

# ***Maladjusted at Cowichan***

**January 29, 2015**

## **Present Policy**

Homeless people don't have a place to go unless they have an addiction problem. People make up addictions in order to be placed in a rehab center or jailed just so they are not homeless.

Addicts have also overdosed so that they can go to Emergency where they have a safe place, roof over their head, and medical care until discharged.

## **Proposed Policy Change**

Homeless people who have legal medications must have a shelter to go to without compromising their existing medical conditions. Shelter' intake processes must take individual needs into consideration rather than impose blanket policies.

A person with drug addictions must have a safe place to find shelter without having to overdose. This is extremely dangerous for the person overdosing and treating her/him places added stress on an already strained health care system.

## **Present Process**

Social workers must work within the parameters of existing policies and mandates of the agencies and organizations they work for. As they are faced with continued cutbacks in their operating costs, their options to choose appropriate placements for their clients decline.

A social worker must make a client fit into any shelter/centre that has available space regardless of the needs of the client – often placing a person incorrectly. There need to be choices of appropriate shelters for homeless, people with addictions, run away minors, working poor. Women, men, families, youth, transgendered, gays and lesbians who find themselves homeless cannot be served under one policy.

## **Proposed Process/Policy Change**

Consider the individual needs of the client and find a suitable shelter or care.

Fund homeless shelters, shelters for women, addiction centres with manageable budgets that cannot be cut by more than 5% in a fiscal year.

Move from minimum wage to a Living Wage to ensure basic needs are met. Support the construction of affordable housing.

Support social workers/mental health workers and other allied professionals and paraprofessionals in coping with vicarious trauma and burn-out.

### **Present Practice**

Youth who are depressed are faced with doctors or psychiatrists who over prescribe medications with or without counseling. Some young people cannot obtain help because the referral from their doctor may take weeks before the patient is able to see a psychiatrist. Families may not know where to find help to negotiate the 'system'. In some extreme instances, youth may find themselves placed in a Psych Ward until they are seen by a psychiatrist or they may run away and become homeless.

### **Proposed Changes**

Doctors must be educated on the practise of over-prescribing medications. They must follow up on referrals to ensure the patient is receiving the care he/she requires.

Youth and their families need additional support when obtaining help in the mental health system. It can be overwhelming not just for the young person, but for the whole family. Fears of the unknown can hinder progress. Support can consist of mental health workers or child & youth care workers working with social workers, counsellors, and psychiatrists. The team must look at the welfare of the whole family and work holistically.