

## Community Action Report for Maladjusted 2015- Port Alberni- Feb 2, 2015

Maladjusted is an interactive theatre play based on common Mental Health concerns and issues from the perspective of family, client and care providers. The overall goal is to increase humanization of the mental health system. The play becomes interactive and allows local people to indicate possible solutions and the audience to add input. My recommendations are their ideas.

Port Alberni is a small city in the middle of Vancouver Island. It is heavily affected by industry such as logging and fishing and has had high unemployment for well over a decade. Port Alberni has also developed a high addiction population.

However through these hardships, Port Alberni has also been known as “the community with a heart”. This came through strongly in the representation of multiple community partners and attendance of clients and families. The issues with mental health and addictions were seen as community concerns and for the system to work everyone needed to be involved. Local community agencies were very clear that they wanted to look at individuals and help them meet their specific needs and keep them as safe as possible. There was a desire to overcome system obstacles. There was also familiarity and partnerships between agencies that proved working closely together is highly successful. Clients and families knew the names of individuals and programs where they could seek out help.

The mediator of play also identified Port Alberni as the first community they had attended, in which clients had housing options that included the ability to access their own medications before approval from a facility doctor. This may not apply to all housing options, but there were many in which this was not a barrier.

### **RECOMMENDATIONS From Port Alberni:**

#### **BC MINISTRY OF HEALTH: MENTAL HEALTH AND ADDICTION SERVICES, HEALTH AUTHORITIES**

##### **1. Increase time allowed with family doctor, specialists and mental health care providers**

Change billing structure for doctors (more sessional time) would allow them more time with patients having mental health/ addiction concerns. Also allowing for separate appointments with parent or loved one if required. Additional mental health providers may be needed to allow them increased time with patients

“meds shouldn’t be first line”

“people feel the doctor doesn’t have time for them”

“listen to me”

2. **Mental health providers and community agencies want to be heard and offer feedback to decision makers in a meaningful way.**

People spoke of the need to work together and find solutions for the system to work better and meet individual client needs.

Workers wanted doors open and changes to existing barriers that are preventing client care

**BC MINISTRY OF HEALTH: MENTAL HEALTH AND ADDICTION SERVICES, HEALTH AUTHORITIES, Medical training institutions, and colleges delivering professional development**

1. **Treatment options that do not start with quick diagnosis/ labeling and medication being first line**

“don’t label me”

“I don’t want medications”

Other comments were made about offering alternative therapy options. Clients and families wanted more of a dialogue about what was happening and treatment options. The audience also identified if health providers had more time other options would likely be discussed further.

2. **Mental Health care providers require increased support and new strategies to prevent burnout.**

The workers feel overwhelmed with paperwork, downsizing, increased workload, meeting processes and protocols. For workers to remain professional they need an outlet to feel heard. The workers wanted alternative methods for help besides a few counseling sessions with employment and family assistance program. (EFAP)

**BC MINISTRY OF HEALTH: MENTAL HEALTH AND ADDICTION SERVICES, HEALTH AUTHORITIES, Medical training institutes, colleges delivering professional development, community agencies and grass root organizations**

1. **Let Client be expert and plan their care**

The treatment team should work together and become a support to the client, and help them with their plan of care – not give them a plan. There was a desire for increased explanations and rationale so informed decisions could be made.

“create a power shift from doctor knows all”

“medical model is not the only one”

“give me options so I can decide what works for me”

“what other options are there for me besides meds”

“I don’t feel I have any control of what is happening to me”

“I don’t feel I have a choice about treatment options”

“explain what is happening so there is no surprises”

It was identified again that doctors and mental health providers having more time with clients creates a more informed plan. This could also require lower mental health staff client ratios. Also education to providers about client’s right to choose courses of treatment.

More communication and increased openness between community agencies working with clients would have more successful outcomes. Local Agencies could meet to look at how to overcome these barriers

**2. Create safety so vulnerability can be expressed. Client and family need education on illness and normalizing feelings and experiences.**

“treat me like a human”

“I don’t feel safe”

“ I don’t feel accepted”

This theme came through over and over from all perspectives. Comments were made from patient and family that indicated a desire to speak but an uncertainty of what is ok. Even an uncertainty of what they feel. People recognize they are wanting help, but unclear how to ask for it and at times act out. There is a fear of conflict and rejection. They need reassurances and reminders of what is ok.

**3. Increased support for families and clients**

The community identified that clients and families are experiencing high levels of stress and lack of understanding. All agencies need to know where to seek out informed information. This has been a strength in our community, but could be built upon. The agencies at this event, valued good dialogue. These opportunities need to be fostered in the future.

Increased funding for grassroots programs such as CMHA, could provide a cheaper method to provide additional supports. There are programs in place for clients, but less specifically for family members.

**BC MINISTRY OF HEALTH: MENTAL HEALTH AND ADDICTION SERVICES, HEALTH AUTHORITIES, and community agencies**

**1. Care providers need changes to protocols to allow opportunities for human touch**

In multiple scenarios part of the desire for support involved physical touch with permission, either a hug or touch on the arm. Eye contact

Currently boundary protocols prevent this from occurring. It is also discouraged.

## **Conclusions**

Port Alberni has many successful approaches that are helping clients. However there remain gaps to humanize care. Many of the changes cannot be made at a local level and require government or Island Health changes. Port Alberni can continue to build on its community strengths such as service agencies taking the time to know the individual workers/ clients and working together to make successful outcomes. Organizations, such as Canadian Mental Health associations need to continue providing community forums to discuss mental health and addiction issues that affect the entire community.