maladjusted

Squamish Community Report

1. Introduction

Why we brought the play to Squamish.

The Sea to Sky Mental Health Partnership facilitates sharing between agencies delivering services to those with and affected by mental illness and mental health challenges. The longer range goal of the group is to collaborate on mutually agreed upon actions relating to strengths, challenges and opportunities associated with mental health. The desire is to strengthen access, outcomes and community responsiveness. The Partnership is comprised of decision making representatives from Child and Youth Mental Health and Child Protection (MCFD), Physicians/Division of Family Practice, Helping Hands, School District No. 48, Sea to Sky Regional Policing (RCMP); Squamish Nation; Vancouver Coastal Mental Health and Addiction Services; Whistler Community Services Society, The North Shore Schizophrenia Society and Sea to Sky Community Services Society. Additional professionals and agencies participate in discussions on an ad hoc basis.

The Innovations in Mental Health Project launched early in 2014 with thanks to the Vancouver Foundation for a convening grant in the amount of $10,000.

The longer range goal is to collaborate on mutually agreed upon actions relating to strengths, challenges and opportunities associated with service delivery in Sea to Sky. Additional funding is being sought to support the collaborative work. The ‘maladjusted’ project fell perfectly within our mandate through the initiative of the Sea to Sky Suicide Prevention and Awareness Committee (a branch of the partnership committee). Funds raised by play went to this committee for future trainings in the corridor.
Squamish Rotary was the main sponsor and contributor (as they provided the deposit) as was Squamish Nation as the venue sponsor.

A member of our partnership agreed to be the the Community Scribe for the event, and collected the ideas offered by the audience during the play to enrich the Community Action Report. Other comments surfaced during the debrief meetings and talking with community stakeholders. The report puts forward policy suggestions for Government, the Health Sector and social service agencies to move towards a more human-centered mental health system.

More about the Mental Health Partnership:

Collaborating since 2012, the partners come together voluntarily to improve complex situations involving mental health in our communities that cannot be resolved by any one agency working in isolation.
•Child and Youth Mental Health and Child Protection (MCFD)
•Helping Hands
•North Shore Schizophrenia Society
•Lil'wat Health & Healing
•RCMP
•School District No. 48
•Sea to Sky Community Services Society
•Squamish Nation
•Vancouver Coastal Health Mental Health and Addiction Services
•Division of Family Practice/Physicians
•Whistler Community Services Society

Since that time there have been a number of events throughout the corridor to enhance mental health awareness, suicide prevention and general attempts to reduce stigma of mental health issues in the corridor. We have hosted annual Suicide Prevention rides, Public Mental Health Forums, Suicide Prevention Trainings for the business community, schools, and general public, and supported Stand Up for Mental Health by hosting events. The *maladjusted* project enhanced our annual events and increased the momentum of continued dialogue and improvements to our community health system as a whole.

The play - The mental health system on stage (an excerpt from the *maladjusted* 2013 report)

The play explored many themes – three of which are broadly highlighted in (the 2013) report. One theme is the misdiagnosis of people – in this case young people and the debilitating effects of heavy yet unnecessary prescriptions. Another is the concurrence of homelessness and mental illness, where lack of appropriate treatment leads to further trauma. A third theme is the breakdown of a mental health system that struggles to keep the mechanics of the system working while losing sight of human connection. At each performance, audience members brought their solutions to the stage, resulting in dynamic community sharing.

1.2. Squamish/Sea to Sky context - (taken from the Vancouver Coastal Health Website)

Area Facts:
Location: 30 to 90 minutes from downtown Vancouver, the Sea to Sky corridor stretches from Furry Creek to D'Arcy
Population: 33,000 residents in the communities of Squamish (15,000), Whistler (10,000) and Pemberton (8,000). Several First Nations communities are part of the Sea to Sky mosaic.
Key Industries: Recreation, forest, transportation, hospitality and tourism
Public Transportation: Car, Within town BC Transit buses, between areas Greyhound and private charters, float plane, charter boats and helicopter

Schools: Kindergarten to grade 12 (public and private schools, Coast Mountain Academy, Waldorf and Montessori) Capilano University, Quest University.
Recreation: The corridor is a recreational Mecca, and visitors can swell the population of Whistler to 100,000 in the busy season. Skiing, Rock Climbing, Mountain Biking, Hiking, Wind Sports.

Audience attendee make up:
There were a variety of individuals in the audience representing individuals from North Vancouver thru to Whistler. We sold tickets online, at a local social service agency and at the door. We also distributed tickets to local groups and partner/stakeholders so that clients who would benefit from experiencing the play would be able to. Free tickets went to the Howe Sound Women's Centre, Squamish Youth Resource Centre, alternative high school, Helping Hands Homeless Shelter, Support Recovery House, Squamish Nation, Sea to Sky Youth In Transition to Adulthood Program among others. In total there were approximately 175 people in attendance. Interveners in the play were a diverse mix of community professionals, clients, students and others.

Audience reaction to the play:
When asked by the facilitator, approximately three quarters of the audience recognized issues in the play, either from personal experience or the experience of loved ones. Examples expressed:

- family interactions (mom/daughter)
- feeling alone
- the vicious cycle: trying to help /not being able to reach them
- feeling ashamed
- mismatched services and needs
- family and patient is "denied"
- pathologizing pain/medicalizing mourning

Our proximity to Vancouver is both a barrier and a benefit. Sometimes individuals cannot access services because we don't have them in our community, as it is too small and the services are "close enough" in North Vancouver/ Vancouver, in a mathematical formula, which prevents many from being able to access the service. (examples, we no longer have a court house, no detox beds, no youth shelter). For those who are able to access the services available in Vancouver , it is a benefit, but transportation is quite often an issue. If there was an accessible shuttle between services in the corridor and Vancouver it would likely alleviate some pressure for local patients that otherwise hitchhike, or don't engage in services that are available to them in the city.

1.3. The play

David Diamond, joker (facilitator) for the evening, introduces the concept and the process and then asked that the house lights be dimmed. On screens embedded into the set, random numbers begin to flash to the sound of angry drums and guitars. The stage is set for conflict.

The half-hour play is a well-rehearsed collection of stories – stories that eventually intersect – about Danielle, her mother Mia, Jack, Abby, Frank, and Paul.

- Danielle (Dani): a sixteen year old girl who is struggling to cope with the death of one of her friends. Her relationship with her mother is strained by her unwillingness to go to school and inability to explain her emotions. She resents that her mother insists that she see a psychiatrist to "figure out what's wrong". Dani ends up being prescribed drugs that make her feel fuzzy – she meets Jack in the streets, whereupon he asks her "What are you on? I can see it – I can see it in your eyes". Miserable, Dani is the last person we see on stage as she cuts herself with a shard of glass.
    - "Nothing's wrong with me!"
- Mia: Mia doesn't understand why her daughter won't talk to her. She's frustrated and doesn't know how to provide help other than to take her daughter to a psychiatrist.
    - "At least we know what's wrong with you now, right?"
    - "What's wrong with you now?"

- Jack: Jack has been living on the streets, and suffers from a slew of mental illness-related symptoms, including anxiety and depression. He's desperate to find shelter, and is admitted to a home, only to find out that he has to live with seven other men while his medication is confiscated to be authorized by yet another doctor.
    - "You fuck up everything every time." – Jack, to himself

- Abby: Abby is a social worker (?) that helps individuals like Jack to find help. She's overworked and has limited resources to work with, but is compassionate and tries her best to help Jack.
    - "You need a dependency issue!"

- Frank: Frank is in charge of the New Springs Recovery House that Abby recommends Jack to. Frank is not gentle when it comes to receiving Jack, and laughs at Jack's efforts to persuade him to let him keep the meds. Frank is also quick to anger, and can be very physical when provoked. We learn later that Frank is Dani's – very protective – uncle.
    - "You are a lucky man".
    - "Anxiety – oh, I hear that's goin' around, hey?"

- Paul: Paul is in charge of the office that Abby works with. In one of the opening scenes of the play, Paul is on the phone with a certain George, who tells him that their budget has been cut by $100,000 while national service receives another $17 billion. Paul is struggling, with his limited resources, to keep his psychiatric services running. This takes a toll on his compassion as a therapist, and he diagnoses Dani with bipolar II with a survey and brief questionnaire based on the DSM-V. Paul is also, later, reluctant to help Jack out by signing a report Abby writes to excuse his erratic behaviour.
    - "You need to get a hold of yourself" – to Abby
    - "It's not procedure."

2. Policy Recommendations (by scene)

1.1. Abby & Jack

Intervention (replace Abby)

- Attempted to provide Jack with full disclosure about rules of recovery house (i.e. that his meds would be taken away)
- Had same difficulty in telling Jack due to Jack's excitement about potential housing

Mis-matched service and need: Jack is actually safer on street with meds than in a home without them… all he needs is housing

Policy suggestions:

- **Pre-meeting with Frank (scheduled)**
- **Pre-meeting with physician to get meds approved before entering a home/institution**
- **Provide housing with fewer rules, more flexibility**
- **Eliminate quotas for drug use for entering housing**

1.2. Dani's Hair

Intervention (replaced Dani)

- Opened up to mom and had a real conversation about her struggles
- Voiced fears about medications to mom, requested that she has a say in the treatment
- Wants to see a therapist first

Mother taken by surprise – daughter has never opened up like this
"Dani" had to conquer significant fears – mom will think I'm crazy, guilt, embarrassment, shame…

No specific policy suggestions here – this scene has more to do with how we (as society) regard certain behaviours – normal human behaviour (such as grieving) is being medicalized. *Reading a bit more into it here: What Dani needed over the past few months was a therapist or counsellor to help her work through her grief. This may have helped her find healthier coping mechanisms (as opposed to cutting herself)*

Policy: ***A possible solution that was discussed after the event was that there could have been to have access to a Teen Grief Counselling group earlier on for Dani.***

1.3. Recovery House intake

Intervention (replaced Jack)

- stands up for self more – "be gentle with my stuff" "honestly, I'm better off outside than without my meds"
- Wanted Frank to recognize "Jack's" humanity
- Letting go of housing in favour of anxiety meds was HARD

Multiple meanings of homelessness – "shelter of the mind instead of the shelter of a building"

Policy Suggestions

- **On site advocate for those entering housing**
- **Have doctor around during intake (or 24/7)**

- **Have alternative forms of shelter available**

1.4. Dani's Diagnosis

Intervention #1 (replace Dani)

- recognizes challenge speaking in front of mom – asks mom to leave part way through
- mom concerned about being left out of the loop if she leaves (needs reassurance)
    - Dani: "Mom, you know me better than that" when asked if she'll be truthful.
- "Dani" admits that she would not have let herself be dragged here if she didn't want some sort of outcome
    - "It's not that I'm sure; it's that when I've promised someone something, it's easier to be sure".
- Answers from questionnaires reveal a serious situation, would benefit from medication, individual and family counselling
- "Dani' amenable IF she has an input
- Doc still wants to start with same set of meds

Intervention #2 (replaced Doc)

- Recognizes difficulty in recommending treatment because Doc doesn't know Dani
- Priority (for doc and mom) is ensuring that Dani is Safe
- Brings mom back
- Safety plan… what about late at night?

Comments

- Youth was too afraid to say she doesn't want meds with mom there
- Doc struggles with limited resources, therapy more time consuming than writing a Rx
- Being prescribed meds doesn't mean that "Dani" would take them

Policy Recommendations:

- **Doctors should have mandatory information sheets about grief groups, online resources,**
- **Medication should not be offered upon a first meeting. There should be rapport built over a number of sessions and options provided other than medication.**
- **Alternatives such a group/peer support need to be available**

1.5. Jack and Frank in street

Intervention (replace Frank)

- understand Jack's need for meds – states "can we talk"?
- Shares frustration over policy
- Offers to break rules and return meds to Jack. Jack cannot have meds in house but can return to house once meds are approved by doc.

Prepared to break a rule to give Jack his meds ("Frank" accepts personal risk) – policies don't work for every situation

Policy Recommendations:

- **Change policy around medications so they can be used as required for clients in housing**
- **pre-screen clients if possible so that a barrier such as access to medication doesn't happen in the first place.**

1.6. This can't keep happening

Intervention (Replace Doctor)

- Frank asks "Doc" to approve Jack's meds
- Doc asks if situation is dire (yes) and agrees to approve meds

Debrief – Realize risk to Doc (malpractice) and knowing that doc has a wife and kids, may not have done the same thing

Policy suggestions

- **Allow Doc to see Jack**
- **Recovery house accepts regular Rx**
- **Referral process that allows docs to talk to each other to approve meds, could fax over original Rx**
- **Fast track different (approved) meds that do the same thing (i.e. treat anxiety) (Although this was brought up in the discussion, there are so many potential problems with it…)**
- **Ensure non addictive meds are distributed to clients and ingested properly**

1.7. Dani Comes Home after Meeting Jack

Intervention (replace mom)

- broke out of irate state to actually connect with Dani on an emotional and human
- Goal was to connect with Dani, not to prevent Dani from storming off and cutting herself

1.8. Final Scene

Intervention – replace abby

- tries to talk to Frank
- Asks Jack to wait and has Doc sit with Jack
- Tries to calm Frank down
- Eventually gets Frank to leave
- Jack got meds at hospital, doesn't want to go back for fear that he will be locked into psych ward
- Abby offers to go with Jack

Notes

- Frank was not going to listen – too angry, would seek street justice
- This Abby placed herself at risk of personal harm (recognized and accepted this fact)
- Jack needs to be back on his meds, if released in this state he would be unsafe (fight, use whatever he could get his hands on, get arrested…)

Policy suggestions:

Ensure enough staff around to handle confrontative situations.
Allow doctor to give client just enough medication to get through a few days.
Ensure enough time, space and resources for staff to debrief.
Ensure a culture of staff training and support to prevent burnout, or prevent high/extreme emotional loads at work. If we support our staff they will be better equipped to handle situations.

1.9. Final Debrief

As the play and interventions are brought to a close the audience is given a chance to summarize the messages they are taking away:

- We must have empathy in our mental health system, as part of the CULTURE of work
- Encourage open communication (parents/children/caregivers)
- Provide and embrace opportunities to talk more to family, service providers etc
- As someone receiving service, try to know what you want and advocate for it
- As individuals, we need to understand the boundaries of caregivers
- While not all policy is bad but it can be improved

3. Conclusions

Final thoughts about the project – where do we go at a local level from here?

Our Mental Health Network is always considering new ways of looking at things, looking for funding and finding way of supporting the citizens in the region. Audience members had similar reactions to seeing themselves in this play. Of specific note, often they saw the roles they currently hold as solutions to problems that surfaced in the play. Thus it seemed that our community , with as many gaps to services as may exist, is really doing a lot right.
The project clarified the need to support services that exist such as :

Support Recovery House - Sea to Sky Community Services (SSCS)
Women's Shelter - HSWC
Victim Services - RCMP
Squamish Nation Services (Mental Health, Recreation, Social Services)
General Shelter - Helping Hands Society
Bereavement groups - Hospice Society
Youth Resource Centres - SSCS/DOS, Squamish Nation,
School Outreach Supports are integral - School District 48
Homeless Prevention Support - SSCS / Helping Hands
Employment Support - Training Innovations
General Health - Vancouver Coastal Health (Mental Health and Addictions programs)

The project further clarified the gaps in services such as

- no detox beds in town
- waitlists for mental health services
- lack of communication between providers (often because of bureaucracy)

- case loads too heavy/large (causes staff turnover and burnout)
- often lack of support for staff (causes staff turnover and burnout)
- funding cuts and disruptions
- transportation barriers

Ideas that were discussed after the event included:

Hopes for Policy –

Create a men's support group, men's mental health group etc. Lots of programs for women in our community but men must typically go to the city. This is a significant barrier due to transportation issues.

Have some form of transportation to access Detox beds (they are over a 1 hour direct drive away… by bus are expensive trip and takes 2 hours)

Similar barrier to access Income Assistance in person. No transportation to take people there affordably. Transport that is available is not dependable and does not allow for varied times.

These ideas will be brought back to the Mental Health Partnership and the suggestions will be forwards to partners and stakeholders in the corridor. One of the biggest learnings is that we have been doing the right thing by having an ongoing dialogue in the corridor and must continue our work. Our momentum continues and the negative stigma of mental health gets weaker as we continue to break down barriers. Working together as we do in the corridor is the most efficient way to share resources, knowledge, talent and energy. No one agency or stakeholder can effectively solve all of the problems, so we must continue our team approach, as difficult as that can sometimes be with the area covered physically.