

The Family Voice

What your Family Advisory Committee is doing for you

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WHAT'S INSIDE

A perfect storm: Youth and COVID-19	1
Message from the Co-chair	3
FAC member list	3
Meet the member: Nicole Waldron	4
A mother speaks: Toronto Police Services Board listens	4
Self-care corner: The benefits of pets	6
Family learning: Family Resource Centre ...	7
Where are your FAC members?	8
Reviews: Books, TED Talks, podcasts, Rendezvous with Madness Festival	9
Resources	10
Family matters: Contact us!	12

VISION

Family will be integral members of the recovery process and will be embraced by and actively engaged at all levels of the organization.

MISSION

The Family Advisory Committee (FAC) is a partnership between CAMH staff and family members affected by a family member's mental illness and/or addiction. The CAMH FAC will engage with families, patients, community members and care providers to improve client care and enhance the experience of both patients and their families at CAMH.

DEFINITION OF FAMILY

Any person or group of people someone identifies as belonging to their family or significant circle of support.



A perfect storm: Youth and COVID-19

If you know someone between the ages of 14 and 24, you might not be aware of what a crucial age that is. If that someone is a family member, the fact that 75 per cent of lifetime serious mental illness appears in that age span becomes very important. Those are the years that family members watch for signs of emerging mental illness, trying to separate possible symptoms from normal teen mood swings, risky behaviours and a need to break away. And then a pandemic enveloped the world, separating youth from friends, drop-in centres, classes and career paths, from the social networks they need. It's a perfect storm, and it bore down on youth.

And the study says...

A CAMH survey conducted after the COVID-19 pandemic began found that young people perceive their mental health to have deteriorated.

The survey was completed by more than 600 young people from across Ontario ages 14 to 27. It included youth who had sought mental health services in the past, and young people recruited directly from the community. At the time of the survey in April, 39 per cent of the youth from the

community reported significant problems with mood and anxiety. For those drawn from the group of youth who previously sought mental health support, the figure jumped to 68 per cent.

“I am concerned that we have a vulnerable group of young people who are reporting significant impacts from COVID and are reporting unmet mental health needs,” said Dr. Joanna Henderson, Director, Margaret and Wallace McCain Centre for Child, Youth & Family Mental Health; Implementation Director, Cundill Centre for Child and Youth Depression, and Senior Scientist in the Child, Youth and Emerging Adult Program. “We are going to need to respond as a system with new ways of thinking about how to connect with young people, including making sure the voices of youth are part of the solution.”

The survey results also showed that 50 per cent of young people drawn from the group who previously sought help reported that their access to care since the pandemic began has been disrupted. The authors, who included youth co-researchers, made several recommendations as a result of the survey, including enhanced access to remote counselling.

What should family members do?

We asked Leora Rich, a social worker with the Youth Addictions and Concurrent Disorders Service, what family members can look for in the young people in their lives. Is there any way to distinguish emerging mental illness symptoms from COVID-19–related anxiety, panic, helplessness, depression and loss of direction, and how to help?

“Family members may want to look for marked changes in behaviour as this may be a sign that a young person is struggling during this pandemic. This could look a variety of different ways, but it is important to notice if there have been changes overall and examine some of the impacts these changes may be having. In this case, it’s important to work on maintaining strong relationships and communication to be able to express concern and engage youth in discussion about what they may be experiencing.”

Families know that adolescence is a time when it is normal for teens to have some degree of angst in their lives but living through a pandemic can exacerbate this situation.

“For the past months there has been so much uncertainty for youth. Suddenly their schedules, routines, ability to see peers and attend school have all been drastically changed by COVID-19 pandemic precautions. Experiencing anxiety and worry about the continued pandemic is absolutely a reasonable reaction. Families may want to monitor the overall impact which this is having on their youth’s mental health, behaviours and overall functioning. Again, having supportive conversations and open communication will help caregivers to best support their youth and determine when mental health services may be needed,” said Leora.

What do youth want, and need, from their family members?

Em Hayes is a youth engagement facilitator within the Youth Engagement Initiative at CAMH, and a Master’s student. We asked them what family members can do to support youth at home and to help them get back to the life they want to lead when restrictions lift.

I think the most important thing family members can do is to ask the youth in their life what they need

“These are unprecedented times. I think it’s important for family members to acknowledge that a wide range of responses to these times are all okay. Maintaining goals set prior to the pandemic is difficult and may not be possible for some youth. Family members can support youth by encouraging them to engage in acts of self-care that might help bolster their coping mechanisms. Offer suggestions of things you can do together; for example, playing board games or card games, or watching a Netflix series you both like. You can also suggest things they may want to do on their own, like journaling or meditating. Try to remember that there is no one size fits all solution to the isolation we are all experiencing, so not all suggestions will work for all the youth in your life.”

When asked about the existing and emerging concerns youth have, and how families can best respond, Em notes many of these concerns are around educational changes.

“In my conversation with other youth, many of us are concerned about the education we will be receiving come September. Most of the youth I have spoken with who are in post-secondary programs are concerned with the quality of education we will be receiving when everything is set to be online. As for youth who are in high school, having to potentially do half of their education from home and in a self-directed manner may cause anxiety.”

The very time in their lives that youth are trying to build their futures is also the time when the majority of mental illnesses emerge. With the added burden of a socially isolating pandemic it is more important than ever to ensure access to mental health services for this population. The health care system has had to quickly pivot, Em says. “The ability to access mental health services remotely has enabled people to receive treatment who otherwise couldn’t because of the barriers associated with in-person services. The mental health system was able to adapt quickly and efficiently. It will be important that once restrictions lift, young people continue to have the choice to access their services online, in person, or some combination of the two.”

To help youth get through this unprecedented period of social isolation and uncertainty, one of the most important things we can do is to create safe space for them to voice concerns and tell us what they need, and then ensure the resources required are in place to provide the help needed.

Additional information

CAMH has developed online mental health resources for the public, including [this resource](#) to help youth cope during the pandemic.

—Susan Conway, CAMH FAC co-chair and Jacquelyn Waller-Vintar, CAMH Education

Message from the Co-chair

The COVID-19 pandemic has led to many changes in how patients, families and staff experience health care. In many ways the pandemic has shed a light on the gaps in care for families who have a loved one with a mental illness and/or addiction. The Patient and Family Experience Team heard the concern, frustration

and exhaustion families are experiencing. We heard how challenging it is to be providing care to a loved one in the home without proper support in place. We heard how difficult it is for families to access support and care for themselves now more than ever.

In June, a Patient and Family Experience During COVID-19 survey was sent out to CAMH patients and families, the results of which further validated what we were hearing. We shared the results and recommendations from the survey to help learn how we can support families better during future crises. We have also started responding to the needs identified by creating more opportunities to connect with families remotely and for families to connect with one another. One example is the Virtual Café Connection, a partnership between the Family Resource Centre (FRC) and the FAC. We worked to adapt this in-person event into a virtual monthly connection with very positive feedback from participants. We know that we still have further to go, and together with families we will continue to learn and continue to do better! Read more about what the FRC is doing to support families during this time in our “Family Learning Column” on page 7.

—Miriam McCann, Manager, Patient and Family Experience



FAC member list, 2019–20

Back row, from left: Susan Conway, John Im, Mara Jayenthiran, Pauline Lefebvre-Hinton, Miriam McCann, Nicole Waldron. *Front row, from left:* Vivien Cappe, Gilda Martens, Thanisa Sundaralingam, Mary Beth Odell and Ashley Bowe. *Absent from photo:* Shahla Pezeshkzad and Robert Burns.



Meet the member: Nicole Waldron

What drew you to the FAC?

A family support worker told me about the committee after a discussion on the lack of family support and resources—I felt like a fish out of water at CAMH and sometimes still do. It was a relief to meet Miriam and know there was staff and a committee dedicated to advocating for families. The possibility that I could be a voice for families and support to other caregivers, drew me to the FAC and helped me to not feel so helpless in what could at times feels a daunting situation.

What's been the most rewarding thing you've done on the FAC?

Speaking up for families from diverse races and cultures, and bringing the perspectives of Black, brown, and other marginalized people's families to be part of the conversation.

How long have you been supporting your family member?

It's been about five years.

The best advice from another caregiver?

Take time for self-care, show yourself some compassion. Let people know that you need help—sometimes we have to share our stories so people can understand.

Your favourite saying or pearl of wisdom?

I have so many! Don't lose hope: it's always darkest before the sun rises. Find the opportunity in the crisis.

A mother speaks: Toronto Police Services Board listens

In July 2020 the Toronto Police Services Board (TPSB) called a one-day Town Hall to hear people in the community speak about current events triggered by the May 25, 2020 murder of George Floyd, a Black man, by a white police officer in Minneapolis. The overwhelming response of Toronto residents who wanted to speak on anti-Black and systemic racism, defunding the police, mental health crisis calls, community safety, accountability and justice led to four day-long town halls. Nicole Waldron, member of the FAC at CAMH, made her deputation July 10.

Nicole: Thank you for having me here this morning. I am the mom of a son diagnosed with bipolar disorder, otherwise known as an illness. I sit on the Family Advisory Committee at CAMH and the Ontario Family Caregiver Advisory Network and there are concerns that I have, and many other caregivers have, that we really want to bring to your attention this morning. While we wait on all these various budget allocations to be done I think and believe that there are quite a few things that can happen right now.

As a member of society I don't expect police officers to be trained like social workers or doctors; that's not your job. However, what I do expect is that significant time be spent on training all police officers on de-escalating someone in psychosis or in crisis. For example, when someone is in paranoia and is extremely afraid and unclear in their thinking, we have to remember that this is an illness that is manifesting in behaviour. It is imperative that officers realize these people are afraid and their families are afraid at the same time and they are calling you for help.

We also ask, and I also ask, that you seriously take on adding teams to the mental health crisis calls. Families really can't call and ask for the mental health crisis team—all we can do is call and say, "My loved one is in crisis and this is what is happening." I would suggest that family be allowed to be involved when the police officers arrive to the scene because they are the ones that know their loved ones best.

It may be the first time the person is in crisis and they may not know what is happening. It really would be good if the MCITs [Mobile Crisis Intervention Teams] work in conjunction at all times with the PRU [Primary Response Units]. Nurses, social workers, doctors, they know how to de-escalate someone who is experiencing paranoia.

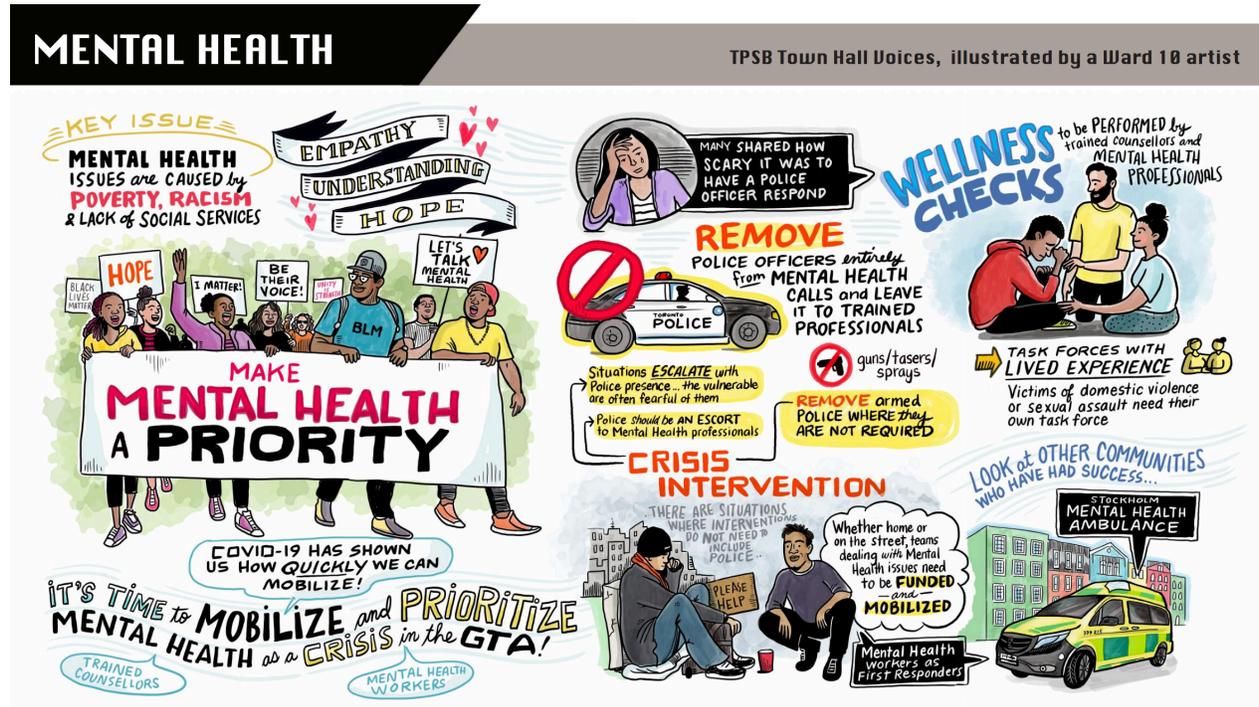
I say: What would you do if it was your loved one who was in crisis, and the police were called and they put them in handcuffs, and took them to a hospital that they had no association with? What would you do if it was you who ended up in crisis, because anyone can end up in a mental health crisis, and the first response was a police officer with a gun pulled on you? I think we need to think of these things, we need to recognize these are human beings that we're dealing with, with a mental illness.

I would also ask that the MCITs' protocols be looked at and revamped because some of them are archaic, some of them just don't make sense,

and some of the partnerships need to be expanded. My son is associated with CAMH and CAMH is not listed as one of your partners—would you take your loved one to a hospital where they were not a patient?

So I end with this: We need to focus on training and educating police officers, every single one of them, including administrative officers; we need to make sure that evaluation is done continuously; we need to make sure there is accountability—we have had other callers speak to accountability so I will not get into that—with measurable outcomes put in place.

Vice Chair: Thank you. Thank you very much Ms. Waldron for joining us today and for describing your experiences, especially in relation to the role you play on the CAMH caregiver committee. I know you mentioned a number of important recommendations that you think would be particularly useful and that includes CAMH potentially becoming a partner of the TPS. It would be



The Toronto Police Services Board held four day-long Town Halls to listen to residents' thoughts on anti-Black and systemic racism. This illustration came from a graphic flipbook produced by the TPSB. Other illustrations include topics of public funding, reform culture, community safety, education and training. The flipbook can be seen at www.tpsb.ca/consultations-and-publications/july-2020-town-halls#

particularly useful to us to hear, directly from you as a member of that committee, what the one thing is that you really think we should focus on.

Nicole: One of the things that we have spoken about is having specialized teams that attend to calls when someone is in a mental health crisis.

Vice Chair: Thank you. That's a very important recommendation and you're not the first person to mention it but it's very important. Thank you.

Mr. Morgan: Hi Ms. Waldron, thank you for your deputation. Given all that has happened, what made you decide to go through the process of signing up and speaking today?

Nicole: Because I felt that it was imperative that my voice was heard. I see from the unique perspective of a caregiver and family member what happens when someone is in a mental health crisis and how it should be addressed.

Mr. Morgan: I think it's important to hear your voice and many voices like yours. I think, obviously, it's a very personal topic for you and we want to make sure that we give it the proper respect that it deserves for you and many others in similar situations, and so I thank you for that.

Nicole: Thank you for that from family members and caregivers who are left out of the conversation quite often.

I would suggest that family is allowed to be involved when the police officers arrive to the scene because they are the ones that know their loved ones best.

Councillor Ford: Nicole, I think your comments are incredibly constructive and I've taken a number of notes here. One of the things that I took from your deputation and others is the lack of trust with police and there are a number of reasons for that but what is one thing we can do as a service to build trust with our communities?

Nicole: I think one of the things is what you're doing right now, by listening and hearing that we have to use a different approach with the education of police officers and how they deal with people in crisis. I'm going to speak on the

mental health crisis piece, on what mental health is, on what mental illness is, and when someone is in crisis it's not your regular thing that you're dealing with. This person is afraid and their mind has changed and they're not the same person that they are when they are not ill, and their family is also in crisis, so it's education of police about mental illness that will build trust.

Councillor Ford: Absolutely, thank you so much.

Board Chair: You mentioned in your deputation that our MCIT protocols need to be changed. Can you give me a couple of examples?

Nicole: One of the things I noticed in the MCIT is that the Primary Response Unit is not always able to attend with the team. I think that a nurse or a social worker should always be there with the team, assessing how things are done. Families should be allowed to say, "I need the MCIT team to attend this call." This is left up to the officers and the PRU units when they attend and sometimes it's too late. You need someone who understands de-escalation at those crisis calls. I'm not expecting, and I don't think a lot of families expect, the police to know exactly how to do it and social workers are trained for years on how to de-escalate. We must be reasonable with our expectations of the police so bringing those who are trained to handle people in mental health crisis alongside the police would really make your job easier and safer for everyone overall.

Board Chair: Thank you. So just a follow up question: more often than not the MCIT doesn't arrive because they're not available. They are not a 24/7 operation across the city. So would your recommendation be to fund that appropriately so that they are available?

Nicole: Totally, that is the big ask. There should be hundreds of teams that are actually built just for this because we know that many of the calls that are coming through are for people in mental health crisis whether they are at home or on the street.

You can follow Nicole Waldron on [Instagram @victoryspeaks7](#), [Twitter @VictorySpeaks7](#), and hear her on the [Victory Speaks Podcast](#) on Google Podcasts, Spotify, Apple Podcasts and more.



Self-care corner: The benefits of pets

Providing care to a family member is extremely challenging. Caregiving can have many rewards but can also be emotional and demanding, and even more stressful with the challenges of COVID-19. People feel more anxious, afraid, isolated and exhausted. Many caregivers live alone or are currently separated from friends and family. You have to look after your own needs as well, and you don't have to do it alone!

The bonds between humans and animals are powerful. The mental health benefits of owning a dog, cat, bunny, fish, bird or even a horse have been proven to help with depression, loneliness and stress. Pets can add joy and unconditional love to your life. Watching a fish in an aquarium can help reduce tension and bring a sense of calm to the moment. Pets fulfil our basic human need for touch—hugging or stroking an animal can bring immediate rewards. Caring for a pet can make you feel wanted and take your focus away from your problems, and keep you company.

With so many choices of pets it is important to take the time to consider your needs and options to get the right fit. Take into account your financial situation, living arrangements, time availability and health. It might not be a dog that fits the best but a little guy like a hamster might fit the bill.

5 BENEFITS OF OWNING A PET

1. *Pets give us unconditional love:* Pets don't have expectations. They do not judge us. They are always happy to see us and they want to spend time with us.

2. *Interacting with pets lowers our stress:* Playing or engaging with a pet helps calm and relax us. When our pet makes us happy we smile and laugh, which makes us feel good.
3. *They make us feel needed:* The act of caring for our pets gives us a sense of purpose and meaning. Knowing they depend on us makes us feel needed and loved.
4. *Pets make us live in the moment:* Pets don't worry about tomorrow or what happened yesterday. Pets help us enjoy the moment and distract us from worrying about tomorrow.
5. *Pets provide companionship:* At the end of a stressful day we can tell our problems to our attentive pets. They may not understand every word, but they listen and love us.

So, think about buying or adopting a pet, or if that doesn't work for you right now, think about fostering an animal or volunteering at a shelter and you will be making a positive difference not only in your life but that of an animal in need.

—Vivien Cappe, CAMH FAC member



Family learning: Family Resource Centre

Despite all of the uncertainty that has been thrown our way during COVID-19, one thing remains the same: the Family Resource Centre is still a one-stop shop when you're looking to find out about mental health and addiction

information and materials (we have more than 300 pamphlets and brochures, many of which are offered in emailable PDFs). While we are currently accessible via phone and email we can't wait to have our doors open and to show you the new additions to our lending library! We've recently added *A Mind Spread Out on the Ground, Brother* (see review on page 9) and 15 more titles on mental health and addiction.

We have found our feet in the virtual world, and are offering a monthly version of our Café Connection evening, and we're excited for the go-

ahead to re-start our Family Education Sessions in partnership with Access CAMH and the Family Advisory Committee! Not only that, but we are also excited to move from our current location in the Bell Gateway Building, to the new RBC Patient and Family Learning Centre that will be opening in the new McCain Complex Care & Recovery Building! We will still be offering the same navigational support and educational resources we've had here for the last three and a half years, just in a brand-new space.

—Kate Seifried, FRC co-ordinator

WHERE ARE YOUR FAC MEMBERS?

This edition highlight: The Digital Mental Health Steering Committee

Sitting on the Digital Mental Health Steering Committee with a group of 30 accomplished CAMH leaders is a wonderful opportunity to provide the family perspective on enhancing patient- and family-centred care in the digital space.

Since COVID-19, the committee's work has become even more important. The goal is to imagine and design a roadmap for the digital future of CAMH, supporting existing tools and developing new ones.

Some exciting new ways digital technology will make mental health care more effective, accessible and responsive to client and family needs include:

- virtual care expansion
- online resources and mobile apps for individuals and families
- research and evaluation of digital health interventions and tools
- progression toward a virtual hospital where care follows the patient.

I appreciate that the Family Advisory Committee has a seat at this table, and look forward to continuing to share my insights as a family member caregiver.

—Mary Beth Odell, CAMH FAC member

FAC members are also representing family interests through:

Internal committees and work groups

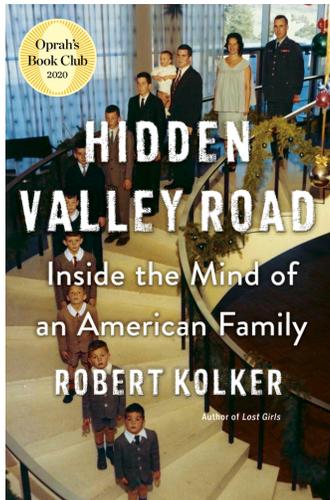
- Digital Health Steering Committee & the Digital Health Patient and Family Engagement Working Group
- Horizontal Violence, Anti-Racism, Anti-Oppression Working Group
- Virtual Café Connection Planning Committee FAC Subcommittee
- BrainHealth Databank, Research and Care Co-ordination Portal Virtual Workshops
- The HOPE Suicide Safety App Project Phase 2
- Clinical Quality Committee of the Board

External committees and projects

- OFCAN (Ontario Family and Caregiver Advisory Network)

Reviews: Books and more

The FRC has a small curated collection of family-facing books available for borrowing. If you'd like to write a review for *The Family Voice*, please call, drop in or send us a note at family.engagement@camh.ca.



Hidden Valley Road: Inside the Mind of an American Family. Robert Kolker. Penguin Random House Canada, 2020. 400 pages, \$32.95 hardcover.

The Gist: In the late 1960s, Mimi and Don Galvin were thrown into the devastating world of the shame, denial, shock and chaos of mental illness when Don Jr., the eldest of their 12 children, started showing signs of schizophrenia. In subsequent years, Don and five of his brothers were diagnosed with the illness.

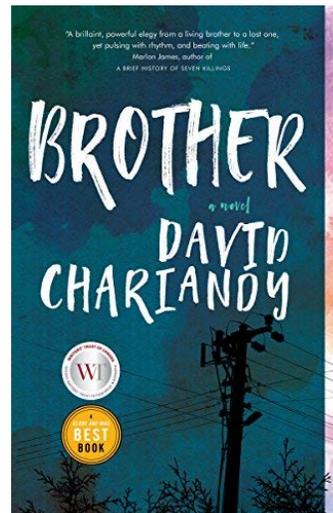
Hidden Valley Road, written by Robert Kolker, is a well-researched chronicle of the family's experience in the context of the times, when schizophrenia was poorly understood and treatment was much less sophisticated than it is today. It documents how the family navigated this unthinkable devastation and seemingly never-ending pain and the extraordinary efforts they went through to seek treatment and help, while dealing with the shame of their "family secret." Mimi and Don had the courage to turn toward science and ignore stigma to prove what they knew to be true, that this disease had nothing to do with bad parenting. With the co-operation of

every member of the family, Kolker chronicles a deeply personal story, while also providing the reader with the history of schizophrenia and its evolving science through the 20th century.

The good: While stigma still exists today, this book illustrates how far we have come. It also shows us why it remains so important to continue to break down stigma and advance the science and treatment of schizophrenia.

The bad: You have to be "ready" to read this book, particularly if you are a mother. I found the details of the different theories that took hold at the time very disturbing, including that of the "schizophrenogenic" mother, a term coined by psychiatrist Frieda Fromm-Reichmann, suggesting bad mothering was the cause of schizophrenia. Empathizing with the characters can make it a difficult read.

— Susan Conway, CAMH FAC member



Brother. David Chariandy. McClelland & Stewart, 2018. 192 pages, \$19.95 softcover. Winner of the 2017 Rogers Writers' Trust Fiction Prize.

The Gist: This is a novel about two brothers, sons of Trinidadian immigrants, trying to find their way, while understanding their roots and what that means to them and their futures. David Chariandy writes with his heart as he traces the tragic outcome of police brutality and racial profiling.

The Good: David Chariandy does a wonderful job at showing the relationship between two brothers,

and the impact grief has on a family and community. This novel is set in Scarborough, and the close-to-home feeling makes the story very relatable. I found the past-to-present way of writing gave a better understanding of how people never truly leave us.

The Bad: This book will make you cry. While that's not a bad thing, if you're looking for a read that won't leave you missing someone you never knew, or wanting to hug every passerby on your commute or trip to the grocery store, then this may be best kept for when you're well stocked up on tissues, with time to decompress.

—Kate Seifried, FRC co-ordinator



A film still from *Our Lucky Hours* (*Les heures heureuses*), documentary, director Martine Deyres, 2019

Rendezvous with Madness Festival

Rendezvous with Madness Festival (RWM) is the first and largest mental health arts festival in the world. Local, national and international works explore themes of mental health and addiction through visual art, theatre, performance, music and dance in addition to its core emphasis on media arts, panel discussions and in-conversation events. This year, RWM will take place from October 15-25, 2020. Events will be virtual and in person; many events are free to attend.

RWM is one of the many creative and engaging ways that Workman Arts—the organization behind RWM—promotes a greater understanding of mental health and addiction. I especially appreciate the fact that all artists who contribute

to RWM have lived experience with mental health and/or addiction problems. In this way, the organization helps empower people and support their well-being, while challenging and advancing perspectives on mental health. Artistic expression will always be one of the best ways to keep the conversation going and to destigmatize mental illness and addiction. Since the first Rendezvous was held in 1992, it has helped change the nature of the conversation around mental health and that is something worth celebrating.

www.workmanarts.com/rendezvous-with-madness/

—Mara Jayenthiran, CAMH FAC member

The Power of Vulnerability

Cassandra Brené Brown is an American professor, lecturer, author and podcast host. Her 2010 TEDx Houston talk, *The Power of Vulnerability*, is one of the top 10 most viewed TED talks in the world. The talk is a discussion about how vulnerability—uncertainty, risk and emotional exposure—can make our lives better.

In this talk, Brené Brown tackles a topic that most of us shy away from but so desperately need to hear about. Better yet, she does so in a way that is engaging, upbeat, funny and motivational.

There are many great lessons to be learned from this TED Talk. One of the most important lessons I took away was that hiding our emotions only serves to cause us continued pain and stress. While society generally teaches us to run away from our emotions or suppress feelings in order to display strength, by having the courage to be vulnerable and open up to ourselves and the world around us we come directly in touch with our most authentic self.

This is an excellent discussion worth listening to over and over again. Though this may sound somewhat gushy and dramatic, it really has changed my life and I can't recommend it enough.

www.ted.com/talks/brene_brown_the_power_of_vulnerability?language=en

—Mara Jayenthiran, CAMH FAC member

Resources

ACCESS CAMH provides centralized information, intake and scheduling for most CAMH services, Access CAMH makes it easy to find the help and services you need with a single call. Access CAMH Family Line is 416 535-8501, press 2, listen to the choices to the end, and you'll be connected.

For community resources on a wide range of topics, see: www.camh.ca/en/health-info/guides-and-publications/community-resource-sheets

FAMILY INFORMATION AND SUPPORT CENTRE phone line is an information and support resource for CAMH families during COVID-19. It includes a recorded message on current CAMH policies and where to find more information on a variety of topics. Callers can also leave a message with questions about services and supports: 416-535-8501 ext. 33472.

FAMILY RESOURCE CENTRE (FRC) at CAMH
A safe space, with materials on mental health and addiction, a lending library and information on community supports and family-focused events. Usually open Mon. to Fri., 9:00 a.m. to 4:45 p.m.; closed until COVID-19 restrictions are lifted.

CAFÉ CONNECTION is an informal gathering of CAMH friends and family members. Currently held the third Thursday of the month, 6:00–7:30 p.m.; call for details to join virtually.

100 Stokes Street, ground floor, room 1314
416 535-8501 ext. 33202
Email: family.engagement@camh.ca
www.camh.ca/families

SUBSTANCE ABUSE PROGRAM FOR AFRICAN CANADIAN AND CARIBBEAN YOUTH (SAPACCY)

Provides support and counselling to Black youth (13–24) and their families who are dealing with substance use and/or mental health problems. Family members can self-refer for assessment. For more information, contact Access CAMH at 416 535-8501, press 2 or 1 800 463-6273

ACROSS BOUNDARIES

Provides community mental health, addiction supports and in-house programs that include individual and family supports, and support groups. Services are available in Caribbean

dialects, Shona, Amharic, Harare, Xhosa, Afrikaans, Tsonga, Swahili, Somali, Twi, Dari, Pashto, Farsi (Persian), Punjabi, Hindi, Urdu, Bengali and Mandarin.

51 Clarkson Ave., York
416 787-3007

www.acrossboundaries.ca/

CAFSCAN (CARIBBEAN AFRICAN CANADIAN SOCIAL SERVICES)

Offers culturally sensitive programs such as youth services for those ages 16–24 who have been involved with the justice system, family services to assist children, youth and families experiencing conflict and stressors; and behavioural and emotional support programs for children and parents.

995 Arrow Rd., North York

416 740-1056

cafscan.org

FAME (FAMILY ASSOCIATION FOR MENTAL HEALTH EVERYWHERE) RECONNECT

FAME offers families ongoing monthly support groups across the GTA. The groups are drop-in format and are facilitated by FAME staff. One-on-one support is also offered.

416 248-2050

www.reconnect.on.ca/

FAMILY OUTREACH AND RESPONSE PROGRAM, CANADIAN MENTAL HEALTH ASSOCIATION (CMHA)

Educational information, support services and referrals for friends and family of people recovering from serious mental illness.

416 539-9449

toronto.cmha.ca/programsservices/family-support

MOOD DISORDERS ASSOCIATION OF ONTARIO (MDAO)

Information, resources and support groups for people with depression, anxiety and bipolar disorder, and their families and friends. Services include WRAP for Families; drop-in groups and short-term professional counselling for families.

1 888 486-8236 or 416 486-8046

416 486-8046 ext. 300 (line for family members of youth ages 14–35)

www.mooddorders.ca or www.mdao.ca

NATIVE CHILD AND FAMILY SERVICES OF TORONTO

Offers children's mental health assessments and treatment (0–6 years and 6+ years), transitional

support for women in domestic violence situations, family work, men's and women's healing, group programs (including Strengthening Families). 9:00 a.m.–5:00 p.m. Ninosche program provides home support for ages 0–6.

30 College St., Toronto
416 969-8510
www.nativechild.org/

THE ONTARIO CAREGIVER ORGANIZATION

Independent non-profit dedicated to caregivers.

1 833 416-2273 for 24/7 helpline

Online chat 7:00 a.m. to 9:00 p.m., Mon. to Fri.

www.ontariocaregiver.ca

THE SASHBEAR FOUNDATION

Offers Family Connections program, an evidence-based 12-week group that meets weekly for education, skills training, and support for people in a relationship with someone who has emotion dysregulation (e.g., borderline personality disorder). Groups across Ontario and Canada.

info@sashbear.org

www.sashbear.org

STRIDES TORONTO (FORMERLY EAST METRO YOUTH SERVICES AND AISLING DISCOVERIES)

Strides is currently working out of two locations offering supports in English, French, Tamil, Mandarin and Farsi.

Aisling location: Offers counselling for parents, child care training and behavioural issue support. Intensive Child & Family Services is for children and their caregivers who are experiencing social, emotional and/or behavioural challenges that interfere with their daily lives.

325 Milner Ave., Ste. 110, Scarborough
416 321-5464

stridestoronto.ca

East Metro location: Offers supports for caregivers of teen and youth ages 12–29, and DBT for caregivers of youth currently in the DBT program. What's Up Walk-In Clinic offers free mental health counselling for children, youth and families.

1200 Markham Rd., Ste. 313, Scarborough
416 438-3697

stridestoronto.ca

TORONTO COUNCIL FIRE CULTURAL CENTRE

Provides counselling, material assistance and other direct services to First Nations people, as well as encouragement for spiritual and personal

growth. Operates many services, including a meal program, residential school support program, child and family programs, youth programs, seniors support, health support and a counselling unit (with assistance to families in crisis). Family night Tuesdays 5–8 p.m.

439 Dundas St. E., Toronto
416 360-4350

www.councilfire.ca/index.html

TROPICANA

Provides culturally appropriate programs to youth, newcomers, people of Black and Caribbean heritage and others in need. Family supports include individual and group counselling and training for parents whose kids are in SNAP.

1385 Huntingwood Dr., Scarborough

416 439-9009

www.tropicanacommunity.org

Family matters

We want to hear from you!

Family members—including relatives, partners, friends and co-workers—play an essential role in supporting the care and recovery of people living with mental illness and/or addiction.

Do you have an experience or story to share?

Do you have feedback about your experience at CAMH?

Your voice matters and we want to hear from you!

How to share feedback with CAMH's Family Advisory Committee (FAC):

- Phone: 416 535-8501 ext. 33202
- Email: family.engagement@camh.ca
- In person when COVID-19 restrictions lift: Family Resource Centre, room 1314, Bell Gateway Building at 100 Stokes Street on Queen Street site. Hours are 9:00 a.m. to 4:45 p.m., Monday to Friday.

The logo for CAMH (Centre for Addiction and Mental Health) is displayed in a large, bold, purple font.