Evaluation Document

Hearing Things Programme – Phase 2

30th July 2017

Prepared for

RE:CREATE Psychiatry

A Mental Fight Club Project

Mental Fight Club

The Dragon Café

Create - Relate - Integrate

A CATALYST FOR INNOVATION IN HEALTH

GUY'S & ST THOMAS' CHARITY

The two key stakeholders for this programme

Playing ON is a theatre company and social enterprise, set up in 2010 to produce quality theatre, transforming the lives of disenfranchised people. It is managed under the joint artistic directorship of Jim Pope, actor, director and teacher and Philip Osment, established award winning playwright, dramaturg and teacher. Jim Pope is also the CEO of the company.

'The company translates their authentic voices and real-life stories into high quality new writing. Through taking part in Playing ON workshops and performances, participants can engage with professional theatre, gain skills for life and are empowered to re-engage with education, training and employment.' (Playing ON website 2017)

Playing ON has been working in the mental health area since 2011 delivering initiatives which have included a residency within Homerton Psychiatric Hospital in 2012, and a residential programme at the Maudsley Hospital in 2014. Their work looking at mental health issues also extends to community and professional theatre settings.

RE:CREATE Psychiatry

A Mental Fight Club Project

Created as an initiative of the Mental Fight Club and stemming from the learning of their flagship creative project The Dragon Café. RE:CREATE Psychiatry is an ideological exploratory platform to enable medical and psychiatric professionals of all levels to better understand and collaborate with people who have lived experience of mental ill-health; and for service-users to in turn better understand medical professionals. The intention is for these dialogues to strengthen an ethos of "doing with" rather than "doing to" and ultimately allow both service-users and healthcare providers to respond to current challenges within the mental health service model.

Their stated aim is to Re:CREATE Psychiatry, and their goal is to lead towards a future healthcare model that is nurturing and service-user focused. *(Adapted from RE:CREATE Psychiatry website 2017)*

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1.0 Introduction

This is a qualitative examination of the second phase of 'Hearing Things', a programme of theatre workshops and performance. 'Hearing Things' was designed and delivered by Playing ON a leading practitioner in applied theatre, in partnership with Re:CREATE Psychiatry.

RE:CREATE Psychiatry are a stakeholder led initiative, formed by Mental Fight Club, to examine and influence the dialogue that surrounds the changing nature of Psychiatry and Mental health provision.

The scope of the evaluation is to assess the work achieved as a part of phase two of the *Hearing Things* project: to ascertain whether and how it is achieving its aim to create a forum for a dialogue between mental health service users, psychiatrists and other mental health professionals, in order to develop and improve understanding of key issues that affect both service users and service providers in and out of the ward.

The evaluation relies upon a thematic analysis of the participant experience from data collected using audio recordings of the workshops, rehearsal and participant debriefing sessions, as well as semi-structured interviews completed after the programme's completion.

Additional data was collected from contemporaneous notes taken as an active research participant and reflexive journals provided by the Playing ON delivery team.

The data analysis follows the basic principles of Interpretative Phenomenological Analysis.

1.1 The key questions asked by the evaluation:

- To examine the Playing ON methodology and ask how it has been refined/evolved to adapt to community-led spaces?
- What has been the participant experience?
- What are the challenges in delivering the workshops in community-led spaces?
- What insights about the doctor/patient relationship are captured by this work?
- How can the project evolve further?

2.0 The Hearing Things Programme – creation and evolution

The Hearing Things project represents the most recent collaboration between Playing ON and RE:CREATE Psychiatry, and forms part of the creative engagement provision of the RE:CREATE Psychiatry project – specifically working to explore the impact that traditionally fixed roles have on the wellbeing of both service users and mental health professionals through experiential learning.

In 2014 Pauline Gladstone, the Chair of Playing ON met with Sarah Wheeler, the founder of the charity Mental Fight Club, and from that initial discussion Playing ON were introduced to Lamis Bayer and Amneet Johal of RE:CREATE Psychiatry, an initiative created by Mental Fight Club. There arose a symbiotic relationship between the two organisations who, in collaboration, have created a stream of theatre led initiatives, helping to provide a platform for discussion between mental health service users and mental health professionals in a variety of community and practice-based settings.

In 2016, RE:CREATE Psychiatry invited Playing ON to curate a month of activity at the Dragon Café where twenty adults with experience of mental health issues took part in workshops to explore how to make theatre from real life experience. Additional work involved excerpts from past work, a solo performance from a drama therapist practitioner and a sharing of work in progress from actor-musician students from Rose Bruford College. It also included a question and answer symposium with young professional doctors.

Playing ON then facilitated twelve weekly drama workshops on an open access 'drop in' basis at the Albany Theatre in Deptford. These workshops were promoted by RE:CREATE Psychiatry, and were well attended by Dragon Café patrons.

In the interim Philip Osment, Playing ON co-artistic director and writer, had written a formal scripted play entitled *'Hearing Things'* based on the company's experiences working at the Maudsley Hospital in 2014 where they had a residency. This was performed at the Albany Theatre in Deptford, with a post-show symposium to discuss the mental health issues raised. The production attracted interest from The Wellcome Collection where it was performed to an enthusiastic audience of academics and mental health professionals.

In 2017, with additional funding in place, the collaboration with RE:CREATE Psychiatry continued with performances of the *Hearing Things* production supported by RE:CREATE Psychiatry. It was decided to use the Hearing Things production to generate more interest from medical professionals and to encourage their continued involvement in furthering the debate about service user professional relationship and dialogue. Performances of the play then took place at Vault Festival in Waterloo and the Omnibus Theatre in Clapham attended by Doctors from the Wandsworth Care Commissioning Group and psychiatrists from the East London Foundation Trust. It was also staged at The Ortus Learning & Events centre for an audience of medical professionals.

This led in March 2017 to what was 'Phase Two' of the Hearing Things initiative – the first part of which a month-long series of open workshops at the Dragon Café, under the title *'Shifting Perspectives Through Theatre'*. It introduced patrons to the Playing ON devising methods in the afternoon and performed exerts from the play *Hearing Things* in the evening; followed by an audience/cast discussion about the issues raised. This initiative was well attended with up to thirty people at each session including a number of mental health professionals, including psychiatrists, psychotherapists, occupational therapists and a large group of OT students from Kings College.

3.0 The Programme in Practice – an overview

Phase two of the Hearing Things project consisted of four Friday evening workshops, each lasting two hours; followed by an intensive four-day development and rehearsal period, and a final showing day. Under the title of *Shifting Perspectives* it offered 'A five-week workshop series exploring how a theatre-based process can help us find a common voice, create a narrative, and build a better understanding of the roles we play within mental health services. Open to all mental health professionals and those with lived experience.'

The workshops were promoted on a free access, open door basis – so that Playing ON had no clear idea about numbers of attendees in advance of each workshop, nor the specific needs, requirements or interests of participants.

The workshops were promoted via the Dragon Café and through RE:CREATE Psychiatry's mental health professionals contact network. This resulted in promotional events at Homerton Hospital and an additional engagement meeting with psychiatrists at the East London Foundation Trust.

The location for the delivery of the project was the Albany Theatre, a public community theatre space in Deptford, South London. The choice of location was determined by Playing ON's existing relationship and history with the venue, and the Albany Theatre's expressed interest in the project based on previous positive working experiences with Playing ON at the venue and their own interest in mental health projects. (See APPENDIX: A, for details of resources, engagement and attendance).

4.0 The Showing – form and content

The final showing was the culmination of the workshops and rehearsals and was performed in the studio at The Albany Theatre with a running time of approximately forty-five minutes. It was offered to a full house of about thirty-five people applying a 'pay what you can' entry policy. It was performed by four of the service user participants and two of the Playing ON actor-facilitators. They were supported by the Playing ON musician who underscored sections of the drama and provided sound effects.

The content was a blend of writing produced by some of the participants, improvisation created during workshop and rehearsal, and additional writing crafted by Philip Osment, the professional writer and co-director of Playing ON, based on the workshop collaboration. All the content of the stories told at the showing came from the participant experience with the mental health system, which they shared with the project during the workshop process.

(See APPENDIX: B for a description of the performance content.)

This was immediately followed by a question and answer opportunity between the audience, the participants and the playing ON team. They were also joined by a representative from RE:CREATE Psychiatry who contributed to the session and assisted with the facilitation of the audience interaction. (See APPENDIX: C for a sample partial transcript of the audience Q&A.)

5.0 Playing ON - Methodology and Approach – adapting to the community based approach

5.1 Structure of the Playing ON approach

Having participated in the workshops, observed the rehearsal process and reviewed the post project interviews with participants, it is evidenced that the work of the company in a community setting stands on four basic foundations. Applied in combination and with specific emphasis, these foundations take on a different significance when working with vulnerability in an open programme in a community setting.

a) - Credibility – Contextualising the work as being rooted in a structured professional methodology. Making the methodology transparent.

There was a significant consistency in the way that the facilitation team credentialed Playing ON and their work. This involved following a process, sharing person-centred values and expectations, contextualising the group's work in relation to other practitioners, and utilising a varied range of prepared exercises designed in accordance with the established best practice of applied theatre principles (Boal, 2002. Somers, 2009). Also to a lesser extent, given that this is not a therapeutic programme per se, following best practice guidelines in delivering drama-therapy in both the design principles and shape of the workshops (Jones, 1996).

Exercises consistently fell in to five primary category examples developed for applied theatre:

Muscular: Designed to connect the participants to their physical self and increase a sense of being present. Example: Becoming aware of the physical self though imagining and sensing the body filling with light from the feet to the head. **Sensory:** Designed to sensitise the participants to each other's presence and increase a sense of connection within the group. Example: Crossing the circle to a partner, using only eye contact and intuition to feel when the time is right to move. **Memory:** Designed to stimulate connection to individual's lived experience and facilitate the process of sharing experience through story. Example: Sharing a memory with a partner of a moment large or small which had a profound impact on your life. Hearing the memory repeated back to you by your partner as if it were their own. **Imagination:** Designed to stimulate participants to create worlds and environments and characters beyond the reality of the workshop. Example: Envisaging yourself, standing on a mountain, in a rainforest, in a church. **Emotion:** Designed to help participants understand the relationship between feeling and action in telling stories in drama. Example: Linking emotion to situation and intention – two characters meet and have a brief exchange – one is going up in the world, the other down.

All of the above exercises seemed designed to sensitise the group to each other as well as provide groundwork for developing the creative process. Where relevant and useful, links are made to professional theory and recognised practitioners (Mike Alfreds, Augusto Boal, Sanford Meisner,

Michael Chekov.) giving a depth and credibility to the work without it becoming either too technical or esoteric. Credibility is further enhanced by allowing the whole Playing ON team to be present at all or most sessions, working as an integrated part of the group with equal creative status – contributing personal stories and sharing emotions and thoughts in parity with the visiting participants.

This extract from the reflexive diary kept by Jim Pope to provide evaluative evidence demonstrates much of the above in action:

> *The plan is always a bit fluid depending on who is in the room. We talked about ground rules / creative principles for quite a long time so I added a centring visualisation warm up to lighten the atmosphere and get people in their bodies. People imagined they were made of clear glass filling up from their toes with bright white light before moving about the room with erect spines and wide relaxed shoulders. Having Max [the musician] fill the room with ambient music was really useful. After this exercise the group were in a much better place to learn the 'My name is Joe' chant with actions, which ended in much laughter and merriment. We had a recap of the memories we had shared the week before…. …members of the group read the scene [prepared by Philip Osment the Playing ON writer] beautifully. Up until then I thought I would use the actors (Seun and Jeanette) [sic]. whenever we needed to read from a script but this proved unnecessary and the group expressed admiration for one another and the way Philip had integrated the first session into a script. (Jim Pope – personal reflexive diary 2017)*

Planning is done and takes place in some detail at an hour long meeting of the Playing ON team prior to each session – allowing discussion about lessons learned in the previous workshop and how to best meet the requirements of the group, or individuals within the group, as they change and develop over the project's life span.

b) – Dependability, Reliability and Consistency – Maintaining group principles in a way that makes them apparent. Letting values and agreed rules become transparent in the team's behaviours and communication with participants. Jim as facilitator would always comment when making even minor mistakes, correcting and owning his behaviours and language, and making clear when he was struggling to communicate or make sense of a moment - developing a feeling of boundaried creativity where nothing had to be perfect and where nothing was judged. Being genuinely and consistently inclusive in soliciting individual group's members' thoughts and creative input, and recognising and apologising for any oversights immediately. Responding to people's individual needs and anxieties in the sessions and outside, via appropriate email and telephone contact etc. Being prepared to enforce ground rules consistently and fairly.

Ground rules agreed at each session were:

- Speak in the I – Avoid making statements for others or statements that involve 'they always..' type generalisations.

- Avoid labels
- Mind the airspace
- Only share what you're comfortable sharing
- Manage your own comfort zone – be mindful of your own wellbeing
- Confidentiality
- Have fun!

> *We're very, very mindful of keeping people emotionally safe and allowing people freedom to express or not express, to be here or not be here, to leave if they need to leave, or to come late if they have to… (Jim Pope – Workshop One).*

c) - Intimacy – The most difficult characteristic to define but perhaps the most significant. Establishing an environment sensitised to individuals as well as group needs. Ensuring that people are actively listened to - and feel listened to - and that their individual perspective is recognised and honoured in the developing work and the discussions. Reinforcing the appreciation of participant's sharing of personal experiences and not taking contributions involving disclosure for granted.

> *I was very, very moved and nervous that we were going into place of potential upset and erm.. is it safe and I can only think that if we move carefully with permission then that's OK and we just manage ourselves because the truths are painful because life is painful and it was beautiful to watch people go there and do wonderful truthful things..*
>
> *(Jim Pope - Workshop Four debrief)*

Establishing a connected group dynamic where, importantly, people feel able to trust, feel safe and valued and that they are a part of something:

> *'It was very welcoming and the way it unfolded made me personally feel very comfortable because I think ultimately when you walk into a room full of people you don't know and you're being asked to do things, and come up with stuff, and you start thinking about yourself an awful lot and I felt as though the exercises stopped me from doing that and allowed you to be just welcomed into the group and create a group, rather than having the spotlight on you'… (participant practitioner – workshop two).*

Intimacy was also reinforced with the practice of providing food and drink at a welcome table at the start of sessions – allowing a platform for social interaction prior to the workshop.

d) – Shared meaning and purpose – **ensuring that the focus of the workshop is always favouring the common goal** – In this instance, to create collaborative and meaningful work exploring the agreed theme of creating better mutual understanding between health care service users and Health Care Professionals – and reinforcing that all energy in the room is ultimately to this end.

This requires a sense of egalitarianism and is in part established and reinforced by the practised ritual of allowing everyone to speak at the beginning of a session, sharing their feelings about being present and anything significant for them that has risen as a result of, or since, the previous workshop session.

There's a purpose, a shared purpose and it's much easier to invest in a shared purpose and with [an] individual type of set up there isn't that at all, all the goals are your own and about you – whereas in a group the goals are shared and the purpose is shared and that makes a difference. It makes a difference to take ownership of something in a collective way.'
(Andy - a service user participant.)

5.2 Summary

These four key elements: *credibility* of the applied process and approach; *consistency and reliability* of values embodied by the behaviours and communication of the Playing ON team; a felt *sense of intimacy* and trust within the group; and a shared *meaning and purpose* taking precedence over individual interests, are what may be considered to constitute the Playing ON methodology for this project. The emphasis of these elements in combination were significant factors in creating an impactful community based project, operating outside of any formal organisational parameters, where the nature of the psychological contract between facilitators and participants is often fragile.

6.0 The Participant Experience

6.1 Overall identifiable themes:

Themes drawn from recordings and transcription of the whole programme include:

- Participant shared reactions (Emotional, Psychological, Behavioural)
- Process observations: the workshop and performance methods
- Post Project – Impact on self
- Group formation and dynamics
- Lack of Psychiatrist/ Health-care professional participants
- Resistance of Psychiatrists – threat of change
- Empathy for Psychiatrists
- Personal therapeutic benefits of participation in the programme
- Anxiety and managing anxiety
- Personal identity and its loss – the 'Service User' label
- Openness & honesty – the value of.
- Support levels within the project
- Impact of project as a whole – potential of project to develop
- Community – value of working within a community setting
- Psychiatric staff training model – potential development idea
- Social and cultural capital
- Positive stories – the importance of
- Politics and society – power – race – and politics

6.2 Key themes that emerged in workshops and programme debriefings with participants

The following are selected extracts chosen as being either representative of a particular theme shared by other participants or because they offer particular insight.

Process Observations

By workshop session two participants are already starting to demonstrate a sense of how the process is drawing together their shared stories into a structure – Emma a service user participant

I think that for those of us that were here last week [Session 1] there were lots of elements and all the time my mind kept going back to last week and the similarities of some of the issues and debates and the general feeling.. those common threads [indistinct] .. how you start to approach people, how you see people.. whether your perceptions are right whether you're being perceived in the right way [indistinct] it feel like there are lots of threads ready to join into something.. leading to something and it's…

In an email after his attendance as a participant, dated 2nd of June – Consultant Psychiatrist Dr Khaldoon, describes how –

I liked how gentle the process was from start to finish. As a health professional, I felt the barriers to 'them and us' simply weren't there due to the set up. I'm sure this is due to the venue in a studio, Jim's skill as a facilitator, the thought that has gone into creating an atmosphere, and also the time – Friday night is what anthropologists might call the 'liminal' zone.

Group formation and dynamics

Support levels within the project for other participants were a key factor in engagement:

Barbara: Yeah, I really enjoyed today. Yesterday I wasn't very well and I felt really too low to leave the house and I struggled this morning about coming, I actually had this feeling in my stomach like it was the first day of school or something because I missed yesterday it felt like going back to the beginning again. But I'm so glad I came today… …and yeah I felt supported by everybody so… yeah, I'm going to go home feeling really happy.

Therapeutic benefits

Service users frequently reference the therapeutic value of being a part of the programme – often with a particular focus on resilience and overcoming resistance. A service user in the workshop four debrief, discussing the ongoing personal impact of attending the workshops and the link to the work – particularly the role-reversal:

Participant: We were kind of saying that like having this space changes it… like changes something… because from my perspective I struggle so hard with day-to-day living and every time I leave the house I go 'oh I'm not going to go today, I can't face it.. .. I can't face the journey I can't face that and then afterwards it's like 'oh I'm so glad that I went and something changes. And we were just saying we want to live in this life as our characters [laughter].. I want to do my social work training [more good natured laughter].

Another service user participant describes the benefit of attending workshop four - with the encouragement of a fellow group member despite her current state of mind:

Participant: I wasn't going to come tonight because I just had a real energy crash yesterday and I woke up today and I still felt absolutely awful and.. and I wasn't going to come and then [name of another participant] texted me to say are you going tonight and erm.. I started to think about it because my energy is so low and my head is always [makes a rapid tutting sound] all over the place and what I found amazing about tonight is yeah, I'm energised I've got through it and I feel OK but I was really able to focus and there aren't many things that I'm able to focus on for any period of time and I felt really drawn in to these characters that people created all of them.. really every aspect.. yeah… gripping.

Anxiety and managing anxiety

Unsurprisingly perhaps, the issue of managing anxiety levels in and away from the programme was a regular element in discussion. Service user in workshop four debrief:

Diana: Yeah, but also you can be yourself as well. Sometimes when you go to other social things and you suffer from an anxiety you know and you have lots of different things going on in your head and it doesn't matter if you feel these things in that space and quite quickly that thing that kind of makes you feel intimidated and different kind of disappears.

Personal identity and its loss

Participant service user returning to the theme of loss of identity in workshop three and the frustration of the generally disliked label of 'Service User'.

Carl: It's interesting that whole debate about 'service user', that debate about labels there. That's very difficult because that steals my identity the word Service User.. and it's loaded because there's no service and it's of no use to me and it's made me sicker it's pure retrogenesis the whole thing.

Race, Politics and Power Dynamics –

The nature of different power dynamics within the Health Service was a source of rich discussion. A service user, in a rehearsal session:

We don't celebrate difference any more we celebrate 'diversity' which is very, very different because it means to separate 'diversity' it comes from the Latin, to separate and you get on a psychiatric ward and pshoo! Everyone's on one side and everyone's on the other side and it's staff and patients and there's none of that colour issue going on, nothing at all, and it's about power, it's about power and it's a good place to talk about these issues from because they're there they're really there they come up with and they're dealt with all the time. But they're dealt with by the patients and they're dealt with quickly.

Process anxiety

Authenticity and the importance of authenticity in telling the story on both sides of the patient-practitioner equation was a genuine concern for the group. Diane discussing a character in rehearsal during the intensive week:

Diana: I felt very strained in that role because I felt that I couldn't give it a real authenticity so I was concerned about that and I was discussing with Jeanette [workshop facilitator] I felt like I might need to go away and do some research about care coordination or something… but you know… and when we were talking about the authenticity from the human level, from human relationships and human interactions that maybe that wasn't necessary, I didn't need to go and start researching everything ….just to use that human interaction in what was a very human awkward and difficult situation…

Psychiatrists and Professionals

A service user discussing managing emotion and doctor-patient communication in workshop two:

Carl … that human emotion is messy. It's not clean, it's not safe, it's gonna hurt. [laughs] and there's a certainty in that and then the other certainty is the polarisation between doctors and patients… at least you know… doctors and patients are lobbing tennis balls over the messiness [indistinct] … but it's messy…

Another service user in workshop four talking about communication between patients and psychiatrists:

Emma: [referring to living statue exercise] and in terms of the not listening and not hearing it could.. it's kind of either side because neither side wants to hear the message from the other very often. And very often there's vested interest in not hearing the message from the other, and it kind of gets really complicated with neither side listening… .. and then there's the not speaking too. The 'I'm not going to tell you my thoughts.. or else I'm not going to talk to you because you're not worth talking to' and this is from the professional side. There can be that dynamic either way round.

The Psychiatrist's view

Only one psychiatrist attended the programme as a participant – Dr Khaldoon Ahmed is a Consultant Psychiatrist and is also a trustee of Mental Fight Club – he gives a powerful account of his empathic response to a visualisation exercise:

No I found that very moving actually… that reading… I was saying to [participant name] that the whole visualisation of who you are in the smoking area… quite effective for me because I imagine myself as the Consultant Psychiatrist from the point of view of patients smoking so I actually envisaged myself as a patient looking at me as a consultant psychiatrist on the ward erm.. …running around like a headless chicken… feeling sorry for myself and actually for the patient smoking a cigarette because there's nothing else to do on the ward and they're just locked up and on section and the whole situation is actually very sad I think…

6.3 Key Themes that emerged in post-programme interviews

In the week following the end of the programme the participants who had performed in the showing were interviewed separately to ascertain their retrospective view and feeling about the programme.

Community setting at the Albany Empire Theatre

There was a great deal of positivity about the use of the neutral theatre space:

Andy: *Although the real interesting one is doing it in a community setting because then people have to step out of themselves to get involved don't they? Rather than you saying you're coming into their workplace and can you put on a party hat? You know?... I think there's a longer more permanent.. …or ongoing initiative where you can get people involved to see where it goes..*

Barbara: *I thought it was really beneficial to have it at the theatre because it made it more authentic and it made it less institutionalised. I think when things are done in a community setting… Albany is a very community based setting anyway… but had it been done in a hospital or a clinical environment I probably wouldn't have gone… …And also rehearsing in a proper theatre space. Breaking away from institutionalisation is really good and that made it more of a positive experience for me.*

Need for closure

The sense of unfinished business and the need of a further workshop to act as a 'decompression' space was voiced by most of the participants.

Barbara: *That's one of the negative things. I feel there should have been one more workshop… not a workshop but a space where we could say goodbye to each other and to have some kind of feedback about how it's been. Yeah because I have felt well that is over and done with now and for the last few days I have been feeling quite an anti-climax feeling and wanting just to have that routine….*

Carl: *I would say as soon as possible get everyone together again… … to connect again outside of the piece so that disconnection can be done because it's a bit like being sectioned, you're contained in this environment so it's been like contained in a rubber band… …And I would say, I'm OK but I'm struggling. You have to decompress and that hasn't been put in but I would say for next time.*

Diane: *Because of the kind of all or nothing. I mean you're full on with the workshop and after it just stops that's it. But I get a bit down when you're really fully involved in something and suddenly it just stops. You're going to feel quite flat after. I didn't feel that I needed any support from Playing ON, I think because the benefits outweighed anything that was residual…*

Lack of psychiatrist or other mental health professionals in the programme

The positivity of the workshop was overshadowed by the absence of health care professionals and particularly of psychiatrists who it was felt may feel they had too much to lose:

Andy: *I think there were insights into what service users felt about them [psychiatrists] that was… I think there's a thin line between therapeutic collaborative work and a political work… …So the perspective was more so the user perspective, even though.. I mean I was playing a psychologist but that… that's like a psychiatrist… there wasn't.. I mean I would have liked to have heard some insight from the other [side of things].*

Barbara: The whole medical system is so hierarchical.. I might be wrong but I actually don't think that as open as the participants are, I don't think that psychiatrists would be that open. I think that they would be uncomfortable to be part of a workshop…

Emma: I think they'd be quite scared of actually… of anything that's going to be acting or going to be a public performance especially. They're quite prepared to express an opinion and then debate it, but to go that step further I think for them would be way out of their comfort zone because they have to have that professional role, because they've always got to have that professional hat on they can't afford to let that slip, to have that authority - so to engage in those sorts of workshops where it is all about emotions and it is all on a level footing I think would be a step too far.

Empathy for psychiatrists and mental health professionals

Most participants demonstrate a willingness to understand the challenges and pressures of mental health professionals:

Barbara: Well the first piece that I sent in was my letter to the CLC, and I just thought because we were looking at – and I know it didn't happen because no psychiatrists came , or mental health professionals – I always find there's a kind of them and us attitude and people speak so negatively about psychiatrists, I mean there are some very negative psychiatrists but also there's some really positive ones and I just wanted to share a piece about something that was life changing and really positive for me so I asked Jim could I send it, that I'd written something really positive…

Diane: *And you do forget that professionals are people at the end of the day. They are real people. And they have all of these same problems going on in the background, although they seem to be holding it together and you're not. But I do realise there is still that authority there they do still have a lot of power over you at the end of the day, no matter what they're dealing with in their personal lives.*

Emma: I think that psychiatrists are running scared at the moment I think that they're really scared of all this, the groundswell of opinion around psychiatry all the new paradigms that are happening, there are some really powerful things that are happening – to try and show that collaborative way of working – to allow the person at the centre of it , the service user proper expression - to properly represent their case to get a true understanding. Psychiatrists are really beleaguered at the moment because their whole way of working now, they're not allowed to do those kinds of things

Service User – Doctor relationship

Emma: What keeps coming into my mind that's really important about the project .. I think some of what goes wrong in these doctor patient relationships is that in mental health, and it's really only in mental health that this applies – because mental health patients are thought to lack insight and to not have any degree of psychological understanding or understanding of their own emotions they're thought to be so in the grip of whatever mental health condition it is – and I began to realise in that workshop that in fact it's the other way around and that people who have touched those depths and really felt those emotions to the fullest who are working in that world of emotions and are constantly trying to… because you feel very unsafe when you're not well, you do have to read the signs, you have to be more attuned.

Project as a whole

The participants expressed firm opinions about the journey both objectively and subjectively:

Carl: *…the reason the work on Sunday was so strong was because you had the validation of service users .. for me that was the most valuable part of the experience, that people were able to say that that forty-five minutes was more valuable than any time I've spent with my GP, my therapist, my doctor, or even being on the wards because I was seeing my own experience and the conflict, complications the nuances in that experience and I was just like wow!.. I think you've just got to get on with what you're doing. I said that once, but 'build it and they will come'.*

Emma: I think it's been the most amazing piece of work and I think the people who came, the people who stuck with it, the people using services especially they blossomed, there were people who at the beginning were just so nervous they could hardly say a word and by the end of it they were running the show almost literally, you know? and beaming from ear to ear at the end of it and their confidence had gone from zero to a hundred plus and what that will do for them going forward both personally and using services and then probably in being able to get their voice heard now they know that there's a forum for it , now that they know it's ok to do that all sorts of positive things could come from it, so yes it's been absolutely fantastic.

Cultural and Social Capital

Service users expressed a sense of increased social connection and network as well as a desire to connect with other cultural resources:

Barbara: *Realising that I have some writing ability. Wanting to do more I guess… and also I wanted to ask you what can I do now.. next.. you know? Like a Pandora's box has been opened up and I want to do stuff… I just don't want to be left with 'Oh well that's it', you know.*

Carl: *It would be nice if I could get a credit or something in terms of writing but I have no expectation of that that's not what I signed for.. but I saw how much [name of participant] was able to contribute and I thought yeah, I've got a lot of writing.. but I also thought well, you've now got an opportunity to get out there and do it… [talks about practicalities of performing in a one man show]*

One participant is now applying to enrol in the MA in Creative Arts and Mental Health at Queen Mary's University and has asked Jim Pope for a reference.

7.0 The Audience Discussion

The post-performance question and answer session formed a key part of the project's remit in terms of creating or facilitating dialogue between service users, professionals and other stakeholders. There was an intense and lively discussion which enhanced and developed the dialogue and debate that the group had formed and validated it – giving it an immediate sense of relevance and importance.

Audience member's response: Going back to the psychiatry, some of the words that were said and resonated with me from the piece were 'care', 'delusional' and you did touch on 'race'. … …and to hear that come out in the play that these professional write about you,.. they send it out to other professionals and your GP and therefore that's the lens that people see you through. Because they're the professional and you're the one that's unwell and 'well you're delusional' – so well done for bringing up these key points. And I felt more heard, more listened to in the forty-five minutes, listening to some of those stories than I have done sitting in front of my psychiatrist. [applause from the room]

8.0 Absent Voices

A great deal of the evidence in this evaluation has been drawn from participant experience, the majority of which has come from those who attended more than one workshop event. There may be a question around the experience of those who came to one or two events and then did not return. This is not an overwhelming concern given that the scope of the workshops is partly predicated on the idea that people should come and go as they feel and need; with no obligation to attend all sessions or more than a part of any one session. Nevertheless, given that this is a desired feature/benefit of the programme, additional thought might be given as to how their input might be captured and incorporated into the dialogue.

The benefit of reinforcing this feature of being able to attend only one of or part of the programme workshops could also have a positive impact on mental health professional attendance.

9.0 Conclusions and Reflections

Taken overall, the empirical and anecdotal evidence encapsulated in this evaluation of Hearing Things Phase Two, is positive. The stakeholders, Playing ON and RE:CREATE psychiatry have created a programme which is demonstrably of value to the participants who engaged with the process, and also serves to validate the authenticity and significance of the debate around the quality and nature of service user – psychiatrist relationships.

9.1 Identified positive outcomes

1. High level of meaningful engagement with service users who attended was demonstrated. Participants are asking for more involvement if the programme is developed further.

2. Location of the programme in a community theatre setting was for many central to the positive participant experience; adding authenticity and neutrality.

3. The Playing ON methodology adapts to, and works well within, a community setting. They have demonstrated appropriate skills and experience both in terms of their facilitation team and the methods they apply in the workshop and rehearsal sessions.

4. The discursive nature of the work gives a clear therapeutic, reflective value for service users at an individual, personal level. This feature could be positioned as an additional benefit for mental health professionals as a part of good reflective practice.

5. The fact the participants were able to maintain some contact with Playing ON between workshop sessions, via email or telephone, is a notable beneficial feature and seemed to help participants remain engaged with the programme.

6. The dialogue within the workshop and rehearsal sessions would seem to begin to meet the aims and aspirations of the organising stakeholders and to further stakeholder debate around the patient-psychiatrist relationship.

7. The post-showing audience interaction had very high level of engagement from a cross section of people – and was successful in evidencing the programme's aim of creating dialogue between different stakeholder groups. With greater emphasis on this it would be reasonable to consider these audience members as programme participants.

8. The programme had a positive impact on increasing the social and cultural capital of the attendees [An impact possibly under recorded in this evaluation]. Increasing social connection and stimulating interest in other initiatives, wider education opportunities, etc.

9. There is a consistent message from participants that this methodology has scope for being developed into a transferable model for use within hospital settings and aimed at professional development.

10. Additional positive consideration should be given as to how the methods applied in this program are meeting the Guys and Saint Thomas Charity's Arts and Health Strategy. Particularly the criteria *'capitalising on the artist's ability to act as catalysts for innovation'* and *'integrating the arts into education, training and professional development'.*

9.2 Identified areas for potential development

1. Lack of engagement with professionals has been a failing in this iteration of the programme that is fully recognised by both of the key stakeholders. The challenge is what can be learned from this in order to further the intended dialogue? The observed tendency was that both stakeholders were reactive; a clearer, more planned communication strategy between project stakeholders may help with this, as well as a more strategic planned, resourced and coordinated approach to participant stakeholder engagement pre-programme delivery.

2. The Albany Theatre as a venue worked well for service users and was enjoyed by the health professionals who attended but it may suffer from the perception of being hard to reach or locate.

3. There is scope to increase engagement with service user participants further. Efforts might be focused to draw in those service users who may only want to partially engage, for a limited number of sessions or limited time within a session. The current format may give an unintended impression that it's more challenging to include casual attendees; particularly in the rehearsal or intensive phase.

4. There is the potential to develop a more focused facilitated dialogue opportunity in audience discussion. The audience Q&A offers a rich seam for shared thoughts and discussion that

fulfils the target aspirations of the project. There may be ways to expand this and it is more powerful when focused on the open dialogue agenda, avoiding discussion about the role of the stakeholder organisations when possible.

5. Participants consistently voiced that they needed one further workshop following the showing in order to complete the process. An additional dedicated 'decompression' workshop should be considered to add to the methodology. Given the partially therapeutic nature of the work, this is also in line with 'Completion' best practice which advocates that, 'It is an activity separate from the immediate disengagement from the main drama which constitutes the closure stage… This first is a space for further integration of the material dealt with during the main activity. The second is preparation for leaving the [therapeutic] space.' (Jones 1996, p13).

6. Need for production support – it was noticeable that the workshops, rehearsals and showing would have benefited from some form of production/stage manager support. This would allow the facilitator to maintain contact with the participant group.

10.0 Future Development

One consideration might be to develop a programme with a less short term project focused approach. Adopting a longer timeframe that includes a more conscious focus on the developmental benefits for the attendees, and places as much emphasis on this as on the larger agenda of creating dialogue between service users and mental health professionals – fostering the increased feelings of self-efficacy, value, purpose and self-worth – the key components of meaning-making.

This strategy would still have a combined participant focus, including mental health professionals and still build to a showing, or programme of showings, but would have the benefit of a longer timeframe for MHP's to become involved and habituated to the programme, with less pressure to contribute to an 'intensive' period of rehearsal and performance. This might also increase the accessibility for a wider range of service user participants to become involved in a less 'hot-house' environment.

The potential for implementing elements of the programme into continuous professional development opportunities for a range of different mental health professionals – including psychiatrists – is significant.

Leaving the last word to Emma – a service user participant:

> Emma: *I know they did some work previously on a ward and there you have got a literally captive audience in some ways in terms of service users and professionals might be more prepared to get involved because they're already in their comfort zone – they're geographically in a place that they know and where they feel safe and where they're in control and so it would be very much under their control what happens so there might be benefits from that.*

Appendix A

Phase 2 – Resources, Engagement and Attendance

Number of Sessions – Delivered Hours	
Playing ON team meeting x 9	9 Hours of Pre-Delivery Team Meeting
Participant Attendance x 4 workshops	8 Hours of workshops
Participant Attendance x 5 days intensive	32 Hours of intensive rehearsal & showing
Playing ON resources – for programme delivery	
Workshop Leader Actor-Facilitator Actor-Facilitator Writer – Dramaturg Musician	Jim Pope Jeanette Rourke Seun Shote Philip Osment Max Pope
RE:CREATE Psychiatry – resources	
Creative Business Team	Amneet Johal
Participants	
Service User Participants	8 in total
Attended all workshops Attended 3 Workshops Attended 2 Workshops Attended 1 Workshop	1 3 2 2
Psychiatrist / Professional Health Workers	3 in total 2 attended 1 x workshop 1 attended 3 workshops
Others – people with an expressed interest	3 2 attended x 1 workshop (writer/performers) 1 attended x 4 workshops (M.A. Student)
Intensive week & Public Showing	
Participants involved in rehearsal intensive days	5
Participants involved in performance showing	4
Public Attendance	35+

APPENDIX B: A description of the final showing

The showing began with a telling of a story written and read by a female service user entitled 'Oh My Dog' – a graphic and disturbing account of her decent into psychosis triggered by her battles with consuming fear, provoked by the Department of Work and Pensions Disability Assessment. This scene bleeds into a meeting between Mya and Sally, two middle-aged ex-school friends who have a chance encounter in the garden area of a mental health unit. The two share life stories. One is there for an interview as a clinical psychologist; the other is visiting, a friend. Mya describes herself as a successful PR exec with a celebrity husband. At the end of their encounter a nurse arrives and takes Mya to her ward round, apologising to sally and explaining that Mya 'doesn't get many visitors'. A few chords of music lead us to Mervyn and Hugh, both patients on a psychiatric ward. Hugh is an old hand and recognising Mervyn as a neighbour from his block attempts to connect with him – sharing his experiences and talking clumsily about the challenges for 'Black Men' in the system. Mervyn who is a young black man, reacts by walking away, leaving Hugh angry and frustrated. Underscoring leads us into 'Role Reversal' a story read by a participant talking about her relationship with a social worker – we then see the two women, played by a participant and an actor-facilitator, in a café talking. After a while the social worker, Louise, confesses that she thinks her husband is about to leave her. Mya, the service user, not unsympathetic, but clearly unsettled, politely leaves. The underscored voice over then picks up the story and tells how the relationship between the two women becomes more intense, with Louise disclosing more and more, breaching boundaries but with Mya initially enjoying the connection for normalising the relationship. We again see the pair in the café and Louise loses her temper with Mya after Mya casually refuses her a cigarette. The voice over resumes and describes how her relationship under ever more strain starts to disintegrate – In voice over Mya shares; 'I nod, I make compassionate noises. I really don't know what to say. Basically she's telling me her life is way shittier than mine'. Returning to the scene it is clear that the Social Worker is having serious emotional problems and failing to cope – and that Mya is struggling to give her the support she needs. Music chords take us a meeting between Hugh, the patient we saw earlier and Sally, his Psychologist, played by a male service user participant, convincingly and without irony. The conversation focuses on Hugh's dysfunctional co-dependent relationship with his elderly mother who he cares for. The tone of the scene, set by Hugh's responses, is as humorous as it is challenging. At the end of their meeting Hugh leaves suddenly and angrily and Sally turns to the audience and addresses them calmly and directly as she rationalises Hugh's behaviour. Chords take us back to the Psychiatric ward and a second meeting between Hugh and Mervyn. Mervyn is struggling with the side-effects of his drugs and Hugh engages with humour and sympathy.

They talk amicably, ending with Hugh explaining how he sits on a select committee at the House of Commons advising on mental health issues. The scene dissolves with Mervyn clearly unsure whether this is a truth or not. Chords take us to Mya's flat. It is late and she is disturbed by Louise, the social worker, who turns up unexpectedly, clearly distressed and demanding to be let in as her husband has left her and she has no-one else to talk to. As she shouts through the letter box a frightened Mya calls the Crisis Team. Voice over reads a moving list of alternative diagnosis criteria created by the participant who is reading it:

> 'She is warm: she is caring: She has empathy: She is sensitive: She has a wicked sense of humour: She has gallows humour and it's a coping strategy: She thinks and sees in colours: She is visual: She sees things differently: She hangs on to positive memories; She is trying her hardest to change: She has been brave enough to confront her whole belief system: She is trying so hard to be alive: She deserves a life: She is harmless: She challenges: She speaks her mind – which is a skill not a pathology: She doesn't suffer fools or hypocrites: She has values.'

As this continues to play on a loop we hear 'Conclusion' – Mya describes how she was accused of manipulating Louise by other professionals. She describes her sense of guilt and how the system warned other professionals, branding her as a manipulative danger. Back to Hugh and Mervyn as Mervyn is about to leave the unit. He expresses his gratitude to Hugh who is clearly pleased for his new friend. He reveals that his psychiatrist is using their relationship to refuse to release him – Saying that Hugh's advice to Mervyn is a symptom of his grandiosity. Fade to Mya describing in a voice over passing Louise, by chance, on a wet afternoon, crossing the Maudsley Hospital grounds. As Myra describes the moment we see the two characters slowly cross the stage, Louise unseeing, brushing shoulders as they pass. 'Beautiful brave woman. You went through it. But why did you have to bring me down with you?' Final meeting in a street between Hugh and Mervyn now both released. Mervyn rejects all Hugh's attempts to maintain the connection they formed in the unit. Mervyn becomes increasingly angry – not wanting to be associated with his time in hospital he breaks contact with Hugh. Final scene and a return to the garden areas of the psychiatric unit and revisit the scene between Sally and Mya the old school friends. The scene plays out in the same way that it did at the beginning of the piece except that at the end of their meeting as the Nurse arrives it is Sally, the patient, who is led away to her ward round with the nurses final observation that. 'she doesn't get many visitors'.

Appendix C – **Partial transcript of audience discussion and Q&A**

Sunday 19th June 2017

Post Show Audience/Production Participant Discussion

06.39 – [JP Starts Session]

[Audience Member 1] Q: Those are powerful stories and their actual experiences can be re-traumatising and regurgitating them in an environment which doesn't come with psychiatric or psychological support, how was that managed?

Tom: It seems like I've had a psychiatric involvement in my life throughout all of my life and at a certain point it was like Jeez, I'm never going to be free of this institution, The only way I'm ever going to be free of it is when I die; and that feeling lasts for a small moment because the work we were doing allowed me to process a lot of my experiences, and in that sense it was about reclaiming the suffering and the loss and making it something from myself.

Jill: A lot of what I wrote was based on my own experiences, like an amalgamation of my own experience – and I actually didn't find it re-traumatising, I felt like once I put is down on paper it just left me. I found it quite a healing experience. Because most of us here are service users just sharing it with other people, and like somebody said 'I've had that experience! [repeats] it's just like a really, really positive. I think it's therapy. What we've all done together is therapy anyway.

22.05 Audience Q: How important was the idea of sharing this through a public performance for you as a part of the process:

Sharon. I don't know that in the beginning sharing this as a public performance was that important. The process has been so valuable. I think, you know we've been able to unpack lots of things in a really safe way [indistinct] it felt very natural. I didn't feel that it was kind of a therapy group – it was an arts workshop and regardless of anybody's, mental health issues I think it felt very much like a community and erm, I think if any therapy came in it came in very naturally and issues as they came up were dealt with very sensitively. I think we all felt a sense of responsibility for one another. I certainly found that and when you were talking about, you know, sharing each other's stories and repeating them back there was a real sense of responsibility to honour that person's story, which was very powerful. [Tom: it was more therapeutic than therapy] But in answer to your question about the performance – actually having an audience brought everything to life. It was wonderful.

24.50

[Audience member's response] [picked up at @ 26.50] Going back to the psychiatry, some of the words that were said and resonated with me from the piece were 'care', 'delusional' and you did touch on 'race'. And in recent months those words have really kind of brought home some really strong messages about the mental health system and how as a black woman, as a disabled woman, I am treated. And a lot of psychiatrists and mental health professionals want to have a colour-blind approach but that shouldn't be, and when I heard race issues come up I could feel the energy of the room shift and people's kind of backs were up. But I think some of my experiences and what's brought me to the mental health system is because of inequalities and poverty and racism, you know, all these hot potatoes that we think are dead and buried and that policies are out there to protect us, I should be covered by the equalities act of 2010 – protected characteristics and all the rest of it but my reality is, is very different….[goes on to talk about her own psychiatrist who didn't listen to her and who wrote a report about her that she feels is damaging] … and to hear that come out in the play that these professional write about you, they don't even send you a copy first for you to agree, 'is this correct?' .. they send it out to other professionals and your GP and therefore that's the lens that people see you through. Because they're the professional and you're the one that's unwell and 'well you're delusional' – so well done for bringing up these key points. And I felt more heard, more listened to in the forty-five minutes, listening to some of those stories than I have done sitting in front of my psychiatrist. [applause from the room]

29.45 [same audience member] so moving forward there needs to be more space, more healing spaces using creativity, like drama to accommodate those service users who choose not to attend mainstream services and also there needs to be, be it, more voices from the patient group to kind of inform and make sure that professionals are held accountable with how they apply this new methodology.

30.36

Amneet – [response to audience member saying that professionals are referring patients to Dragon Café as a therapeutic remedy. [From RCP perspective] It's really interesting that within four years of the service it's become 'oh we can't offer you something but why don't you go to the Dragon Café.'

[describes the dragon café as a place that people can attend as patrons not as patients]

[In 2013 – young doctor dialogues – panel discussion- attracted biggest audience – therefore run again the following year. 2 or 3 young doctors became 13 doctors who were struck by the conversations and used it to influence their practice -]

Amneet… so they then decided, bringing themselves together and in conversation with Sarah Wheeler and Dragon Café patrons, they wanted to create something that would take the learning that they had and explore it outside of the Dragon Café. I mean the DC is an interesting place. The psychiatrists who come in through the doors are self-selecting. They're the ones who do believe that care should be patient led. But they are also exploring the challenges of that. 'How can I be a good psychiatrist when I graduate into a system and fall into this hierarchical structure which doesn't really give me room to do that?' – and so RCP was born there as a concept. And so that was in late 2014 – and from there we've taken this concept this idea – it's called RCP because it's an ideal – that's what we want to do. It's not doctor led it's certainly service user led and it's certainly come out of the learning from the DC and psychiatrists, Nurses, OT's they take part in it and help shape it as a part of a reflective quite organic project…. …And I can say that the psychiatrist that we have engaged with .. since 2013 onwards have come back time and time again and said that the exchanges they have had within the RCP process has had a profound effect and is making them self-reflective of their psychiatric practice. Ultimately, we would love for all of psychiatrists to come in and take part and go through an experiential learning experience and come out and say OK I understand the value of learning from somebody that's been in services – and that's what essentially RCP is about. It's about this mutual learning.. .. and doing something constructive and positive with it and exploring the challenges .. which is why we were so keen to start working with PO and looking at how powerful there methodology is in creating an experience which allows you to share and allows you to use your experience constructively without re-traumatising yourself and actually learn from the experiences. From five weeks of workshops you get a sense of the impact of the doctor patient relationship from these three stories.

36.44

Des: But the Doctors have been absent. There's been an absence that's telling….[intervention from carol clarifying] … I'm just saying it's the elephant in the room … it has to be said.

37.05

Amneet [responding to lack of Professionals] That's definitely part of our learning. I mean we were aware that this was likely. Mental health professional accessibility is likely to be an issue given the location and time – but also PO had a relationship with the Albany Empire and it's also about honouring that. But it's also, this relationship and this project is on-going. It's a part of a larger process and a lot of the stuff that we're doing is about eventually testing and experimenting, to lead towards a model where we can create something where there's genuinely flattened hierarchy and genuine mutual exchange. It's going to take a long time.

41.02

Amneet – responding to challenge about achieving consistency in psychiatrists' approach – those who follow RCP progressive approach vs. those who don't] That's very much a part of the RCP aim. But also the work that we're very much doing and looking at how.. it sort of comes down to how do we make this program for example… If we were just to take this series of five workshops … is it accessible for mental health professionals? And that's a really interesting thing from our perspective because we're service user led and so our first and foremost is how do we make this accessible for the people who are our patrons? And the interesting thing is about widening our thinking as well because really that means that if we're providing a service with this program, also mental health professional are also our service users, so immediately we're flattening that hierarchy. But what we need to do now is go away and look at how to make this program more accessible and the end goal is incorporating this type of work, this type of model into medical training – so that it's not for the self-selecting psychiatrists who happen to come to the DC who see the value …[description of options for participants in DC] .. and see the power and value in something like that. So that's the end goal. But we're very much at the beginnings of this and I'm sure that every time we deliver these programs, the PO workshops, the RCP work more challenges and learning will come out… which is a brilliant thing and we are talking to lots of trusts who are excited about what we're doing and it's just about harnessing that excitement into the deliverable program so we can continue our learning into a model, which in the future it can be adopted into medical training as a part of an approach to psychiatric practice for future psychiatrists then certainly I think that's a really positive thing.

[Carol references article in the journal for trainee psychiatrists]

Ends

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