

IN CONNECTION



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July 2017

Talking Two-Spirit, Join The Conversation



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Contacts

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 Phone: (250) 753-2495
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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 and
 Northern Vancouver Island



Vancouver Island Crisis Line Statistics

April 1, 2016 to March 31, 2017

	Crisis Line	%	Crisis Chat	Crisis Text
Total Calls	32,966		1,064	363
Victoria & area	13,978	41.5	198	143
Nanaimo/Ladysmith	6,454	20	258	194
Unknown	2,659	8	2	1
Cowichan Valley & area	2,417	8	279	31
Comox Valley & area	1,473	4.5	78	15
Campbell River & area	807	3	124	36
BC Off Island	1,474	4	71	15
Parksville/Qualicum	2,722	8	12	7
Pt Alberni/West Coast	585	2	16	2
Mt. Waddington & area	205	.5	12	19
Rest of Canada/USA	192	.5	0	0

Reasons Why People Call the Crisis Line

Mental Health	47%
Suicide	14%
Information & Resources	12%
Individual/Family Life	10%
Addiction	5%
Physical Health Issues	4%
Basic Needs & Homelessness	4%
Abuse & Family Violence	3%
Other	1%

Mental Health & Substance Use

Crisis Response Interventions - by team

	#Calls/Chat/Text
Campbell River Crisis Nurse	8
Courtenay Crisis Intervention Nurse	147
Duncan Crisis Response Team	127
Nanaimo Crisis Response Team	1,259
Parksville Mental Health	31
Port Alberni Community Response Team	58
Mt. Waddington Mental Health Daytime	1
Victoria Integrated Mobile Crisis	1,490
Response Team	

Note: Lower access communities - clients access MH directly

Calls by Line

1800SUICIDE
 1-800-784-2433 (provincial)
 1,576 calls - 5%

310Mental Health Support
 310-6789 (provincial)
 3,677 calls - 11%

VI Crisis Line
 1-888-494-3888
 27,713 calls - 84%

Crisis Chat/Text
 1,427 visitors

Crisis Call/Chat/Text Interventions

911	197
Police non-emergency	26
MCFD	57
Other	95
MH Crisis Response	3,121
Total	3,590

Represents 10% of Total
 Calls/Chats/Texts

Happy 150th Canada!



Relying on the Hearts of Canadians with Our Random Acts of Kindness Challenge

We challenge you to perform
a random act of kindness in
your community and then
email us your name at
info@vicrisis.ca

And

We will be sharing
stories of people experiencing
random acts of kindness
and how it has
affected their lives.

Our goal is to compile a list of
150 names to celebrate
Canada's 150th birthday!

If you want your story shared,
email it to us at
info@vicrisis.ca.

Let's spread that Canadian kindness! Remember: A simple smile can change a life!

13 Reasons Why?



The Netflix show is the site's most popular show on social media (research firm Fizziology reported that it generated 3,585,110 tweets during its first week), and many are calling it a force for mental health and suicide awareness.

The show is based on the 2011 best-selling Jay Asher book by the same name. In it, teen Hannah Baker leaves behind 13 cassette tapes explaining in explicit detail why she chose to kill herself. Each tape is dedicated to one of Hannah's peers, calling them out for the things they have done to her and ways they've caused her harm.

13 Reasons Why covers a wide variety of serious topics, including bullying, rape and suicide.

The character Hannah lived in his original ending for the book—she was supposed to have overdosed on pills but then was saved at the hospital when her stomach was pumped. But he believed that the death was necessary to raise awareness of the consequences of suicide. An article by Korin Miller of SELF Magazine stated that Asher spoke to them and said “Once I realized

that the message of the story would be stronger and that it would definitely be more of a cautionary tale, I felt that was definitely the way to go.” In talking about the show's finale, Asher also said that they purposefully made the suicide scene in the show graphic—for the purpose of driving home the point that her choice to end her life was a bad one. “We worked very hard not to be gratuitous, but we did want it to be painful to watch because we wanted it to be very clear that there is nothing, in any way, worthwhile about suicide,” he said.

The response to the show has been varied and many school districts chose to send out letters to parents warning them about the graphic nature of the show. The issue with Netflix is that anyone can watch any show regardless of age or rating. With that in mind the school districts were encouraging parents to watch with their kids, if they chose to allow them to view the series. That way there could at least be a conversation and a chance to answer questions about the topics presented.

(Please read the following responses from IASP & Living Works)



International Association for Suicide Prevention (IASP)

Address: International Association for Suicide Prevention (IASP)
 5221 Wisconsin Avenue NW, Washington DC 20015-2032, USA

email: office@iasp.info
www.iasp.info

BRIEFING IN CONNECTION WITH '13 REASONS WHY'

In response to the recent Netflix series '*13 Reasons Why*', the International Association for Suicide Prevention (IASP) has prepared a briefing expressing concern about the risks and negative impact on young people, in particular for those who are vulnerable and currently thinking about suicide.

The Netflix series '*13 Reasons Why*' was released in the US in March 2017 and is based on the novel by Jay Asher (2007). It shows the fictional story of a teenage girl who leaves behind 13 audio recordings on tapes after taking her life. She addresses each recording to a person who she says played a role in her tragic decision to end her own life, representing a 'revenge suicide'. The clip in which she ends her life is portrayed in great detail.

Internationally, there is consistent evidence of the negative impact of detailed and graphic portrayals of suicide in terms of an increased risk of copycat suicides, especially among young vulnerable people. Research has consistently shown that following the detailed portrayal of suicide in the media or in a film/TV series, the risk of suicide involving the same method increased from 81% to 175% in the weeks and months after the release (Ladwig et al, 2012; Sisask & Varnik, 2012; Hawton et al, 1999; Schmidtke & Häfner, 1988).

Across the series of '*13 Reasons Why*' there is violation of media guidelines for suicide reporting, including:

- The graphic nature of reporting and the reporting of specific details of the methods involved can trigger copycat cases; the effects of exposure on suicidal behaviour and violence are well-documented.
- There is no consideration of young vulnerable people who may over-identify with the teenage girl in '*13 Reasons Why*' who ends her life.
- There are elements of glorifying and romanticising suicide, which may further impact on people who are considering suicide or self-harm.
- The protagonist is memorialized throughout the episodes and her locker at school is decorated and students take selfies in front of it. This is an example of memorialization that could be misinterpreted by young people as something they too will get if they die by suicide. Media should steer away from melodramatic depictions of suicide or its aftermath.
- The death by suicide of the protagonist is presented

as a quasi-rational response to the behaviour of others, as a 'black and white' situation, oversimplifying the processes underlying self-harm and suicide. Here, the harmful aspect lies in the fact that young vulnerable people may perceive suicide as an escape and a way out of a situation of bullying or disagreements with a teacher. Other, more positive solutions or interventions are not considered.

It would be important for media professionals to include information on helplines and support services for adolescents and concerned parents when reporting about the series, and to adhere to media guidelines prepared by IASP and the World Health Organization, in particular '*avoiding the explicit reporting of excessive detail of the means of suicide*' (WHO, 2008).

A further issue of concern is that '*13 Reasons Why*' does not take into account existing evidence of positive mental health promotion and effective strategies to improve mental health difficulties and prevent suicide when topics such as depression, anxiety, and bullying are covered.

Parents, guardians, teachers and others should be aware of the need to talk with adolescents and children who are using Netflix or watching the series, and to discuss their emotions and thoughts.

Since the release of '*13 Reasons Why*', mental health professionals and national suicide prevention agencies across a range of countries including the US, Australia, the United Kingdom, Ireland, Germany, France, Austria and Belgium, have expressed their concerns about the series. There is a collective need for wider implementation of the media guidelines and for more intensive reinforcement by media monitoring agencies.

An overview of relevant helplines and support services in different countries, can be accessed via: https://www.iasp.info/resources/Crisis_Centres/
 For current guidelines on best practice consult: <http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide>
<http://www.samaritans.org/your-community/samaritans-ireland-scotland-and-wales/samaritans-ireland/media-guidelines-ireland>
<https://www.reportingonsuicide.org>

13 Reasons Why - What's Next?

By now, virtually every parent and educator has heard about *13 Reasons Why*, the popular Netflix drama that tells the story of high school student Hannah Baker and her decision to take her own life. The series has fuelled controversy, generated discussion, and prompted many questions: is the subject matter—including relationship troubles, cyber bullying, sexual assault, reputation slurs, depression, tone-deaf adults, self-doubt, and aloneness—too disturbing to talk about with youth? Do these things cause or contribute to suicide, or are they unrelated? Did the producers go too far in their portrayal of Hannah ending her life, and did they overlook the risk of suicide contagion as a result of the series? Is the positive and hopeful focus by the cast, producers, and mental health professionals in *Beyond the Reasons*, *13 Reasons'* companion documentary, overshadowed by the series' dark themes and the surrounding controversy?

Whatever our answers may be, *13 Reasons Why* is here to stay. It's the most widely discussed Netflix series based on social media impressions, and a second season is in the works. Though the story is fictional, for many people, the issues it explores are very real. Young people are talking about and reacting to it, schools are deciding what measures to take, and some crisis lines are even reporting increased call volumes. We have an opportunity here not just to weigh in, but to make a difference. It is vitally important that we channel the attention and discussion around *13 Reasons Why* into positive dialogue and meaningful action.

We need dialogue and action to engage with youth about their lived experience and their own reasons why they might be thinking about suicide. We need to create spaces and environments where youths, parents, and educators feel comfortable talking about these experiences directly, not going around them. And when these dialogues lead us to a young person who is actively considering suicide, we need to be prepared with comfort and ability. We need to be open to youths' turmoil and uncertainty between dying and living, going beyond their reasons to die and helping them explore their reasons to live.

These are difficult conversations to have, but they are not impossible—in fact, virtually anyone can learn a set of skills to talk about suicide and carry out a helpful intervention if necessary. Evidence shows that skills training is one of the most effective ways to prevent suicide, yet a 2017 study confirmed earlier findings that many school staff are under-prepared to talk about this issue.

At LivingWorks, we've been providing training for over 30 years, and we've witnessed the difference it makes. We've heard the stories and seen the published evidence that skills training breaks down stigma, makes suicide easier to talk about, helps prepare people to


intervene, and best of all, helps make differences between dying and living. Our safeTALK program lasts three hours, and has been shown to make a positive impact for youth as well as adult participants. Our two-day ASIST workshop is a recognized effective practice ideal for preparing people to be life-supporting helpers. Both programs are excellent ways of preparing to help save a life from suicide.

Our colleagues in the suicide prevention field have developed a number of thoughtful *13 Reasons Why* discussion resources to get the conversation started. We recommend the [talking points](#) developed by Suicide Awareness Voices for Education and the Jed Foundation, Teen Line's [help for parents and educators](#), and the [13 Reasons Why Webinar](#) by the American Foundation for Suicide Prevention, American School Counselor Association, and National Association of School Psychologists. Oxford High School in Oakland even launched a project called [13 Reasons Why Not](#), in which students publicly explore their reasons for choosing life in times of distress. Finally, *Beyond the Reasons* is available on Netflix and features commentary from the actors, producers, and mental health professionals as they discuss their hopes and intentions for the series.

Once the dialogue is underway, training is next logical step. It helps us—as parents, community leaders, caregivers, and educators—proactively take steps to keep our youth, schools, and communities safer from suicide in the long term. LivingWorks has thousands of trainers across North America ready to provide evidence-based training that will prepare you to talk through youths' "reasons why" and reach their "reasons beyond." Our trainer network is ready to step up. Others in suicide prevention are too.

We invite you to tell us the reasons you're reaching out to build suicide safety in your school or community, and how we can help. Please contact us at reasons@livingworks.net.

Richard Ramsay, President Emeritus, LivingWorks Education

 **LivingWorks**

Netflix drama that tells the story of high school student Hannah Baker





safeTALK

Creating Suicide Safer Communities

The BC Ministry of Health has dedicated money for subsidies to encourage the public to increase their knowledge around Suicide Prevention by taking awareness courses. The Vancouver Island Crisis Society is please to offer 2 courses at this subsidized price:
ASIST: Individual @ \$160.00 per person; Group of min. 14 - max. 30 @ \$2500.00
safeTALK: Individual @ \$35.00 per person; Group of min. 10 - max. 30 @ \$250.00

Our next safeTALK session will be:

Wednesday, September 27th, 2017; 1:00pm to 4:00pm

#30 - 1708 Bowen Road, Nanaimo

Seating is limited to 30 per session, so register early at www.vicrisis.ca Certificate received upon completion of workshop. If you would like to have a workshop presented at your place of business call us at 250-753-2495 to book.



ASIST

Partnering with



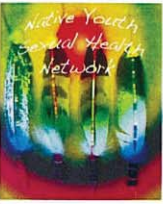
Canadian Mental
Health Association
British Columbia
Mental health for all



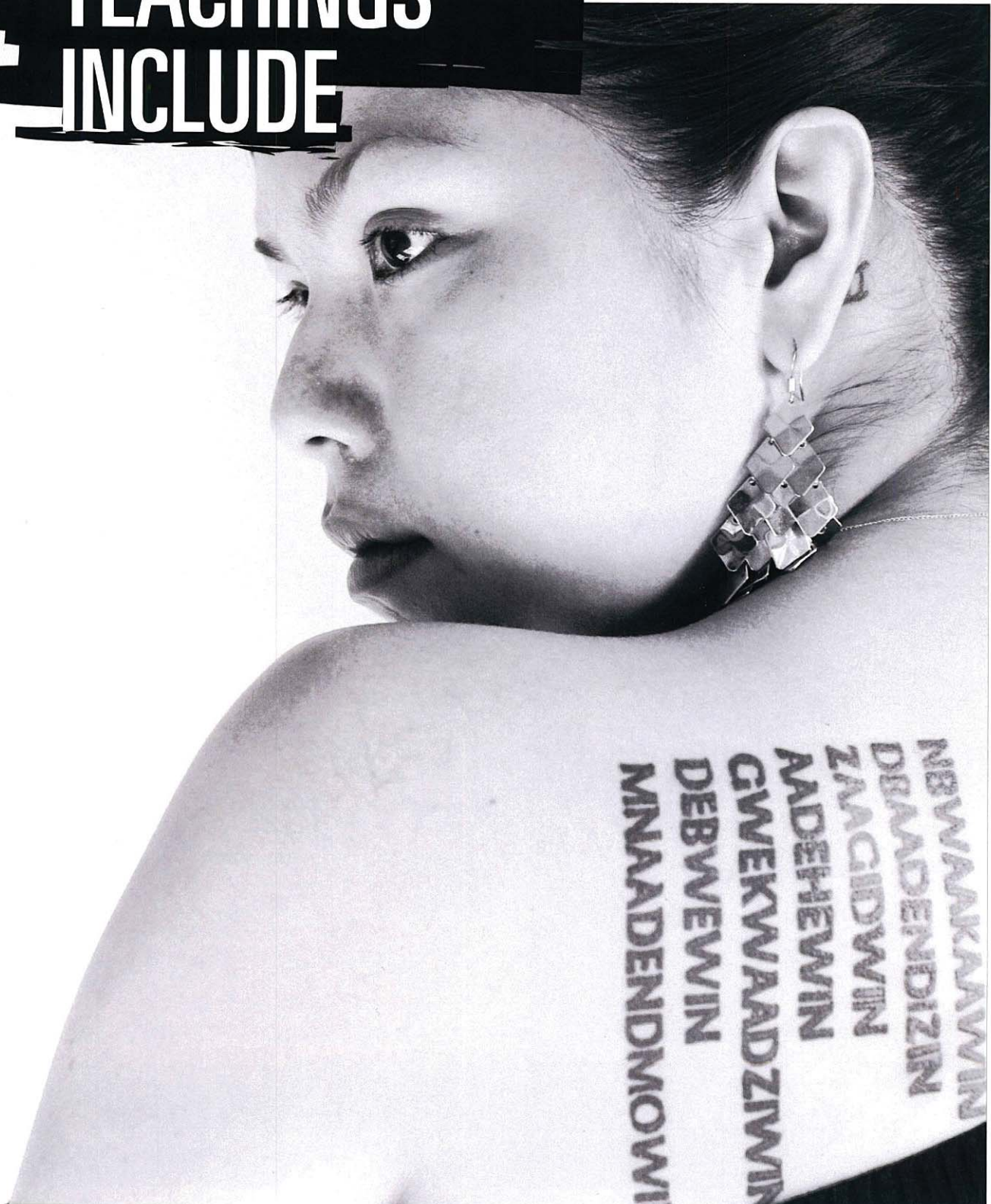
Vancouver Island
Crisis Society



LivingWorks



MY TWO SPIRIT TEACHINGS INCLUDE



MDSC presents to Standing Committee on Veterans Affairs on preventing veterans' suicides

**Mood Disorders Society of Canada
 A Collaborative Approach to Addressing Suicide
 Presentation to House of Commons Veterans
 Affairs Committee Meeting
 For its study on Mental Health and Suicide
 Prevention Among Veterans**

Delivered by Phil Upshall and Dave Gallson
 Feb. 15, 2017

Thank you Mr. Chair and fellow committee members for the opportunity to speak today on this very important study on Mental Health and Suicide Prevention Among Veterans. I am the National Executive Director of the Mood Disorders Society of Canada, beside me is our Associate National Executive Director and this is a topic that is very close to our organization and indeed to both of us.

As we know post-traumatic stress disorder (PTSD) is a major contributor to suicide in Canada. A 2013 survey of more than 6,000 Canadian Forces members found the rate of PTSD had almost doubled over the previous decade. PTSD is also prevalent among our first responders and those involved in traumatic

incidents such as car accidents and concussive sports injuries or those who have been victims of sexual abuse. Since 2001, MDSC has worked to help people with mental illness improve their quality of life. We work with like-minded organizations in the public, private and voluntary sectors, those providing front-line primary care, educators and people living with mental illness, their families and caregivers.

MDSC has access to the best experts in all fields throughout Canada and internationally. We have garnered a reputation for being collaborative and we have the proven capacity to work with stakeholder organizations, patient groups, health care providers, federal departments and the general public.

In 2011, Mood Disorders Society of Canada (MDSC) hosted a roundtable on PTSD at the Canadian War Museum in Ottawa entitled "Out of Sight, Not Out of Mind." The event was attended by over 75 thought leaders to discuss the serious, and often misunderstood illness of PTSD. Themes for the roundtable discussions included; System Capacity, De-stigmatizing PTSD, Family Supports, and Enhancing PTSD Research, through weeks of follow up with interviews with attendees, a report was developed for government.

The recommendations presented in the report included addressing stigma; enhancing the knowledge of physicians and health care providers on identification and treatment of PTSD; educating PTSD sufferers and their families on available support networks and resources; promoting ongoing collaboration and dialogue amongst government and leaders in the field of mental illness specializing in PTSD; and enhancing research efforts to further understand triggers and optimal treatments of PTSD.

We know this committee has heard first hand from many witnesses about how PTSD and suicide has directly impacted them, their family members and friends. MDSC, and our network of educational and



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Preventing Veterans' Suicides cont'd from page 9

Peer Support programs, works with people every single day that are struggling with mental illness. Our priorities include developing programs and supports that address PTSD and depression to reduce suicide.

To address PTSD and prevent suicide there are three recommendations that MDSC would ask the committee to consider:

1. Early diagnosis of mental illness is crucial. MDSC congratulates the federal government in its \$5 billion commitment to dedicated funding for mental health in its health care accord negotiations. Early diagnosis and intervention are crucially important and we recommend that progress in this area needs to be prioritized and measured within performance measurements and outcomes reporting.
2. Increased mental health education among health care providers is desperately needed. The most effective and efficient method of providing this knowledge is through coordinated educational and knowledge transfer programs.
3. MDSC strongly believes that one of the most important components of recovery and wellness maintenance are Peer Support programs. These also form a crucially important referral resource for community health care providers. There are not enough peer support programs across Canadian communities leaving gaps in supports nationwide. The government needs to better fund Peer Support.

Early diagnosis

Seventy percent of adults living with a mental illness have onset before the age of 18. We know that early intervention can reduce the severity of the illness. For chronic conditions research indicates that many youth experience symptoms of their illness between the ages of 12 and 17 years. This is, therefore, the timeline where targeted treatment could significantly address mental illness.

Mental health problems in children and youth can, if not properly diagnosed and treated, lead to more serious adult mental health disorders, which are both more difficult and costlier to effectively address. When prior unaddressed mental health issues are compounded with PTSD later in life, then the path to wellness becomes much more difficult and lengthy. Investing in mental health services early would lead to more rapid recovery and symptom management, and would drastically reduce costs associated with chronic mental illness.

Education among primary health care professionals

MDSC believes that investing in educational programs for Canada's healthcare providers to enhance their ability to better treat PTSD and other mental illnesses can significantly improve the quality of



life of those suffering from PTSD, preventing suicide. Expanding on educational programs will help train primary healthcare providers in urban, rural and remote communities nationwide. In almost every case of PTSD, an associated condition is depression. Canadians are now coming to understand that depression alone is an epidemic in Canada. It is implicated in every aspect of Canadian life from the workplace to death by suicide of over 4,000 Canadians every year.

Considering the societal, personal and economic toll of PTSD, MDSC believes that investing in a comprehensive program focused on Canada's primary healthcare providers to enhance their ability to provide early diagnosis and treatment of PTSD to their patients is a prudent use of public funds that will save significant health care and societal costs in the future and greatly enhance the quality of life of those suffering from PTSD, their families and caregivers.

Peer support programs

We know working directly with veterans living with mental illness and providing supports to them is key to reducing suicide. I'd like to thank the federal government for its support in our Transitions to

Continued on page 11

Preventing Veterans' Suicides cont'd from page 10

Communities program, a partnership between MDSC, Employment and Social Development Canada and Veterans Affairs Canada.

Through this skills development program, our goal is to assist nearly 450 veterans over 3 years who are experiencing obstacles within their communities. The program aims to provide the direct supports needed to address veterans' emotional and coping strategy challenges, with a focus on employability skills, mental well-being, and peer support.

We've just opened three facilities, in Montreal, Calgary and Toronto. While we are at the beginning phase, we are looking forward to working closely with veteran organizations and community groups and employers.

I'd also like to speak to you about the importance of peer support programs that as we've heard from veterans themselves are key to recovery.

For example, the National Peer and Trauma Support Training and the Project Trauma Support programs are innovative approaches to addressing mental wellness that use a patient-perspective approach.

Their goals are to provide support, education, and programs for military personnel and first responders who have been impacted by PTSD and other mental health issues in order to support their healing and recovery.

Project Trauma Support, located in Perth, Ont., is a week-long concentrated program for military and first responders who have had their lives ravaged by PTSD delivered in a cohort of 12 their peers. Project Trauma Support incorporates equine therapy, adventurous rope courses and Peer Support to educate participants about their emotional environment, while creating trust and fostering help-seeking behavior. The program allows participants to process their experiences and authentic emotions and to improve the lives of their families and peers in the process. As a brief example of the transformation this leads to, I offer just two quick testimonials;

From an RCMP Officer

"I came away feeling that something had fundamentally changed in me and the way I would deal with my PTS. Not only have I noticed a difference in the way I now live my life, others around me have noticed as well. I only wish I could have had this 14 years ago."

From a wife of Military Officer

"I think the magnitude and impact of this past week can

best be summed up by our nine-year-old daughter coming up to me and saying "It's weird but it looks like Daddy's eyes are alive."

While professional help is very necessary, it's not always available at 8 p.m. or midnight, when the veteran needs someone to talk to about their stresses or thoughts of suicide. With Peer Support Programs, people have a network of peers who understand what they're going through because they've experienced the same things and can relate on an equal level. Funding more programs like these as well as effective research would go a long way to supporting the mental health needs of veterans.

Conclusion

Our veterans have placed their lives on the line for our country. Providing care to these men and women must be a priority for all Canadians. Working as a team in training is what they know and how they have been conditioned. Healing and recovery needs to use this same team approach.

Project Trauma Support is a Canadian program that addresses Post Traumatic Stress and Operational Stress Injury in military personnel, veterans, and first responders.

This Program promotes connection and honors the warrior story and spirit by promoting time-tested values and unconditional acceptance. In doing so, the program helps participants transition from post-traumatic stress to post-traumatic growth.



Vancouver Island Community Resource Update

Note: For a more complete listing and further information on a specific program listed please contact the resource directly. If you are needing other resource information please refer to our online resource database at <http://www.vicrisis.ca/community-resource-database/>



HealthyFamiliesBC



This month highlighting "Prenatal Clients"

This notice is to advise how you can access public health services for your prenatal clients, and to encourage you to *refer women to public health as early in pregnancy as possible*. You can refer to public health by phone, fax or on-line as available (see attached for referral details). *Women can also self-refer.*

Why should physicians, midwives, and outreach programs refer and how will pregnant women benefit?

Public health prenatal services complement the multi-disciplinary reproductive healthcare services to support pregnant women with screening, health promotion, education, and referral to other needed health or community services (supported by resources such as Baby's Best Chance). Public health can offer women with social complexities more intensive follow-up and enhanced support services and will support women to make the healthiest choices possible in pregnancy including accessing community resources that would be of benefit. Some hospitals ask women to register their due date at their local hospital where they will be delivering and this is separate from the prenatal registry/prenatal program.

What happens after public health receives the referral?

Once a public health nurse (PHN) receives a referral, they will assess the woman's needs and offer her public health and community services to support the healthiest pregnancy possible, starting as early in pregnancy as possible. This information becomes part of the confidential health record and provides PHNs with a good starting point to establish a relationship with

the client and their family. Health concerns identified in the perinatal period also represent an opportunity for Primary Care and Public Health to communicate a plan of care, with every effort made to partner with the woman.

When is the best time to refer?

*Early referral by you to public health or encouraging women to self-refer **at the first prenatal contact** is very important.* Early prenatal care and support result in better outcomes.

How does a physician, midwife, community program refer? How does a woman self-refer?

Please see the following listing for your area.

What is Nurse-Family Partnership?

Nurse-Family Partnership (NFP) is an intensive home-visitation program designed to support young first-time mothers experiencing disadvantage, and their infants and children. The supportive program begins in pregnancy and continues until the child reaches age two years. It has been proven effective in the US and continues to be evaluated in Canada. PHNs will screen your referrals and offer services and some women might potentially be eligible for NFP and wish to enrol in the program. For more information see <https://www.healthyfamiliesbc.ca/nurse-family-partnership>.

Thank you for referring pregnant women to public health services to complement your care.



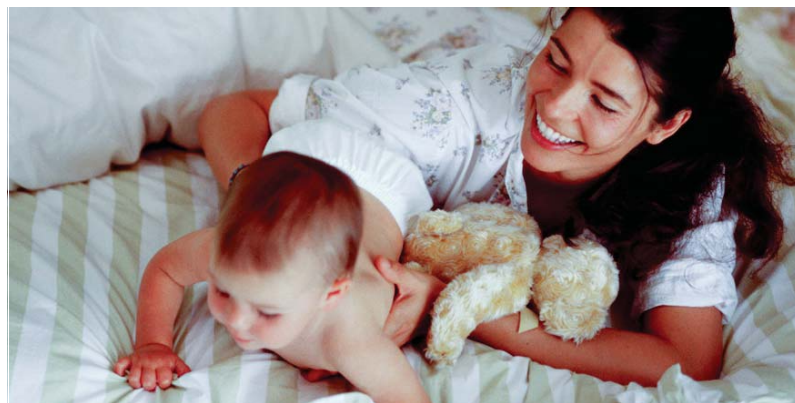
Dr. Perry Kendall
Provincial Health Officer
Ministry of Health

Alix Bacon
President
Midwives Association of BC

Warren O'Brian
Executive Director, PH Services
Ministry of Health

On-line Registration:**Right from the Start**
http://www.viha.ca/children/pregnancy/prenatal_registration.htm
Fax all prenatal registrations/referrals to **1-855-544-2403****Call** your local health unit listed below Monday to Friday, 8:30 am to 4:30 pm:

Campbell River	:	250-850-2110
Comox Valley	:	250-331-8520
Duncan	:	250-709-3050
Esquimalt	:	250-519-5311
Gold River	:	250-283-2626
Ladysmith	:	250-755-3342
Lake Cowichan	:	250-749-6878
Nanaimo	:	250-755-3342
Outer Gulf Islands	:	250-539-3099 toll free
Parksville/Qualicum	:	250-947-8242
Peninsula	:	250-544-2400
Port Alberni	:	250-731-1315
Port Hardy	:	250-902-6071
Port McNeill	:	250-956-4711
Saanich	:	250-519-5100
Salt Spring Island	:	250-538-4880
Sooke	:	250-642-5464
Tofino/Ucluelet	:	250-725-4020
Victoria	:	250-388-2200
West Shore	:	250-519-3490



Pregnant ⊕
Not Pregnant ⊖



Pregnant with your first baby? Would you like support?



WHAT IS THE NURSE-FAMILY PARTNERSHIP?

It is a free, voluntary program for eligible first-time moms that pairs them with a public health nurse, from pregnancy until the baby is two years old.



WHO CAN ENROLL IN THE PROGRAM?

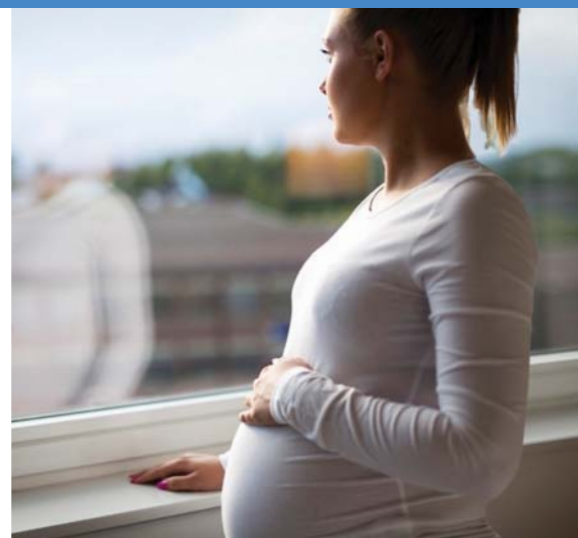
You can enroll if you are:

- ✓ Pregnant with your first child;
- ✓ Less than 29 weeks pregnant;
- ✓ Aged 24 years or younger;
- ✓ Having financial challenges.

Women are encouraged to enroll as early in their pregnancy as possible – ideally before the 16th week of pregnancy.



FOR MORE INFORMATION:



www.healthyfamiliesbc.ca/nurse-family-partnership





GUIDE TO ADDICTION AND...

ANXIETY

— BY OCEAN RECOVERY CENTRE —

It's rare for an addiction to materialize from thin air. Instead, addiction is usually caused by deeper psychiatric issues such as anxiety and depression. In this way, the addict uses drugs or alcohol as a way of escaping from the negative thoughts and feelings attached to depression and anxiety. This is known as 'self-medicating' with drugs and alcohol.

The signs of anxiety

This 'escape' is from the negative thoughts and feelings that are associated with anxiety. These thoughts and feelings include:- Fear - Terror - Paranoia - Obsessive thoughts - Phobia - Discomfort - Panic.

The symptoms of anxiety may vary greatly between different people, so it's essential you are assessed by a qualified individual before a valid diagnosis can be made.

The escape theory of addiction

Drugs and alcohol are the methods of escape, although other methods of escape may arise such as gambling, playing computer games, paying for sex or binge shopping. These addictive behaviors allow the addict to surreptitiously escape negative emotions so that a more comforting 'reality' may be experienced.

For many people suffering from clinical anxiety, the situation becomes even more exaggerated. These sufferers often see drugs and alcohol as their 'go to' solution for coping with anxiety. This is why many people refer to addiction as a form of 'self-medication'.

Dependency develops when drugs and alcohol are repeatedly used to alleviate the symptoms of anxiety. Drug and alcohol use are thus positively reinforced, and it's then extremely difficult for the addict to 'give up' the addiction without suffering from a range of psychological and physical withdrawal symptoms.

Generally, the more anxiety you experience, the more urge there is to engage in drug and alcohol use. This explains why those of us who suffer from clinical anxiety are far more likely to develop alcoholism or drug addiction. However, this is a vicious cycle because substance misuse is known to aggravate anxiety. This is known as 'rebound anxiety'. This means sufferers are trapped in the cycle of trying to alleviate their anxiety, whilst simultaneously aggregating the symptoms of their anxiety.

Since anxiety is a major cause of addiction, it follows that treating underlying anxiety is an effective way of treating the addiction.

During [addiction treatment](#), you will benefit from counseling that helps you understand, recognize and process your emotions so that your de facto response is not to consume alcohol or drugs to cope with these emotions.

This is an excerpt from an article written by Paul Clarke at Ocean Recovery Centre, United Kingdom. He writes for several addiction-based websites and Ocean Recovery Centre offers [alcohol rehab in Manchester](#). April 26th, 2017 You can read the whole article [here](#).

Government of Canada Supports the Development of a National Suicide Prevention Service

Partnership between the Public Health Agency of Canada, the Canadian Distress Line Network, and Rogers Communications to link crisis lines across Canada

November 24, 2016 – Ottawa, ON – Public Health Agency of Canada

Suicide affects people of all ages and backgrounds, and its impacts on families and communities can be devastating. Working together to connect people to appropriate supports and resources will help prevent suicide.

Today, the Honourable Jane Philpott, Minister of Health, announced the Government of Canada's support for the development of a national suicide prevention service. The service, which will use text, chat and phone technology, will integrate and link existing regional distress and crisis line services across Canada. Once fully implemented in late 2017, it will ensure that individuals in crisis regardless of where they live in Canada have access to free and confidential support, on a 24/7 basis.

The Canadian Distress Line Network and its partners have already begun testing the service in British Columbia, Alberta and Ontario. This pilot phase includes testing the integration and compatibility of the various technological platforms used to link existing crisis call centres, developing standardized training for responders, and setting national service standards.

The service is an example of the initiatives envisioned under the Federal Framework for Suicide Prevention. The

Framework provides guiding principles for the Government's ongoing work with all sectors to help prevent suicide. This includes raising public awareness and reducing stigma associated with suicide, disseminating information and data to help prevent suicide, and promoting the use of research and

Continued on page 17



"We are pleased to be part of this important project, which will ensure that Canadians of all ages and backgrounds can access the help they need, when they need it, with technology that works for them. I look forward to working with the provinces and territories, Indigenous communities, non-governmental organizations and the private sector so that, together, we can help prevent suicide across Canada."

The Honourable Jane Philpott, P.C., M.P. Minister of Health

"This national suicide prevention service, which includes more than 30 Canadian community organizations, welcomes the support of the Government of Canada and Rogers. While phone, chat and text response will be available 24/7 to everyone in Canada, it will be regionally delivered, thereby ensuring that every

person receives the same high standard of local suicide prevention support by empathic, highly trained responders."

Elizabeth Fisk, Certified Association Executive Implementation Manager, Canadian Distress Line Network

"Rogers is proud to be working alongside the Canadian Distress Line Network and the Public Health Agency of Canada to provide connectivity for the national suicide prevention service. Our virtual contact centre solution will securely connect more than 30 distress and crisis call centres across the country, providing a reliable service for Canadians from communities coast to coast who require suicide prevention support."

Nitin Kawale President, Enterprise Business Unit, Rogers Communications

National Suicide Prevention Service cont'd from page 16

evidence-based practices in suicide prevention.

Please refer to the Canadian Association for Suicide Prevention's list of crisis centres across Canada.

In addition, the First Nations and Inuit Hope for Wellness Help Line, which was launched last month, can be reached at 1-855-242-3310. It is toll-free and open 24 hours a day, 7 days a week.

QUICK FACTS:

- ☑ Suicide affects people of all ages and backgrounds in Canada. On average, more than 10 Canadians die by suicide every day – 4,000 suicides per year.
- ☑ For every death by suicide, there are at least seven to ten loved ones impacted by the suicide and profoundly affected by the loss.
- ☑ The Government of Canada is providing \$2 million over 5 years to support the development of the national suicide prevention service.
- ☑ The Canadian Distress Line Network (CDLN) is a national network of organizations that includes regional and local crisis, distress and suicide prevention services. CDLN member organizations currently respond to more than 75,000 suicide-related calls each year and more than 650,000 distress and crisis texts, calls and chats.
- ☑ Rogers Communications was selected as the technology provider by the CDLN, following a competitive process that concluded earlier this year. The technology being provided by Rogers Communications is a Virtual Contact Centre (VCC), a web-based networking solution that routes calls, texts and chat messages through one phone number. The Rogers VCC will link more than 30 distress and crisis call centres across the country, including sites that provide regional suicide prevention support.

Associated Links

Federal Framework for Suicide Prevention
Vision for a healthy Canada backgrounder

Public Inquiries:

(613) 957-29911-866 225-0709

Media Inquiries:

Public Health Agency of Canada Media Relations
(613) 957-2983

What Part Does Our Local Crisis Line Play?



1-888-494-3888

**Vancouver Island
Crisis Line**

How is Vancouver Island Crisis Line connected to the National Suicide Prevention Service (NSPS) and the Canadian Distress Line Network (CDLN)?

The Vancouver Island Crisis Society's Executive Director, Elizabeth Newcombe has participated on the CDLN as a committee member since 2013. She has represented the province of British Columbia crisis lines along with a representative from the crisis centre in Vancouver. The job evolved sharing crisis line better practices and models for service delivery that could be translated into a national service.

The work that the Crisis Line Association of BC (CLABC) has accomplished over the past decade has made BC a leader in crisis line service delivery. You may recognize the two provincial networks 1800SUICIDE and 310Mental Health Support that operate in BC with the financial support of the Provincial Health Services Authority. The Vancouver Island Crisis Line is one of 10 network crisis line partners. What that means is that Vancouver Island callers that call the provincial networks will reach their local island crisis line although accessing from a provincial number. It is anticipated that the national service will operate in a similar fashion.

The NSPS grew out of the CDLN once funding was secured. Ms. Newcombe is a NSPS committee member representing the western provinces and has attended several meetings to review technology options, policy development, governance and more.

The Vancouver Island Crisis Line has been selected as a pilot site along with a small group of other crisis centres in Edmonton, Ontario and Quebec. The work of getting ready to launch the NSPS is a huge undertaking and our local crisis line is proud to be part of this initiative that will only improve access to crisis line, chat and texting services for all Canadians.

We will keep you informed as it unfolds further.

YOUTH Programs

The island wide youth suicide prevention initiatives created by Vancouver Island Crisis Society continue to grow in popularity as they impact lives all over our beautiful island.

In the 2016/17 school year we visited 35 schools from Alert Bay to Victoria with all stops in between, participated in Teen Fest in both Victoria and Nanaimo, and were the key note presenters for The Power of Being a Girl conference in Victoria.

GRASP continues to change lives!

Our peer gatekeeper program GRASP was taught at Timberline Secondary School in Campbell River, Frances Kelsey High School in Mill Bay, Stz'uminus community school in Chemainus, Cumberland Community School in the Comox Valley, and at Dover Bay, NDSS, Cedar, and Ladysmith Senior Secondary schools in school district 68, Nanaimo for a total number of 158 students trained this year.

A GRASP Pilot is created for elementary schools!

In late 2015, the Crisis Society was approached by an elementary school counsellor in Nanaimo to see about the possibility of creating a version of GRASP for grades 5,6, and 7 students. We wanted to do so in a way that would empower children of this age to enhance and explore their own coping skills as well as to create a climate of kindness and inclusivity in their schools.

The first pilot was taught to great success at Fairview Community School in Nanaimo to 18 excited and participatory youth.

We are excited to bring this to other island schools in the next year.



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!

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!!!



Speak Out, Reach Out, Help Out is one of the Crisis Society's most popular presentations with 4300 students across the island experiencing it's powerful message this year.

In light of its popularity, the Crisis Society has developed a brand new version of Speak Out for high school students that goes deeper into the power of resilience, coping, and the power we each have to make choices for our lives.

The new version is called **RE-VISION, Speak Out, Reach Out, Help Out**.

Book now if you would like to bring this powerful presentation to your high school, or book the original Speak Out if your students haven't experienced it yet.

Hope to see you in the new school year!
 Lyndsay Wells,
 Community Education Program Coordinator

Training Opportunities



Next workshop, employing ASIST Version 11, to be held **October 24th & 25th 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

Crisis Intervention Skills Training will be held in Nanaimo **October 19th & 20th**, from **9:00 to 4:00 both days**. For information or registration, please see our website at www.vicrisis.ca

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

Here is what participants had to say:

- ➔ "Great Instructors!"
- ➔ "This would be a valuable workshop for any business."
- ➔ "To many people do not know how to communicate effectively!"
- ➔ "The training was truly phenomenal! It knocked my socks off. Everyone in the community should learn these skills!"
- ➔ "I highly recommend it."

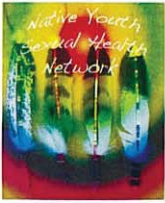
Other Workshop Titles:

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.

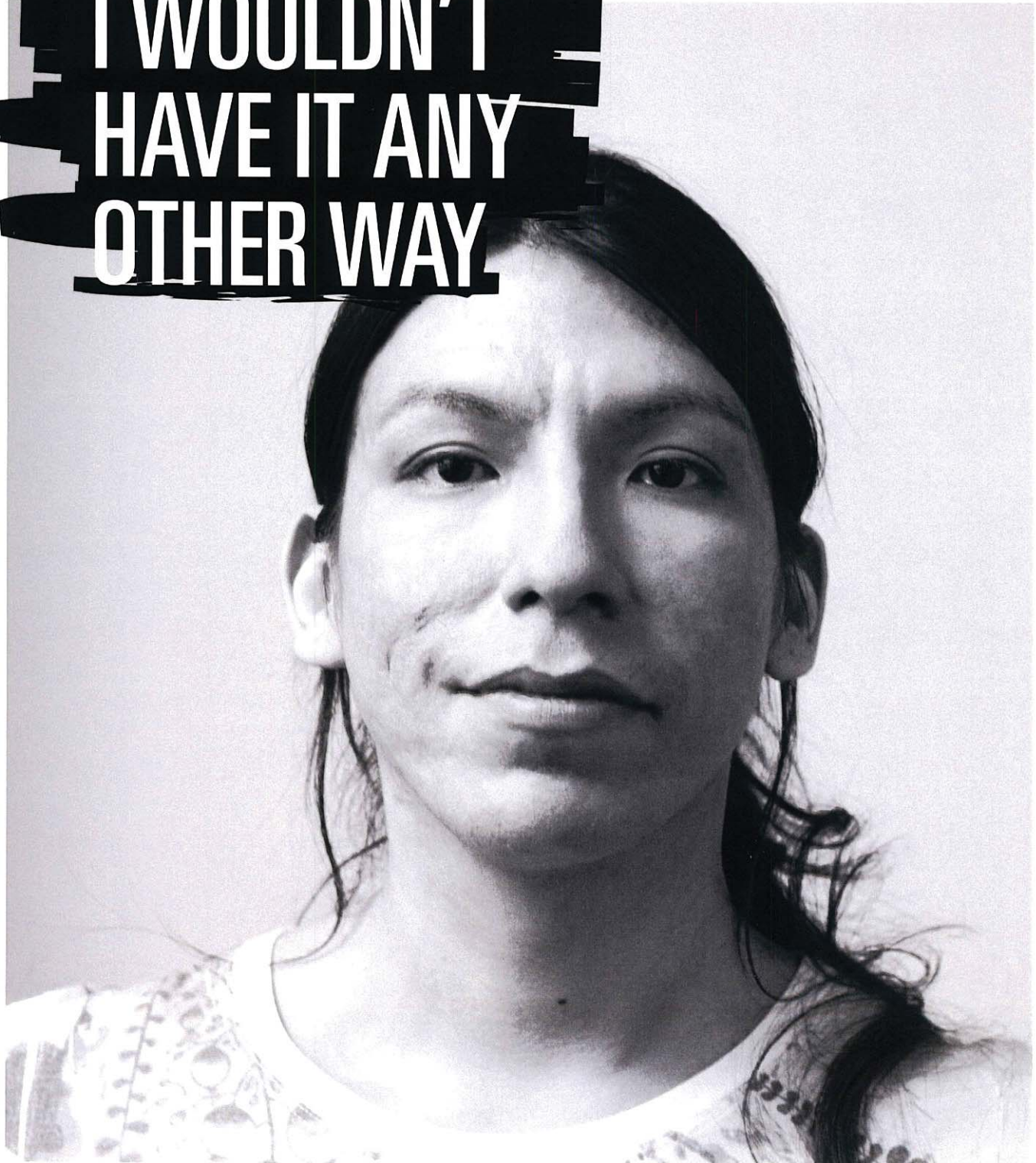
On January 1, 2004, the new privacy legislation came into effect. It is designed to protect individuals' personal information from being misused. As you know, we love to stay in touch, keeping you posted on what's happening in our Island Community. We now require your consent to do so. We also want to 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)



**BEING TWO
SPIRIT, TRANS,
I WOULDN'T
HAVE IT ANY
OTHER WAY**



Community Update

New Reporting Process Allows Easier Return to Disability Assistance After Exceeding AEE Limit

On September 1st the Ministry of Social Development and Social Innovation (MSDSI) will introduce a new procedure which will make it easier for people receiving disability assistance who exceed their Annual Earnings Exemption (AEE) limit to return to assistance. Recipients who wish to do so can **continue to submit a monthly report slip to MSDSI even after they reach their AEE limit** and cease to be eligible for assistance. Once the AEE limit is renewed the following January or if a person's earned income falls below their disability assistance rate during the year then **disability assistance can be automatically re-instated**.

Monthly reports are due by the 5th day of the following month that income is received (e.g. income received in May should be reported by June 5th). Monthly reports can be completed online using My Self Serve or submitted to a Ministry office using the Monthly Report form (HR0081). People who choose not to report income on a monthly basis after they exceed the AEE limit keep their disability designation and will not need to reapply for the designation using the 28 page PWD designation application. However, they will need to submit a re-application for assistance which assesses financial eligibility if they wish to return to disability assistance.

Annual Earnings Exemption Refresher

The AEE allows people on disability assistance to receive earned income (usually this means income received in exchange for work or the provision of a service) without a reduction to their disability assistance. A person's AEE limit is the amount of earned income they can receive during the year without a reduction of disability assistance. Any earned income received after a person exceeds their AEE limit is deducted dollar for dollar from their disability assistance. The maximum AEE limit for a single person is \$9600 per year (pro-rated for the number of months a person is receiving disability assistance in the year).

The AEE limit is renewed every January which, due to the MSDSI reporting system, allows people who are otherwise eligible for disability assistance to begin receiving assistance again in February for the March benefit month. The AEE does not apply to other sources of income (e.g. Canada Pension Plan Disability Benefits, Employment Insurance, Old Age Security), which are generally deducted dollar for dollar from disability assistance unless there is a specific exemption.



If you have any questions about this information, please contact :
Advocacy Access Program Director Sam Turcott at 604-872-1278 or 1-800-663-1278.

"Crisis Line Awareness Week"

Recognizes the Contribution of Crisis Centres Across BC

March 27, 2017

For more than a decade crisis centres in BC have marked "Crisis Line Awareness Week". Held in the last week of March, the initiative was created to raise awareness about the work that crisis lines do in communities across the Province.

Crisis Lines provide thousands of hours of emotional support and resource information to people in distress in our communities each year. They offer service 24/7 and deal with some of the toughest challenges people face – mental health issues, substance abuse, relationship problems, sexual assault, even suicidal ideation and intent.

to recognise the significant contribution they make.

To mark this year's Crisis Line Awareness Week, Vancouver Island Crisis Society held a series of research-based information presentations on *Anxiety and Self-Injury of a Non-Suicidal Nature in Youth*. Workshops were held in Port Hardy (March 23), Nanaimo (March 28), and Victoria (March 30), where participants learned strategies for supporting young people who face these challenges.

Crisis centres in the Interior circulated 5,000 connection cards. These "take-one/share-one" cards not only spread a bit of inspiration with messages of affirmation but most importantly they carry contact information for the Interior Crisis Line Network. The cards were distributed to CMHAs, Emergency Departments, coffee shops, bus terminals, Interior Health offices, Transition Houses, and community centres.

If you are concerned about suicide, either for yourself or someone you know, now is the time to reach out by calling 1800SUICIDE (1-800-784-2433). If you are interested in becoming a volunteer and supporting people in need in your community, contact your local crisis centre. On Vancouver Island, please visit <http://www.vicrisis.ca/crisis-line-volunteering/>



In 2016, 800 crisis line workers across the Province responded to 130,000 calls for help. In 11,000 of these calls, suicide was identified as the presiding issue. 20,000 follow up and outreach calls were also made, and in some cases, interventions enacted if the safety of a caller was at risk.

One of the less well-known services that crisis centres provide to the community are the outreach programs and workshops that help to increase awareness on mental health and crisis support issues to law enforcement, health workers, schools, indigenous groups, and the general public.

As a discrete and confidential service, the work that crisis lines do rarely makes headlines, but they form an indispensable safety net for communities across the Province. Crisis Line Awareness Week is an opportunity

About CLABC

The Crisis Line Association of BC (CLABC) is the provincial association representing member crisis lines from across BC. The organization, formed in 1998, is dedicated to ensuring that every person in BC has access to the needed emotional support and critical services that crisis lines provide. CLABC developed two provincial networks: 1800SUICIDE and 310Mental Health Support, enhancing immediate access to 24-hour crisis line services for anyone at anytime from anywhere in BC.

For more information see <http://www.crisislines.bc.ca> or contact Jason Chare, CLABC Provincial Network Manager, at info@crisislines.bc.ca

Youth Programs

Graciously supported by
The United Way Central &
Northern Vancouver Island
and
Coast Capital Savings -
Community Investment Grant
and
Province of BC - Gaming



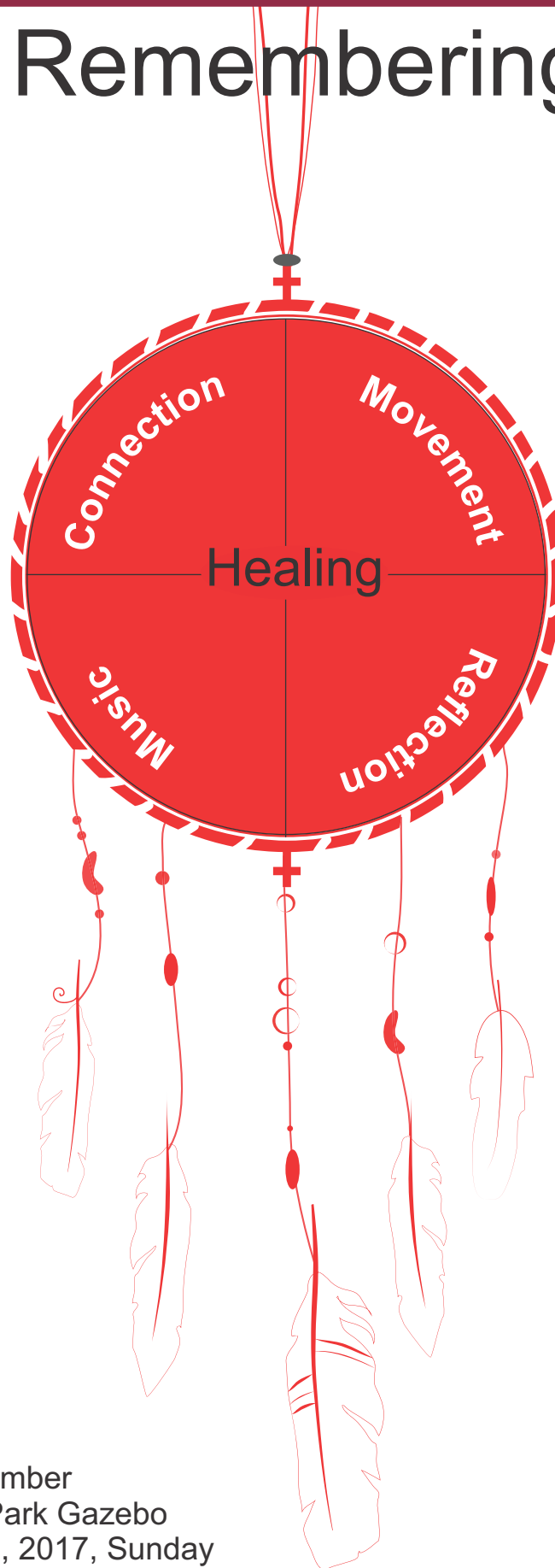
Elizabeth Newcombe, Executive Director and Heather Owen, Promotions & Community Relations Coordinator (far right) accept the United Way cheque supporting Youth Suicide Prevention Programs from Emma De Paoli, Resource Development Intern (centre)



Coast Capital Savings save lives and supports the delivery of Suicide Awareness and prevention presentations SPEAK OUT, REACH OUT, HELP OUT (SOROHO) and a gatekeeper program called GRASP (Growth, Resilience, Acknowledgement, Suicide Awareness, Preparation and Safe Planning with a \$10,000 grant.



Soles Remembering Souls



What: A Walk to Remember
Where: Maffeo Sutton Park Gazebo
When: September 10th, 2017, Sunday
4:30 pm to 6:30 pm
For information contact Matt Dunae @ 250-753-2495



Hosted by

**Vancouver Island
Crisis Society**

North Island Hospitals Project



The \$606.2 million North Island Hospitals Project includes a new \$331.7 million, 153-bed Comox Valley Hospital in Courtenay on Lerwick Road near Ryan Road, and a new \$274.5 million, 95-bed Campbell River Hospital on the existing hospital site at 375 – 2nd Avenue. Both hospitals are scheduled to open by late 2017.

Construction is nearing the finish and the end is in sight!

Stay informed with the progress at www.nihp.viha.ca



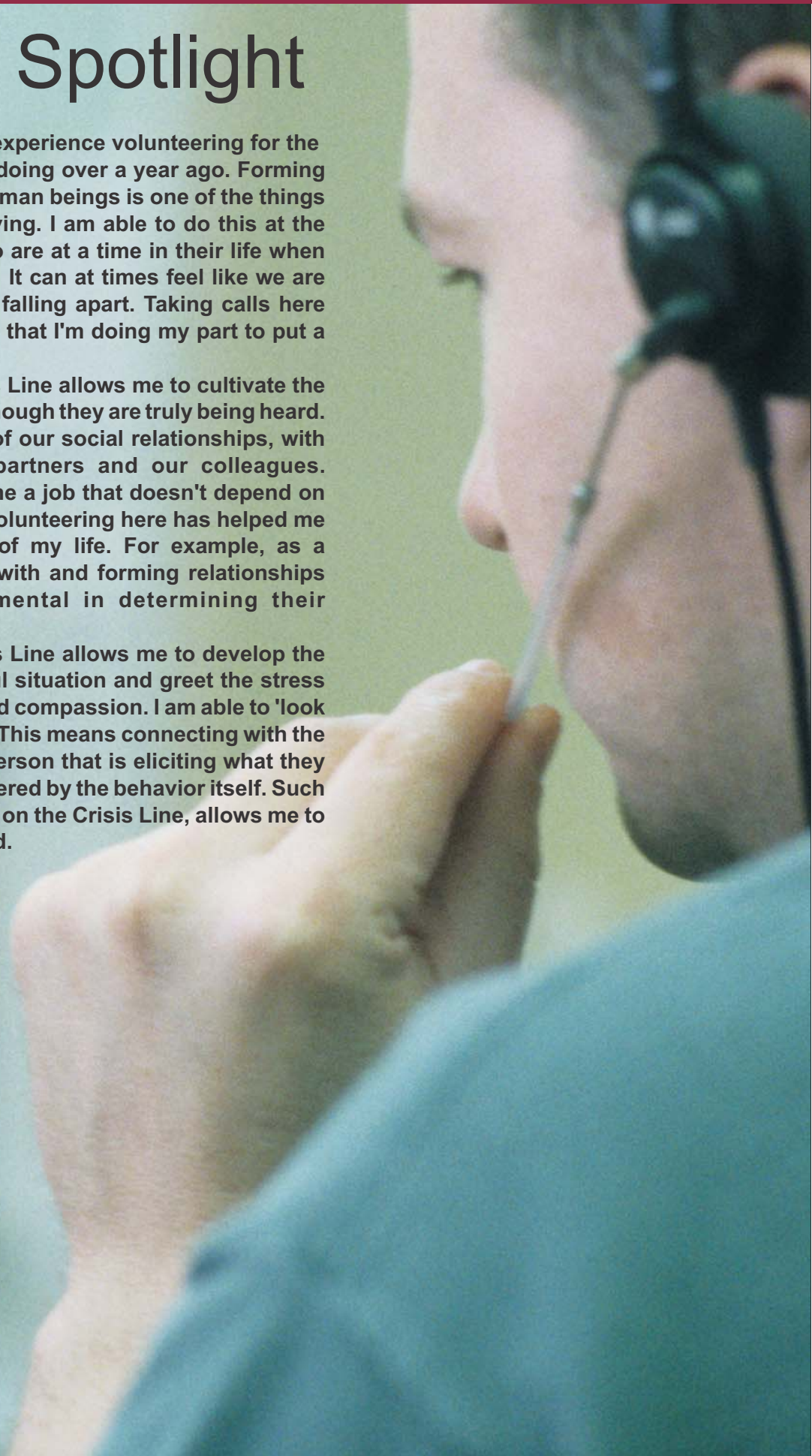
Volunteer Spotlight

This been a life changing experience volunteering for the crisis line, which I began doing over a year ago. Forming connections with other human beings is one of the things that for me, makes life worth living. I am able to do this at the Crisis Line and with people who are at a time in their life when they are in desperate need of it. It can at times feel like we are living in a world that is rapidly falling apart. Taking calls here provides me with the real sense that I'm doing my part to put a little bit of it back together.

Volunteering at the Crisis Line allows me to cultivate the ability to allow others to feel as though they are truly being heard. Connection stands at the core of our social relationships, with our family, our friends, our partners and our colleagues. Moreover, it is difficult to imagine a job that doesn't depend on having to interact with others. Volunteering here has helped me in so many of these aspects of my life. For example, as a beginning teacher, connecting with and forming relationships with my students is instrumental in determining their educational outcomes.

Volunteering at the Crisis Line allows me to develop the ability to stay calm in a stressful situation and greet the stress and panic of others with calm and compassion. I am able to 'look behind the behaviors' of others. This means connecting with the pain and emotion in the other person that is eliciting what they are doing rather than being triggered by the behavior itself. Such a thing in addition to helping me on the Crisis Line, allows me to be more at ease living in the world.

Nate



Where Are They Now?

Where did all those Volunteer Crisis Line Workers go? They got jobs!

- 51 were hired by Vancouver Island Crisis Society as staff crisis line workers (an average of 7 hires a year since 2010)
- 4 Youth and Adult with Developmental Challenges Support Workers
- 3 Family Justice Institute
- 2 Social Workers
- 11 Counselling
- 3 Working for a crisis line in another province
- 3 Occupational therapy
- 4 Dentist/Doctor/Lawyer
- 5 Military/Police/911/Probation
- 1 CMHA
- 10 School personnel/teacher
- 4 Addiction support workers
- 2 Public Health
- 1 WorkSafe BC

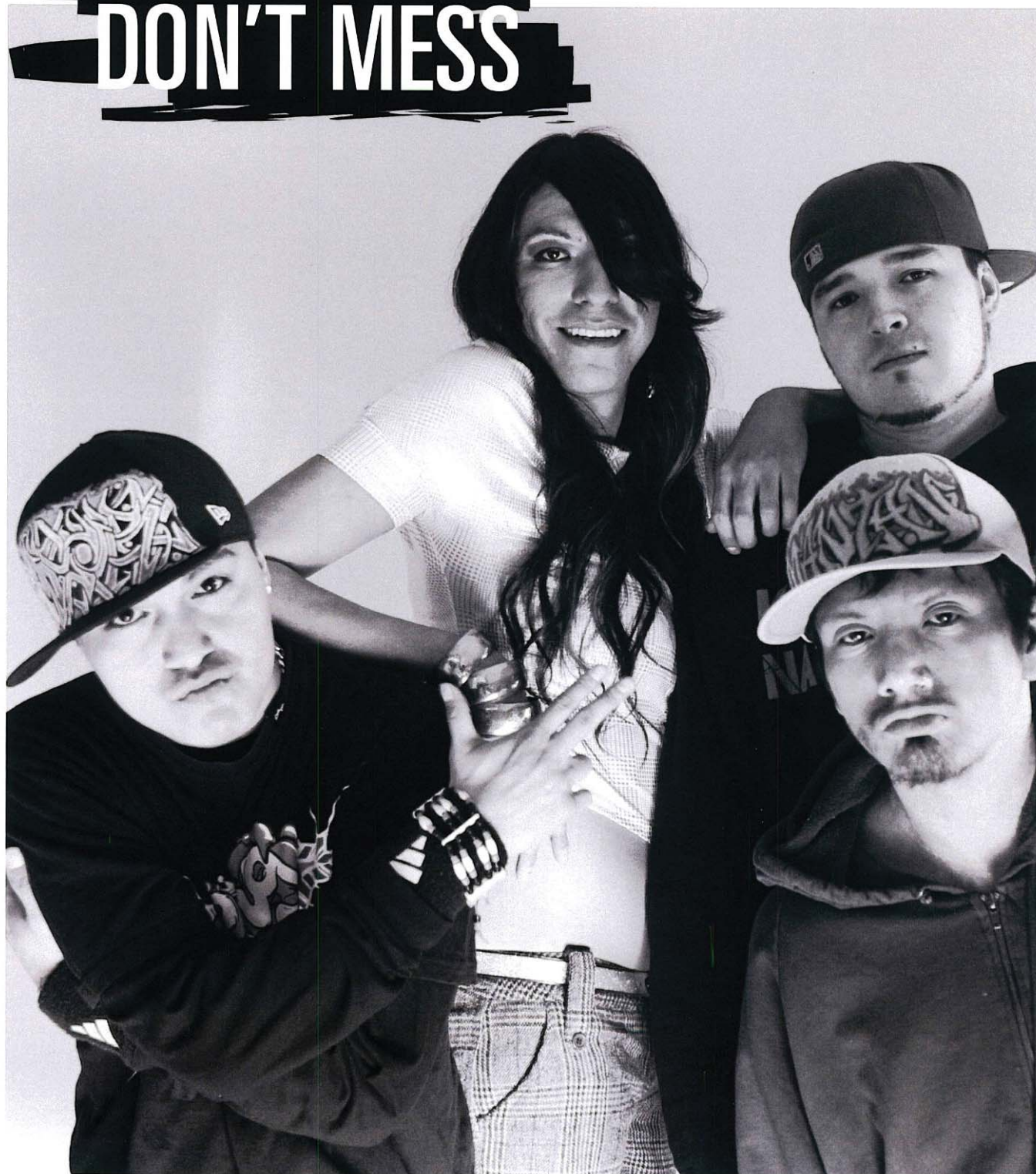
Some Crisis Line Worker staff chose to move on to other employment opportunities and other life choices.

- 4 Maternity
- 7 Further their education
- 2 Nursing
- 3 Entrepreneurship/open own business
- 1 SD 68 school counsellor
- 2 Family Justice Services
- 5 Out of province employment
- 2 Edgewood
- 1 CMHA
- 3 Residential Care Workers

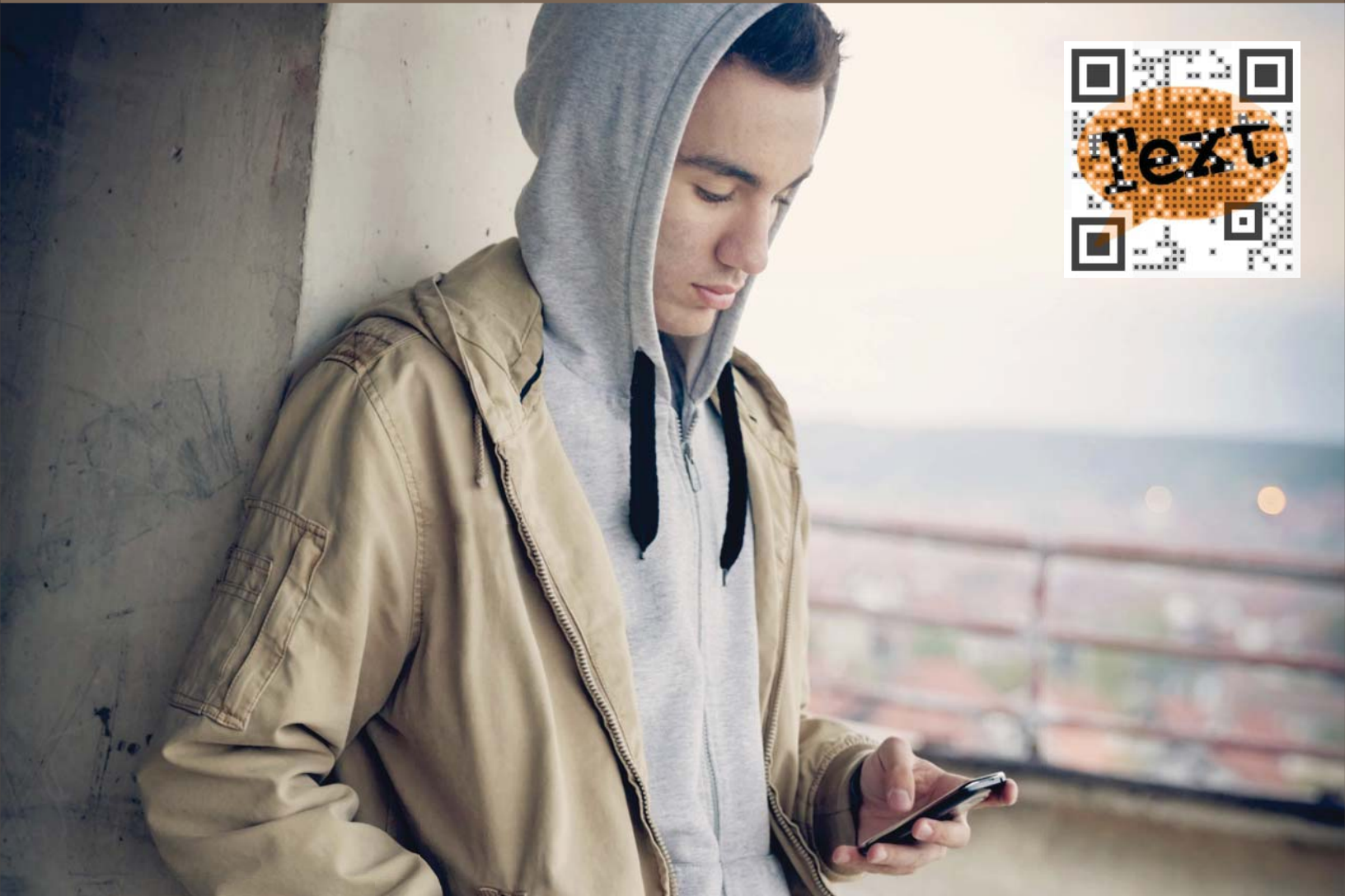
The training and experience of working on the crisis line can apply to many different employment opportunities. Are you looking for employment? Why not give us a try!



**THIS IS OUR
SISTER,
DON'T MESS**



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



THANK YOU

Helping People Find Their Way



Vancouver Island
Crisis Society

"Many thanks for all you are doing to support those who suffer from mental health issues as well as providing support for family members such as ourselves."

- Parents -

"I just wanted to send a huge thank you to John on the suicide hotline. He got me the help I needed. I just want him to know I'm doing fine."

- Caller -

"You have some great people there. I'm grateful to have people like that in times of need."

- Caller -

"I love you guys and how you make me think about things from a different point of view. You guys make me happy."

- Student -

"I can't say a big enough thank-you for your presentation. Our students clung onto the words, the music and the message. I think it was great timing in terms of the school break. There are always a lot more tears, and anxiety in the hallways as we head into holidays. Sharing your stories with us, made that inner loneliness feel more 'normal' and provided so much hope and support... You are inspirational, and we really value the work that you do with our students. Thank-you, thank-you, thank-you!! "

- School Counsellor -

"I wish I could donate more but this is all I can afford at the moment I used your services recently during a personal crisis and was so grateful to have someone to talk to when I really needed it. The crisis line workers were so kind and comforting. Thank you so much for your valuable public service!"

- Caller -



**Thanks to those who raised money at various events
all over Vancouver Island and donated the proceeds
to Crisis Chat & Text and our Youth Programs.
We couldn't do it without you!**

**Cowichan Ride for
Suicide Awareness**



**Peter Hudson Comedy
Shows**



**Kai Brown
Go Fund Me**



**Oddfellows Frisbee
Golf Tourney**



**Country Road
Marathon**



**Are you having
an event that could
raise money for a special cause?**



To 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 August 2016. The donations listed are from August 1, 2016 to March 31, 2017. We would especially like to thank those organizations that contributed to keep our Youth Suicide Prevention Programs in our schools, Crisis Chat & Text services on line.

Anchors (under \$499)

Arbutus Ridge Performing Arts Society
 Cnd Federation of University Women – District 69 Club
 Corinna Reynolds
 Debbie Harit
 Duncan United Church – A.O.T.S.
 Fraternal Order of Eagles – Chemainus #4400
 Fraternal Order of Eagles – Ladysmith #2101
 Harbour Air Seaplanes
 Hub Int'l Barton Insurance Brokers
 Ian Thomson
 Island Timberlands
 Joanne Hogan
 Kathryn Dunn
 Knights of Columbus - Errington Branch
 Lions Club Mill Bay
 Nanoose Bay Yoga Women - Caprice Soames
 Playtime Community Gaming Centre Inc.
 Provincial Employees Community Services Fund
 Rebecca and Jef Gurney
 Rick Degroot
 Royal Canadian Legion Chemainus Br 191
 Royal Canadian Legion Ladysmith Br 171
 Royal Canadian Legion Malahat Br 134
 Royal Canadian Legion Br 211
 Sherry, Rod and Taryn Morgan
 Tanya Rosteck

Life Preservers (\$500-\$999)

KingFisher Oceanside Resort & Spa
 Knights of Columbus Council 7991

Maximum Yield Publications Inc.
 Sharyn Ball

Lighthouse Keepers (\$1000 - \$2499)

ArtSpress Yourself - Noelle, Dave, John & Kelsey
 Comedy Showcases - Peter Hudson
 Comox Valley Suicide Awareness Grp - A. Anness
 Country Roads Marathon - Liz Royer
 Cowichan Valley Ride For Suicide Awareness
 Kai J. Brown - Go Fund Me
 Mambo Gourmet Pizza
 Mid-Island Co-op
 Royal Cdn Legion Br #76 Qualicum Beach
 Take a Dollar Campaign – W. Richardson & A. Degroot
 Westshore Branch Coast Capital Savings CU

Northstars (\$2500 - \$4999)

City of Parksville
 United Way Cowichan

Visionaries (\$5000 +)

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

Crisis Society Staff Changes

Heather Owen, Promotions and Community Relations Coordinator, is making a change. After working with the Crisis Society for 18 years in many different capacities, it is time to move on to the next phase of her work life. Her future endeavours include time with her new grandchildren in Australia, maybe a little sightseeing around Europe and helping out her husband's company to get him ready for retirement.

A goodbye message from Heather:

I have loved my time here at the Crisis Line. It feels more like family and friends than a place to work. I can say I have enjoyed waking up and coming to work this whole time but everything has a season. I feel blessed with good health and I want to see a little of the world and spend time with family while I can still travel and enjoy it.

It will be hard to say goodbye as I count many people I have met in the mental health field all over this island as friends. I feel so lucky to have had a job that took me into communities up and down this island, while meeting wonderful people who make a difference in other people's lives every day by the passion they bring to their job. I hope to run into a few of these people sometime in the future and be able to say hi and catch up.

Leaving my coworkers will be the hardest as they are not just my workmates but my support system. They are a very special group of people that have gathered here in this one agency, devoted to their work, intent on making a difference for those who struggle. I hope they all know how much of a difference they have made in my life. They have made this past 18 years very meaningful for me. I can honestly say I am not the same person who walked through those doors the first time long ago. That is due to the kindness, the patience and the caring that I have received over the years.

I am excited for the future and what it holds for me. I count my blessings every day that I am able to make this change on such a positive note. As I go I will carry this agency and the people I have connected with along the way, in my heart always."

Cheers, Heather



worries

life is just too stressful

bullied

nothing will ever change

my kids drive me crazy

breakups

where do I go for help

grief

no point

I can't cope

I can't go on



**VANCOUVER ISLAND
CRISIS LINE**
1-888-494-3888
24 Hrs 7 days/week



my drinking is out of control

I've been hurt one too many times



Did You Know:

OUR FUNDRAISING CAMPAIGN LAST YEAR
WAS A HUGE SUCCESS!
 THANKS TO YOU, WE WERE ABLE TO SUSTAIN
 CRISIS CHAT & TEXT FOR ANOTHER YEAR!

We want to take the time to say **thank you!** We are so grateful for all of you that answered the call last year to support our efforts to maintain Crisis Chat and Crisis Text. We expressly want to highlight a few donors that went above and beyond: ArtSpres Yourself Victoria, City of Parksville, Comox Valley Suicide Awareness Group, Courtenay Country Roads Marathon, Cowichan Ride For Suicide, Kai Brown, Mambo Gourmet Pizza, Mid Island Co-op, Peter Hudson Comedy, Royal Canadian Legion Branch 76 Qualicum Beach, Takes A Dollar Campaign, combined with many other donors to help us successfully reach our goal. Of course we couldn't do it without the ongoing support of all our programs by the Central & Northern Vancouver Island United Way, Coast Capital Savings, The Jim Pattison Broadcast Group (Island-wide), Intraworks I.T. Management, The MacIsaac Group of Law Firms, Ministry of Health – CMHA BC Division, Province of BC Gaming, and Island Health.

We are so excited that we were able to continue offering Crisis Chat & Crisis Text services and can see its importance as our world continues to change. Many families can't afford land lines anymore and rely heavily on texting. Our youth live on their computers and their phones and it makes reaching out that much more plausible for them. There is a certain kind of safety that many do not find talking on a phone. It is our hope that we can continue this important service ongoing. Of course that means we have to keep appealing to the communities we serve for support.

EVERY DOLLAR HAS THE OPPORTUNITY TO SAVE A LIFE!

Knowing that you and your organization care deeply about the people in our community, we hope that you will consider adding the Vancouver Island Crisis Society to your list of donation recipients again this year. We hope you can see how valuable your donation was and that it makes this service possible for those who really need it.

We would be 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 served the Central Island area for the past 48 years, Vancouver Island for the last seven 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**.
 Warm regards,

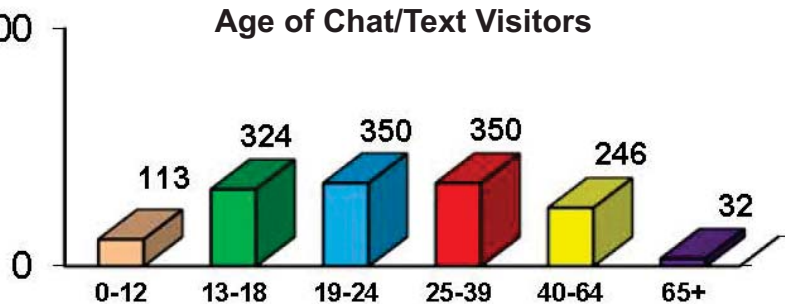
Elizabeth Newcombe
 Executive Director

HERE'S A LOOK AT WHAT WE WERE ABLE TO ACCOMPLISH IN THE LAST YEAR DUE TO THE GENEROUS DONATIONS RECEIVED FOR OUR CHAT/TEXT SERVICES

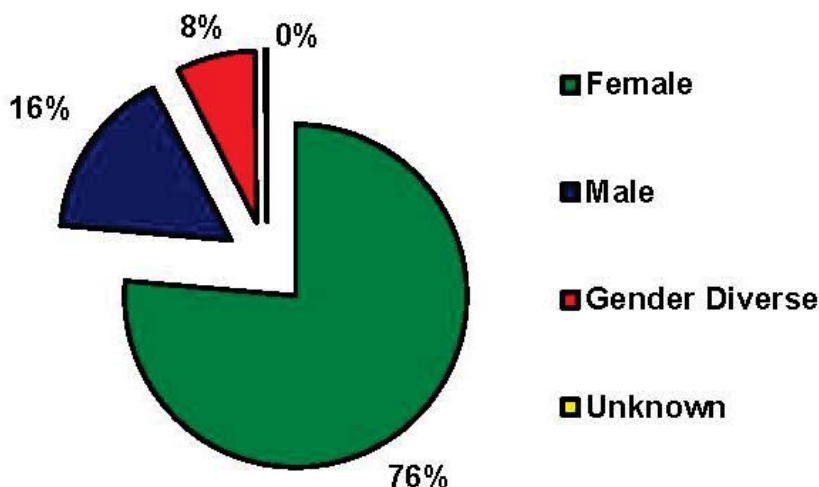


2016-17

Age of Chat/Text Visitors



Gender of Chat/Text Visitors



2017-18 Fundraising Goals

\$40000

**CURRENT
TOTAL**
\$12298

As of June 30, 2017

Telus Launches Internet For Good Pilot

18,000 BC Families Offered Low Cost Internet!

Vancouver, B.C. – TELUS announced today a new pilot program that will offer low-cost Internet service to low-income single-parent families across the province on income or disability assistance. In the coming weeks, approximately 18,000 single-parent families currently receiving assistance from the province will receive a coupon code in the mail. The code will allow them to activate TELUS' offer of Internet service for \$9.95 a month. This innovative pilot program is entirely funded by TELUS and comes at no cost to the government or to taxpayers.

"The families participating in the TELUS Internet for Good program will have access to countless opportunities that are often taken for granted," said Darren Entwistle, TELUS President and CEO. "From applying for a job, to accessing online learning, to connecting with distant loved ones, to virtually experiencing vibrant art and music, Internet connectivity will ensure these families are empowered to reach their full potential in our increasingly digital society."

Program participants will also have access to TELUS WISE, an innovative program dedicated to educating Canadians about Internet safety and equipping families with the tools they need to have conversations with their children and loved ones about online and smartphone safety.

"We are pleased to support TELUS with this offer to single parents receiving assistance," said Michelle Stilwell, Minister of Social Development and Social Innovation. "Improving connectivity for low-income single parents in B.C. opens more doors to success for them and their families. This pilot project also complements our government's Single Parent Employment Initiative, which is removing barriers to employment for single parents on income and disability assistance."

To ensure all families who participate in the program are equipped to access the wealth of resources the Internet offers, TELUS is collaborating with BC Technology for Learning Society and Decoda Literacy. Through the BC Technology for Learning Society, families who cannot afford a computer will have the opportunity to purchase a refurbished desktop computer or laptop at a greatly reduced rate, while Decoda Literacy will help interested program participants enhance their digital literacy skills.

Quick Facts:

- ★ Approximately 18,000 single-parent families in B.C. receive income or disability assistance from the provincial government.
- ★ When surveyed about reasons for not having Internet access, low-income parents have cited three main barriers: price, hardware, and education.
- ★ Through this pilot program, eligible single-parent families will receive a coupon detailing how to activate \$9.95 a month Internet service from TELUS.
- ★ Participants will have access to up to 25 Mbps download speeds and 300GB of data per month.
- ★ Through collaboration with BC Technology for Learning Society, families who cannot afford a computer can purchase a refurbished desktop computer for \$100 or a refurbished laptop for \$150.
- ★ Telus is partnering with the Decoda Literacy Solutions, a provincial nonprofit literacy organization, to ensure that free digital literacy resources including on-line and in person learning programs are available to participants in this program.
- ★ Eligibility for this pilot is based on having been a single-parent family on income or disability assistance on September 20, 2016 and living at an address in a TELUS internet service area.
- ★ The Provincial Government of BC is facilitating the TELUS offer through a mail-out to eligible single parents on income or disability assistance informing them about the pilot program. No personal information has been shared with TELUS.

For more information, please contact:

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Ride Don't Hide



It started six years ago and keeps getting bigger. The Canadian Mental Health Association Ride Don't Hide community bike ride--to create awareness and help break the stigma surrounding mental illness--took place on June 25. Nanaimo was one of 31 communities across Canada hosting rides that involved over 10,000 people saddling up to raise funds for mental health. Here, at home, three different routes accommodated people of all ages including families with young children and more advanced cyclists interested in being challenged. The amazing sponsors, and over fifty volunteers, including Tony Adema, Finance Manager for Island Crisis Care Society, made the event possible. The money, over \$11,000, raised by the Ride will support educational programs in the Central Island area between Ladysmith and Comox.

Next year, which is the 100th anniversary of the Canadian Mental Health Association, the Ride Don't Hide event will take place on Sunday, June 24, 2018.

To find out how you can get your business, organization, self or friends involved with Ride Don't Hide, please contact:

Canadian Mental Health Association Mid-Island Branch

T. 250-591-9551

E. info.midisland@cmha.bc.ca

Photo 1: Young Riders

Photo 2: Winners of the prize for
BEST HELMET HAIR

The Vancouver Island Crisis Line appreciates the on-going support by the Jim Patterson Group Radio Stations Island wide so we encourage you to tune in to your local station for your community updates.

In Nanaimo



In Parksville/Qualicum



In Port Alberni



In Victoria



Thanks to the support of **Shaw TV** the Vancouver Island Crisis Line has a new tv commercial airing on Shaw Comm Cable Van, TV guide Shaw, A&E, TLC, CNN, Peachtree TV, AMC, Speed, Headline News, Gold, MSNBC, Fox News, CNBC, GSN, Spike, BBC World News, NFL Network, BET, Bloomberg TV, Shaw TV Network, Shaw TVL Network.

Have a peek here!

