

IN CONNECTION

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August 2016

Soles Remembering Souls



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Contacts

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 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

Crisis Text
 6pm to 10pm every night
 Text 800-250-3806

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.



United Way
 Central & Northern
 Vancouver Island



Vancouver Island Crisis Line Statistics

April 1, 2015 to March 31, 2016

Total Calls	Crisis Line		Crisis Chat/Text	
	30,882	%	1422	%
Victoria & area	13,479	44	384	27
Nanaimo/Ladysmith	6,972	23	427	30
Unknown	2,846	9	7	1
Cowichan Valley & area	2,336	8	139	10
Comox Valley & area	1,341	4	77	5
Campbell River & area	879	3	219	16
BC Off Island	1,328	4	52	4
Parksville/Qualicum	985	3	20	1
Pt Alberni/West Coast	388	1	44	3
Mt. Waddington & area	149	<1	19	1
Rest of Canada	179	<1	34	2

Note: Text numbers reflect 1 conversation not individual texts sent & received

Reasons Why People Call the Crisis Line

Mental Health	44%
Suicide	15%
Information & Resources	12%
Individual/Family Life	12%
Physical Health Issues	4%
Addiction	4%
Basic Needs & Homelessness	4%
Abuse & Family Violence	3%
Other	2%

Mental Health & Substance Use

Crisis Response Interventions - by team

(Crisis Line only)	# of Calls
Campbell River Crisis Nurse*	12
Courtenay Crisis Intervention Nurse	160
Duncan Crisis Response Team	116
Nanaimo Crisis Response Team	1418
Parksville Mental Health*	19
Port Alberni Community Response Team*	20
Mt. Waddington Mental Health Daytime*	1
Victoria Integrated Mobile Crisis Response Team	1551

Note: *Denotes communities where clients may access MH directly

Calls by Line

1800SUICIDE
 1-800-784-2433 (provincial)
 1,248 calls - 4%

310Mental Health Support
 310-6789 (provincial)
 3,021 calls - 10%

VI Crisis Line
 1-888-494-3888
 26,613 calls - 86%

Crisis Chat/Text
 1,422 visitors

Crisis Call/Chat/Text Interventions

911	214
Police non-emergency	87
MCFD	84
Other	68
MH Crisis Response	3,308
Total	3,761

Represents 12% of Total
 Calls/Chats/Texts

Volunteer Spotlight

Even as someone who has worked in social services for the past 20 years, my experience of being a CL volunteer gives me a big sense of achievement. I definitely feel that through the CL volunteer role, I am making a positive difference in people's lives. It doesn't matter if the person I talk to is someone new to me or not, I feel good knowing that I have tried my best to be a support to them in times when they have reached out. The training I received and the ongoing support I get through staff really is a big help, and I do feel like the call room is a pretty nurturing environment. There are also times when things are a little slower in the phone room and I like the feeling of the team environment and getting to know staff and volunteers better. On the whole I find the experience of a the CL worker as enormously positive and it's certainly something that I would encourage others to do.

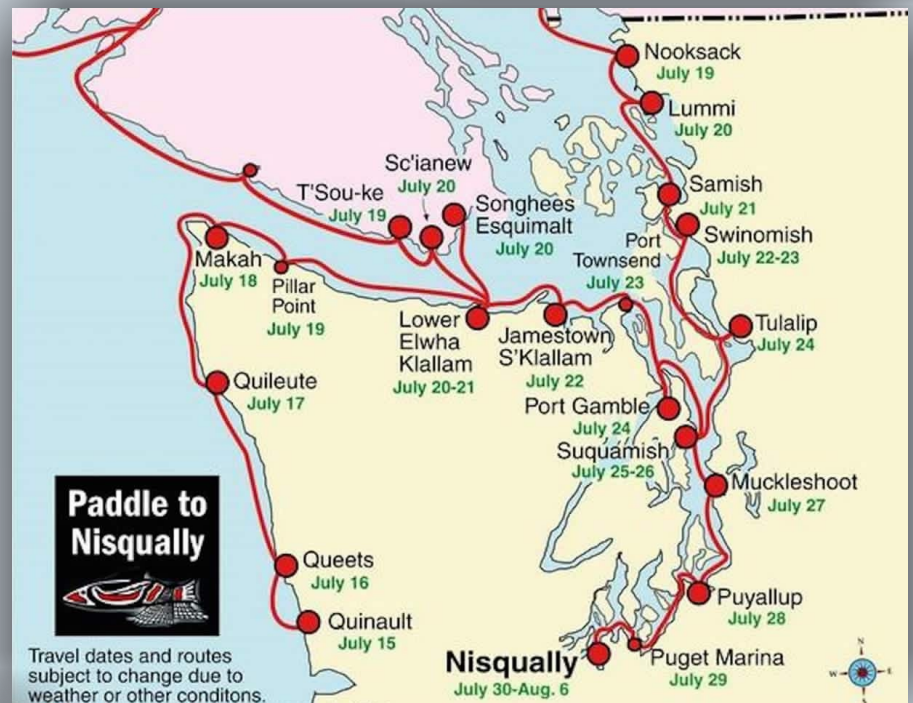
Cheers,

Joe



Xwaluputhut Patrick Aleck 2016 Canoe Journey

Patrick, a long time collaborator with the Crisis Society shares his story of the 2016 Canoe Journey. He says this journey is one of healing for all those who participated. “We have to work together, one mind, one voice, and one spirit.” He is part of the Kwumut Lelum group journeying with 119 other canoe families. They left from Malahat First Nation on July 18th and arrived in Nisqually, Washington on July 30th. They paddled every day from 6 to 12 hours. He says, “It is testing your mind, your body and your spirit. How far are you willing to go.” Coming from someone that did not drum or sing prior to his first canoe journey in 2012, on this trip he has gifted two songs to the group, one about competition and one about equality. “That is real growth. I have had to look in the mirror in a different way. Am I ashamed or proud of who I am and where I come from? Am I stepping forward or stepping back? Now as I return home I am going to put into practice what I have learned, slow down and trust the process.”



Indigenous Youth Wellness Project Video

We created a video for the Indigenous Youth Wellness Project: Cuystwi at PHSA Indigenous Health. *Roots of Racism* is about a sister that takes her brother back through time to show him how racist policies developed in Canada.



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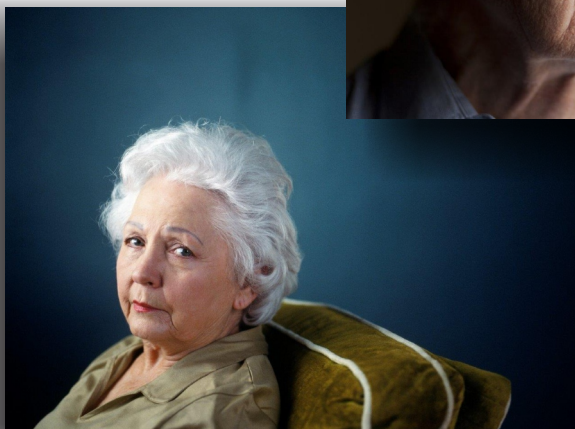
United Way Central & Northern Vancouver Island representatives present a cheque to support the Vancouver Island Crisis Society Youth Suicide Prevention Programs, specifically the 80-minute school presentation, *Reach Out Speak Out Help Out* and the 12-hour gatekeeper program: *GRASP*, (Growth, Resiliency, Acknowledgment, Suicide Awareness and Prevention and Personal Planning.

Left to right: Elizabeth Newcombe, Executive Director, Vancouver Island Crisis Society, Cinnamon Phillips, United Way, Heather Owen, Vancouver Island Crisis Society and Ashley Elliot, United Way.

Vancouver Islanders More Depressed Than Other B.C. Residents

Prevalence of Depression/Anxiety by Location

Alberni/Clayoquot 25.1%
Campbell River 23.5%
Comox Valley 25.1%
Cowichan 26.0%
Ladysmith/Chemainus 26.6%
Lake Cowichan 26.8%
Nanaimo 21.6%
North Island 22.1%
Parksville/Qualicum 21.9%
Saanich 22.8%
Sooke/Westshore 24.6%
Victoria/Esquimalt/Oak Bay 24.7%



Vancouver Island overall 23.9%
British Columbia overall 21.3%

Nanaimo News Bulletin July 6, 2016
Read the full article
By JOHN MCKINLEY



Ministry of Health,
review based on 2013 medical records
To read more [click here](#).

A statistical overview of the magnitude of the problem within a Canadian context reveals that suicide claims the lives of nearly 3000 men each year, a rate four times higher than women. In British Columbia, suicide is one of the top three causes of mortality among men aged 15 and 44.

(Read more by clicking here.)

The Construction Industry is at High Risk for Suicide

A study by the Carson J Spencer Foundation: ManTherapy.org

United States National Statistics

- Over **41,000** suicides occur each year making it the **10th highest cause of death for all ages** (CDC)
- Each year, self-inflicted injury accounts for 836,000 emergency department visits (CDC)
- **Suicide is the 2nd leading cause of death for men 25-54** in the United States (CDC)
- More people die from suicide than from motor vehicles crashes (CDC).
- Men in high skill and high stakes occupations (i.e. supervisors of heavy construction equipment) are almost 1.5 times more likely to die by suicide (Business Insider)
- People in occupations requiring no education after high school are more at risk for suicide (Based on a Review of 34 Studies)

90% OF MEN WHO DIE BY SUICIDE HAVE A DIAGNOSABLE MENTAL HEALTH ISSUE AT THE TIME OF DEATH.

46.3%

HAD AN INTIMATE
PARTNER PROBLEM

31.6%

HAD A PROBLEM
WITH ALCOHOL

24.3%

HAD A PHYSICAL
HEALTH PROBLEM

27.5%

HAD A FINANCIAL
PROBLEM

29.6%

HAD A JOB PROBLEM

62.9%

HAD A CURRENT
DEPRESSED MOOD

"We have a tough guy mentality – suck it up and get through whatever is thrown at you. The idea to be open to something that is personal, at work, is difficult. Usually there is a perception that you'll be met with indifference. The Operations Staff needs to understand that it is okay to discuss personal issues.
- Trade Supervisor

What is the difference between Suicide and Physician-Assisted Death (PAD)?

I want to die.



Suicide

PAD*

suicidal people do not actually want to die, they want the pain of living to end



often impulsive, violent and carried out alone



leaves loved ones with devastating grief and a legacy of pain



happens much more often than PAD

Far more people die by suicide than by PAD, even where PAD is legalized.

Suicide was decriminalized in Canada in 1972.



people seeking PAD want to hasten death, they want the suffering in dying to end



often planned, peaceful and carried out in the presence of loved ones



a deliberate process including everyone involved



relatively infrequent

In Washington State the ratio is 7 suicide deaths to each 1 PAD.

Canadian legislation expected June 2016.

*Medical Assistance in Dying (MAID) is the terminology recommended by the Special Joint Committee on Physician-Assisted Dying

The Centre for Suicide Prevention does not have a formal stance on the PAD legislation; it is beyond the scope of our work.

For immediate release

Physician-Assisted Death* Bill C-14 Response

April 18, 2016

Calgary, AB – The Federal Government has just released Bill C-14, medical assistance in dying. As debate begins in the House of Commons, the Centre for Suicide Prevention (CSP) urges our elected officials to make a clear distinction between physician-assisted death (PAD) and suicide. Though often used interchangeably, these are two different issues that affect two distinct groups of people. Mara Grunau, Executive Director at CSP, believes that it would be disastrous if, by attempting to help Canadians seeking physician-assisted death, Canadians experiencing suicidality are further stigmatized. “Distinguishing between these two populations with clarity of language is paramount,” says Grunau. “We want Canadians to understand the differences between these two issues so that the vocal minority, those seeking PAD, do not further eclipse the silent, thousands of Canadians in suicidal crisis each year,” emphasized Grunau. “Far more people die by suicide than by PAD yet PAD deaths are more widely covered in the media.” In Washington state, for example, there is 1 PAD death for every 7 suicide deaths.

Another distinction Grunau provided was that the vast majority of people who are suicidal do not want to die, they want the pain of living to end. “When they are at a point of suicidal crisis, they cannot see alternatives to their situation beyond death. Given help, they will choose help,” says Grunau. She also explains that suicidality is temporary, as “People can be at immediate risk of suicide, then not, then experience a suicide crisis again. Others may only have one suicidal experience in their lifetime.” Grunau emphasizes that with appropriate mental health care, recovery for people who have experienced suicidality is possible, they can go on to live mentally healthy lives. Grunau says that for those with chronic suicidality, they can learn how to live with their suicidality, often with the support of others around them.

As part of the implementation of medical assistance in death legislation, CSP urges the Government of Canada to educate Canadians about the distinction between these two groups to help protect those people experiencing suicidality. “People experiencing suicidality often do not seek help even though they want it. If death becomes a normalized option, Canadians may become less knowledgeable, sensitive and likely to help those in need,” says Grunau. However, “the Centre for Suicide Prevention does not have a formal stance on the PAD legislation, as it is beyond the scope of our work.”

*Medical Assistance in Dying (MAID) is the terminology recommended by the joint parliamentary committee on physician-assisted dying.

Further information:

[Infographic: What is the difference between Suicide and Physician-Assisted Death?](#) by Centre for Suicide Prevention

[“‘Suicide’ or ‘self-death,’”](#) blog by Dr. Michael Trew past Chief Addictions and Mental Health Officer for the Province of Alberta

Contact: Crystal Walker, Communications Coordinator - crystal@suicideinfo.ca or (403) 245-3900 ext. 229



The Country Roads Marathon successfully completed another event on May 22. There were many happy finishers, fantastic waterstops that were decorated, and folks cheering on the participants. Race Director Steven Royer has now moved to the Kootenays area and will not be continuing next year. He is looking for someone else to take over the role of race coordinator and keep the event going for many years to come. If you are interested, please email lizroyer23@gmail.com

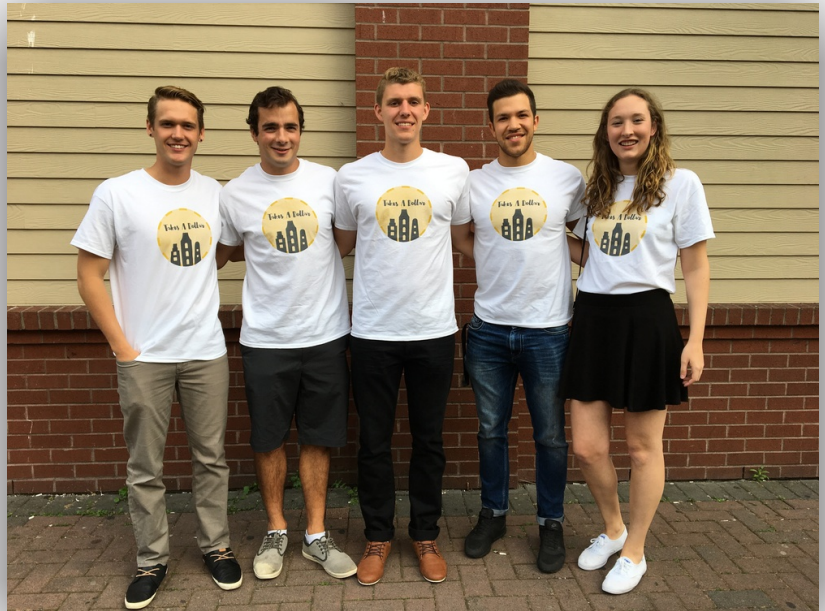
All monies raised will go to support Suicide Awareness Programs with the Vancouver Island Crisis Society.



Country Roads Marathon

Left: Congratulations to the Isfeld Interact Club for winning first place for the best decorated waterstop!

Above: Thanks to all our participants, sponsors, supporters, friends and families who came out this morning for the half marathon. Congrats to all of the runners and walkers! [Check out the video](#) - a quick look at the race today- can you spot yourself?

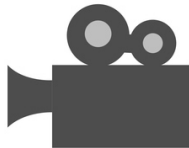


Shown left to right: Co-founders Wes Richardson and Andrew Degroot, with Christian Wigmore, Michael Pereira, & Emily Grey



Step 1:
Every year five local charities are selected to be fundraised for

Step 2:
We visit each selected charity and film a promotional video for them. We also create a profile for each organization on our website



Step 3:
We spread awareness, online and through fundraisers, about the immediate needs of the local charities

Step 4:
With the generous help of the community, we aim to fundraise \$10 000 each year. These funds can go a long way to better our community.



100 DONORS 100 DOLLARS A YEAR

We are looking for for 100 people to commit to donating at least \$100 annually (\$8.55/month after processing fees). This would guarantee that every year there would be at least \$10,000 given to the selected charities. If you commit to this donation, you become a member of Takes A Dollar. What this means is that you will have a vote in the charities that are selected for the fundraiser each year. A list of ten charities and their immediate needs will be provided. Members then get to vote for the five charities that they think Takes A Dollar should support that year. The charities with the most votes will be chosen for that year's fundraiser.

Check out our website at takesadollar.org

*Tax receipts are issued on all monthly donations.

2016 Charities are:

Nanaimo Unique Kids Organization
Vancouver Island Mental Health Society
Nanaimo Community Kitchens
Haven Society
Vancouver Island Crisis Line

Help them support these charities NOW!

Don't Miss Out!

Book our Suicide Prevention Programs this school year!



Vancouver Island
Crisis Society



GRASP

is a 12-hour skill building program that provides youth from Grades 9 to 12 with self-awareness, communication, and coping skills that will aid them in their personal and professional growth as well as contribute to an overall plan for ongoing youth suicide prevention programs within the school district. Schools have used this training as a starting point to launch a peer support program within the school.



United Way
Central & Northern
Vancouver Island

Here's what schools say
after the presentation:
**BRILLIANT, BRILLIANT,
BRILLIANT.**

Your presentation is engaging,
memorable, and speaks to
students/youth.

Your words are thoughtful,
vulnerable, and speaks to the
human experience.

I can't say a big enough
thank-you

It was **FABULOUS!!!!**

To book call **Lyndsay Wells,**
250-753-2495 or 1-877-753-2495.

We acknowledge the financial support
of the Province of British Columbia for
Community Education programming.

SPEAK OUT REACH OUT HELP OUT
is an 80-minute presentation
designed for grades 4 to 12 that
encourages students to Speak Out if
they're in emotional distress or
worried about someone else, Reach
Out for help and support, and Help
others do the same.

This upbeat and life affirming
presentation includes an
inspirational live hip-hop
performance and messaging that
encourages students to make
healthy choices, talk about the
things they worry about,
and reach out for help.

THANK YOU

What students say about GRASP

This course has been one of the BEST things I have ever done. It has helped me not only help others but myself. I always put other people before me and I have always felt guilty and responsible for other people's problems that I shouldn't. It has also taught me to be a better listener and to avoid being manipulated.
FABULOUS COURSE!!!

I learned of the different warning signs of someone who may be suicidal and how to help them approach their problems in different ways. It has allowed me to have a wider perspective and allowed me to be more open to multiple ways of helping people.

Everything I learn in GRASP has made me think differently. I love leaving this class feeling wiser and like that I understand myself a lot more.

Like a lot of people I thought that by taking GRASP I would get some handbook or checklist on what to say in crisis, but I was really surprised to find out that it is more about connection than problem solving.

I not only learned a lot about myself, but how to help others in a non-judgmental way. I will take away my new found skills and know that I can use them whenever I deem it necessary. This was an amazing learning experience.

I have friends and family members who have attempted suicide and I myself have thought about it and got as far as self-harm (cutting), so this course has been really helpful because now I know how to help someone who is in crisis. I hope I will be able to make a difference.

GRASP helped me feel wanted and accepted. The program is very good and I know that it will be beneficial for other people that I will help with what I learned here, but I can also help myself. I learned and took away so much from this. Thank you so much for this opportunity and I never want to leave GRASP!

I thought that taking GRASP was just a way to get out of doing work but it is much more than that. I have learned how to listen to people which is a skill I will use forever.

You guys are life changing! Awesome job, love the course. It makes me wonder why courses like this aren't offered regularly in schools everywhere.

The veil of obliviousness has been lifted from my eyes!



Vancouver Island
Crisis Society

G=growth R=resiliency A=acknowledgement S=suicide awareness P=prevention & personal planning

Grasp; G R A S P

It's suicide prevention, you see
Teaching me the importance of the simple things
And that everybody dangles their life by a string

Learning brilliance and resilience,
How to listen and accept
Defining a crisis,
And finding the next step

The moment came to me walking a bridge
All I wanted was to hurl myself off its ridge
That was the first day,
That is not today

Four weeks later I walked away with knowledge
And walked and talked myself off the bridge
Knowing I had made it far
Without another frightful scar

The crisis line is always there
When your heart is feeling bare
When you feel strained beyond compare
We will be there

For many years I could have used the training
No time remaining
When going downhill
Trying to stay unnoticed and still

I couldn't keep up my facade any longer
And because of GRASP I can say that I'm stronger
I'm sure many others can also say the same;
We've all won the game

We've learned to listen and protect
And to give ample respect
To show people they are perfect
We've been taught how to connect

So thank you, lovely ladies, for teaching me all I know
When needed, I pray my knowledge will show
Real life to begin soon
Until then I'll whistle an intriguing tune

Learning brilliance and resilience,
How to listen and accept
Defining a crisis,
And finding the next step

- Megan Wilson



GRASP Students – Where Are They Now?



With this, the 10-year anniversary of the Crisis Society's highly regarded program for youth, GRASP, we are in a unique position to stay in touch with many of our alumni. Young people who have gone on to pursue careers in areas like psychology, policing, nursing, teaching, social work, or even to pick up the phones on Vancouver Island Crisis Lines let us know frequently the positive impact GRASP continues to have on their lives. One such person is Rose Hough.

Rose took GRASP for the first time when she was in 8th grade at NDSS. In the time since she has become a mentor and peer helper for new GRASP students, younger students at NDSS, and peers needing support. As a songwriter, singer, and actor, Rose has lent her creative talents to GRASP by performing as a student in

crisis in scenarios so that students can practice their helping skills. Rose was also a featured performer in crisis society trainer Matt Dunae's powerful video about bullying *Words Like Weapons* to be released later this year.

Rose and an entire group of peer mentors from NDSS also routinely participate in our 80-minute suicide prevention presentation *Speak Out, Reach Out, Help Out* and bravely tell their personal stories of getting through hard times and struggles. We know the power that this kind of mentoring has on young people – sending the message: if they can get through this maybe, so can I.

In November 2015, Rose spoke in front of a large audience at our annual suicide bereavement gathering *Soles Remembering Souls* and shared her personal stories and how she has overcome some of the obstacles in her life. And then in 2016, she was invited by our Community Education Team to co-facilitate a workshop for nurses on the subject of anxiety, self-injury, and suicide in youth. Rose is just one example of the many, many remarkable young people we are blessed and honored to get to know, work with, and share our stories with. We wish Rose every happiness in her future and know her bravery and kind heart will continue to make a difference in the lives of others.

For future news and updates about GRASP and our students, please follow the Crisis Society on Facebook where we will be featuring a new GRASP student every month.



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 e-newsletter was published in February 2016. The donations listed are from February 1, 2015 to July 31, 2016. We would especially like to thank those organizations that contributed to keep our Youth Suicide Prevention Programs in our schools, Crisis Chat & Text services online.

Anchors (under \$499)

Best Buy – Nanaimo
 Bruce Ogilvie
 Danisa Clarke
 Elizabeth Newcombe
 Kinsmen Club of Lake Cowichan
 James Volen
 Joanne Hogan
 Linda and Veral Lanes
 Laura Allen
 Malahat Lions Club
 Parksville Newcomers Club
 Peter Hudson
 Provincial Employees Community Services Fund
 Sonya Tait

Life Preservers (\$500-\$999)

Chemainus Crofton Auxiliary #4400
 Fraternal Order of Eagles Ladysmith #2101
 Hub International Limited
 Island Timberlands LP
 Mill Bay Lions Club
 Royal Canadian Legion Chemainus Branch #191

Royal Canadian Legion Ladysmith Branch #171
 Royal Canadian Legion Branch Lantzville #257
 Town of Ladysmith

Lighthouse Keepers (\$1000 - \$2499)

ArtSPRESS Yourself – Noelle, Dave, John, Kelsey
 Cowichan Valley Ride for Suicide Awareness
 Fairway Gorge Paddling Club
 Royal Canadian Legion, Qualicum Beach Branch #76

Northstars (\$2500 - \$4999)

City of Parksville
 United Way Cowichan

Visionaries (\$5000 +)

Intraworks I.T. Management – Phil Stiller
 Island Health
 Island Radio – Jim Patterson Group
 MacIsaac & Co. – John Jordan
 Ministry of Health – CMHA BC Division
 Province of BC – Gaming
 The Q & The Zone, Victoria
 United Way Central & Northern Vancouver Island

Cowichan Bikers Ride For Suicide Awareness!

June 25 started out cloudy and grey, and we weren't sure if we were going to stay dry. We had riders arrive almost 2 hours early of the start time, eager to go! Once 10:00 rolled around, we had a line at the registration table. Dave was chatting with everyone and anyone, thanking them for coming, for showing support.

We started the ride just after 11am. There were 31 bikes registered. You could feel the vibrations of the motors while standing there watching everyone get ready to go. Everyone was excited. The group left with a roar of motors, such an awesome sound.

The sun came out when the riders returned, and we had some burgers and laughs. Some shared stories of their own experiences with mental health. Dave said a few words and brought tears to our eyes. We handed out some amazing raffle prizes. Everyone was a winner.

After all was said and done and everyone had gone to continue their day, we realized what we had accomplished. We didn't know how this would turn out, who would show up, or even if we would be successful. In the end we raised \$1270 for the Vancouver Island Crisis Society. We are so grateful to everyone who helped and supported us and this ride. We can't wait to do it again next year!

Stacy Dean & Dave Vermaning



Crisis Text



250-800-3806

Text this number
7 nights a week 6 to 10 pm
from anywhere on Vancouver Island



Another service provided by

The Vancouver Island Crisis Line
1-888-494-3888



Community Education Highlights – The Amazing People We Meet!

Being a trainer in the Community Education Department at Vancouver Island Crisis Society is such a rewarding profession because of the wide variety of people we meet every year via our workshops and programs. Education programs about the topic of suicide prevention, intervention, and postvention, along with other workshops featuring boundary setting and communication skills, are unique in that the need for them crosses so many different demographics.

Some highlights from this year include a presentation for over 200 members of the Esquimalt Naval Base, presenting *Speak Out, Reach Out, Help*

Out at Camp Thunderbird in Sooke for Indigenous youth from across Canada through Right to Play Canada, and a road trip to Merritt and Lytton to present our two-day Crisis Intervention Skills Training program in each community for Sew'exmx Community Health Services Society. I will always remember the rich sharing of personal stories, laughter, and even some tears. Knowing that the skills learned in our programs benefit individual learners and communities makes us excited to think of where we might be going next!

Lyndsay Wells, Community Education Coordinator



Community workers attending the 2-day Crisis Intervention Skills Training sponsored by Sew'exmx Community Health Services Society, Lytton & Merritt

Whether we're presenting at the Naval Base at Esquimalt, in Vancouver Island schools, at conferences or small communities, the topic of suicide prevention, helping, and embracing life affects us all.



safeTALK

Presents the basic steps for helping a person with thoughts of suicide get connected to the support they need.

Creating Suicide Safer Communities

Thanks to subsidies provided by the BC Ministry of Health in an effort to encourage BC residents to access more suicide awareness training we are now able to offer the following rates:

safeTALK

Individual: \$35/person including materials
Group registration: \$250/group workshop
+ \$10/person for workshop materials
(min 10 participants, max 30 participants)

ASIST

Individual: \$160/person including all materials
Group registration: \$2500/group workshop
+ \$10/person materials
(min 14 participants, max 30 participants)

If you are interested in having us present ASIST at your agency or business place, please contact us at 250-753-2495, toll free at 1-877-753-2495, or you can register individually via our website at www.viccrisis.ca.

Internationally recognized and standardized two-day suicide intervention training designed to help caregivers learn suicide first aid intervention.



LivingWorks



Vancouver Island
Crisis Society

Training Opportunities



Next workshop, employing ASIST Version 11, to be held on **October 6 & 7 8:30 - 4:30 both days** #30, 1708 Bowen Rd, Nanaimo.

Crisis Intervention Skills Training will be held in Nanaimo **October 18 & 19, from 9:00 to 4:00 both days.** For information or registration, please see our website at www.vicrisis.ca



safeTALK #30, 1708 Bowen Rd, Nanaimo.

September 14th 6:00 - 9:00

safeTALK is a half-day alertness training that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper. Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. safeTALK-trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST.

BOOK THE CRISIS SOCIETY
 to come to your organization with one of our
CUSTOMIZED TRAINING PROGRAMS:

Communication In The Workplace

Employees who feel capable and confident about handling difficult situations will experience greater job satisfaction, heightened productivity, and less sick time thus creating a positive impact on the entire team.

Participants will learn:

- ➔ The role of stress in the workplace
- ➔ Building a cohesive team
- ➔ Presentation: The cornerstone of communication is effective listening
- ➔ The impact attitudes, perceptions and judgements have on communication
- ➔ Communicating with distraught people
- ➔ Setting personal and professional boundaries

Other Workshop Titles:

Check out our website for other workshop titles: Trauma Informed Approaches to Suicide Prevention; ManTherapy; Crisis, Compassion & Boundary Setting; Brain Injury & Suicide; Suicide Bereavement; Creating New Conversations; and How to Avoid The 10 Most Common Errors in Suicide Prevention; or, give us a call to arrange a custom workshop created specifically for your groups needs at 250-753-2495, toll free at 1-877-753-2495, or via email at info@vicrisis.ca.

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:

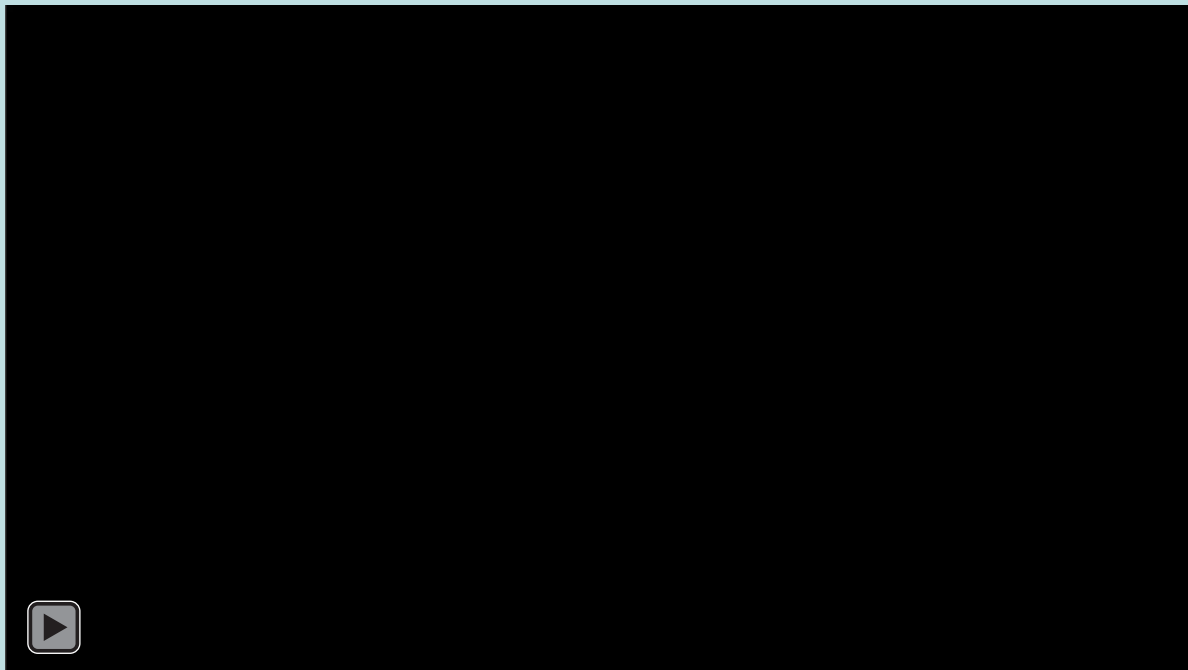
- ➔ The definitions of crisis
- ➔ Trauma informed practice: How to shift focus from "At Risk" to an "At Promise" perspective
- ➔ How to apply a crisis intervention model in crisis situations
- ➔ How to effectively assess crisis situations
- ➔ How to facilitate the development of a short term coping plan 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

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. In addition, anti-spam laws come into effect July 1, 2014, so ensure you have confirmed your consent for us to continue to keep in touch. Enjoy reading this issue of "In Connection," the Vancouver Island Crisis Society's E-newsletter.

VANCOUVER ISLAND CRISIS LINE: 1-888-494-3888

PROVINCIAL: 1800SUICIDE (1-800-785-2433) 310Mental Health Support (310-6789)

Zero Suicide Launched In Canada!



CASP executive director Tana Nash was in attendance at St. Joseph's Health Care annual Breakfast of Champions in London, Ontario, for this important launch. "Amazing energy in the room of 1100 people!" She said Dr. Paul Links, Chair, Chief of Psychiatry, St. Joseph's and LHSC, who participated in the development of the CASP Blueprint for a national suicide prevention strategy is leading the way! St. Joe's is the first hospital in Canada to commit to this aspirational goal. Ms. Nash adds, "Zero Suicide asks the health care system to think

differently about suicide care. As one of the leading causes of death in Canada, the time is now. It is time to make a bold commitment to a reduction in suicides and improve the care for those who seek help. Thank you St. Joseph's for being bold and taking the lead in Canada."

For more information about the Zero Suicide initiative:

Renee Sweeney
Communication Consultant
St. Joseph's Health Care London
tel: 519 646-6100 ext. 47788
renee.sweeney@sjhc.london.on.ca

What Is **Zero** Suicide?

Its core propositions are that suicide deaths for people under care are preventable, and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept. The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems. It represents a commitment to patient safety—the most fundamental responsibility of health care—and also to the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients.

The challenge of Zero Suicide is not one to be borne solely by those providing clinical care. Zero Suicide relies on a system-wide approach to improve outcomes and close gaps rather than on the heroic efforts of individual practitioners. This initiative in health care systems also requires the engagement of the broader community, especially suicide attempt survivors, family members, policymakers, and researchers. Thus, Zero Suicide is a call to relentlessly pursue a reduction in suicide for those who come to us for care.

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The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through multiple cracks in a fragmented and sometimes distracted health care system, and on the premise that a systematic approach to quality improvement is necessary. The approach builds on the development of a Perfect Depression Care model, a comprehensive approach that includes suicide prevention as an explicit goal. The approach incorporates both best and promising practices in quality improvement and evidence-based care and has demonstrated stunning results—an 80 percent reduction in the suicide rate among health plan members.

Using these successful approaches as the basis for its recommendations, the Clinical Care and Intervention Task Force of the National Action Alliance for Suicide Prevention identified essential elements of suicide prevention for health care systems. These elements include:

1 LEAD - Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Include suicide attempt and loss survivors in leadership and planning roles.

2 TRAIN - Develop a competent, confident, and caring workforce.

3 IDENTIFY - Systematically identify and assess suicide risk among people receiving care.

4 ENGAGE - Ensure every person has a suicide care management plan, or pathway to care, that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means.

5 TREAT - Use effective, evidence-based treatments that directly target suicidality.

6 TRANSITION - Provide continuous contact and support, especially after acute care.

7 IMPROVE - Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

If we do not set big goals, we will never achieve them.

In the words of Thomas Priselac, president and CEO of Cedars-Sinai Medical Center:

“It is critically important to design for zero even when it may not be theoretically possible. When you design for zero, you surface different ideas and approaches that if you’re only designing for 90 percent may not materialize. It’s about purposefully aiming for a higher level of performance.”

Better performance and accountability for suicide prevention and care should be core expectations of health care programs and systems. While we do not yet have proof that suicide can be eliminated in health systems, we do have strong evidence that system-wide approaches are more effective.

QUICK GUIDE TO GETTING STARTED WITH ZERO SUICIDE

1	Read the online Zero Suicide Toolkit .
2	Challenge your organization to adopt a comprehensive approach to suicide care, using the readings and tools in the Lead section of the toolkit.
3	Convene your Zero Suicide implementation team.
4	Discuss and complete the Zero Suicide Organizational Self-Study .
5	Create a workplan and set priorities, using the Zero Suicide Workplan Template .
6	Formulate a plan to collect data to support evaluation and quality improvement using the Zero Suicide Data Elements Worksheet .
7	Announce to staff the adoption of an enhanced suicide care approach.
8	Administer the Zero Suicide Workforce Survey to all clinical and non-clinical staff to learn more about staff's perceptions of their comfort and competence caring for those at risk for suicide.
9	Review and develop processes and policies for screening, assessment, risk formulation, treatment, and care transitions. Examine the use of electronic and/or paper health records to support these processes.
10	Evaluate progress and measure results. Revisit the Zero Suicide Organizational Self-Study to check your organization's fidelity to the core components of Zero Suicide. Collect data on the measures you selected in Step 6.

Soles Remembering Souls

If you choose, bring a new pair of shoes or socks
to remember a loved one lost to suicide.

These items will be donated locally to those in need.

**Saturday,
September 10, 2016
4pm - 6pm**

**Maffeo Sutton Park,
Waterfront Gazebo,
Nanaimo**

**For information:
250-753-2495
mattd@viccrisis.ca**

A Walk of Remembrance

**Performances by:
Patrick Aleck
Raymond Selgado
Kasumi Robinson &
Sirreal**

Sponsored by:



Community Partner:



**Vancouver Island
Crisis Society**



The Power of Our Voices Recognizes Local Agencies

The Vancouver Island Crisis Society received a certificate of appreciation in recognition of our contribution to victims and survivors of crime in Canada during *Victims and Survivors of Crime Week*. This award presentation was organized by Kendra Thomas the Program Coordinator of Warmland Women's Support Services Society. Alistair MacGregor the MP for Cowichan-Malahat-Langford was in attendance to present the certificates of appreciation. ***The Power Of Our Voices*** event held on June 4th, 2016 in Charles Hoey Park in Duncan was a wonderful opportunity to connect with other service providers.

There were several organizations which received certificates of appreciation that shared words of encouragement and thanks for the number of resources available to support people who lives have been affected by crime. One elder in the crowd spoke about the need to get to know one another as persons and not merely knowing about our agencies and the services we provide. The true essence of connection and engagement is relating to each other on a personal level. That sentiment touched the



A safe, anonymous voice sometimes in the middle of the night when no one else is available you support people during crisis and hopelessness that sometimes overwhelms people to a point of suicide, you listen with compassion and draw attention to the person's inherent strengths, sometimes you are tasked with the responsibility of making judgment calls of when to act on behalf of a person in extreme distress, your work saves lives. And for that, how do we thank you?"

Alistair MacGregor with Elizabeth Newcombe



Speaking on behalf of Donna Moon, Aboriginal Community Legal Worker - Legal Services Society. To see all the presentations and acceptance speeches check out the facebook page by clicking [here](#).

crowd and speaks to what the Vancouver Island Crisis Society is all about: connection. It is important to know that we are not alone in whatever we are dealing with in our lives.

The Vancouver Island Crisis Society appreciated the opportunity to connect with other service providers doing great work in the Cowichan Valley. We thank Alistair MacGregor for being available to present the certificates with only one day home between his responsibilities in Ottawa.



MAY 29 TO JUNE 4, 2016

victimsweek.gc.ca

#victimsweek



10

THINGS MEN CAN DO TO PREVENT GENDER VIOLENCE

➊ Approach gender violence as a MEN'S issues involving men of all ages and socioeconomic, racial and ethnic backgrounds. View men not only as perpetrator or possible offenders, but as empowered bystanders who can confront abusive peers.

➋ If a brother, friend, classmate, or teammate is abusing his female partner - or is disrespectful or abusive to girls and women in general - don't look the other way. If you feel comfortable doing so, try to talk to him about it. Urge him to seek help. Or if you don't know what to do, consult a friend, a parent, a professor, or a counselor.
DON'T REMAIN SILENT.

➌ Have the courage to look inward. Question your own attitudes. Don't be defensive when something you do or say ends up hurting someone else. Try hard to understand how your own attitudes and actions might inadvertently perpetuate sexism and violence, and work toward changing them.

➍ If you suspect that a woman close to you is being abused or has been sexually assaulted, gently ask if you can help.

➎ If you are emotionally, psychologically, physically, or sexually abusive to women, or have been in the past, seek professional help NOW.

➏ Be an ally to women who are working to end all forms of gender violence. Support the work of campus-based women's centres. Attend "Take

Back the Night" rallies and other public events. Raise money for community-based rape crisis centres and battered women's shelters. If you belong to a team or fraternity, or another student group, organize a fundraiser.

➐ Recognize and speak out against homophobia and gay-bashing. Discrimination and violence against lesbians and gays are wrong in and of themselves. This abuse also has direct links to sexism (e.g. the sexual orientation of men who speak out against sexism is often questioned, a conscious or unconscious strategy intended to silence them. This is a key reason few men do speak out).

➑ Attend programs, take courses, watch films, and read articles and books about multi-cultural masculinities, gender inequality, and the root causes of gender violence. Educate yourself and others about how larger social forces affect the conflicts between individual men and women.

➒ Don't fund sexism. Refuse to purchase any magazine, rent any video, subscribe to any Website, or buy any music that portrays girls or women in a sexually degrading or abusive manner. Protest sexism in the media.

➓ Mentor and teach young boys about how to be men in ways that don't involve degrading or abusing girls and women. Volunteer to work with gender violence prevention programs, including anti-sexist men's programs. Lead by example.



Did You Know:

97% of Canadians Use Mobile Phones At Home Canada Leads the World in Internet Usage

The Vancouver Island Crisis Line is an emergency service and statistics show that reaching out to talk to someone in a time of crisis can prevent thoughts of suicide from becoming actions. This service saves lives daily and it should be a priority that it is available to all, no matter the age or the vicinity. We are grateful for the long standing partnership with Island Health and for their support. In the past year many of our community partners reported that their clients only have the ability to communicate via text due to financial strain or isolation.

Last Year the Crisis Line Received Over 30,000 Calls 15% Involved an Element of Suicide – 45% Were Mental Health Related

The world is changing and it is incumbent on us to keep up with these changes. It can be difficult to incorporate new technology but if we don't the people we support will soon be left behind. When providing services for people we are cognizant of the needs of the people we serve. Many groups from some of our smaller islands or on the north end of the Island are isolated and may not be using land lines. Now they too have an avenue to connect to support services. As well, some people suffer from social anxiety and can only reach out through social media to connect for emotional support.

Crisis Text & Chat – A Huge Hit for All Ages 35% under 18 - 56% between ages 19 – 40 - 9% Over age 40

Crisis Chat is just coming up on the 3rd anniversary for the Vancouver Island Crisis Society and in the past year has seen a 27% increase while Crisis Text, which is a mere 1½ years old, has seen a climb in the last year of 53%. Surprisingly enough those connecting for support are of all ages.

Since offering Chat & Text ages 18 & under accessing support has more than doubled!

Crisis Chat and Crisis Text are currently limited from 6 to 10 nightly despite numerous requests for expanded hours by users. Unfortunately, these services are at risk as sustainable funding is needed. These two services are currently funded completely by private donation. In order to continue operating Crisis Chat and Crisis Text we need \$40,000 this year.

EVERY DOLLAR HAS THE OPPORTUNITY TO SAVE A LIFE!

Knowing that you care deeply about the people in your community, we hope that you will consider adding the Vancouver Island Crisis Society to your list of donation recipients this year. We are delighted to have a representative meet with you to speak about our programs and answer your questions, at your convenience (please call 250-753-2495). We have offered crisis line services for the past 45 years and are committed to sharing these important messages. Together, we can lessen the impact of suicide and increase access to support for all ages.

Thank you for your generous consideration. As well, we share our heartfelt thanks once again to those organizations and individuals who have previously supported the Crisis Society. We hope you will continue to do so to help make our community Suicide Safer.

Elizabeth Newcombe
Executive Director



5 Ways You Can Help:

- Last year 50% of our crisis line coverage was by volunteers. This year it is only 25%. Can you give the gift of time and volunteer?
- Can you designate some of your yearly donated funds to help support Crisis Chat and Text?
- Do you belong to a group that organizes a fundraiser? Would they consider giving those funds raised to the Crisis Society?
- Do you work for a company that could benefit from having their front line workers receive training in communications, crisis or suicide awareness. Book a workshop now.
- Do you belong to a group that would like to have a speaker come in to present information about how the crisis line supports their community?

Whichever suits your situation best, we hope to hear from you !



Vancouver Island Crisis Society

2016-17 Fundraising Goals

\$40000

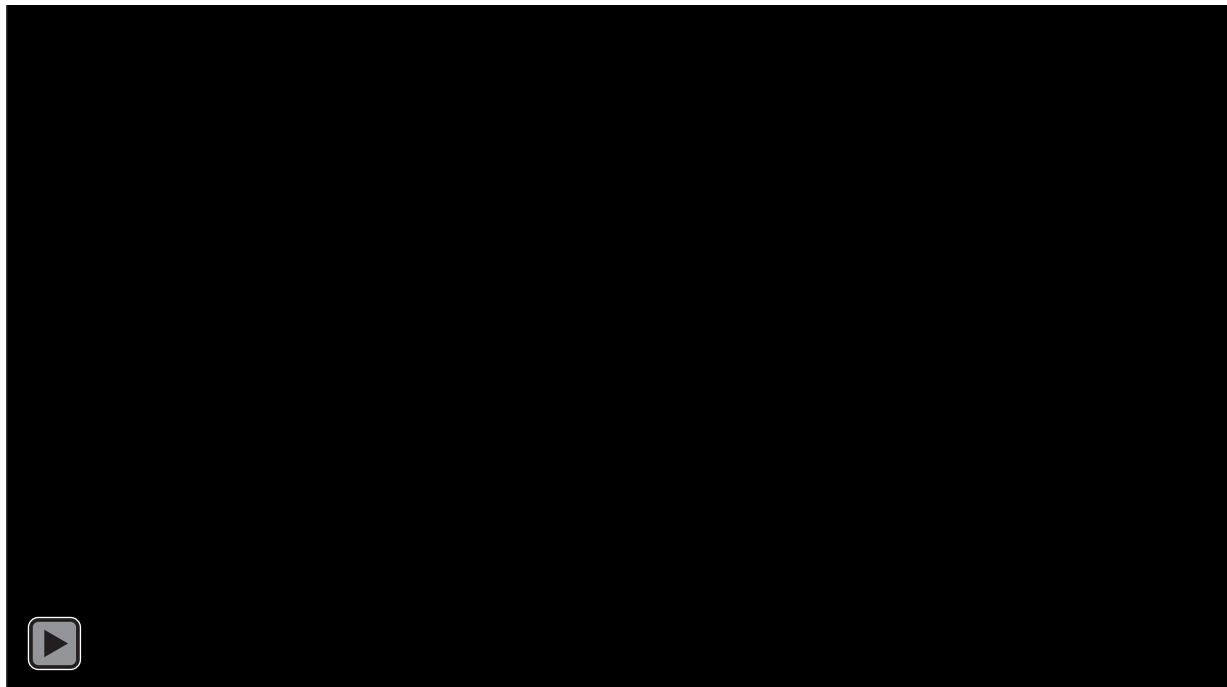
**CURRENT
TOTAL**

\$14404



As of July 31, 2016

Shaw) Media



nothing
ever
changes

Can someone
help me find
resources?

VI CRISIS LINE
1-888-494-3888
24 Hrs 7 days/week

what's
the
point

where
can
I turn?

CRISIS TEXT 250-800-3806
CRISIS CHAT www.vicrisis.ca
6pm to 10pm every night

I can't
go on
like this

A Gathering Place For All Cultures



New hospitals in the Comox Valley and Campbell River will have all-inclusive places for quiet reflection and ceremony when the hospitals open in late 2017. Island Health recognizes the importance of ensuring that everyone - including First Nations – and other Aboriginal people - feel welcome and respected when they receive health care services. The North Island Hospitals Project created an Aboriginal Working Group in 2012 to help design hospitals that reflect Vancouver Island First Nations and Métis cultures, community history and values, and incorporate the work of local artists.

Both new hospitals will feature a special room or “Gathering Place” located next to the hospitals’ main entrances, providing a culturally safe, spiritual and non-denominational place for people of all nations. Aboriginal Working Group member James Quatell wants people to know that while the Gathering Place designs recognize the mid and North Island’s rich Aboriginal cultures, the rooms are for use by people of all cultures.

The Wei Wai Kum Nation Elder fears the public and hospital staff will assume the rooms are only for use by Aboriginal people. It’s not called the First Nations Room, he says, but the Gathering Place.

“Who’s that for? Everybody,” he says. “That’s what’s got to get out there. It’s for everybody, Vietnamese, Hindu, whatever. It’s not the Aboriginal Healing Room, but a room to gather. It’s just a gathering room.” Thanks to input from Aboriginal Working Group members, the Gathering Place designs include a larger exterior view to maximize natural lighting, as well as direct access to an outdoor garden area with traditional medicinal plants. The rooms have flexible spaces and systems to accommodate a wide variety of ceremonies for any cultures. For example, the Gathering Places have additional sound proofing and an independent ventilation system to accommodate music, drumming and smudging ceremonies. The rooms will have separate entrances for patients and public. They’ll feature lots of cedar, fireplaces, and color schemes consistent with those of North Island First Nations. In another improvement on earlier designs and existing All Nations rooms in other facilities, North Island Hospitals Project Gathering Places will have additional space for the secure storage of ceremonial items. Indeed, guidelines for use of the new Gathering Places have not yet been determined, but Island Health will continue to work with the Aboriginal Working Group, clinicians and others to develop guidelines consistent with the all-inclusive spirit of these special spaces.

www.nihp.viha.ca





HELISET HÁLE Relay

(Awaken Life Within)

HELISET HALE's 1st annual relay takes place over **Vancouver Island** every September to **raise awareness of suicide prevention**. It is also an opportunity for friends and family to remember those that have been lost to suicide and **bring healing to the loss**.

HELISET HALE was first held in 2013 as a means of raising awareness of suicide prevention and mental health initiatives in the Vancouver Island region.

Join the HELISET HALE Relay team on their 2016 journey across the island **September 17th-25th, 2016**. The team will be visiting First Nation communities and schools to share their personal story and messages. The relay will be a way to connect with others and to inspire positive change.

The HELISET HALE relay funds have two main objectives.

1. ***The run itself*** will cost approximately 15,000 in expenses and all donations will go towards covering the costs of this Relay Run.
2. Anything beyond the costs of the run will go towards the ***HELISET HALE Legacy Scholarship***. The school district of 63 has set up a scholarship for students in the process of going to high school between grades 9 through 12. This is in memory of Isaac Paul (Founder Kelly Paul's brother 1991-2008) The recipient will apply and meet certain criteria distributed from SD63.

****All financial and material donations are subject to a charitable donation receipt from Canada Helps.***



AWAKEN YOUR SPIRIT HONOR YOUR GIFTS VALUE YOUR LIFE LIVE YOUR DREAM

For more information or to make a donation contact

awakenlifewithin@gmail.com or www.helisethale.com

HELISET HÁLE

Relay

(Awaken life within you)



**S U I C I D E P R E V E N T I O N
& A W A R E N E S S**

A Relay run across Vancouver Island

Sept 17th-25th , 2016

Concussions Can Lead to Suicide

Exerpts from an article featured on Suicide.org written by Kevin Caruso

Concussions are a very common problem with athletes, particularly with football players. And many athletes who sustain concussions have complained of various problems afterwards, including depression and anxiety.

And a study in the *Journal of Sport and Exercise Psychology* indicates that concussions can indeed cause a myriad of problems and conditions, including:

- ★ Biochemical disturbance in the brain
- ★ Depression
- ★ Anxiety
- ★ Confusion
- ★ Inability to think clearly
- ★ Memory problems
- ★ Anger
- ★ Frustration
- ★ Fatigue
- ★ Dizziness
- ★ Nausea
- ★ Headaches
- ★ Vision problems
- ★ Sensitivity to light
- ★ Sensitivity to noise

Another very important study on concussions was presented at the 2003 meeting of the American Association of Neurological Surgeons. This study focused on retired pro football players and was titled, "Recurrent Sport-Related Concussion Linked to Clinical Depression."

"The purpose of the study was twofold," said Dr. Julian Bailes, a co-author of the study. "First, we wanted to find out if there was a significant relationship between concussion history and depression, and second, whether recurrent concussions predisposed players to Alzheimer's disease."

The data for the study was from questionnaires that were completed by about 1,800 retired NFL football players in 2001. The average age of the responding player was 58. The questionnaires were designed and analyzed by The Center for the Study of Retired Athletes.

The data indicated the following:

- 61 percent of the players sustained one concussion during their NFL career
- 24 percent sustained three or more concussions
- 12 percent sustained five or more concussions
- The average number of concussions was 2.1
- 71 percent returned to play on the same day that they sustained a concussion

The researchers found that no significant association existed between concussions and Alzheimer's disease.

Eleven percent of the respondents had been diagnosed with clinical depression, and 87 percent of those players still suffered from clinical depression. Of the 87 percent, 46 percent were being treated with antidepressants. Additionally, 64 percent of those with depression indicated that their depression limited their daily activities.

Although the study was based on retired NFL players, researchers said that the findings apply to participants of organized football for all age groups in the U.S., and thus many young players are affected because, according to Centers for Disease Control, about 240,000 young players suffer concussions each year in the U.S.

And multiple concussions are cumulative, leaving the individual who sustained the concussions at a greater risk for serious, permanent brain injury and clinical depression.

And even if the player recovers fully from a concussion before returning to the play, the likelihood of sustaining a subsequent concussion is increased.

Also, because the brain is not fully developed until people are in their early 20s, the risk for serious brain injury is greater for those players who are younger than 25. The risk is particularly great for high school football players because the players are big enough and strong enough to hit each other with tremendous force, but their brains are most definitely not fully mature.

Because concussions can cause clinical depression, concussions can also lead to suicide.

And since the effects of concussions can last for years or decades after they are sustained, depression and suicidal thoughts can surface at any juncture in the future.

Clearly, anyone who has sustained a concussion needs to be immediately evaluated and treated by a doctor, and closely monitored thereafter and to be encouraged to speak up immediately when he or she experiences a problem.

Additionally, it is very important for anyone who has experienced a concussion to be immediately informed about all potential problems associated with concussions - which include possible depression and suicidal thoughts - It should be noted that not all concussions cause chemical imbalances in the brain, depression, suicidal thoughts, or other problems, but many do, and thus all concussions need to be taken very seriously.

[To read the complete article click here.](#)

Community Alert BC Bus Pass Program Update

The Ministry of Social Development and Social Innovation has announced that it is **eliminating the \$45 annual administrative fee** for people on PWD benefits who receive a bus pass through the Bus Pass Program. People on PWD who use the bus pass will no longer have to reapply for it on an annual basis.

The Ministry is sending a letter to PWD bus pass holders this week. The letter states that there will be a \$25 increase in the PWD support rate beginning September 1, 2016 (payment date August 24) and bus pass holders will have the option of keeping their bus pass or having a \$52 “transportation allowance” added to their cheque each month. People on PWD who do not have a bus pass will have the \$52 transportation allowance added to their September cheque automatically.

If you have a bus pass already and want to keep your bus pass you do not have to do anything. If you

have a bus pass and want to cancel it to get the additional \$52 cash amount added to your cheque beginning September 1 you need to **contact the Ministry by August 5** to let them know. If you choose the \$52 cash amount you can still use your bus pass until the end of August.

After that you still have the option to switch back and forth between the bus pass and \$52 cash amount on a monthly basis. To do this you need to contact the Ministry by the 5th of the previous month to let them know (e.g. contact the Ministry by October 5th to start or stop your bus pass for November).

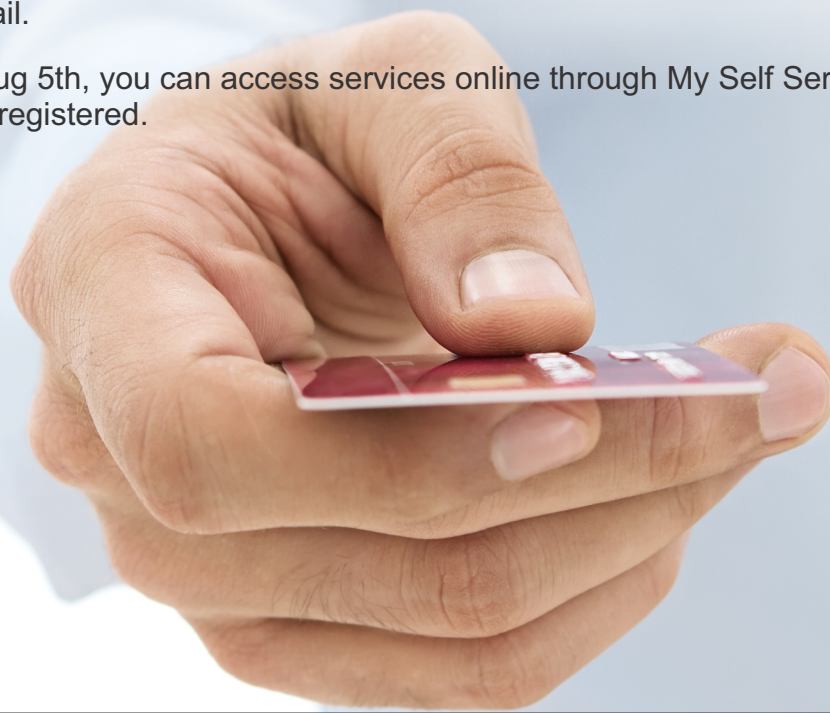
People on PWD who receive a Comforts Allowance, Room and Board, or a PWD top-up payment will also benefit from the \$25 increase and have the choice between a bus pass or a \$52 per month transportation allowance starting September 1, 2016.

Three ways to contact the Ministry about your Bus Pass

By Phone: Monday to Friday, 9 am – 4 pm, call 1-866-866-0800.

By Email: You can email the BC Bus Pass Program at SDSIBUSPA@gov.bc.ca. Allow up to five business days to receive a response by email.

Online via My Self Serve: After Aug 5th, you can access services online through My Self Serve at www.myselfserve.gov.bc.ca, once registered.



CRISIS LINE VOLUNTEERING

Volunteer numbers have dropped 25%

Can You Help?



**VANCOUVER ISLAND
CRISIS LINE**



APPLY NOW IN NANAIMO

www.vicrisis.ca

or call

250-753-2495