

maladjusted

2015

Community Action Report

Policy Recommendations

from

Mackenzie, BC

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AN INTRODUCTION TO MALADJUSTED

The play, the tour, the dialogue

On Tuesday, February 17, 2015, Theatre for Living, brought their interactive play ‘maladjusted’ to an audience of over 125 people in Mackenzie. Directed by David Diamond and with a cast comprised of patients and caregivers; this talented group used real-life experiences of frustration encountered accessing care within the mental health system to shine a light on the challenges of a mechanized system.

Presented to 26 communities in BC and Alberta, audiences were invited to brainstorm ideas on how to create more ‘human-centred care’. These suggestions were recorded by a ‘scribe’, with the subsequent reports created at each event collated and reviewed to create a Community Action Report to share with health care policy makers and government stakeholders.

A brief summary of the experience

Maladjusted presents 3 narratives that most audience members reported to have either dealt with as a patient, family member, friend or caregiver. The first storyline presents the hasty misdiagnosis of a teen and her subsequent struggles with the needless medications prescribed to ‘fix’ her. The second plot revolves around the struggles of a young man who finds himself without shelter. When lack of adequate resources means the only available bed is in a recovery house; he is forced to surrender the medications he legitimately takes for his mental illness until the resident physician can ‘OK’ them after the weekend. The third theme depicts the struggles caregivers encounter when staff burnout, lack of resources and the demands of a mechanized system lead to less than optimum decisions that potentially put the patient at risk and threaten the human connection necessary for respectful care.

About forum theatre

The play was performed once in its’ entirety, allowing us to meet the characters and witness their struggles. We find ourselves uncomfortably on the edge of our seats when the play stops abruptly at the height of crisis when the 3 scenarios have intertwined and spiralled out of control. At this point, the director explains that the play will begin again, but audience members are to ‘freeze’ the action and replace a character whenever they would like to try out an ‘intervention’ to guide the unfolding situation towards a more positive outcome. ‘Magical’ solutions are not allowed, and success is not guaranteed with every intervention. At the scene’s end, the audience is invited to suggest changes to policy that would promote more human centred care.

Community challenges

The recommendations offered up by the audience reflected the unique challenges faced in this rural community of less than 4000, as well as the McLeod Lake Indian Band, 45 minutes away, which also depends on Mackenzie. Most health services must be accessed from the closest city – Prince George, which is 192 km away. The Northern Health Connections bus that is an option to take patients to appointments in Prince George only travels on Wednesdays, and clearly not all appointments can be scheduled for that day.

Mental health and addiction services in town are provided at the hospital for adult clients as well as teens with substance use issues. There are 2 clinicians and 1 life skills worker for this population. A psychiatrist from Prince George comes to town to see as many clients as possible 1 or 2 Fridays of each month, or connects with them via video conferencing when snowy road conditions make travelling hazardous. Child and youth mental health has one provider at the counselling service in town.

Other constraints within town include the fact that the Victim Services worker at the RCMP only has part-time hours, the Ministry of Children and Family Development has only 1 Social Worker presently, and the Ministry of Social Development may only be accessed by phone or computer, and does not have an office space in town wherein to meet clients. Burnout and staff turnover within the Ministries that provide mental health support for families is a huge concern in this town. It is not always possible to find a qualified individual for the job who would like to move to our small town. Being short-staffed increases the stress on the few remaining workers.

BC Housing in town offers units for families with children only or there are 8 units for seniors. There is a Safe Home for women fleeing domestic abuse that may be accessed for a maximum of 3 days. Additionally, women accessing this service must not be using substances. There is no transition house in town, no homeless shelters, and no safe haven for men fleeing domestic abuse. There are no recovery houses, Narcotics Anonymous or groups for family members of persons with substance use issues. A support group for those with family members suffering with mental illness reported that no one came outever, so that group folded too.

All of these challenges unique to smaller communities influenced the recommendations that were shared by the audience. Most reflected the need for greater access to services that individuals in cities take for granted.

RECOMMENDATIONS:

BC Housing, Non-profit organizations

Increase available social housing options

The need to have more housing options available was identified by the audience.

Specifically:

- Housing for single persons
- Transition home for individuals fleeing domestic abuse
- Emergency shelter that supports harm reduction
- Shelter for those who are homeless

“You need to have a child to access the BC Housing units in town, unless or course you are applying for one of the 8 units for Seniors – that’s it”

“There is NO shelter in town. People who find themselves homeless are serviced through churches, friends, nooks and crannies or live in their car. Our winters are long – you don’t want to live in your car through a long, cold winter!”

“A woman can only use the Safe Home for 3 days ... and THEN what?”

“If you have substance use issues or are legitimately taking prescription drugs – either way you cannot access emergency shelter”

BC Ministry of Health: Mental Health and Addiction Services, Health Authorities

Mental Health care for individuals should be available 24/7

It was noted that a mental health crisis can happen at any time, including at a Recovery House, so continuity of care should mean that a patient should not be forced to wait until the weekend is over for a specific doctor to return.

“Keeping patients safe for the weekend ought to be the priority. If that means signing for them to have a specific amount of their meds before the staff Doctor can review them; then physicians should have the flexibility and confidence in the prescribing Doctor’s orders, weigh that risk and act accordingly”

On-Call doctors for Recovery Houses will help with situations where meds may need to be prescribed

Integrated care / Continuity of Care should mean that all service providers can access patient information

- Doctors should have ‘shareable information’ for patients

“You don’t want homeless or marginalized folks to fall through the cracks”

Policies on ‘ageing out’ need to be revisited as children are falling through the gap in trying to access mental health services

“Some youth are not getting connected with the mental health supports they require when some providers of youth mental health state they are “too close in age” to accessing adult mental health services, figuring by the time the paperwork is done, they’ll only have a very limited time to access youth services and therefore, not worth their while. In the meantime, they are too young to fit the age parameters of adult mental health, so they get no help for a long period of time.

Ministry of Child and Family Development, Health Authorities, non-profit community service agencies, medical training institutions, and those providing professional development

Increase training in conflict resolution for all workers who interact with patients and families accessing mental health supports

Everyone from mental health support workers to receptionists and food service providers within a hospital would benefit from an understanding of mental health, conflict resolution and de-escalation techniques. Anyone that interacts with the patient in any way can learn skills to contribute to more positive outcomes.

Support for families connecting with youth

A support group for families of individuals with mental health issues was not utilized by townsfolk; however, a weekend workshop on Mental Health First Aid was well attended. Additionally programs like “How to talk so your kids will listen” have been well attended at the Counselling Service. More of these offerings could be helpful for parents. Additionally, support for families in navigating the system and learning how to access help is important.

Professional development days to insure health care workers stay safe and have good mental health themselves

To guard against ‘burnout’ in workers.

CONCLUSIONS

Participants in the audience noted we all need to “*make it more acceptable to accept help*”. This town is predominantly resource based – with many working in forestry, the mills, mining etc. Having to be physically tough for your job can sometimes make it hard to accept that you are struggling with your mental health / need some help. The stigma still exists around the whole concept of mental health but this play was an amazing first step in opening the discussion on mental health. Hosting more events that celebrate mental health and get people talking about it is a key step in normalizing the thinking surrounding it. We need to promote mental health as a continuum we are on, moving up and down depending on how we are doing. Maladjusted started the dialogue for this town. We need to keep that momentum rolling, improving our health as a community and as individuals.