

Leadership Gathering on Complex Service Delivery

Webinar 2: February 24, 2021

“Lived experience and the realities of seeking support”

Summary

The inaugural JHS Pacific *Leadership Gathering on Complex Service Delivery* (forthcoming in 2022) will engage decision-makers, thought leaders, and service providers across the health, justice, social and non-profit sectors in British Columbia on key policy issues regard complex service delivery to vulnerable populations. A series of thematic discussions to plan the agenda have been scheduled through 2021.

On February 24, the series continued by focusing on the lived experience of people who kindly agreed to share their own perspective on seeking support, making connections, and experiencing the gaps and inconsistencies of the “service ecosystem” for vulnerable populations with complex needs. The panelists were also willing to share their more recent experiences as peer mentors in supporting others to navigate the system. Consistent with the goal of placing people at the centre rather than mandates or organizations, this session was peer-facilitated and focused principally on the experiences of the speakers, with time set aside in the latter part of the event for moderated questions from webinar participants.

Panel

- **Mo Korchinski** (facilitator), Executive Director, Unlocking the Gates Services Society
- **Jason Flack**, Peer Mentor, Community Transition Team, JHS Pacific
- **Jade Hoffman**, Northern BC Peer Outreach, Unlocking the Gates Services Society
- **Charlene Burmeister**, PWLLE Stakeholder Engagement Lead, BC Centre for Disease Control
- **Jim Mandelin**, Training & Membership Coordinator, Homelessness Services Assoc. of BC
- **Eric Schweig**, High Risk Youth Outreach, Scw'exmx Child & Family Services Society ¹

General Discussion

The overall theme of the discussion was that service delivery is more likely to be effective when the whole system of service provision recognizes that trauma, stigma, disconnection from culture, and social isolation are near-universal experiences of service users with complex needs.

¹ Eric Schweig was generous with his time in helping to plan the event but was ultimately unable to attend due to a late-occurring scheduling conflict. We are grateful to Eric and look forward to working with him in the future.

In conversation, including responses to questions raised by webinar viewers, the panel raised the following key points.

1. The relationship of substance use to trauma, recovery, and “normal life” is more complex and nuanced than the public and many policymakers may appreciate.

Substance use is a complex issue, and policymaking is often hampered by assumptions that “all substance use is bad at all times.” This is of course a hypocritical position to take, as it draws arbitrary moral and legal lines between those who use legal substances and those who use illegal ones. It is also an extreme viewpoint, negating the positive emotional and therapeutic effects substance use can have at key moments in life, particularly for those managing the pain of trauma. Sometimes self-medication is the only option, and for some at times it is lifesaving. Unless we accept that the story around substances is complicated and that moral judgment and drug laws are rarely based on rigorous evidence of harm, people with complex needs will continue to be faced with stigmatization, harmful procedural barriers, and the risk of criminalization.

2. Culture can create the sense of purpose and belonging needed to make recovery a reality.

People with complex needs are frequently isolated from their own culture or community due to stigma, criminalization, or dislocation. The pain of social isolation is rarely appreciated by those who have not experienced it. Reconnecting with culture and community, particularly for Indigenous peoples but for others as well, can provide a sense of belonging, wellbeing, and grounded-ness which no therapy or training can provide. A sense of belonging can be a necessary condition for success in other areas of life. For those struggling with addiction who find themselves in chronic “survival mode”, culture can teach a different way to be, with positive goals and activities replacing isolation and behaviour that harms.

3. Trauma underlies many behaviours in ways people themselves do not always understand.

Trauma – whether violent, sexual, emotional, and/or inter-generational – underlies most of the behaviour of people with complex needs whom service providers are trying to reach. When a person’s life story shows a negative spiral, it is often easiest to understand if we imagine a whole series of incidents and behaviour which are all in one way or another responding to the pain of trauma. An informed approach to trauma has yet to be fully implemented. When service work is truly trauma-informed, it will make a major difference for service users. A service user who understands at last that the hard things they have gone through relate to their trauma is often a person who can then make a breakthrough.

4. Stigma in everyday life regarding substance use, mental health, and prison reinforce negative spirals by shaming and isolating people and lowering their self-belief.

Unhelpful and damaging beliefs and attitudes about substance use, mental health, and the experience of prison are everywhere in our society. They affect the everyday experience of those with complex needs as well as their interactions with service providers. Over time, the stigma becomes part of the person’s self-image: “I am a bad person, I am unworthy, I can’t work or do useful things.”

Removing stigma is an essential work for everyone and this change cannot simply be left to the small number of people with lived experience and put in reports. Support for those with complex needs is only truly effective when people are able to speak freely, with confidence, and without shame about their own life.

5. Structural barriers and stigma in organizations are often arbitrary or morality-based.

Mental health disorders, prison experience, and substance use are all frequently stigmatized with the assistance of policy, regulations, and laws. But what society stigmatizes, particularly in the case of substance use, is frequently arbitrary. There is no defensible reason for certain drugs to be criminalized and their users forced into the street and the dark, while others are openly and legally consumed, advertised, and celebrated by people in positions of power and privilege. What is “legal” is not always meaningful or helpful in the context of harm, and often creates damaging barriers: who can live where, which substances can be combined with employment, who can apply for a position, etc. In addition, these policies and the attitudes of stigma underlying them are normally crafted by those who come from privileged backgrounds. Privilege limits the perspective which comes when substance use, poor mental health, and criminal behaviour cannot be minimized by wealth.

6. Well-intentioned laws and policies based on narrow, disconnected worldviews often needlessly accelerate a person’s downward spiral.

Policies and laws which treat people as though their lives had just one dimension – for example, that of “therapy service user” or “social assistance recipient” or “inmate” – often lead to negative outcomes. Well-meaning attempts to limit harm which fail to take into account the person’s whole life can actually end up creating more damage than they prevent. For example, being honest about personal struggles with addiction does not help a person in criminal court or a mother or father in family court. Young people sent to prison are likely to become more deeply involved in crime than if they had been sentenced in the community. Taking children away from mothers in prison and placing them in care puts the child at much greater risk of poor life outcomes, and causes immense emotional damage to the mother, a situation from which neither the child nor the mother may recover.

7. The power of lived experience in building trust and self-belief suggests a more central role for peers in policy and operations than many organizations have adopted to date.

Peer mentors are a lifeline to those with complex needs in vulnerable moments. They are uniquely credible and well-placed to build trust and inspire their service users. These are outcomes that service providers from privileged backgrounds may struggle to achieve. While the importance of lived experience and peer mentors is increasingly accepted and promoted by government and service organizations, presently this is confined to the front line. The number of peers is too few, and the work is emotionally draining and requires its own supports which are often not available. Not all leaders and not all communities have accepted the value that peer mentorship brings, and peers have yet to have a significant influence on policy and operational strategy. The idea “nothing about us without us” applies here as well, but stigma ironically remains a barrier to a more substantial impact.

The complete video of this event is available [here](#). (Password: 2STs^*jA)

The next webinar is scheduled for **Wednesday, April 28, 2021** from 11am to 12:30pm PST, and will focus on “Lived Experience – Overcoming Structural Stigma.”

For more information, please contact events@jhspacific.ca with the subject line “Webinar”