

Lethbridge Community Action Report

After a successful run in Vancouver and more than 18 months of fundraising and preparation, Theatre for Living toured *Maladjusted* through 26 communities in Alberta and B.C. between January and March, 2015. Third-year undergraduate students from the University of Calgary Faculty of Social Work's Southern Alberta Region, and partner organizations from the community including Alberta Health Services, the Southern Alberta Individualized Planning Association and the Lethbridge chapter of the Coalition of Municipalities Against Racism and Discrimination organized the March 5th Lethbridge show.

Maladjusted, a provocative interactive play created and performed by patients and caregivers, addresses issues in Canada's mental health system that create barriers to human-centred care. Theatre for Living specializes in forum theatre modelled on a style called "theatre of the oppressed," created by Augusto Boal in part to teach people how to change their world. In *Maladjusted*, social injustice, personal trauma and issues in the mental health system were explored in the 30-minute thought-provoking play. The play is then re-started with the show's director and facilitator David Diamond inviting the audience to stop the action and take the place of cast members to try to humanize the scenarios happening onstage. During these stop-action moments the director draws from expertise in the community to identify and critical comment on what is taking place. Here are some of the main themes from the show in Lethbridge:

- ❖ everyone in the play was struggling with a mental health issue – from "patient" to mental health professional - it was only a matter of degree
- ❖ it only takes one conscious, creative choice in responding to someone in a mental health crisis to create a completely different, more human and positive outcome
- ❖ creative conscious choices can only happen in an environment where caregivers feel they have the time and resources to do so
- ❖ when healthcare professionals are overworked and under-resourced the resulting default mode is survival, and healthcare become perfunctory, diagnostic and mechanical

Policy Recommendations

Enlarge the medical model of mental health care to one that empowers clients and supports an empathic healing relationship. Listen to what the people who are seeking help are actually saying. People are the experts of their lives and mental health professionals often, because of large case loads and lack of resources, assume an 'expert position' to rush through the process to get on to the next 'case.' During the play, when Danielle came to see the psychiatrist Dr. Devereaux, he relied on diagnostic tests and prescribing medication rather than engaging Danielle in a conversation about her life, her struggles and her suffering. Listening empathically and holding another's pain in kind regard, creating a therapeutic relationship has been empirically validated as more effective long-term than medication alone for mental health issues like depression, yet we continue to support the 'diagnose and prescribe' model.

Give mental health professionals the funding and other resources they need to effectively and ethically counsel and support individuals and the community. In the scene where Abbey was trying to find a reasonable intervention in a safe environment for her homeless client with a mental health crisis, she had to 'invite' him to falsify his drug usage in order to get him into a treatment program. This bending of the rules and stretching the truth amplifies the creative ways social workers and health care professionals are forced to work in a system that lacks accessible and appropriate mental health treatment programs. However mental health workers would not have to compromise their professional ethics in order to access care for their clients if policy-makers designated proper funding towards adequate and appropriate mental health services. Proper and adequate funding for mental health services more broadly will also lessen caseloads and prevent burnout for mental health professionals.

Support collaboration and a community-based approach to mental health care and prevention. A lack of resources and pressure to provide more services with less money means that there is little or no time for people to collaborate. This is true within and outside of mental health agencies. Inside agencies, workers have seen time with supervisors for clinical supervision deteriorate, as well as the opportunity to work in teams where many hearts and minds can create the best scenario of good client outcomes. Likewise, a lack of communication and collaboration between agencies means that professionals are less aware of services available to their clients.

“There’s an investment in helping a brother out – it’s like saving someone from drowning.” – Jack to Frank in *Maladjusted*

In conclusion, the main message is that the more money and good will that we can afford towards our mental health system in Canada, the more time becomes available for more conscious, creative, empathic and human responses to mental health care. When individuals – caregivers and care receivers alike – perceive that they are not being judged, rushed, categorized, and fiscally calculated – the more breathing room this is for empathy and compassion. It can make all the difference in the world.

With notes and input from the 3rd year BSW *Social Work Practice with Communities* class,

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