maladjusted
Community Action Report

Policy Recommendations from the Theatre for Living production

Vancouver, March 22-28, 2015

If you use this report in any concrete way, please let us know at: outreach@theatreforliving.com

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Introduction

maladjusted came into being in 2013 after Theatre for Living received feedback from professionals in the mental health field that the system was breaking down: caregivers couldn't give the support they wanted to give and participants weren't receiving the kind of care they wanted. The play was developed and ran for 18 shows in 2013, drawing from 24 workshop participants who brought their real experiences to the play's development.

The popularity of the play revealed it's necessity, and after a year and a half of fundraising, in 2015, *maladjusted* was taken on the road throughout BC and Alberta. 28 shows in 26 communities affirmed that amidst a diversity of geographies, the issues raised in the play grew out of common threads of experience with the mental health system. The play completed its tour with 9 shows in Vancouver. This report summarizes policy ideas generated during the final stretch of the play in Vancouver.

maladjusted was a forum theatre production, meaning that the audience participated in developing solutions for the play. The play ended in a crisis with no solution, a crisis that could have been avoided at many different points of the play. After watching the play once through, audience members watched a second time with the invitation to stop the play, and replace a character whose struggle they understood, and working through the character, try to *humanize* the care in the individual, in the family, in the system. Through interacting with the other actors solutions were explored, often leading to deeper insight into the problem and/or ways to resolve it.

In scenes where mental health policy was relevant to the solution, the audience was asked for specific policy ideas to humanize the system. Because 90% or more of audience members had personal or familial experience with the issues of the play, policy ideas emerged from a vast base of knowledge. A scribe recorded the ideas each night and compiled them for use by advocates and policy makers.

When asked what issues audience members personally recognized in the play extending no further out than family members, Vancouver audiences pointed to hard cutting core issues from vantage points of patient care, caregiver care and the larger systems.

For patients, issues included a predominance of hasty diagnosis and treatment by medication, lack of listening and empathy, lack of programs that take individual needs into account and an over emphasis on rules of care rather than human care. Patients expressed frustration that they were in a system that didn't acknowledge their humanness and particular needs, and instead seemed to put them in a box with a label on it.

For caregivers, issues included burnout due to lack of funding and understaffing, inflexible systems that tie the hands of practitioners and caregivers, and lack of

appropriate programming to enable caregivers to meet the needs of patients appropriately. Audience members expressed frustration at the lack of communication between services and tight bureaucracies that made it nearly impossible to step outside of the box they were in and provide a higher level of care.

For the system and the culture that supports it, issues included inappropriate and insufficient housing for the homeless with mental health concerns, lack of connection between services, and lack of community support for families. Culturally, audience members pointed to the relative isolation and silence of doctors and professionals who would be a powerful voice, non-inclusion of alternative forms of care, and an overall sense of hopelessness within a system that insists on rigid protocols over humanized care.

This report offers ways of addressing these frustrations through policy. Audience members contributed 133 policy ideas as possible remedies for what is broken. Ideas ranged from general high-level suggestions to very specific context based solutions. While the need for more funding was a clear sounding bell, we are also in a time of health care funding cuts on a national level. Creative solutions like those coming from communities of patients and practitioners may be most needed to infuse the system with more hope and possibility for change.

> "*people keep treating me as the problem, not the solution" - As voiced by an audience member in the role of "Dani", a youth who has been misdiagnosed and heavily medicated.*

For ease of use, ideas have been organized according to the ministry or the policy-making body most likely responsible for policy change.

Recommendations

BC Ministry of Health: Mental Health and Addiction Services, BC Ministry of Child and Family Development, Health Authorities

1. Humanize mental health diagnosis, prescription and treatment

Prioritize relationship building over efficient diagnosis and treatment

- ensure doctors have enough time and resources to properly assess patients and get to know them in initial sessions;
- prioritize relationship building and trust building over diagnosis, i.e. meet at least 3 times before giving a diagnosis;
- look more deeply at the context of the issues, including family, social and cultural issues beyond what is indicated on diagnosis checklists;
- give patients a roadmap of the treatment process at first meeting;
- medicate gradually and avoid overmedicating initially just to get results;
- when working with youth, prioritize time with the youth first then the parents.

"We need to build trust and that is the best investment at the beginning; then sessions can be shorter; most people's physician's take a short amount of time at the beginning." – audience member policy suggestion

Prioritize counseling and psychotherapy

- clarify the roles of the psychiatrist and counselor in the system early in care;
- if no immediate risk, encourage counseling and psychotherapy before drug prescription;
- match the counselor to ethnic minority group if possible;
- increase counseling support for the family as a whole rather than focusing on one family member as the "problem."

"Support more self awareness, self growth and responsibility on the part of the patient." - audience member policy suggestion

"I don't know how you feel, help me understand." - audience member demonstrating empathy, a breakthrough moment in the relationship

Empower patients to make choices about treatment

- ensure people have fully informed choice before being prescribed, including youth;
- give reading, websites, and peer support to support patient with diagnosis and treatment decision-making;
- clearly explain side effects and possible dangers of medication;
- use techniques like "wraparound" to involve the patient in decision making. Wraparound connects families, schools, and community partners in problem solving for youth with emotional and behavioural disabilities.

  "Change the focus away from pushing people into employment and support them in their own process and pace." – audience member policy suggestion

Offer greater support for patients coming off of medications

- create systems that better support gradual detox from mental health medication throughout the system.

Broaden systemic support for compliments and alternatives to traditional medicine

- create policies that support practitioners in working with alternative methods such as Open Dialogue (as seen in the Netherlands) and alternative therapies (such as EMDR for treating PTSD).

2. More authority and professionalism for mental health practitioners

Give more authority to practitioners

- allow practitioners to manage their own budgets so they can provide more flexible on the ground service and address patient issues more wholistically (rather than only solving part of the problem);
- empower frontline workers to be advocates for their clients by giving them more decision making authority.

Increase emphasis on non-violent anger management approaches

- increase training and use of non-violent crises intervention approaches (and policy that supports this);
- increase training in anger management for frontline workers;
- increase training in emergency mental health situations and crisis.

  Increase professionalism where clients are treated with respect, and practitioners treat each other with a higher standard of communication and respect. – multiple audience member suggestions

B.C. Ministry of Health: Mental Health and Addiction Services

3. Improve Recovery House service delivery to mental health patients

Integrate and streamline recovery house systems

- ensure all recovery houses work off of same system so there can be more transparency and ease of placement of patients
- require all recovery houses be licensed and standardized
- have a pre-screening intake system so that mental health patients are able to address medication issues before entering the recovery house;
    - the pre-screen could involve an interview with the patient to find out their difficulties, living conditions, medication and who their physician is; then connections are made with the physician and medications are ordered; then admission to the recovery house.

Streamline medication approval process

- only do intakes when the physician is present to approve medications, especially if there is a mental health issue, or
- have doctors on call 24/7 so that medications can be approved quickly;
- ensure recovery house workers have access to patient's prescription and history through online integrated system;
- ensure medication can only be taken away from a patient with physician approval.

Improve medication dispensation

- hire nurse practitioners who are certified to dispense medications at recovery houses;
- give recovery house workers the ability to dispense medications when the patient has a diagnosis and the physician is away;
- create a pre-made list of admissible medications that is available for workers to prevent confiscation of those medications;
- create recovery house emergency kits containing medications needed in an emergency.

  "For the patient, access to medications is more than about having his 'meds', they are also symbolically connected to his sense of identity. They are 'his'." – commentary by Martin Filby, who created the role of "Jack" in the play from his own life experiences

Improve systems for mental health patients staying at recovery houses

- ensure recovery houses have solo rooms for people who need to be separated for a while at night, in the event they are without their medications;
- when someone leaves the recovery house, they are able to get their belongings and medications back immediately.

"Treat detoxification from mental health drugs as seriously as street drugs." – audience member policy suggestion

"Err on the side of not taking people off medications, wean them off even if it is more complex." – audience member policy suggestion

BC Ministry of Health: Mental Health and Addiction Services, BC Ministry of Child and Family Development, Health Authorities

4. Increase access to mental health care

Increase doctors on call 24/7

- ensure responsiveness to high risk mental health medication issues;
- verify prescriptions for recovery houses and outpatient clinics;
- prescribe on short term basis if main doctor is not available.

Increase ability to dole out small doses of medication

- increase ability to dole out one to two doses of mental health drugs in high risk situations (such as a patient has been without mental health drugs for several days);
- allow practitioners to re-establish / authorize / honour prescription if mental health drugs are suspended (such as at a recovery house, where they are being reviewed by doctor and there is a time lag);
- create a checklist of drugs that are ok to dole out in small doses and have those drugs available.

Increase access to care without requiring psychiatric diagnosis

- ensure patients can access counseling without having a psychiatric diagnosis attached;
- re-configure computer programs so that a patient's file may be created without needing a diagnosis to open the file.

Increase advocacy, peer and cultural support for patients

- increase programs that encourage peer support and advocacy by fellow consumers;

- increase culturally-oriented support programs for patients, their families and community;
    - have elders and spiritual counselors available on staff at outpatient services, recovery houses and supportive housing;
    - ensure spaces are available for healing ceremonies as part of supporting emotional, mental and spiritual health.

More integrated access to support for youth transitioning to adulthood

- ensure that mental health services remain continuous for youth transitioning to adulthood.

B.C. Ministry of Health, Health authorities, Non-profit community service agencies

5. Prioritize workplace team building and self care for mental health practitioners and professionals

Develop and grow a culture of communication and support

- develop peer support programs for practitioners so they can talk about burnout, triggers and stress;
- support initiatives for cross-organizational connectivity and support;
- create programs that specifically address work-related trauma;
- create a liaison between psychiatrists and practitioners for ease of communication around trigger issues such as budget cuts.

"I don't have the courage to speak out." – numerous audience members from the medical profession speaking about challenge of speaking out about what is not working in the system.

Allow for compensation and time off

- allow workers to take time off for family and mental health issues;
- pay workers and practitioners overtime for certain activities such as taking clients to ER.

"Being on the same team is a step." – audience member in the role of a mental health practitioner, describing their relationship with the in house psychiatrist

6. Coordinate access to patient records

Increase availability of records for practitioners and patients

- ensure patient records are available so that multiple service providers can access patient diagnosis and prescription information;
- ensure clients and advocates have easier access to their own files such as putting them on the cloud with appropriate security measures in place (as done in Australia).

  "More transparency overall for patients about what is available to them, what the rules are, what is expected of them, and how the process works." – audience member speaking about patients trying to navigate the mental health system

B.C. Housing, Health Authorities, Non-profit organizations

7. Increase public housing support

Create an online database with updated bed count and housing requirements

- create a central website with information about shelters and recovery houses, such as number of beds, house rules and requirements for access by mental health practitioners.

Increase bed availability for mental health patients

- increase 'mental health' beds available for homeless;
- increase stable bed and breakfast accommodation for homeless people;
- increase number of shelters where no one is turned away.

Increase access to social housing

- use a housing first model;
- develop a national affordable housing strategy;
- ensure more funding for supportive mental health housing.

Conclusion

The play's central theme was the need for more humanized care, for the patients and their families within the system, and for the caregivers, practitioners and doctors who support them. While humanized care often seems to happen in between the lines of policy and rules, this doesn't have to be the case. There is an expression that when things aren't working, raise the standard. Perhaps now is the time to raise our standards for the health of everyone involved in the Canadian mental health system.