



The Get Going Group: dramatherapy for people with learning disabilities and mental ill health

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Description

The Get Going Groups were developed following the Department of Health's national bed closures in 2015, with the intention of reducing institutionalised care and improve community provision. Patients on specialised Assessment and Treatment Units, designed for people with learning disabilities are first introduced to the Get Going groups when preparing for their discharge and then supported to attend post-discharge. The aim of using this process was to allow people's care to be monitored in the early stages of moving back to communities and to highlight concerns about their transition in the early stages. We know that people with learning disabilities and mental ill health find it difficult to integrate into the community (Mental Health Foundation, 2021) particularly after psychiatric admissions. These groups provide facilitated spaces to meet similar people who understand what they have experienced. This process is important in reducing isolation and loneliness once people leave hospital, as loneliness can be a significant driver of poor wellbeing among people with disabilities (Emerson et al, 2021).

The dramatherapy groups with the use of storytelling and drama methods such as role play provide people a space to meet new people. Dramatherapy is a psychological therapy that offers people with limited cognitive ability a way to communicate and express themselves when written or verbal communication is challenging. It is particularly suited to people where language acquisition and cognition is impaired, as it offers alternative ways of engaging (Beail, 2016). The Get Going groups allow people with learning disabilities an opportunity to communicate and engage with their peers, share their experiences and build friendships outside of hospital.

Context

Approximately 1.4 million adults in the UK have a learning disability defined as a significant reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood (Mental Health Foundation, 2021). Approximately 40% of people with learning disabilities experience psychological distress and mental illness, which is more than double the rate of the general population (Bourne et al, 2020). Co-morbid health conditions and challenging behaviour can mask mental health problems and complicate treatment, which has meant this population have a

history of institutionalisation and unnecessary hospital admissions (Mental Health Foundation, 2019).

In 2011, the 'Winterbourne View Scandal' revealed people in a private inpatient unit were experiencing abuse from staff (Delamothe, 2013). The subsequent review highlighted the lack of progress in services and the government made a commitment to transform care and build up community capacity by March 2019; which included a national bed closure of 35% to 50% of in-patient beds with the aim that people should be moved to local communities with individualised packages of care. Eight years on the BBC's Panorama again exposed abuse and mistreatment of adults with learning disabilities and Autism at another privately-run NHS funded unit, Whorlton Hall; with video footage revealing staff intimidating and mocking patients, unnecessary restraining of patients and 'psychological torture'. There was a recognition that community provision was deficient, in terms of both quality and access there was a fundamental need for changes in provision of care. More recently the Covid 19 pandemic has once again highlighted inequalities in health care for this population.

Historically people with learning disabilities have not received much in terms of psychological treatment (Beail, 2016). Recent Government policies were set to improve services by prioritising research into the prevention of mental illness and core policies stating the importance of people with a learning disability accessing all forms of psychological treatment. The National Institute for Health and Care Excellence's (NICE, 2016) guidelines for psychological interventions for people with a learning disability and mental illness suggests when delivering psychological interventions, treatment should be tailored to their preferences, understanding, strengths and needs. Unfortunately, current mainstream services are not always appropriate or equipped; with traditional talking therapies difficult to engage with, even after adaptations (Bourne et al, 2020).

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) developed two dramatherapy groups as a proactive approach to provide support to people with a learning disability after a hospital admission. People are first introduced to the groups, when preparing for their discharge and then supported to attend once they move to local communities. This approach allows their care to be monitored in the early stages of leaving hospital and any concerns highlighted about their transition.

The Get Going Groups have been running for five years, they are part of a Trust's discharge pathway from an Assessment and Treatment Unit (ATU). 'A Shinning a light' award was awarded to the group by the Trust for its mutual support approach.

Method

Adults with a learning disability diagnosis and a mental health condition were engaged with this service.

Questionnaires were delivered at the start of treatment and repeated after the intervention (The Rosenberg Self Esteem Scale, The CORE LD, The Glasgow Anxiety Scale and The Glasgow Depression Scale).

The dramatherapy groups were delivered over twelve-weeks with sessions lasting 90 minutes. The community dramatherapy group is a manualised complex intervention with a large component following a mutual and peer support model. Mutual support is a model of peer support by and for people with learning disabilities with involvement of non-disabled people as allies. Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility and

mutual agreement of what is helpful. At the group the expectations include support staff forming part of the group, which brings a new dynamic and understanding between participant and care staff. This mutual support model offers a space for positive relationships to be built, which extend out into further community activities.

The session structure was familiar each week, to help with feelings of uncertainty: all sessions included a welcome, familiarised warm up game, story making and an ending with reflections. The group content and structure were based upon story development using 'the six-part story' method (Hackett & Bourne, 2014) which has component parts of a story: a character, a place or land, a goal, an obstacle, with some help to overcome the obstacle. This approach generates stories about a situation where a character or characters face a challenge and then requires some support. These stories form the basis for discussions at the groups as people are invited to debate how characters experienced help and what the nature of the help was (Hackett & Bourne, 2014). The stories offered insight into a person's difficulties so that constructive dialogues could be opened up and appropriate support identified. As the weeks progressed and stories developed, the story re-enactment stage was introduced which offered a brief role play, where people witnessing and discussed people's stories which helped enable peer and mutual support (Bourne et al, 2020).

Outcomes

Evaluation shows the groups offer clinical benefits.

Findings from twenty people over a two-year period show:

- **Significant improvements** in self-esteem (mean = pre-intervention 21.35) following the intervention (mean = post-intervention 24.75), with a P value of $p < 0.01$.
- The CORE LD (covering well-being, problems, life functioning and risk to self and others) shows a **mean reduction** from 10.95 to 7.63.
- 'The Warwick-Edinburgh Emotional Wellbeing Scale' (WEMWBS) shows a **mean score increase** of 7.1 post group, indicating improvements in mental well-being.
- A **decrease in anxiety** (Glasgow Anxiety Scale - GAS) with a mean reduction of 4.8 post-group.
- A **mean decrease in depression** symptoms (Glasgow Depression scale -GDS) of 5.53 with a P value of $p < 0.2$ indicating a significant statistical difference post-group.

Qualitative data (Bourne et al, 2020) from support staff who supported a person with a learning disability to attend the dramatherapy Get Going groups found the groups beneficial particularly the link with professionals.

P3..... "I think she's coming to a dip and I think coming to the Monday group when she's coming to a dip I've got somebody to talk to, so I will mention it to somebody".

P2..... "I've worked for the Trust for thirty years now and its very different world to when I started, and you see groups like this getting together and people working together with clients and you don't have an 'us' and 'them', everybody is looking after each other. I think its brilliant – it's all coming together."

Key Points

Manual-based psychological treatments have significant impact on clinical research and practice, advantages including; efficacy, less reliance on intuitive clinical judgment, a greater ease in training and the supervising of therapists in specific clinical strategies and techniques. Theory- driven, manual-based treatments are a defining feature of evidence-based treatments due to their robust evaluation process, particularly in RCTs. In the future we plan to run a Randomised Controlled Trial (RCT) methodology to test the effectiveness of the manualised dramatherapy groups. Given the psychological clinical need for this population an RCT would result in a tested dramatherapy group-work manual for practice and an intervention identified for this population.

We have adapted the group during the Covid 19 pandemic and delivered it online. Pilot evidence suggests that the group was still able to support people during this difficult time. We hope to continue delivering groups remotely and gather further data to evidence the dramatherapy manualised group work for this population can continue to be accessible.

Benefits & Learning

- People with a learning disability and mental illness find it difficult to integrate into the community after a psychiatric admission and need facilitated spaces to meet.
- Dramatherapy groups can be used to help support people back into the community after a long hospital stay.
- The Get Going groups allow a person's care to be monitored and concerns highlighted to the wider professional care team.
- Using a mutual support model can help people to feel valued and supported.
- Storytelling, play and role play can help people to share experiences when verbal communication is difficult.
- The Get Going Group manual can be adapted to be delivered online when people cannot get to a designated venue.

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