Policy Recommendations from Across British Columbia from the Theatre for Living production of *maladjusted*

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Introduction

maladjusted came into being in 2013 after Theatre for Living received feedback from professionals in the mental health field that the system was breaking down: caregivers couldn't give the support they wanted to give and patients weren't receiving the kind of care they wanted. The play was developed in 2013, drawing from the lived experiences of 24 workshop participants, and ran for 18 shows in Vancouver. The cast of 6 were a part of the original workshop group.

One of the core issues around mental health that was raised through the workshop process, was how 'mechanical' the system has become. From the way that diagnosis becomes the way people primarily receive attention for mental health needs, to the need for maximum efficiency for people working in service delivery – as opposed to individualized, holistic care. More and more so, patients and caregivers are being forced into a system that is becoming more and more mechanized.

The popularity of the play revealed it's necessity, and after a year and a half of fundraising, in 2015, *maladjusted* was taken on the road throughout BC and Alberta. We booked 28 shows in 26 communities – including 18 communities all over British Columbia (not including the 9 shows when we returned home to Vancouver).

This large number of communities who were interested in booking the show really affirms that amidst a diversity of geographies, the issues raised in the play grew out of common threads of experience with the mental health system.

maladjusted was a Forum Theatre production, meaning that the audience participated in developing solutions for the play. The play ended in a crisis with no solution, a crisis that could have been avoided at many different points of the play. After watching the play once through, audience members watched a second time with the invitation to stop the play, and replace a character whose struggle they understood, and working through the character, try to *humanize* the care in the individual, in the family, in the system. Through interacting

with the other actors solutions were explored, often leading to deeper insight into the problem and/or ways to resolve it.

In scenes where mental health policy was relevant to the solution, the audience was asked for specific policy ideas to humanize the system. A scribe recorded the ideas each night of all the performances we had across the tour, and compiled them for use by local advocates and policy makers. We then collated all the reports from each community in British Columbia, and created this report that you are reading now, which considers some of the larger picture policy recommendations, for the provincial, and federal levels.

An overview report also exists for Alberta, which can be found at this link:

Methodology

This document was created based on some of the major, consistent themes that emerged from the community level Community Action Reports.

It is important to note that when reading the community action reports from the tour, it became evident that certain themes were emerging based on location and geography. Rural communities face different challenges compared to urban settings. For example, the storyline about the recovery house is further complicated in rural communities who do not have a recovery house, and have to transport community members to other communities to access (those) services. I have notated these geopolitical differences in the following report.

I have also grouped together different policy recommendations based on the broader topic that they are related to. When I felt it was necessary, I have also provided some broader context to the issues being raised in the policies that were being recommended.

Provincial Policy Recommendations

Access To Services

In the play, there were several moments where audiences suggested that access to care was an issue. One of the issues was that, Jack, who is homeless and has anxiety, was placed in a recovery house where they have to confiscate his medication until the in house doctor has authorized the medication. Unfortunately, Jack is checked in on a Friday and the doctor does not come in until Monday, which means Jack has to go without his medication for a few days. Another moment in the play where audiences suggested access was an issue, was the storyline of the service providers, who are under such heavy time and budget constraints, that it was nearly impossible for them to give holistic care, or alternatives to (psychiatric) medication.

A major point that also emerged in British Columbia is the need to address specific challenges that rural communities face that affect access to care. I have outlined these as a separate category below.

Rural Communities

Issue Raised: Clients in rural communities need to travel to receive support, housing, and addiction recovery. The need to travel to receive services is a burden on clients and service providers in rural communities, for resource reasons, but also because travelling would require the client to be removed from their community, and support network.

Policy Suggestions:

1. Increase budget to allow clients to travel at lower cost to the client;
2. Increase availability of mental health services in rural communities .

Issue Raised: Because the mental health resources in rural communities are already stretched so thin, communities are finding that service providers are

leaning towards "quick fixes", as a way to expedite the efficiency of their workload.

Policy recommendations:

1. Workload for service providers needs to be managed so that caregivers are not rushed to find quick fixes, and instead can give more holistic care.

Issue Raised: Confidentiality is an issue in smaller communities. If there is only one mental health worker in the community, and the person seeking services knows the worker (which is very likely), and has an issue that they are seeking services for, this may affect whether or not the person will seek out services when they need them.

Policy recommendations:

1. There needs to be more than one mental health worker in each community and the surrounding area;
2. Strong emphasis on confidentiality policies, alongside public education about the enforcement of confidentiality policies in communities.

Issue Raised: Recovery houses for people with addictions are often being used to house people with mental health issues, who do not have addiction problems. People in communities across BC have raised the issue that people with mental health issues are making up addictions to get into shelters.

Policy recommendations:

1. **There needs to be more shelters available**, especially in rural communities, to alleviate the pressure on recovery houses to take people who may need housing, but not addiction services.

Individualized Care

Another point that audiences from the tour raised from the play was the issue of mechanization of care. Patients having to fit into a box in order to receive care, as opposed to service providers giving comprehensive and holistic care based on the patients needs. For example in the play, Jack has to fit into the box of "addict" in order to get housing – even though he doesn't have an addiction issue. Dani, who is sad because her best friend has committed suicide, is rushed into a bi polar diagnosis, when (perhaps) her emotional health could have been dealt with differently (i.e. with therapy instead of medication).

Here are some of the issues raised about mechanization, and some of the policy suggestions that communities raised:

Issue raised: Client centered care is crucial. Upholding the respect and dignity of the client should be the key principle of mental health, and inform practice in all disciplines. Care needs to "wrap around" the client, so services need to be designed with the complexities of the client population at the forefront. The priority needs to be in relationship building with clients, as opposed to efficient diagnoses and treatment.

Policy recommendations

1. **Intake procedures need to be more flexible.** This will allow for the service organization to grapple with the needs of the client, as opposed to regulating access
2. **Case load limits**: The burn out of service providers was one of the key points that communities raised that contributed to the lack of holistic care. If case loads were more manageable, and caregivers had more time to connect with patients, then they might be able to build stronger relationships with their clients, and serve them better.

3. **Clients need to direct the delivery of care**: audiences raised the issue of clients not having a voice in the care that they are given, or being rushed through the system. Policies need to be in place so that the client can voice what they need.
    a. **Prioritize harm reduction**: Service providers need to meet clients where they are, including navigating drug addiction.
    b. Youth in particular need to also be well informed about their rights in regards to mental health, and medication.
        i. Advocates at agencies should be readily available, especially for youth and people with mental disabilities.
4. **Informed Consent**: Procedures need to be in place to ensure informed consent from clients – as procedures unfold. Consent does not happen only at the beginning of an appointment/procedure/diagnosis, but throughout the entire process of service delivery.

Access to Medication

Issue raised: Mental health and addiction services often overlap. People with mental health issues are forced to navigate this confluence of services, where they run into problems with access to medication. In the play, Jack is admitted into a recovery house by his social worker who is trying to get him off the streets. Even though Jack has a prescription for his medication, upon intake, he has his medication confiscated, as per the house rules of this abstinence based recovery house. These stringent rules around the regulation of prescription drugs is a core issue that affects the care that mental health patients receive.

Policy Recommendations:

1. **Intake policies need to reflect a 'people centered' approach, and not based in risk aversion**.
    a. Implementation of harm reduction policies would intersect with this policy recommendation.

2. **Policies that transform medication dispensation**:
    a. Medication can only be *taken away* by a physician;
    b. Policies in recovery houses that allow individuals to keep a minimum amount of medication to ensure stability until medically assessed in the new facility.
3. Recovery houses that require the in house doctor to authorize medication use, should have an in house doctor available 24/7.
    a. Alternatively, allowing caregivers on the ground to honour a previous doctor's prescription

Conclusions:

Our hope is that through *maladjusted* and this report, communities would be able to communicate their knowledge and wisdom about these issues to the people who are making decisions. Audiences throughout the *maladjusted* tour suggested many insights about what changes need to happen so that we can move towards a more human-centered mental health system. They shared their wisdom, from their experiences on the ground, in hopes that stakeholders and policy makers would hear their voices and help shift the mental health system.

If you have any questions about this report, please contact Theatre for Living at 604.871.0508.