

The Soho Theatre Company presents
the world premiere of

Me and My Friend

by Gillian Plowman

Bunny Steve Swinscoe
Oz Tim Stern
Robin Sonia Ritter
Julia Nicola Redmond

Director Deborah Paige
Designer Lucy Weller
Lighting Designer Tina MacHugh
Sound Designer John Leonard
**Assistant Designer
& Production Manager** Graham Russell
Stage Manager Joanna Read
Stage Manager Sarah Grandage
Press & Publicity Undine Marshfield
Production Photographs Sarah Ainslie
**Poster &
Brochure Design** John Mitchell & Jane Harper

The play is set in council flats used
for the rehabilitation of psychiatric patients

There will be two ten-minute intervals

First performance of this production:
Soho Poly Theatre 12 April 1990

Gillian Plowman



Gillian has been writing plays for the past six years for a group of actors, the Flat Four Players, with whom she also acts and directs. She has found the experience of writing for a specific group of actors extremely valuable to her as a playwright. Gillian's first professional production was **The Purity Game**, directed by Will Cohu, for the Chichester Festival Studio Theatre (September 1988). Gillian also works as the Bursar at St Wilfrid's Hospice in Chichester and is married with four children.

The Soho Theatre Company's production of **Me and My Friend** will be Gillian Plowman's second professional production.

Me and My Friend won the 1988 Verity Bargate Award, an annual award established in 1982 as a permanent memorial to the help and encouragement given to new playwrights by Verity Bargate, co-founder and Artistic Director of the Soho Poly Theatre until her death in 1981.

Playwright David Edgar, who presented Gillian Plowman with the 1988 Verity Bargate Award, on **Me and My Friend**:

"There are no magic cures or miracle solutions, the mentally anguished are a part of us and we're a part of them. If we forget that, they will get worse, and if we remember it, they and we will get better."

— David Edgar, February 1989

The Origins of Community Care

The origins of 'community care' and the swing against custodial detention can be traced back to the **1930 Mental Treatment Act** which first used the phrase 'mental hospital', allowed voluntary admission to such hospitals and gave local authorities permissive responsibilities for 'after care' of those discharged from hospital. The late 1950s also witnessed the development of drug treatment which enabled the 'management' of various symptoms of mental illness outside hospital, but at that stage the other effects of such treatment were not questioned.

The government seal of approval for the shift from large scale segregated institutional care was confirmed in 1961 by Enoch Powell. He pledged the full support of the government to removing the 'blight' of large mental hospitals and replacing these distant institutions with small specialist units. This approach was formally endorsed in the **1962 Hospital Plan** which predicted the halving of in-patient beds in mental illness hospitals over the next 15 years.

During the 1960s and early 1970s professional concern still concentrated on the conditions in the large hospitals rather than on problems of lack of social services and often poor quality of life experienced outside hospital.

In 1975 the government published a White Paper, **Better Services for the Mentally Ill**, which remains the key policy statement on mental illness services. It outlined new strategies needed to realise the earlier 1962 Hospital Plan. The White Paper contained no specific time limits for the proposed shift towards community-based services, and stated that the beginnings of the 1970s recession and need for public expenditure reductions would be serious constraints on progress.

The objectives of the White Paper were restated and the organisation and resourcing implications elaborated in two further policy documents published in 1981: **Care in Action** and **Care in the Community**.

A significant change in government policy came in 1983 with the introduction of the **1983 Mental Health Act**. This Act originated from a campaign by MIND and was directed mainly at protecting the rights of people detained in mental illness hospitals.²

Most recently, in 1989 the government released two White Papers: **Working for Patients**, concerned with the NHS, and **Caring for People: Community Care in the Next Decade and Beyond** which concentrated on community care. As a result of these two White Papers, and recommendations relating to them offered by organisations such as MIND, an **NHS and Community Care Bill** is currently before the House of Commons.⁴

● By the end of the 18th century there were fewer than 5,000 'lunatics' in British institutions. By the beginning of the 20th century nearly 100,000 people were in 'warehouses for the insane', of whom 80 to 90 per cent were paupers. The advent of the NHS and development of tranquillisers contributed to the optimism evident in the 1962 Hospital Plan that envisaged a sharply falling need for hospital beds. The belief that asylums no longer provided acceptable standards of care, and the intention to provide 'care in the community' developed during the 1960s. Since then about 3,000 psychiatric beds a year have closed.¹

● Between four and five million people consult their family doctors each year because of conditions such as depression or anxiety.¹

● There are more than 50,000 patients in psychiatric hospital beds in England at any one time, representing some 20% of all NHS occupied beds. At the end of the 1950s the equivalent total was nearly 150,000, or just under 40% of all NHS occupied beds. Short-stay admissions have climbed, creating 'revolving door' hospital care. There are nearly two million psychiatric out-patient attendances each year.¹

● Between 1974 and 1984, places in local authority or private homes for the mentally ill doubled. About 10,000 people now live in such places and there are about 10,000 English day centre places. The Audit Commission's report in 1976, 'Making a Reality of Community Care', concluded that services for mentally ill people outside hospital were uneven, fragmented and in a number of respects fundamentally inadequate.¹

● 90% of expenditure on mental health goes on the 10% of mentally ill people who are in hospitals — only 10% goes on non-hospital services.²

● 80% of those admitted to hospitals in London in 1981 had been in-patients before.²

● In Britain, one in six women and one in nine men spend some part of their lives in hospital as psychiatric patients.³

Sources

- 1 The *Guardian*, 14 March 1990. Original source **Mental Health in the 1990s: From Custody to Care?**, Office of Health Economics Publication, 1989.
- 2 Chapter 1, **Discharged to the Community**, Adah Kay and Charlie Legg, GPMH Publications, 1986. Based on original research funded by GLC.
- 3 Chapter 2, **Breakdown** by Stuart Sutherland, 1976.
- 4 **Summary of evidence to Social Services Committee on Caring for People White Paper**, MIND January 1990.