

Policy Recommendations from Across Alberta from the Theatre for Living production of *maladjusted*

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

April 7, 2015

David Ng

Outreach Coordinator for Theatre for Living

Theatre for Living (Headlines Theatre)

#323-350 East 2nd Ave.

Vancouver, BC

Canada V5T 4R8

604-871-0508

www.theatreforliving

Sponsors:

Project Funders:



vancouver
foundation



Edith Lando Charitable Foundation

Hamber Foundation



Operating Support:



Media
Sponsors:



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 patients weren't receiving the kind of care they wanted. The play was developed in 2013, drawing from the lived experiences of 24 workshop participants, and ran for 18 shows in Vancouver.

One of the core issues around mental health that was raised through the workshop process, was how 'mechanical' the system has become. From the way that diagnosis becomes the way people primarily receive attention for mental health needs, to the need for maximum efficiency for people working in service delivery – as opposed to individualized, holistic care. More and more so, patients and caregivers are being forced into a system that is becoming more and more mechanized.

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. We booked 28 shows in 26 communities – including 8 communities and 10 shows in Alberta.

This large number of communities who were interested in booking the show really affirms that amidst a diversity of geographies, the issues raised in the play grew out of common threads of experience with the mental health system.

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. A scribe recorded the ideas each night of all the performances we had across the tour, and compiled them for use by local advocates and policy makers. We then collated all the reports from each community in Alberta, and created this report that you are reading now, which considers some of the larger picture policy recommendations, for the provincial, and federal levels.

Methodology

This document was created based on some of the major, consistent themes that emerged from the community level Community Action Reports.

It is important to note that when reading the community action reports from the tour, it became evident that certain themes were emerging based on location and geography. Rural communities face different challenges compared to urban settings. For example, the storyline about the recovery house is further complicated in rural communities who do not have a recovery house, and have to transport community members to other communities to access (those) services. I have notated these geopolitical differences to the best of my ability.

I have also grouped together different policy recommendations based on the broader topic that they are related to. When I felt it was necessary, I have also provided some broader context to the issues being raised in the policies that were being recommended.

Provincial Policy Recommendations

Access To Care

In *maladjusted*, one of the issues that arose in the play, was how Jack, who is homeless and has anxiety, was placed in a recovery house. One of the house rules in the recovery house was that he had to have his medication held until authorized by the in house doctor (who only works Monday – Friday). Because Jack was checked in on a Friday, there was no doctor to prescribe his medication, and so Jack goes into some serious struggles over the weekend without his medication.

Many audiences throughout the tour responded to the disconnect between the services and the service providers. The miscommunication and delays of communication between Jack and Abby (his social worker), compounded by the lack of housing in the community where Jack lived, which caused him to be placed in a recovery house in the first place, were just some of the many factors that audiences recognized, were a part of the problem that was related to their own community. Here are some of the policy recommendations that were suggested:

Issue Raised: Mental health clinics that have short office hours are a big barrier – particularly for people who work outside of normal business hours (such as in the oil fields), and need to access services.

Policy Suggestions:

1. Increasing clinic hours, or having evening services available somewhere in the community would be a policy shift that would make access to services much more readily available.
2. Another possibility would be to make policy so that therapists, and even psychiatrists must keep a certain number of slots open per day for walk in patients

Issue Raised: People on the ground need to have 24-hour direct access to a psychiatrist. The fact that outpatients have to be triaged¹ through outpatient clinics creates delays, increases costs and workload for mental health workers.

Policy Suggestions:

1. If psychiatrists can assess outpatients without the need for triage processing in outpatient clinics in hospitals, this would alleviate a huge burden on the administration processing, and would also make services more efficient.
2. Primary Care Networks (PCN's) need to have a psychiatrist, social worker, and psychologist on the team, so that mental health care can also be accessed.

Issue raised: Because psychiatrists deal with the majority of people with any psychiatric condition, there is a great overburden of responsibility on psychiatrists.

Policy Suggestions:

1. General Physicians (GPs) need to be able to monitor chronic psychiatric conditions, once the condition has stabilized. Policy needs to be in place so that psychiatrists can pass on care of patients with chronic psychiatric conditions to GP's and possibly people who work in front line mental health service delivery. This would alleviate some of the burden on psychiatrists, especially when it comes to confirming prescriptions to people in chronic care.

Issue raised: Access to psychotherapy is expensive – people who need this care may not be able to access this care because of the cost.

Policy Suggestions:

¹ “Triage” refers to the process of in taking patients in a hospital to place them into the care of the right doctors

1. Psychotherapy should be covered by the provincial medical coverage. Cognitive Behavior Therapy is integral to mental health treatment, and often isn't covered (only under extended benefits). The government should extend coverage to psychotherapy, as it does for medication.

Individualized Care

The mechanization of the mental health system one of the main themes in the play *maladjusted*: how we must fit into a box in order to receive care. Dani, who is sad because her best friend commit suicide a year ago, is given medication through a diagnosis, because she “fits” into the box of bipolar...even though there were potentially many other options to help her navigate her mental health issues. Jack who is homeless, is put into a recovery house where all of his medication is taken away, even though he has no addiction problem. Mia, Dani's mother is not portrayed as having any avenue to deal with her mental health problems. *maladjusted* also shows how due to the mechanization of the system, service providers have very little option to give individualized care. At the heart of the play, the mechanization of the system doesn't allow room for individualized care that people need.

Audiences from the tour recognized these issues as real in their own communities, and offered many suggestions as to how we can move away from this mechanization of care, towards individualized care, recognizing that mental health is a holistic issue that encompasses an individual's life and community. Housing, community, family history, life events, genetics, medication – are all of the many factors that may affect a person's mental health. Mental health is dealt with solely by medication – it is affected by many facets of a person's life. This was a resounding point that emerged from all across the tour.

Here are some of the policy recommendations that were suggested:

Issue Raised: There is a disconnect in facilities for people dealing with mental health issues. Patients are often discharged when they may still need services that are not severe

enough to access a hospital. They are allowed to go home, but they may need more support.

Policy Suggestions:

1. “In between” facilities need to be created so that facilities aren’t misused. People end up staying in inpatient psychiatry because they have no where else to go, and aren’t ready to be fully released yet
2. More outpatient resources
 - a. “Mat” programs (housing and shelter programs) for homeless people that admit people with addiction issues (currently some programs do not admit people with addiction problems)
 - b. Increased availability of grief counseling: currently, some communities do not have any grief counseling
 - i. Grief counseling needs to be funded by provincial health care, as opposed to a reliance on extended benefits from employers
 - c. Availability of holistic care, as opposed to solely psychiatric medication

Issue Raised: There are not a lot of integrated supports for youth mental health issues.

Policy Suggestions:

1. Implementing peer support in the school system for youth, so that there is a youth based, perhaps even youth led, program of support for youth, by youth.
2. Implement education initiatives in the school system to reduce stigma towards youth mental health
 - a. Examine language being used in medical and education materials when it comes to mental health

Caseload Management

Burnt out service providers are one of the major concepts that emerge from *maladjusted*. One of the major factors in burn out, is the fact that service providers are having to deal with an ever increasing caseload, which does not allow for much opportunity to give holistic care to clients, nor is it healthy for the service provider.

Policy Suggestions:

1. **Maximum caseload thresholds should be implemented.** Many people indicated that after a certain number of cases allocated per service provider, the ability to give holistic care diminishes, because the service provider becomes overwhelmed. Having a limit to cases would alleviate this pressure.
2. **Increase student practicum involvement in service delivery** so that students can increase professional competency, and also help alleviate caseloads from service providers
3. **Incentivize rural mental health workers** so as to alleviate the caseloads from mental health workers that have to stretch their time across several communities
4. **Increase peer support and self-care resources for people in service delivery.**
 - a. Regular check ins between care givers, particularly across rural regions – to increase knowledge sharing between caregivers
 - b. Regular check ins with supervisors and human resources, to ensure that the workload for service providers allows for holistic care, as opposed to fitting in as many clients as possible
5. **Mandatory walk in appointments available for psychiatrists and therapist clinics.** If psychiatrists and therapists had a few bookings per day or per week that were designated for walk ins, this would allow for people in the community who do not have a mental health worker, to access care.

Cross Cultural Equity and Training

Issue Raised: Some communities have raised the issue of cultural barriers in service delivery, particularly to First Nations clients and communities. Some people raised that there is a lack of understanding between First Nations and other cultures.

Different levels of funding for mental health and addictions has also created barriers towards different service providers' abilities to give holistic care. For example, because First Nations Health is funded through Indian Affairs, the jurisdiction of service delivery becomes further complicated when service delivery for one community must follow abstinence based models, whereas others can practice harm reduction. There are also discrepancies in funding allocations based on Indian Status.

Policy Suggestions:

- 1. Cultural training for service providers:** First Nations communities have specific needs, and desires (as do other communities). Having cultural competency trainings for service providers to increase their capacity to work with First Nations communities is necessary. The trainings should be done by First Nations people, from the communities that service providers are trying to reach.
- 2. Federal funding for health care should be per capita,** and allow the provinces control as to how the funds are spent. This currently is not the case with First Nations health, and there are discrepancies as to how much funding goes to First Nations communities, compared to non First Nations.
 - a. The difference in care that First Nations and non-First Nations people receive is something that needs to also be addressed. Because of the way funding is funneled through to First Nations communities, audiences have raised the issue that there are barriers to harm reduction practices, due to funding policies.

Conclusions:

Our hope is that through *maladjusted* and this report, communities will be able to communicate their knowledge and wisdom about these issues to the people who are making decisions. Audiences throughout the *maladjusted* tour suggested many insights about what changes need to happen so that we can move towards a more human-centered mental health system. They shared their wisdom, from their experiences on the ground, in hopes that stakeholders and policy makers will hear their voices and help shift the mental health system.

If you have any questions about this report, please contact Theatre for Living at 604.871.0508.