Maladjusted

Community Report on the Vancouver ACT Teams

Vancouver, March 22-28, 2015

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When Theatre for Living remounted *maladjusted* in 2015, the outreach process began by connecting with everyone who was involved with the inaugural run of the play. Several community members responded and raised some of the concerns they had with the Assertive Community Treatment (ACT) teams that were being put in place around the province. After some consultation with community members, we decided to allow the community to voice some of these concerns as a separate report, in hopes of giving a fuller picture of the experiences that people are having on the ground.

It is important to note that this report comes from our dialogue with community members, as opposed to the Community Action Reports, which comes from audience interventions and solutions during the Forum Theatre production of *maladjusted*.

David Ng had several conversations with community members (who wished to remain anonymous), who shared some of their experiences with ACT. David also spoke to Christopher Van Veen, a former clinician in the downtown eastside and PhD candidate at Simon Fraser University, who has focused much of his research on the ACT Teams, and has co written this report.

Background

The idea behind the ACT teams is to have more community integrated mental health service delivery, where clients would have access to housing subsidies, which would assist them in living in the place of their choosing. Regular visits by ACT Team members are meant to increase the accessibility of services to clients, and tailor services to the clients needs.

The ACT teams were implemented in British Columbia in January 2012. According to the provincial government's press release on the successes of the ACT teams, "Assertive Community Treatment teams provide community treatment and rehabilitation for clients struggling with mental illness who may also have severe substance use addictions. That includes providing long-term 24/7 health care and life skills supports, including job

training, assistance with finding independent housing, social interaction counseling, and maintaining physical and mental wellness."

Issues Raised on the Ground

One of the major issues with the way that the ACT Teams have been implemented in BC, is that the Vancouver Police Department has partnered with the ACT Teams, and participates in the visits with clients in order to ensure that policies and procedures are being followed. There is a sense that this modified ACT model is more coercive than 'assertive'. This can be troubling for many clients who are placed on "extended leave" by their psychiatrist – which means they must take the medication prescribed to them, otherwise face forced treatment. If a client on extended leave is found to be not taking their medication or perhaps violating a policy under their housing agreement, the police presence allows for the possibility of enforcement to happen. From speaking with people on the ground, the nature of this enforcement is often quite violent, and often leads to people being forcibly medicated or confined to psychiatric inpatient units. Additionally, many participants of ACT may have had negative interactions with police in the past, and police presence on ACT can lead to an environment of anxiety and fear surrounding their care.

There are also deeper, cultural aspects of mental health service delivery that could be some of the root causes of the increasing mechanization of the way the system manifests in BC.

One of the major broader issues, is a biomedical reliance on psychiatry, and medication (which is a point that is also reflected in the maladjusted Community Action Report). For example, there is a major difference in attitude of A) using extended leave as a means to 'manage' 'difficult clients', as opposed to B) looking at ways to enhance voluntary treatment, and finding creative alternatives to support individuals who are going through a psychosis. If forced anti-psychotic medication is seen as a last resort (which in principle it could be), then service providers could be looking first at creative options to help their clients so that medication is provided on a voluntary basis whenever possible. Service providers could be accommodating to their clients, and adapting services to the needs of clients.

Policy Recommendations

1. **Disengage the police department from regular client visits**

- Having the police involved in some cases is of course necessary (in volatile, dangerous situations), but it was stated many times that the regular involvement of the police is harmful to some clients, and makes people feel unsafe. Many mental health service users may have had negative past experiences with police. Having police as a regular part of service delivery can have adverse effects for clients of the ACT model.

2. **Adhere to the ACT principles of rent subsidies, and ensure that the subsidies are available**

- The foundation of ACT is a Housing First approach[1]. This allows mental health patients the choice of where they want to live, through rent subsidies, and ensures that housing is provided to those who need it. Housing First approaches recognize that housing is a key social determinant of health. The provincial government has so far been very slow to approve more rent subsidies, which negates the main principle of ACT.

3. **Increased pressure on the burden of proof for psychiatrists placing clients on Extended Leave**

- The ease of placing people on Extended Leave is, from talking to people on the ground, quite dangerous and can lead to very dehumanizing situations that are not optimal for the betterment of some mental health patients. The use of the Mental Health Act to enforce treatment has risen sharply in recent years[2], and action should be taken to curb this trend.
- As also suggested in the Community Action Report, having a higher threshold for the burden of proof, required by psychiatrists in order to place people on Extended Leave could also lead to service providers finding more creative ways to fit services to the needs of the clients, rather than fitting the client's situation to a diagnosis.

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[1] To find out more about the Housing First approach, visit this link: http://www.mentalhealthcommission.ca/English/article/24696/april-8-2014-ground-breaking-research-shows-%E2%80%98housing-first%E2%80%99-approach-working-end-homel

[2] The number of arrests from Section 28 of the Mental Health Act, has increased by 100-200 every year since 2010, according to the Vancouver Police Department report in 2014 http://www.straight.com/news/796816/vancouver-police-end-2014-record-number-arrests-under-mental-health-act

4. **More regular evaluations of clients who are on Extended Leave, or about to go on Extended Leave**

- This policy recommendation addresses the climate within service delivery, to consider what it means to the person to be on Extended Leave (since this often leads to forced medication), and to consider other options to improve the living situation of clients. Participant choice and autonomy should be at the forefront of clinical decision-making.
- Instead of placing people on Extended Leave, the emphasis could be on trying to find creative ways to humanely assist clients, without disenfranchising them through enforcement. This could be accomplished through appropriate housing options and peer support programs.

5. **Increased dialoguing between clients and ACT Teams, through creative means,**

- People we spoke with feel that the current manifestation of ACT in practice is more coercive than assertive. There is little dialogue about the impact the model has on people's lived experiences on the ground. Increased dialogue between caregivers, clients, and the community to find human ways to engage with the dynamics of caregiver and client, would help build relationships, rather than building barriers.