

Maladjusted

Community Action Report

Policy Recommendations from the Calgary Production of the Theatre for Living's *Maladjusted*

Introduction

This report reflects a summary of Theatre for Living's Calgary tour of their production of *Maladjusted*. Throughout the play, the aim was to capture the dialogue of the audience regarding the mental health system. From this dialogue, policy suggestions that address the question, "how can we humanize the mechanization of our mental health system for patients, families, and caregivers", were devised. Below is a list of recommendations taken from the production.

Recommendations

1. Increase affordable housing/shelter/residential treatment beds

A core theme of the play was the need for housing where exclusion criteria does not place the safety of the client at risk. There was audience agreement that there is a systemic underfunding that exists in the housing and mental health services and the overlap between the two.

a. Increase Housing First initiatives

Housing should be placed as top priority with services meeting the needs of individual clients thereafter, as opposed to fitting individuals into criteria-based exclusionary programs that may not meet their needs.

b. Increase Harm Reduction-based initiatives

"Wet-houses", and other housing initiatives, grounded in Harm Reduction ideology should be available to individuals who are unable or unwilling to maintain abstinence or to whom a cold turkey approach is unsafe or unethical.

"Abstinence is not necessarily a priority or a possibility for every client, but access to safe housing should be. "

"Sobriety should not be prioritized over patient safety."

2. Increase access to mental health care

A common theme that surfaced was the limited amount of time allotted by health care providers, and the precedence of system flow-through over individualized patient care.

a. Increase the number of front line physicians and social workers

Dependence on “check box” assessments grounded in the DSM, and hastiness in prescribing medication over counseling, were identified as common problems. Additionally, clinician stress and job dissatisfaction caused by expediting care in order to see a full caseload is another sequelae born from an inadequate number of frontline clinicians. These directly affect the quality of care that an individual receives. An increase in the number of frontline clinicians would significantly lessen this burden and improve patient care.

“Social workers get burnt out by the number of patients in their caseload and the lack of resources available to them”

“There is an over-reliance on the DSM and on prescribing medication”

b. Institute 24-hour Physician Support

The provision of 24-hour, 7-day-per-week on-call physician support to bridge the needs of patients being admitted to community treatment services would ensure that orders reflect the needs of the patient and protect them from harm. This could be accomplished by having the physician of record in the community bridge the admission period or by designating a physician at the treatment facility as “on call”. Alternatively, a list of standing orders for specific medications could be made available to give at the intake nurse’s discretion.

“The existing doctor in the community should have authority to bridge the admission”

“The intake should happen while a doctor is present”

c. Allot more time to meet with patients

Securing ample time to meet with individual clients allows for a thorough mental health assessment, less reliance on check-box diagnostics and thoughtful referral to appropriate community resources. Therapeutic rapport is heightened when clinicians take the time to listen to patients and partner with them to identify their concerns and goals.

“We don’t have enough time to give proper care”

“We have lost our ability to listen”

3. Address caregiver burnout

A shared concern was the issue of caregiver burnout and the lack of support for clinicians who are under significant pressure by the mental health system. The propensity to personalize patient outcomes, feel helpless, and not have access to support, were common themes in the play.

a. Institute mental health days/personal days for staff

Allowing for a set number of personal days would provide respite for caregivers who are struggling with difficult caseloads and a heavy-burdened mental health system.

“We need a break”

b. Institute partnerships between community organizations and information sharing about protocol and policy

Poor transparency of program protocol creates a heavy burden on frontline clinicians who are trying to refer patients to appropriate resources. Having up-to-date knowledge about community supports, by way of a partnership or information sharing session, would cut down the time and uncertainty of the referral process, and better ensure that patients are directed to appropriate supports.

“Intake policies need revamping so that social workers better understand the criteria of resources”

4. Improve family support and access to support

A voiced concern throughout the production was the lack of education provided to families about mental illness and available resources. Couching mental illness as a condition that effects the entire family allows for a more thorough assessment and appropriate referral to resources for families in need of counseling and grief therapy. Education is empowering, and offers patients and families a sense of control over their mental health.

a. Offer education sessions

Individuals and families would feel less alienated and be able to navigate the mental health system with less difficulty if they felt that they had an understanding of the diagnosis, rationale for treatment, and supportive resources.

b. Interview underage patients and their parents/guardians separately and together

Much more information is gleaned if parents and underage clients are interviewed both separately and together. Often, adolescents are not equipped with the skills of assertive communication to address their concerns without the fear of reprisal from their family. Similarly, parents may feel that they cannot comprehensively express their concerns without causing further upset to their child.

Family Systems Theory dictates that individuals' struggles cannot be fully understood in isolation from one another, but rather as part of a family, such that the need for a combined interview is also beneficial.

"Depression is a family disease"

"Options for family counseling and grief therapy should be offered"