

# KALUM INFORMER



*Dayaam Maalska Galts'aba Gits'mgalum*

## MEMORIAL AND FUNERAL ARRANGEMENTS

FOR THE LATE

**ED BROWN**

### Family viewing

**Date:** Friday, September 5<sup>th</sup>, 2014

**Time:** 1:00 pm to 9:00 pm

**Place:** Ed Brown's home – 3560 Gyik Road, Kitsumkalum Reserve, Terrace BC

### Funeral and Memorial Service together

**Date:** Saturday, September 6<sup>th</sup>, 2014

**Time:** 1:00 pm – onwards

**Place:** Kitsumkalum Community Hall - 14295 Highway 16 West, Terrace BC

**Potluck feast** to follow, food and donations are greatly appreciated.

**Any monetary donations may be directed to Tina Brown 250-631-9334**

**All other Potluck food donations may be directed to Verna Inkster 250-638-0407**

**At the Hall during the feast there will be a collection of money organized by Harry Nyce, which will follow the Nass system during this time.**

KITSUMKALUM INDIAN BAND



Those we *love*  
can *never* be more  
than a  
*thought* away...  
for as long as there's  
a *memory*  
they live in our  
*hearts* to stay.

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KITSUMKALUM HEALTH SERVICES 3523 WEST KALUM ROAD | PO BOX 544 TERRACE BC V8G 4B5  
PH: 250-635-6172 FAX: 250-635-6182 | [reception@kitsumkalum.bc.ca](mailto:reception@kitsumkalum.bc.ca)

*A bi-weekly newsletter sharing valuable health tips and informing on events and programs*

## **Offering this 6-week program in October 2014**



**Please register with us at  
Kitsumkalum**

**Health Services. We are  
wanting to provide this on  
Wednesday evenings from**

**6:30-8:30pm.**

### **Living a Healthy Life**

### **With Chronic Conditions**

For Ongoing Physical and

Mental Health Conditions

Contact Kathy or Melodie

to add your Name to the list.

Materials and snacks will be provided for the 6 Wednesday's

**250-635-6172**



# September 2014

**SUNDAY**      **MONDAY**      **TUESDAY**      **WEDNESDAY**      **THURSDAY**      **FRIDAY**      **SATURDAY**  
 Ha'lisgwaytk      Ha'lik'üül sah      Ha'ligup'l sah      Ha'lik'wilii sah      Ha'litxaapxa sah      Ha'likdsuunsa sah      Ha'liyaayx

	1 	2	3	4	5	6
7	8	9	10  12:00-1:00pm	11  1:00-3:00pm	12	13
14	15	16	17  12:00-1:30pm	18	19	20
21	22	23	24  12:00-1:30pm	25	26	27
28	29	30				

# Hepatitis A



## What is hepatitis A?

Hepatitis A is a potentially serious form of liver disease caused by the hepatitis A virus which attacks the liver

## How do I get hepatitis A?

Hepatitis A is spread through close contact with an infected person, or by eating hepatitis A contaminated food or drinking water. Because the virus is found in the stool (feces) of infected people, eating food prepared by an infected person, who does not wash his/her hands properly after using the washroom, is one way of getting the virus.

Eating raw or undercooked seafood and shellfish from water polluted with sewage, or eating salad greens that are rinsed in contaminated water are other ways of becoming infected. Sharing drug-use equipment, or having sexual contact with an infected person can also give you hepatitis A.

While often considered to be a 'traveller's disease', hepatitis A can be contracted in Canada. Hepatitis A outbreaks or scares in Canada are most often associated with infected food handlers in restaurants and grocery stores or with contaminated produce.

## Who is most at risk of getting hepatitis A?

You have an increased risk of hepatitis A if you:

- travel to regions where hepatitis A is common (e.g. The Caribbean, South America),
- live with someone who is newly infected with hepatitis A,
- use injection drugs and share contaminated drug preparation/injection materials,
- are an inmate in jail, or
- have sex involving oral/anal contact.

## What are the symptoms of hepatitis A?

Not all people infected with hepatitis A virus will have symptoms. Pre-school children often have no symptoms, and, in general, children will have milder symptoms than adults. Symptoms may occur 15 to 50 days from the time you first come in contact with the hepatitis A virus.

When you first become infected with the hepatitis A virus it is called acute infection. Typical symptoms of an acute hepatitis A infection include: fatigue, nausea and vomiting, abdominal discomfort, jaundice (yellowing of the whites of the eyes and skin), dark urine, low grade fever and loss of appetite.

The older you are when you get hepatitis A, the more likely that you will experience more severe symptoms. Some people feel sick for one to two weeks, while in others the symptoms may last several months. Hepatitis A rarely causes death. However, persons with pre-existing chronic liver disease, including chronic hepatitis B and C, are at increased risk of serious complications from this infection.

## How can I avoid getting hepatitis A?

There is a safe and effective vaccine that can protect you from getting hepatitis A. The vaccine is usually given in two doses six months apart. The vaccine will give you protection for up to 20 years. A combined vaccine for hepatitis A and hepatitis B is also available. Since up to 40% of the reported cases of hepatitis A occur in travellers, it is advisable to protect yourself with a hepatitis A vaccination six weeks before you leave.

Consider these additional safety precautions:

- Wash your hands frequently and thoroughly especially after using the washroom, before preparing food and before eating.
- Avoid raw or undercooked food.
- If you are travelling to countries with high rates of hepatitis A:
  - Drink bottled or boiled water and use it for brushing your teeth.
  - Drink bottled beverages without ice.
  - Avoid uncooked food including salads.
  - Avoid food from street vendors.
  - Peel and wash fresh fruits and vegetables yourself.

## Can hepatitis A be treated?

There is no drug treatment for hepatitis A. The disease will eventually run its course and an infected person will recover completely although recovery time varies for each person. Recovery from this virus infection means that you are protected for life from getting it again.

The following are some ways of dealing with the symptoms:

- You will feel tired and may have very little energy. You may need to take time off from daily activities, work or school to recover.
- Nausea and vomiting may cause you to lose your appetite. Try to eat small snacks and soft foods such as soup or toast.
- You may look “yellow”. Once you become yellow, you are no longer infectious. There is no need to isolate yourself. Let people around you know it is OK to be near you.
- Try not to drink alcohol. Your liver may not be able to process alcohol and alcohol may make your symptoms worse.
- Talk to your doctor before taking over-the-counter medications or complementary medicine. None of the alternative therapies have proved helpful in treating hepatitis A.

The information provided above – as well as additional facts about hepatitis A – is available in the Canadian Liver Foundation’s [hepatitis A pamphlet](#) and in our ‘LIVERight: [Healthy Living with Viral Hepatitis](#)’ booklet . These and other CLF publications are available for download in the Publications Library or by calling 1-800-563-5483 or emailing [clf@liver.ca](mailto:clf@liver.ca)

The CLF offers [Living with Liver Disease](#) programs for people living with hepatitis and others forms of liver disease. You can also help others with hepatitis by [volunteering](#) or [donating](#) in support of the CLF's research and education programs.

### How is hepatitis A diagnosed?

Your doctor will ask questions about your symptoms and where you have eaten or traveled. You may have blood tests if your doctor thinks you have the virus. These tests can tell if your liver is inflamed and whether you have [antibodies](#) to the hepatitis A virus. These antibodies prove that you have been exposed to the virus.

### How is it treated?

Hepatitis A goes away on its own in most cases. Most people get well within a few months. While you have hepatitis:

- Slow down. Cut back on daily activities until all of your energy returns. As you start to feel better, take your time in getting back to your regular routine. If you try to do it too fast, you may get sick again.

Drink plenty of water to avoid [dehydration](#). Fruit juices and broth are other good choices, if you can tolerate them. Eat a healthy mix of foods. Even though food may not appeal to you, it is important for you to get good [nutrition](#).

Don't drink alcohol or use illegal [drugs](#). They can make liver problems worse.

- Make sure your doctor knows all the medicines you are taking, including herbal products. Don't start or change any medicines without talking to your doctor first.

If [hepatitis A causes](#) more serious illness, you may need to stay in the hospital to prevent problems while your liver heals.

Be sure to take steps to avoid spreading the virus to others.

- Wash your hands with soap and water right after you use the bathroom or change a diaper and before you prepare food.

Tell the people you live with or have sex with that you have hepatitis A. They should ask their doctors whether they need a dose of the [vaccine](#) or a shot of immunoglobulin (IG).

- Don't have sexual contact with anyone while you're infected.

You can only get the hepatitis A virus once. After that, your body builds up a defense against it.

### What can you do to prevent hepatitis A?

[Get vaccinated against hepatitis A](#) if your travel plans, job, health, or lifestyle puts you at risk.

- Make sure your children get vaccinated. The U.S. Centers for Disease Control and Prevention recommends the vaccine for all children starting at age 1 year. It's also important for children adopted from other countries to get the vaccine.

Talk to your doctor if you've been around someone who you know has hepatitis A. The hepatitis A vaccine or an injection of immunoglobulin (IG) within 2 weeks of exposure may prevent you from getting sick.<sup>1</sup>

- Practice good hygiene habits.
- Wash your hands well after using the toilet, after changing a diaper, and before you prepare or eat food.
- Wash dishes in hot, soapy water or in a dishwasher.
- Discourage children from putting objects in their mouths.
- Don't eat or drink anything that you think may have been prepared in unclean conditions.
- Don't eat raw or undercooked shellfish.
- If you plan to travel to a part of the world where sanitation is poor or where hepatitis A is a known problem:
  - Ask your doctor about getting the hepatitis A vaccine, a shot of immunoglobulin (IG), or the combination hepatitis A and B vaccine.
  - Always drink bottled water or boil water before drinking it. Avoid drinks with ice cubes.
  - Don't eat raw foods, such as unpeeled fruits or vegetables.

## VITAMIN B9 (FOLIC ACID) OVERVIEW INFORMATION

[Folic acid](#) is a water-soluble B vitamin. Since 1998, it has been added to cold cereals, flour, breads, pasta, bakery items, cookies, and crackers, as required by federal law. Foods that are naturally high in folic acid include leafy vegetables (such as spinach, broccoli, and lettuce), okra, asparagus, fruits (such as bananas, melons, and lemons) beans, yeast, mushrooms, meat (such as beef [liver](#) and [kidney](#)), orange juice, and tomato juice.

Folic acid is used for preventing and treating low blood levels of folic acid (folic acid deficiency), as well as its complications, including “tired blood” ([anemia](#)) and the inability of the bowel to absorb nutrients properly. Folic acid is also used for other conditions commonly associated with folic acid deficiency, including [ulcerative colitis](#), liver disease, [alcoholism](#), and [kidney dialysis](#).

Women who are [pregnant](#) or might become pregnant take folic acid to prevent [miscarriage](#) and “neural tube defects,” [birth defects](#) such as [spina bifida](#) that occur when the [fetus](#)’s spine and back don’t close during development.

Some people use folic acid to prevent [colon cancer](#) or [cervical cancer](#). It is also used to prevent [heart disease](#) and [stroke](#), as well as to reduce blood levels of a chemical called [homocysteine](#). High homocysteine levels might be a risk for [heart](#) disease.

Folic acid is used for [memory loss](#), [Alzheimer](#)’s disease, age-related [hearing loss](#), preventing the eye disease age-related [macular degeneration](#) (AMD), reducing signs of aging, weak bones ([osteoporosis](#)), jumpy legs ([restless leg syndrome](#)), [sleep](#) problems, [depression](#), [nerve pain](#), [muscle pain](#), AIDS, a skin disease called [vitiligo](#), and an inherited disease called Fragile-X syndrome. It is also used for reducing harmful side effects of treatment with the [medications](#) lometrexol and [methotrexate](#).

Some people apply folic acid directly to the gum for treating gum infections.

Folic acid is often used in combination with other B vitamins.

How does it work?

Folic acid is needed for the proper development of the human body. It is involved in producing the genetic material called DNA and in numerous other bodily functions.

## VITAMIN B9 (FOLIC ACID) SIDE EFFECTS & SAFETY

Folic acid is **LIKELY SAFE** for most people. Most adults do not experience any side effects when consuming the recommended amount each day, which is 400 mcg.

High doses of folic acid might cause abdominal cramps, diarrhea, rash, sleep disorders, irritability, confusion, nausea, stomach upset, behavior changes, skin reactions, seizures, gas, excitability, and other side effects.

There is some concern that taking too much folic acid for a long period of time might cause serious side effects. Some research suggests that taking folic acid in doses of 800-1200 mcg might increase the risk of heart attack in people who have heart problems. Other research suggests that taking these high doses might also increase the risk of cancer such as lung or prostate cancer.

Don't take more than 400 mcg per day unless directed by your healthcare provider.

## VITAMIN B9 (FOLIC ACID) USES & EFFECTIVENESS

[Effective](#) for:

- Treating and preventing folic acid deficiency.

[Likely Effective](#) for:

- Lowering homocysteine levels in people with kidney disease. About 85% of people with serious kidney disease have high levels of homocysteine. High levels of homocysteine have been linked to heart disease and stroke. Taking folic acid lowers homocysteine levels in people with serious kidney disease.
- Lowering homocysteine levels (“hyperhomocysteinemia”) in people with high amounts of homocysteine in their blood. High levels of homocysteine have been linked to heart disease and stroke.

Reducing harmful effects of a medicine called methotrexate, which is sometimes used to treat [rheumatoid arthritis](#) and [psoriasis](#). Taking folic acid to reduce [nausea](#) and vomiting, which are possible side effects of methotrexate treatment.

- Decreasing the risk of certain birth defects (neural tube defects) when taken by pregnant women.

Possibly Effective for:

- Reducing the risk of getting colorectal cancer. Getting more folic acid from the diet and supplements seems to lower the chances of developing cancer, but does not seem to help people who already have colon cancer.
- Reducing the risk of breast cancer. The benefit is greater when women get extra vitamin B12 and vitamin B6 in their diet in addition to folic acid.
- Depression, when used with conventional antidepressant medicines. Limited research suggests that folic acid alone won't help with depression.
- Treating a skin disease called vitiligo.
- Gum problems due to a drug called phenytoin when applied to the gums.
- Treating gum disease during pregnancy, when used in mouthwash.

Reducing the risk of [pancreatic cancer](#).

- Macular degeneration. Some research shows that taking folic acid with other vitamins including vitamin B6 and vitamin B12 might help prevent the eye disease called age-related macular degeneration.

Possibly Ineffective for:

- Reducing the risk of heart attack, stroke, and other related conditions in people with coronary heart disease.
- Reducing the possibility of another stroke.
- Reducing harmful effects of a medicine called lometrexol.
- Chronic fatigue syndrome.

Likely Ineffective for:

- Treating an inherited disease called Fragile-X syndrome.

Insufficient Evidence for:

- Preventing re-blockage of blood vessels after angioplasty, a procedure to open a closed blood vessel. Taking folic acid plus vitamin B6 and vitamin B12 might actually interfere with healing in cases where a device (stent) is inserted in the blood vessel to keep it open.
- Alzheimer's disease. Limited evidence suggests that elderly people who get more folic acid than the recommended dietary allowance (RDA) do not appear to have a lower risk of developing Alzheimer's disease than people who get less folic acid.
- Memory and thinking skills in older people. There is conflicting evidence about the role of folic acid in age-related decline in memory and thinking skills.
- Preventing cervical cancer. There is some evidence that increasing folic acid intake from dietary and supplement sources, along with thiamine, riboflavin, and vitamin B12, might help to prevent cervical cancer.
- Male infertility. Some research suggests that taking folic acid plus zinc sulfate daily can increase sperm count in men with low sperm counts.
- Lung cancer. There does not appear to be a relationship between low levels of folic acid and lung cancer.
- Restless leg syndrome. Taking folic acid seems to reduce symptoms. Researchers are studying whether folic acid deficiency causes restless leg syndrome.
- Cancer due to a disease called ulcerative colitis. Taking folic acid might help to keep people with ulcerative colitis from getting cancer.
- Liver disease.
- Alcoholism.
- Age-related hearing loss.
- Sickle cell disease.
- Weak bones (osteoporosis).
- Other conditions.

More evidence is needed to rate folic acid for these uses.



## VITAMIN B9 (FOLIC ACID) DOSING

The following doses have been studied in scientific research:

### BY MOUTH:

- For folic acid deficiency: the typical dose is 250-1000 mcg (micrograms) per day.
- For preventing neural tube defects: at least 400 mcg of folic acid per day from supplements or fortified food should be taken by women capable of becoming pregnant and continued through the first month of pregnancy. Women with a history of previous pregnancy complicated by such neural tube defects usually take 4 mg per day beginning one month before and continuing for three months after conception.
- For reducing colon cancer risk: 400 mcg per day.
- For treating high levels of homocysteine in the blood:
- 0.5-5 mg (milligrams)/day has been used, although 0.8-1 mg/day is appears to be more effective.
- In people with end-stage renal disease, high homocysteine levels may be more difficult to treat, and doses of 0.8-15 mg/day have been used. Other dosage plans such as 2.5-5 mg 3 times weekly have also been used. Doses higher than 15 mg daily do not seem to be more effective.
- For improving the response to medications for depression: 200-500 mcg daily has been used.
- For vitiligo: 5 mg is typically taken twice daily.
- For reduction of toxicity associated with methotrexate therapy for rheumatoid arthritis (RA) or psoriasis: 1 mg/day is probably enough, but up to 5 mg/day may be used.
- For preventing macular degeneration: folic acid 2.5 mg, vitamin B12 (cyanocobalamin) 1000 mcg, and vitamin B6 (pyridoxine) 50 mg daily.

The adequate intakes (AI) for infants are 65 mcg for infants 0-6 months and 80 mcg for infants 7-12 months of age. The recommended dietary allowances (RDAs) for folate in DFE, including both food folate and folic acid from fortified foods and supplements are: Children 1-3 years, 150 mcg; Children 4-8 years, 200 mcg; Children 9-13 years, 300 mcg; Adults over 13 years, 400 mcg; Pregnant women 600 mcg; and breast-feeding women, 500 mcg. The tolerable upper intake levels (UL) of folate are 300 mcg for children 1-3 years of age, 400 mcg for children 4-8 years, 600 mcg for children 9-13 years, 800 mcg for adolescents 14-18 years, and 1000 mcg for everyone over 18 years of age.

## VITAMIN B9 (FOLIC ACID) INTERACTIONS



**Moderate Interaction** Be cautious with this combination

## Highbush Cranberry

There is a certain satisfaction to picking Highbush cranberries yourself, not only because they are free-appealing to the cheapskate within- but also that my kids got to help me pick and then eat their just rewards. Those little turkeys were right in the bushes with me, “helping” to pick these and said little turkeys have been enjoying this jelly in their sandwiches and on toast.

It really isn't just for turkey at Thanksgiving, it has that definite taste of cranberry jelly, but is miles away from the commercial stuff.

I am going to have to git out there and pick more berries, because the jelly is a daily demand on toast now. I am going to run out before a single major holiday rolls around!

### Ingredients Needed:

- 8 cups ripe highbush cranberries
- 7 cups sugar
- 3 cups water



Take your eight cups of cranberries and squish them. Which is actually popping them. Son of a gun, I looked like I was blood splattered after this part of the recipe, it looked like something out of a horror movie. The berries do not squish nicely, they *explode*.

What I finally did was take a cup and use the bottom to mash them, not only did it help keep the bloody cranberry gore splatters from flying everywhere, it popped them better

Add the water into the pot and boil the berries for 10-15 minutes. This part is stinky, they don't emit a very pleasant odor when boiled. Or at all actually, when we picked them I actually "smelled" the berries first, so I started looking for them while we walked.

It sounds rather Les Stroud of me, but in the fall when you are walking in the bush and smell something that is worse than your gym shoes? That's fall ripened cranberries.

Once they are done boiling, strain them through a cheesecloth. I put the cheesecloth over a colander, then over a pot, works beautifully

Once it cools enough, you can lift it up and squeeze the remainder out of the cheesecloth. (Purists will NOT squeeze as they say it makes the jelly cloudy. Mine was still as clear as a bell, choose which-ever you want!)

You will get a good 5 cups of juice, and to this add your sugar. Time to boil it up!

Once it's boiling, stir in the liquid certo. Bring it back to a full boil, then boil it hard for a minute or two, making sure to stir constantly.

There will be foam on top, so skim it off. I have found that if you let it sit for a couple minutes, the foam forms a skin on top, making it really easy to scoop it all off cleanly.

You do want to try and get it all off, when making a jelly it's so crystal clear that foam bits show up as "floaties" in the middle of the jar.

Pour into your sterilized jars, leaving about 1/4 inch left at the top. Make sure that before you put the lids on, wipe the rims as clean as possible, because this is the number one reason they won't seal when you put them in the canning pot and boil them. These needed to be boiled in the canning pot for 10-15 minutes.



# Indian Registry and Status Card Programs ~ for Kitsumkalum members

## INDIAN REGISTRY PROGRAM

These are the Events to be reported to Indian Registry — Births, Deaths, Marriages, Divorces, Legal and Miscellaneous changes. A Vital Statistics certificate is required for most of these events, for marriages it may be a Decree Nisi or Decree Absolute.

As well as a death report to Indian Registry another report has to be completed for the Estates Department.

Please provide the certificates for any of the events so I can forward the reports to Indian Registry & the Estates departments. (Indian Registry office in Vancouver)

It takes a minimum of six (6) months for any of the events to be completed by Indian Registry, lately it's been taking another 2 to 3 months or more before I receive the updated register pages. So 9 months or more from the time I send a report in until I receive the updated info.

Acceptable pieces of ID: Passport, SCIS, birth, marriage, divorce certificate, Driver's License, Provincial ID, Provincial Health, Employee ID, Student ID, Firearms License, Status Card if not expired by more than 6 months

It's best not to wait until near office closing for lunch or end of day, or the day the card is needed as it can't always be completed on the same day or week. Best to call ahead. The process for issuing a status card takes about 1/2 hour. application, verify & copy ID, type card, copy completed status card \*



~ given & last names in Indian Registry system must match with your I.D.; if not, a status card can't be issued until the changes have been completed by Indian Registry. A status card can not be issued for you baby until the registration process has been completed. We've noticed that some old Black Book Register pages are incorrect—don't match with birth certificates & other I.D.

there is a possibility at times that there will be no status cards and, or, no film available while waiting for supply orders to come in.

If only one parent with 6(2) status, you will have to apply with Application for Registration via HQ/Ottawa. To register your baby (for a band number) you need the baby's long form birth certificate \*the one that includes the parents' names. Fill in and sign the Parental Consent form with your Band Names & numbers.

*must have both ~ birth certificate and the signed Parental Consent form*

Indian Registry enters and records events in order of when they receive them—they don't fast-track any applications ~ including births.



**I.D. must not be expired, must be intact and readable**  
a status card can't be issued without providing 2 pieces of I.D.  
AANDC does not accept S.I.N. cards.

## Continuing Education SafeTALK

### Course description

SafeTALK teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide. The SafeTALK learning process is highly structured, providing graduated exposure to practice actions. The program is designed to help participants age 15 or older to monitor the effect of false societal beliefs that can cause otherwise caring and helpful people to miss, dismiss, or avoid suicide alerts and to practice the TALK steps to move past these three barriers. Six 60-90 second video scenarios, each with non-alert and alert clips, are selected from a library of scenarios and strategically used through the training to provide experiential referents for the participants.

### Course content

SafeTALK has two sections. The first section begins with reasons why the community wants the participants to become alert but quickly shifts to personal reasons for becoming alert. The bulk of the first section is used to present the TALK steps to initiate suicide alert helping. The second section has two main activities. First is a focus on the effects of misinformation about and fear of suicide with the aim of controlling these fears and marshalling motivation to help prevent suicide. The second activity is practice at being a suicide alert helper.

### Course Learning Objectives & Course Outcomes

Participants will be able to:

1. Challenge attitudes that inhibit open talk about suicide
2. Recognize a person who might be having thoughts of suicide
3. Engage persons with thoughts of suicide in direct and open talk about suicide
4. Listen to the person's feelings about suicide and show that they are taken seriously
5. Move quickly to connect them with someone trained in suicide first aid intervention.

<https://www.livingworks.net/programs/safetalk/>

#### Fall Session in Terrace:

September 24, 1- 4:30pm

To register or for more information:

250-635-8206

Toll free – 1-866-326-7877

Email – [terrace@bcss.org](mailto:terrace@bcss.org)

# ORANGE SHIRT DAY

TUESDAY SEPTEMBER 30TH 2014  
JOIN US FROM 11:30AM-1:30PM

**WHAT:** Barbeque by donation  
(5\$ minimum)

**WHERE:** Kitsumkalum Health Office  
call 250-635-6172 for more info

## WHY:

September 30th has been declared Orange Shirt Day annually, in recognition of the harm the residential school system did to children's sense of self-esteem and wellbeing, and as an affirmation of our commitment to ensure that everyone around us matters.



- ♥ wear your orange shirt and come down and recognize that everyone matters
- ♥ IR.S.S.S information table
- ♥ all monies raised will go towards the youths cultural drum making

KITSUMKALUM  
  
HEALTH CENTRE

## National First Nations Re:Act Tool

Recognize, report and act on older adult abuse and neglect

“Breaking the Silence”

“.....We all have the power to self-heal as we have lived for 1000’s of years; the culture has been in use for 1000’s of years. It takes care of us. We are all medicine to one another” (Elder Sarah Modeste, 2002)

Abuse of older adults happens every day and in every community in Canada. There are over 5,000 reported cases of abuse each year. A survey conducted in 2008 reported that one in five Canadians know of an Elder who might be experiencing some form of abuse. Ninety-six percent of Canadians think that this abuse is hidden and goes unreported. Elder abuse is an international issue and as such the World Health Organization has designated June 15 each year as World Elder Abuse Awareness Day.

Elder abuse is any action by someone in a relationship of trust that results in harm or distress to an older person. Commonly recognized types of elder abuse include physical, psychological and financial. Often more than one type of abuse occurs at the same time. Financial abuse is the most commonly reported type of elder abuse.

In 2011 in British Columbia the National First Nations Re:Act Manual and e-Tools were produced. Representatives of several First Nations communities including Elders, health and social service workers, advocates, academics, artists and community members provided input into the development of these materials. The publishing of the Manual and resource materials was made available through funding from Health Canada, First Nations and Inuit Health Branch, the Public Health Agency of Canada in partnership with the Federal Elder Abuse initiative and with the collaboration of the Assembly of First Nations. The program was piloted within Vancouver Coastal Health.

The BC FNIH Home and Community Care Program distributed the Re:Act Manual and resource materials to FN communities in 2012 with the intention of helping communities develop prevention and response plans. Nurses at the following Nursing Education Forum received instruction on the resources and access to additional copies of the Manual. In 2013, the first workshops were conducted by home and community program staff in centrally located communities. As more communities heard about the tool, there were more requests for workshops. To date, workshops have been held in 12 communities throughout British Columbia. Nearly 200 people, representing nearly 80 Bands have received training in the tools of the program.

The workshops cover topics contained in the Re:Act Manual. Participants learn that elder abuse in any form is wrong and that we all need to “Break the Silence” surrounding our suspicions of

elder abuse in communities. Group discussions include signs and symptoms of abuse and neglect, prevention activities, assessment and reporting of abuse and neglect, exposure to available resources and how to form a Community Response Network.

Participants include health centre staff (health directors, home care nurses, community health nurses, home support workers, educators and homemakers) as well as social development coordinators, band administrators, alcohol and drug counsellors, transportation, elders and elders coordinators. The workshops are facilitated by Patricia Bell, Home Care Nurse Advisor employed by FNHA in the Home and Community Care Program, Nursing Services.

Evaluations of the workshops have been overwhelmingly positive. Participants felt that they were no longer alone in dealing with the issue of elder abuse. They were amazed at the numbers of resources materials available to them and they returned to their home communities with confidence and a plan. These plans involved educating others, sharing information and resources, speaking to and monitoring situations with elders with whom they worked and/or creating community response networks. One participant stated "Thank you so much for this invitation, sharing information, giving us tools, an opportunity to network and devoting your time to help promote this and to empower First Nations Communities which will help to protect and keep our elders safe/healthy/strong. Thanks."

All materials for the workshops and information about other resources are available online at [www.uchreact.ca](http://www.uchreact.ca) and [www.media.knet.ca](http://www.media.knet.ca)

For more information or to register for a workshop please contact Patricia Bell, Home Care Nurse Advisor, at [patricia.bell@fnha.ca](mailto:patricia.bell@fnha.ca)



## First Nations Home and Community Care

### *Networking/Training Opportunity*

### **on re:Act - Abuse, Neglect and Self-Neglect of Older Adults**

This session will be based on the principles contained in the *National First Nations re:act* manual. Our goal is to assist communities in developing Community Response Networks (CRNs) in order to respond to issues of abuse and neglect should they ever arise.

\*\*Unfortunately, the Home and Community Care Program is unable to cover the cost of travel and accommodation so this will be the band's responsibility.

Please complete both pages and return by fax to: xxxxxxx at xxx-xxx-xxxx or by email: xxxxxxxx

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#### Dates, Times and Location

<p><b>VANCOUVER</b> xxxxxxxx</p> <p>Tuesday September 9<sup>th</sup> xxxxxx 8:30-4:00</p> <p>Delta Vancouver Suites xxxxx 550 W. Hastings Street, Vancouver, BC, V6B 1L6 604-899-3008</p>		
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CONTACT THE KITSUMKALUM HEALTH CENTRE RECEPTION FOR THIS UPCOMING WORKSHOP

250-635-6172



A REASON TO HOPE. THE MEANS TO COPE.  
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY

# Strengthening Families Together

A Family Education  
Program  
Helping Canadians  
Live with Mental Illness



## Program Outline

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**Session 1—What is Mental Illness** Introduction to the program, facilitators and other participants Facts about mental illness  
Facts about psychosis Understanding the role of bio-psychosocial factors  
Where to get help and support

**Session 2—Schizophrenia** Facts about schizophrenia Symptoms of schizophrenia  
Facts about treating schizophrenia Empathy activity: The Voices

**Session 3—Mood and Anxiety Disorders**  
Facts about clinical depression, bipolar disorder, anxiety disorders and obsessive compulsive disorder Treatment specifics of mood and anxiety disorders  
Facts about self care

**Session 4—Coping as a Family** Facts about loss and grief Facts about caregiving Tools for caregiver burnout Facts about stress

**Session 5—Coping as a Family, part 2** Facts about support systems and respite  
Tools: effective communication skills  
Activity: communication workshop

**Session 6—Treating Mental Illness**  
Facts about the brain  
The causes of mental illness Treatment of mental illness Medication and side effects Psychosocial treatments Recovery

**Session 7—Understanding the Mental Health System**  
Mental Health services Tools: Ulysses Agreement  
Tools: IDEAL problem solving Activity: problem solving scenarios





**Session 8—Mental Illness, Addictions**

**& Criminal Justice** Facts about concurrent disorder Facts about addiction  
Impact on the family  
Tools: concurrent disorders - do's and don'ts  
The Criminal Justice System

**Session 9—Living with Mental Illness**

Tools: daily living tips  
Setting goals and expectations Facts about suicide  
Relapse prevention planning Tools: dealing with crisis

**Session 10—Striving for Change:**

**Advocacy** Stigma—misunderstanding mental illness  
Talking about mental illness

## **Strengthening Families Together**

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### **SUPPORT**

Families have an opportunity to discuss the daily challenges they face and learn how to connect with others through connection with their local provincial society.

### **AWARENESS**

Giving families the real scoop about mental illness, treatment options, causes, research, and mental health services with the aim of diminishing the stigma attached to diagnosis.

### **TOOLS**

Equipping family members with tools such as:  
problem solving coping strategies communications skills advocacy



# Strengthening Families Together

Is a national education program designed to provide information to family members and friends of people living with schizophrenia and other mental illnesses.

The program consists of 10 sessions — each focusing on a specific issue related to living with mental illness.



The program is coordinated nationally and delivered through the provincial Schizophrenia Societies and their Chapters and Branches. Program availability varies.

To find out if a Strengthening Families Together program is being offered in your area, please contact your provincial Schizophrenia Society or your local Coordinator listed below.

[Bulkley Valley](#) Phone/Fax 250-847-9779  
Toll Free 1-888-847-9779

[Terrace, Kitimat, Prince Rupert](#) Phone/Fax 250-635-8206  
Toll Free 1-866-326-7877

[Halda Gwaii](#) Phone 250-559-0058

# FASD Awareness Day

**PROGRAM IN TERRACE**  
Tue, September 9, 2014

## MORNING

Arena Banquet Room

**8:30 am:** FREE PANCAKE BREAKFAST

**9:09 am:** PRAYERS

**9:10 am:** PRESENTATION & PANEL DISCUSSION  
"Sharing Our Truth"

## AFTERNOON

George Little Park

**2:00 - 5:00 pm:** FREE FAMILY ACTIVITIES  
& FREE HOT DOGS

**FASD AWARENESS DAY**  
promotes the importance  
of community support for  
alcohol-free pregnancy.

**"It takes a community to  
support a pregnant woman in  
the prevention and awareness  
of Fetal Alcohol Spectrum  
Disorder (FASD)."**

**EVERYONE  
WELCOME**

## CONTACT

Kermode Friendship  
Society  
250-635-1476

09:09  
09  
09  
2014

*FASD Awareness Day is commemorated on September 9th of every year to recognize the importance of the nine months of alcohol-free pregnancy to ensure the child is born with the best possible start to his/her life. It is not only the responsibility of the mother to abstain from alcohol and drugs, but also her family, friends and the community to support and encourage her during that special time.*



### Kitsumkalum Phone Directory

- Band Administration . . . . . **250.635.6177 Fax: 250.635.4622**
- Public Works: . . . . . **250.615.0127**
- Kitsumkalum Treaty: . . . . . **250.635.1718 Fax: 250.635.6196**
- 'Na Aksa Gila Kyew School: . . . **250.615.2844 Fax: 250.615.2833**
- Gila Kyew Nluulk Headstart: . . . **250.635.6186**
- Community Hall: . . . . . **250.635.6167**
- Kalum Ventures Ltd.: . . . . . **250.635.8060 Fax: 250.635.8062**
- Kitsumkalum Health Centre: . . . **250.635.6172 Fax: 250.635.6182 Toll Free: 1.844.869.5993**
- Rock Quarry Sales: . . . . . **250.635.5000 ext. 102**
- Tempo Gas Bar: . . . . . **250.635.0017**
- House of Sim-Oi-Ghets: . . . . . **250.638.1629**
- Economic Development: . . . . . **250.635.5000 Fax: 250.635.6613**
- Fish & Wildlife: . . . . . **250.635.5000 Fax: 250.635.6613**

### Terrace & Area Phone & Fax Directory

- Prince Rupert Patient Travel. . . . **Phone: 1.888.624.5504 Fax: 250.622.2893**
- Terrace Health Unit. . . . . Phone: 250.631.4200
- Park Avenue Medical Clinic. . . . . Phone: 250.615.5040 Fax: 250.638.2342
- Terrace Aquatic Centre. . . . . Phone: 250.615.3033 Fax: 250.615.3013
- Terrace Sportsplex. . . . . Phone: 250.615.3000 Fax: 250.615.3010
- Mills Memorial Hospital. . . . . Phone: 250.635.2211 Fax: 250.635.7639

Terrace RCMP  
EMERGENCIES: 9-1-1  
NON-EMERGENCIES: Phone-250.638.7400 Fax-250.638.7448  
Crimestoppers: 1-800-222-TIPS

Cst. Jennifer SPETCH 59856  
First Nations Community Policing - Kitsumkalum and Kitselas  
Terrace RCMP  
3205 Eby Street  
TERRACE, B.C. V8G 2X7  
Tel: 250-638-7404  
Cell: 250-615-6537  
Fax: 250-638-7448