**UPHNS Community of Practice Call**

The DRUG HUB presents - Frontline Workers Toolkit: Connecting with people in Psychosis.

March 26, 2024, 12pm – 1:30pm PST / 3pm – 4:30pm EST

Attendees: 68

Introduction and land acknowledgement: Clem

This is our last Drug Hub call. We are so thankful for being a space for this community. Please enjoy this amazing call.

**Biographies**

**Danielle English**

\*\*H﻿arm Reductionist & Activist\*\* Danielle is a harm reduction advocate that comes with a perspective and background of lived experience, as well as local and grassroots activism and outreach. Using her own lived story of navigating the healthcare system coupled with her volunteer work in the harm reduction space, she brings a nuanced voice to discussions on the opioid crisis. Public speaking, naloxone training, and focus group discussions are her specialty. Danielle advocates for safe consumption sites and immediate safe drug supply. She believes in radical activism, community, and the power of lived experience in shaping solutions that provide real benefit to those affected.

**Lauren Cameron**

Residing on Treaty 7 Territory in Mohkinstsis (Calgary, Alberta), Lauren’s lived experience fuels her fight for social justice for people who use drugs, challenging prohibitive and oppressive policies; and reducing stigma surrounding criminalized drug use. Over the past several years, Lauren has held several roles within AAWEAR (Alberta Alliance who Educate & Advocate Responsibly) including Program Coordinator, Street Outreach and hosting Reconnects: Pathways to Primary Care. She is a Research Assistant on the CAPUD project “Overdose Anarchy” and another with Mental Health Commission of Canada about “Cannabis as Relief in Mental Health”. Lauren also serves on the Board of Directors with the Alberta Community Council on HIV (ACCH). "

**Brief summary of toolkit**

What is psychosis? Psychosis is not a one size fits all. Lots of things can trigger it. It is stigmatizing to say it is only resulting from substance use. It can result from other psychosocial factors such as trauma, mental illness, sleep deprivation, chronic stress, religious delusions, change of routine, perceived or real abandonment, lack of safe housing, unreasonable work hours, grief, and poverty.

There is a gap in frontline workers’ knowledge and expertise in psychosis. This gap of knowledge comes from fear. The person in psychosis is often avoided or given care without proper consent. It is critical to ask for consent even if the person is in psychosis, this is trauma informed care.

When giving to someone experiencing psychosis, you want to validate the individual. You might not want to validate a delusion, but you can always validate a feeling.

We want to encourage people talk more openly about psychosis. This might help people tell their support group if they are feeling manic or paranoid.

Supplying resources such as bus tickets, where to get food, can help keep people’s needs up ahead of time. This is critical while supporting individuals that experience psychosis. It is therefore essential for frontline workers to stay informed and up-to-date on local resources.

If the individual is houseless, you can be creative where to meet for outreach. Potential options are at a park or in a library.

As a frontline worker, know your biases and be honest about them. If you don’t feel adept to help someone in psychosis, be honest about that.

**Questions**

*Q: What motivated the development of this toolkit for frontline workers connecting with individual experiencing psychosis, and what specific gaps or challenges did you aim to address?*

A: We noticed a big need for this from observation and from lived experience. Psychosis is really complex and there is a big training gap. Folks with psychosis are often just left behind or ignored. We experienced safety from people that have taken care of us and accounted for our psychosis.

There is fear towards people with psychosis. And that’s so fair if you’ve never been trained.  Frontline workers are not given the proper training to do this difficult and traumatizing work.

*Q: In what ways do biases and stigmas hinder effective engagement with individuals experiencing psychosis, and how can we overcome these obstacles to provide more meaningful support?*

A: It’s not always drugs causing people’s psychosis, think about mental health, housing crisis, etc. To provide more meaningful support we need to always remember the reality of the folks we are serving. Stereotypes about women’s mental health (hysteria) plays a role in how women with psychosis are treated. Understanding gender stereotypes is important in order to not minimize experiences.

Folks often confuse different traits with psychosis, such as confusing someone with autism as someone experiencing psychosis. Be aware of your biases.

How are we actually supporting peers, some folks need more support and that’s okay. Break down the stigma around mental health.

*Q: What are the benefits of having people with lived experience of psychosis working on the frontline?*

A: We need people with lived experience to be running their own movement. They can be particularly good at validating this experience and come from a place of understanding.

*Q: What are your hopes or expectations for the impact of this toolkit? How do you envision it being utilized by frontline workers and organizations in this field?*

A: We hope it can be expanded on. We need an across-the-board policy created for folks with psychosis.

There is such limited funding which results in lateral violence amongst peers. Wwe need to have a bigger conversation about this, keep this movement in the living experience.

**Open questions from audience**

*Q: I had an experience where I was violently harmed by someone with psychosis while I was working I the frontline. I still need to help them but it’s still triggering for me. Looking for feedback on how to handle this situation.*

A: Your existence and comfort level needs to come first. It does not make you a bad frontline worker to set up boundaries. You don’t need to work with the individual if you don’t feel safe. If you do want to engage with the person, read their body language to understand their comfort level

You’re allowed to be afraid; it makes you a great frontline worker. Listen to your own voice. Frontline guilt is real. It’s so important to be authentic.

*Q: Have there been times where being hospitalized for psychosis has been helpful or not?*

A: We often experience stigma from medical professionals. Community has given a much positive experience.

Matt led a moment of silence for those we have lost.

Call ended.