

SHOWING UP AS YOURSELF

Impact Stories from the CAI Community Counselling Fund



Ministry of
Mental Health
and Addictions



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Land Acknowledgement

CAI does its work on the stolen homelands of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish) and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) First Nations. We also acknowledge the many territories and lands across Turtle Island that our grantee organizations work on, which have been cared and fought for by Indigenous peoples since time immemorial. As funders at a settler-led organization, we know that we represent a series of practices that have historically been rooted in hierarchy, colonial power and a scarcity mentality that pits non-profit organizations against each other for resources. We strive to learn from our Indigenous grantee organizations and partners to do grantmaking in a way that respects Indigenous and community knowledge, Indigenous-defined mental health goals and Indigenous communities’ right to define their own existence.

Purpose

The CAI Community Counselling Fund is a landmark investment by the BC Ministry of Mental Health and Addictions in low-barrier, community-based counselling. Since 2019, Community Action Initiative (CAI) has been honoured to steward this fund and support 49 grantee organizations located in different geographic, cultural, and identity-based communities across BC. We – CAI – strongly believe in the value of grassroots-level mental health initiatives alongside mental health delivery models established in health authorities and private practice.

We put this collection of stories together to celebrate the successes of community-based counselling that we have seen over the past three and a half years. These achievements were facilitated with up to \$120,000 per organization per year, with additional funds for technology start-up costs when COVID-19 began, and sector-wide training and networking opportunities. This selection highlights the stories of people who have been touched by the CAI Community Counselling Fund through their experiences as counsellors, clients, supervisors and others. While it was not possible in less than 20 pages to represent the perspectives of everyone connected to this fund, nor give a comprehensive summary of all issues faced by communities, the stories here show time and again that counselling in a community setting enables team and network-based support for the whole person, including the ways that their housing, food security, employment, migration history, language and other factors affect their mental health.

We hope that these stories will stick with you.

Who We Work With

“They’re covering both ends in our current mental health care system. The very successful and the people who’ve fallen apart, but not the people in between.”

Siobhan Powlowski, Executive Director, Gordon Neighborhood House (Vancouver)

Often people who need mental health care the most have the least access to it.

MORE ACCESS

- People who can afford to pay upwards of \$130/session
- People who can speak English
- A variety of types of counselling are available to choose from
- Mental health can be addressed before a crisis

- People are mandated to receive mental health services by the health or criminal justice system
- People in mental health crisis
- Little to no choice involved in the provider or the setting
- Specialized care for mental health diagnoses
- Care is acute and short-term

LESS ACCESS

- People with undiagnosed or sub-clinical mental health issues
- People with complex and concurrent mental health issues
- People who are ineligible for publicly funded programs
- People who do not feel comfortable speaking English
- Counselling is a luxury



"Many of the women and their families that we serve live in deep poverty and are distrustful of asking for help, fearful it will bring their children under government scrutiny. Female headed families live with the greatest gap under the poverty line which barriers access through the costs of not only transportation to services but the cost of service. There are virtually no free services and even sliding scales are still prohibitively expensive for them."

Anecdotal, when faced with these choices, clients advise that what must be sacrificed is counselling rather than other priorities: food, shelter, transport. Even a \$20 fee makes counselling inaccessible for many of the clients that we serve. [This] funding has allowed us to provide counselling, free of cost, and make such counselling accessible to all."

Michelle Moloney, Director of Clinical Programs, Elizabeth Fry Society of Greater Vancouver (New Westminster)

The CCF is rooted in the goals of providing accessible, equitably delivered, integrated, and culturally safe mental health and substance use care, when and where it's needed most.

We funded organizations with one major criterion being that grantee organizations would take an equity-based approach, which recognizes that some groups of people face specific challenges and thus need specific supports. Groups of people that grantee organizations focused on serving include:

- People whose complex and concurrent conditions render them ineligible for publicly funded programs
- Indigenous people
- Newcomers who don't speak English and can't access most counselling supports
- People who are homeless or precariously housed
- People engaged in sex work
- People with lived and living experience using substances
- People with disabilities
- People who live in poverty
- People living in rural and remote regions where resources are scarce
- People experiencing gender-based violence
- 2SLGBTQ+ people
- Seniors
- Men
- Other generally equity-denied groups

"Every person who has the courage to come in here is a success story."

John Spence, Indigenous Substance Misuse Counsellor, Watari Counselling and Support Services Society (Vancouver)



The Impact in Numbers

As of March 2022:



More than **52,800** people have received individual, couples, or family counselling from our 49 grantee organizations. About **50%** connected with services at these organizations for the first time.



179 counsellors – including registered clinical counsellors, social workers, Elders and traditional healers – counselled people in **35** different languages.



Over **19,400** people have received counselling in a group setting; **60%** of whom connected with services at these organizations for the first time.



Over **224,400** individual, couples, or family sessions have been delivered.



Over **8,000** group counselling and psychoeducational workshops have been delivered.



258 students have received training to deliver high-quality care, and are building a stronger, more sustainable workforce to meet the wellness needs of British Columbians for many years to come

How We Put This Report Together

We interviewed staff at **25** of our **49** grantee organizations speaking to one or two people in each conversation for a total of 28 in-person participants. The conversations were semi-structured.

The main point was to let grantees emphasize whatever they felt was most important about their work to identify common themes that illustrate the value of community counselling for underserved populations. We also drew on written responses from our 49 grantee organizations over the years, including reports and quotes shared with CAI.





VISIONING A WAY FORWARD

Grantee organizations offer their insights from the past three and a half years of the Community Counselling Fund and recommend the following actions to create impactful organizational changes and lasting mental health outcomes:

Consistent, multi-year grant funding would:

- Allow organizations to maintain consistent staffing
- Allows staff to focus on client work, not chasing grant funding
- Create job stability
- Allows organizations to proactively plan ahead and anticipate client demand
- Encourage people to start counselling as they know their sessions will not be limited

Publicly funded mental health care across the lifespan, integrated with MSP would ideally:

- Remove reliance on grant funding
- Have no restrictions on the number of sessions
- Have options for both in-person and virtual services
- Include multi-lingual services
- Be inclusive of a range of practitioners, including Elders

Improved networks of information sharing and education between non-profits and government services would:

- Facilitate connections and referrals to meet people's needs, including physical health, food security, housing, legal issues, education, work and job training
- Make it easier for people to get the help they need - preventatively, as maintenance and in crisis
- Reduce stigma around mental health access

Theme 1: MEETING PEOPLE WHERE THEY ARE

Meeting People in Local Spaces

Many people don't trust formal institutions such as hospitals or the implied formality of a multi-storey office buildings. That's why local buildings with a more informal atmosphere are often very successful settings for counselling. Community cornerstones, such as Neighbourhood Houses and Friendship Centres make it easy for people already accessing programs to drop in to talk to someone they know and trust. For example, parents can leave their children in a facility that's already familiar to them, rather than needing to arrange childcare during each counselling appointment. Co-locating counselling with other social or health care services can also address privacy issues, which can be a huge concern in small communities.

"One of the reasons our counselling services work for people is that we offer so many things here, and that not only helps people learn about the service and multi-task while they're here, but they like that they can come here and no one will know it's for counselling. It could easily be for something else."

Siobhan Powlowski, Executive Director, Gordon Neighborhood House (Vancouver)



"Many of the clients in the program have never had any counselling before. They might come to the centre seeking support for housing insecurity or another immediate crisis, not necessarily aware of the benefits of counselling. But by providing that space to share, many clients uncover that they carry things like complex trauma related to the impacts of colonialism, such as residential school . . . clients often say that they feel like it takes a real load off to finally have that space to process a lifetime of experiences."

Josephine Deschamps, Mental Health Counsellor, Dze L K'ant Friendship Centre Society (Houston)

Although most grantee organizations agree that informal-feeling spaces suit their clients well, Gary Thandi from Moving Forward Family Services noted that when primary health care and mental health care are located together, such as in a clinic or a community health centre, this can be extremely helpful for building trust with South Asian immigrants in Surrey. He pointed out that this is a culture that places a great deal of trust in the medical profession but is wary of language around mental health. Referrals from medical staff to counsellors located in the same building brings mental health under the legitimacy granted to primary health care and increases the number of people getting the help they need. This model of team-based multidisciplinary care is also helpful in addressing problems that have both mental and physical manifestations.

"F* * * You"

RainCity Housing and Support Society's Outreach Counsellor, Yanick, visits homeless encampments in Maple Ridge. The outreach work includes checking in on people, being there to talk, and connecting them with various services at local agencies that might help make their lives easier.

During her regular rounds, Yanick often saw the same man. He seemed like he might be suffering with both physical and mental symptoms. She would always say hello, hoping to start a conversation. For months, he always responded with "F* * * you". Then one day he responded with "Hey," -- and Yanick simply said "Hey" back.

After a few weeks of saying "Hey" to one another, Yanick eventually asked, "Is there anything you need?" "...Juice," the man said. So, Yanick began to bring juice with her every time she made the rounds in case she should happen to see him. He started to accept the juice and over the next few weeks they would sit together while he drank it in silence. One day, they began to talk.

Yanick shared this information with other outreach workers, and they also began to carry juice with them if they wanted to work with this man. Eventually, this led to him opening up enough to connect with a few other agencies. He remains on the street, but his physical and mental health are far better than they were.



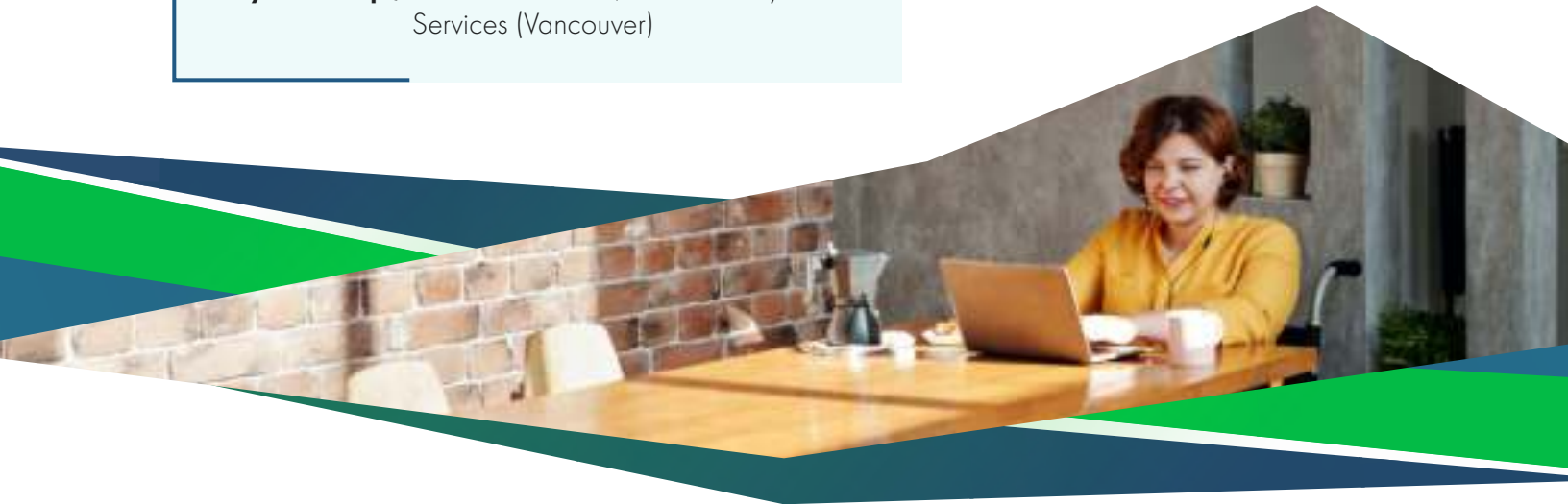
Meeting People at Home

Meeting people in their homes to provide counselling is especially effective with people who have limited mobility. It's also effective to pick people up from their homes and bring them to a counselling space, as Archway Community Services does in Abbotsford for their senior clients who have found themselves isolated due to transit strikes.

"Before, [clients] would have to plan any going out, and it was very challenging and frustrating for them. They see [our services] as a huge relief."

Tanya Demajo, Executive Director, Jewish Family Services (Vancouver)

Tanya also mentioned that one person who tried a few different counsellors but didn't seem to match well with anyone in the past, is now opening up during meetings in her home. She thinks it has as much to do with being able to talk in a comfortable space as with the counsellor helping her.



"[Before virtual services were an option], when an appointment was coming up, that would spur on a panic attack and I would think 'Oh my gosh. I can't leave the house.' I would start to have all these thoughts and feelings. Whereas with the Zoom call, I don't have to leave the house."

Client, Cariboo Family Enrichment Centre (100 Mile House)

Meeting People Online

Record numbers of people reached out for help in a time where the traditional model of face-to-face therapy sessions was not allowed by public health orders.

Organizations sprang back with the following workarounds:

- Providing counselling services virtually, by video or by phone
- Purchasing and distributing technology for client use, accompanied by 1:1 training on how to use it
- Developing protocol around testing, masking and distancing for continued in-person sessions
- Incorporating walking therapy in nature
- Scaling up land-based activities integrated with a counselling component, such as community gardens and outdoor workshops and events

Many grantees were surprised to find that a lot of the changes they had to implement quickly due to COVID-19 were positive. No longer bound by geography, they were able to extend services in rural geographic areas that never had free or low-cost services before, such as the Sunshine Coast and smaller communities north and west of Duncan. They were able to serve people who had a hard time making it to their appointments because of physical disabilities, mobility issues, remote geographies, anxiety, obsessive compulsive disorder or a highly transient lifestyle.

"One outreach client who was going through cancer treatments talked about how there were no services that felt appropriate based on the medical concerns and being immuno-compromised. Then when the pandemic came in it sort of revealed that broadly people can benefit from remote stuff, but immuno-compromised people have been dealing with this in silence for quite a long time."

Claire Crocker, Outreach Counselor, Fraser House Society (Mission)



Theme 2: THE DIFFERENCE COMMUNITY MAKES

However, although virtual services worked well for many people, the limitations also became clear:

- Many people can only start to trust or build trust face-to-face
- Reducing isolation with direct contact is often an important part of counselling
- The home may be an unsafe or disruptive place for counselling
- Some therapy groups bond faster when they can meet face-to-face
- It's more difficult for the counsellor to pick up on non-verbal cues and impossible to do embodied therapeutic work
- Cultural activities may be harder to do virtually
- Tech glitches cause disruptions for even the savviest of users

Most of the CCF organizations will be using a hybrid service model going forward, meeting people in-person, online, over the phone, or some mix of the three to be available to as many people as possible.



Traditional counselling tends to involve a process of stepping out of daily life for an hour and then back into it. Community counselling integrates mental health with the spaces people already use in a variety of ways. This can look like community gardening, harvesting and processing traditional medicines, community kitchens, cultural activities, and embodied practices such as yoga and movement. Community counselling also brings people together in groups across shared experiences to create a sense of community where before there was isolation.

Kamloops Family Resources Society's Mothers for Recovery Support Group creates lasting bonds among women who want to stop using substances. During COVID-19, the women in this group put a support network in action outside of the regular group hours and checked in frequently even after the group sessions were over to support one another through the stress of parenting during the pandemic.

"The community connection that CAI has funded specifically through outreach and traditional talking circles are some clients' only social supports. These connections reach far beyond our facilitators, Elders, and counsellors. Participants are building healthy relationships in our groups. Sometimes these are people who do not have friends or family. They are creating friendships, receiving, or giving mentorship and supporting each other daily. It has been powerful to witness."

Juanita Kiff, Aboriginal Mental Health and Substance Use Counsellor, Circle of Indigenous Nations Society, Castlegar



The nature of community counselling is that most of the time, care is necessarily holistic and involves a network of social services. Counsellors often take a social work role and help clients address practical and acute challenges that they face every day.

"If somebody comes for counselling, it's actually multiple problems: usually poverty-related issues such as affordable housing and food insecurity. We have to first deal with this for them. One person might take up a lot of time because we've got to break down all the things they're facing. We are back and forth in our team doing counselling and paperwork with the clients. We cannot just separate outreach, advocacy and counselling. A client has a hundred things going on. They want to have food on their plate, a roof over their head. We can't ignore those other needs. Counselling won't be enough."

Ravneet Sran and Lauren Abbott, Quesnel Women's Resource Centre



A community-based approach also looks like counsellors recognizing the everyday needs of clients and being supported in their roles to extend help beyond the counselling room.

"Since COVID, I have been meeting with [my counsellor] at coffee shops. He will always make it convenient for you where to meet. Like I meet him closer to the area that I am in that day. He always offers me a ride to the train or whatever. He is very thoughtful and very diligent. You feel worthwhile visiting and checking in with him."

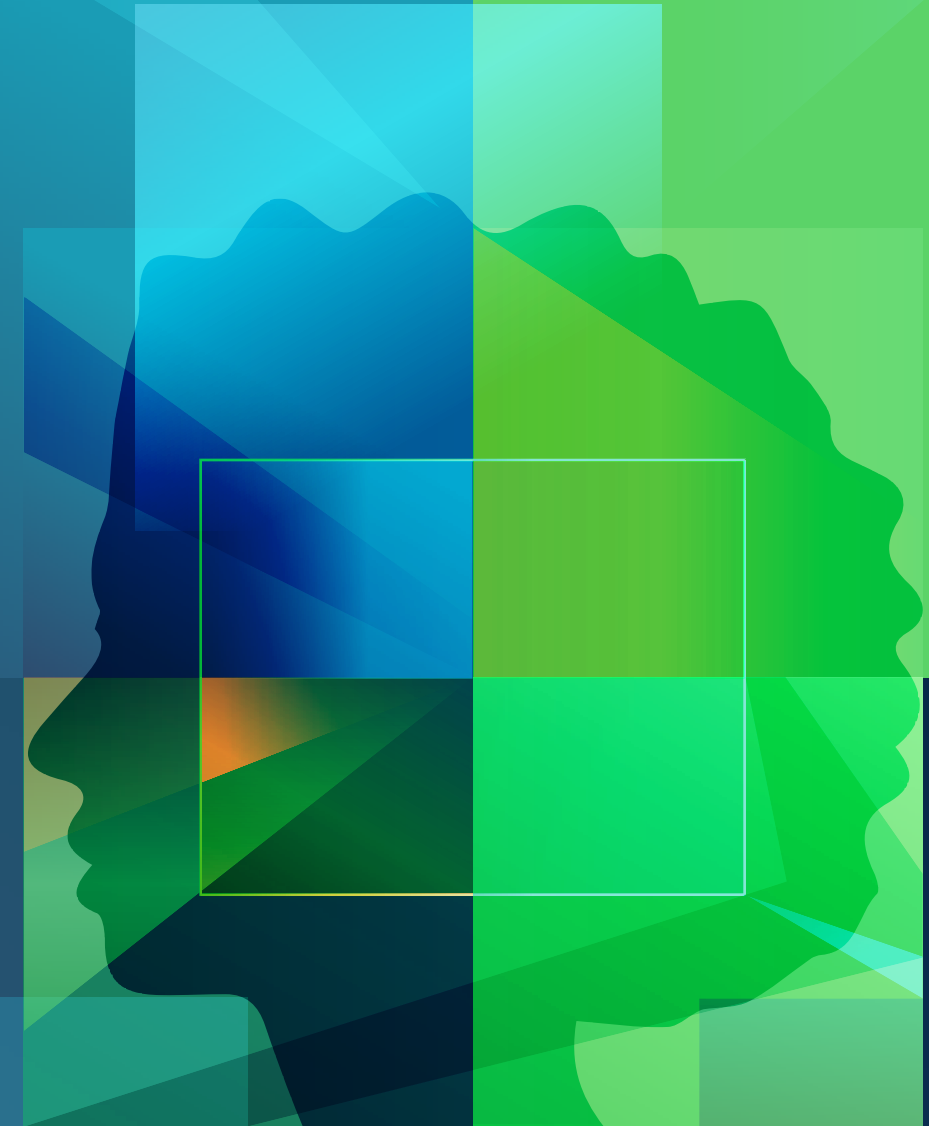
Client, Turning Point Recovery Society (Richmond)

"Being able to drive a client who is an opiate user and therefore at high risk to a detox appointment, to OAT appointments and to the pharmacy for witnessed doses... [has been a] concrete and meaningful contribution to the client's life."

Claire Crocker, Outreach Counsellor, Fraser House Society (Mission)



Theme 3: TAILORING COUNSELLING TO THE AUDIENCE



Newcomers

Even immigrants who are fully bilingual tend to feel better talking about sensitive matters in their first language. VICCIR's approach involves close work between interpreters, counsellors, and family members to eventually resolve issues that are affecting all people involved. For example, VICCIR once worked with a woman from Sudan who was struggling to support a son with disabilities and a brother who had been tortured and was now drinking and expressing suicidal thoughts. Although it took a year, staff were able to help her get her son diagnosed with autism, which helped her receive supports to help with caring for him. They were also able to connect with the brother and get a counsellor working with him. Over time, he stabilized and was able to get another job.

For immigrant seniors, who are more likely to have limited English skills, counselling in their own language reduces the linguistic as well as social isolation. Jewish Family Services has a program where they visit seniors in their homes to provide services in English and Hebrew. Some of their clients are Holocaust survivors who lived in Israel before coming to Vancouver. They're fluent in Hebrew and one or more other languages, but not in English. They've expressed a lot of gratitude for being able to speak in Hebrew, and many are opening up about trauma and grief from experiences over 50 years ago that they've never shared with anyone before.

The Vancouver Association for Survivors of Torture (VAST) works with newcomers who arrive in BC with psychological trauma resulting from war and torture. A key part of their approach is to provide both individual counselling and group trauma recovery services for all clients, along with psycholegal assessment reports for those who are refugee claimants. VAST creates an atmosphere for their community of clients that helps them begin to feel a sense of purpose and connection in Canada.



J is an Iranian woman in her thirties who came to Canada as a Refugee Claimant with her daughter, fleeing domestic violence and family abuse. VAST supported her with legal aid and multiple psychosocial programs. J became part of the VAST community, attending groups regularly, receiving counselling, and engaging in the community kitchen. J received refugee status a few years ago, and secured her first Canadian job shortly after. Her daughter is well-adjusted at school and demonstrates a good command of English. J often comes to VAST's community counselling sessions to support others. She no longer needs medication and looks forward to validating her credentials to enter her professional field in Canada.

B is a Latin American gay man of indigenous ancestry who arrived in Canada as a refugee claimant. They accessed individual counselling at VAST to support themselves with the trauma related to homophobic and ethnic persecution in their home country. B was a regular participant of VAST's community counselling sessions. Even through the COVID-19 pandemic, B was able to access VAST's individual and group supports online. They are now an essential worker, and as such worked throughout the pandemic. Recently, B's refugee hearing case was accepted, and they are excited as a future unfolds for them in Canada.

Gilberto Algar-Faria, Development Coordinator, &
Jhevoi Melville, Social Worker, Vancouver Association for Survivors of Torture (Vancouver)

Indigenous People

Many Indigenous-led and Indigenous-serving grantee organizations talked about the value of including cultural practices in counselling. This can look like a program, such as Wellbriety (Indigenous 12-Step), teaching and learning one's language, using traditional medicine in sessions, drumming and singing in circle, and participating in carving house posts as a community. Culture as part of counselling can also show up as an approach that is more fluid and casual as opposed to formal and "professional", such as having an Elder on site with no set agenda or having a drop-in space to work on a project alongside others with a shared culture. These more fluid interactions may include or lead to cultural mentoring if both parties choose to steer things in that direction, and can be an important part of healing for many people.

"In our talking circles we practice preserving and honoring traditional teachings while generating a sense of inclusion and belonging for the many Indigenous people living off reserve here. Participants learn from Elders, can share about their experiences, explore their cultural identity, and learn values and skills that contribute to self-efficacy and resilience. Participants express feelings of connectedness, model positive social norms for each other, celebrate recovery, and cultivate personal and collective wellness."

Juanita Kiff, Aboriginal Mental Health and Substance Use Counsellor, Circle of Indigenous Nations Society (Castlegar)

"If you're not vulnerable, you don't have any intimacy. Circles, in many ways, allow everybody to trade a little bit of privacy for just a canoe-load of social intimacy, social support, and it turns out that that's very healing. It also allows people to approach what's sacred to them in a very individual way... you don't even have to like each other, you just gotta be there and hold the space deliberately and collectively for everybody to be able to talk in a sacred way."

Client, Circle of Indigenous Nations Society (Castlegar)



Sex Workers

"PACE Society is somewhere I am respected, somewhere my body gets to rest. Anywhere else, I am told to move along."

Member, PACE Society (Vancouver)

Two of our grantee organizations focus on resources for sex workers. They create places to share their stories with counsellors that their clients know won't judge them or try to insist on different employment.

'I can't explain how helpful it's been for me to have counselling where my sex work was a non-issue. It's like everything stuck so much more than other counselling I've done because I wasn't being hyper-vigilant or secretive about my work the whole time. It just opened up so much space and let me actually focus on healing and I think because of that it's the most effective counselling I've ever done.'

Client, Peers Victoria Resources Society (Victoria)

PACE Society in Vancouver recently increased diversity among the staff team by expanding gender affirming support and counselling services. The counsellor gave an example of a young man who faced extreme homophobia growing up. He was extremely traumatized from carrying shame around both his orientation and his occupation. He was also homeless, unable to trust anyone, and carrying his mother's ashes with him everywhere he went despite the extreme challenges of doing this in an unpredictable lifestyle.

Work with the counsellor at PACE allowed him to experience trust for the first time in a long time and this was a key part of progressing in many ways. He now has a part-time job, a place to live and a few friends. He still has ups and downs with PTSD but is going to counselling once every two or three weeks instead of every week, and he knows that he can always reach out for help if something stressful happens between appointments. As he began to get better he started painting and this led to an art exhibit. He was really proud but also scared of feeling overwhelmed, so his counsellor attended to honor his accomplishment and also to be there for him if he needed it.

Ali AlSharhane, counsellor, Providing Advocacy Counselling & Education (PACE) Society (Vancouver)



Parents with Substance Use Issues

Several grantee organizations are working with people trying to avoid having their children taken away, and with people trying to renew contact or custody after their children have been taken away.

“The biggest impact is being able to provide ongoing access to free counselling that is specific to sex workers’ needs, where our members do not have to worry or fear that they will be judged due to their chosen profession, and instead be respected and affirmed throughout the counselling process. This is significant for PACE members, but also for the field of mental health because it demonstrates a destigmatizing path forward for clinicians... and a step towards righting some of the historical wrongs perpetuated by health care and mental health professions against sex workers.”
nour kachouh, Managing Co-Executive Director, PACE Society (Vancouver)

Client, Peers Victoria Resources Society (Victoria)

“Many of us have experienced the fear, shame, guilt and judgment that comes along with being a mother who struggles with substance use. We know how hard it is to walk into a professional setting and tell someone our darkest secrets. We are not here to judge. We are here to help. There is nothing that you can do or say that someone else in the room hasn’t experienced, we are your peers and we have been where you are.”

Peer counsellor, Kamloops Family Resource Centre (Kamloops)

“A lot of our success stories relate to child protection services where [someone] has been in and out of addiction and the requirement for the kids coming home is to have stable counselling. Finding a counsellor that can get them in right away is really hard. It’s not okay for a parent to have to say, “Well, my kids can come home when I can get counselling, but the waitlist is a year and a half.” So I often have to really juggle things and because of the flexibility of this funding I can do that. I can just make it work for the community and the client as needed. A lot of times we had to tell people we can’t do something they desperately need because of how the funding is structured, and now we don’t have to say that.”

Cynthia Fidler, Program Coordinator, Hiiye’yu Lelum (House of Friendship) Society (Duncan)





Theme 4: BUILDING WITH BETTER TOOLS

A common goal for community-based counselling services is to give people better tools to handle stressful situations. If something bad happens they'll be able to handle it relying on inner resources and skills.

"Having someone who shows up consistently and works with [clients] over time on all of their needs, not just one, is a big deal. I'm modeling how to advocate for yourself and how to navigate bureaucracies with patience in ways that they may not have seen before."

Claire Crocker, Outreach Counsellor, Fraser House Society (Mission)

"One thing that is so important is that when I have my own family I do not want to bring all this burden and trauma and issues onto them. My therapist said that [I am] doing the work to break that cycle for my kids one day. That just made my heart explode. The fact that they just get it. They can empathize with you and you can touch them as well."

Client, CMHA Northern BC (Prince George)

"One particularly noteworthy instance of how the changes implemented by the CAI grant has positively impacted the community is the story of a 78 year old woman with severe mobility constraints and debilitating agoraphobia. Five months ago she began accessing the counselor hired through this program, first over telephone and then, as the client's well-being and comfort-level increased, over Zoom. As a result, this client was able to leave her home and access a dentist for the first time in over 10 years."

Chris Pettman, Executive Director, Cariboo Family Enrichment Centre (100 Mile House)

Theme 5: ORGANIZATIONAL CHANGES

The flexible and iterative funding model of the Community Counselling Fund made it possible for organizations to adapt internally to external changes, such as shifting provincial guidelines for COVID-19 safety, huge influxes of newcomers, and feedback from clients themselves about what programs and services they needed. They scaled up organizational technological infrastructure, leading to more robust data tracking and information management systems, created new staff positions to better manage waves of referrals and connect people with resources while they waited for service, and increased the number of group therapy sessions offered so that more people could be seen at once.

“We fit a wide variety of people into this project – individuals, families, couples. Our other programs don’t give us this flexibility; this program allows us to broaden our organization’s mandate to all genders and families. Through this program, we’ve been able to make more contacts, build more relationships with other agencies... other programs haven’t had this growth. The 3 year timeframe has given us time to develop and grow the program and innovate new things as compared to short term projects.”

Ravneet Sran, Administrative Coordinator, Quesnel Women’s Resource Centre (Quesnel)





"We went from 100% volunteer to being able to pay everyone. It's just night and day. Diversity is extremely important for the reason that it enables us to match an interpreter and a counsellor to a client with similar background and experience. That makes a huge difference. When we depend on volunteers, most are Caucasian, wealthy enough to afford to volunteer. Now we have counsellors from all countries that could not have afforded to work voluntarily."

Rachel Davey, Fundraiser, Vancouver Island Counselling Centre for Immigrants and Refugees (Victoria)

"With the CCF funding, we have been able to hire more team members, for longer hours, with more experience, and with better language and cultural skills. The impact on our community of clients is enormous."

Frank Cohn, Executive Director, Vancouver Association for Survivors of Torture (Vancouver)

"Before this funding, our referral process was not streamlined and not centralized. We can finally tell clients how long our waitlist truly is, when and what kind of service they can expect, as well as obtain valuable information from them at the outset of intake and screening to ensure we are in fact the 'right' service for the client. We can also now say that as a result of this funding, every single client on our waitlist is going through our new intake and screening process, which allows them to share their concerns, reasons for seeking counselling, and ask about other resources available to them."

Amanee Elechehimi, Director of Health Promotion, DIVERSEcity Community Resources Society (Surrey)

"We have been able to hire some of our best interns to join the counselling team and have now formed relationships lasting almost three years. We have been able to invest in these counsellors and, in return, they have stuck with us through stressful changes and uncertainties. In a time when many organizations are struggling with staff retention, we have the most stable counselling team we've ever had."

Maria Watson, Counselling Services Manager, CMHA North and West Vancouver (North Vancouver)



“Now we have two or three counsellors instead of just one or two. It means the counsellor isn’t as overwhelmed, and the client has choice - they can look for someone they click with and that helps them feel more invested in what they’re doing.”

Ryan Boyer, Mental Health and Wellness Manager, Snuneymuxw First Nation



Conclusion

CAI would like to thank the Ministry of Mental Health and Addictions for making this monumental investment in community-based mental health care. The last three and a half years have been truly inspiring to witness. We are proud to support the growth, learning and insights of our community-based grantee organizations and to highlight the many ways that they contribute to a more equitable and transformed system for mental health care in British Columbia.

Many thanks to Tiva Quinn of [TQ Consulting](#), Tarras Adams of [Tarras Design & Motion](#), CAI Community Grants Managers Adrienne Yeung and Darcie Bennett, and the CAI staff team for their contributions to this report.

List of all CAI Community Counselling Grantee Organizations

- Archway Community Services
Association of Neighbourhood Houses of BC, DBA
Gordon Neighbourhood House
Canadian Mental Health Association – Cariboo Chilcotin
Canadian Mental Health Association – Kelowna
Canadian Mental Health Association – Northern BC
Canadian Mental Health Association – North and West
Vancouver
Canadian Mental Health Association – Vancouver-Fraser
Cariboo Family Enrichment Centre Society
Carrier Sekani Family Services
Central Interior Native Health Society
Circle of Indigenous Nations Society
Cythera Transition House Society
Deltassist Family and Community Services
DIVERSEcity Community Resources Society
Dze L K’ant Friendship Centre Society
Elizabeth Fry Society of Greater Vancouver
Esquimalt Neighbourhood House
Family Services of the North Shore
Family Tree Family Centre (Kamloops Family Resources
Society)
Fraser House Society
Hiye’yu Lelum (House of Friendship) Society
Independent Living Vernon Society
Jewish Family Services
Kingshaven Peardonville House Society
Kwakiutl Band Council
- Lillooet Friendship Centre Society
Maple Ridge/Pitt Meadows Community Services
Metis Community Services Society of BC
Moving Forward Family Services Society
Native Courtworker and Counselling Association of British
Columbia
OneSky Community Resources
PACE Society
Pacific Centre Family Services Association
Peers Victoria Resources Society
Prince George Native Friendship Centre
Quesnel Women’s Resource Centre
Rain City Housing and Support Society
REACH Community Health Centre
S.U.C.C.E.S.S.
Salt Spring and Southern Gulf Islands Community Services
Society
SHARE Family and Community Services
Snuneymuxw First Nation
Sunshine Coast Community Services Society
Turning Point Recovery Society
Vancouver Association for Survivors of Torture (VAST)
Vancouver Island Counselling Centre for Immigrants and
Refugees (VICCIR)
Watari Counselling and Support Services
Yale First Nation
Yellowhead Community Services

SHOWING UP AS YOURSELF

Impact Stories from the CAI Community Counselling Fund



Ministry of
Mental Health
and Addictions