IN CONNECTION

Box 1118, Nanaimo, BC V9R 6E7 Toll Free 1-877-753-2495 T (250) 753-2495 F (250) 753-2475 E info@vicrisis.ca

Winter 2014



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Contacts

Vancouver Island Crisis Society P.O. Box 1118 Nanaimo, BC V9R 6E7

Toll Free: 1-877-753-2495 Phone: (250) 753-2495 Fax: (250) 753-2475 Email: info@vicrisis.ca Webpage: www.vicrisis.ca

The Vancouver Island Crisis Line is also the public access to Mental Health Crisis Response Services 1-888-494-3888

Crisis Chat Online Emotional Support 6pm to 10pm every night Accessed through our website at www.vicrisis.ca

Volunteer Training on the Crisis Line in Nanaimo, Suicide Prevention & Intervention Training and other customized workshops for your business or group, Island wide, call (250) 753-2495 or 1-877-753-2495.













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Central and
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NOW AVAILABLE
Community Resource Directory
Central Vancouver Island

\$25.00 per copy plus shipping www.vicrisis.ca for details

Vancouver Island Crisis Line Statistics

January to December, 2013

	Crisis Line		Crisis Cha
Total Calls	25,872	%	Jun-Dec 224
Victoria & area	9,916	38	61
Nanaimo/Ladysmith	6,767	26	61
Unknown	3,298	13	0
Comox Valley & area	1,429	6	5
Cowichan Valley & area	1,402	5	19
Campbell River & area	1,227	5	34
Parksville/Qualicum	789	3	4
BC Off Island	582	2	3
Pt Alberni/West Coast	350	1	22
Mt. Waddington & area	112	>1	0
Rest of Canada			15

Calls by	
Incoming Line)

1800SUICIDE

1-800-784-2433 (provincial)

662 calls - 3%

310Mental Health Support 310-6789 (provincial)

755 calls - 3%

VI Crisis Line 1-888-494-3888 24,371 calls 94%

Reasons Why People Call the (Crisis Line
Mental Health	50%
Information & Resources	12%
Individual/Family Life	11%
Suicide	10%
Addiction	5%
Physical Health Issues	5%
Financial & Homelessness	3%
Abuse & Family Violence	2%
Other	2%
Note: 4,144 suicide risk reviews were	completed

Mental Health & Substance Use Crisis Response Interventions - by team # of Calls Campbell River Crisis Nurse **Courtenay Crisis Intervention Nurse** 143 **Duncan Crisis Response Team** 234 Nanaimo Crisis Response Team 1.085 **Parksville Mental Health** 8 Port Alberni Community Response Team 17 Mt. Waddington Mental Health Daytime 0 Victoria Integrated Mobile Crisis 1.072 Response Team Note: Lower access communities - clients access MH directly

Crisis Chat was an expansion to the Vancouver Island Crisis Line. The online emotional support format was piloted June 3rd, 2013. Overall the additional access to getting help has proven successful especially with our younger demographics. 56% of the visitors to crisis chat are between the ages of 11 to 18 years of age. average length of a crisis chat was 41 minutes that being double the time of a average crisis call. The crisis chat will remain open and can be accessed from our website, www.vicrisis.ca from 6-10pm, 7 days a week as we continue to evaluate this service expansion.

Crisis Call Interventions

911	162
Police non-emergency	60
MCFD	94
Other	16
MH Crisis Response	2,566

Total 2,898

You can't fix your mental health with duct tape.

mantherapy.org

Therapy. The way a man would do it.



Innovative Approach to Men's Mental Health

ast year, in honour of World Suicide Prevention Day, the Vancouver Island Crisis Line traveled the Island and presented 11 workshops to over 370 people. The workshops brought information along with the newest research from the latest American Association of Suicide Prevention Conference held in Austin, Texas in April. In the workshop information was shared on a new US program: *Man Therapy*.

Man Therapy is an interactive mental health campaign targeting working age men (25-54) that employs humor to cut through stigma and tackle issues like depression, divorce and anxiety. The U.S. version of **Man Therapy** features Dr. Rich Mahogany, a man's man who is dedicated to cutting through the stigma with a fresh approach using his rapier wit, no nonsense approach and practical advice for men. The centerpiece of the campaign is the <u>mantherapy.org</u> website, where men find they have a virtual appointment with Dr. Mahogany. Visitors can navigate through Dr. Mahogany's office and find useful information about men's mental health, take the 18-point head inspection and receive a list of therapies they should consider. He is the world's hardest working therapist, and his office is open 24/7/365 where he sees an average of 5 people at any one time.

From the outset, the co-founders of the campaign made an intentional decision to unapologetically find a way to reach "double jeopardy" men – those most at risk for suicide who were also least likely to seek care on their own – even if it meant that the program was potentially offensive or not relevant to those outside of that very high risk demographic. Previous mental health campaigns targeting men have often not been effective with this subpopulation of men, so a bold new approach was needed.. The creators' decision on this approach was steadfast, despite some initial pushback from some in the mental health community who were concerned we were making light of a serious topic or those supporting the men's movement who were discouraged that we chose to bring stereotypes of masculinity into the project. As you can see from the results outlined below, the demographic we are trying to reach told us this approach resonated with them and helped them think about their mental health in a different way.

"Everyone at BC Ambulance Service should take this workshop."

The campaign, launched in July 2012 up until January 10, 2014, <u>mantherapy.org</u> has had 356,090 total visitors averaging 6 minutes on the site. A total of 59,894 people have taken the 18-point head inspection and have been given advice and recommendations to consider. Of those visitors, 19,586 accessed crisis information and 19,747 visitors accessed the information due to being worried about someone else. The visitors were 79% male with 62% being between the ages of 25-54, which were the intended audience.

Man Therapy was created by Cactus, a Denver-based ad agency, in conjunction with the Carson J Spencer Foundation and the Office of Suicide Prevention at the Colorado Department of Public Health and Environment (CDPHE).

In June of 2013 an Australian version of *Man Therapy*, was launched as a national awareness campaign Down Under featuring Dr. Brian Ironwood.

Since our workshop we have received numerous responses and we would like to thank the participants for forwarding their comments to us. Some of the comments were as follows:

"I made a routine call this morning to one of the men on my caseload and used the skills I learned in your Man Therapy workshop. I was surprised by how readily he opened up and when he said "maybe the kids would be better off without me" I knew I needed to offer more support, immediately. I met one on one right away, and we created a plan for the weekend."

If your or your organization would be interested in learning more about this workshop, please contact Lyndsay Wells at Vancouver Island Crisis Society 1-877-753-2495 ext 109.

The Need to Study Men Bereaved by Suicide



By Franklin Cook

hat do we know about the needs of men who are bereaved by suicide, and-if, in fact, male survivors of suicide loss do have unique needs—what is being done to meet those needs? The answer to the first question is that we know very little specifically about men's needs after they experience a loss to suicide (beyond what we know generally about grief after suicide, about the

differences between men's and women's psychological make-up, and about different styles of communication and help-seeking). The answer to the second question is that almost nothing is being done to meet the special needs of men who have lost a loved one to suicide.

Here is a personal story—not about grief specifically but about "sharing emotions"—that illustrates why it is important to find answers to these questions.

The first experience I had that marked me as a man in therapy (as opposed to a woman in therapy) was in early 1982 in an aftercare support group in Twin Falls, Idaho, which was designed to help people who had completed inpatient treatment for addiction make a successful transition back to the community after spending a month in an institution.

It was my second week attending the group, a circle of about 25 men and women of all ages. I had enjoyed the first week immensely because each person who spoke got a lot of help from the counselor in charge of the process, as well as from the others in the group, and I learned some very interesting and useful things about what went on "inside" of recovering addicts. I did not realize it at the time, but the first week a new person attended the group, he or she was purposefully not called on to participate—so I had spent the whole time listening. But the second week a new person attended, he or she was targeted for participation.

About half of an hour into the session, the counselor called on me: "Franklin, would you mind telling us how you feel about what was just said?"

I was glad to answer her and to speak for my first time to the whole group so I said quite a lot about my feelings on

the very engaging and meaningful topic at hand.

When I finished, she said, "Thank you for sharing, Franklin, but you just told us what you think and I asked about how you feel. So would you mind taking another try at it?"

I looked around the circle at two dozen faces of people who seemed to clearly understand what she was talking about and what was expected of me. Although I myself did not have a clue, I was game (and I was truly invested in the subject matter), so I launched into a more detailed exposition of how I felt, adding to show my gratitude, how helpful it was for me to share my feelings with the group.

"...male survivors of suicide loss do have unique needs..."

When I finished, she said, firmly but with encouragement, looking only at me and at no one else, "Again, Franklin, what you're telling us is very interesting. But it's all about your thoughts on the matter, not about your feelings. Please, tell us how you feel."

Everyone again looked at me, both knowingly and expectantly. My core body temperature felt as if it increased about 10 degrees, but I was not dissuaded. I looked around the room, nodding my head slightly toward each and every person, with the intention of signaling a message to them all, something like, "Oh, I get it. Now I see what you're asking, so here it comes..."

This time, I more earnestly than ever shared my precise feelings with the group, artfully rewording and summarizing all that I had meant to say already, speaking skillfully and with great passion and conviction, telling my story from the heart but being brief and coming right to the point.

When I was finished, she again announced that I had spoken about thoughts and not feelings, and she went on seemingly for my benefit alone, for she never took her eyes off of me to issue an explanation of the difference between "thinking words" and "feeling words." Then, for good measure, she touted the immense value of "getting in touch" with and sharing one's emotions.

But honestly, I heard only the bare outline of what she was saying—because I was suddenly and unexpectedly occupied by grappling with a crucial argument between the fight and flight choices taking shape in my head.

Her voice shook me loose from my internal debate: "Franklin," she said, "you look like you're angry. Are you angry?"

Continued on page 5



Men Bereaved by Suicide

Continued from page 4

To which I said, very quickly but calmly—and with deliberate emphasis on being entirely clear about what I was communicating—"No, I am not angry." (I didn't say anything more, but I wanted to add, "... even though you're doing everything in your power to make me angry while this entire circle of unmerciful people-in-touch-with-their-feelings watches me turn into a stone, but I am going to keep my cool no matter what you say or do to me.")

She paused, perhaps to allow the dialogue in my head

to run its course, then began to describe to me—in exquisite detail—how my body posture was similar to that of people who are angry, how my facial expression and my position in my chair and my breathing and what I was doing with my legs and what I was doing with my arms all added up to a person who was obviously angry.

Then she said, with the utmost kindness in her voice, "But you say you are not angry, so I wonder if you could tell us how it is that you actually do feel about our discussion."

Much to my surprise, all of a sudden—in what seemed to me like a miraculous flash of insight—I was in touch with exactly

Men Bereaved by Suicide

Continued from page 5

how I felt. I knew without any doubt whatsoever that I had unquestionably responded positively to this therapy "technique." In spite of being immersed in anxiety throughout the process (and doing everything in my power not to show it), I was now, at this very moment, unequivocally clear about what my feeling was—and I told everyone (with absolute certainty in my mind and heart that I was having the last word on the topic, knowing deep down inside myself that I was sharing a personal realization as valuable as any I had ever had in my life):

"I feel crazy." And she said, "'Crazy' is not a feeling."

I've told this story a dozen times, always inflecting the back-and-forth rhythm of the "conversation" between me and the counselor in such a way as to make it a humorous tale. But the fact is that it is not funny at all.



If the topic of the group session had been grief and not addiction, it would perfectly illustrate two different grieving styles, in which a counselor is interacting based on an *intuitive* style (which is marked by the expression of feelings) and the client is interacting based on an *instrumental* style (which features thinking and acting; Martin & Doka, 1999; Doka & Martin, 2010). Furthermore, I would suggest that a dynamic similar to the one in this story of mine (similar but not the same) explains why, in almost any suicide bereavement support group, women outnumber men two-to-one or three-to-one or even more drastically than that. Besides support groups, the other most prevalent form of assistance for people bereaved by suicide is talk therapy, and a host of studies have shown for decades that women participate in talk therapy much more than men do.

This suggests to me that while there is a serious need

for more research on suicide bereavement in general and on the needs of every affected population, special attention needs to be given to suicide bereaved men.

If one multiplies the number of suicides, 38,000 per year, by the often-cited number of survivors per fatality, six, it can be estimated that there are nearly a quarter of a million new survivors of suicide loss added to the population annually in the United States. Up to half of those new survivors likely are men, and not a single program of substance that I know of (other than a handful of suicide bereavement support groups in the entire country) is specifically designed to meet the needs of men grieving a suicide loss¹. That is why the Carson J Spencer Foundation and Unified Community Solutions are distributing a brief survey for male survivors of suicide, designed both to gather basic information and to promote a meaningful conversation about the needs of men who have lost a loved one to suicide (see below).

I hope my story illustrates the need for more research into the topic of men bereaved by suicide, and the goal of ensuring that all survivors of suicide are being effectively reached and provided with the support and resources that they need.

Franklin Cook has worked in peer-led suicide grief support since 1999. He founded Unified Community Solutions in 2002, which focuses on training in grief after suicide and national advocacy for survivors of suicide loss. Franklin is a survivor of his father's suicide, in 1978.

Editor's Note: The Carson J Spencer Foundation and Unified Community Solutions are conducting an exploratory survey to get a better sense of the experience of men who are bereaved by suicide and the needs they may have in coping with their grief. To take the survey, go to http://www.surveymonkey.com/s/MenBereavement and please share with suicide bereaved men who might be interested in completing the survey.

For more information, contact Sally Spencer-Thomas, sally@carsonjspencer.org, or Franklin Cook, franklin@unifiedcommunities.com.

References:

Doka, K. J., and Martin, T. (2010). Grieving Beyond Gender (Rev. ed.). New York, NY: Routledge.

Martin, T. & Doka, K. J. (1999). Men Don't Cry, Women Do: Transcending Gender Stereotypes of Grief. Philadelphia, PA: Taylor & Francis.

This article was an excerpt from the January Newsletter of the American Association of Suicidology.



Vancouver Island Community Resource Update

Note: We have listed here the resources that were distinctly designated by the agency as "Men's Resources" in our database. For that reason there may be other agencies that offer services for men not listed here.

For any further information on a specific program listed please contact the resource directly and if you are needing other resource information please refer to our online resource database at http://www.vicrisis.ca/community-resource-database/



Anawim Companions Society

973 Caledonia Ave, Victoria, BC Phone: 250-250-382-0883,

Contact: Terry Edison-Brown, House Director Hours: Mon, Tue, Thur, Sat 10 - 5, Wed & Fri 10-8

Residential program: Live-in space for seven men committed to giving up drugs and/or alcohol. Must be clean and sober when they arrive. Offers opportunities for education and training, for learning life skills, and to develop healthy work habits.

www.anawimhouse.com

email: anawimhouse@shaw.ca

Family Violence Project

345 Wale Rd, West Shore Child Youth & Family Ctr,

Phone: 250-478-8357

Opportunity - a specialized program for men who have been violent or abusive in relationships with women and for women in relationships with those men; Accountability - counselling for men who have used abuse to reduce the risk of future violent and abusive behaviour; Respect - encouraging and supporting learning and personal growth in order to develop respect for others, self awareness, empathic recognition and responses, and the capacity to live with integrity and dignity.

www.pacificcentrefamilyservices.org email: pacificcentre@pcfsa.org

Foundation House

512 Cecelia Rd, Victoria Phone: 250-480-1342,

Foundation House is a residential facility which provides an environment where adult men can live while they offer each other peer support in their efforts to pursue recovery from active addiction to drugs including alcohol. Emphasis is for

This month highlighting "Resources Specific To Men"

house residents to help each other help themselves by participating in house activities and by attending meetings of Narcotics Anonymous and/or Alcoholics Anonymous in the community. Length of stay is generally 3 to 1 year. In certain instances residents may stay longer. Applicants to the house will be considered if they have the prerequisites listed above and if they do NOT require medically supervised detoxification.

Sliding scale starting at \$680 per month for room & board www.foundationhousevictoria.blogspot.com

email: foundationhouse@shaw.ca

Prostate Centre

100 - 1900 Richmond Rd. Victoria

Phone: 250-388-0214

Through activities and programs we stimulate public awareness about prostate health and prostate cancer and through collaboration with other organizations, support groups, and medical professionals we strive to enhance quality of care and initiate and fund research programs that seek a cure for prostate cancer.

Our current programs include: Community Education & Awareness, Patient Counselling, Patient Follow-Up, Collaboration and Research

Support group: meets on the second Tuesday of the month at the Royal Jubilee Hospital, Begbie Hall (2101 Richmond Avenue) from 7 to 9pm.

www.theprostatecentre.org

Salvation Army - Residential Facility

525 Johnson St, Victoria Phone: 250-384-3396

Opportunity - a specialized program for men who have been violent or abusive in relationships with women and for women in relationships with those men; Accountability - counselling for men who have used abuse to reduce the risk of future violent and abusive behaviour; Respect - encouraging and supporting learning and personal growth in order to develop respect for others, self awareness, empathic recognition and responses, and the capacity to live with integrity and dignity.

Connecting Resources Island Wide

Victoria Men's Centre Society

2101 Richmond Road, Victoria

Phone: 250-370-4636

The VMC Society is a non-profit community service organization for men and their families. It is a place for men to gain support, companionship, and a place to share concerns and experiences. VMC is also a resource center for men of Victoria, providing referrals to counselling, legal support, and courses and workshops.

Two groups regularly meet @ Room 150, Begbie Hall (on Jubilee Hospital grounds), 2101 Richmond Road.

Fathers for Equality - drop-in support and peer advice to men in the midst of divorce, custody, and access problems. No fee. Groups meets the 1st and 3rd Thursday of each month at 7:30pm

Island Men's Network Talking Circle - drop-in meeting for men desiring a non-threatening, non-judgemental environment to relate and discuss men's issues, their jobs, partners, children, and lives. No fee. Meets every Monday (except holidays) at 8:00pm

www.vicmen.org

email: pres@vicmen.org

Cowichan Valley:

Ts'eWulhtun Health Centre,

5768 Allenby Road, Dumcan

Phone: 250-746-6184

Men's group, Warriors: Thursdays 6:30 pm - 8:30 pm

www.cowichantribes.com

email: health@cowichantribes.com

Cowichan Men's Resource Centre,

213-80 Station St, Dumcan Phone: 250-597-2801

Dads Make a Difference Program: every Tuesday from 6 to 8 pm, provides support in developing and sustaining a positive relationship with your children, provide a support system for Dads.

Respect & Compassion Program: This course is designed for individuals, couples, teams, etc. who desire a deeper and healthier connection with self and those around you. By developing a deeper connection, everyone's needs will be met. There is a fee of \$185. per person - sliding scale.

Fire & Bones - Youth Mentoring in Schools: Provide youth males with mentoring and modeling so they learn integrity, accountability, compassion, and respect.

Men's Circle: This is a place where men come to be supported in all aspects of their life with no judgement. It is a place where men can hear your truth, your story. We are a group of men with a desire to take responsibility, to live authentic lives, and to be accountable to ourselves, our

families, and our community.

Restorative Justice: is an approach to justice that focuses on the needs of victims, offenders, as well as the involved community, instead of satisfying abstract legal principles or punishing the offender. Victims take an active role in the process, while offenders are encouraged to take responsibility for their actions, "to repair the harm they've done—by apologizing, returning stolen money, or community service".

One-On-One Counselling: call for an appt. Sliding scale offered.

Elder Men's Groups: for senior men to connect. We would like to bring a group to your Senior's Home or Care Unit. Please contact us to discuss the next steps. www.westcoastmen.org

email: info@westcoastmen.org

Nanaimo:

Beyond Blame

Family Life Assoc. 1070 Townsite Rd, Nanaimo

Phone: 250-754-3331

Hours: Monday to Thursday 10am to 3pm

The Beyond Blame Program exists to address the root causes of family violence and abuse in our community by supporting men to take personal responsibility for, and end their abusive behaviours. We offer a life-changing, therapeutic 20-week group for men who are willing to look at the way they misuse power in their relationships. The program also includes ongoing individual support to the men and their families a they struggle with the aftermath of abuse.

This program is much more than anger management-we teach people how to live well with others. Beyond Blame does not believe in shaming, disrespecting or punishing. We believe in supporting what is possible while holding participants accountable for their actions and interactions while in the program and beyond, around misuse of power in their relationships.

www.www.nflabc.org

email: reception@nflabc.org

John Howard Society

200 - 1585 Bowen Road, Nanaimo

Phone: 250-754-1266

Hours: Monday to Friday 8:30am to 4pmOperates programs to assist offenders and community. Public Education, Restorative Justice, volunteer Program, Urban Clean-up, Community Service order supervision, Forensic Housing/Outreach, Community Employment Program (conditional release), Transitional Housing Program (recovery for men) and Response and Assistance Program. Programs offered at the Nanaimo Correctional Centre; Inmate Assistance & Aftercare programs, Drug & Alcohol and Therapeutic Community.

www.www.jhsnr.org

email: jhsnan@shawcable.com

Nanaimo: cont'd

Island Integrated Counseling Society

102 - 75 Front St, Nanaimo Phone: 250-716-8888

Men's Anger Group - Taming the Volcano - This group is designed to help men use their anger in a more positive way. Rather than hurt themselves (resulting in depression and/or apathy) or hurting others (verbally, physically, sexually) they will create new "tools" that can enrich their relationships and improve their quality of life. The group is done in a supportive yet challenging, and confidential, setting so as to maximize the potential for making important changes. Provides sliding scale based on income.

www.islandintegratedcounselling.com email: gartshoreian@gmail.com

Nanaimo Men's Resource Centre

418D Fitzwilliam St., Nanaimo

Phone: 250-716-1551

Offers support & referrals, to help men, women and their families with the physical, emotional, intellectual and spiritual dimensions of their lives. They have a local office in Nanaimo for Walk-in, as well as a toll free number for easy access for men and women living outside the Nanaimo area needing support. Many of the programs at NMRC are open to men and women and their families. We offers: Personal counselling (depression, addictions, stress, anger, etc.), Help desk and referrals to other community agencies to support individuals' specific needs, Anger Management (counselling and workshops) group for men, Parental Alienation Support, Personal Education and Development Workshops, Dads Make a Difference Program - call for meeting times and location, Separation and Divorce Support Family Crisis Support Services, Community Education Program, Family Maintenance Enforcement Program (FMEP) Support Program, DNA Testing, Family Violence Support.

www.nanaimomen.com

email: info@nanaimomen.com

Men's Trauma Centre

Haven Society 38-3200 Island Hwy, Nanaimo

Phone: 866-793-6367

The MEN'S TRAUMA CENTRE, based in Victoria, has opened a satellite counselling service for men living in the Nanaimo area. This service is for men 16 years and older who are suffering from the effects of physical, sexual or emotional trauma or abuse. To refer clients to this service or for more information please call the Trauma Centre.

www.menstrauma.com

email: info@menstrauma.com



Connecting Resources Island Wide

This month highlighting "Resources Specific To Men"

Nanaimo: cont'd

Tillicum Lelum Friendship Centre

602 Haliburton St., Nanaimo Phone: 250-753-6578

Tilicum Lelum Aboriginal Friendship centre offers educational and training programs, health and counselling services and social services programs as well as a wide variety of support groups and special events and activities for children, youth, women, men, families and the community. Programs include: Aboriginal Hospital Liaison Program, Father's Circle of Friends, Men's Wellness Program, Prison Liaison Worker Program.

www.tillicumlelum.ca

email: healthcentre@tillicumlelum.ca

The New Hope Centre

19 Nicol St, Nanaimo Phone: 250-714-1142

This is a Transitional Housing Program open to men who have a history of homelessness and who need support and assistance to keep their housing. Some rooms have been set aside for men who have completed detox or an addictions treatment program. To be eligible for this program you must: be a resident of Nanaimo, receive a low, fixed monthly income, be a single individual without children (couples are not eligible), be willing to work with staff to build upon their life skills. The New Hope Centre also offers 23 EMERGENCY SHELTER beds for adults males who are homeless. individuals wanting to stay at the shelter cannot be intoxicated. The residents have access to 3 meals a day, a central washroom, shower and laundry facilities. Men who are homeless can self-refer into the shelter for up to 10 days. During these 10 days, the resident is connected to a caseworker who assists them in developing a Personal Development Plan to address factors that have made the individual homeless. The Caseworker will also assist them in finding permanent housing, other community resources and treatment, extensions are available for clients who wish to work on their goals. No pets are allowed at the shelter. Some storage space may be available for belongings. email: frontdesk@sananaimo.org

Ladysmith Dad's Group

630-2nd Avenue, Nanaimo Phone: 250-245-3079

Tilicum Lelum Aboriginal Friendship centre offers educational and training programs, health and counselling services and social services programs as well as a wide variety of support groups and special events and activities for children, youth, women, men, families and the community. Programs include: Aboriginal Hospital Liaison Program, Father's Circle of Friends, Men's Wellness Program, Prison Liaison Worker Program.

www.lrca.bc.ca

email: dadsgroup@lrca.bc.ca

Parksville/Qualicum:

Al-Anon

207-211 South Moilliet St, Parksville

Phone: 250-752-4901

Alanon is a self-help group for parents and friends of people who suffer from a substance addction.

Wednesdays: men's group at 7:30

www.bcyukon-al-anon.org

SOS Counselling Services Personal Dev.

245 West Hirst Avenue, Parksville

Phone: 250-248-2093

SOS staff assesses requests for counselling and ensures clients are either referred to appropriate agencies and community resources or are matched to a professional counsellor. A financial assessment is completed to determine the amount a client will contribute to the cost. This program is partly funded by the Ministry of Children & Family Development. In-house groups included:

Couples Group - learn the truth about the myths of relationships, how to handle differences skilfully, and how to maintain an open dialogue about reoccurring issues.

Men's Personal Growth - support group for men; balance emotions, explore anger triggers, improve relationships, gain better communication skills, 10 weeks.

Counselling Referral - referrals to one-on-one professional counselling with community partner counsellors and/or other suitable programs within the community. Fee is determined on an individual basis. Call ext. 241 for information.

www.sosd69.com

email: sos@sosd69.com



Comox Valley:

Assessment & Resource Services

208B Anderton Road, Comox

Phone: 250-338-4533

Men's communication and anger group.

BC Society For Male Survivors of Sexual Abuse

#D - 2425 Rosewell Crescent, Courtenay

Phone: 1-888-682-6482

The Society offers the following programs: Individual and Group therapy for male survivors of sexual abuse, Educational outreach, Crime Victim Assistance compensation available, Residential Historical Abuse Program. Services are open to transgendered individuals regardless of whether they are male to female or female to male transgendered. **Satellite office in Courtenay: please contact Vancouver office to set up an appointment.

www.bc-malesurvivors.com email: bcsmssa@hotmail.com

Bee's Nest

991 -5th St, Courtenay Phone: 250-218-1602

The Bee's Nest Clean & Sober House is a place for men who have recently attended and completed a residential treatment program and/or have at least two months clean and sober. The house is dedicated to providing a safe and caring home for chemically dependent men during their early stages of recovery. Men can stay for up to twelve months. The house is run by the tenants living in the home through weekly meetings and peer support. Program fees \$450 per month.

www.beesnest.ca

email: info@beesnest.ca

Caregivers Support Group

Ph: Darlene Kramp 250-890-0099 Leave message Support group of people who provide care and support, at home or in a facility, to family members or friends who are frail, elderly, chronically ill, or have a disability. Informal discussions, speakers, videos, and information is provided. Call for meeting times and place. Two women's groups and one men's group met once a month.

Men's Support Group

651-10th St, Courtenay

Ph: Jonathan Buchanan: 250-331-8502 Leave message One-on-one peer support on Thursdays 10am to 3pm and Fridays from 9am to 5 pm. Programs & Services: One on one

peer support, Anger management seminars offered 2-3 times per year. Call for meeting information.

email: earthnative@lycos.com

Recovery Centre

641 Menzies Ave, Courtenay

Phone: 250-338-7144

Recovery program for men 19 or older dealing with alcohol or drug addiction. Fully Detoxed (72 hours) unless medical detox is required first. Fee: \$95 per day. responsibility of the clients to arrange funding prior to entry. Possible options may be: MHSD, Addiction Services, Employment Assistance (Union), Employment Insurance, Privately. Programs & Services: 28 Day Program: Sobriety focus on contemplation determination - daily check-in -Steps 1 - 4 of a 12 step program - early recovery sessions: 42 Day Program: Includes the 28 day program plus - Sobriety focus on determination/action - daily check-in - Steps 5 - 7 of a 12 step program - extensive relapse prevention: 60 Day Program: includes the 28 and 42 day program plus - Sobriety - focus on action/maintenance - daily check-in - Steps 8 - 10 of a 12 step program - building community partnerships problem solving.

www.comoxvalleyrecoverycentre.com email: cvrccourtenay@gmail.com

Campbell River:

Second Chance Recovery House

647 Birch St, Campbell River Phone: 250-830-1103

Our services: 4 Crisis Stabilization beds, 6 Supportive Recovery beds for adult men Individual and group life skills training, Educational sessions from community agencies such as Aids Vancouver Island, Problem Gambling, Crime Stoppers Services, and other relevant services, Weekly codependency groups held at Mental Health and Addictions Services, Who is Eligible? Individuals must be: males 18 years and older, Detoxed from alcohol and illicit drugs before admission to our supportive recovery beds, Open-minded and motivated to be clean and sober, Willing to accept direction and adhere to the rules and guidelines of the house, Methadone clients welcome Access to our services: Crisis Nurse at CR Hospital for Crisis Stabilization (detox) Mental Health and Addiction Services for Supportive Recovery. Private pay clients may access services directly through us.

www.nisrs.org

second.chance.recovery@gmail.com

Human Trafficking on Vancouver Island

by Michael Down, B.A. LL.B LL.M.

academic studies, the business of human trafficking has grown to rival the illegal trades in weapons and illicit drugs as one of the most profitable global criminal activities. While the term, "human trafficking" may conjure up images of individuals being smuggled across international borders, the legal provisions and social reality associated with this criminal activity demonstrate that victims include both Canadian citizens and visitors to Canada and that movement across international or provincial borders is not necessarily an aspect of this crime. Indeed, it is very likely that Canadian citizens currently constitute the overwhelming majority of human trafficking victims on Vancouver Island.

According to Canada's Criminal Code, (see sections 279.01-279.04) human trafficking is defined as acting by means of force, fraud, coercion, or abuse of a position of authority or trust in order to exploit an individual so that they provide or offer to provide labour or services, including sexual services. While there have been isolated reports of labour trafficking on Vancouver Island, the most frequent human trafficking scenario is the practice known as sex trafficking. This would typically involve a trafficker (often known colloquially as a "pimp") seeking to exploit a woman or child via the sex trade. The most common strategy, sometimes called "romeo pimping," involves the trafficker initiating a strategic romantic relationship with the victim. This often involves showering the victim with expensive gifts and praise in order to build psychological dependency. The trafficker then attempts to leverage this "relationship" into an exploitative arrangement through which the victim is coerced into the sex market and the trafficker retains all, or most of the revenue. In addition to psychological manipulation, traffickers commonly rely upon use of violence, or threats of force directed at their victim or somebody the victim cares about. They also frequently will initiate the development of substance dependency or manipulate a pre-existing substance dependency in order to maintain control of their victim(s) and continue to reap the criminal proceeds. A number of studies have suggested that experienced traffickers can realize an annual profit of more than \$250,000 for each sex trafficking victim that is exploited.

While there has been little media coverage of human trafficking on Vancouver Island, those who work with at-risk youth, and specifically, human trafficking victims, have observed a number of disturbing trends.



Over the past decade, I have received numerous reports, from all significant Vancouver Island population centres, of street level sex trafficking that follows the "romeo pimping" paradigm. Additionally, there are reported instances of traffickers regularly scouring areas where homeless youth congregate in order to target minors for eventual sexual exploitation. Traffickers may also approach young persons at shopping malls or entice neighbourhood youths into the party scene with the promise of free alcohol and illicit substances. Outreach workers report that it is not uncommon for the traffickers at these parties to utilize "date rape" substances on their victims before making illicit visual recordings which are subsequently used in attempt to blackmail the victim into entering the sex market. This practice is referred to as "sextortion".

Additionally, some traffickers active on Vancouver Island utilize the internet as a means to locate, pursue,

A.S.I.S.T. Training Can Help Protect

study by researchers from Columbia and Rochester Universities has confirmed that Applied Suicide Intervention Skills Training (ASIST), a workshop developed by LivingWorks Education Inc., can help protect people experiencing suicidal thoughts. The Impact of ASIST on the National Suicide Prevention Lifeline study monitored over 1,500 phone calls to Lifeline-affiliated crisis centers across the United States and found that callers who spoke with ASIST-trained counselors were less likely to be depressed, overwhelmed and suicidal, and more likely to be hopeful than callers who spoke with counselors who were trained in methods other than ASIST. The greatest impact was seen in suicidality, where callers to ASIST-trained counselors were 74% less likely to be suicidal at the end of the call than were callers to counselors not trained in ASIST.

didn't know if they were being monitored. This increased the validity of the results."

Dr. Madelyn Gould led the independent study funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Although the research was the first to investigate ASIST's impact on crisis center callers, the ASIST model has been in use for over thirty years. Developed in 1983 and evaluated in a number of other settings, it has seen continuous updates to reflect new developments in psychology and counseling theory.

"We were delighted to learn that evaluation findings showed our efforts to offer ASIST training to Lifeline centers appear to be making some difference in helping callers feel less distressed and suicidal," said Dr. John Draper, Project Director for the National Suicide Prevention Lifeline. "What the findings clarify about the

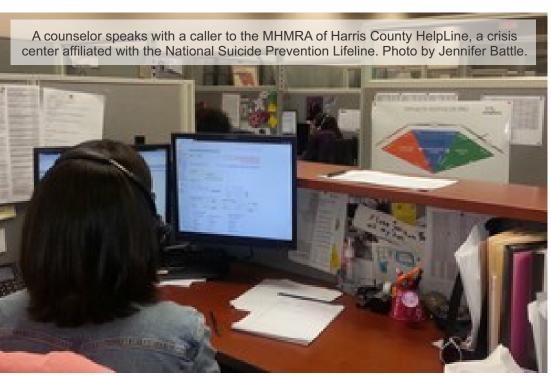
value of the ASIST model is how it can enhance a meaningful connection with suicidal callers." By encouraging counselors to discuss callers' reasons for wanting to live or die, Draper noted, the ASIST model helps them emerge from the ambivalence of suicide and reach a place of hope.

Suicide is a major community health problem, claiming over a million lives worldwide each year. In North America, it is the second leading cause of death among young people. "Most people with suicidal thoughts are struggling with the uncertainty of living, but don't truly want to die," said Richard Ramsay, President and co-founder of LivingWorks. "Sometimes it's face-to-face, and sometimes it's over the phone, but anyone with the

right skills and training can intervene and help them find hope."

Press Release written by Owen Stockden, Communications Officer, LivingWorks Education.CALGARY, Alberta, Jan. 23, 2014 (GLOBE NEWSWIRE)

See page 22 for information and dates on our upcoming ASIST workshops



"This is the first study of its kind," said Dr. Philip Rodgers, an evaluation scientist who consults with LivingWorks. "Previous inquiries into the effectiveness of suicide prevention training have always looked at the trainees and whether they felt better equipped to intervene. This research actually examined people at risk of suicide, and showed that when they get help from an ASIST-trained counselor, it can significantly improve outcomes." The study was also noteworthy for its sophisticated methodology, Rodgers said. "The researchers monitoring the calls did not know what kind of training the counselors had, and the counselors



CRISIS LINE VOLUNTEERING

Community involvement matters on grad school applications Gain crisis intervention skills for future front line jobs.





Youth Suicide Prevention Programs

t the 2013 conference for the Canadian Association for Suicide Prevention, our Public Education Program Coordinator, Lyndsay Wells, developed and delivered two programs:

1. Creating Meaningful Connection with Indigenous Youth

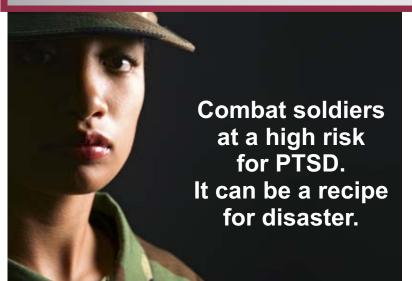
Though faced with the tragic repercussions of colonization and the impact of the residential school system, indigenous youth bring a vibrant and creative perspective to the subject of suicide prevention. To tap into this vibrancy, however, facilitators must have an understanding of the unique fears, experiences, and struggles indigenous youth might face, knowledge about the culture and community they are presenting in, and the flexibility, sensitivity, and experience to adjust programs to best suit the needs of the group or community. This workshop will present practical ideas for engaging indigenous youth in programs that focus on strengthening protective factors, support resiliency,

encourage help seeking behaviours, and reinforce a sense of pride in self, culture, and community.

2. Strategies for Creating Engagement in Youth Suicide Prevention Programs

Vancouver Island Crisis Society has developed a unique approach to creating connection and relational engagement with high school students. We are encouraged and excited to observe the meaning these programs have had in the lives of students and the positive impact on school communities as a result. These approaches will be published in an upcoming issue of the International Journal of Child, Youth, and Family Studies and have been inter-woven into this presentation to highlight the work.

If you or your organization are interested in learning more about these workshops, please contact Lyndsay Wells at Vancouver Island Crisis Society, 1-877-753-2495 ext 109.



or many veterans coming back from battle, including the 40,000 Canadian men and woman recently returned from Afghanistan, it is difficult to reconnect with the lives they left behind or find a meaningful way to move forward. When this results in isolation from family and community members, it can lead to depression, substance abuse, or even suicide, according to the Veterans Transition Network.

These statements were magnified when on December 2nd, 2013, Canada lost the fourth veteran of its military within a week to suicide.

Master Corporal William Elliott was a "decorated combat veteran" who toured in Bosnia and Afghanistan. While serving in Afghanistan, Elliott suffered permanent injuries and developed post-traumatic stress disorder. Like so many veterans, he was afraid that because of his injuries and PTSD he would be kicked out of the armed forces.

The army said Warrant Officer Michael McNeil joined the Canadian Armed Forces in Oct. 1994. He had been deployed to Bosnia, Kosovo and Afghanistan and his cousin was killed by Taliban snipers six years ago.

Master Bombardier Travis Halmrast, whose death is being investigated by a local police force, was said to be living with PTSD. Another soldier who was previously based at CFB Shilo, Travis Halmrast, died on Monday in Lethbridge, Alta., after attempting suicide in jail three days earlier. He was being held on allegations of domestic assault.

Worse, there was an added weight on Elliott's shoulders, he knew that because of Government changes to support for disabled and wounded veterans, he would not receive financial support throughout his life.

Master Cpl. William Elliott's friend Cpl. Glen

Kirkland said the way the system is set up, coming forward with PTSD is "one step closer to being unemployed with the military."

Soldiers who have seen combat are at a much higher risk than those who haven't to suffer from post-traumatic stress disorder and mental illness. It can be a recipe for isolation and depression.

The families of Master Corporal William Elliott, Warrant Officer Michael McNeil, and Master Bombardier Travis Halmrast have all named the Canadian Government's lack of support for veterans with PTSD as a major factor in their tragic deaths. Like the others, Master Corporal Sylvain Lelièvre, who took his life on Monday, served in Afghanistan and also in Bosnia-Herzegovina.

Prior to 2006, disabled veterans were given a pension that would support them and their treatments throughout their lives. Today, they are given a lump sum. For a severely disabled veteran, the new lump-sum rules governing benefits can mean over 40% less than what they would have received under the old pension plan, or even up to 90% less than what other Canadian worker would receive for the same disability.

As a result, many veterans are now facing dire financial situations, and those with psychological disabilities such as PTSD are fearing the worst for their and their families' future.

"The Canadian Army cares deeply for each and every member. It goes without saying that we take every death seriously and as such we will explore all facets of these situations to try and learn from them and reduce future occurrences while also providing the best support to the Army family whenever a death does occur." Lt.-Gen. Marquis Hainse

The deaths have raised questions about the treatment of Canada's veterans and resources available to wounded soldiers and those suffering from post-traumatic stress disorder.

Defence Minister Rob Nicholson expressed his condolences to the soldiers' families and friends in the House of Commons Thursday.

Veterans Ombudsman Guy Parent said there is a "surge" of troubled soldiers who took part in the Afghan mission, and his office has been asking the government to improve services available to them.

Cpl. Chris Dupee of Barrie, Ontario, released a

Continued on page 17



Recipe For Disaster

Continued from page 16

gritty personal video in which he opened up about his PTSD and mental anguish that began after serving in Afghanistan. The video seemed to strike a chord with other solders, receiving 1,000 hits in one day. It changed my life, that one video," says Dupee. "I couldn't believe people were listening to me... I thought I was alone, that I was the only one having these thoughts," he says. "It was just a comfort (to realize) I am not alone. It lifts a whole burden off the shoulders." It is shame and stigma that prevents so many from seeking help, says Dupee. Without help, suicide can be the tragic outcome.

His video turned out to be the beginning of a website he dubbed Military Minds. The site has become a forum for soldiers, veterans and their spouses to talk freely with other soldiers and vets about their mental suffering -- something that's still considered taboo in the macho culture of the military. It's also a connection point where soldiers and veterans can learn about where to find mental health help.

In the two years since its inception, the Military Minds' Facebook page has amassed 60,000 followers in Canada, U.S. the U.K., Australia and 16 other countries. Like Dupee, many of the soldiers and vets have released their own online videos, documenting the horrors they witnessed.

Dupee has also launched another site for active soldiers who want to keep their identities and their comments private. And he's been awarded the Queen's Diamond Jubilee Medal.

Just picking up the phone and seeing how your friend, or brother, or daughter is doing can make all the difference. Let them know about programs like the Member Assistance Program (1-800-268-7708) for confidential counseling in times of crisis.

And if you don't have a veteran in your life you're worried about, pass this information on – I guarantee that somebody you know does.

Veterans Transition Network has a program available entitled PTSD Coach Canada, it not only includes information on PTSD and its symptoms, but also provides tools for tracking its effects on daily life and suggests skills to help manage stress symptoms as they come up.

"When I returned from Afghanistan, I had no idea what PTSD was, so knowing there is now a tool that can assist Veterans in learning about and coping with PTSD is reaffirming. As Canada continues to adapt to the needs of the latest generation of Veterans, innovations like the PTSD coach are great additions to the help the fight against PTSD," said Tim Laidler, our Executive Director.

SPEAK OUT - REACH OUT - HELP OUT UNPLUGGED

t was close to the end of the school year in 2013 and we were wrapping up our final GRASP workshop for the season. Imagine our surprise when one of the students confided he was an amateur hip hop artist and that he had written a song inspired by everything he had learned in the program. As an organization with an ongoing interest in connecting with youth, this was exciting because it told us he had found meaning in the things he had learned.

It also provided an opening to think about doing something extra that would be engaging enough to keep GRASP's positive messages of hope and resilience alive over the summer; and so we contacted a well known local hip hop artist, SIRREAL, and asked him if he would like to surprise our group with an impromptu performance.

affirming counter point to the work we had been doing. Suddenly some positive new possibilities began to surface...

A Pilot Project is Born

Based on that experience, the Crisis Society asked SIRREAL if he would like to be part of a pilot project that would combine his hip hop music with the messages in our 80 minute suicide prevention presentation Speak Out (speak out about struggles) Reach Out (reach out for help and support) Help Out (help encourage others to do the same).

What resulted is an exciting and engaging presentation that blends SIRREAL's positive hip hop music with life saving information. School personnel and students of all ages have enthusiastically embraced the program and it has been a great way to launch our new Crisis Chat service. For that reason, it is with excitement



SIRREAL very generously agreed and the school worked with us to put together the surprise – but what happened that day was an even bigger surprise to us! Set up "MTV Unplugged," style SIRREAL came in and within 5 minutes, he had the entire group of GRASP students engaged and interested in conversations about self expression, coping, and surviving struggles. His music was positive and uplifting and provided a life

that we embark on 2014 and hope to bring this life affirming presentation to as many schools and students as possible!

If your school is interested in booking a presentation of Speak Out, Reach Out, Help Out or GRASP please contact Lyndsay Wells at 1-877-753-2475.



Suicide Bereavement Support Groups – A New Beginning

n 2006 the Crisis Society hosted its first ever Soles Remembering Souls gathering to commemorate World Suicide Prevention Day. Out of that first gathering we collected names from people who were interested in joining a suicide bereavement support group and our first meeting took place the following year in October.

As part of our mandate to follow a best practices model, Crisis Society staff routinely attended suicide bereavement support conferences and eventually developed two workshops designed to help other organizations develop groups of their own.

Over time agencies like Cowichan Valley Hospice Society, and Nanaimo Community Hospice Society contracted us to provide these workshops as well as to give guidance and support so that they could begin suicide bereavement support groups of their own. This was a perfect fit as Hospice already does such life affirming, healing grief work in our communities.

In 2012 Cowichan Valley Hospice began its own Suicide Bereavement Support Group and in December 2013, after a year-long planning and transition process,

Nanaimo Community Hospice took over the group we began at the Crisis Society and have now moved it to its new home at Hospice.

The Crisis Society is committed to continue attending conferences on suicide bereavement and to share new information with service providers across the island. As part of that commitment, we hosted a day for suicide bereavement support group providers to come together in November and take in new information from the conference of the Canadian Association of Suicide Prevention as well as share new learning, hopes, and fears with one another.

In the future we hope to assist other island organizations in creating their own suicide bereavement support groups, support existing groups, and share information about the unique complexities of suicide grief with interested community partners.

If your organization is interested in hosting a workshop about suicide bereavement or you are interested in starting a support group of your own, please contact Lyndsay Wells at 1-877-753-2495

Connection & Relational Engagement



he Vancouver Island Crisis Society would like to congratulate our own Lyndsay Wells, Community Education Program Coordinator, for having her article on "Connection and Relational Engagement in a Youth Suicide Prevention Program"

published this month in the International Journal of Child, Youth & Family Studies.

The following is the abstract describing the content of the paper: Vancouver Island Crisis Society has developed a unique approach to suicide

prevention for youth and is encouraged to observe the positive impact these programs have had in the lives of students and on school communities as a result. This is the story of the evolution of two such school-based suicide prevention programs: (a) GRASP (Growth, Resilience, Acknowledgement, Suicide, Awareness, Personal Safe Planning); and (b) Speak Out, Reach Out, Help Out. While suicidal despair often thrives in isolation, what power might human connection have to combat it? And could that sense of connection be interwoven into youth suicide prevention programs, not to diminish what is already there but to enrich and enliven current best practices, and research-based information? Throughout this article, I will uncover the possibilities of what can emerge when practice is informed by the professional literature and a purposeful intent to create a sense of connection and relational engagement.

To read the article please follow the link provided: http://journals.uvic.ca/index.php/ijcyfs/article/view/12858



he Vancouver Island Crisis Society representatives, Elizabeth Newcombe, Executive Director, and Heather Owen, Promotions & Community Relations Coordinator, accepted a cheque from the Nanaimo Great Canadian Casino representative, Lynne Halaliku Shift Manager, for \$2000.00 this October. Funds will go to support Youth Suicide Prevention initiatives in the Central Island Area.

If your organization would like to donate to these or similar programs in your area please click on the icon, CanadaHelps.org displayed below.





Thank you to all our Donors

This list represents all those who supported the Crisis Society financially or with in-kind donations since our last newsletter was published in Spring 2013. The donations listed are from May 31, 2013 to January 15, 2014. We would especially like to thank those organizations that contributed to keep our Youth Suicide Prevention Programs in our schools.

Anchors (under \$499)

Mambo Gourmet Pizza
Country Club Mall
Knights of Columbus Ascension Council 7991
John Mahaffy
Kim & Brenda Pirie
Donald & Margaret Ball
Alexander Ginton
Marilyn Marshall
Steven Barre
Provincial Employees Community Services Fund
Nanaimo Harbour Lites Lioness
Nanaimo Daily News
Joy Vikstrom
News Bulletin

Life Preservers (\$500-\$999)

Fraternal Order of Eagles Ladysmith Aerie 2101

Maximum Yield Publications Inc.

<u>Lighthouse Keepers (\$1000 - \$2499)</u>

Great Canadian Casino Inc. Sharyn Ball

Northstars (\$2500 - \$4999)

United Way Cowichan

Visionaries (\$5000 +)

MacIsaac & Co. - John Jordan
Intraworks I.T. Management – Phil Stiller
United Way Central & Northern Vancouver Island
Province of BC – Gaming
Island Radio – Jim Patterson Group
CHMZ - FM Radio
Island Health



Training Opportunities



Next workshop held on February 6th & 7th, and again on June 19th & 20th 8:30 - 4:30 both days #30, 1708 Bowen Rd, Nanaimo.

ASIST is research based, two-day intensive, participatory course designed to help caregivers recognize and assess persons at risk, and master a model for effective suicide intervention. ASIST has been highly evaluated, and remains the most widely used suicide intervention training program in the world

Participants will:

- → Clarify their values & beliefs about suicide
- → Enhance their understanding of suicidal behaviour
- → Recognize, &, assess the risk of suicide
- → Develop the working knowledge & skills for effective suicide intervention (model presented)
- → Talk about suicide and cooperate in sharing info and resources

For more information and registration forms please visit our website at : www.vicrisis.ca



This two day research based workshop has been designed to teach a strengths based approach to the communication, assessment, and suicide response skills essential for crisis intervention.

During this two day interactive program participants will learn:

- → The definitions of crisis
- → Trauma informed practice: How to shift focus from "At Risk" to an "At Promise" perspective
- → How to apply a crisis intervention model in crisis situations
- → How to effectively assess crisis situations
- → How to facilitate the development of a short term coping plan for a person in crisis
- → How to spot the warning signs for suicide and effectively intervene
- → New Approaches for helping men
- → Effective ways to find the "keys" to unlock hope in a person in crisis
 - → Community resource information

The next Crisis Intervention Skills Training workshop is **June 5th & 6th, 2014 from 9 to 4 both days**. For information or registration see our website @www.vicrisis.ca

BOOK THE CRISIS SOCIETY

to come to your organization with one of our CUSTOMIZED TRAINING PROGRAMS:

Communication in the Workplace

Effective communication can reduce defensiveness and hostility in co-workers and employees, and create positive team and family environments. Through interactive presentations, discussions, exploration and practice, participants will learn:

- → The foundations of effective communication and the impact of perceptions
- → How to give constructive feedback
- → How to handle difficult situations
- → Active listening skills for emotional and angry individuals
- → How to set boundaries and recognize toxic behaviours

Suicide Awareness and Response

Suicide Awareness and Response is a research based workshop for anyone interested in learning current, research based information about suicide. Through interactive presentations, discussions, exploration and practice, participants will learn:

- → How to recognize Warning Signs and respond to a suicidal person
- → How to explore and access appropriate community resources
- → Common misperceptions about suicide and the stigma that surrounds it.
- → How to define personal boundaries and responsibilities

Suicide Bereavement - Hope and Healing

This 3 hour workshop is designed to build capacity and awareness of Postvention for caregivers working with survivors of suicide. It is our belief that if survivors can understand the dynamics underlying this sudden and traumatic loss, they will be better able to work through the trauma and thereby allow the natural grieving process to unfold, and prevent long term effects.

On January 1, 2004, the new privacy legislation came into effect. It is designed to protect individuals' personal information from being misused. As you know, we love to stay in touch, keeping you posted on what's happening in our Island Community. We now require your consent to do so. We also want to respect your privacy. So if you no longer wish to receive our newsletter please email us at info@vicrisis.ca....please let us know and we will delete your name from our database. If we don't hear from you, we shall assume we have your consent to stay in touch. Enjoy reading this issue of "In Connection," the Vancouver Island Crisis Society's newsletter.

Canadian Distress Line Network (CDLN) – Moving forward

he Canadian Distress Line Network has existed for a few years now and has since been assembled once more with a group of people across Canada to help move a vision forward.

The Canadian Association of Suicide Prevention (CASP) initiated a 'National Crisis Line Needs Assessment' distributed across Canada in 2003/4 and again in 2012, there was and remains strong support to proceed with a Canadian Distress Line Network, focusing on three critical issues:

Prevention & Intervention – goal #7. See 'Blueprint' at: www.casp-acps.ca

On April 25th, 2012 the Directors from 14 Canadian distress and crisis lines, representing every region of Canada, met in Winnipeg at the invitation of the Canadian Association for Suicide Prevention and the Mental Health Commission of Canada, to discuss the formation of a Canadian Distress Line Network.

While several provinces have made significant strides towards developing regional associations on a

distress lines are disconnected from each other and fragmented. Currently there are no mechanisms or structures in place whereby distress lines can effectively communicate with each other. learn from each other's experiences, share resources and knowledge and work collectively to address mutual challenges. in British Columbia. have established the Crisis Line Association of BC

that operates two provincial networks

national level.

Names from left to right: John Jones (Guelph, Ontario); Karen Letofsky (Toronto, Ontario); Janet Smith (Brandon, Manitoba); Veronique Landry (Montreal, Quebec); Bruno Marchand (Quebec City, Quebec); Melissa Lutchman (CDLN Project Coordinator); Ian Ross (Vancouver, BC); Sheila Levy (Nunavut), Elizabeth Newcombe (Vancouver Island, BC); Joan Roy (Calgary, AB), Nancy McCalder (Edmonton, AB); Rita Field (Saskatchewan); Clair Checkland (Ottawa, Ontario).



- a) To establish a 'Canadian Distress Line Network' (CDLN) that connects existing local, regional and provincial telephone-based crisis intervention services into an easily-recognized, cooperating service from coast to coast to coast.
- b) To work toward setting up a 'Canadian Accreditation Process for Crisis Centres' in Canada or work out a 'compromise solution' between all accreditation services (AAS, CARF, COA, AIRS).
- c) To explore the feasibility of initiating a free and confidential, easy to remember access number by phone and online to a Distress Line anywhere in Canada.

The 'Blueprint for a Canadian Suicide Prevention Strategy' corporates a), b) and c) above, under

(1800SUICIDE) AND (310Mental Health Support). We have become a leader along with other provinces to help move the one number access project forward nationally.

On October 15th, 2012 the representatives from 12 Canadian distress and crisis lines, representing all six of the PHAC's regions met in Niagara Falls, at the CASP conference to discuss the formation of a Canadian Distress Line Network. The participants unanimously agreed to proceed to formally set up the Canadian Distress Line Network, under the umbrella of CASP. In September 30th, 2013 this same group met and formalized their structure.

The efforts of this group will continue in 2014.

Thu Apr 3

Apr 4

Fri



Trauma Informed Approaches To Suicide Prevention



In recognition of Crisis Line Awareness Week 2014,
we are offering a Suicide Prevention & Support workshop,
featuring the latest research from the
Canadian Association of Suicide Prevention Conference
which highlights trauma informed approaches to suicide prevention.
DUE TO LIMITED SEATING PARTICIPANTS MUST BE PRE-REGISTERED

Dates & Locations:

@ www.vicrisis.ca which includes a \$20 registration fee.

Mon Mar 24	9:30am-12:30pm – Black Bear Resort, 1812 Campbell Way, Port McNeill
Tue Mar 25	9:00am-12:00pm – Crown Isle Golf Course, 399 Clubhouse Drive, Courtenay
Wed Mar 26	1:00pm- 4:00pm – Maritime Heritage Centre, 621 North Island Hwy, Campbell River
Thur Mar 27	9:00am-12:00pm – Community & Conference Centre, 132 Jensen Ave, Parksville
Fri Mar 28	1 :00pm- 4:00pm – Oliver Woods Community Centre, 6000 Oliver Rd, Nanaimo
Mon Mar 31	9:00am-12:00pm – Tin Wis Resort, 1119 Pacific Rim Hwy, Tofino
Tue Apr 1	1:00pm- 4:00pm – Hospitality Inn, 3835 Redford Street, Port Alberni
Wed Apr 2	9:00am-12:00pm – Travelodge Hotel, 140 Trans-Canada Highway, Duncan

1:00pm- 4:00pm - WorkBC Employment Services, 102-415 Gorge Rd East, Victoria

9:00am-12:00pm - WorkBC Employment Services, 102-415 Gorge Rd East, Victoria

Trauma Informed Approaches To Suicide Prevention

large part of the mandate of the Vancouver Island Crisis Society is to keep current on new research and best practices in the world of suicide prevention, intervention, and postvention. In order to do so, Crisis Society personnel sit in on committees at the local, provincial, and national levels and attend two conferences every year organized by the American Association of Suicidology (AAS), and the Canadian Association for Suicide Prevention (CASP).

The theme for the 2013 CASP conference was "Creating New Pathways: Trauma Informed Approaches to Suicide Prevention." According to Executive Director of CASP, Tim Wall, "There has long been an established link between suicide and psychological trauma. More recently however there has been a global movement to help organizations and systems, across domains, use the existing, new, and

Human Trafficking

Continued from page 12

and exploit local victims. They commonly utilize chatrooms, social media sites, and sites for aspiring fashion models in order to meet potential victims before generally employing some variant of the "romeo pimp" and/or "sextortion" strategies. The internet is also commonly used as means of facilitating the exploitation of victims. Commonly used techniques include "listing" trafficked youths and women in the online sexual services ads found on Craigslist.org or backpage.com.

There is evidence to suggest that a significant portion of sex trafficking activity has transitioned from the streets. In order to avoid detection, some traffickers have moved their victims "inside" and are running sex trafficking brothels from residential properties or are avoiding the use of a fixed address altogether by continually moving their victims from location to location and are using motels or venues to facilitate this. Other traffickers have taken to directly transporting their victims to the purchasers who are exploiting them. Additionally, in larger centres across Canada, there have been many reports and some prosecutions of criminal organizations utilizing "massage parlours" or strip clubs as fronts for sex trafficking operations. Traffickers may be utilizing any combination of these strategies on an ongoing basis in Vancouver Island cities.

We wish to thank Michael Down, B.A. LL.B. LL.M., University-College Professor, Department of Criminology at the Vancouver Island University, for this submission.

emerging knowledge on trauma to inform program design, service delivery and put this knowledge into policy and practice."

In light of that, the Crisis Society will be delivering a series of workshops in several island communities to commemorate "Crisis Line Awareness Week" in March (see page 24 for schedule) that will highlight trauma informed approaches to suicide prevention. We hope that this year's workshop will provide caregivers on Vancouver Island a better understanding of what it means to be "trauma informed," the impact this can have on practice, and the people receiving our services.





Island Wide Online Community Resource Database

New Feature - view your search results in multiple languages on the

Start by going to our website www.vicrisis.ca

Select Resources

Select Community Resource Database

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Helping People Find Their Way



Who will answer? professional - empathetic - non-judmental confidential - anonymous - respectful connect to Mental Health Professionals 24 hours a day - 7 days a week





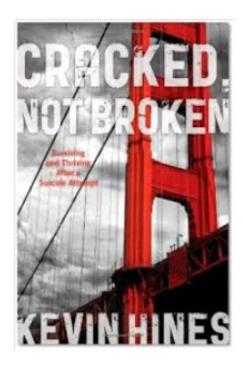
Cracked Not Broken: Surviving and Thriving After a Suicide Attempt

By: Kevin Hines (Rowman & Littlefield Publishers, Inc.: NY)

Reviewe

Reviewed by: Jasmine Boardman, MSW

n his book, Kevin Hines produces a window, with which we can see into his experience with mental illness. *Cracked Not Broken: Surviving and Thriving After a Suicide Attempt*, is a moving portrait of his life, painted with internal conflict, aguish, acceptance, and his found passion as an international speaker and mental health advocate. Hines' words are raw and often painful, laying out the stark reality of recurring psychosis.



His journey begins in a hotel room where 4-month-old Hines and his twin brother are laying, malnourished and abandoned. What follows is a chronicle of the events that brought Hines, at age 19, to the moment where he jumped off the Golden Gate Bridge, falling 220 feet before colliding with the frigid

water of the San Francisco Bay. While he meant for his actions to culminate in his death, it evolved into the discovery of a passion, and a re-birth of purpose.

The ensuing process of healing involved much more than the mending of bones, and fading of bruises. Hines began a journey of reconciling his confliction towards mental health treatment, and allowing himself to grieve the life he will never have. The courage and determination he manifested following his suicide attempt were fuelled by the love and support of his family and friends.

Coming to terms with the diagnosis of Bipolar Disorder with psychotic features, allowed Hines to begin the reconstruction of his identity. He undertook the difficult process of accepting his limitations and developing the tools needed to ask for help when his limitations have been reached. Hines openly shares with the reader that he continues to suffer from mental illness, yet states that he will never again attempt to take his own life.

Cracked Not Broken is a testimony of ongoing recovery, where there is no false promise of a cure, but an affirmation that with hard work, persistence, and support, anyone can improve their quality of life. Hines does not hold back in this personal memoir of depression, mania, and suicidality. This book should be read by anyone seeking to gain a deeper understanding of what it is like to live with a mental illness.

Kevin Hines' book does not disappoint when reflecting on his reputation as an award-winning author, mental health advocate, and international speaker. His influence on the fields of mental health and suicide awareness/prevention, has reached far and wide. Cracked Not Broken, chronicles the path that led him to a place of healing.











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