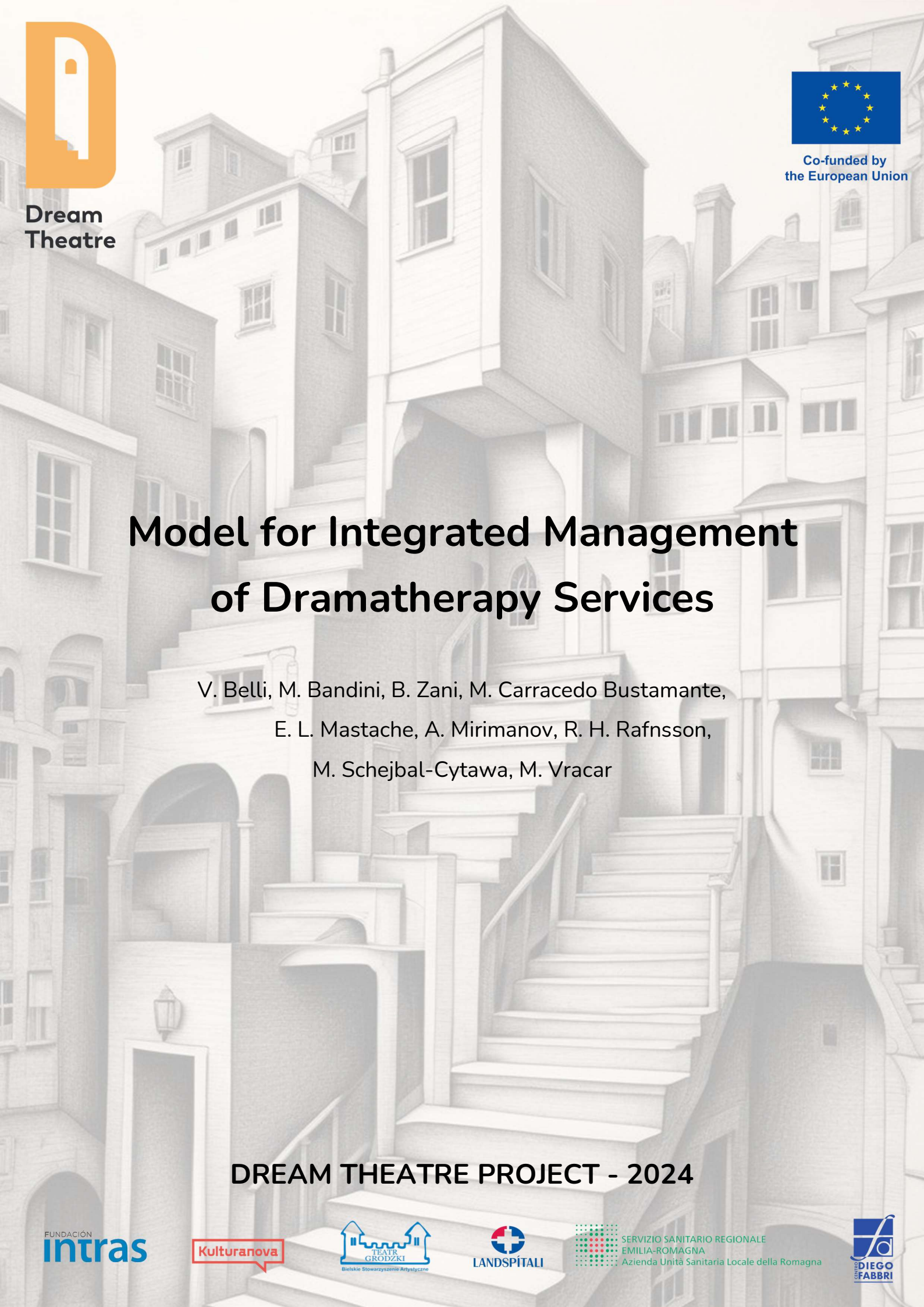

Dream Theatre

Co-funded by the European Union

Model for Integrated Management of Dramatherapy Services

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DREAM THEATRE PROJECT - 2024

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1. Why this document?

What is important to know before starting?

Mental health and psychosocial wellbeing were defined as an integral part of health by the WHO in 1978. However, it is only recently that mental health has been explicitly included in universally agreed goals, namely the 2030 Agenda for Sustainable Development, committed to prioritise "prevention and treatment of non-communicable diseases, including behavioural development and neurological disorders, which constitute a major challenge to sustainable development". Already prior to COVID-19, the state of mental health of the EU population was a cause for concern. According to "Health at a Glance Europe"[1] 2018 Report, mental health problems affect about 84 million people across the EU.

Despite this, according to WHO's Mental Health Atlas[2], globally speaking around 2% of government spending goes to mental health, which is far short from the recommended minimum of 5% for LMICs (low- and middle-income countries) and 10% in HIC (high income countries). In Spain funding for mental health services accounts for just 0.6% of the country's GDP, in Poland the government's expenditure on mental health is 2.6% of total health expenditure, in Italy the 3,5%, in Iceland the 5.6% and in Serbia the 6.60%.

According to the EU report "Joint Action on Mental Health and Well-being"[3] of 2013, the limited or lack of available resources and services for mental health issues in many EU countries, together with financial limitations, general lack of knowledge about mental disorders and stigma affect the effective treatment of psychiatric conditions. There are in fact a lot of unmet needs concerning the psychological treatment of psychiatric patients, as in these types of pathologies traditional and chronic therapy does not always take into account the social and learning needs of patients. A multidisciplinary approach that foresees the integration of recreational and creative activities, such as theatre, to the therapeutic treatment of psychiatric patients has evidence-based benefits on patients' overall well-being.

Dramatherapy in particular has proven to play a positive role in alleviating many mental and physical health conditions, constituting a comprehensive treatment that uses psychotherapy and theatre techniques to encourage communication and expressing emotions, increasing positive behaviours, and improving the quality of life of patients and their self-esteem. Dramatherapy is a valuable way of expression, able to generate emotional connections in many fields, such as healthcare, which can bring sustainable value and results to individuals, organisations, and collectives.

Given the increased attention to the development of arts in healthcare settings, the need for a formalised training framework to enable cultural operators to work comfortably and safely in

healthcare settings on the one hand, and to support healthcare providers to understand the stimuli patients receive from cultural operators, and addressing the need to acquire organisation skills to fully grasp the dynamics behind theatrical staging, has therefore become pressing.

The Dream Theatre project focused on 5 objectives:

1. creating opportunities for psychiatric patients' social inclusion and upskill through drama therapy to tackle their need for social interaction, providing them with accessible and high-quality educational pathways and life skills for an effective participation;
2. raising awareness on mental health to fight stigma surrounding it, both for patients and operators, using theatre performances staged by patients to promote interaction with the audience and tackle stigmatization of psychiatric issues, contributing to an inclusive and diverse society;
3. developing complementary & transversal skills for cultural and healthcare operators through 2 trainings on dramatherapy as a tool in therapeutic settings to promote the upskill of psychiatric patients, contributing therefore to developing tailored learning offers for this TG;
4. creating opportunities for discussion between cultural & healthcare workers to promote mutual learning, exchange of best practices at EU level and the development of a common framework for dramatherapy services to benefit psychiatric patients, fostering the creation of learning opportunities and social interaction;
5. developing networking at national and EU level to promote cooperation between the cultural and healthcare organizations, for supporting the creation of forward-looking learning environments for psychiatric patients, fostering intersectoral & interdisciplinary cooperation for patients' social inclusion and upskill.

2. Mission, vision, and values of Dramatherapy

2.1. Definition of Dramatherapy

"Recovery is a process that must facilitate access for individuals with disabilities to all opportunities to achieve the optimal level of autonomous functioning in the communities to which they belong. This is done both by improving individual skills and by introducing environmental changes that create the conditions for the best possible quality of life"[4].

Dramatherapy is an artistic therapy based on theatrical art. It is applied in clinical and social settings, both in individual and group contexts. Dramatherapy aims to support individuals in the rediscovery of their creative, relational, and cognitive potential, guiding them towards their well-being. It can be used in multiple contexts of psycho-physical suffering: people with mental health problems, with developmental disabilities, with pathological addictions or in prison/detention, in order to promote subjective and community empowerment.

2.2. Aims and goals of Dramatherapy

The main goals of dramatherapy include empowerment, communication skills, and adaptability to life contexts. It also allows users to explore, experiment and deal with everyday life situations, from both an individual and interpersonal perspective, thus fostering a sense of self-efficacy to deal with psychological insecurities, valuing and respecting the individual in his autonomy and in his active participation in the recovery process. The aim is to encourage individual expression, subjective engagement, and integration into the community. It also allows users to increase their coping strategies for managing emotions and improving relationship with their body. It is also a technique of social inclusion and de-stigmatization, as it creates a safe place where one feels free to express oneself without prejudice, in order to learn techniques and skills aimed at improving everyday life. Finally, the creation of theatrical performances open to the public can facilitate the path of inclusion and connection with the community.

3. Organization of the Drama-therapy services

To address this point, it is necessary to consider the characteristics of the context, the regulations, and the organization of services in the different countries.

By analysing the realities of the partner countries, it is possible to identify two scenarios, which, despite having the same long-term objective, as explained in the common definition of dramatherapy, differ in some specific aspects at a contextual, regulatory, and organisational level.

3.1. 1st Scenario: Drama-therapy services placed inside Mental Health Hospital

There are examples of the use of dramatherapy in the health sector exclusively, within public and private centres, but in both cases the theatre workshops are entrusted to third sector operators. The objective of this organization allows the implementation of theatrical workshops with people suffering from mental fragility within protected and care contexts. In these scenarios, places of care are used as "stages". Dramatherapy treatment is carried out with people in a good phase of psychic compensation; while for acute situations, specialized health interventions with a higher intensity of care are used, such as the psychiatric hospital wards of the public service. Usually, the dramatherapy treatment is carried out in public/private centres run by third sector operators. This organizational structure does not provide for the participation of cultural operators outside the reference institution. The treatment is reserved exclusively for people with mental fragility and carried out by health professionals. In order to participate in the dramatherapy activities, patients are identified through clinical and test frameworks, and re-evaluated at the end of the dramatherapy course. This method makes it possible to measure any changes in the well-being of the people who have participated in the theatrical activity. The main objective of this structure is empowerment, increasing self-efficacy, increasing coping strategies in everyday life, and managing emotions. From an organizational point of view, the finding of economic funds, the continuity of recovery projects and the internal organization between mental health services and operators of the third sector are central.

3.2. 2nd Scenario: Drama-therapy services placed outside Mental Health Structures

There are examples of the use of drama therapy in territorial contexts located outside health structures, within public and private bodies of the third sector, such as cultural and theatrical associations. The aim of this organizational structure is to allow the holding of theatrical *workshops* with people suffering from mental fragility within protected and care contexts, whereas theatrical *performances* are carried out outside health facilities, at theatres and community places. The dramatherapy course is carried out with people in a phase of psychic stability, while for acute situations specialized health interventions with a higher intensity of care are used, such as hospital diagnosis and treatment departments. The dramatherapy project is carried out in artistic places open to all citizens both belonging to public and private bodies (e.g. theatres, multipurpose halls), and is managed by mental health professionals (psychologists, psychiatrists, professional educators, nurses) and cultural operators (directors, sound engineers, make-up artists). Ex-in patients are also involved, who make it possible to support, through their theatrical experience, patients who approach dramatherapy. To participate in the dramatherapy activities, the multidisciplinary teams made up of psychologists, psychiatrists, educators and nurses propose to patients the inclusion of a dramatherapy activity in the recovery process, leaving the patient the freedom to accept, continue or interrupt the theatrical activity. Periodic clinical and test evaluations are also carried out to assess the effectiveness of the theatrical activity within the treatment pathway. The main objective of this structure is empowerment, the increase of self-efficacy, the increase of coping strategies in everyday life and in the management of emotions, the social inclusion and de-stigmatization of the psychopathological condition of the patient. From an organizational point of view, the finding of economic funds, the continuity of recovery projects and the internal organization among mental health services, health workers and cultural operators, through collaboration with cultural associations in the area, are central. The construction of a territorial network of cooperation between public bodies and the third sector, in particular in the field of culture, is essential in order to carry out the activity of dramatherapy continuously and on the territory, to disseminate a correct culture of mental health, through the creation of theatrical performances open to the whole community and through the programming of shows carried out in local theatres.

4. Who is the service aimed at?

Drama-therapy activity considered in the Dream Theatre project is aimed at people with mental fragility who are being treated at the different types of mental health centres in the countries participating in the project (Italy, Spain, Poland, Iceland and Serbia), at the operators who they deal with the recovery process and with the cultural operators who carry out dramatherapy activities.
In organizations that organize performances in theatres/events open to the public, the community that attends these shows can be considered as users; this allows the promotion of an inclusive and de-stigmatizing vision of mental suffering, through a direct knowledge experience by the public.

4.1. Users/actors

The activity is aimed at all those people with mental suffering who are followed by the respective local mental health services, not in an acute phase, without cognitive delay, who have reached the age of majority and who wish to participate in dramatherapy activities in order to improve one's psychophysical state.

4.2. Cultural Operators

All professionals in the artistic-theatrical area (directors, screenwriters, sound engineers, make-up artists, puppeteers, actors, occupational therapists) with particular relational skills, involvement, frustration tolerance, positive coping strategies, problem solving, working in a multidisciplinary team, with particular attention to the theme of social inclusion and de-stigmatisation, through the creation of performances within care contexts and aimed at the community.

4.3. Health Operators

All mental health professionals who deal with recovery and who build personalized treatment projects in synergy with cultural operators. It is important that these operators have flexibility, capacity to maintain emotional and physical closeness with the users, skills and knowledge on recovery, ability to observe and modularity of work-in-progress care projects and interpersonal and relational skills that favour the ability to exit from classical treatment schemes.

4.4. Community

Producing and creating artistic performances aimed at operators, users, citizens not directly involved in drama therapy activities facilitate the path of inclusion and de-stigmatization regarding

mental health prejudices. Creating spaces for ordinary participation helps to understand mental pathology from points of view less connoted with the symptoms and to reduce prejudice.

Through the creation of a theatrical work and, even more so, through its public performance, patients/actors forcefully demonstrate their right (and that of people who suffer from a mental disorder like them) to social inclusion, helping to remove prejudices, to undermine images such as dangerousness, unreliability, uselessness, encouraging greater awareness in the community of the dignity of the psychiatric patient and his citizenship rights. In the representation of the shows created by the companies in which our actors/patients perform, a double effect is thus produced: in addition to the cultural value, also a change in sensitivity and mentality in the approach to the problem of mental distress. Through theatre, madness is returned to the community, ensuring that people's well-being and discomfort become a common interest, well-being is considered a common good and mental health is built together.[5]

5. Outcomes of Drama-therapy

5.1. A glance to the literature

To date, there is a lack of data on randomized empirical studies and most of the work on the effects of drama therapy is based on evidence from clinical work. In the review by Berghs et al. (2022)[6] the effect of drama therapy on children and adolescents with psychosocial problems is investigated. Many of the samples considered took into account people with psychiatric problems and the mechanisms of action of drama therapy can be generalized to adult samples. From the review it is clear that theatre allows patients/actors to explore and interpret different roles of characters with different behaviours and personalities. This happens in a safe space that allows you to have the right distance from everyday life, thus allowing you to have an experience in a controlled and non-overwhelming context: the experience of another role can trigger a change that can be learned and re-proposed outside of the theatre[7, 8]. One of the mechanisms of action of drama therapy, in addition to the general growth of social skills[9], is the development of mentalisation, or the ability to represent the mental states of others, precisely thanks to the ability to immerse oneself in another part[10]. A qualitative study conducted on a sample of adolescents and children found several positive outcomes of drama therapy such as improvement in social skills, regulation of emotions, an increase in assertiveness and self-expression, and more resilient responses to situations of loss/grief. These aspects promote self-esteem which in turn improves resilience in the face of stressful events in the lives of adolescents[11, 12]. Another mechanism of action of drama therapy was investigated in a sample of patients with schizophrenia spectrum disorders by Mele et al . (2018)[13] who noted an improvement in the recognition of the emotion of fear in the group that had undergone a theatrical activity course. This is particularly important considering the deficits in social cognition that people with this type of disorder suffer from, but it is also a relevant result regarding the possibility of better recognizing one's emotions thanks to the theatre.

Various researches have made it possible to delve into multiple aspects of change produced by the theatrical experience and to confirm the importance of theatre for the well-being of the actors/users, as well as the community, helping to combat the stigma linked to mental illness. Specifically, research has shown that, during the theatrical experience, the boundaries between operator and user become much more labile with respect to the relationships that are created and the way in which people perceive each other through comparison with each other, determining changes that affect the functioning of the company. The actors developed a greater awareness of their mental suffering, greater involvement in social and civic life and new expertise. All participants experienced new identities: mental health service users become actors, while healthcare and theatre workers discover new roles in their work. Professional skills are shared and strong cohesion is created within

the company. From being a group of users of mental health services we have come to feel like a community of actors in a theatre company (family metaphor). The empowering processes involve the area of health, culture and allow us to redefine opportunities and new care contexts - fluid spaces - in mental health. The anti-stigma function (empowered outcome) of the theatre is continuously co-constructed by all members of the company.

Our actors say:

> *"The beautiful, different thing about our project is that they really trained us to learn the trade, in short, it wasn't theatre therapy; yes, I have the responsibility to carry forward our belief..."*

> *"I feel very invested in the fact that I am a spokesperson for those who don't succeed or who can't or who can't make it: that is, I feel very invested in the actor, that's not my goal, I'm good, but that's not what I want. I care. I'm interested in people becoming more aware of the problem. I mean, it's not like we're the percentage of the dangerous ones, we're average like the others. If they understand that we can do something important, not only in theatre but also in other activities, and put your hand on someone's conscience, I consider it positive."*

The words of one of the theatre directors are also significant:

> *"Our work is based on rigor and constancy, on a physical and vocal attitude that excludes paternalism or forcibly benevolent attitudes, which often characterize activities with mental health patients (...). We have the urgency to make ourselves heard, we have staged our fragilities, with the desire and in the attempt to give poetic relevance to the anxieties of our era (...). Mine is not therapeutic theatre. Theatre makes no gender distinctions, it's theatre and that's it."*[14]

5.2. Techniques for monitoring the actions carried Out during drama-therapy activities

- Systematic monitoring using non-standardized methods:
  Individual monitoring through observation in the field and survey with collection of feedback through clinical interview with the participants of the dramatherapy activities at the end of each session, both for the collection of strengths and critical points during the project. Participants in this monitoring process are healthcare workers, cultural workers, users and at the end of the performances the spectator's feedback is collected.

- Systematic monitoring using standardized tools:
  Tools currently used are HoNOS, Recovery Star and OPHI-II tests. In addition to observation in the field and the collection of feedback from participants in drama therapy activities, some test scales are systematically administered to measure changes in the participant's recovery path. These measurements take place at a defined interval before, after and during the theatrical activities. These tests evaluate autonomy, personal care, symptoms, proactive role; increased ability to deal with unexpected situations; improvement of social functioning, etc...

6. Evaluation of the Dramatherapy programs

6.1. Feedback from the workshop on learning opportunities

After a theatre workshop on dramatherapy for operators and users, an evaluation of satisfaction and recommendation of the workshop was made. The users experienced a range of positive emotions including feeling calm, empathetic, relaxed, communicative, satisfied, understanding, safe and in tune with themselves. Additionally, they reported a decrease in their fears and feelings of embarrassment. All the participants recommended the workshop to other people, as they found it beneficial, enjoyable, helpful, educative, fun, engaging.

Health and cultural operators found their experience with theatre workshops after the training to be exciting, stimulating, innovative, constructive, and useful, and also less difficult and less frustrating than expected. The level of satisfaction has been high.

To determine if the training had been effective, the operators were asked for feedback on their use of the techniques taught, and they reported that they had indeed utilised the techniques learned, in particular, the most helpful were preparation for workshops, integration of cultural and healthcare practices, effective communication with users, facilitation of practical pathways, and promotion of social inclusion. Additionally, they found techniques such as organising the cultural and healthcare network, collaborating with other partners in the area, and event preparation to be useful as well.

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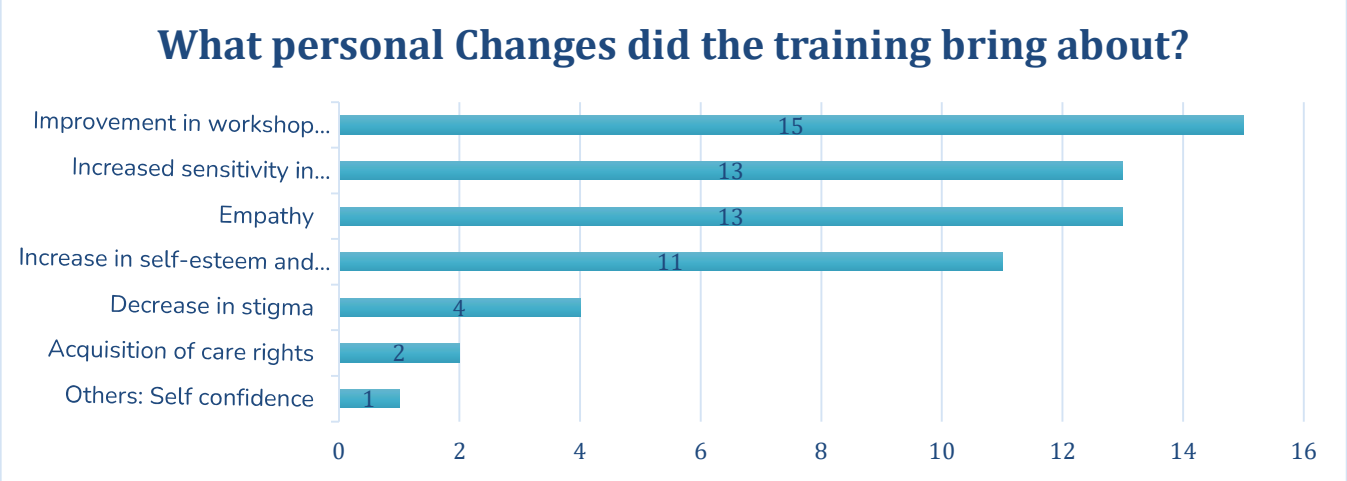
The training also brought changes in operators' technical skills, increasing sensitivity with others, empathy, increase in self-esteem and self-efficacy, decrease in stigma, acquisition of their rights, and also self-confidence Major challenges for operators were inapplicability in work contexts, social stigma, lack of structural, financial and logistics resources. In conclusion, all participants found the training useful and will recommend dramatherapy since it brings a lot of benefits to its users.



6.2. Report of the international training for health operators in Poland

The training

Grodzki Theatre planned and organized the training at its headquarters in Bielsko-Biała, Poland on 28-30 March, 2023 for medical staff (psychologists, nurses, therapists, and educators) from three countries: Italy, Spain and Iceland.

The main part of the three-day training was a practical session on using the art of puppetry to work with psychiatric patients, designed and conducted by Maria Schejbal-Cytawa. Participants created their own paper puppets, learned the principles of animating them and then prepared three puppet acts - theatrical "showcases" of their countries. These included a Spanish dance show, a ride on a noisy Italian bus and an Icelandic dance of freedom against the backdrop of the aurora borealis. On the final day, the pupils of the Occupational Therapy Workshop run by our association were invited to the show of these short puppet scenes, and they gave the performers an enthusiastic ovation.
On the same day, a presentation by press officer at the Dr Józef Babiński Clinical Hospital in Kraków took place. He presented examples of various creative projects carried out as part of hospital therapy for the mentally ill.

Evaluation of the training

Grodzki Theatre staff conducted evaluation at the end of the event. The feedback gathered was very positive. The participants especially appreciated the following aspects of the puppetry method useful for reaching and supporting mentally ill people:

- manual work engages people and give them a lot of satisfaction;
- the use of this method allows mentally ill persons (often shy, isolated and withdrawn) to hide behind a puppet but at the same time it enables authentic personal expression;
- working with puppets help people to connect and communicate with each other;
- highly creative approach helps to release feelings and emotions.

Most of the participants declared that they would use puppetry art in their work with psychiatric patients, which means that they have acquired relevant knowledge and specific skills for their profession.

6.3. Report of the international training for cultural operators in Italy

Post-performance feedback

At the end of the training held in April 2023 in Forlì (Italy) with the participation of a delegation from Poland, Spain, Iceland and Serbia, a discussion table was opened regarding the performance proposed by the theatre company "Il Dirigibile" of the Mental Health Centre of Forlì. The contents that emerged can be grouped into 3 macro categories:

Healthcare activity: meaning and effects of the participation of healthcare workers in theatrical activities with users of mental health centres:

- in the Forlì experience, when healthcare operators participated together with users in theatrical activities, relational asymmetry was suspended, and the role is that of actor of the company for both users and operators. The ultimate aim was the realization of performance and such dynamics increased sense of belonging to the group, sense of responsibility, and usefulness towards both the other actors and the director.
- The healthcare operators-actors supported users only if necessary during the theatrical activity, as is done in any theatre company, taking into consideration times and methods personalized for each participant.
- Healthcare operators took up their healthcare role 100% outside of the theatrical activity and maintained attention on the treatment project through team meetings coordinated by a psychologist from the mental health centre.

Theatrical activity

- During the theatrical activity the focus wasn't on psychological fragility, but the stage role, the indications of the director of the setting, as healthcare operators are actors who use their skills for the good functioning of the company.
- During the performance it may happened that there were insecurities and/or errors on the part of the actors who have been taught to improvise, thus increasing coping strategies, error tolerance, and teaching the group on stage to support the actor in difficulty, thus increasing the empowerment of all the actors involved.

Promotion of theatre in healthcare and citizenship places

- The legislative, political and cultural framework can facilitate or complicate the diffusion of theatre in mental health.

- Promoting expressive activities outside of healthcare settings (theatres for example) requires the participation of both health institutions and cultural institutions, in order to create public initiatives.
- Involving small local entities interested in the topic is the first step in designing a sensitive and attentive community network.

Feedback of the international training

Regarding the feedback on the training carried out in April in Forlì, the contents that emerged were:

- Revolutionary approach, patients at the centre all connected in the theatre network
- Patients' right to decide whether and how to participate, observe or do nothing
- Art and science of healing
- Change possible from small steps
- Organization
- Cooperation of public institutions
- Limits of possibilities
- Identity changing
- Education of the audience
- Light finds its way in
- Good and clear things
- Connecting NGOs, cultural and health institutions is new

As can be seen, the concept of culture and healthcare is considered a novelty, and the patient's possibility of self-determination is a new point of view. Also, the combination of science and art as a concept of integrated care is very interesting. Change is achieved in small steps of integration between existing but not networked realities, to arrive at macro, institutional change, with organizational structures between public institutions that cooperate. Limits are also possibilities for change and for introduction of new points of view, maintaining hope with clarity.

6.4 Evaluation of the Dramatherapy programs

6.4.1. Instrument for the evaluation: HoNOS

The Health of the Nation Outcome Scales (HoNOS)[15, 16] is a 12-scale clinician-rated measure developed by the Royal College of Psychiatrists to guide everyday clinical practice and measure health and social care outcomes in secondary care mental health services for working-age adults (18–65 years). The HoNOS was designed to:

1. be short and simple for routine use and acceptable to a range of mental health professionals
2. have adequate coverage of clinical and social functions
3. be sensitive to improvement, deterioration or lack of change over time
4. have demonstrable and acceptable reliability
5. have a known relationship with more established scales

Over its 20-year lifespan, the HoNOS has demonstrated adequate reliability, validity, clinical utility and sensitivity to change. Subsequent to its development, a family of related measures have been developed for different age groups and clinical populations.

HoNOS scale are following:

1. Overactive, aggressive, disruptive or agitated behaviour
2. Non-accidental self-injury
3. Problem drinking or drug-taking
4. Cognitive problems
5. Physical illness or disability problems
6. Problems associated with hallucinations and delusions
7. Problems with depressed mood
8. Other mental and behavioural problems
9. Problems with relationships
10. Problems with activities of daily living
11. Problems with living conditions
12. Problems with occupation and activities

6.4.2. Instrument for the evaluation: Recovery Star

The Recovery Star[17] is a version of the Outcomes Star, for working with people recovering from mental conditions, whether in a hospital, in a supported environment or in their own home. It has been backed by the Department of Health and is used widely by charities, housing associations, NHS Foundation Trusts and local authorities in the UK, and is also used in Italy, the USA, Canada

and Australia.

All versions of the Outcomes Star have five- or ten-point scales arranged in a star shape. Each scale has detailed descriptors setting out the attitudes, behaviour and situation typical at each point. Underpinning these scales is a 'Journey of Change' describing five steps towards the end goal that both the service and service user are trying to achieve.

In the case of the Recovery Star the end goal is living well with a mental health condition, rather than necessarily being symptom-free. Some services users will no longer need mental health services – but others may need ongoing support in at least some areas and maintaining stability and managing well with support is a significant achievement.

The Recovery Star looks at ten areas of your life:

1. Managing mental health
2. Self-care
3. Living skills
4. Social networks
5. Work
6. Relationships
7. Addictive behaviour
8. Responsibilities
9. Identity and self-esteem
10. Trust and hope

For each of these areas there is a ladder to help you work out where you are on your journey for that area of your life. Although all the ladders are different, they follow the same pattern with the same five stages.

6.4.3. Instrument for the evaluation: OPHI-II

The OPHI-II[18] is a three-part assessment based on the Model of Human Occupation (MOHO). It includes: a) a semi-structured interview exploring a client's occupational life history, b) therapist-reported rating scales of interview information that provide an interval-level measure of the client's occupational identity, occupational competence, and impact of the client's occupational settings, and c) a life history narrative capturing qualitative features of the occupational life history (Kielhofner et al., 1998).

Interview thematic areas (can be administered in any sequence):

- Activity/Occupational Choices
- Critical Life Events

- Daily Routine
- Occupational Roles
- Occupational Settings (environment)

Rating Scales:

- Occupational Identity
- Occupational Competence
- Occupational Setting (Environment)

6.4.4. Instrument for the evaluation: Clinical observation

Clinical observation is[19]:

- the act of measuring, questioning, evaluating, or otherwise observing a patient or a specimen from a patient in healthcare; the act of making a clinical judgment;
- the result, answer, judgment, or knowledge gained from the act of observing a patient or a specimen from a patient in healthcare.

7. Skills and resources

7.1. Recommendations

Organizational aspects

In order to effectively integrate the various dramatherapy services, it is first of all necessary to make the project accessible to all sections of the population, without distinction of income, guaranteeing its free and continuous treatment, in order to ensure an optimal therapeutic path for the patient. It is therefore necessary to create sustainable and long-lasting projects, supported and financed by health institutions and/or private external bodies. In order to promote the project at a regulatory/administrative level, it is essential to provide for a pre- and post-treatment evaluation and to have objective evaluation data. In this way it is possible to create a mission and a vision shared by several partners, promoting dialogue among various mental health institutes in the area and creating a more flexible and independent network of cultural operators, creating connections with the world of theatre and with the community. Finally, since society is a dynamic structure and people change accordingly, it is important to be awake, continue to learn and work on the self-improvement of dramatherapy projects, taking into account community awareness and promoting the de-stigmatization of psychiatric pathologies.

Health/Cultural Operators and Patients

In order to design effective dramatherapy programs, it is of fundamental importance to involve, raise awareness and continuously train operators in both the medical and artistic sectors, in order to understand the peculiarities of the recovery path, of theatrical art and finally of drama therapy, in order to make the objectives of this technique clear to patients and operators. It is therefore important to encourage flexibility in the proposal of drama therapy, proposing different roles for patients (actors, singers, screenwriters, sound engineers, make-up artists, spectators), structuring activities at times appropriate to the patient and the facilities in which he or she is located (awakening, transport, support) and creating moments of social inclusion by using neutral spaces and environments (e.g. rehearsals in a theatre). Flexibility and openness must also be guaranteed in situations of rotation of patients within the group, maintaining continuity of the theatrical path despite the abandonment of some patients and the inclusion of others. To ensure that patients feel free to express themselves, it is important to create a safe and welcoming environment, whether it is related to laboratory activities or theatrical performances. Finally, in order to keep users' motivation high and their involvement in the activities, it is very important to create stable and continuous activities over time, exploiting the individual predispositions and talents of the participants (musical, artistic, acting), paying particular

attention to the limits and incapacities of individuals, so that everyone finds an adequate place in the creative process.

7.2. Suggestions for operators who want to approach Drama-therapy

Suggestions for operators

- Having a stable project (like in Iceland the Christmas play) every year as an event that people can depend on is important: stability and transparency are important for people dealing with stress factors.
- Giving participants the opportunity to write, set up and take place in a play and the process involved is empowering, which is a part of our ideology.
- Giving participants the options to take part in a play has proven well. Those who do not want to act on stage, do not have to do so, and can receive different roles around the theatre: options are important. Also provide the opportunity for those not participating in the workshop to watch the theatrical performance;
- Sensitize all users who are part of the project and the community;
- Ensure that the activity is cost-free for users;
- Create moments of social inclusion using neutral spaces and environments (e.g., rehearsals in a theatre);
- Find a model of dramatherapy that inspires users the most and develop in that direction.
- Be aware of the goal which is to improve the quality of life of the participants/clients themselves.
- Should be clear what the client gets and can get through that model of dramatherapy, and what the dramatherapy practitioner gets, and also what does the community get as a result of your work, and what does the theatre and therapy get from it as well.
- It is recommended to have a visible result at the end of the sessions: a theatrical performance or happening.
- It is important to develop presence and listening. Listening to what cannot be heard, what can only be seen. Try not to finish the sentences of clients and try to break free from the prejudices and assumptions you may have.
- Since we are dynamic structures, people change and society changes, it is important to be awake, keep learning and work on self-improvement. The methods that were once applied

may not be suitable for the present time, and as Gurdjieff said, “you cannot free a man from prison unless you have been in prison and freed yourself”.

Suggestion for practitioners who would like to use puppetry art as a dramatherapy tool

- A good understanding of the puppetry art rules is necessary. You need to be well versed in the principles of puppet making and animation.
- You must be ready for the often very emotional and violent reactions of the participants, as many of them deeply identify with their handmade puppet character.
- The method is suitable for working with both groups and individuals; however the group support contributes to a safer and more valuable experience for participants.
- It is very important to make use of the participants' individual predispositions and talents (musical, artistic, acting), while paying particular attention to the limitations and inabilities of individuals, so that everyone finds a suitable place in the creative process.

7.3. Future steps

There are various objectives and future proposals that public and private operators and organizations have regarding the integration among dramatherapy services.

From an organizational point of view, greater cooperation with external organizations (e.g. NGOs), private social bodies and third sector organizations is desirable, in order to carry out theatrical activities that promote the knowledge of the theatre company in several local territories, bringing for example musical and theatrical performances within cultural events in the area. Fundamental is also the support that is expected from the regulatory framework, at national and local level, which should encourage and support dramatherapy projects, putting an end to the lack of resources and encouraging the implementation of stable and lasting projects.

It is crucial to maintain an active training of the operators involved in dramatherapy projects, proposing new themes for the sessions, developing new theatrical techniques (e.g. the use of puppets) and adopting tools for the clinical evaluation of the participants, as well as the incorporation of new environments in which to implement the workshop sessions and performances.

Finally, it is important to bring young people who are facing mental health challenges closer to dramatherapy and social theatre techniques, for example by providing compensation for participants, in order to enhance their commitment to the project, recognizing the value of the theatre skills developed and recognizing their professional role.

8. Annexes

This section contains examples of the application of dramatherapy in the mental health centres of the partners who contributed to the production of this model. Furthermore, we indicate two recently launched projects regarding the integration of dramatherapy into mental health programs at regional (Memorandum of understanding on theatre and mental health activities) and national level (To Be Manifesto).

8.1. Case studies as examples of good practices

Iceland - *A Christmas play*

The activity presented below concerns a theatrical activity carried out during the winter from 2012 to 2017 at the Hlutverkasetur integration and rehabilitation centre with which Landspítali actively worked, as the patients of the latter have free access to the services and activities that Hlutverkasetur offers them during and after their clinical treatment at the hospital. This alliance has created a bridge for the development and continuity of the performing arts, as it has been the users themselves, together with theatre teachers who have used the techniques of artistic expression and psychodrama, to create innovative forms of participation and scenic creation based on theatre and psychodrama. The theatrical activity consisted in the creation and performance of a Christmas play created, written, and performed by the participants themselves. The total number of participants varied, ranging from 4 to 17 patients. From the first to the last Christmas play, the plastic arts teacher, an employed musician and the two occupational therapists from Hlutverkasetur supported the staging, and on several occasions were part of the cast. The works were presented a maximum of two times and the stage was created within the same centre and the guests increased with each passing year, reaching a full house. The cost of admission was a smile, but the most generous audience could also enter in exchange for a hug. The Icelandic Santa (played by the actors/users of the opera) oversaw the reception of the audience. Other employees and users of the centre prepared hot chocolate and waffles for the actors and audience, which they offered at the end of each show. The Christmas representation has become an important part of the culture of the place, especially since that season is usually difficult for many of the participants. During the production the patients felt part of the group, accepting the responsibility that the show entailed and seeing the positive result brought joy, trust, and an encounter with the theatre that they still talk about in their Christmas memories. The only requirement for people who wanted to make the work was to have attended at least one of the theatre or psychodrama sessions offered at the venue. Most users continued to attend the drama and psychodrama sessions regularly or sporadically, and although the methods used during each of these

sessions did not have a direct link to the creation of the Christmas show, they were an effective tool to build the necessary trust in everyone and to establish a solid foundation for good teamwork. Unfortunately, the effectiveness of the treatment used has not been verified, because one of the characteristics of the Hlutverkasetur centre is that it does not present itself as a rehabilitation centre that offers therapeutic methods as such.

Italy - *Federico*

The case we report concerns a 27-year-old man diagnosed with high-functioning autism and psychiatric disorder undergoing pharmacological treatment. Federico is passionate about reading and loves to spend time with his friends, with whom he has regular relationships, especially those who share his passion for reading. He feels like a free person, and although he hopes to have a girlfriend and child in the future, he does not intend to enter into a traditional relationship, preferring an open relationship. He sees himself as a very changeable person who often changes his mind and seeks the pleasure of the present and the future. It also wants to create a future with certainties and stable elements. As a teenager he faced difficulties and surprises with anger and nervousness, but now he seeks help from his family and friends and realizes that he must not waste the time that life gives him, learning to adapt and overcome the pain and fatigue that many moments in life present. For the past 6/7 years she has been attending the drama therapy sessions offered by the day centre of the mental health centre (where she completed her course). Frederick agreed to participate, believing he had a good memory that would allow him to remember the script. He decided to dive in and see how this experience would go. The activity, which he was initially not happy to do, and which required commitment and dedication, made him very satisfied. In addition, the theatre allowed him to have external rules and a containment environment. The positive effects that drama therapy has had on him are many: increased sense of responsibility, both in interpersonal relationships and at work; acquisition of a permanent job that involves his passions, especially reading; increased their tolerance to situations; improvement of communication and emotional recognition skills, with better tolerance to boredom situations; Improvement of memory skills.

Poland - *Puppets and patients*

The activity we report concerns a workshop that Teat Grodzki conducted with patients from the day care department of the Dr. Józef Babinski Specialized Psychiatric Hospital in Krakow. The activity was developed in ten 4-hour sessions from January to March 2018 and were designed and implemented by an artistic trainer supported by another theatre instructor and by hospital staff, including the chief psychiatrist, psychologists, and occupational therapists. The workshop program was divided into four main parts: a) the creation of simple theatrical puppets in paper and string by

each participant; b) animation of puppets in subgroups; c) development and staging of personal stories with the use of puppets; d) performance of short personal puppet numbers and evaluation of the whole process. The reason why the art of figurative theatre was chosen as a theatrical therapeutic method was the belief, confirmed by previous experience, that working with self-made puppets facilitates the expression of feelings and self-reflection. The entire project (experiment) was carefully evaluated, with the application of ex-ante and ex-post evaluation procedures. In particular, the last session of the workshop cycle was entirely dedicated to summarizing the experience with the participants and collecting their feedback. Participants were encouraged to freely express how they felt about the whole process during the reflection circle. There was also a person who did not participate in the workshops but attended the final "show".

Serbia - *Aleksandar*

Usually, the dramatherapy experience is divided into a cycle of 5/6 sessions lasting 60 minutes for individual sessions and 90 minutes for group sessions. Before the sessions, the objectives, as well as the pace and time of work, are agreed with the client/participant, in order to conclude the entire theatrical experience at the end of each session. The operators involved are generally psychologists, psychiatrists, psychotherapists, or anthropologists with theatrical experience, who act individually or collaborate for the creation of the activities, finding this cooperation very useful and beneficial for the patient. The results are visible and are usually assessed before and after each session, with a clear positive impact on the patient (e.g. attention span, as well as reaction to certain situations).

Spain - *Carmen*

The case we report concerns a female patient, very introverted and with a very complicated life story: post-traumatic stress disorder, victim of gender-based violence, jealous of her privacy, with frequent health crises. Referred by her psychiatrist to the INTRAS Centre, she began to follow the centre's rehabilitation programs. After some time, when she was more stable, the therapist suggested that she try drama therapy: initially she was motivated to try, but it was very difficult for her because of her lack of trust in other people and her fear of others. However, he took the activity as a therapeutic job and did his best. Little by little, she has gained and continues to gain confidence in herself and in the group. The therapeutic team, made up of psychologists and occupational therapists, proposes the activity and the users always make the decision, and in this specific case the therapist felt that the time had come to benefit from the program to help the patient improve expression, recognition of emotions and expressiveness of her body. The duration of her participation in the drama therapy was one year, and during the clinical follow-up a profound change was noticed in her: she expresses herself much

better and communicates better and better with others and with the therapist, she is more emotional, relates better with the group, she enjoys theatre sessions and has a lot of fun.

Common strengths of the projects

The case studies described above represent a good practice for the implementation and integration of dramatherapy services in local health services and cultural associations.

There are several strengths that emerge from what has been described:

First of all, the patients experienced the group as a place where they felt safe to express themselves, fostering a sense of belonging to the group and leading the user to a better recognition of emotions and to facilitate interpersonal dynamics.

n addition, thanks to the patient's voluntary choice to take part in the project, they were able to increase self-determination and self-efficacy, especially thanks to the goal of the theatrical performance, which led the users to have a common goal in the group, increasing the sense of mutual responsibility and creating a strong sense of belonging to the group.

Ultimately, these theatrical activities led patients to develop greater commitment, effort, involvement, and participation in the therapy.

8.2. Memorandum of understanding on theatre and mental health activities and To Be Manifesto[20]

Between Emilia-Romagna Region (Department of policies for health and Department of culture and landscape), Gian Franco Minguzzi Institution of the Metropolitan City of Bologna and Art and Health Association – APS (formerly Art and Health Association ONLUS).

All this having been said and considered, between the Emilia Romagna Region (Department of culture and landscape and Department health policies), Gian Franco Minguzzi Institution of the Metropolitan City of Bologna, Art and Health Association - APS, hereinafter referred to as "the Parties", agree as follows. Below is article 1, which indicates the objectives of this document.

The general objective of this protocol is the will of the Parties to collaborate, each in their own specific field, for:

1. promote theatre as an opportunity for change, identifying effective solutions and paths to enhance the different cultures, developing social inclusion, creating new job opportunities and recognizing artistic and cultural dignity to the activity of theatre and its important function of connection and rehabilitation in social contexts;
2. promote the process of affirmation and artistic and organizational growth, and always in contact with an audience larger than the various theatre companies and workshops in the respect for the autonomy of each AUSL;
3. enhance and encourage the continuity of experiences which, combining artistic production and mental health, combat social marginalization, stigma and prejudice against mental distress and encourage the development of a new culture of integration and emancipation;
4. networking the many territorial experiences that have arisen in the health and cultural fields, in the training of actors, of health workers, cultural and theatre workers, volunteers and the public;
5. promote training and theatrical production and circulation of shows, study activities, research and evaluation of theatrical experiences in the field of mental health, enhancing theatre as a tool and vehicle of knowledge and personal growth, both in terms of health and culture;
6. encourage the entry of new theatrical subjects and institutions that operate in the regional territory, in order to broaden the network of theatres and stimulate the birth of new experiences in the field of theatre and mental health;
7. search for and allocate any resources, within the limits of actual financial availability expected for the relevant sector laws and in compliance with the implementation methods

provided therein, for the implementation of the annual program of activities envisaged in the art. 2 of the memorandum of understanding, as a supplement and strengthening of the resources assigned to individual local health authorities;

8. promote knowledge and comparison with theatrical experiences in the field of mental health present on the national territory with the aim of developing a network at national level.

On 11th of December 2023, a national conference of mental health theatres was held in Bologna in which the following manifesto was presented and signed: **TO BE** - **T**heatre **O**ffers **B**eauty and **E**mpowerment

- Theatre for and in Mental Health: it is a theatre of the present, it is active in the here and now, it contributes to the education of spectators, adults and children, it generates involvement in theatrical experiences and a new culture, a source of growth and awareness;
- Theatre for and in Mental Health is a process and not an outcome, it is not created to fill/repair a lack, but to generate and offer well-being to the people who do it and who watch it: Theatrical art for the health of the community;
- The diffusion of beauty is care and broadens the horizons of the soul, builds identity and personality, welcomes difference, opens up new "formae mentis", promotes mutual enrichment and knowledge;
- Theatre welcomes fragility and enhances it, generates emotions/expressiveness, encounter and relationship, involving actors and spectators in a stage representation that embraces the real, the imaginary and the dream, sharing a narrative about existence and its hidden truths;
- The theatre promotes the creation of "craft" spaces, creative workshops where people do not limit themselves to using a service but where they can intertwine ideas, passions and experiences by building artistic products together;
- Theatre enhances diversity, captures its resources and, through the rediscovery of a universal language, becomes a powerful tool to combat stigma;
- Theatre promotes contamination between people, languages and codes by creating mixed-race groups and inclusive projects within the artistic and cultural paths of the territory: a theatrical community for social inclusion;
- Theatre expands the concept of active citizenship by offering protagonism within the community and the creation of effective networks. The theatre allows the creation of synergistic paths between citizenship, institutions and associations to build cultural and community welfare.

Therefore the national network of theatres for and in mental health has the objective of:

- enhance and give prominence to different experiences and their aesthetic, cultural and transformative impact which enriches theatre in all its expressions, amplifies and revitalizes its power
- build, promote and disseminate quality products, accessible to a wide audience and research languages and forms that allow theatrical art to undermine defined codes and generate new possibilities
- encourage paths and projects that make beauty part of the care process for the individual and the entire community.

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