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**9 FEB – 24 FEB**

WORLD PREMIERE

# The Almighty Sometimes

By **KENDALL FEVER**  
Directed by **KATY RUDD**



the bruntwood  
prize for playwriting 2015

in partnership with the Royal Exchange Theatre

Winner

## CAST & CREATIVE TEAM

ANNA **NORAH LOPEZ HOLDEN**  
RENEE **JULIE HESMONDHALGH**  
OLIVER **MIKE NOBLE**  
VIVIENNE **SHARON DUNCAN-BREWSTER**

Playwright **KENDALL FEAVER**  
Director **KATY RUDD**  
Designer **ROSANNA VIZE**  
Lighting **LUCY CARTER**  
Sound **GILES THOMAS**  
Movement **VICKI MANDERSON**  
Assistant Director **ATRI BANERJEE**  
Voice **COLLETTE MURRAY**  
Fight Director **RACHEL BOWN-WILLIAMS & RUTH COOPER-BROWN OF RC-ANNIE LTD**



*Rehearsal Photography by Manuel Harlan*



## AGAINST THE ADVICE OF THE CRISIS TEAM

If I have one more cup of bastard tea  
I'll use the kettle as a weapon of mass destruction  
Against the stupid woman who suggested it might stop the voices in my head

A brew, bath and benzo does not solve everything.

I'm fucking sorry I can't take your good advice  
If your good advice is suggesting I go for a walk  
When I feel like running away so I'll book a nineteen pound get away to Columbia.  
Just to get away from you.

A brew, bath and benzo does not solve everything.

When I'm concerned my five pill a day regime  
Makes me a borderline candidate for Narcotics Anonymous  
Do not suggest more pills, or like your words you will swallow them too.

Like I said, and against the advice of the crisis team, a brew, bath and benzo does not solve everything.

Laura Salmon, Breakdown Bolton ([breakdownbolton.co.uk](http://breakdownbolton.co.uk))

# DIRECTOR'S NOTE

I was sent an early draft of Kendall Feaver's *The Almighty Sometimes* in 2016 and immediately knew I wanted to direct it, not just because it tackles one of the most pressing social issues of our time - children's mental health - but also because of Kendall's strong voice as she explores the fragile relationship of a mother and her teenage daughter on the cusp of adulthood. Renee and Anna are strong women with a biting wit, as they negotiate and re-evaluate their relationship, their love and at times loathing for each other is real and visceral. Their dilemmas are universal: Renee questioning if she has done her best for her child and whether the choices she made were in her best interests; and Anna trying to take control of her own life and figure out who she really is.

The fact that Anna is receiving medical treatment for a mental health problem that manifested itself in early childhood adds a potent dimension to their relationship and to the play. The more I have delved into the world of the play and researched mental health, the more I have come to understand how large and complex a problem this is here in the UK, especially against a background of cuts to CAMHS, the adolescent health care. This support is becoming increasingly hard to come by and I feel this is exactly the right time to be doing this play.

In working on the play, we met many young people growing up with mental health issues, their families and the professionals who dedicate their lives to caring and supporting them. It was important to me to hear their voices and understand their experiences. It is clear that everyone is different and there is no single treatment suitable for all; many people's lives are improved by medication, whilst others find help in other ways such as talking therapies. For many young people on medication, the dilemma of "what is me and what is the medication?" seems to be a recurring question. This play tells the story of a unique experience and does not seek to give answers, it is not representative of everyone's story, but I hope that it will shine a light on families coping with mental illness, that it will encourage a conversation about how we as a society look after our young people with mental health problems.

**KATY RUDD**, Director

Maybe sometimes your child will say that they will kill themselves.

This is something to take seriously...If your child gets these thoughts, ask the Doctor for Zyprexa, or something like that. If this situation ever happens, hold them still until they calm down and stop wanting to kill themselves.

Hold them until they feel a part of this world.

**Advice from a nine-year-old girl, as quoted in *The Bipolar Child: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder*, Demetri F. Papolos, MD and Janice Papolos, 2002**

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Hope that this will pass. Faith that it can and will. Grace for if the unthinkable should ever happen. I know the statistics. I know people who have gone through this heart-ache. Yet I remember dark days when I battled my own demons of deep depression and suicidal thoughts. In fact, I don't know how I am still here.

If either of my children ever reach the point where they can no longer fight the battles they were given and they choose to do what seems to most people an incomprehensible action, they will receive nothing but grace from me.

Parents of suicidal children will tell you, no one rushes to our door when our babies scream in pain, yet they are just as much victims as the children enduring more visible physical illnesses. Their illness is one of the brain, but our society has not yet reached the point of accepting that as a whole. Hopefully, someday we will.

Source: [www.scarymommy.com/when-your-child-wants-to-die/](http://www.scarymommy.com/when-your-child-wants-to-die/)

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Over the years I've been on about fourteen or fifteen medications, so I've had some really mixed experiences. A lot of the side-effects, which I'm sensitive to anyway, I couldn't function. So I've come off a lot of medication in the past.

But I have had some that have made me feel better, or have helped a bit along the way. Doctors often tell you not to come off the medication suddenly, but they don't often tell you why. I think a lot of people, me included, find out the hard way...

**Anonymous testimonial**

Source: [headmeds.org.uk/my-story/47-the-pros-and-cons-of-mental-health-medication](http://headmeds.org.uk/my-story/47-the-pros-and-cons-of-mental-health-medication)

Sometimes I feel like  
an owl in the day.  
Just let me say  
I want to end my life  
with this knife.  
But this is only sometimes  
But this is only sometimes  
Sometimes I feel alone  
And no one cares for me  
Sometimes I feel that  
I'm in the darkness  
And nobody can see me  
**Evan Scott Perry, Aged Eight**



### Three in four mental illnesses start in childhood

75% of mental illnesses start before a child reaches their 18th birthday, while 50% of mental health problems in adult life (excluding dementia) take root before the age of 15.

### 10% of school children have a diagnosable mental illness

In an average class of 30 young people, three will have a mental health problem. Figures show 10% of children aged 5-16 have been diagnosed with a mental health problem.

### More than half of young people link mental illness with alienation and isolation

56% believe that anyone their age diagnosed with a mental illness would be treated differently, and 55% believe they would lose friends.

### More than half of young people feel embarrassed about mental illness

51% of young people believe that anyone their age diagnosed with a mental illness would be embarrassed.

### Just 6% of UK health research spending goes on mental health

This is despite mental health disorders such as anxiety, depression, phobias and post-traumatic stress disorder affecting one in four of the population.

Source: [www.theguardian.com/mental-health-research-matters/2017/jan/20/12-statistics-to-get-you-thinking-about-mental-health-in-young-people](http://www.theguardian.com/mental-health-research-matters/2017/jan/20/12-statistics-to-get-you-thinking-about-mental-health-in-young-people)

### If the postwar period was called the 'age of anxiety' and the 80s and 90s the 'antidepressant era', we now live in bipolar times.

A diagnosis that once applied to less than 1% of the population has risen dramatically, with almost 25% of Americans and around 5% of people in the UK estimated to suffer from some form of bipolarity.

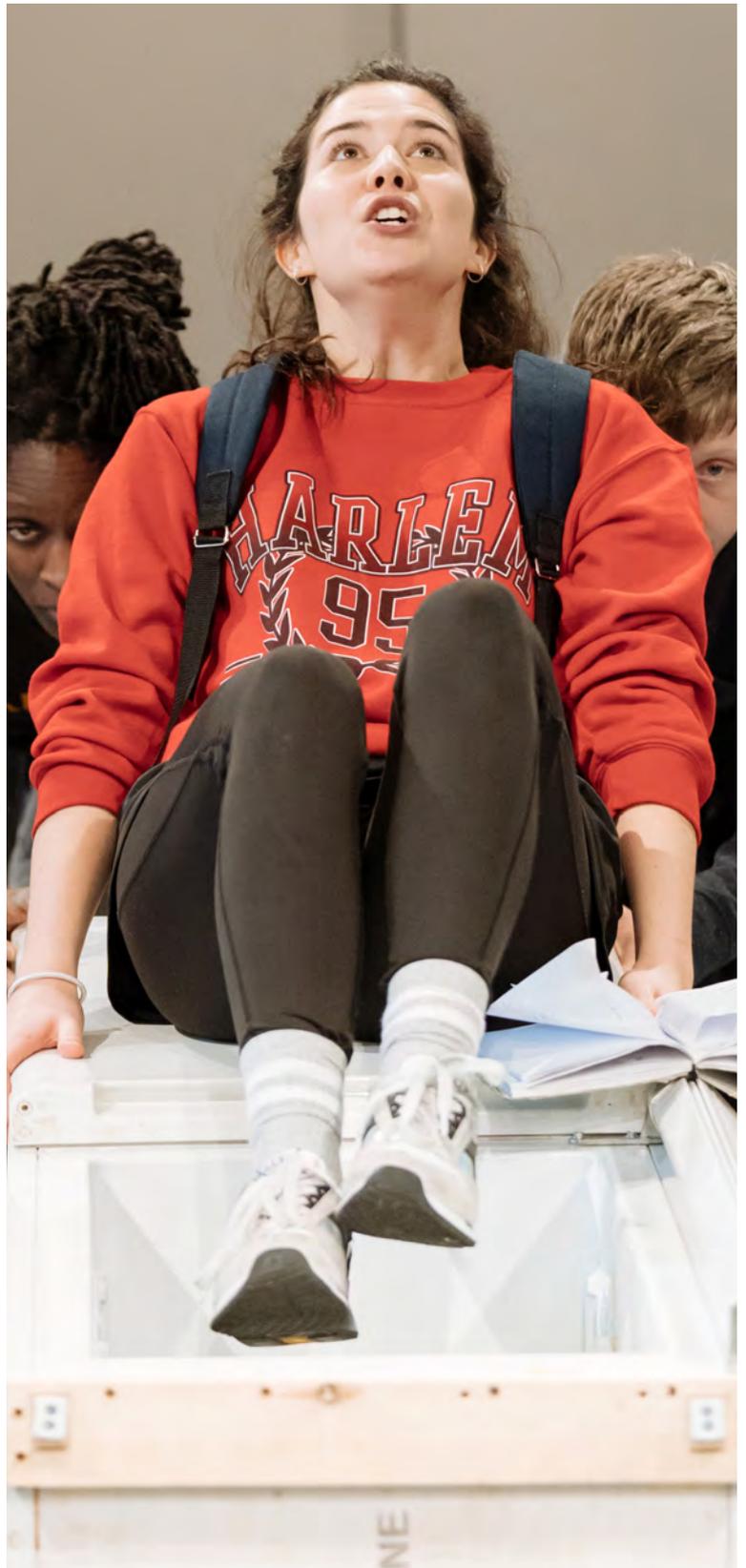
Source: [www.theguardian.com/books/2013/apr/26/human-touch-in-bipolar-times](http://www.theguardian.com/books/2013/apr/26/human-touch-in-bipolar-times)

### Once, it was unusual for British children to be put on medication...but increasingly, [Dr David]

Healy says, young people turning 18, who transition into the adult mental health services where he works, arrive with a diagnosis of ADHD, autistic spectrum disorder or even bipolar – and will argue that they should carry on taking the pills they have been given by the children's services. "We used to have a world in which it was accepted that kids in their teens were confused," he says.

"It's an extraordinary change compared with even five years ago. This is the new norm."

Source: [www.theguardian.com/society/2015/nov/21/children-who-grow-up-on-prescription-drugs-us](http://www.theguardian.com/society/2015/nov/21/children-who-grow-up-on-prescription-drugs-us)



If you have been affected by any of the issues raised in this production, the following organisations may be able to provide help and advice:

**BIPOLARUK** [bipolaruk.org](http://bipolaruk.org) 0333 323 3880 | **CHILDLINE** [childline.org.uk](http://childline.org.uk) 0800 1111 | **HEADMEDS** [headmeds.org.uk](http://headmeds.org.uk)

**MIND** [mind.org.uk](http://mind.org.uk) 0300 123 3393 or text 86463 | **THE MIX** [themix.org.uk](http://themix.org.uk) 0808 808 4994 | **SAMARITANS** [samaritans.org](http://samaritans.org) 116 123

**YOUNGMINDS** [youngminds.org.uk](http://youngminds.org.uk) **Parents Helpline:** 0808 802 5544 | **YOUTH ACCESS** [youthaccess.org.uk](http://youthaccess.org.uk) 020 8772 9900