society, which allows me to attend their residential programs and provide one-on-one counselling for residents. This work lets me give back to a community in which people may not have the financial resources to seek assistance in this way.

I attend three recovery-based sites once a week and provide therapy to clients of those facilities. This gives people consistency and lets them use the service for their time at the centre. At one of the sites I visit, I lead a workshop on dialectical behaviour therapy skills to assist clients in their daily life.

Rethinking our story

The purpose of attending a treatment program is to have the continuous care and monitoring that's often necessary in early recovery. Attending a treatment facility helps guide people in learning how to manage their symptoms, which, in turn, helps counteract the disruptive effects of addiction and lets them regain control of their life.

My main therapeutic approach is called narrative therapy, which addresses the stories we've developed throughout our lives. Often, we live by these stories regardless of how they serve us. Narrative therapy looks for alternative stories and strengthens stories that better reflect who we are.

For example, a client may express that they are inadequate. As the therapist, I help guide them to find examples of when their actions have been adequate, and we strengthen these to become the dominate story.

I also use a variety of other interventions and techniques, and I operate from a trauma-informed approach, with a great deal of experience in addictions, trauma and mood disorders.

Holistic help

An ideal approach to treatment, in my view, is holistic. I believe this is more successful in helping a drug-using population. This means, ideally, a facility that offers more than group sessions for clients.

Often people aren't willing to discuss their traumas and individual concerns in a group setting. Also, there's room for various other professionals to assist in the recovery process, like providers of medical care and psychiatry. My role, for example, is to provide one-on-one counselling to help the client process their experiences, trauma and mental health concerns.

For those who struggle with addiction, I'd say the starting point is detox. Then, ideally, that person can find a program that uses a multidisciplinary approach and incorporates all services needed to heal from the results of addiction.

Often, recovery programs are not enough to secure recovery. In that situation, I'd recommend second-stage housing, which is designed to still provide some safety and monitoring, but allows for the individual to start setting up their life for success.

I will always be grateful to the therapist who was there for me in treatment. She helped me to work through some of my experiences and traumas. Now I get to do this for others. V

related resources

For more on the Lookout Society, see: lookoutsociety.ca/what-we-do/health-services

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The Wellness Industry

HEALTH OR HYPE?

LINA LOSIER

As a young person, I've seen a lot of influencer content about wellness. It's everywhere—on TikTok, Instagram, YouTube—presented in ways that are polished, personal and persuasive. These posts often promise a better life through specific routines, products or diets, all under the banner of wellness.

Photo credit: FG Trade Latin at ©iStockphoto.com

Lina Losier holds an Honours BA in Psychology and is a frontline support worker based in BC. She works in the intimate partner violence field, supporting those impacted and their families. Lina serves on the Visions *Editorial Board and is completing her MSc, researching IPV and suicidality in aging women*

Behind this content is something much bigger: the wellness industry. It's made up of businesses focused on lifestyle, health, fitness and overall well-being. This can include things like supplements, workout programs, meditation apps and diet plans. The goal is often prevention and self-optimization. But that doesn't always mean the products and practices are backed by science.

Young people everywhere are getting the message. The wellness industry is now valued at about $6.3 trillion.[1] But does wellness work? Or could it be harmful—especially for people in recovery from substance use or struggling with body image issues?

Today, the wellness industry plays a major role in how people understand and approach health. Social media has fueled many of its trends, with influencers promoting everything from detox teas to extreme diets. These are often marketed as "must-haves," whether it's a routine, a product or a plan. While some trends can be helpful, others are created mainly to sell products, making it hard to tell what's truly beneficial.

This has real-world consequences for young people, including those who might be in the recovery process. Some research shows the commercialization of wellness is leading to the widespread belief that good

health can be bought, shifting focus away from broader public health solutions.[2]

Impacts on young people

Social media affects how young people see themselves. Studies show that viewing edited and filtered images can lower self-esteem and lead to body dissatisfaction.[3]

Since influencers seem relatable, young people may not realize they're being targeted by advertisers. But the fact is, many influencers make money by promoting wellness products, diet culture and even alcohol and tobacco. Companies pay them to present products as personal recommendations rather than advertisements. They do it because people trust influencers more than traditional ads.

Sponsored posts can blur the line between genuine advice and advertising, making it easy for young audiences to believe they need expensive products to be "healthy."

Marketing and vulnerability

Influencer marketing might land differently if you're already struggling. Influencers promote alcohol, vaping and diet culture in ways that can be harmful—especially to young people in recovery or those struggling with self-image.

Marketing can touch many areas young people struggle in, including:

Alcohol: Alcohol brands make drinking look fun and trendy. Alcohol-related posts, such as party photos or drink ads, can encourage drinking.[3] Industries profit when people continue using their products, so they push these messages aggressively through social media. This is particularly concerning for those trying to stay sober or avoid unhealthy habits.

Detox: Wellness influencers often promote expensive detoxes, detox teas and supplements, plus fitness programs that claim to improve health. However, studies show many of these products do not work as advertised.[4]

Diet: Wellness influencers promote meal replacement, fad diets and extreme weight-loss programs as wellness solutions, even though they may not be safe or effective.[4] This creates an endless cycle where young audiences feel pressured to keep up, even if the products do not truly improve their health.

Expense: Wellness is not accessible to everyone. Many wellness products are expensive, including:

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reality check: myth vs fact

Myth	Fact
Scrolling past influencers vaping is a harmless pass time.	Teens exposed to vaping content online are more likely to try vaping.[5]
There new alcoholic drinks I see online are more natural.	The wellness industry has contributed to the rise of "health halos" around certain alcoholic beverages, marketing them as more natural or less harmful to appeal to health-conscious consumers.[6]
Detoxing gives your body a chance to replenish itself and get rid of toxins.	Researchers have critiqued the promotion of detox diets lacking scientific backing and misleading consumers. They point out that the body naturally detoxifies itself.[7]

- organic food
- boutique fitness classes
- wellness retreats

These might be easy to afford for people with high incomes, but most of us will have trouble getting there, especially young people. Yet these products have become a symbol of social status, and those who can afford premium health products are seen as healthier.

Pressure: Many people feel pressure to always improve their health. This idea, called healthism (the belief that health is entirely a personal responsibility), can lead to stress and guilt. Wellness trends also change quickly—one day a food is a superfood, the next day, it's not, making it difficult to know what's truly beneficial.

The bigger picture

Focusing only on personal responsibility for health can also ignore larger issues, such as access to health care and healthy food. While wellness products can be helpful, experts suggest improving health care access and addressing social factors to make well-being more achievable for everyone.

Research has shown many people turn to wellness products because they feel they're not getting enough support from traditional health care. But not all products and trends are evidence-based.

The wellness industry is growing fast, influencing how people think about health. While many wellness practices can be beneficial, it's important for young people to be proactive in how they absorb information:

- Evaluate. Carefully evaluate health claims and seek reliable information
- Think critically. Media literacy and critical thinking are essential
- Balance. Combine personal wellness with evidence-based health practices
- Regulate. In the U.S., dietary supplements do not need FDA approval before sale. In Canada, natural health products are regulated by Health Canada, but oversight can be limited, especially for influencer-promoted goods. Enforcement often happens only after harm is reported

The wellness industry isn't going anywhere. But we don't have to buy into everything it says. We can take what's helpful, leave what's harmful, and keep asking better questions about what health really means—and who gets to define it. V

Accepting the Unacceptable

ALICE

Around the time my teenaged son's troubles with mental health and substance use were becoming clear, my mother-in-law got sick. No one seemed to know what was happening as we watched her disappear. I set out to help. We were on a mission: find out what was wrong so we could get it fixed. We did research, made appointments, asked for tests. It was exhausting and terrifying.

Alice lives with her husband and two children. While she is paid to work as a biologist, her primary career is as a mother, a job she loves. Recently, she has struggled to say she is good at her job, but she is learning she was working off the wrong plans

Photo credit: Patamaporn Umnahanant at ©iStockphoto.com

One day, a specialist said that even if we figured out what was wrong, we wouldn't be able to fix it. She said my mother-in-law was dying and the best we could do was to decide how we wanted to spend our time together.

Later, sitting on a riverbank alone, the message sank in. My mother-in-law was dying. I couldn't change that. I felt the moment when I accepted this physically, like I had been holding my breath and I could breathe again. I was powerless. But accepting her approaching death allowed me to stop fighting it.

I tell this story first because that moment of acceptance was harder to find with my son. Accepting substance use feels a lot like saying it's OK that it's happening. It wasn't OK. I wanted him to stop. His behaviour was unacceptable. I felt compelled to tell him that, to point out he was hurting himself, hurting us. But the more I said, the more we fought, and the more the distance between us grew.

A wish for control

We entered into crisis: visits to the ER, suicidal ideation, attempts by my son to obliterate his existence with substances with no concern for safety—a deeper and deeper spiral. He kept expecting to hit rock bottom and each time realized there was further to fall.

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I thought my job was to keep him safe. I thought my husband and I were flying a plane and our kids were safely tucked inside. Suddenly, I realized we were all in our own planes. We had been flying in formation. Now, my son was veering about wildly. I was not in control, so I tried flying my plane next to his, veering just as wildly to keep pace.

But I was not sitting in his cockpit. I didn't know where he was trying to go or what obstacles he was trying to avoid. And I certainly didn't have access to his steering wheel.

Things got very bad. I woke up each morning preparing myself to learn he had died overnight. My son refused to engage further with counsellors. I exhausted myself trying to convince him, and he avoided me to avoid the conversation. He couldn't respect boundaries the rest of the family needed, but he wouldn't go to treatment, the only safe place I had to offer. He became homeless.

I felt powerless because he wouldn't get help, and I thought nothing could change until he did.

An altered view

Accepting that I couldn't keep my son safe, that that was his job, was not an aha moment like I experienced with my mother-in-law's illness. It was a shift in perspective. I considered the crazy idea that flying his plane the way my son was flying it might make sense to him. My son was using drugs for a reason. It wasn't bad behaviour. He didn't want to throw our family into turmoil. He was drowning.

Like all drowning people, he was flailing around trying to keep his head above water, and he would climb anything to keep himself afloat. Accepting this allowed me to let go of my anger. He wasn't trying to hurt us. A terrible thing was happening in his head, and he was reacting in a way that made sense in that context.

I realized it was my job to keep myself safe. In the same way that you need a plan when you approach a drowning swimmer, I needed to set boundaries to protect myself and my family, simple things like don't keep pushing when someone says no, don't steal, don't be high and lose sight of what's real or safe. And I could set these boundaries from a place of love, not anger. It was freeing to know rules were needed and establish clear consequences so I didn't need to be mad when he couldn't follow them.

New skills

When I accepted that I couldn't control him, I realized I had control over myself. My husband and I decided to seek help. We took the Family Connections program, a skills and support group for family members and friends of someone with emotional dysregulation. Initially, we struggled with the idea that we would put in effort when our son wasn't doing his part, but, ultimately, we realized that we were doing it for ourselves.

Meeting other struggling families made us feel less alone. Learning new skills and putting them into practice shifted our interactions with our son and, as a result, brought about change for him too. I couldn't change reality, but I could change how I reacted to reality, and this in and of itself changed our reality. I let go of pushing treatment, and this freed me to hear what my son was saying to me. He wanted a relationship with us. He wasn't ready for therapy.

A friend sent me a card during this time. It said, "Life isn't about waiting for the storm to pass. It's about learning to dance in the rain." Standing in a downpour, it took work to see I still had choices. Accepting the weather allowed me to choose to be present with my son, not add to the harm, and to be there when he was ready.

Recovery, like the rest of life, is a journey not a destination. We're on the road of recovery, as individuals and as a family. I'm grateful for the moment of acceptance I had on the riverbank. It opened me to the power of embracing reality. Accepting that my son is struggling with addiction and mental health has not enabled his drug use. It has allowed me to acknowledge where we're standing so we can decide how to walk forward together. V

related resources

Visit the Sashbear Foundation to learn more about the Family Connections program at: sashbear.org/family-connections

An Introduction to Red Road Recovery

SCOTT TREMBLETT, CCAC, CCTACP
CAROLYN RENNIE, MSC

The majority of our team at Red Road Recovery has first-hand experience with substance use issues in addition to our education. Because of this, we have a mission to provide quality addiction recovery care to others through trauma therapy, holistic healing and traditional ceremony and land-based practices. Our vision is to build a network of wellness centres that creates a seamless system of support from detox to treatment to aftercare, providing an entire recovery journey on the Red Road to Recovery.

Scott is Executive Director and CEO of Red Road Recovery and one of its founders. He is a Canadian Certified Addictions Counsellor and is certified in telemedicine. With his first-hand experience with addiction and recovery, he relates to residents meaningfully. Scott loves watching their transformation along the Red Road towards a fulfilling life

Carolyn is Operations Manager at Red Road Recovery. She has been on her journey of recovery since September 2018. Carolyn loves living in the peaceful setting of the Shuswap and has been so blessed to use her abilities to help with Red Road Recovery operations. There is nothing more inspiring than helping and watching addicts recover

Photo credit: Jacob Wackerhausen at ©iStockphoto.com

The idea of the "Red Road to Recovery" originated from Indigenous spiritual teachings. It signifies a deep commitment to living your best possible life with respect for yourself, others and creation. The Red Road also means turning away from addictions that may damage you and others.

Our business, Red Road Recovery Ltd., was incorporated in late 2021. In just three years, we've opened three assisted living supportive recovery residences in the BC interior. Our original Red Road Recovery is a 14-bed residence in Sorrento, and we also have a 25-bed residence called Red Road Ranch in Lumby and a 10-bed residence called Red Road Rise in Salmon Arm.[1]

The program

Our rehabilitation program focuses on healing the mind, body and spirit through the biopsychosocial model. We integrate this model, which considers how biological, psychological and social factors interact to affect all areas of health, with traditional Indigenous health practices and recovery through the 12 steps.

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We are proud to partner with local Indigenous communities to include cultural programming, such as a sweat lodge on site, medicine wheel teachings, art therapy, spiritual guidance and land-based healing. Canadian Certified Addiction Counsellors are on site six days a week and facilitate group therapy and provide individual counselling sessions to support clients in building a strong foundation of recovery.

We offer a host of extracurricular programming. This includes yoga and meditation, an on-site gym, nature walks, boating in the summer, snowshoeing in the winter and everything else the beautiful land has to offer. We've found that our regular programs, like yoga and meditation, as well as our on-site gym, have really helped to bring out physical wellness in our residents, who may be getting in touch with their bodies for the first time.

We also offer equine therapy, an increasingly popular modality for addiction recovery. It involves guided interactions between individuals and horses. Equine therapy has multiple benefits, including greater emotional regulation, trust building, accountability and non-verbal communications, plus reductions in shame and guilt.

In order to assist our residents on their Red Road to Recovery, there are several more activities, events and practices they participate in. We describe these below.

Smudging

Each morning, we perform a smudging ceremony before group therapy. The ceremony allows for the cleansing and purifying of that space. The purpose is to create a positive mindset and connect with spirit, Creator or your version of a higher power.

The ceremony is usually led by a resident or trained staff member who will burn sacred herbs. One by one, each resident will come and partake in their individual smudge. We notice a palpable peace within the group circle during and after smudging. It's a great way to get grounded, centred, connected and ready to start the day with intention.

Sweat lodges

All of our locations have an on-site sweat lodge. The sweat lodge ceremony is performed weekly and is an all-day event consisting of gathering materials for the fire, preparing the fire and participating in the ceremony.

Sweating is a spiritual ceremony for prayer and healing led by local Indigenous elders. Many transformations have occurred for our residents while in the sweat, including the release of abundant emotions. It can be a very spiritual experience. Many non-indigenous residents also feel a strong connection to it, allowing them to heal when the ceremony is approached with a warm heart and open mind.

Although there is a strong Indigenous healing focus in our program, people of all ethnicities, faiths and beliefs are welcome at Red Road Recovery, and many have found the spiritual guidance they've learned assists them on their own recovery journeys.

We've received so much positive feedback from attendees about the sweat lodge ceremony. For example, some people who struggle with religion and "God" seem to be more open to the term "Creator" and begin to have a spiritual experience. This, in turn, can help them with the 12-step part of our program, which invokes a higher power.

Medicine wheel

Medicine wheel teachings and cultural arts and crafts are staples of our program. Medicine wheel teachings help to demonstrate that all aspects of life are interconnected, and that balance and harmony are essential. Arts and crafts provide a creative outlet while learning about cultural traditions. Examples of crafts include making rattles, drums, medicine pouches, moccasins, prayer flags and dream catchers, plus basket weaving and beading.

In addition to the ceremonies at our centres, residents participate in off-site land-based healing ceremonies, such as water ceremonies and baths, medicine gathering, berry picking and other ways to spend time in nature and reconnect to the land to promote spiritual, mental and emotional well-being.

Red Road Recovery is a 12-step program that partners with the local Indigenous communities.

Although there is a strong Indigenous healing focus in our program, people of all ethnicities, faiths and beliefs are welcome at Red Road Recovery, and many have found the spiritual guidance they've learned assists them on their own recovery journeys. For example, several non-Indigenous residents have received high therapeutic value from learning to drum and sing, beginning with going through the process of making their own drums.

Barrier-free access through CMHA

We are proud to have been awarded a CMHA grant to provide barrier-free access to 23 of our beds. Barrier-free means people can attend regardless of social or financial status. That means the program is available at no cost to BC residents.

But Red Road Recovery is also open to everyone else, regardless of place of residence, status or gender. And although we are extremely grateful for our funding, we hope additional funds will come soon, as we're in the midst of a large expansion and our ever-growing waitlist is evidence of the need for support beyond BC's borders.

To those who feel their relationship with substances needs to change, please know: you are not alone. It's never too late. Now can be the time you choose the right road.

Applications are available now at redroadrecovery.com.[v]

Visit Red Road Recovery

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Finish Lines

ABBY MCCLUSKEY

Last June, as I walked out of the testing centre where I had just spent eight hours writing the Medical College Admission Test (MCAT), I realized I was fully recovered from my eating disorder (ED).

Photo provided by Abby McCluskey

Abby grew up on the unceded traditional territories of the Lək̓ʷəŋən people in Victoria, BC, and is currently a third-year Bachelor of Health Sciences student at Queen's University. Abby plays the fiddle and enjoys spending time by the ocean. She is passionate about using her experience to help create change in the health care system

It had been about two years since I'd last accessed any specialized ED treatment. I had just finished my second year of post-secondary, living in a different province away from home, and thriving. Yet, until that moment, I had hesitated when describing how I was doing to those who knew about my ED history. I would say I was "virtually fully recovered" but was reluctant to drop the modifying adverb that stood between me and the elusive finish line of full recovery.

The stigma and weight and EDs

Part of my skepticism came from my uncertainty of what recovery meant to me. From 11 to 16, I believed my struggles with an ED weren't valid because I wasn't "underweight." How could I recover if nothing was wrong with me? Of course, EDs are a mental illness, not a physical one—they aren't defined by physical health. My ED was valid regardless of how my body looked.

Nevertheless, that stereotype—a manifestation of weight stigma, diet culture and misinformation regarding EDs—shaped my perception of myself, my illness and my recovery. This was reinforced by the emphasis the health care system placed on physical health as a marker of my recovery status.

When I was admitted to hospital at 16, the medical professionals on my team defined recovery as a normal heart rate, restored weight and physical wellness. At first, I naively clung to this belief. But I quickly learned that ED recovery does not end when someone is medically stable.

> **The true work of recovery is in challenging ED thoughts, learning other ways to cope and separating oneself from the disorder.**

People told me I'd start to feel better once I was re-fed and my body was physically healthier, but I didn't. If anything, I felt worse. As I restored my physical health, the emotions that had disappeared when my body shut down came back, including the pain, anxiety, fear and sadness that had fuelled my ED.

Over my time in ED treatment, I continued to grapple with what recovery meant to me. I felt that my ED wasn't a real illness unless it was reflected in my weight. This stemmed from the invalidation I faced from medical professionals and the world around me, who minimized my ED based on my healthy weight, only taking things seriously once my physical health changed.

I say this not to place blame on anyone, but to highlight how stigma and lack of education can affect patient outcomes. From my lived experience, I can tell you with confidence that my ED was just as severe when my weight was considered "healthy" as when it was considered "sick."

Reaching the starting line

I compare the time I spent restoring my physical health to the walk from your car to the starting line of the marathon that is ED recovery. You can't make progress on the marathon until you make it to the starting line—which might be a further trek for some than others.

No one would say they completed a marathon if they just made it to the start line and left. Making it to the start line is important, and often an accomplishment in itself; yet it's not the end, more the start of the beginning. The true work of recovery is in challenging ED thoughts, learning other ways to cope and separating oneself from the disorder.

As I began working through the thoughts and feelings underlying my ED, my understanding of recovery changed. I started to believe my therapist when they told me physical health was never an indication of my ED's severity. This was huge, helping me validate the magnitude of my struggles and fight back against my ED's desire to prove I was "sick enough" to deserve help. I could finally start to imagine a world where my ED had no role.

Embracing recovery

Though ED recovery is the hardest thing I've ever done, it has positively changed my life. To me, recovery has meant: sitting in my emotions and experiencing them fully; stepping away from relationships that don't support me; embracing things I love; being honest with myself and others; acknowledging the hard things I've experienced; and learning that two things can be true at the same time.

Taking a step back to look at who I am and what I value, I've found meaning and acceptance in my authentic self.

As I left the MCAT on that grey June afternoon, I was exhausted and burnt out. I'd poured all of myself into studying for the test. But that moment also proved the ED was no longer part of my life. So much of my ED was rooted in the belief that I wasn't enough—it would have thrived on my post-MCAT vulnerability.

Yet here I was, having made it through months of immense stress and uncertainty while studying for an exam that would determine the next few years of my life, without any part of an ED emerging. I didn't know exactly what I'd do next, but I was me, and I was OK.

Being recovered from my ED doesn't mean I'm not still healing from it. I've finished the marathon that is recovery, but I still have to walk back to my car, which is a lot further from the finish line than it was from the starting line. If I simply stopped moving after reaching the finish line, I would complete the marathon, but I'd never make it home.

To anyone facing an ED: movement towards the finish line happens inch by inch. Though you may not always feel like you're going forward, you are always further along the route that is your own recovery.

In some ways, my ED will always be part of who I am—not as its own entity, but as part of my story of recovery, a testament to the courage, determination and resilience I now know are central to my authentic self. As I have embraced the whole Abby I am, I know that I'm enough—I always was, and I always will be. V

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Relief, Albeit Temporary

GREGORY WALTERS

I came upon my eating disorder diagnosis later in life. Not because I was showing new behaviours. Just, until then, my concerns had always been brushed aside when I'd gathered the courage to ask a doctor. "You're just very fit," I was told. That was when I was 30, after already having dealt with periods of extreme dieting and overexercising for 13 years.

Gregory Walters

Gregory refers to himself as a hoarder of mental health labels on his Instagram account, rxtraveler. He's a writer living in Vancouver who enjoys solo travel, photography and the occasional double scoop of honey lavender and mint chocolate chip ice cream

I would hear the same thing in the years that followed until I was 53 and admitted to a psych ward. Although I was there due to suicidal ideation and deep depression, my eating behaviours became a major speed bump in my path to recovery. I wouldn't eat in the dining area with other patients. I wouldn't eat the vegetarian options prepared by the hospital kitchen. I just wouldn't eat.

I experienced rapid weight loss and, this time in the psych ward, caregivers noticed. I began to be seen daily by dietitians. I felt like I was considered difficult, but one dietitian listened to my food concerns and worked with the kitchen to provide accommodations. At the end of my stay, he asked, "Do you want a referral for an eating disorder assessment?"

Through tears, I nodded. Maybe the problem I imagined was real.

I cried again when the diagnosis became official: anorexia nervosa. Strangely, they were happy tears… or at least tears of relief. Maybe with professional help, I might shake this thing.

The heavy obligation of self-care

In truth, that hasn't happened. My diagnosis came seven years ago and

I have since accessed outpatient care as well as hospital and group home programs. The gains are small. Through a self-compassion class, I learned to be less harsh on myself. I learned to place objects that ground me in places where I notice them each day. I've also learned that my constant need to negotiate attempts to eat more and exercise less doesn't have to become a battle with caregivers. I can smile, listen and hold my ground when I'm not ready for next steps. While there are people by my side, the journey is mine.

Prior to hospital admission to an eating disorder program, I had come to hate exercise. Though I tried to switch up the activities, I still had extreme expectations over how long each workout needed to last and how intensely I needed to go at each activity. It was all obligation and no fun.

New openings to joy

I haven't changed my expectations about exercise, but I've rediscovered some of the fun that comes with my hiking, biking, jogging and swimming. (As for the gym? Not so much.) Exercise becomes a total joy—no chore component at all—when I make a quick road trip to Whistler. My shoulders relax as soon as I view the islands dotting Howe Sound and the mountains in the background. When I take to the trails around Whistler, I appreciate the beauty. I am glad to be immersed in nature. I'm in the present, practising a form of mindfulness I cannot achieve in a group, surrounded by four walls, following a guided exercise led by a well-meaning professional.

Whistler is simply magical.

I find relief from my rigid food restriction when I travel to another place. It's an odd destination for finally allowing myself food treats. Not Paris, known for baguettes and French pastries. Not New York City with its diverse cuisines. Not even Vancouver and its popular farmers markets full of seasonal produce. I have found my food haven on road trips to Oregon. I don't mean to knock the state, but I'm probably the only person who considers it the food capital of the world.

It starts in Portland. Stumptown Coffee is where I had my first pour-over. It's where I later had my first cold brew. Sure, I can access the brand in Vancouver, but an oat milk latte in Stumptown's hometown somehow tastes better.

I go to Salt & Straw every time I'm in Portland as well. It serves the best ice cream I have ever had. I indulge here because the five hours I invested in the drive makes it easy for me to say it's a special occasion. Two scoops, zero guilt. My eating disorder goes quiet.

Portland is also on my culinary map for donuts. The lines are at Voodoo, where some of the top choices involve bright colours and heaped-on toppings such as cookie bits, cereal and sprinkles. My clear preference, however, is Blue Star, where the glazes enliven my tastebuds. Just the thought of the cake donuts led to a major detour one time while visiting Seattle.

On the Oregon Coast, I find pleasure on par with Whistler while jogging windswept beaches and cycling curvy roads. And I know where to make my coffee stops. Traffic moves slowly as I take the coastal highway to Newport. The route lets me stop at Tillamook Dairy. I discovered the place by accident, seeing a massive parking lot and watching families spill out of SUVs. Was this the Oregonian version of Disneyland? Naturally, I had to pull into the lot and search for a spot.

The biggest appeal seems to be the ice cream. Huge lines, huge portions. But I stock up on a treat from childhood instead: cheese curds. My version of a delicacy will never match up with whoever gives out Michelin stars. I'm perfectly OK with that.

Getaways ahead

For others seeking relief or even joy, I recommend beginning with an ongoing list of simple sources of happiness. Stick it to the fridge. Include a few things that don't need you to engage with others. Then, allow one such happy moment a week or, better yet, each day. Lean in to self-care.

I remain a work in progress, but the point is I'm willing to work towards recovery. I haven't given up on myself, nor have I given up on the supports. I'm waiting for the next thing to click, the next piece of learning to sink in. In the meantime, I look forward to another getaway. Until then, let there be opportunities to find joy—and relief—closer to home, perhaps even in my own neighbourhood. V

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The Courage to Burn

HOW ANGER BECAME MY LIGHT

MADISON HANSEN

When I was four years old I was diagnosed with Type 1 diabetes. I spent a year in hospital. It was so very vulnerable. Insulin injections were not voluntary. The very thing I needed to live hurt me.

Madison Hansen

Madison writes from liv[ing] experience, embodying integrity, compassion, and justice. Wandering mountains, organizing community hikes, and delighting in the magic of bass— she laughs irreverently at the horrors, wielding courage in joyful defiance. Steward, Strategist, & Friend to All, Madison is both philosopher-turned-community catalyst and bemusing paradox

Later, when I started kindergarten, every day an adult would single me out of class and escort me to the office for my injections. Everyone stared. I was different. The judgement on their faces told me as much. Kids went to the office because they were "bad." I was punished not only by my own body with chronic illness, but socially as well. Shame says, "You are bad." I internalized that.

In first grade, one kid grew fond of throwing pinecones at me. I took it… and took it… and took it. Finally, I had enough. "Why?" I asked. I felt rage. "Why are you hurting me?" "Because you're a spazz," he said. "It's funny when you spazz." The very reaction he provoked was his reason for hurting me, then. But which came first? That kind of thing really messes with your head.

This wasn't the only incident. The bullying didn't stop. It spread to other areas of my life. As I grew into adulthood, for a long time, I tried to snuff out my own light. A decade of my life was sickening, twisted darkness. I was untethered. Nothing felt real. Everything was self-destructive. The only truth I knew with any certainty was that there was only one way to get the relief I had been looking forward to since that first pinecone to the noggin. If you know, you know.

The truth is that being crushed by life, by abuse, by the slow erosion of self-worth leads to coping mechanisms

that people only see as "bad choices" and "personal failures," without understanding what led to them.

What gets lost

The Oxford Dictionary defines "recovery" as: "the action or process of regaining possession or control of something stolen or lost."[1] Reflecting on my journey so far, I wonder: what do I feel was taken from me over time?

- my ability to dream
- my ability to connect with others without fear
- my ability to feel safe in the world
- my ability to see that I was worthy of respect, dignity and kindness

But I also see recovery differently: it's a process of reclaiming agency and unlearning oppression. When you've been bullied and made to doubt your own perception of reality (gaslit) by people and institutions that tell you your experiences don't matter, you start to doubt yourself. So recovery is also realizing what got taken from you in the first place.

I also believe there is value in seeing recovery through a systemic lens. Too often, recovery is framed as an individual journey of self-improvement, ignoring the broader structural forces that contribute to substance use and mental health struggles in the first place.

By shifting the focus beyond personal hardship and towards the systemic factors at play, we can foster a deeper understanding of recovery as more than just an individual responsibility—it's also about challenging the conditions that create harm.

Re-finding myself

As an adult, I learned that I had undiagnosed ADHD. As well, one day, someone pointed out the injustice I had experienced. That's all it took. One act of courage. The spark of hope was relit, and I considered the possibility that what had happened was real. The thread of my story got a little less tangled. Someone offered their truth, and now I knew this wasn't the end of my book anymore.

Recovery, for me, has been the long process of untangling those knots. Learning that I was never broken. That I was never the problem. I needed to trust that my anger towards others was a justified response. Not only is it OK to stand up for yourself, but if you ever want to make a psychological prison break, you must have the courage to trust yourself and your perception of reality.

Anger is a normal reaction to injustice. It protects us. It tells us when something unfair is happening. It is safe to feel anger. It is critical information that encourages us to do something. What is that something, exactly? Well, the thing is, once I accepted my perception of reality, I could talk about these things frankly. I could express what was in my heart all along. I could speak the truth.

Now, recovery is not all roses. These days, I hold myself to unreasonable expectations in the hopes that society will finally treat me with an ounce of dignity. The reality is that much of my journey has been shaped by survival under immense systemic pressure, not just personal growth.

But it's a process I need to keep exploring.

Sharing recovery

This is a reminder: there is nothing wrong with you. Not for being different. Not for having health issues. Not for standing up for what you know in your heart to be true. Do not internalize the shame that others use to control you. We do not, and never have, deserved punishment for being who we are.

I have spent a lifetime reclaiming my fire—learning that anger is not something to fear, but something to wield; that what was once destruction can just as easily become light. And now, I pass that light to you.

It turns out, there are a lot of really cool things about me. I am in a process of recovering all of the parts of myself that had been stolen, including:

- my ability to dream
- my ability to connect with others without fear
- my ability to feel safe in the world
- my ability to give myself respect, dignity and kindness

We are who we are, and we are cool as heck. And with that I say, psst, pass it on. My courage is yours. OURS. V

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Recovery is a Process, Not a Destination

KATHY

I have been living with my mood disorder for 20 years. I have had multiple hospitalizations and community residential mental health stays. I also accumulated debt when unwell. I never would have expected how my life would turn out.

Photo credit: mapodile at ©iStockphoto.com

Kathy is in her early 50s and lives with a mood disorder. She is a passionate advocate for those living with mental health conditions. Kathy engages in meaningful volunteer work and is thankful for her family and many supportive friends of all ages. She lives in the Lower Mainland

Thankfully it's been nine years since I've been hospitalized. I've received excellent care at a short-term residential mental health care facility. It's more like a home environment than the hospital. It has produced healing and a return to wellness, which I am always grateful for.

Over time I have also been able to put debt payments onto my mortgage payments, and this has worked very well. I now have a good sum of money in my bank account every month, and I never want to go back to where things were previously.

Is this recovery? It is for me, for now.

Recovery across the lifespan

As I look back, my mood disorder likely started at a younger age. I had an episode of depression as a teenager and mild mood fluctuations in my 20s. Still, I was able to have a successful career until things drastically changed in my early 30s and I had my first hospitalizations.

Since then, over the past two decades, I'd say the experience of my mood disorder has been continuous. I often look and sound better on the outside than I feel on the inside. It's a complex disorder because of how often my mood cycles.

But I know I am in recovery. I've seen my GP just recently, for example, due to a flareup. My GP will then talk to my psychiatrist. They work together with me. I get an excellent level of care. It's a collaborative effort. They're always there for me. My psychiatrist is

very cautious about medication dosing to limit side effects while still getting a therapeutic dose.

It's been a steady process—it must be because of my faith and support from others who have helped me to this phase of recovery. I am grateful for the times in between my episodes when I'm well overall. It is during these times when I function well and fully engage with others and my community.

Changing concerns

How do we define recovery? The online dictionary defines it as: "A return to a normal state of health, mind, or strength."[1] Recovery is often thought to describe a person who aims to recover from their illness. While this is a good goal to have, in my opinion, a person cannot recover from their illness, but can recover from an episode of their illness.

If you have a chronic condition like I do, recovery is always a process. When I'm well, I'm very well. A good day includes volunteer work, lunch or coffee with friends and maybe getting a walk in when I have my energy. My wellness is a collaborative effect: I manage on my own, but I have excellent doctors.

I have found that working with my health care team has been very beneficial, especially when I'm unwell. Whether I'm well or unwell, they've gone beyond the call of duty when needed.

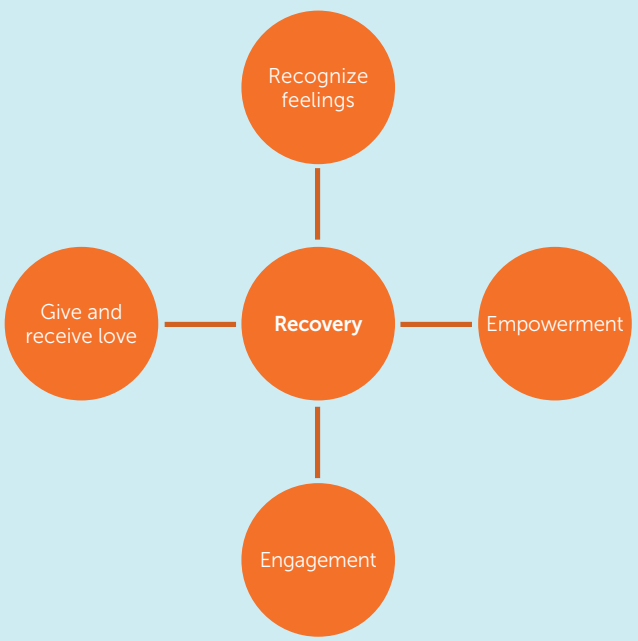
Concerns and hopes for the future

My doctors are approaching retirement age. I'm not sure what will happen to my care in the future. Will I get the same level of care? When I project ahead to 10 years from now, I also have other worries: what if my medication stops working. I've used up so many options. That scares me about the future. What if treatment doesn't work anymore?

On the other hand, I have hopes for my future. My hopes are that my cycles might not continue at the same speed. Not that anything is perfect, but when I'm well, I have a great level of functioning.

Supports can look different for each of us. I'm grateful for the friends and family I have in my life. I'm also involved with two supportive Christian communities of faith. I attend services, we have lunches and I'm likely going to be making pastoral care phone calls to people soon. I'm always made to feel welcome and involved in the life of the church, regardless of having a mood disorder.

related resources



Recently, I spoke by phone with a close friend. We brainstormed on what recovery means.

This graphic shows my thoughts on recovery. Each arm reveals how we can learn from our experiences and strengths living with a mental health condition, and each includes more elements of recovery.

Engagement can include: time with family and friends, counselling, exercise, relaxation, resources, hobbies, meaningful volunteer work and collaboration with healthcare providers.

Recognizing feelings means we might: ask for help if needed, reach out to friends and health care professionals, keep a journal of experiences and try not to allow negative feelings overwhelm us.

Empowerment means we can: be ourselves, focus on our strengths and share our story with others.

Love means to: give and receive love when we can, and do things that give you love, and that we love.

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This has been such a blessing in my life, as it's not always the case for others.

Another aspect of wellness is the retreat centre I go to a few times a year. It's restful, relaxing and spiritually uplifting and supportive. I always enjoy my time there and definitely benefit from all it offers me. I'm very grateful for the retreats I'm able to have there.

I also recently did a workshop on spiritual gifts. We took a questionnaire that reveals your specific gifts. Mine were healing, mercy and hospitality. I'm hoping to use some of my spiritual giftings to integrate into the life of the church.

As I will never recover from my illness, I'm thankful for my well periods between episodes. I will do my best to strive for and maintain wellness whenever possible. Recovery will look different for each person and that's OK. V

The Role of Peer Support in Overcoming Terminal Uniqueness

LOOK FOR THE SIMILARITIES, NOT THE DIFFERENCES

MATTHEW HODGINS, CCAC
JOSH DYER

Matthew

One day, I showed up for my orientation at a Dialectical Behaviour Therapy program my doctor had referred me to. I met with a therapist and soon learned the program was not what I'd imagined. I was hoping to work with a clinician individually and was caught off guard when I was told I'd be in a group. Part of me felt what I was going through was so unique, no one else would understand.

Matthew Hodgins is a certified addictions counsellor specializing in long-term, holistic care for those in recovery from substance use disorders. His approach is solution focused using CBT. In his spare time, Matthew loves collecting music, writing articles on mental health and spending time with his fiancée, Nica, and dog, Dexter

Josh Dyer is building a career in songwriting and works as an early childhood educator. Josh's approach to children is grounded in kindness, honouring children's gifts and amplifying their voices. Josh enjoys playing Pokémon, contemplating mysteries of the universe and spending time with his partner, Kevin, and their three cats, Orange Baby, Kitty Gurl, and Pixie

Josh Dyer and Matthew Hodgins

This attitude grew even stronger when I walked into the group and heard the stories, many of which were, in fact, not like mine. I said to myself, my problem isn't that bad; I'm not like these people. I still have a job; I don't have criminal charges; do I really need to be here? I dropped out and didn't return for mental health services for years.

Fifteen years later, I now work as an addictions counsellor, and I see this attitude, known as terminal uniqueness, in many new participants. The term comes from alcoholics anonymous literature, but it's also rooted in psychology, where it's known as personal exceptionalism[1]—the belief that a person's situation is somehow completely different from what others have experienced, either because it's worse or less severe. Either way, they have an inability to relate.

Whenever I present on this topic, participants always experience a "lightbulb

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moment." Something switches on in our minds. Although few participants have been aware of the term terminal uniqueness, we have all experienced it at some point. Feeling like no one will understand what you're going through creates a sense of separation and isolation from others—the breeding ground for addiction.

Most addiction professionals believe recovery groups are absolutely essential to addiction recovery, and in fact, prolonged individual support can contribute to feelings of shame and stigma.

Most addiction professionals believe recovery groups are absolutely essential to addiction recovery, and in fact, prolonged individual support can contribute to feelings of shame and stigma.[2] Stepping out of our comfort zone is an essential process in getting sober. In a recovery community, we model social behaviour. The sense of universality reminds us we are not alone.

Overcoming shame

I truly feel terminal uniqueness is rooted in feelings of shame and denial. Fortunately, compliance to recovery breaks through this barrier. Many people walk into an addictions group or meeting for the first time because someone else has urged them to get help; they are simply complying. Eventually they accept the program's relevance intellectually. They form bonds and notice other people benefiting from holistic lifestyle changes. They begin to think maybe it is useful to them after all!

As denial is slowly broken down, they accept the impact of their addiction emotionally. The stories in the group may be different, but the feelings are all shared. That is the universal language of recovery!

There are many universal components to addiction recovery, regardless of substance of choice, age, gender or background. These include the loss of control, changes in the brain, isolation, relapse and shame, but also the desire to change, live better and be honest with ourselves.

Terminal uniqueness is completely normal and quite common, especially early in recovery. It's important to stay committed even if you feel you don't belong. Ask yourself: what's the worst that can happen? Sometimes we have to fake it until we make it. This belief system can come back around during times of high stress, so it's important to recognize you may have to remind yourself, "I am no different from anyone else."

One of my participants, Josh, really resonated with terminal uniqueness. Josh enrolled in my men's group after attending in-house treatment last November. Although he is now celebrating the longest period of sobriety of his life, he sees how terminal uniqueness was a major barrier to treatment.

Josh

Grappling with uniqueness

I am a person living with bipolar disorder. My journey to accept this diagnosis wasn't easy. It was paved with substance use challenges, two hospitalizations, repeated experiences with hypomania resulting in disinhibited behaviour and the need to let go of false narratives I picked up along the way.

I would create my own self-fulfilling prophecies, such as, "I am more susceptible than others to self-medicating because my bipolar cycles are completely out of my control." Or: "Lifestyle change won't prevent these symptoms from coming back, so I may as well soothe myself with substances." Also: "No one here knows what it's like to have a parent tell them their queer identity is the wrong decision for their life." Anything to prevent the "addict" label.

I now feel that looking for differences is like using a microscope to focus on a snowflake's uniqueness. Left unchecked, this behaviour prevents opportunities to connect or see what's shared—like emotions, hurdles, aspirations and other universal human components that create relational experiences. The act of doing this in a group discussion hindered my ability to be present.

Getting connected

Peer support has truly helped me overcome many of these symptoms. It helped keep me in check. By showing up to group three days a week and

attending other sobriety groups, I've tuned my listening and reflecting practices to be more present with others, relate to their experiences and see each individual as an equally valuable member of society. This has changed my mindset, and I'm building relationships on a stronger foundation.

By allowing these stories to imprint on my heart, I've been able to affirm that sobriety is my number one priority, because living with terminal uniqueness was a skewed reality. My ability to maintain my health and wellness goals requires mental clarity, and for me, that's sobriety. It has re-opened doors of hope and closed the blinds on the terminal uniqueness that once took up space.

My advice to others? Take the time to focus on recovery. By that, I mean structured time in a recovery program that offers counselling, CBT, nutrition advice and more. Employers can help too, by easing off on pressure to get back to work too fast.

I suppose we really do have a lot in common with snowflakes after all. We're made of water and stardust. When life gets too hot to handle we have a tendency to melt down. But when given opportunities to cool off, we regain our composure. We all just branch out in our own terminally unique, yet very similar ways. V

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Moving Forward with an Anxious Heart on My Sleeve

RACHELLE N TRI

Even after going to counselling and learning strategies to mitigate my anxiety episodes, there are still moments when my racing mind catches me off guard and throws me into another anxious fit.

Rachelle N Tri

Rachelle is a third-year health sciences student at SFU. Her studies have deepened her mental health healing journey, inspiring her to share her story. She hopes her narrative can help by alleviating the isolation others may feel while trying to break cycles of intergenerational trauma

These moments don't scare me as much as they did when I was a teenager. The surge of panic and my heart thumping wildly against my rib cage feel the same, but there's a small wave of calm trying to wash away the tension. "You're doing ok," "you are strong and worthy of care" and "you are loved and have done your best" are words of compassion I tell myself. Slowly, my breath returns to normal.

More recently, during these anxiety episodes, I've been trying to tell myself to forgive—not only myself, but those who have unintentionally hurt me. It's become another way to cope during these spirals. My desire to forgive stems from my knowledge that my anxiety was passed down to me through my family's intergenerational trauma.

Second-hand trauma

From an early age, I remember moments of my parents being extremely anxious and, at times, paranoid wrecks. The trauma and atrocities they experienced as post-war refugees made them live in a constant state of fight or flight. Unfortunately, their suffering translated into survival-mode parenting while raising my siblings and I here in Canada.

This upbringing came with controlling behaviours that intensified my anxiety. One of my parents' most prominent fixations was efficiency. They constantly reminded—and ordered—me and my siblings to be efficient to limit the possibility of wasting resources. But their nagging only tightened the knots in my stomach and the tension in my chest. I also

worried that their controlling behaviour stemmed from a lack of trust in our ability to make good choices, which only made me more insecure.

My inner turmoil also developed, in part, from a difficult reality many immigrants face: the expectation of resilience. This meant living without closure whenever I questioned my parents about their worries. They never communicated why stress consumed them. I now understand why: they had been taught to internalize their worries rather than burden others. It was simply a cultural norm. But without open communication, a creeping dread took root—one that never truly left me.

Over time, their anxiety and obsessive controlling behaviours became a language I learned before I even understood its meaning. I got used to their unhealthy habits and, consequently, I behaved as they did.

Coming to awareness

I hit rock bottom during my late teens. My anxiety started to appear in physical manifestations: terrible, sharp chest pains. At the same time, I was beginning to reflect on my family's untreated trauma, which opened up a flood of pain and guilt, with no stable outlet to release my feelings.

I didn't realize how deeply my anxiety and need for control were impacting my friendships until one summer day in 2023, when a close friend confessed that they felt I was too controlling at times. My advice felt like commands, making them feel incapable of making their own decisions. The realization that I was literally following in my mother's footsteps made me sick. I felt awful and apologized. Our honesty kickstarted my healing journey.

I'll forever be grateful for that transparent conversation. It pushed me to self-reflect and seek support through counselling. I learned self-help strategies through CBT, which helped calm me down during my anxious episodes.

Pursuing post-secondary education has allowed me to look for opportunities to gain better self-awareness, happiness and new perspectives by talking to others with similar situations. I'm also closer with my siblings now, as we've bonded over navigating our dysfunctional upbringing together. Knowing I'm not alone has truly alleviated my anxiety.

I've also started writing about my experiences and, last year, published an article in a student journal about my intergenerational anxiety.[1] It was an eye-opening process that required honesty and many breaks to digest what I was putting down on paper. But I'm glad I wrote it. It was a step towards reclaiming my future rather than suffering from my past.

A calmer present

Time has softened painful memories and allowed me to grow. Maturing has eased some of my parents' burdens, helping them mellow out as well. I'm glad I've learned to be patient and to understand their trauma. I know a big part of our upbringing was rooted in their untreated mental health issues, as they were victims of a nation's long history of conflict. Though I'm still navigating our relationship, I love them and will continue striving for honest conversations.

I wholeheartedly believe healing isn't meant to happen alone. Opening up to others can make the path to recovery a bit less intimidating. But that's easier said than done. Confronting our fears takes courage and time. Yet, with the right people, those who genuinely care and support us, it becomes possible.

I'm still trying to make healing a reality. The title of my story comes from my wish to move forward while destigmatizing my anxiety. I want to open up to others by expressing that I have anxiety and that it's OK. I know it'll probably never leave me, and I believe it's OK to live with being just a bit more anxious than others, as long as you find healthy ways to keep yourself grounded in those moments.

Going back to the word forgive, I'd say the word is bittersweet. Forgiveness is freeing, yet painful. It signifies moving forward, but from a past I wish didn't need forgiving in the first place. Through this word, however, I've found peace. It's driven me to give myself grace rather than being absorbed by guilt.

Although forgiveness may not be the right tool for everyone, in my case, I think it has fostered a path of understanding, which I hope leads to the end of my family's cycle of intergenerational transmission of harmful habits.

To those on their own path towards healing, I hope you take each anxious step with kindness and compassion. Generations before you may not have had the tools to heal, but you are choosing something different, which shows immense courage and love! V

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Depression, Anxiety, Eating Disorders

HOW ABOUT NONE OF THE ABOVE?

BLAIR S.

Growing up, I was told not to let labels define me. Whether it was ethnicity, gender, age or any other aspect of my identity, I internalized the idea that I was capable of anything I put my mind to. This mentality, which served me well for many years, was also a perspective that left me in denial of my mental health challenges later in life.

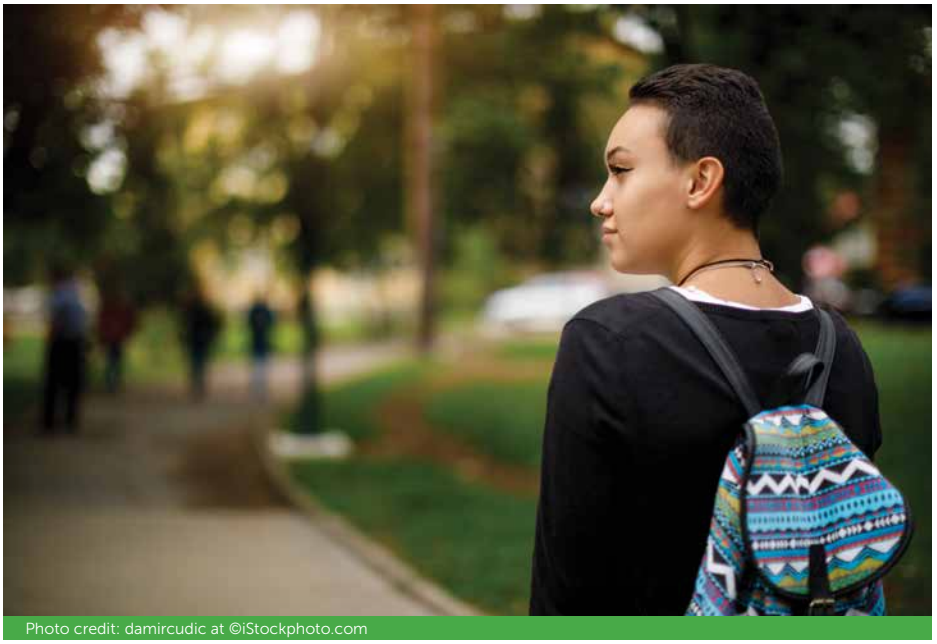

Photo credit: damircudic at ©iStockphoto.com

Blair (she/her) is a graduate student at a Canadian university. She has lived experience of several mental health conditions, including eating disorders, depression and anxiety. Her hope is that folks may read her story and feel more supported in accessing the mental health supports they or their loved ones need

A few months after moving to a new city and starting graduate school, during a time when everything seemed to be on the upswing, my mental health was reaching an all-time low. All the signs were there, but I was too scared of putting a label on my symptoms. I thought I was still in control.

In reality, every day became a battle and I was losing the fight. I didn't want to be labelled as "depressed" or in a "relapse" of my eating disorder (ED) because I was worried about being judged. Failure, disappointment and waste of potential were all words that played on repeat in my mind. Did you learn nothing from the first time you hit rock bottom?

Rapid changes

I was 11 the first time it happened. It started as a harmless desire to eat healthier and lose a few pounds. But my restrictive eating behaviours were actually something else—a coping mechanism. I was dealing with many changes: living with a grandparent who was dying of cancer, watching my body change due to puberty and adjusting to life with a younger sibling.

These changes left me quite anxious and desperate for a sense of control. I found it by playing a dangerous game with food restriction. Eventually, I became consumed by my ED voice. ED was in control, not me. I no longer cared whether I lived or died. Before my heart gave out, I was hospitalized.

When I was finally discharged from treatment, I felt free. I was freed from a label I hid from my peers at school, and I embraced a new label, "recovered."

Uncertain recovery

Throughout the rest of high school and even during my undergraduate degree, I desperately clung to that new label and concealed myself beneath a façade of positivity. ED was still a friend sitting at every meal and snack, an invisible one only I could see.

I did open up about my struggles with one professor after a week-long cycle of binging and restricting that interfered with an assignment. On their recommendation, I attended a one-time counselling appointment on campus, but that was all.

It was my transition to graduate school that created a perfect storm and narrowed my window of tolerance.[1] This window is like a balance beam you walk on that widens and narrows depending on stressors in your life. In my case, the stressors piled on until the beam became so narrow it was impassable. My cheerful mindset started doing harm, rather than good. I saw myself as a failure for not being grateful for my new opportunities.

Moving to a new city? Don't miss out on social events to make new friends. Starting school at a prestigious university your parents actually recognize? Don't disappoint them. Planning to re-apply to professional schools? Don't forget to do better in grad school than you did in undergrad. My response to these pressures was avoidance, specifically through binge eating.

An inner struggle

I was reluctant to reach out for help because I was afraid of being labelled again. Only this time, the changes to my mental health were not outwardly noticeable—no rapid weight loss or drastic reduction in food intake. The changes were all internal. I became consumed by thoughts about food. I was scared that if I started eating, I wouldn't be able to stop. Each binge eating episode was followed by a period of restriction during which a wave of guilt, embarrassment and hopelessness would overwhelm me. ED even brought a new friend to the table: depression.

My façade came crumbling down. I was completely incapacitated by my symptoms. My graduate supervisor and peers began to notice. Their calls, texts and emails went unanswered as I retreated into isolation.

Eventually, I took a leave of absence from my studies. Another grandparent I was very close to passed away, and I relied on disordered eating to get through this sudden loss.

Photo credit: Daniel de la Hoz at ©iStockphoto.com

A turning point in this journey was reaching out to a close friend and asking to meet up. Until this point, I had not spoken or seen anyone outside of my immediate family for several months.

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I also began to think more and more about ending my life. I typed up a letter letting out all my struggles with a list of ways I could end my suffering. My whole universe became my bedroom, the bathroom and the kitchen. I could not remember the last time I'd showered or stepped foot outside.

A new view of recovery

A turning point in this journey was reaching out to a close friend. I showed them the letter I'd written, and I will never forget what they said to me. "I am really sorry you have been feeling this way. I don't know how to make things better, but just know I am here for you." Part of me had still held onto a fantasy that opening up would magically make everything better, but I understood that the first step towards recovery was acceptance.

Now that my secret was out, I was ready to seek professional help. I found a safe and welcoming support system at Foundry BC. Foundry helped me transition back to school and connected me with on-campus resources. I registered with my university's accessibility centre and gradually learned that I was not alone.

I noticed a poster at the accessibility centre stating that mental health conditions are the most common disability among students at my university.[2] Despite growing mental health resources, many youth, including myself, still experience barriers in accessing professional care. For me, the biggest barrier was the labels. If you're facing similar challenges, remember: labels only hold as much power as you give them. You hold the reins, and you decide who to tell and when. I reclaimed my labels and I hope you do too.

I've been back at school for about half a year now. Some days are harder than others. I see a therapist every week and I still have relapses. I'm learning to practise self-compassion when I feel low and accept that relapses are part of recovery. Sometimes, to reach the next milestone, I end up walking around in a loop and that's OK. Progress is not always forward facing.V

related resources

Learn more about Foundry BC at: foundrybc.ca

resources

Recovery Colleges

Recovery colleges are spaces to learn about mental health, gain recovery skills, and build social connections in a group learning space. Courses and workshops are free and may be offered in-person or online. The following programs provide courses or workshops based on the recovery college model.

- Recovery College YVR from Vancouver Coastal Health: **recoverycollegeyvr.ca**
- Kelty Dennehy Mental Health Resource Centre from CMHA North & West Vancouver: **northwestvancouver.cmha.bc.ca/programs-and-services/kelty-resource-centre**
- Pathways to Wellness from CMHA Vernon: **cmhavernon.ca/wellness-education-programs**
- Discovery College from CMHA Kelowna: **discoverycollegekelowna.com**
- CMHA Studios from CMHA Shuswap-Revelstoke Branch: **shuswap-revelstoke.cmha.bc.ca/programs/clubhouse-program**
- Connections Wellness Centre from CMHA Northern BC: **northernbc.cmha.ca/connections-wellness-centre** (the Wellness Centre is located in Prince George)

Peer Support Groups from the Mood Disorders Association of BC

mdabc.net/resources/mdabc-support-groups

Free peer support groups online and in-person in Vancouver, Burnaby, Abbotsford, Victoria, and Vernon. Contact the group coordinator if you have any questions about a particular support group.

Family Connections

sashbear.org/family-connections

A free group course for family members and loved ones of someone who experiences emotional dysregulation, including people with borderline personality disorder. Loved ones can learn more about emotional dysregulation, learn skills to build relationships and communicate well, and take care of their own well-being. Courses are currently online and offered in English and French

In the Know events from FamilySmart

familysmart.ca/monthly-events

Online and in-person events on a specific topic related to child and youth mental health and substance use. These events give parents knowledge they need to understand mental health and substance use problems, navigate health systems, and support recovery. FamilySmart also offers Family Peer Support, which connects families from across BC to a peer supporter.

Family Support Groups from the BC Schizophrenia Society

bcss.org/events-programs/family-support-groups

Online and in-person support for families and loved ones of someone who experiences schizophrenia, psychosis, or a serious and persistent mental illness. Groups are located across BC.

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

heretohelp
Mental health and substance use information you can trust

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Vancouver BC V6E 4V4 Canada