HEMBC
Health Emergency Management

British Columbia
Mental Health and Wellness
Recovery Toolkit

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Contents

Qualifying Statement

This document provides guidance and identifies best practices and based on a thorough review of current literature and publications available at the time of writing in June 2020. It reflects the best clinical knowledge and evidence available as of the date of publication. Notions of best practice will change over time as a result of new research and other evidence. For this reason, policy makers, managers, clinicians, physicians and members of the community referencing this document for decision-making are asked to consult further with other resources for updated information.

Introduction

The BC Mental Health and Wellness Disaster Toolkit draws directly upon the British Columbia's Mental Health and Wellness Disaster Recovery Guide which was completed following the unprecedented 2017 flood and wildfire seasons. This toolkit is intended to provide practical guidance and resources to facilitate cohesive and consistent planning and delivery of psychosocial recovery activities in the aftermath of disasters.

The toolkit is not intended to be either prescriptive or exhaustive but is based on the premise that there are differences between communities in terms of access to and availability of resources, specific planning processes, and services and programs available to support the well-being of community members. It is intended to facilitate a scalable, flexible and adaptable approach around which all partners can coalesce in support of the planning and implementation of mental health recovery in British Columbia. As such, the tools within this document may be used accordingly by authorities, organizations and agencies involved in community psychosocial programming and services. The toolkit should also be recognized as an evergreen document that will continue to evolve and be improved over time, reflecting the experiences and learnings of local governments, First Nations, provincial ministries and agencies, health authorities, First Nations Health Authority (FNHA), federal departments, Métis Nation BC, service providers, and mental health and wellness experts, as well as by the experiences shared by affected individuals.

Disaster Mental Health and Wellness Planning Assumptions

There are a few key planning assumptions to be aware of while developing mental health and wellness recovery plans and/or initiatives:

1. In response to any disaster or emergency, incident stress-related reactions such as fear, uncertainty, and insecurity, or mood effects such as anxiety, sadness and grief are to be expected, and are not necessarily indicative of an impending mental illness. **Only a small proportion of individuals will experience serious and persistent mental health difficulties** such as depressive and anxiety disorders (including Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD) following a disaster. **Most people affected will recover well without prolonged distress and without the event significantly impacting their mental health.** This may also be a result of a worsening of pre-existing mental health conditions of various kinds, including alcohol or other substance use disorders.

2. Following a disaster, an individual's psychological recovery over time usually occurs in proportion to their capacity to recover from their losses. **The capacity of individuals, families and communities to restore losses and re-establish normal living patterns following disasters will vary depending upon their own resilience**, the specific circumstances of the disaster and its effect upon them.

3. **Social support, especially from close family and friends, makes an important difference, even after exceptionally destructive events with widespread damages**. Community or system-wide characteristics associated with building a sense of engagement, connectedness and hope are also important in mitigating the negative consequences of disasters.

4. Throughout the recovery process it is essential that disaster-affected persons and communities participate in the management of their own recovery. While assistance from outside may be required to overcome these difficulties, it is important that such assistance does not overwhelm those affected and detract from their participation in the management of their own recovery. When possible, it is best to **use local, trusted providers** who have a strong awareness and understanding of psychosocial wellbeing, understand local circumstances, and are embedded in the affected communities.

5. **One of the most critical aspects of the recovery management process is the withdrawal of outside services.** If this step in the process is not managed successfully, the positive effects of all previous efforts may be undone. A planned withdrawal includes community involvement and collaboration to ensure a void will not be left. This is an area in which community recovery committees and mental health and wellness working groups have a crucial role to play.

Individual and Community Psychosocial Supports and Services

Psychosocial support *consists of all processes and actions that promote the holistic well-being of people in their social world, including supports provided by family, friends and the wider community. It comprises what people (individuals, families, and communities) do themselves to protect their psychosocial well-being, and the interventions by outsiders to serve the psychological, social, emotional and practical needs of those affected, with the goal of protecting, promoting and improving psychosocial well-being.* (UNICEF, 2011)

All those involved in an emergency, no matter how they are affected, are likely to benefit from some form of psychosocial support. For many, their distress in the short term can be eased with the care and support of family, friends and the community. Others, however, need more formal or professional intervention and a small proportion need specialized mental health services. This distinction is important as it influences the types of interventions that should be provided.

Psychosocial support requires integrated, multi-layered and targeted initiatives, activities and service coordination that can be scaled up or down as needed to address the complex and dynamic needs of individuals and communities. Psychosocial interventions should use a multidisciplinary approach and should be part of primary health care services and the overall emergency response. This toolkit uses the MHPSS Intervention Pyramid (Figure 1) to assist in the planning of various interventions which will be embedded in the chronological phases of support detailed in this toolkit.

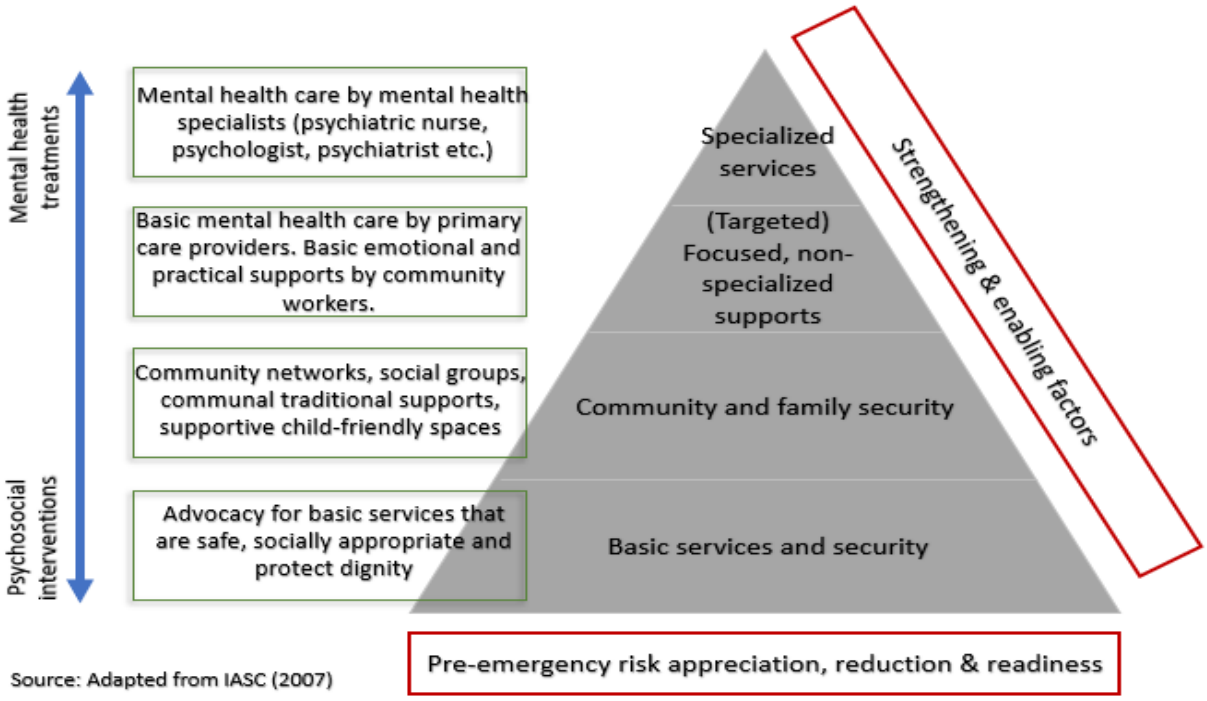
Level One refers to the most basic response in the immediate aftermath of a disaster including access to relevant information and support for individuals and the community. Psychological First Aid (PFA) trained residents and/or responders can provide support, calm, and stabilization in the hours, days and weeks following disaster.

Level Two focuses on community services and family supports aimed at improving coping and promoting recovery. An example of a simple strength-based skills intervention suggested at this level is Skills for Psychological Recovery (SPR).

Level Three refers to more focused supports and psycho-education interventions for individuals and families typically provided by practitioners working in primary care, mental health, and community-based settings.

Level Four includes specialized clinical services for the small percentage of the population experiencing more severe symptoms of depression, anxiety, and post-traumatic stress disorder, as well as pre-existing metal health and complex substance use difficulties.

Figure 1. Inter-Agency Standing Committee's Mental Health and Psychosocial Support (MHPSS) Intervention Pyramid[1]



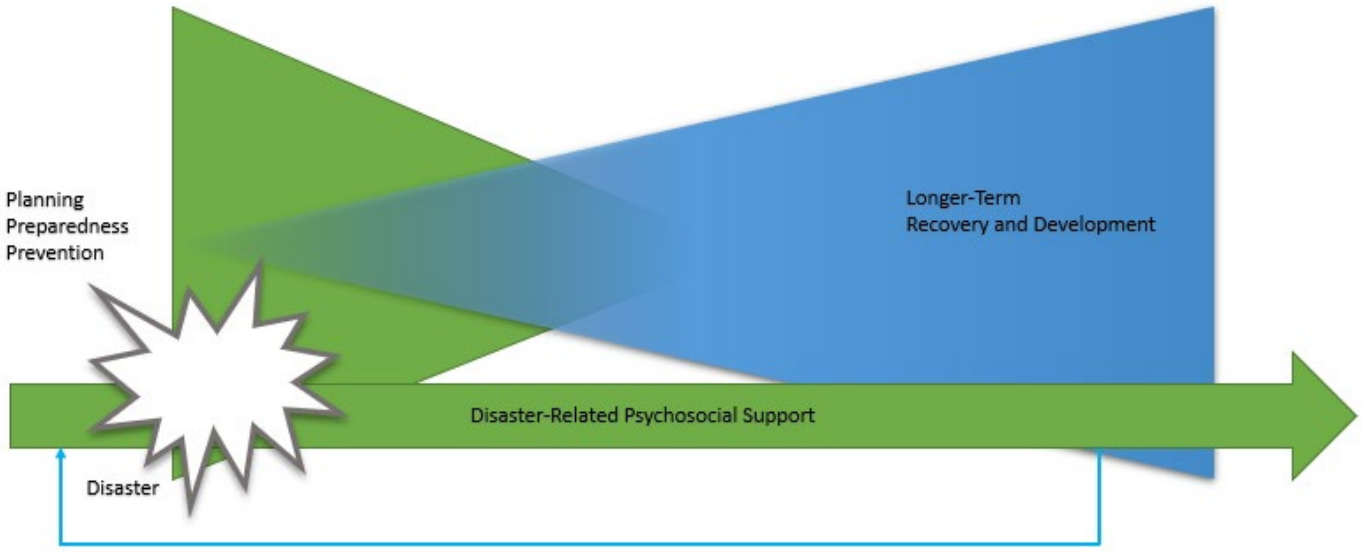
[1] International Federation of Red Cross and Red Crescent Societies Centre for Psychosocial Support (2009). *Psychosocial Interventions – a handbook*. Copenhagen. P.34

Planning Across the Recovery Timeline

Recovery from disasters is best achieved when the recovery process begins shortly after the disaster strikes. While the focus of response and recovery activities are not identical across the recovery spectrum, they are also not separate or sequential activities. Rather, these phases often overlap and may share similar interventions, though the focus of different interventions may vary depending on the particular phase. This is illustrated in Figure 2.

In the immediate aftermath of a disaster, the psychosocial intervention focus is on re-establishing a sense of safety, calm, and connectedness. As recovery and rebuilding progresses, there is a shift to re-establishing a sense of place and a new normalcy. However, this should not be viewed as a linear process; while many people may experience increased hope and optimism as rebuilding progresses, others may experience frustration and new stressors as they encounter financial and other difficuties in rebuidling their lives. As such, it is important that recovery mental health and wellness supports continue to address the varied needs of a community by reinforcing social connectedness as well as ensuring access to supports for an extended period of time following a disaster.

Figure 2. Recovery Spectrum in relation to Disaster-Related Psychosocial Support



Activation of Community-Led Support (Chronological)

Escalation of recovery coordination from the local level to the regional or provincial level are determined based on scope and scale of the event. If the capacity at the local level is exceeded or is expected to be exceeded, regional and/or provincial support may be requested. Following the escalation of recovery activities from the community level to the regional or provincial level, coordination will be maintained at the local level as much as possible. As such, regional and provincial level activities should support recovery activities at the local level, rather than replace them.

There are many mental health and wellness activities, supports, and services that are considered best practices based on previous experiences and the predicted community impacts resulting from a large-scale event or disaster. In the following sections, those best practices are outlined within four chronological timeframes (immediate, short, medium and long-term), with activities and supports categorized as shown in the MHPSS Pyramid diagram *(Figure 1, page 5).*

Note: The length of time for mental health and wellness recovery will vary for each event and community. The timeframes used in this document should therefore be considered as general guidelines only. They may be condensed or extended depending on the impacts of the disaster and other relevant factors such as recent disasters in the affected area.

When using the toolkit, the activities and supports suggested in each of the identified phases (1-4), should not be considered to be specific to or solely for that phase, as some of them may be required in multiple phase, or throughout the entire recovery period (e.g. primary care, mental health and substance use supports).

Phase 1: Immediate Days Post-Disaster

Considerations

In the immediate aftermath of a disaster, the main focus for people is the safety and security of themselves and loved ones. This includes securing shelter, food, access to health care, and other immediate needs. Meeting the basic needs of impacted residents helps to provide some much needed calm and initial sense of security.

Suggested Interventions and Services

Table 1. MHPSS Intervention Pyramid: Basic Services and Security

Basic Services and Security Examples of activities and services, target populations and potential service providers that are beneficial in the immediate days and first few weeks following a disaster.		
Activities and Services	**Target Population**	**Service Providers/Organizations**
• Psychological First Aid (PFA) • Spiritual care • Indigenous wellbeing activities • Coping and wellness information • Shelter and financial assistance • Information on recovery services (community forums, service hubs, call centres) • Advocacy, legal aid, insurance • Food banks • Community outreach to at-risk persons • Shelter for survivors of domestic violence • Establish a Mental Health and Wellness Working Group • Primary Health Care	• Individuals and families affected by disaster • Households and businesses with losses/damages • At-risk and isolated populations including the elderly, persons with disabilities and survivors of domestic violence • Low income households	• Community-based organizations • Non-government organizations • Emergency Support Services (ESS) • Charitable organizations • Faith-based organizations • Health, government and other representatives from agencies suggested for the Mental Health and Wellness Working Group *(see next page for details)*

- **Work with the Emergency Operations Centre (EOC) to collaborate on the following:**
  - Dissemination of up-to-date information on the situation and available services to ensure all community members (including those who are isolated, homeless, immigrants etc.) have access to basic services such as food, housing, and medical care.
  - Provide and coordinate information about mental health and positive coping through varied means for broad dissemination including local news/radio or TV stations, bulletin boards, and social media outlets. Psychosocial information on crisis line numbers, coping and wellness tips, and resources available at mental health support websites should be accessible online, at reception centres and other sites, as well as advertised through social media. See Annex 2 for more details.

  - Initiate a Rapid (Initial) Assessment by the local Community Mental Health and Wellness Recovery Working Group members using additional information gathered by ESS, the Canadian Red Cross, Salvation Army and other responding organizations. The Health Emergency Management BC (HEMBC) Disaster Psychosocial program can support local governments with implementing the assessments if needed.

- If needed, provide basic psychosocial support by offering **Psychological First Aid (PFA)** at group gatherings (e.g., reception centres, community meetings) from trained locals, trained NGO's, or Disaster Psychosocial Program volunteers. PFA support many be requested provided from Disaster Psychosocial Services (DPS), through the Ministry of Health Duty Officer at (250) 686-6061 or hlth.dutyofficer@gov.bc.ca

- **Establish** a Mental Health and Wellness Working Group

Community Mental Health and Wellness Working Group

Purpose

The purpose of the local Mental Health and Wellness Working Group is to establish and maintain a working group with essential service providers and key community representatives (government and NGOs) to address community mental health and wellness needs throughout the recovery phase (short, medium and long-term) of a disaster. Using a trauma-informed, community-based, and holistic approach, the working group (WG) members determine local needs, provide mental health and wellness supports, and monitor progress to strengthen overall resilience while helping those in greatest need.

Terms of Reference

In Scope Activities and Outputs:

- Provision of regular verbal status reports/updates from informed working group representatives from their respective organizations.
- Pro-active identification of known risks to specific community populations including (but not limited to) those directly impacted and displaced from their homes; individuals impacted by loss of employment and income; social development clients; children and youth; people with disabilities and chronic health problems; and the elderly.
- Identification of mental health and wellness service capacity, needs and gaps related to disaster recovery.
- Development of local programs to address identified needs that are within the mandate of existing organizations.
- Development of formal requests (verbal and/or written) to address identified needs that are beyond local capabilities (e.g., psychosocial supports, training and education, case managers) and/or applicable funding.
- Development of a multi-month/year timetable (as applicable), associated actions and initiatives to address known community stressors and to understand the effectiveness of implemented mental health activities.
- Promotion of programs and services through organizational communication channels.
- Recommendations regarding programs and services required to meet community needs.
- Provision of meeting summary updates to local governance and provincial supports as needed.
- Contributions to provincial recovery planning and after-action reviews to enable improved recovery planning and delivery in future emergency events.

Out of Scope Activities and Outputs:

- Mental health systems or processes (e.g., re-design of existing systems).
- Provincial level recommendations (systemic province-wide delivery of service).
- External communications from the working group to the broader public related to the mental health system (other than promotion of new/existing programs), without approval of and collaboration with local government.

Structure:

It is suggested that the working group be co-chaired by two local public-sector staff with the responsibility to oversee the delivery of mental health, wellness and social services supports.

Working group members will be involved in the regular monitoring of mental health and wellness needs and the delivery of mental health and wellness supports within the community through their respective organizations' service delivery.

Recommendations for mental health and wellness supports (training, education or services) not currently within the mandate or financial capacity of the group may be brought forward to HEMBC for consideration, furtherance, approval and/or funding as appropriate through Government of British Columbia ministry representatives. Recommendations will be determined by vote, when the majority of participants in the working group are supportive of the recommendation.

Timeline:

It is expected that the working group will be meeting or connecting regularly in person or via conference/video calls for a minimum of six months, while hands on. Regular interactions will be needed to actively support mental health and wellness needs of the community.

Meeting frequency will be determined by disaster severity and community support needs and the working group will stand down once there is consensus among members that the group is no longer required for recovery support purposes.

Administrative Supports:

It is expected that the working group itself would not have specific costs, other than initial meeting costs related to setting up the committee. Local government offices will be used for meetings (as available) and HEMBC Recovery staff may provide on-going support (if requested and available).

This list of Mental Health and Wellness Working Group Members are suggestions only as the demographics, resources, and local organizations will vary in each community. The list illustrates the broad scope of representation, which may be considered for a comprehensive assessment involving community members and services required for a recovery strategy. The provincial cross sector sub-committee and/or Health Emergency Management BC can support the working group if/as required depending on the supporting government structure activated.

Organization Representative	Name or Position	Contact Information
Local NGO / non-profit social/family services providers		
Local Indigenous Community Representative(s)		
Canadian Red Cross		
Canadian Mental Health Association		
Community Living BC		
Ministry of Children and Family Development		
Ministry of Social Development and Poverty Reduction		
Regional Health Authority • Mental Health and Substance Use • Acute / Clinic Representative(s) • Long-term Elder Care • Public Health / Community Health Facilitator		
First Nations Health Authority / Indigenous Services Canada		
Primary Care Physicians / Local Clinic Representatives		
Victim Services (PSSG)		
Faith Based Group Representative (s)		
School District		
Police / RCMP		
Food Bank		
Mood Disorders Association of BC		
Local Shelters (women's / homeless)		
Pet therapy support		
Other		

Initial and On-going Working Group Considerations

Special populations to consider during the planning process

- Indigenous people, many of whom live with intergenerational trauma
- Children and youth, parents
- Seniors and Elders
- LGBTQ2S+ people
- Front line staff/First Responders
- People with physical and/or developmental disabilities
- People with complex medical conditions
- People experiencing homelessness
- Those at risk of intimate partner violence
- People with pre-existing mental health and addictions issues
- People on parole or in institutions
- Immigrants / English Language Learners

Initial assessment and planning considerations

Stress-Related Questions

- How has the event affected people in your community?
- What are the main changes and stressors caused by the event?
- How would you describe a normal day before the event? How would you describe one now?
- How can you tell when people in your community are not doing well or are in distress?
- What changes have you noticed in yourself and others since the event?

Coping-Related Questions

- How do people in the community usually get through difficult times?
- Are there supports that you would usually rely on but cannot now?
- What are some solutions that might help people cope with the stress caused by the event?
- What would be helpful to children, youth, and other groups that might be especially affected?
- What traditions or community practices are important to people here? Are these happening now?

Formal and Informal Resources

- How do people usually support each other in the community?
- What formal or informal support resources are in place in your community to help people cope with the event?
- How do people access these services? What are the barriers? What can be done to overcome the barriers?
- Are there supports that are missing and would be helpful to you and others?
- What would you say are good ways to spread awareness of psychological wellbeing and the importance of social connection in the community?

Guiding Principles to Maintain throughout Recovery Period

- **Do No Harm** – No action, intervention or other service response should cause harm. Practical examples:
  - Response agencies/local government should collaborate so the impacted population is not asked for the same/similar information multiple times
  - Provide trauma-informed care (e.g. understand potential cultural, historical and gender issues) of the people you are helping
- **Promote Self Help** – In all actions, encourage individuals and communities to care for themselves and others and to seek further help when needed. These actions should also help to restores people's agency and perceptions of themselves as effective individuals
- **Response and Recovery Workers** – Acknowledge both paid and volunteer workers and take steps to protect them from harm. This protection should cover the risk of both acute and cumulative impacts on their psychosocial and mental wellbeing.

Sample Meeting Agenda

A report summary based on working group-meeting notes should be produced for each meeting. The terms of reference will need to be regularly reviewed and referenced to ensure all critical tasks are understood and undertaken.

Introductions
Roundtable organization updates: • Current status • Organizational / staff observances • Newly identified and / or on-going needs • Support available by the organization or support required by the organization • Recommendations or requests • Successes / good news stories / recognitions
Municipal / local community updates *(relevant)*
Provincial Recovery updates *(relevant)*
Group discussion and decisions *(as needed to address information updates)*
Summary of Actionable items for summary report and consensus membership agreement including: • Recommendations and formal requests for identified needs / resources either local or external. • Assigned responsibility for activation of local resources or to formally request external resources and / or funding required. • Next meeting date/time

Action Items

- ☐ Collaborate with the EOC
- ☐ Form a Local Community Mental Health and Wellness Recovery Working Group
- ☐ Conduct a Rapid Needs Assessment with information from the following sources:
    - Initial Working Group representative status reports
    - EOC/Recovery reports – types/numbers of impacted (people, homes, business, essential services etc.)
    - Supplemental reports/anecdotal information from responding First Nation Governments or Local Authorities and NGO's (does not include personal or confidential information - general observations on community status and impact only)
    - See Annex 4 for Household Status and Wellness Assessment Forms

Phase 2: Short-term (1 - 6 months post disaster)

Considerations

In the first one to six months following a disaster, it is important that general mental health and wellness information continues to be extended to the community. In addition to messaging about stress, coping and self-care, include information on how to access specific existing services including crisis lines and counselling services. Attention should also be given to completing community assessments and planning for broader activities aimed at re-establishing a sense of safety and stability in the community with a particular focus on children and youth.

Suggested Interventions and Services

Table 2. MHPSS Intervention Pyramid: Community and Family Supports

Community and Family Supports Examples of activities and services, target populations and potential service providers that are beneficial in the first few to six months following a disaster.		
Activities and Services	**Target Population**	**Service Providers/Organizations**
• Wellbeing workshops and information fairs • Indigenous healing and cultural wellbeing activities • Recovery activities supported by civic and neighborhood groups • Memorials • Community and social groups • Online wellness/coping resources • Community and social events (barbeques, dinners, fairs) • Skills for Psychological Recovery	• Households and businesses with losses/damage • Children and youth • Persons with disabilities • Frail and/or isolated elderly • Other at-risk persons • Front-line workers (extensive activation/workload)	• Community-based organizations • Non-government organizations • Charitable organizations • Faith-based organizations • Indigenous community organizations: indigenous health workers and community leaders • Health care agencies

- **The Community Needs Assessment** may be coordinated by the Mental Health and Wellness Working Group. The Community Needs Assessment can be used to determine the short, medium, and long-term recovery needs and priorities of a community using assessment tools identified in this toolkit. Provincial support may be available from Health Emergency Management BC (HEMBC). See Annex 3 for the Mental Health and Wellness Assessment Summary and Planning Tool.
- The Community Recovery Manager / Mental Health and Wellness Working Group can determine whether support from a Case Management program is required. The decision would be based on local capacity and the number of complex needs residents and supports available to help them. External funding may be required to fund this type of program so identified needs should be discussed with the local government recovery team and HEMBC / Provincial Cross Sector Committee (if activated).
- Consider additional PFA for specific groups (teachers, front-line staff).
- Increase awareness of the free, 24/7 confidential support/crisis lines in BC: 310-6789 (no area code required) and the KUU-US Indigenous line 1-800-588-8717.

- **Traditional Healers** can be accessed through First Nations Health Authority to provide one-on-one healing and support for community members in need. Larger community healing / wellness gatherings can also be supported by FNHA and Indigenous Services Canada.
- Suggest wellness initiatives for implementation in the local EOC / Recovery team (buddy system, daily or weekly check-ins etc.) to strengthen their resiliency and promote their continued health and wellness during long activations.
- **Wellness Workshops for Emergency Operations Centre** staff may be initiated to support emergency operations staff, first responders, and other frontline workers. The workshops are important in supporting the overall health, wellness, and resilience of essential service providers. The workshops should be conducted by experienced facilitators familiar with trauma, current wellness practices, knowledge of EOC operations and emergency response roles. This service can be accessed through the HEMBC Provincial Psychosocial Program.
- **Skills for Psychological Recovery (SPR)** is a consideration to enhance practical coping skills such as problem-solving, managing emotional reactions, and helpful thinking. SPR can be provided by trained local non-profit service providers and external mental health providers. More information on SPR can be accessed by contacting the HEMBC Provincial Psychosocial Program.
- **Strengthening community and family supports** through a focus on resuming or mobilizing social and community activities which reinforce people's sense of connectedness and normalcy. These activities should be closely organized in collaboration with the community, and be seen as being fundamental to the wellbeing of a community throughout the recovery process.

Action Items

- ☐ Local Community Mental Health and Wellness Recovery Working Group continues to meet regularly
- ☐ Conduct a Community Needs Assessment (within WG capacity to provide or determine best means to obtain and analyze additional information as needed)
- ☐ Promote community/neighbourhood activities and ensure social/meeting places are available if usual sites are impacted or destroyed
- ☐ Continue to identify vulnerable populations in the community and local services that can be mobilized to support their needs

Phase 3: Medium-term (7 to 12 months post disaster)

Considerations

In the medium term, recovery difficulties and strains many contribute to increasing levels of exhaustion, fatigue, depression, anxiety, substance use and family violence. In addition to ensuring continued access to crisis lines and wellness resources, additional mental health recovery initiatives and training should be considered based on community needs. Smaller communities may have limited access to such programs so the MH Working Group may need to request external supports and possible funding.

Suggested Interventions and Services

Table 3. MHPSS Intervention Pyramid: Focused, Non-Specialized Services

Focused, Non-Specialized Services Examples of activities and services, target populations and potential service providers that are beneficial in the 7 – 12 months following a disaster.		
Activities and Services	**Target Population**	**Service Providers/Organizations**
• Canadian Mental Health courses • Individual counselling • Family counselling • Bereavement support • Assisted support groups • Initial or continued Case Management for complex needs of impacted residents (if required) • Primary care services	• Individuals and families experiencing continued disruptions to living • Persons at risk of intimate partner violence • Emergency Responders and First Responders • Other at-risk persons experiencing recovery difficulties	• Mental health and wellness organizations • Counselling services • Victim services • Family services organizations • Crisis lines • Primary care physicians • Local government responsible for case management • Health care providers

- Victim support and bereavement support services such as one-to-one support and support groups.
- Primary care services providing first level mental health assessment and treatment services for people with mild to moderate MHSU challenges.
- Counselling is usually available through employee assistance programs and local counselling services. In response to COVID-19, the BC Psychological Association (BCPA) and Kelty's Key have partnered with UBC Okanagan to provide free virtual CBT. Requests can be submitted online.
- **Mental Health support** includes mental health services for more significant support and assessment needs (e.g., signs of PTSD, severe anxiety or depression, trauma, psychosis or substance use disorder) for individuals who are self-referred or physician-referred. These walk-in, inpatient or outpatient mental health services are offered by Mental Health and Substance Use clinicians, usually through the local Health Authorities and the First Nations Health Authority.
- **ASIST** (Applied Suicide Intervention Skills Training) is a two-day interactive workshop in suicide intervention and safety planning. Over 100,000 people in 30 countries attend ASIST each year and many disaster-impacted communities in BC have accessed this workshop to train crisis support staff. ASIST training is provided by several organizations including the Canadian Mental Health Association and the Crisis Intervention and Suicide Prevention Centre of BC (Crisis Centre).

- **Canadian Mental Health Association (CMHA) Programs** offer a variety of services and resources to support mental health and wellness, including skill-building courses, links to free and low cost counselling services, mental health check-ins and strategies for parents. A list of resources for coping with natural disaster stress can be found here. Other CMHA resources include:
  - **Bounce Back** Online support and psycho-education program for individuals with mild depression and/or anxiety. Phone coaching is also available with physician referral.
  - **Living Life to the Full** (group) Participants will attend 8-12 hours of weekly in-person group sessions for eight weeks to learn tools to maximize their ability to manage life's challenges. There are groups for adults, older adults and youth.
- **Mental Health First Aid (MHFA)** Similar to the need for physical first aid for an injured person before medical treatment can be obtained, MHFA is provided until appropriate treatment is found or until the crisis is resolved. The program aims to improve mental health literacy, and provide the skills and knowledge to help people better manage potential or developing mental health problems in themselves, a family member, a friend or a colleague. MHFA is suited to all workplaces seeking to reduce incidences of mental health problems and issues.

Action Items

- ☐ Continued MH Working Group meetings to monitor and report community status, local capacity and need for more targeted supports and training
- ☐ Liaise and inform local government recovery teams and Provincial Committees/HEMBC as needed regarding the status and any additional identified MH needs and supports available
- ☐ In the latter half of this phase, consider planning for Commemoration and/or Wellness Days to provide the opportunity to acknowledge the disaster anniversary, provide recognition of community resilience, show appreciation for helpers, and promote community strength and wellness.

Phase 4: Long-term (12 to 36+ months post disaster)

Considerations

Most people recover from a disaster without requiring mental health services, however, a certain percentage of the population may need additional support. It is not uncommon to see symptoms appear months or even years later, and recovery needs and support for individuals and communities can last from a few to years to a decade.

Level 4 of the MHPSS Pyramid (Figure 2 - Specialized Services) is designed particularly for the 4% to 5% of the population more severely impacted and experiencing severe symptoms associated with depression, anxiety, post-traumatic stress disorder, as well as pre-existing metal health and complex substance use difficulties (IASC, 2007, p.123). Examples of supports include:

- Mental health and substance use outpatient assessment and treatment services.
- Inpatient mental health treatment for severe mental health and substance use conditions.
- Pharmacological interventions for the prevention or treatment and management of mental health problems.
- Non-pharmacological interventions provided by psychiatrists, psychologists and general practitioners (GP) with specialized mental health training or who identify and provide referrals.

Suggested Interventions and Services

Table 4. MHPSS Intervention Pyramid: Specialized Services

Specialized Services Examples of activities and services , target populations and potential service providers that are beneficial in the 12 – 36 months following a disaster.		
Activities and Services	**Target Population**	**Service Providers/Organizations**
• Mental health and substance use services • Clinical psychology and psychiatric services • Crisis intervention services • Family violence support • Primary care services	• Individuals with complex mental health needs • People with pre-existing mental health and addictions issues • Persons newly referred or self-identifying with mental health and substance use issues	• Mental health and substance use clinics • Psychology/psychiatry private practices • Specialized clinics • Ministry of Children and Family Development • Primary care physicians (identifying issues, needs and support referrals)

Action Items

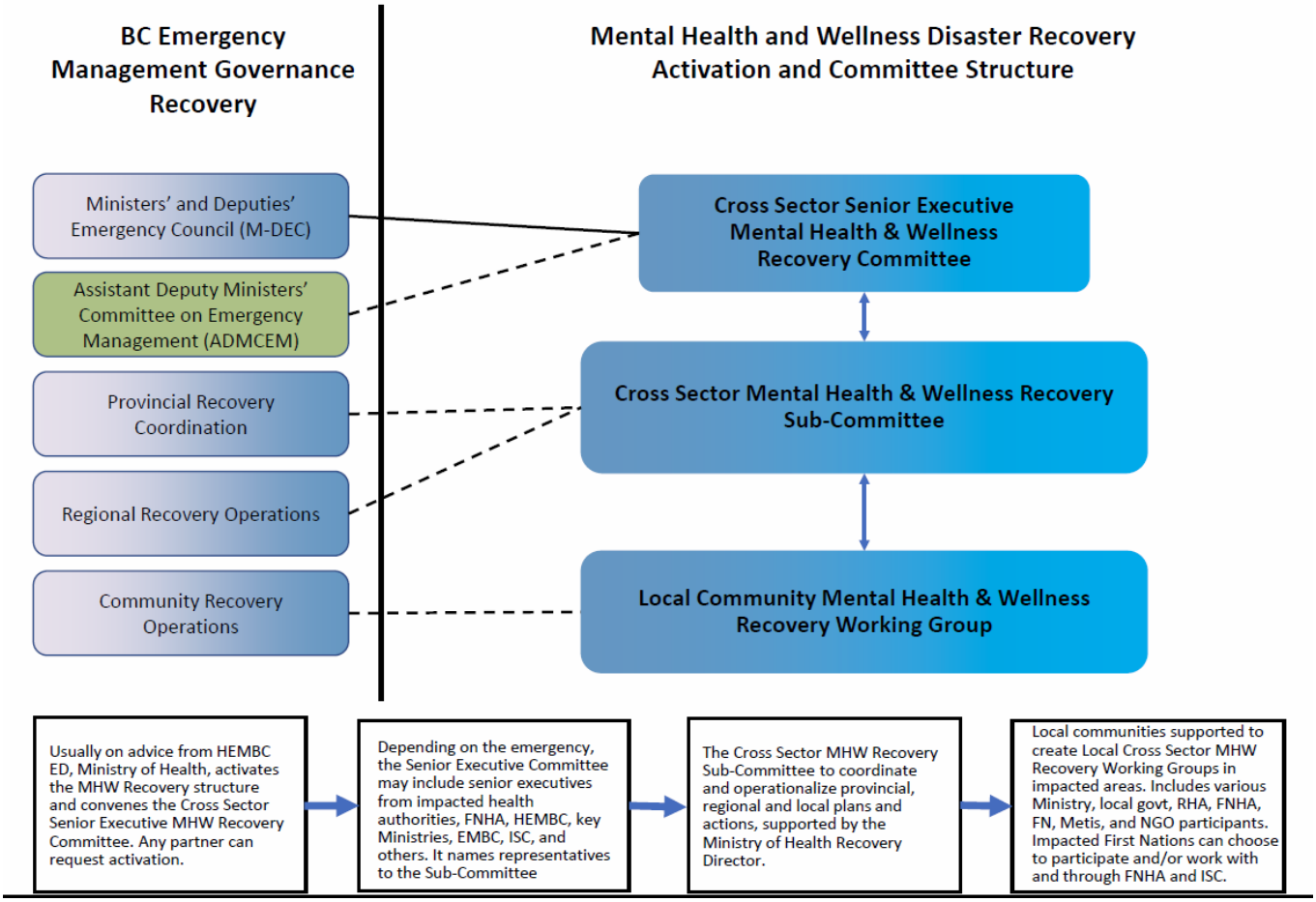
In addition to the provision of specialized services, the following initiatives are important steps for this phase of Recovery:

- ☐ **Develop an annual Status Report** (MH Working Group) that includes successes, on-going initiatives, and outstanding needs to formally inform local and provincial government and request additional supports if required.
- ☐ **Hold Community Commemoration and/or Wellness Days** (planned in phase 3) to bring the community together and recognize strength and resilience, promote health and appreciate helpers and recovery teams.
- ☐ **Continue to promote and provide de-stigmatizing wellness information and resources** to ensure people are aware of potential long-lasting impacts of disasters and the availability of assistance.

Annex 1. Activation of the Provincial Committee Structure

Following a large-scale disaster, the Ministry of Health may activate the *Mental Health and Wellness Disaster Recovery Committee Structure* (see figure below). This sets the stage for clear direction and decision-making at the provincial, regional and local levels. FNHA will be a full partner in this activation and committee structure to inform the provincial government's work and on the invitation of First Nations, lead the coordination of mental health and wellness recovery among First Nations impacted.

Once activated by the Ministry of Health, one of the responsibilities of the *Cross Sector Senior Executive Mental Health and Wellness Recovery Committee* will be to outline the priority work of, and name representatives to, the *Cross Sector Mental Health and Wellness Recovery Sub-Committee*. At the local community level, a lead identified by the Sub-Committee will work with community partners to establish a *Local Community Mental Health and Wellness Recovery Working Group*.



Annex 2. Community Recovery Communication Strategies

In the aftermath of a disaster, a community's sense of wellbeing, empowerment and ability to make informed decisions is contingent on communication that is provided early, that is ongoing, and that uses accessible and consistent means. These actions enhance the recovery process and strengthen community resiliency.

Providing information to a community following a disaster is generally the responsibility of the communications department in larger municipalities. In smaller communities this responsibility may be contracted or reassigned. The communication strategies outlined in this document are intended for integration within the larger municipalities' crisis communications plans. If additional communication support or consultation is required, Health Emergency Management British Columbia (HEMBC) – Recovery can potentially provide recommendations and/or facilitate support for media outreach through the Provincial Health Services Authority's (PHSA) Communications team.

Purpose

The purpose of the Community Recovery Communication Strategies document/guide/framework is to facilitate community recovery using a holistic approach, drawing on the support of mental health and wellness resources to strengthen overall community resilience while addressing individual vulnerabilities.

Objectives

- Raise awareness of the potential mental health and wellness impacts following a disaster and the necessity to target individual and community vulnerabilities and needs:
  - Recognize the signs of stress at the individual and community level.
  - Recognize that recovery is a prolonged process that may be affected by triggering events.
- Destigmatize and normalize mental health and wellness concerns (e.g. stress, anxiety, depression) as expected reactions following a disaster.
- Promote a variety of mental health and wellness resources throughout the duration of the recovery phase (i.e. spanning several months to multiple years).

Timeline

A comprehensive mental health and wellness communication strategy will include the provision of information through an assortment of means, including print (handouts, fliers), the internet (social media and worksites), telecommunications (radio) as well as other means that are relevant and/or unique to the community. Different messaging initiatives and types of information will be required throughout the recovery phase and will be disseminated accordingly. An example of such a timeline is outlined below.

- Short term
  - Identify normal reactions to trauma and the signs/symptoms of stress.
  - Promote effective coping methods and tips for self-care and community care.
- Medium term
  - Raise awareness regarding available mental health and wellness supports for community members, front-line staff, first responders, and local government
- Long term
  - Support community events that recognize and celebrate resiliency (e.g. wellness days, anniversaries, and memorials).

Key Messages for the Community:

- Fear, anxiety and depression are common reactions to traumatic events and can often appear months after the event has ended. An example of this type of messaging: "*You may experience symptoms of sadness and/or anger and have difficulties coping. These feelings are completely normal and are common reactions following a traumatic event.*"
- Talking to others is a proven and effective coping mechanism following a traumatic event. An example of this type of messaging: "*Talking HELPS – Reach out to family, friends, a physician or mental health provider, or call the BC crisis support lines.*" Provide phone numbers and community-specific resources. See https://www.crisislines.bc.ca/mapcrisis-lines for regional/provincial lines and include the KUU-US Indigenous line 1-800-588-8717.
  - Recovery is a prolonged process that is improved by the offering and receiving of support. An example of this type of messaging: "*The path to recovery takes time and offering and receiving support is an important part of the healing journey.*"
  - Provide tailored messaging from local supports (e.g. Regional Health Authority/MHSUS) with details of available resources within the community.

There are several resources available that can provide mental health and wellness support (refer to Annex 5 of this document for a list of resources).

Organizational Communications Supports:

The following is a list of potential organizations or categories that may contribute to the communications strategies whether through collaboration, activation of supports or information, or by validating and endorsing the information provided and initiatives undertaken.

Organization	Interest / Supports
Local non-profit community service providers	Services and support for local families
First Nations Health Authority (FHHA)	Services and support for Indigenous community members, including culturally safe programming and trauma counseling as well as First Nations Traditional Wellness practices
Regional Health Authority	Services and support for residents
First Nations Community Representative(s)	If preferring to participate in a joint initiative instead of individual FN community specific
United Way	Promote BC211.ca in impacted regions
Canadian Mental Health Association	Promote "Bounce Back" in impacted regions, potential campaign sponsor
Canadian Red Cross	Support Red Cross service delivery in affected regions
School District	Liaison for student and teacher messaging and support initiatives
Provincial / Local Recovery structure - People and Communities Sector Lead and / or Recovery Manager, Case Managers	Depending on the size of the disaster (single or multiple communities, event impact/magnitude, Provincial Recovery team/pillars established), different positions may be assigned to support Recovery locally

Ministry of Health (HEMBC Recovery) through Local Community Mental Health and Wellness Working Group	Support coordinated, collaborative outreach; support partner efforts; contribute to overall Provincial recovery efforts
Ministry of Social Development and Poverty Reduction	Support with rebuilding and recovery for marginalized and economically disadvantaged members of the population.
Ministry of Child and Family Development	Support for families needing additional services to cope with changes brought on by disaster.
Community Living BC	Support for individuals with disabilities.
Mood Disorders Association of BC	Support for individuals living with mood disorders.
Division of Family Practice	Local divisions undertake various initiatives, projects, and programs to address specific areas of patient care, administration, and physician support.
City / Municipality	Supporting needs of residents/communities - integrating with outreach efforts
Regional District	Supporting needs of residents/communities within jurisdiction – integration of initial outreach efforts

Performance Measurement for Messaging Campaign (samples)

The campaign's efficacy will be measured using several Key Performance Indicators (KPIs) designed to assess awareness levels and program uptake. The goal is to refine the campaign as needed over time to help maximize benefits for affected British Columbians. Community partners are asked to track, measure and report on progress per the KPI table below. What to measure will vary, depending on what the campaign is promoting (e.g. use of crisis lines, connecting with case managers, attendance at a community event, volunteer recruitment).

KPI	What to measure	When to measure
Online strategy	• # FB page impressions • # of comments • # of enquiries • # of participants in online campaigns	• At launch • At regular intervals • At key trigger events
Community media	• # of interviews • # of articles • Tone – positive/negative	• At regular intervals • After events / media relations
Direct Mail	• # of pieces mailed • (e.g. Increase in crisis line calls)	• At time of mail drop • Two weeks after drop
Posters	• # mailed or distributed posters • # of placements	• At time of post • Two weeks after post
Events	• # of events • # of attendees • Tone – positive/negative	• At event

Annex 3. Mental Health and Wellness Assessment Summary and Planning Tool

The Mental Health and Wellness Assessment Summary and Planning Tool is intended to provide a consolidated summary of agency assessments, types of provided supports and respective target populations, as well as the intended outcomes of these interventions. Taken together, this simple 'clustering' approach allows for an integrated and comprehensive community assessment and planning approach. This in turn minimizes the duplication of efforts, whether by filling gaps or preventing overlap, and ensures different organizations are synchronized to work together to achieve a common objective.

Mental Health and Wellness Assessment Summary and Planning Tool

Community _____ Date of Completion: _____

Description of event					
Mental Health/Wellness Assessment Findings					
Consideration for Special Populations					
MHPSS Tier	Type of Support	Special Population	Organization	Outcome/Indicator	Comments
Basic Services & Security					
Community & Family Supports					
Focused, Non-Specialized services					
Specialized Services					

Annex 4. Household Status and Wellness Assessment

The purpose of the **Household Status and Wellness Assessment** is to determine how the disaster impacted individuals, families and households in order that the Community Recovery Organization can coordinate or provide assistance to support recovery. The assessment will consider recovery needs as a result of a disaster. The **SF-36 health questionnaire** is included to support survivors' overall wellness and possibly re-visit and update a client's health profile over time. Case managers may be most suitable to administer the SF-36 to disaster survivors receiving the support of case managers.

Household Status and Wellness Assessment

PURPOSE: The purpose of Household Status and Wellness Assessment is to determine how the disaster impacted you and your family/household in order for the Community Recovery Organization (as established by the responsible Local Authority/municipality/regional district/First Nation) to coordinate or provide you with assistance to support you in your recovery. The assessment will consider your recovery needs as a result of a disaster.

A health questionnaire is included to support your overall wellness and possibly re-visit and update your health profile over time. We want to ensure you are assisted where indicated and your health is prioritized. If at any time during the interview you decide not to provide the information requested or do not wish to proceed with the assessment, you may stop the process and your application will be closed immediately, with no further action taken. If you choose to only provide partial information, the determination of available assistance will be considered based on the information provided. If you do not consent to the information sharing below, you may be required to complete a full assessment with each agency or government on services or support you choose to seek.

IMPORTANT: You will need to complete a separate DFA application form for Disaster Financial Assistance. More information is available at the DFA website.

CONTACT CONFIDENTIALITY AUTHORIZATION: Concerned family and friends may inquire about you/your family because of the emergency. We would like to provide these people with some information about you. Do you authorize the disclosure of your location and the contact information for you and your family members to inquiring friends and family?

☐ No ☐ Yes

AUTHORIZATION/CONSENT AND CERTIFICATION:

I, _____ authorize the _____

(Applicant Name) (Community)

Recovery Organization to share all personal information that I provide or is collected about me from this application for assistance with relief organizations, humanitarian agencies and governments that are offering any assistance whatsoever as a result of this disaster. I understand that the information I provide may be verified as part of this application process. Other than for the purposes outlined in this consent, the information contained in this application will be considered to be private and confidential. My consent is valid for one year only from the date of signing. I certify that the information contained in the following application package is true to the best of my knowledge and belief.

_____ _____

Signature of Applicant Date

HOUSEHOLD PROFILE

Applicant's Last Name	First Name	Middle
Age	Gender Identity	Employment Status
Complete Address at time of Disaster (Street Address/Legal Property Description) ☐ Owner ☐ Renter		
Total # of household occupants ____	☐ Seniors # ____ ☐ Dependents Under 18 # ____ ☐ Pets # _____description/status	☐ Livestock Numbers/description/status
Mailing Address (if different from above		
Were you or are you evacuated from your home? ☐ No ☐ Yes - Date you evacuated?_____ - Date of return? _____ - *or* - *provide current address below*		
Where you are currently residing: ☐hotel/motel ☐family/friend's ☐Other Complete Address:		
New Post-Disaster Address (if different from those above)		
Do you have a personal support network?		
Contact Information:		
Current Phone/Cell	Work Phone	Other
E-mail address:		

IMMEDIATE AND SHORT TERM NEEDS

Emergency / Disaster Funding Support

Are you receiving Emergency Support Services (ESS) support? ☐ No ☐ Yes – Details and case file #

Are you receiving Disaster Financial Assistance? ☐ No ☐ Yes – Details and case file # ☐ Filed and waiting

Have you contacted the Red Cross for assistance? ☐ No ☐ Yes – Details and case file #

HEALTH and SAFETY	HOUSING	OTHER ESSENTIALS
☐ Medical issues requiring care or prescription needs	Temporary (how many people and pets and estimate of time)	☐ Food ☐ Clothing ☐ Transportation ☐ Child care ☐ Agriculture / farm business ☐ Pet care ☐ Support for livestock (space and/or funds) ☐ Employment
☐ Counselling or other mental health and wellness needs	Permanent – will not be able to return to residence (now or ever)	
☐ Disability / Special Medical Needs	Clean-up (with some help we can return)	
☐ Do you currently have any safety concerns (physical or mental health risks) for yourself or members of your household?	Repairs ☐ with minor help we can return ☐ with major help we can return	

HOUSEHOLD FINANCIAL IMPACT

Do you have renter / home owner INSURANCE to cover your loss?

☐ No ☐ Unsure ☐ Yes, completely ☐ Yes, partially

Did your household income change as a result of the disaster? ☐ Yes - If yes, has the lost income returned to normal yet? ☐ No ☐ Yes

If no, when is it estimated to return to normal? _____

Will the cost of your recovery (and possible change of income) have an impact on your access to basic needs and your ability to meet your monthly financial commitments (e.g., food, clothing, mortgage, rent, vehicle payments, personal or business loans)? ☐ No ☐ Yes

If yes, please describe:

Does your household have access to other funds to assist in your recovery (e.g. borrowing capacity, RRSPs, bonds, personal insurance, and employment insurance)? ☐ No ☐ Yes

If yes, Type of other funds: _____ Amount: $ _____ Anticipated date of availability (if applicable)_____

Describe the nature and magnitude or the damage to your property / place of residence (if renting) and estimated time before return

Health Survey (SF-36)

Choose one option for each question

1. **In general, would you say your health is?**
   ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor
2. **Compared to one year ago, how would you rate your health in general now?**
   ☐ Much better now than one year ago ☐ Somewhat, better now than one year ago
   ☐ About the same
   ☐ Somewhat worse now than a year ago ☐ Much worse now than one year ago

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

3. **Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports**

☐ Yes, limited a lot (1) ☐ Yes, limited a little (2) ☐ No, not limited at all (3)

4. **Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf**

☐ Yes, limited a lot (1) ☐ Yes, limited a little (2) ☐ No, not limited at all (3)

5. **Lifting or carrying groceries**

☐ Yes, limited a lot (1) ☐ Yes, limited a little (2) ☐ No, not limited at all (3)

6. **Climbing several flights of stairs**

☐ Yes, limited a lot (1) ☐ Yes, limited a little (2) ☐ No, not limited at all (3)

7. **Climbing one flight of stairs**

☐ Yes, limited a lot (1) ☐ Yes, limited a little (2) ☐ No, not limited at all (3)

8. **Bending, kneeling, or stooping**

☐ Yes, limited a lot (1) ☐ Yes, limited a little (2) ☐ No, not limited at all (3)

9. **Walking more than a mile**

☐ Yes, limited a lot (1) ☐ Yes, limited a little (2) ☐ No, not limited at all (3)

10. **Walking several blocks**

☐ Yes, limited a lot (1) ☐ Yes, limited a little (2) ☐ No, not limited at all (3)

11. **Walking one block**

☐ Yes, limited a lot (1) ☐ Yes, limited a little (2) ☐ No, not limited at all (3)

12. Bathing or dressing yourself

☐ Yes, limited a lot (1) ☐ Yes, limited a little (2) ☐ No, not limited at all (3)

During the **past 4 weeks** have you had any of the following problems with your work or other regular daily activities as a **result of your physical health**?

13. Cut down the amount of time you spent on work or other activities

☐ Yes (1) ☐ No (2)

14. Accomplished less than you would like

☐ Yes (1) ☐ No (2)

15. Were limited in the kind of work or other activities

☐ Yes (1) ☐ No (2)

16. Had difficulty performing the work or other activities (for example it took extra effort)

☐ Yes (1) ☐ No (2)

During the **past 4 weeks** have you had any of the following problems with your work or other regular daily activities as a **result of any emotional problems** (such as feeling depressed or anxious)?

17. Cut down the amount of time you spent on work or other activities

☐ Yes (1) ☐ No (2)

18. Accomplished less than you would like

☐ Yes (1) ☐ No (2)

19. Didn't do work or other activities as carefully as usual

☐ Yes (1) ☐ No (2)

20. During the past 4 weeks to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups?

☐ Not at all (1) ☐ Slightly (2) ☐ Moderately (3) ☐ Quite a bit (4) ☐ Extremely (5)

21. How much bodily pain have you had during the past 4 weeks?

☐ None (1) ☐Very mild (2) ☐ Mild (3) ☐ Moderate (4) ☐ Severe (5) ☐ Very severe (6)

22. During the past 4 weeks how much did pain interfere with your normal work (including both work outside the home and housework)?

☐ Not at all (1) ☐ A little bit (2) ☐ Moderately (3) ☐ Quite a bit (4) ☐ Extremely (5)

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. **How much of the time during the past 4 weeks:**

23. Did you feel full of pep_____ of the time?

☐ All (1) ☐ Most (2) ☐ A good bit (3) ☐ Some (4) ☐ A little (5) ☐ None (6)

24. Have you been a very nervous person?

☐ All (1) ☐ Most (2) ☐ A good bit (3) ☐ Some (4) ☐ A little (5) ☐ None (6)

25. Have you felt so down in the dumps that nothing could cheer you up?

☐ All (1) ☐ Most (2) ☐ good bit (3) ☐ Some (4) ☐ A little (5) ☐ None (6)

26. Have you felt calm and peaceful?

☐ All (1) ☐ Most (2) ☐ A good bit (3) ☐ Some (4) ☐ A little (5) ☐ None (6)

27. Did you have a lot of energy?

☐ All (1) ☐ Most (2) ☐ A good bit (3) ☐ Some (4) ☐ A little (5) ☐ None (6)

28. Have you felt downhearted and blue?

☐ All (1) ☐ Most (2) ☐ A good bit (3) ☐ Some (4) ☐ A little (5) ☐ None (6)

29. Did you feel worn out?

☐ All (1) ☐ Most (2) ☐ A good bit (3) ☐ Some (4) ☐ A little (5) ☐ None (6)

30. Have you been a happy person?

☐ All (1) ☐ Most (2) ☐ A good bit (3) ☐ Some (4) ☐ A little (5) ☐ None (6)

31. Did you feel tired?

☐ All (1) ☐ Most (2) ☐ A good bit (3) ☐ Some (4) ☐ A little (5) ☐ None (6)

32. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives)?

☐ All (1) ☐ Most (2) ☐ Some (3) ☐ A little (4) ☐ None (5)

How TRUE or FALSE is each of the following statements for you

33. I seem to get sick a little easier than other people

☐ Definitely True (1) ☐ Mostly True (2) ☐ Don't know (3) ☐ Mostly False (4) ☐ Definitely False (5)

34. I am as healthy as anybody I know

☐ Definitely True (1) ☐ Mostly True (2) ☐ Don't know (3) ☐ Mostly False (4) ☐ Definitely False (5)

35. I expect my health to get worse

☐ Definitely True (1) ☐ Mostly True (2) ☐ Don't know (3) ☐ Mostly False (4) ☐ Definitely False (5)

36. My health is excellent

☐ Definitely True (1) ☐ Mostly True (2) ☐ Don't know (3) ☐ Mostly False (4) ☐ Definitely False (5)

Annex 5. Mental Health and Wellness Resources

Below is a list of mental health and wellness supports and resources available during emergency events and disasters.

BC Psychological Association (BCPA): The BCPA has a list of resources available to the public.

BC 211: BC 211 provides online links as well as telephone support to connect residents across BC with services in their community for needs such as getting basic necessities and housing to victim services, substance use support and counselling. Call 211 or visit http://www.bc211.ca/home.

Canadian Mental Health Association (CMHA): CMHA has information and tools on mental health and wellness. This includes skill-building courses, links to free and low cost counselling services, mental health check-ins and strategies for parents. A list of resources for coping with natural disaster stress can be found here.

Canadian Red Cross: The Canadian Red Cross provides training courses, disaster support services and recovery guides such as coping in crisis. The Canadian Red Cross also provides two online PFA courses; Caring for oneself and Caring for Others as well as a free basic PFA Guide.

Health Emergency Management BC (HEMBC) Disaster Psychosocial Program: HEMBC's Psychosocial Program, which includes the Disaster Psychosocial Service (DPS), provides psychosocial guidance to health authorities and communities before, during and after disasters. DPS provides Psychological First Aid (PFA) training and support to communities during emergencies and disasters. Services can be requested by contacting dpsprogram@phsa.ca.

Interior Health Access to Mental Health and Substance Use Services
Call 310-6478 if you need support for:

- Ongoing difficulties with mental health concerns including anxiety, depression, paranoia, psychosis, or if you're unsure if you need support
- Ongoing difficulties with substance use

Crisis Lines

Crisis lines provide free, 24/7 telephone services for individuals in immediate need for support:

The Crisis Line (Crisis Centres Association BC): 24/7 confidential Mental Health Support **call 310-6789** (no area code required) for emotional support, information and resources specific to mental health. If you are considering suicide or are concerned about someone who may be **call 1-800-SUICIDE: 1-800-784-2433**

Crisis text Line: Trained Crisis Counselors help those wanting to text through active listening and collaborative problem solving.

Hope for Wellness: Immediate wellness counselling, crisis line and online chat for Indigenous people across Canada. **1-855-242-3310**

Residential School Crisis Line at **1-866-925-4419** (24 Hour) if you require emotional support.

Kids Help Phone: A bilingual (English/French) text, online chat and phone support for children and youth. **1-800-668-6868**

KUU-US Crisis Line Society: Provincial aboriginal crisis line for Adults/Elders: 250-723-4050, Child/Youth: 250-723-2040, **Toll Free Line: 1-800-588-8717.**

Senior's Distress: A free and confidential telephone support service for seniors, their caregivers or anyone concerned about a senior to help with loneliness, connection to resources and difficult life transitions. 604-872-1234

Trans Lifeline: Crisis line for Trans people staffed by Trans people. 1-877-330-6366

Youth in BC Distress Line: Distress Line for youth staffed by counsellors and trained volunteers who are committed to helping youths in crisis. 1-866-661-3311

Other Mental Health and Wellness Links

Anxiety Canada: This website contains information about dealing with anxiety and links to free online courses and apps with coping resources for anxiety such as the MindShift App.

Bounce Back BC: An online resource with workbooks, activities, videos, and access to a trained coach who can provide up to (6) phone sessions to help with anxiety, depression, stress and worry.

FNHA Residential School Information and the Indian Residential School Survivors Society https://www.irsss.ca/

Government of BC: A list of virtual mental health supports for different groups including the general public, parents, educators, healthcare workers, youth, seniors and indigenous people.

Heads Up Guys: A website with information and resources on depression for men by men.

Health Link BC: This website and service can help with information on general health questions, healthy eating and exercise and medications questions. Visit their website for more information or call 811 from anywhere in BC. Health Link BC also has a list of available mental health services for different populations.

Here to Help BC: A website with mental health and substance use information and resources including screening self-tests, information sheets and workbooks.

Kelty's Key: Online guided CBT therapy, courses and self-help resources on topics such as depression, anxiety, grief, insomnia, family support and substance use.

Mood Disorders Association of BC: Provides education, treatment and support for individuals living with mood disorders.

Mind Health BC: Information on a variety of mental wellness topics, self-screenings, and links to resources.

The Alcohol & Drug Information and Referral Service: Find resources, support and referral information for treatment and counsellors across the province. Phone toll-free: 1 800 663-1441 or 604 660-9382 (Greater Vancouver).

Wellness Together Canada: Tools, resources and links to support Canadians with low mood, worry, substance use, social isolation, and relationship issues.

Regional Mental Health and Substance Use Information in BC:

Fraser Health

Interior Health

Island Health

Northern Health

Vancouver Coastal Health

Kelty Mental Health Resource Centre

Ministry of Child and Family Development: Local Child and Youth Mental Health Offices

Pamphlets on Coping & Emotional Support

Alberta Health – Recovery after a Disaster or Emergency Resources provide an overview of strategies and supports for coping with grief, managing stress, social and emotional support and environmental concerns.

Canadian Mental Health Association – Coping With Natural Disaster Stress. This resource provides an overview of coping skills, information and supports available for help with dealing with wildfires, mental health & wellness and stress. Short brochures on a number of topics including anxiety, depression, loneliness and anger can be found here.

Canadian Red Cross – Coping with Crisis: Information and resources for individuals affected by disaster and emergencies. Includes information on signs and symptoms of stress, helpful links and a guide on well-being in recovery.

Guide-to-Recovery_Parents-and-Caregivers_EN.pdf (redcross.ca)

Guidebook-for-wellbeing-in-recovery-2021.pdf (redcross.ca)

E-Mental Health – short information sheets and screening tools on a variety of mental health topics affecting children, youth and adults including dealing with traumatic events, grief and stress.

First Nations Health Authority – Mental Health & Cultural Supports: A list of support services specializing in indigenous mental health.

Health Link BC – A service by the government of BC including self-assessments, a fact sheet generator, resources and information sheets on topics such as physical and mental health, nutrition, exercise and medication. Resources are available in multiple languages.

Here to Help – Short articles with information on a variety of mental health and substance use topics for different audiences.