People involved in the psychiatric outreach program at St. John's Kitchen include (left to right) Shirley Gutenberg, Ellie Rimmer, Jennifer Mains, Leslie Morgenson, Dr. Neil Arya, Minoo Mahmoudi, Robin Nesbitt and Tracey Collins.

Photography • David Bebee

On or off the street, people need purpose & resiliency

LESSONS FROM THE ST. JOHN'S KITCHEN PSYCHIATRIC OUTREACH

By Neil Arya

WORKING WITH St. John's Kitchen Psychiatric Outreach Project as a physician, delivering mental health services to the less fortunate since the spring of 2005, has forced me to re-evaluate what it means to serve as opposed to give charity, and what health and wellness really mean.

When I work with patients, I now see mental health as less improved by drugs or psychotherapy. My primary function is to assist in promoting resiliency, self-esteem and agency, goals aided primarily by the other professionals with whom I work.

I now see that mental health may be better improved by meeting the hierarchy of needs identified by the late psychologist Abraham Maslow a half-century ago — from the basics of food, clothing and shelter to safety, belonging, a sense of meaning and purpose, all roles which are assisted more expertly by non-health professionals and the community of St. John's Kitchen.

People in poverty face many barriers in accessing the health care system and quality care within it. Barriers include constraints on the time that service is available, transportation difficulties, unrealistic expectations and values imposed by the health care system and its providers, and their own mental-health issues.

Exclusion may also be linked to lack of knowledge. People may not be aware of which services are available and how to obtain them.

It was an informal needs assessment by the Region of Waterloo five years ago that identified a gap in access to care for the ▶

chronically homeless. They often suffered from physical and mental issues and were not welcome in the offices of conventional physicians. They were frequently too sick to get to appointments, making assessment and treatment more difficult.

Planner Barb Chrysler, in consultation with many dedicated community agencies and based on successful models elsewhere, helped develop a non-hospital-based outreach program that sent mental health providers to people. With a $5,000 seed grant from the Region, the project was launched with a psychiatrist, Dr. Thoppil Abraham of Welland, in 2004.

It started with 15 to 20 clients. We now serve 300 clients, many of whom are homeless or at risk of it.

The program quickly showed results. Clients were assisted in obtaining Ontario disability support. They had access to medical and psychiatric treatment and were linked to housing and addiction services through an outreach worker.

When illness forced Abraham to resign, the project was without medical support for six months. I agreed to provide services at the St. John's location for a half-day each week. Program administration was taken over by the Working Centre, while Jennifer Mains, who had been involved from the beginning, took over co-ordination at the Kitchen.

Several months later, I was joined by nurse Tracey Collins, who works 25 to 30 hours a week, and social work counsellor Ellie Rimmer, who is there 10 hours a week. Leslie Morgenson serves as an outreach worker 20 hours a week.

The project also received additional funding from the Hallman Foundation.

After many years in the basement at St. John's the Evangelist Church, we moved with the Kitchen to a large, renovated building at 97 Victoria St. N. in Kitchener two summers ago.

Though a majority of mental health patients in hospital are women, three-quarters of our clientele are men between the ages of 25 and 55. We have fewer immigrant clients than would be expected from their statistical representation in the general population of Waterloo Region.

> When people have all the material things they need, they seem not to need each other ... in a poor community, there is often a lot of mutual help and sharing of goods, as well as help from outside.
>
> Jean Vanier

However, these trends (mostly male, non-immigrant, less than 50 years of age) match the general characteristics of individuals accessing emergency shelter locally.

Life expectancy for our clientele is dramatically lower than the national average; individuals start to die more quickly after age 45.

While our clients often come to us with major mental health problems, including depression, bipolar disorder, schizophrenia, personality disorders, substance abuse and dependence, they also have issues related to marginalization, poverty, homelessness, lack of education and trans-gender.

We have a high proportion of people who have been incarcerated and some street youth.

Our most important approach is through building longterm relationships, engendering the trust we need to serve them.

We try to lower barriers to care. When medication is necessary, we can give anti-psychotic injections in the clinic, and staff may distribute medications if clients have difficulty managing them at home. This way, we are better able to monitor adherence and progress.

Staff sometimes accompany people in distress, who are suicidal or have psychoses, to hospital. Tracey and Ellie meet with people in the community, on the street, in cafés or on walks with patients.

Tracey also goes to Mary's Place, the women's shelter, once a week. Visiting people in their natural milieu allows her to see their friends and identify those at risk earlier. This is far more efficient than an exclusively clinic-based program.

While we make appointments, we are flexible. At times, clients are willing to defer their appointment in favour of people with more acute needs.

Our administrative physician, Minoo Mahmoudi from Iran, sees our primary role as assisting in problem-solving, with the patient taking ownership of the problem.

Uruguayan writer Eduardo Galeano cites an African proverb saying that in charity, "the giving hand is always above the receiving hand," making charity humiliating rather than a respectful relationship of service or solidarity between equals.

Our clinic is less hierarchical, and hopefully more welcoming. We operate on a service rather than a charity model, which is both humbling and empowering.

Jennifer, the project co-ordinator, uses the analogy of a bicycle wheel, where a client is at the centre and agencies are spokes, providing a circle of care. If the client is removed, the wheel could not exist.

Clients and staff consult and agree to treatment plans. The client remains in control of whatever activities and services are offered and accepted. In many ways, the Kitchen attempts to replicate a positive family situation, with individuals claiming their rights and achieving a sense of normalcy despite abnormal circumstances.

As Tracey says, it does take a village to manage the needs of individuals.

One of the reasons for the success of psychiatric outreach is the close collaboration of community agencies.

Once a week, a nurse practitioner, a chiropodist and two outreach workers from the Kitchener Downtown Community Health Centre come to the clinic to provide general health care without regard for OHIP cards, social insurance numbers or birth certificates.

We link with Waterloo Regional Homes for Mental Health, probation and parole offices, mental health court, Ontario Works and area hospitals. Clients are also referred by local shelters such as House of Friendship, Mary's Place and 174 King St. Recovery Centre.

A pharmacy ensures clients do not have to make a co-payment; some dentists and optometrists offer free or affordable services.

L.P. Voruganti, a McMaster-based consultant psychiatrist, and a nurse, Gayle Parker, run a People in Motion program for people on anti-psychotic medication to improve their health through diabetes prevention, walking, yoga and crafts.

I have taken many medical students and residents to work at the clinic. But I remain the greatest learner, picking up ways to approach issues from other professionals, and finding out about life and its meaning from my patients.

I have been able to confront my own middle-class fears of the marginalized clientele head-on. I have yet to hospitalize anyone involuntarily, and police are called to deal with violence much less than once a year. The Kitchen's philosophy encourages non-violent means of resolving conflict.

Phil Chan, a grad student in psychology who is also a region planner, studies the clinic's impact and has found positive results. Clients report better hygiene, taking medications properly, being outdoors more often, and having hope and a better outlook for the future.

They attribute those changes to being treated with respect, and their reduced dependence on street drugs and alcohol.

One participant said the process of waking up early to get ready to come for treatment is a treatment in itself.

But my ideal validation came from a floridly psychotic patient who was admitted to the psychiatric ward at Grand River Hospital. When asked why he was seeing me, he responded, "Dr. Arya is where I'm at."

While some may interpret this as a comment on my own mental health, there is no higher compliment to a community-based mental health practitioner!

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