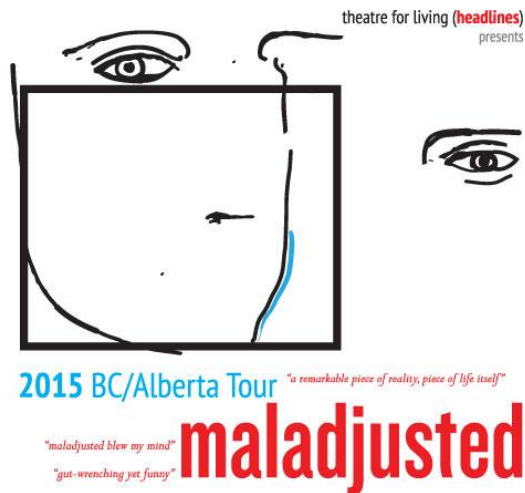


*maladjusted*  
**Edmonton Community Action Report**



Recommendations for Policies and Practices related to  
mental health care that emerged from  
Theatre for Living's production of *maladjusted*  
in Edmonton, Alberta  
February 27<sup>th</sup> and 28<sup>th</sup>, 2015

Compiled by: Dr. Diane Conrad, Lindsay Eales,  
Alan Jeans, Elizabeth Ludwig, Dr. Pamela Brett-McLean,  
Brigjilda Gera, Anne Marie Lindell, Melanie Hennig, and  
Jennifer Quinn

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## **Theatre for Living's *maladjusted***

The following details about Theatre for Living (TfL) are adapted from the *maladjusted* press release, TfL's website (<http://www.theatreforliving.com/>) and/or from correspondences with TfL.

### **Description of Theatre for Living**

Theatre for Living (TfL), formerly Headlines Theatre, has been creating cutting edge, controversial and hard-hitting theatre since 1981. Some previous touring productions include: *No` Xya` (Our Footprints)* (1987/88); *Meth* (2006); *Shattering* (2008); *Corporations in our Heads* (2013). Formerly known as Headlines Theatre, TfL takes its new name from Artistic Director David Diamond's innovative practice that has come to define the company's work. In 2015, TfL's legacy continues with *maladjusted*, back by popular demand and touring into 26 communities across BC and Alberta!

### **Description of *maladjusted***

Theatre for Living's (TfL) *maladjusted* is a powerful interactive play, originally produced in 2013, and created and performed by mental health patients and caregivers. The play addresses issues in our mental health system that are creating barriers to human-centered care.

*maladjusted* engages audiences with powerful images and authentic voices weaving together three very person narratives: A young teenager struggling with sadness over her friend's suicide is misdiagnosed by her doctor; a young homeless man who is legitimately taking prescription meds gets thrown into dangerous circumstances by social workers, who are from within a mechanizing system, trying their best to help him; and finally, there is all of us, unable to adjust to the needs of a *maladjusted* mental health sector, who become potential agents for change.

*maladjusted* takes us on an intimate journey, builds up to a breathtaking crisis and then stops. Next, at this heightened moment of suspense, we are invited to engage with the characters from a safe, entertaining and creative space where anything is possible!

The show is directed and joked by Vancouver's veteran theatre maker "local hero" and "international treasure" David Diamond, and performed by a very talented cast of patients and caregivers who really know the mental health system. *maladjusted* is two and a half hours of riveting, ground-breaking and perspective altering forum theatre.

The production has proven successful in reaching and involving diverse audiences, including families, mental health patients and those working in the mental health and counseling community in an essential dialogue. How? By opening up an opportunity for people who are living issues of stigmatization and mechanization of the system to articulate a narrative that allows all sides of the issue to explore practical and yet creative

solutions; to engage in the complexities of real-life scenarios using theatre as a laboratory; to access conflict-transformation options in an empowering and highly entertaining way.

### **Description of Theatre for Living's interactive theatre process**

Forum Theatre is an opportunity for creative, community-based dialogue. The theatre is created and performed by community members who are living the issues under investigation. Over the course of a six-day Theatre for Living workshop, participants engage in very specific games and exercises that help them investigate issues at a deep level. In a mainstage production such as this one, after the workshop, the cast, production team and director then have 4 weeks to make the best art they can, that tells the truths that have risen out of the workshop process. "Tells the truth" refers to true questions, hard questions, the questions for which we don't have clear or easy answers.

The resulting play is performed once, all the way through, so the audience can see the situation and the problems presented. The story builds to a crisis and stops, offering no solutions. The play is then run again, with audience members able to "freeze" the action at any point where they see a character engaged in a struggle. An audience member yells "stop!", comes into the playing area, replaces the character s/he sees struggling with the problem, and tries out his/her idea. We call this an "intervention". The other characters respond with their truth, not to "make it better", not to "make it worse", simply to investigate a shared reality. What insights do we have? What do we think? What do we learn? Who agrees? Who disagrees? In this way we engage in a creative dialogue about issues in our lives. The process is fun, profound, entertaining and full of surprises and learning.

Theatre for Living's workshops have evolved from Augusto Boal's "Theatre of the Oppressed". Since 1989 TFL's work has slowly moved away from the binary language and model of "oppressor/oppressed" and now approaches community-based cultural work from a systems-based perspective; understanding that a community is a complexly integrated, living organism.

## **Bringing *maladjusted* to Edmonton**

### **The Edmonton *maladjusted* initiative**

*maladjusted* toured into 26 communities across BC and Alberta. Edmonton was fortunate to be able to host two shows on February 27<sup>th</sup> and 28<sup>th</sup>, 2015. The Edmonton shows were made possible by sponsorship funding from: Alberta Health Services; the Canadian Mental Health Association-Edmonton Region; the Arts and Humanities in Health and Medicine Program and the Division of Community Engagement in the Faculty of Medicine and Dentistry, University of Alberta; in collaboration with a number of community partners who helped to organize the Edmonton production: Canadian Native

Friendship Centre; E4C; Boyle Street Community League; Schizophrenia Society of Alberta; DECSA (Distinctive Employment Counseling Service of Alberta); and the Arts-based Research Studio, Faculty of Education, University of Alberta.

A total of 199 tickets were sold for the two shows. In addition, 149 complimentary tickets were distributed to community organizations for individuals experiencing mental health challenges to attend the show. A total 119 attendees comprised those who received complimentary tickets and volunteers from the community partner organizations.

### **Description of the process for compiling this Community Action Report**

*maladjusted* enables diverse audiences, made up from the mental health community and the general public to transform the theatre into a center for dialogue, informing policy creation. Community Action reports created at each event on the tour based on ideas generated from the local community, will help guide local agencies to humanize their policies and practices.

The idea behind the CAR is to have as much knowledge transfer from the grassroots, who are the experts of their own community. The CAR gives the community the opportunity to share its knowledge in a formalized way with those who are making decisions that affect us all.

At the two Edmonton shows volunteer community scribes were present. They took notes based on audience member interventions and comments. These notes were reviewed by a group of individuals from the community partner organizations who compiled this Community Action Report. This report will be distributed to the various sectors in Alberta concerned with mental health care.

Theatre for Living will extend the conversation about mental health by collating and analyzing CARs from all of the 26 communities on the tour, and creating a report that can be shared with government stakeholders, and health care policy makers in BC, Alberta and perhaps beyond. This report will contribute to the conversations that will happen long after the performances.

## **Recommendations**

### **Introduction to recommendations**

*maladjusted* asks the question: How can we humanize the mental health system? The following are recommendations that emerged from the Edmonton performances in answer to that question directed at various sectors.

As the group who compiled these recommendations, we conversed about our rationale for presenting the recommendations in the way we have. We considered addressing specific

recommendations to specific sectors involved, but found that many of the recommendations, at their heart, applied to several sectors. We therefore list our recommendations under themes and invite those reading to consider how the recommendations apply to them. The sectors we identified as relevant to the *maladjusted* performances we witnessed include: the Alberta Ministry of Health, Alberta Health Services and mental health and addictions services, local mental health agencies, non-profit community agencies, the College of Physicians, doctors, school boards schools and teachers, mental health care workers, families and individuals experiencing mental health challenges.

We are cognizant that the challenges in the mental health system are embedded in the structures in which we operate. Changes towards humanizing the system need to happen at all levels. We cannot place the burden of change upon individuals experiencing mental health challenges. We also acknowledge the constraints related to time and resources under which health care professionals must operate.

The recommendations we identify need to be taken up in relational, responsive, interactive and dialogic ways to meet the needs of individuals experiencing mental health challenges.

We acknowledge that we are not experts in the area of mental health care, but we are representing the voices of community participants who attended the performances. We are more or less informed of what policies and practices might already exist.

We also realized that we cannot discuss issues of mental health in isolation from other issues such as homelessness, addictions, and poverty as these are often interrelated.

### **Theme 1: Put people first**

- individuals experiencing mental health challenges should be first priority
- listen to individuals regarding their needs
- allow individuals to be involved in their care decisions
- respond to individuals as they present in crisis and do your best to meet their needs
- don't make referrals to services that may cause more harm than good
- more opportunities should be made to create space for individuals' voices and stories be heard to influence policies
- since individuals seeking care may already feel vulnerable, caregivers should avoid putting the onus on the individuals seeking care for solutions

### **Theme 2: Focus on relational ways of being**

- focus on relationship building
- more networking is needed to make and maintain community connections
- helpers need to be given permission to draw on relational knowledge rather than following policy

- develop a sense of community to support one another
- professionals should build relationships with other professionals and make use the network of resources and other professionals
- workers should stay with the individuals they are caring for to ensure that their needs are met
- trust the individual experiencing mental health challenges
- take the time to be with your loved ones
- have real conversations
- listen to each other

**Theme 3: Offer holistic care**

- make holistic care decisions
- specify a holistic wellness plan
- a holistic group of professionals is needed to meet an individual's needs
- allow physicians enough time to have necessary conversations with individuals; rather than compensating physicians on a per client basis they should be compensated by time
- allow other primary health care professionals to write existing prescription refills
- work to discover root causes of an issue rather than responding to symptoms
- explore options other than medications prior to prescribing medications
- think outside of the DSM-5 box
- assess the individual, not the chart
- make referrals to support services
- get to know an individual and the root causes of their behaviours
- caregivers also need supports
- ensure that services are provided that attend to the most urgent needs first
- plan for alternatives if the first option does not work out
- offer more holistic initial health assessments
- more multidisciplinary teams are needed
- those doing assessments must have a good grasp of all the options
- more oversight is needed to ensure that individuals get the right services
- assist individuals to access programs that are tailored for their individual needs
- policies should emphasize quality over quantity - services and care that have lasting effects rather than short term solutions that quickly fall apart

**Theme 4: Provide better access**

- physicians and services need to be accessible
- provide for 24/7 accessibility of doctors for prescriptions/approvals of medications
- workers should have some discretionary powers to respond to emergent situations
- workers need appropriate time and resources to deal with issues
- necessary medications should be pre-approved to be administered in institutional or restrictive settings

**Theme 5: Communicate openly**

- services need to communicate with each other
- more communication is needed between health professionals
- an individual's doctors must consult with each other
- files should be universally accessible to healthcare professionals
- we need a better integrated system of individuals' health information
- converse with individuals at a level where they are at
- form a network of doctors willing to respond to emergent situations
- talk about your challenges with loved ones and those in helping positions
- ask the questions that need to be asked prior to making decisions
- explore all options before making a decision
- don't make a decision until you have all the information

**Theme 6: Make education a priority**

- educate about available support services
- education on mental health awareness is needed for workers to assist them in thinking outside the box
- individuals need to be fully informed in order to make informed choices
- provide resilience training to caregivers
- work to dispel stigmas around certain drugs

**Theme 7: Support equity & advocacy efforts**

- people who are affected need to get political
- advocate for yourself
- be aware of what supports are available to you
- set boundaries
- make use of supports
- policy makers need to spend time in the situations of workers
- support workers need more support
- provide peer support specialists
- provide opportunities for individuals to talk about their challenges
- build resilience in positive ways and connect to positive outcomes of your work
- family caregivers need to self-care

**Theme 8: Create safe conditions**

- understand that an inappropriate solution is sometimes more dangerous than no solution
- at times the safest response is to give a person space
- the emergency unit is not always an option



## Concluding Thoughts

I found the experience of watching the play to be very moving as the entire performance shed light to some hidden sides of the mental health system. ~ Brigilda Gera, Case Manager for Assets for Success, DECSA

I have seen several TfL shows over the years. I'm always amazed at how masterful David is at drawing out rich and meaningful dialogue from every moment of every community intervention. This is based in his deep faith that as a living organism a community can heal itself. ~ Diane Conrad, Director, Arts-based Research Studio, University of Alberta

The impact is strong when audience members stand up and take the stage to have their voices heard in a theatre venue. We are reminded of the need to tell our stories, and then to tell them again to those who will listen, be affected, and make changes towards better care. ~ Anne-Marie Lindell, Program Manager, Ventures, DECSA

This play was very raw and honest. TfL got right to the heart of the issues, which is the exact place we need to start. People working within and participating in the mental health system can quickly feel helpless and powerless (repeated emotions during the showings). However, this play allows people to have a voice, break it down, reflect and figure out new ways of thinking and being. ~ Melanie Hennig, Aboriginal Health Program, AHS

## Funders & Community Partners

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**The Edmonton stop of the *maladjusted* tour was made possible by the following community partners:**



**A special thanks to all those who participated and volunteered!**