Laurie Lang

LL: My name is Laurie Lang. I'm a registered psychiatric nurse and a registered nurse. I got my registered psychiatric nursing from Alberta Hospital in 1984 and I graduated as an RN in 1988. I've always worked in psychiatry – in acute admissions, in rehab, currently in forensics, and I deal with sex offenders. Alberta Hospital has always been my employer. I started out there as an institutional attendant in 1971 and I was there until '77, away for a couple of years, and then I worked in Rosehaven in Camrose as a psych institutional attendant. Then I went back to school and utilized first the Alberta Hospital Edmonton school when they had that program there, and Grant MacEwan when I got my RN.

Q: What things have you noticed changing in the system?

LL: In the '70s we were very limited in treatment modalities, drugs, approaches. That's the one thing that has changed and has helped us along, very slowly, because my opinion is that psychiatry is the poor sister in care. What's evolved through the '80s and '90s and into our new decade here is that there's been different approaches, more research done with drugs. Not that I like everything that's happened with the new drugs that have come, but there have been some good cases and some that just weren't bad. Like we had a real problem with lithium in the '70s and then they took it off because people died. When I think about that, and then they stopped using it for a while because they had to go back and research, and they came back and it's actually very useful. Our phenothiazine types of

drugs, a lot of side effects. They've come back; they've done work with it. That's just the drug. I know pharmacare is going to be an issue and we really need to deal with that issue. But then also other things are beginning to happen on how we treat the patients, how we approach the patients. All that comes from education. We're educating more nurses. I came up off the farm and they hired me. There was nothing formal that I took, and even on that category things have changed—just different approaches, a better working relationship with the other disciplines. That doesn't mean they always agree, because I can tell you as a psychiatric nurse, I can really disagree with what another discipline is giving us. But now you're working more together; so that's changed. The change is much better for the patients because there's more of an approach. One of our big lacks in psychiatry is follow-up, and we're beginning to get more nurses in the community ? psychiatry, because there's so few seats. That's the education issue again. Go back through the '90s when all that nonsense happened where they cut the $4 billion from us, which was more than that; it was $8 billion in my terms. That cost every Albertan, every Canadian. That's why I'm happy when I see and listen to them talking about, let's do pharmacare. Saskatchewan announced the election today. Tommy Douglas started that and it was part of his thing that the pharmacare issue we never got to. We as nurses really have to be out there lobbying and spearheading and showing that. That's going to help us. But I digress, because I was talking about community. We're finally getting more nurses into community that are able to deal more holistically with the issue. Part of the big problem out there is that if you aren't feeling good in your mind, the medical part is going to be accentuated. Part of that's happening. Children's mental health

is in crisis, just because we don't have personnel. There's modalities out there that we can work with, but if you can't have people to talk to people, that's what goes on there. We need more.

Q: It's a much more one-on-one type of care.

LL: And with mental health in Alberta, we've been centered around basically two institutions and the other general hospitals have their units. But it's still, we can't go overboard. That's my fear, because a few years back they started doing that, and we know the crack where right now we're finding on our sites, we're having more acute issues because of the economy, because there's not enough people out there that they can walk into a clinic. You add those elements and the acuity factor is much higher, plus they're expecting people with minimal training to come out and deal in acute situations. Like where I work it's very regulated. They come at the last part of their sentence. I can tell you the people in our admission areas and even our psychogeriatric care areas where we're bringing them in to settle them down, it is very scary right now and we've had some bad injury. When it hits the media or TV or whatever, it's like this is something new. No, this has happened from the '90s from our cutbacks. That is a change. But again, even with what Heather was talking about today, how the bar is being lowered, and the impression is that there's better care out there. The nurses are trying their best to give care, but the bar is being lowered and people are being discharged who should not be, or just given a few more weeks. But we find this in medical health too; people are leaving early and there's complications. Also expecting caregivers, like spouses and whatever, you put that

added stress on them where they have to be the taxi driver or the medication giver or whatever, they don't know. But yet you gotta give it out because that's what's been ordered. So that's the de-escalation; that is not quality care. That's the negative part. Like I say, positively, at least we're recognizing and trying to get more people into community, and I speak mostly from the Psychiatric end. Myself, even right now I've got cancer; so people have been pretty good to me. But it's just, I know the strain on my family. If it's happening to me it's happening to many more out there.

… That's what I find in forensics, especially with the clients I work with. We're giving support; we're giving two phases; that is working and hopefully our recidivism rates are proving out that there is some effect. Of course our main thing is there's no more sexual victims. We're in an expensive program when you look at the amount of workers. It's just classed as our multidisciplinary team. We're an expensive program … the group of people they're dealing with. Our admission areas are so understaffed with nurses having to be--the overtime is nuts. I hear this all over the place in areas that are so active. When people walk in off the street they're either turfed out to go to another centre or you're given the option of being in a situation where it's dangerous on some of those units. Dangerous to everybody. Maybe that's part of the message that the public needs to know. It's not only on that unit that you gotta worry about the staff, but it's also those patients that are in danger. There's been publicity of late about what's going on in the nursing homes. That's been going on for a while. That's nothing new. They're down; you've got one nurse that's looking after 80 patients. The other disciplines are trying to help. My mother-in-law was a nurse in the '70s and '80s. She had a 70 patient load. So really is this new? It isn't really.

The part that's new is that more aggressive people, through frustration, through disease, through whatever, are getting in there and there's not enough adequately trained. It's the training part, and I don't see that happening. You need good training; you need experience. We lost a decade of nurses in the '90s.

Q: It's an expensive program, but somebody can't quantify the cost of a sexual victim.

LL: Ya, especially with us. Our people have been doing research with decent results. Unfortunately we're not perfect, but we're very structured into who we bring in and the time that they've got left on their sentences. It's the patient many times; when they want to change it's always a little easier. If they're iffy as to, did I really do something wrong? But we have them to the point that we give them support for 6 months, then after that there's more support. I feel we're privileged with that, because it's not like that in any other areas.

Q: What's the role of the union in all of this? Why is it important?

LL: Why it's important is our role is to monitor that the slippery slope doesn't continue. Through our PRCs, occupational health and safety, how we deal with grievances, how we approach the whole labor management issue, our contracts, the union provides the security. We have some managers out here who believe you do better with less. We've got some out there that are also advocating. But if it wasn't for the local people to set forth and say, no this is wrong, this person shouldn't be working these many hours, can't you see they're tired, it's not safe nursing. That's where the union comes in. We have to make

sure we're supportive enough that they're gonna pick that phone up if something isn't right and say, somebody was hurt today because of this reason. Or what are they trying to do here? They're giving away jobs to justify that you don't need to have 3 qualified or 4 qualified people there to deal with 28 patients. Things like that. So the union works with that at the local level. Plus if you're educated as to the contract and what the social issues are, that you have the capacity sometimes just to ask the question. That's all you need to do, to ask the question. Some people get intimidated. But there's a local president or union steward or somebody at the head of the committee to say, we'll support you here and we'll be able to hopefully effect a change, or at least get means to address what's going on. So that's the local level, and that's one of the big strengths of UNA, their education program and things like that. It's just superb. We need, in my view, to do more political action. We need to be more on the provincial and federal fields. I know we held 3 elections and we do things like that, but that's where we can really start doing. In Alberta when you say you're a nurse, people look at you differently. The expectations are probably different, which is fine. But they also listen. That's getting a sense today looking at and listening to people, that maybe that's where we're going. That brings great joy to me, because we really do need to be citizens. It's easy to think just of our little area, but we have to start thinking more globally now. UNA is doing that. That's been one of the nice things for me that I've seen evolve. When our local started with UNA in the early '90s, it was what's going to happen. That's always been positive where we're becoming more global and becoming advocates. That's part of nursing. You need to advocate not only for your patients and yourselves, for the community. If we don't advocate for

ourselves, you've got all this individualism that goes on, and that's not a good thing. That's my view.

Q: Why is pharmacare important?

LL: I've seen people having to come up with money, especially when they have cancer. That should never be. We're in a country that's a wealthy country So what's going on? When medicare came in, I came from a farm family and it was pretty tough. That just took such a relief off my parents. Part of the plan back then was that medications also be put on a national level. It's taken us how long to get there. It's a tough thing. It's always been one of my, what are you doing to try and change this? It looks like we're going to get an opportunity or people are maybe willing to listen to it now. We have an opportunity. We know what's happened with the poor in town here just in our little area. But you don't get things if you don't go out and become a squeaky wheel. You've gotta go out there and say, this is right for everyone. Maybe somebody with a lot of stocks might have difficulty with that, thinking that they're going to lose money. But I haven't seen most of these people lose any money. We can transfer that to, at least we can look at this on a federal level. They announced in Saskatchewan that they're going to make that part, and I'm assuming it's New Democrats, that they're going to make that part of their election platform. But we talked a bit about that federally last time. You need to talk before people or provinces or groups are starting to think, ya, maybe it's a good initiative.

Q: Is there anything else you want to say?

LL: I think we're in the greatest union in the province and probably the country. It's been a pleasure to be part of it on many levels. That's a summary.

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