Maladjusted Theatre Community Action Report
St. Paul, AB
February 24, 2015

- Cross-cultural training
    - there is a lack of understanding between Aboriginal and other cultures
    - many healthcare professionals should participate/be required to have culturally sensitive/specific training. ie. EMT/EMS, firefighters, police personnel, nurses, docs
    - the content of the training should be derived and presented by the specific culture
    - training in de-escalation should also be provided to mental health workers in a culturally-specific manner
    - currently in St. Paul we have an Aboriginal health liaison coordinator. Very few people are aware of her existence.
- Provincial regulation of Aboriginal health care spending
    - currently the federal government controls reserves and funds medications etc through Indian Affairs (and decides which medications and services get funded), but the provincial government operates the health care system. This has lead to gaps in care.
    - the federal government should pay the provinces per capita and then allow the provinces to control how the funds are spent. Health care services should be provided/funded for Aboriginals in the same manner as for all Albertans
- Supports for mental health workers (prevent burnout)
    - Increase the number of mental health workers
    - Incentivize rural mental health work
        - Rural mental health workers are faced with an even bigger challenge in that they don't have access to some of the supports/resources that bigger centers may have
    - A maximum number of caseloads should be mandated
    - Mental health workers should have the opportunity to debrief with others that are struggling with the same challenges
        - This should be facilitated by the site supervisors
            - Supervisors should be responsible for 1 site (mental health office/ addictions) only and should be constantly checking in with their staff
    - Provide funding/resources for mental health workers to take care of their mental health as they see fit. ie. massage
- Psychotherapy should be funded by Alberta Health
    - Cognitive Behavioural Therapy is an integral part of mental health treatment. Currently AHS does employ some therapists/psychologists (Outpatient Mental Health), and some people can access private psychologists because of workplace/employer coverage, but access is limited. The government should fund psychotherapy just as it does psychoactive medications because it has

been proven to be effective in the treatment of mental health disorders.

- Patients need timely access to care
    - crisis may strike at any moment and thus access to appropriate care/supports should reflect this
    - physicians and social workers should be able to refer directly to a psychiatrist. Currently in St. Paul, all referrals have to be triaged through Outpatient Mental Health before patients can be seen by a psychiatrist. This introduces unnecessary delays in access to treatment, increases costs, and increases workload for already overloaded mental health workers. Only self-referrals should first be triaged by Outpatient Mental Health to assess whether or not the client needs to see a psychiatrist.
    - GPs should be able to manage chronic psychiatric conditions once stabilized so that psychiatrists' workloads can be reduced to maintain reasonably short wait-times.
    - PCNs should have a psychiatrist, psychologist/therapist, and social worker as part of the care team
    - A walk-in clinic with a therapist should be available 24/7. This would divert people with mental health concerns from the emergency department (which is not designed to treat such issues) and facilitate access to the care they need. The clinic should have a psychiatrist on call and be able to facilitate admission to a psychiatric unit if that is what is required. Another option (in place of a 24/7 walk-in clinic) would be to have therapists keep slots in their otherwise scheduled day open to accommodate walk-in patients, as well as have a late shift (~1700-2300h) mental health triage person.
- Facilities that bridge/fill the gap between hospital and home should exist
    - When "in between" facilities don't exist, resources/facilities become misused
        - People end up staying in hospital in an inpatient psychiatry unit because they can't manage at home and require more supports, not because they need the level of care that is offered in hospital. This is extremely costly for the health care system.
    - Different levels care are needed for those struggling with mental health issues
    - More outpatient resources are needed
        - Housing + day programs with life skills classes and daily routines would better address patients' needs, and open up beds in psychiatric units.
        - Patients who do not require housing should have access to day programs. It is unrealistic to expect psychiatric inpatients to be able to cope with the transition from being in hospital (100% of their day is structured, their medications and appointments are managed for them) to being entirely on their own with only once monthly or biweekly follow-ups with a therapist or psychiatrist. A day program would bridge this gap.
    - "Mat program" for homeless people who need temporary shelter on cold nights. Many such existing programs will not admit people with addictions, but this excludes many of those in need, and leaves them without access to shelter. Mat programs should be able to accommodate people with addictions.

- Grief counselling
    - Grief counselling is currently not available in St. Paul, and it is a needed resource.
    - Grief counselling should be funded by Alberta Health. Not only will this benefit patients, but it will benefit the system: counselling acutely after an incident may prevent a mental health crisis in the future.