

maladjusted
Community Action Report – Kamloops, BC

Policy Recommendations from the Theatre for Living production

March 28, 2015

Kamloops Community Scribes to the '*maladjusted*' Project

Third year TRU Nursing Students:

Danika Maartman

Amanda Parker

Savanna Pavan

Report Writers

Star Mahara, Thompson Rivers University School of Nursing

Sian Lewis, Phoenix Centre

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Introduction

On March 14, 2015, Thompson Rivers University School of Nursing and the Phoenix Centre collaborated with Theatre for Living (TfL) to bring the critically acclaimed forum theatre event, *maladjusted* to Kamloops as a part of TfL's 2015 tour of 26 communities across BC & Alberta. According to TfL promotional material, "*maladjusted* engages audiences with powerful images and authentic voices weaving together three very personal narratives: A young teenager struggling with sadness over her friend's suicide is misdiagnosed by her doctor; a young homeless man who is legitimately taking prescription meds gets thrown into dangerous circumstances by social workers, who are from within a mechanizing system, trying their best to help him; and finally, there is all of us, unable to adjust to the needs of a maladjusted mental health sector, who become potential agents for change".

The production, created and performed by mental health patients and caregivers is a "true voice" that seeks local solutions to this issue in terms of ways to provide and receive more human-centred care. *maladjusted* is created and performed by mental health patients and caregivers, and directed by David Diamond. According to TfL, forum theatre allows for participation and intervention between the audience and actors, creating interactive dialogue to address people's behaviour and human interactions at core levels, giving opportunities to find solutions.

The target population for this event included people living with mental health challenges and their supports, Aboriginal peoples, and the Kamloops community, including support agencies. These populations can play a large role in influencing changes in policy in regards to mental health care through this forum theatre production. The main purpose of this health promotion initiative is to provide a forum to invite voices from within the Kamloops community to join in a conversation about mental health with the intent being to create changes in attitudes and influence policies that affect mental health and mental health care.

This report presents a compilation of policy suggestions generated during the performance of *maladjusted* in Kamloops, BC that address the central question posed by *maladjusted*: "How can we humanize the mental health system"? Over [insert number] policy suggestions were collected during the performance attended by 170 people from the Kamloops. These responses were recorded by three scribes and then collated by theme.

The voices represented in this report (shown in italics) are all from the performance and dialogue. This report is one way to extend the dialogue about mental health that emerged from the *maladjusted* performance through taking what the community has offered in the form of physical interventions and comments during the theatre performance and transforming it into written concrete action points and recommendations to share with decision makers, policy makers, and stakeholders.

Recommendations Emerging from the Dialogue

The evening performance was attended by an exceptionally diverse audience. In attendance were those with lived experience, current clients of mental health and other human services, parents, children, youth, caregivers, mental health professionals, human service providers, interested community members, students, educators, medical professionals, and volunteers. There was representation from the community, from government ministries, health authority, non-profit sector, and faith-based organizations.

There was a high level of energy as the audience made their way to their seats. The air was full of conversation and the spirit of connection. Additional chairs had to be set up to accommodate everyone.

The first run through of the play was extremely powerful. The audience was completely engaged by the stories unfolding on stage. During the second half of the performance, when audience members were encouraged to participate, it took a bit of coaxing. Eventually, a few courageous audience members found their way to the stage and re-enacted specific segments of the performance, with the intention of arriving at a better outcome.

Recommendations to Policy Makers

1. The bio/psycho/social model needs to be central when diagnosing, treating, and working with those with mental health issues; and their caregivers and families. Mental health is an issue that is connected to the 'individual', but is intimately connected to the individual's close social network as well. Clients within the mental health care system cannot be treated in isolation from the full family (social) context.

Comments from the audience:

- *Work on communication between family members*
 - *Look at rebuilding the relationship between family member to really address and begin to fix the problems that are occurring*
 - *Sometimes families are so wrapped up in their emotions, they can get in the way (i.e. make it more difficult for the one requiring services to access services). System needs to provide support to the family as well.*
 - *'Parents' have their own problems, and can be wrapped up in their own story, they need help too*
 - *There needs to be support between family members. Service providers can help with this.*
2. Client centered care is crucial – care based on the assumption that each client is competent and capable of making the best choice for themselves. Upholding respect and dignity of the client needs to be a key principle of the mental health care system and inform practice at all levels across all disciplines.

Comments from the audience:

- *Caregivers need to listen to patient's experience*
- *People don't know what they are getting into, need to have the conversation about what the 'service' offers before referring the client*
- *Listen to the 'client's' inner experience*
- *Medications being recognized as a need, and doctor supports to ensure consistency*
- *Parents need to open their eyes too*
- *There should be a place for him to sleep regardless of the medications he has*
- *The way the doctor spoke to me (youth) felt intrusive*

3. A multidisciplinary team approach must be a consistent standard of care. Physician care needs to part of a multidisciplinary approach to mental health care; not considered separate or superior in practice or authority.

Comments from the audience:

- *Doctors should be included on intake, so that meds can be approved*
- *Have a team for intake*
- *All team members should be part of the decision making process*
- *Having doctors approve the meds before client arrives at shelter*

4. Prompt access to mental health services and other necessary services aligned with mental health support

Comments from the audience:

- *All clients should see a doctor within a 24 hours period to approve meds, prior to referral to shelter*
- *Better staffing of shelters and other types of temporary housing*
- *There should be housing choices, a place for 'clients' to sleep regardless of medications (or other unique circumstances)*
- *Should not be any waiting*
- *When the situation is not dealt with appropriately, other events occur (cyclical); therefore causes problem to escalate/complicate (i.e. when problem escalates/complicates client can escalate as well, which leads to another doctor appointment, which leads to misdiagnosis and the wrong medications or treatment)*
- *Having someone available 7 days a week to allow for changes not just during the week day*

5. Advocacy as integral part of continuum of service – advocacy shouldn't be an afterthought, or something that clients have to search for. Advocates can help clients better negotiate the system, making better use of resources, and resulting in more timely access to service.

Comments from the audience:

- *Advocate for clients at the onset of service so they feel safer and better supported.*
- *Access to a patient advocate to accompany to first meeting*

6. Policy needs to support educational and awareness building initiatives & activities, as vital underpinnings to a well-functioning health care system. Education and awareness around the issue of mental health is critical to reducing stigma, which in turn makes it more likely that those with mental health concerns will access help earlier on – before the problem escalates. Education and awareness about mental health services and the continuum of care is vital for those struggling with mental health issues and their families. When people don't know what's available, or don't understand how/when to access services, they are very unlikely to seek help. Without education about what to expect from particular services, clients may access the wrong service, not get help in a timely manner, decompensate, and/or feel victimized.

Comments from the audience:

- *What recovery really is, emotionally, needs to be communicated*
- *People don't know what they are getting into, need to have the conversation about what the place (service) offers first*
- *There is an issue of people going into a program that they know nothing about, and also they are unaware of the policies that many of these programs have*
- *It can be hard for people to really communicate what recovery is really like and therefore it is misunderstood*
- *Too much demonization of mental health*

7. Services and system structure needs to 'wrap around' the individual client. Services must be designed with the complexities of client population at the forefront. Currently we have a fragmented system of different services and programs that often work at cross purposes. This only leads to more frustration for clients and families, wasted time and resources, and decompensation of those with pressing mental health issues.

Comments from the audience:

- *Recovery housing needs to have staff that can dispense prescribed meds when required*
- *Recovery house manager should have authority to support clients with meds*
- *Could there be a 24 trial period with intake – so clients don't get 'stuck' in a service that isn't meeting their needs*
- *There should be a place for 'clients' to sleep regardless of the medications they are on*

- *Recovery house manager needs to be able to make the final decision on a case by case basis*
 - *Policy change to change the way clients access medications. Example: client's doctor is contacted and advocates for client, so he is able to take his meds to the shelter/recovery house*
 - *Sometimes people may not seek help with their kids' problems because the parents are afraid they will be blamed or investigated by child protection, which will further drive a wedge between the family*
 - *People need their medications; electronic records to look at clinical visits should be shared between doctors and agencies, to make an easier transition.*
 - *The system does not allow doctors or clinics to share information between each other due to ethical barriers. This slows things down when they need to be approved to allow for a more smooth transition to help people get the help they need and deserve*
8. This may not be 'ingredients' for policy (perhaps 'principles of care') but professionals need to expose their humanity, practice with humility, and embrace their vulnerability. No one person has all the answers. We all have struggles in our lives. Allowing clients to experience our 'whole-heartedness' as professionals, can be very empowering for clients.

Comments from the audience:

- *Knowing that I have a doctors personal support empowers me too*
 - *We need to have the courage to be vulnerable.*
 - *When we stepped out to hug I was hesitant because I don't want to wish for that closeness in case she refused it*
 - *Takes courage to be vulnerable- audience member wanted Dani (character in the play) to feel like she was not alone and that she had experienced similar problems*
9. In order to arrive at the best possible outcome for the individual/patient/client, critical thinking; and reflection and reflexive practice need to be consistently and continuously woven into client centered care, across services and across disciplines When the tools (i.e. DSM V) and the system structure and processes have more importance and authority than those they propose to serve, we are at best failing our clients and at worst doing harm. Tools, systems, structure, processes, rules, regulations, legislation (the list goes on), are there to guide our decisions, not determine them for us.

Comments from the audience:

- *Doctor (character in the play) had to conquer the DSM-V, he threw it out the window; the bureaucracy of mental health care*
- *So important to do a thorough assessment*

10. Require philosophical shift away from disease model to wellness model (prevention-upstream)

Conclusions

This report and recommendations will be shared with the larger community, and specifically some identified partners who actively work with those struggling with mental health issues.

We may collectively choose to form a temporary committee charged with the task of selecting and implementing one or more of the recommendations at the local level. We may also use the report to identify the ways in which we already work well together and further refine the list of recommendations.

We will also share this report with a local working group (Local Action Team) already laying the groundwork to improve access and outcomes, for children, youth and their families as it relates to mental health and substance use services. Although focused on children and youth, it makes sense to build on what is already being developed and identify how this work can also inform system changes within adult mental health services.

The Local Action Team has membership from three larger systems of care (MCFD Child and Youth Mental Health, Interior Health Authority, and School District), general practitioners (family doctors) and multiple community based services. At the provincial level, this initiative is called the *Child and Youth, Mental Health and Substance Use (CYMHSU) Collaborative Care* initiative and is being supported by Ministry of Child and Family Development, Ministry of Education, Ministry of Health (Health Authorities) and Doctors of BC (Shared Care).

Scribe Notes

Scribes: Amanda Parker and Danika Maartman

After first run through, David asked audience to identify some struggles that were presented...

- No connection/relationship between patients and caregivers
- No time for context
- Supporters need support too
- It is difficult to see individual issues with people (misinterpretation of intent, hard for caregivers to see the individual)
- Resources don't meet the needs of people
- Rules and regulations inhibit relationship
- Not enough resources

Second run through

Scene: Jack and the issue of nowhere to go but to a recovery house, Jack replaced by audience member...

- I need to know more about this place
- Recovery place is not the right place for me, they will take my meds away
- Can't go without my meds for very long
- With my anxiety problems, I need to be prepared for this
- I don't want to sleep with strangers (Frank replies: you have to go into the shark tank first, like everyone else, and then you can get your own room, we have all been there, you only get out of recovery what you put into it)
- Worried about access to my meds, can you make the process faster? (Frank replies: you have to believe in recovery yourself, if you're on all those meds...maybe you should stop taking them), but I need my anti-anxiety meds!
- If I'm not committed when I first go there, I can't change my mind?

David says: show your emotion with your body; now tell me what you are thinking:

Frank to Abby: Do you believe in him?

Jack: I don't know, I don't know, I don't know [about the contract]

Abby: Just go there anyway to get off the street! (Why advocate for him? His concern, what happens once there? Her job is to hurry to get people off her list)

- I'll probably find somewhere else to go, I don't want to go there

David asks: Is this the right place? Many audience members disagree by a show of hands

David asks audience to suggest policy to help this situation:

1. Doctors should be included on intake [so that meds can be approved]

2. Caregivers need to listen to patient's experience
3. Seeing a doctor within the first 24 hours to approve meds
4. Access to a patient advocate to accompany to first meeting
5. What recovery really is, emotionally, needs to be communicated
6. People don't know what they are getting into, need to have the conversation about what the place offers first
7. Have a team for the intake
8. Listen to the inner experience

Scene: Mia (mom) and Danielle (daughter), talking in living room

David says to the audience: "The silence about what's going on in this situation is the reason nothing gets better"

Mia replaced by audience member...

- Dani, I'm concerned that you are missing classes
- I don't know if you know this, but I had similar problems when I was young, I had no energy, I didn't know why. It affected everything. It was difficult for me.
- I suffered: failed classes in university
- I've experienced similar situations but we are all unique, maybe you are experiencing something in your mind, maybe we could go to talk to someone together, I need help, I still need to work on myself too

David: Think of a secret thought that you would never say:

Mia: I just want to hug you because I feel your pain

Dani: What a boring story

(Mom doesn't talk about herself, so Dani's not used to hearing it)

David: asks the audience: Why doesn't Dani (character) see or hear it?

- *Pre-existing patterns*
- *Denial, she doesn't want to hear it, not ready*
- *She does hear it but doesn't know it*
- *She has her own problems, wrapped up in her own story*

David asks: What does she hear? Audience response: "She loves her mom, and is relieved because she's not alone".

David asks the characters: "Are you getting what you want?"

Characters: Dani: "I might" Mom: "Will you come back?" Dani: "Yes"

If there's no fight, there's no doctor visit, and therefore no misdiagnosis and no meds.

- no, doctors (biomedical, be all end all)
- knowing that I have a doctors personal support empowers me too

We need to have the courage to be vulnerable.

David asks audience member: "Why did you want to come up here?"

- I wanted to take Mia's place because I wanted to do it differently than her
- May happen later just not immediately
- Mia → I can feel your pain and I want you to know that I am here for you

Scene: Diagnosis, psychiatrist's office with Dani and Mia, and Doctor, Doctor replaced by audience member who says she "understands doctor's struggle"

- Those long forms hey, they depersonalize things. The point of them is to look at the symptoms you are experiencing, such as mood and anxiety
- Get the underlying issue
- Tell me about what's been going on in the last year or two
- Tell me about your friends → who are they
- Tell me about Amy, it looks like Amy is important to you, but you don't want to talk about it.
- Who is Amy? *Dani: none of your business, how much longer do I have to be here*
- If you don't want to be here for the whole time, you don't have to be. Asks to talk to her mom...*Dani walks out...it was nice to meet you anyways*
- You know Mia, anger is a secondary emotion, it sounds like Dani has lots of hurt, is it because of Amy?
- *Mia: there is lots of sadness, we move on but acting like she does isn't helping*
- Dr: can you put yourself in her shoes? How would a 17 year old feel after losing her best friend? It's difficult for mom too
- *Mia: she lost her dad too*
- Dr: your daughter can't move on without you, she needs you to help her move on, coming to counseling together will help build the relationship, I'm leaving you with a choice to come back or not
- *Mia: difficult during working hours*
- David: she is not being prescribed anything, no, just leaving them with a choice, the doctor wants them to come back, the doctor recognizes that they both grieving, entertain the idea of counseling together, work something out together.

On the walk home Mia and Dani are talking

- Mia: you go from zero to psycho right away
- Maybe we can talk about some scheduling options, we will go over and make an appointment for counseling → hugged

David asks: “Why did Dani get angry at the doctor office?”

Dani – because doctor asked about friends immediately

Dani: I don’t want to talk about Amy with someone I don’t know, it’s intrusive

- David asks audience member who stepped in to play the Dr: was it your intention to corner her [about Amy]? No, not to corner her, but to bring out the elephant in the room.
- David asks Mia: *when you put yourself in her shoes, what did that change?*
- Mia: she’s my everything, a part of me, I felt that way when I was younger, I just didn’t scream about it,
- David asks where else does this happen? Happens at school, workplace, family member or relative’s house, don’t want to be confrontational
- When we stepped out to hug I was hesitant because I don’t want to wish for that closeness in case she refused it
- David: Doctor had to conquer the DSM-V, he threw it out the window; the bureaucracy of mental health care
- So important to do a thorough assessment

Scene: Frank & Jack in the street, Frank replaced by audience member

- Jack, come back here, I have a bed for you, I know you need your meds, lets go back and figure out how we can get your meds, I’m sorry that things went that way
- I can’t give you the meds in that recovery house, no beds with meds
- You can discharge yourself and then get the meds back, but only when the manager is working
- I am bound by policy, you can’t come back unless you say no to meds

David: the technical aspect, the policies are holding him in a box: Give you back your meds if you come back and discharge yourself

David asks audience for policy to help this situation:

1. Manager on duty 24/7 to allow meds to be returned
2. There should be a place for him to sleep regardless of his meds, there should be housing choices
3. Doctor reviews meds first, before intake
4. Medications being recognized as a need, and doctor supports to ensure consistency
5. Frank needs to have power to give or dispense meds
6. House manager should have authority
7. 24 trial period with intake (if policies need to be in place before a contract)

Scene: Abby and psychiatrist in office, Abby replaced by audience member

David: no one talks about this: there is fear inside the profession to speak up

- Abby: I don't know what to do anymore, there's nothing more I can do. I can't cope
- Staff are working in unsafe conditions, overtime, holidays, we have no budget, there are grievances filed
- The budget needs to be made by someone who hears our voice, don't rely on doctors
- We need to file grievances and refuse unsafe work
- I am willing to go to bat for my workers (I'm willing to back them)
- Patient care safety: need to advocate for our workers, help staff, support patients, staff can speak to media (not psychiatrists)

David: Tell me your secret thoughts.

- Dr: I hope she goes for it without my involvement
- Abby: I have a lot of work on my hands

Problems with this scene:

- We rely on the medical model where doctor is be all end all
- Abby is manager, she knows the doctor and needs his support, but the doctor is stuck, this empowers Abby to act → this is where nurses need to use their voice
- Don't rely on doctors, use grievances, ask all staff to refuse unsafe work, managers support you
- Know that you have a voice, use it!

Scene: Dani coming home after the fight with her mom (after smoking with Jack), Dani replaced by audience member

- *Mia: what's wrong with you now?*
- Dani: These meds mom, they're hurting my head, I don't need them
- *Mia: The doctor knows what you need*
- Dani: Mom, I need your help, I don't need meds, I want someone to talk to
- I don't want you to be mad, I need you right now, I want to talk to you,
- *Mia: I'm not mad, I'm scared*
- I haven't moved on, these meds cloud my head; they're not helping me move on. I need help to move on, I need your help. You haven't moved on either
- Let's talk about it, don't distract yourself by drinking or cleaning. We need help
- We need to talk to someone together, we can't do it by ourselves
- *Mia: I'm sorry, I was just stressed out*
- You know I love you right?

David: tell me a secret thought:

- Dani: I'm afraid we will split up and not trust each other
- *Mia: I'm afraid for her safety, and that she's going to die*

David asks audience: What are you hearing?

1. She's learning something from her mother
2. Mother has done this to her
3. When you can't hear anger around you, tolerance can get anger
4. They want to have a relationship with each other
5. Mother is a survivor
6. Parents need to open their eyes too

David highlights: Dani isn't cutting herself tonight

Scene: Jack in office with Abby and doctor, (after scene where Jack goes to Dani's house to return her lighter) Frank replaced by audience member, comes into office and sees Jack

- *Abby: Jack, you need to be reassessed*
- Frank: I need to talk to this guy (Jack), what were you doing at my sister's house? How do you know my niece?
- This asshole shows up at my sisters, after kneeing me in the balls in the street. He is over the line. Is he dangerous?
- *Abby: He has no record of previous violence did you ask your niece how she knows him?*
- My world is falling apart, this nut case shows up at my sisters
- *Abby: lets start over, we need to get on track, I am open to suggestions*
- I can't deal with him at my work place, I'm willing to set up a meeting with him and my niece to see what is going on...
- *Jack: I'm not going to that meeting...(he goes into another room to talk with Dr.)*
- *Dr: what do you need?*
- *Jack: I need my meds back.*
- *Dr: who prescribes your meds? Maybe we can get ahold of your doctor and I can help you get the meds you need. Are your meds a priority for you Jack?*
- *Jack: Yes.*

New scene: Meeting with Frank, Mia, Dani, and Abby

- Mia to Abby: What do you do with your clients? He came over to my house, what does he want with my kid?
- Frank: I'm sorry for the big blowout at your house Dani, but how do you know this guy?
- Dani: I gave him a smoke and then he pocketed my lighter. He must have followed me home to return it.
- Mia: Does this guy have a history of abuse? Some freak follows my daughter home...
- Dani: You shouldn't have come to our house uncle
- Abby: Jack has never acted like this before

David: Frank is so wrapped up in his own emotions with his family involvement he can't see straight through his own anger, he wants retribution and safety for his family.

David: Is Jack a threat? Audience: NO! Two people put their hand up, agreeing that he is a threat. On the surface there is so much demonization of mental health, they are afraid of Jack when he is off his meds, he is considered dangerous

David says: because we are afraid of him (Jack)

- Frank: I felt that I made a mistake, it was something I don't understand, I needed someone to help me understand what all the layers are, there may be another side

After the show, an audience member came up to me (Amanda) to share that:

Sometimes people may not seek help with their kids' problems because the parents are afraid they will be blamed or investigated against, which will further drive a wedge between family members

After show audience member added: people need their medications, electronic records to look at clinical visits to be shared between doctors and agencies, to make an easier transition.

Scribe: - Savanna Pavan

Question:

What are the struggles you recognize in the system, the family and within the individual?

Audience response:

1. No connection or relationship between patients and caregivers
2. No time for complexity
3. Supporters are also in need of support
4. Difficult for caregivers to see the individual inside of the much larger picture
5. Resources are not always what the person needs
6. Burden with rules and regulations
7. Lack of resources

Scene 1 (when Jack is finding out about being able to move into housing)

1. I think I need to know more about this, it might not be the place for me, also it is a new place for me, I have concerns about my medications and what is going to happen when I am there. He is looking for more clarification on the situation. How can the person feel safer and know more about this change that is happening?
2. Allowing for the patients to inquire would be helpful with the process
3. Being put in a room with random people is not comfortable for the patient and does not help them with making the process easier
4. Patient inquiry prompted “Abby” to address “Jacks” situation about having the meds in his housing
5. Would be helpful to find a more efficient process for medication acceptance when moving into new living quarters

Suggestions:

1. Policy in place for doctors to approve meds within the first 24 hours
2. Caregivers need to listen to Jacks inner experiences
3. All team members should be part of the decision making process and there should not be any waiting
4. Advocate for Jack to go to the first meeting (so that he feels safer)
5. There is an issue of people going into a program that they know nothing about, and also they are unaware of the policies that many of these programs have
6. It can be hard for people to really communicate what recovery is really like and therefore it is misunderstood

Scene 2 (Mia and her mother having a heart to heart)

1. Silence in here is the silence out there in the community
2. Interventionist is replacing Mia: Mom is explaining similar problems relating to Dani’s experience, exploring various option

3. Audience suggestion: I just want to love you because I feel your pain
4. Why does Dani not hear what her mom is saying?
 - a. She is not ready to hear it
 - b. She is wrapped up in her own story
 - c. Anger
 - d. Pattern of preexisting ways that they deal with situations
 - e. denial
5. For those who hear it?
 - a. She hears and is relieved because she is not alone
 - b. Things might take time to change as the pattern has been happening for a while

Suggestions:

1. The cyclical events that occur because the situation is not being dealt with appropriately and therefore cause other events to happen (ie. Fights leads to doctor's appointment which leads to misdiagnosis and the wrong medications or treatment that Dani needs)
2. Takes courage to be vulnerable- audience member wanted Dani to feel like she was not alone and that she had experienced similar problems
3. Work on communication between family members

Scene 3 (Psychiatrists office with Dani and Mia) Audience member understands the doctor's struggle

- Long forms tend to depersonalize, sometimes they look at just the symptoms which is not a big secret and visible to everyone
- Looking at the underlying issues at what has been going on in the past year in the person's life, digging deeper into the persons experience....asking a lots of questions like tell me about this....tell me about that....
- Asking for permission to talk about the past
- Really asking the question about how the daughter would be at her age
- Psychiatrists give them the choice to come back to next session. Normalizing those things will not get better in one day but rather take time.

Suggestions:

1. Look at rebuilding the relationship between family member to really address and begin to fix the problems that are occurring (can sometimes be communication)
2. There needs to be support between family member
3. Someone needs to bring out the "white elephant"

David asks: Where do other situations occur?

- School, workplace, family or a relative's house

David asks: What does the psych. Doctors have to do?

- Deal with bureaucracy from above, conquer what he does not know

- Important to throw the DSM-5 out of the window, and be able to do a good in depth assessment

Scene 4 (Frank and Jack in the street, audience member replaces Jack)

1. Jack is bound by policies that are not helpful to him when he checks into housing to have a bed (taking his meds upon arrival when they are working for him)

Suggestions:

1. Having someone available 7 days a week to allow for changes not just during the week day
2. There should be a place for him to sleep regardless of the medications he has
3. Having doctors approve the meds before Jack gets there
4. Frank needs to have a discrepancy to make the final decision on a case by case basis
5. A house manager should have authority
6. Trial period before the contract is signed

Scene 5 (Dr. Devro and Abby, Abby and Dr. can't cope with the stress)

1. There is fear inside the profession about speaking out
2. Money is lacking to hire for more help
3. Professionals don't know what to do anymore and are working in conditions that are making them more tired from over working
4. Budget for these places should be made by someone who understand the stresses happening
5. There needs to be support from managers to file grievances
6. There is this fear of people burning out
7. Abby wants to have the Drs Support
8. It is important to not only reply on the doctors for changes and using the tools in place to address the problems that arise
9. We reply on the medical model and think doctors know how to fix everything

Scene 6 (Mia and Dani after fighting, Dani was just with Jack in the alley) Audience member replaces Dani

1. Dani explains the meds are not doing her any good and make her feel awful
2. Mia is scared she states but not mad when dani reaches out to her
3. Dani says she needs her mom's help to get better so they can work on thing together
4. They want to talk and sort things out
5. Mia thinks: Dani is going to die
6. Dani thinks: I'm afraid were going split up and not solve anything

What is the audience hearing?

1. I've done this to her?
2. Everyone has a different tolerance

3. I want us to be a team in this together
4. This girl has learned something
5. The mother is a survivor and parents can open up their eyes too
6. It is important to have the deep meaningful conversation

Scene 7 (Abby and Jack in the office, audience replaces Frank who comes in to see Jack, Dr. Devo also speaks to Jack)

1. Frank is angry and says this is the asshole who shows up to my sister's house to see my niece, this guys is dangerous (He is making that assumption)
2. Abby sticks up for Jack and tells him that there is no previous warning signs hes dangerous
3. Frank states, this is a mess now, something has to start over because right now I can't even think straight
4. Jack does not want to join in the meeting with frank, mia and dani and the Dr. is speaking to Jack
5. Dr is coming up with alternative solutions to get Jack his meds back
6. Jack is being portrayed as a demon

Suggestions:

1. Frank is not getting what he wants, he is so wrapped up in his emotions, family is in the way and he can't deal with his emotions
2. The intervention stops Jack from being injected with a syringe
3. Too much demonization of mental health

Person from the audience comes up to me after the show and suggests:

- Policy change to change the way to get meds? Example jacks doctor is contacted and advocates that Jacks meds are his meds and they are important for him to have
- The system does not allow doctors to share information between each other or clinics due to ethical barrier which slows things down when they need to be approved to allow for a more smooth transition to help people get the help they need and deserve