

maladjusted

Community Action Report

Policy Recommendations From The Theatre For Living Production

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March 2015

Introduction

March 15, 2015 saw the arrival of the touring theatre production *maladjusted*. This event was co-sponsored by the Penticton Branch of the British Columbia Schizophrenia Society (BCSS) and the Penticton Indian Band and held at the Shatford Centre in Penticton, BC.

Community members, healthcare providers, healthcare recipients, local government, and anyone with an interest in improving the provision of mental healthcare services in the South Okanagan-Similkameen were invited to participate in this interactive (forum) theatre production.

The Theatre for Living delivered a riveting and meaningful performance meant to pose (and hopefully answer) the question: how do we humanize care? By offering a visual representation of mental healthcare treatment and policy, as it exists, *maladjusted* encouraged a discussion of where it needs to go. With the direction of producer David Diamond, the Theatre for Living developed a play utilizing the acting and advocacy talents of health care providers and recipients in Vancouver, BC to perform various healthcare scenarios in a live interactive forum known as *maladjusted*. After a successful three-week run of the show in Vancouver (2013), the popularity of Diamond's community-based dialogue spread and the *maladjusted* tour was born out of a recognized need for more voices and more ideas.

To introduce the play, a knowledge keeper from the Syilx people of the Penticton Indian Band, Richard Armstrong, offered a prayer and song for welcome and safe passage on travels home. The first act of the show introduced the actors and the admittedly difficult scenarios faced by providers, patients, and family members. The second act called for the courage and creativity of audience participation. With the word "stop," audience members were invited to join the actors on stage and provide an experiential demonstration of potential policy change. For the

many bright and knowledgeable minds in the crowd, the scenarios performed looked quite familiar.

With the acknowledgment that healthcare has become mechanized to the point of exclusion and at times impracticality, how do we humanize care? How do we move away from the mechanization of services that often alienate and decrease general well-being and towards accomplishing the goal of helping, supporting, and respecting the individual experience? This Community Action Report (CAR) aims to answer these questions based on the feedback from the Theatre for Living's production of *maladjusted* in Penticton, BC. Audience voice can be identified by quotations.

Act One: Mechanized Care

After the conclusion of the first act, Diamond addressed the audience with an understanding of the potentially upsetting nature of the play. He validated feelings of frustration and called for a discussion of the difficulties with mechanized care. The audience responded with statements such as “not everyone fits the same box.” Further comments highlighted the following weaknesses of a mechanized system:

- Miscommunication between patients and providers as well as providers and other providers.
- Lack of collaboration between provider organizations.
- Medication is often offered too quickly.
- Providers make assumptions without more in depth investigation and inquiry.
- No guide of “where to go from there” or what to do after being prescribed medication or another treatment.

- Lack of proper education for patients and service providers on “what are the other treatment methods.”

Additionally, the audience identified some common issues on a family and community level that may present barriers to appropriate care:

- “Lack of socialization with others in the community.”
- Patient “fear of not wanting to talk about it” due to stigma or lack of confidence in the healthcare system.
- Difficulty communicating and expressing concerns with “loved ones.”
- Social stigma of medication and being “medicated.”
- Community, family, and provider “assumptions.”

Act Two: Recommendations

The second act called for audience participation in the form of joining a scene and acting out a potential policy suggestion. Each scenario performed was joined by a new audience member with a new perspective. The following recommendations were developed in reaction to the altered scenes:

Service Provider Recommendations

- Honor the privacy of your adolescent and child patients- This may be accomplished by asking the youth if they would like to have their parent or caregiver remain or leave the room while any assessments or evaluations are completed. By having an open discussion about what information will be discussed and what may be shared with the parent or caregiver you are working to build trust with your patient. The provider may speak with the parent or caregiver

regarding what information they feel they need to be informed of and a mutual agreement may be reached to empower and support all concerned parties.

“Youth need more privacy”

“We need to honor their choice”

- Engage with your patient to get more accurate information- By developing a relationship with your patient you will get more accurate information and therefore provide more effective human-informed care. This is especially true when attempting to make any official diagnoses or treatment recommendations.

“Youth are not heard enough in regards to the issues they face”

- Be aware of burnout and the need for self-care- When a healthcare provider has a large caseload, “lots of paperwork,” or frustration with the mechanization of care they may not have the time or energy for truly comprehensive and effective care. Patients may suffer. Providers should be aware of their potential for burnout in order to appropriately manage self-care.

“Cutting corners from burnout”

- Medical doctors need to use their influence for legislative change- Nurse providers have a Union forum for making change but there does not seem to be an effective way for medical doctors to gather and produce change on a legislative level.

“Doctors need to mobilize for legislation”

Agency/Organization Recommendations

- **Policy for improved communication between agencies-** Specific organizational policies promoting increased communication between providers within agencies and between agencies will allow for **“less duplication of paperwork”** and less **“lag time”** in transferring patients for residential, inpatient, or medication treatment. Open dialogue between providers may help alleviate burnout.

“Collaboration between agencies”

- **Adjust or implement and follow-through on policies regarding caseload-** Provider burnout often arises from an unmanageable caseload. Specific policy outlining appropriate limits on patient caseload will allow providers enough time to manage treatment, referral, follow-up, and collaboration of care as needed. This will vary based on the service provided by individual agencies and organizations.

“How do you make the space in the day to take extra time for [patients in need]?”

“Put a cap on caseload”

- **Policies should be adjusted to focus on inclusion instead of exclusionary criteria-** Agency policies that allow for some flexibility should limit the need to **“force people to fit”** into narrow criteria. A patient **“shouldn’t need to have a level of drug use”** to qualify for a space in a treatment program. It may be more supportive if there are guidelines for admittance that leave room for using informed clinical judgment.

“Policy as a guideline not a rule”

- Increased funding for 24/7, appropriately trained and authorized medication services-

Additional service providers in on-call, emergency, and/or pharmacy positions will be better trained and authorized to prescribe, dispense, and handle the transfer of medication and limit the burden placed on under qualified professionals. Patients being admitted to treatment programs that require monitoring of medications will benefit from the ability to maintain their medication regimen and routine with no missed medications due to faulty policies.

“Emergency access to medications”**“On-call medication authority for residential treatment facilities”-**

- Adapt screening and intake process for medication management- If a proper medical history is taken during the referral process, authorized providers will have more time to arrange for the transfer of medications to decrease potential for missed doses. Clear guidelines on the timeframe for completing medication and prescription transfer will alleviate patient stress.

“Medication history prior to intake”**“Specific time-frame for approval of medications”****Health Authority Recommendations**

- Greater focus on feedback forms and increased campaigning to gather feedback from patients- By gathering feedback and suggestions from service recipients there is opportunity for new and more effective treatment. These strategies are often implemented in organizations and agencies but there may be additional benefits with the influence of Interior Health.

“Policy created with expertise from the service recipient”

- Youth awareness and feedback campaigns addressing youth specific barriers to treatment- By encouraging open dialogue with local youth, specific information and strategies for improving care may be gathered. Cohort and generational effects can result in unique issues for different age groups throughout time. With the ease and access of technology and social media, current youth are experiencing new and different mental health issues than in previous generations.

“Youth are not heard enough in regards to the issues they face”

- Policy and procedures allowing pharmacies to dispense individual doses of medications- the pharmacy may be an additional opportunity for patients to access prescribed medication during the intake and assessment phase of a new admittance. It may be useful if local pharmacies could dispense individual doses of medication, with appropriate documentation, during temporary medication confiscation.

“Pharmacy dispensary”

- Further funding for trained professionals working alongside psychiatrists and medical doctors- The waitlist for a psychiatrist appointment in the South Okanagan-Similkameen is several months. There is a shortage of family medical practitioners and the walk-in clinics lack the time needed to appropriately assess for mental illness. If there were more available trained providers to assist in this process it may reduce wait times and improve patient outcomes.

“Nurse or assistant with a direct link to the prescriber”

Community Recommendations

- Funding for and implementation of mental health awareness campaigns and events- By developing more community awareness projects there may be a reduction in mental illness related stigma. There are already numerous social media campaigns that can be promoted on a local community level to bring awareness and insight into mental health and more accurate experiences of mental illness. Community education projects specifically focusing on stigma related to psychopharmacological treatments are recommended.

“Social stigma of being medicated”

Family Recommendations

-Seek education and information on helpful communication skills- Communication strategies that encourage rather than “force” family members to participate in treatment may be more effective and helpful in keeping the family together.

“Getting swept away”

-Empower self-advocacy- If family members are able to communicate in a way that empowers self-advocacy there may be more of an opportunity for positive change.

“Takes charge to conquer fear”

-Dedication to understanding needs- Often times people with mental health concerns feel unheard and that his or her needs are not being met. Improved communication to identify needs using more specific language may improve ability to meet needs.

“Clarify needs”

Conclusion

The Theatre for Living has provided our community with a unique opportunity for dialogue and discussion about a topic that has often been considered taboo or someone else's problem. Mental health stereotypes and prejudices have created a culture of fear for those living with such concerns. Consequently, the stigma of mental illness continues to affect access and funding for care nationally. In order to accomplish change, the initial step may be to protect the health of service providers by specifically addressing and encouraging self-care to prevent burnout. When agencies create work environments that encourage open dialogue, service providers flourish. All other change can grow out of strong, dedicated communities. To conclude, this event has identified five areas for potential policy change on individual, agency, health authority, and community levels:

More financing for the whole system to improve access to medication services

More community awareness to reduce stigma

Better communication skills for family members and providers

Better collaboration between providers

More focus on the voice and experience of youth