Accessible summary

- Dramatherapy groups are being used to help people with learning disabilities move from being in a mental health hospital back to their homes
- The staff that support people to go to the groups talked about their experiences
- The staff said the groups help people stay well, build friendships and to get help quickly.
- The staff felt that going to the group was helpful for themselves too. They felt supported and learned new skills.

Abstract:
The UK Government's Transforming Care Agenda for people with learning disabilities has struggled to meet its goals of reducing inpatient beds and building community-based support. This article reports on the experiences of support staff who attended dramatherapy groups developed to assist transitions from an inpatient hospital and to prevent re-admissions through post-discharge support. The groups provide on-going support and a place where relationships can be developed between supporter and those supported.

Materials & Methods: A focus group with a purposive sample of paid support staff. The data was synthesised using a thematic framework approach.

Results: Themes include: (a) new way of supporting and (b) hospital connection. The groups improve social interaction, friendship building, communication and self-confidence. Additional benefits include pooling support and how the group facilitates a connection with professionals that enables difficulties to be caught early.

Conclusions: Support workers value dramatherapy groups, recognising benefits for people to develop relationships and have access to mental health professionals. Support staff benefit themselves through the shared support and increased understanding.

Introduction

This article reports the finding of a focus group of six support workers which explored their experiences of supporting adults with learning disabilities to attend a dramatherapy community group. The group was specifically set up for people who were either in the process of being discharged from an inpatient specialist learning disability service to the community or who had previously had an admission for their mental health and needed extra support whilst in the community.

There are approximately 1.5 million people in the UK who have a learning disability (Mental Health Foundation, 2018); defined by the Department of Health (DH) (2001) 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" (p.14). This population face a range of daily challenges (Mencap, 2018) and are amongst the most socially excluded and mistreated groups in the United Kingdom, often needing on-going daily support from family, carers and/or support teams (DH, 2009). With some studies suggesting that the rate of mental health problems in people with a learning disability is double that of the general population (NICE, 2016).

In 2001 the UK Government's White Paper 'Valuing People' (DH, 2001) set out principles of rights, independence, choice and inclusion for people with learning disabilities. Since then cross government strategies have set aims to improves the lives of people with learning disabilities and mental health difficulties. This was followed by Valuing People Now (DH, 2009) that recognised a lack of progress and set a three plan of action to improve the lives of people with learning disabilities and their families. However, 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 (NHS England, 2015). But 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' (Triggle, 2019).

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.

The role of support workers

When moving people out of hospitals the role of the support worker is central for both their transition and on-going recovery (Hastings, 2010). Until recently support workers, for a person who has a learning disability, were primarily employed to provide both direct practical support to a person e.g. assisting with self-care, managing money, helping with cooking and to help them live the life they want engaging in their community and pursing their personal interests. However, with the development of individualised personalised support packages for people with learning disabilities this role has changed (NHS England, 2017). Their jobs are much more challenging than when based in hospital settings (Hastings, 2010) and include offering meaningful integration into wider social networks to build a sense of community belonging day-to-day decision making and the on-going assessment of a person's mental health (Head et al, 2018). All of which has meant there has been an increase in responsibility and accountability; particularly in matters previously addressed by authority figures and management (Salmon et al, 2013; Kroese et al, 2012; Haines & Brown, 2017).

Improving awareness and service provision so people with learning disabilities are able to access a range of activities and interventions recommended by 'The National Institute for Health and Care Excellence' (NICE, 2016), which includes an emphasis on personalisation and the right for individuals to have more choice and control over their care, support and treatment (Dunn et al, 2010). These positive steps for the care of people with learning disabilities have meant support staff are faced with additional pressures as they become the people to ensure the implementation (Kroese et al, 2012).

Staff working in community settings may be based in small teams and doing lone working which comes with an increased risk of experiencing violence and/or experiencing burn out (Devereux et al, 2009; Salmon, Holmes, & Dodd, 2013). Hastings & Brown (2002) found a strong association between support staffs' exposure to challenging behaviour and to staff stress. This highlights the importance of emotional and practical on-going support to staff, regular supervision and relevant training to support staff in their roles (DH, 2009). As Hastings (2010) remarks the relational experiences of paid support staff is crucial for positive life outcomes for those they support, but well-being of support staff can be determined at

times by the stressors associated with their role of supporting and the psychological and behavioural adjustment of those they support influenced by the well-being of their staff.

Offering a psychological intervention

NICE (2016) guidelines recommend where possible the delivery of the established evidence-based psychological interventions for mental health problems for people with learning disabilities. These do need to be tailored to their preference, level of understanding, strengths and needs, whilst considering their physical, neurological, cognitive, communication and sensory requirements.

Exploring ways to provide accessible mental health support NTW NHS Foundation Trust in the North-East of England developed two dramatherapy community groups, as part of a pilot study. These are now part of the Trust's discharge pathway (Hackett & Bourne, 2014) where they have been found to be effective in supporting people back into the community

Dramatherapy is a psychological therapy that the HCPC *Standards of Proficiencies for Arts Therapists* state 'is a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatisation, improvisation, art and the performance arts have a central relationship within the therapeutic relationship' (HCPC, 2018). It 'is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth' (The British Association of Dramatherapists, BADth, 2019) and is particularly suited to people with a learning disability where language acquisition and cognition is impaired, as it offers alternative ways of engaging (Beail, 2016). Furthermore, as Faigin & Stein (2010) discuss, theatre and storytelling with marginalised groups can offer empowerment, as personal stories are shared safely using a non-direct approach. Theatre and drama "fosters a sense of belonging" (p. 37, Lister et al.,2009) and the use of role-play facilitating a connection with the reality of a situation, as though you are in that situation (Ramsden & Guarnieri, 2010). "This physicalized knowing and being within a dramatic representation of a problem or issue makes a crucial difference to the verbal recounting or description of a client's material" (Jones, 1996, p. 113). A systematic literature review by Bourne et al, (2018) identified a range of benefits from twelve studies, which collectively highlight friendship building, improved means of communication, social interaction, self-awareness and empowerment. The review also makes links made with Leamy's (2011) CHIME model as a framework for personal recovery in mental health.

Building a support network

Successful support work is based on positive relationship building between staff and clients (Hastings, 2010). Relationships that are helpful and constructive through 'getting to know each other' over time offer insight into peoples' communications, requirements and needs, which can then enhance a mutual sense of being valued for both staff the person being supported and consequently help reduce challenging behaviours (Ravoux et al, 2012).

At the dramatherapy groups in this study, support staff get to know a person through relational communications, social interactions and observations of behaviours. The group's content and structure is based on a non-direct approach and are centred on the creation and performance of 'the six-part story' (Lahad & Ayalon, 1993) whose origin is rooted in developing coping strategies and resilience for people experiencing ongoing stress. This approach is grounded in generating stories about a situation where a character faces a challenge and requires some support; it has component parts of a story: a character, a place or land, a goal, an obstacle, with some help to overcome the obstacle. These stories form the basis for a discussion at the group as everyone, including staff, debate on how characters experienced help and what the nature of the help was (Hackett & Bourne, 2014). This is helpful in working through everyday challenges or past adversities and can offer staff insight into some of the difficulties people have experienced.

Referrals to the group come from clinical psychologists, community nurses and the wider multidisciplinary team, with an inclusion criterion of adults with a learning disability who are linked to mental health services. Groups run continuously throughout the year with small breaks over the summer and Christmas periods. People can either choose to continue attending the group after their discharge, attend until they feel they no-longer need support or to return to the group if they feel they need extra support. The link to the hospital allows facilitators to contact relevant community health workers, psychology and psychiatry if needed, which enables early responses to any decline in people's mental health.

At the group there is an expectation that support staff join in all the activities as active members; which means they also share information about themselves such as revealing their own past week's events. It is important that staff get to know and understand the people they are supporting by being with them (Ravoux et al, 2011). With benefits seen when support staff function as a peer group as much as a professional team (Head et al, 2017). This way of

working is a mutual support approach; it 'incorporates an understanding of the commonality of experience and circumstances that people with learning disabilities can develop when working together' (Hackett & Bourne, 2014, p. 44) and offers a layering of support; a method where a nondisabled supporter enables people with learning disabilities to support one another (Keyes & Brandon 2012). Working this way brings a different dynamic and understanding as participants have an equal standing. Its benefits include offering people reassurance, a sense of equality and a place to feel accepted (Milner & Kelly, 2009).

Aims and objectives

There is limited research into support staff's direct experiences of working community settings (Hastings, 2010). This study's objective was to understand the group from the perspective of a support worker, focusing on:

- The experiences of supporting a person to participate in a dramatherapy group as part of their discharge.
- Understanding what the group offers.
- How the group builds support networks.

2. METHOD

2.1 Ethics

This study was part of a National Institute of Health Research (NIHR) funded Clinical Research Master's dissertation. Ethics approval was obtained from the University of Leeds's Ethics board and the managers of the researcher's NHS Trust. All the participants gave written consent.

2.2 Procedure

A focus group (Ritchie & Lewis, 2003) was used to gather data with an aim to understand support staff's beliefs, attitudes and experiences of supporting a person to attend a dramatherapy group as either, part of their discharge or support their well-being in the community.

2.3 Participants

A total of six support staff (n = 5 women, and n = 1 man) were recruited; two from an inpatient service and four, employed by various community organisations, which support adults with learning disabilities in supported living environments. Ages ranged from 29 to 58, with a mean of 39. Their experience of working with the population ranged from four to 28 years, with a mean of 10 years' experience. A demographic form was used to gather participants' information about their gender, age, work experience and number of people currently supporting (see Table 1).

Ethics approval was obtained but it was advised that a gatekeeper should be identified so as to provide practical information about the study to interested staff so that staff did not feel coerced into attending the focus group by the researcher. The gate keeper; a nurse practitioner, knew the people who attended the group but had no involvement in the research. He supplied participant information sheets, consent forms and shared the meeting's arrangement including the date and time, so that potential participants could attend.

Table 1

Demographic details of the participants in the focus group

Identification	Age	Environment	Number of Service Users Supported	Experience (Years)
Participant 1 (F)	58	Community staff	1	5
Participant 2(M)	51	In-Patient staff	17	28
Participant 3 (F)	29	Community staff	2	10
Participant 4 (F)	36	Community staff	1	4
Participant 5 (F)	31	In-Patient staff	10	5
Participant 6 (F)	31	Community staff	1	5

*Gender ( )

The recruited participants provided a non-probability purposive homogenous sample (Palinkas, 2015) with a 'purpose' to represent a key criterion (Bazeley, 2013). The sample had two primary aims; to ensure key populations were covered relevant to the subject matter and that diversity was included (Ritchie & Lewis, 2003). The sample, although small, differed in age, work setting and length of time in roles. As the group was homogenous, participants were able to give a detailed picture of the context of enquiry (Palinkas, 2015) as they had all supported people to attend the dramatherapy group and were the only people who

could answer the research question. Travel expenses were reimbursed but no payment given for people's time. The group lasted one hour and was audio taped so as to allow for accuracy and verbatim transcription. Original recordings were destroyed as soon as subject transcript identifiers were applied. All data collected was stored securely and held in line with Ethics protocol.

2. 4 Data Analysis

The transcription was analysed using Framework Analysis (Braun & Clark, 2006) to emphasise transparency. A series of interconnected steps were used until a coherent interpretation of identified themes emerged (Smith & Firth, 2011) and constant refinement of this process led to the development of a conceptual framework so the gathered data could be sifted, charted and sorted in accordance with key issues and themes in a five-step process: (1) familiarisation; (2) identifying a framework; (3) indexing; (4) charting; and, (5) mapping and interpretation (Ritchie & Lewis, 2003). The lead researcher identified themes using QSR International's NVivo 12 qualitative data analysis software (NVivo, 2018) and two University supervisors randomly checked 25% of the data for accuracy and significant themes.

3 RESULTS

3.1 Findings

A primary theme: (a) new way of supporting and secondary theme (b) hospital connection and will be discussed (see Table 2).

Table 2

Themes, Sub-Themes & Core Concepts

Themes	Sub-Themes	Core Concepts

(a) New way of Supporting	1. Community Building	*Belonging*
	2. Friendships	*Feeling Valued*
(b) Hospital Connection	1. Negative Reminder	*Recognition*
	2. On-going Help	

Theme (a): New way of supporting

'New-way of supporting' was identified as a primary theme. Support is an important factor for people with mental illness as it offers validation and helps recovery (Leamy et al, 2011). For people with a learning disability leaving hospital after a long-term stay can be challenging and support staff are an important part of this transition process.

Sub-theme 1: 'Community Building'

When support staff support a person to attend the dramatherapy community group they are also invited to be active within the group which encourages less of a hierarchy. The group uses play, drama and story making and encourages everyone to get involved. One participant spoke about how when at the group the boundaries between staff and the person they support is much more relaxed. This was seen as positive, as it helped people become playful and creative in their interactions with each other relationships deepened.

> P4…. "They get to see another side to us. Because we can let out professionalism go a little bit, but we all know we have boundaries. Our boundaries are there but they see another side to us always being professional the whole time always with a stern face and not laughing".

> P1…… "the staff get involved and we do silly things and they like make something or like an exit sign on big piece of paper. One time we were all seagulls and made beaks out of paper plates ……..you're actually doing it with them so you're not sitting saying "oh look at her doing this. Doesn't she look daft", you're involved in it and whether you look daft or not it makes no difference. We all giggle at each other.

Being playful with one-another was discussed as encouraging a different way of supporting. By being interactive with one another through the use of play, drama and role-play it helped bonds to develop and broke down any hierarchical "us and them" status. One participant from inpatient services reflected on these interactions and spoke of how positive this way of working was.

> 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."

One participant even referred to the group as "feeling like 'family' as they felt they were always supported at the group to get involved and share their own experiences.

Sub-theme 2: 'Friendships'

The participants spoke of how the environment at the group was helpful to develop relationships between, staff, facilitators and a person with a learning disability. People with learning disabilities are often isolated and lonely and sustaining friendships can be challenging (DH, 2001). Participants reflected on the positive friendship between two women who attended the group and who had recently decided to live together, "because they were best friends." They described the group as a hub, a place to meet people; as it had helped develop friendship groups between people who attended. It had also helped relationships develop between support staff. Three participants voiced their individual experiences of the group and what it has offered them:

> P4 ……."it's one to one so unless they did something together I didn't see anybody."

> P3…. "I only work with one to one you know ……. so, we don't get the interaction with other staff until like we come here, you know, and I don't see anybody until I hand over".

> P1 ….. "seeing staff members from other services – it's nice to meet them - I've made a few friends, it's nice to know them…..so we have made extra friends".

The environment was discussed as being relaxed, playful and place where everyone felt supported so friendships could develop. Two core concepts became clear in the analysis process – that of being 'valued' and that of 'belonging'. Participants spoke of feeling valued at the group whilst also valuing others who attended.

Theme (b): Hospital connection

The hospital connection was identified as a secondary theme, due to the link with a person's discharge from hospital. Thinking about the hospital can be difficult for some people as it is a reminder of being un-well, but it can also be a reminder of where they became well and found the right support. Within the analysis process two sub-themes emerged, labelled 'negative reminder' and 'on-going help'.

Sub-theme 1: The 'Negative Reminder'

The 'hospital' was discussed at length and spoke of how people often found being reminded of when they were in hospital upsetting. They spoke of how it was sometimes difficult at the group when hospital staff supported patients to attend, particularly if they were wearing their hospital uniform and/or name badge. One participant spoke of the impact the memory of hospital still had on a person they supported three years after their discharge:

> P3…….“she struggles with people who she knows who come from the hospital. Even if the staff come in without the uniform and she doesn't like that staff, you can see on her face she is agitated, she's anxious. Even walking through the streets, you can see if she recognises somebody, you can see her face change …….you don't have to be in uniform to upset her, but the uniform just makes it worse”.

Suggestions were made in the discussion between the participants of how wearing plain clothes, so as not to stand out and highlight they were hospital staff, would be helpful at the group. Two participants from in-patient services openly discussed their experiences of facilitating and both recognised it could be challenging to support a person from hospital to a community group as procedures for supporting were often different between in-patient services and community services.

P5……. “It puts a hierarchy role on it doesn’t it? It makes them disjointed from the group, you are outside of the ward anyway you're in a relaxed atmosphere, you don't want to be reminded of the fact that somebody from hospital is sitting there with you”.

The theme of the hospital and it being a ‘negative reminder’, kept returning to the discussion. One participant mentioned the ‘Group Rules’; which were described as being compiled together by the group and placed on the wall each week. The rules endorsed the negative reminder in the form of ‘no name tags to be worn by support staff’, and this highlighted the importance to the group of a non-hierarchical environment.

Another participant spoke of how she personally found the hospital uniform and the connotations attached to it difficult.

P4…… “I think it does make a difference as you mentioned before about the uniform…..it's probably the wrong thing to say but it’s like a prison warden uniform and I think everybody sort of realizes that they are from the hospital”.

The concluding feelings towards the hospital with its reminder of when they were unwell was discussed at length, with a focus on how difficult the subject was for people to talk about. It was also identified that it was not only the uniform or the name tags which were problematic, but sometimes it was just a certain member of the hospital team who might be supporting someone to attend the group. The participants, including those from the inpatient unit, felt that staff who worked on the wards interacted differently from community staff. An example was discussed where a few weeks prior to the focus group, a member of the hospital staff had facilitated a patient to the group, and although they had not been in their hospital uniform they had chosen to sit out from the group and not interact with anyone in the group:

P5…. “There was a little bit of an incident a couple weeks ago. I think it kind of depends on the staff who come to support, and we came with one who didn't want to interact and kind of stayed around in the background and it did…it caused a bit of what’s the word? ……a bit of friction…….and it ended up becoming a bit of an issue”.

Sub-theme 2: ‘On-going help’

Although being reminded of the past when a person was unwell is difficult for some people the participants felt that the link with hospital could be positive as it offered everyone who attended the group reassurance that immediate help was available if it ever was needed. One participant shared how a person they supported found the hospital connection helpful as it offered on-going reassurance that help was available:

> P3…… "She likes to have the connection with hospital still because she is signed off from everybody else. She hasn't got her psychiatrist, she hasn't got her social worker she doesn't see anybody, so she comes and sees the facilitators here who still have a connection with the hospital".

Others in the group agreed. They discussed how since the dramatherapy group's facilitators were from inpatient services they understood people's complex needs and understood any difficulties and diagnoses. This meant both participants and group members were reassured by the facilitator's presence and felt able to go to them and discuss any concerns. As one participant shared how the group offered them a chance to explore concerns.

> 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 too, so I will mention it to somebody".

Working collaboratively can be central to enhancing support for people with learning disabilities and mental illness (Haines & Brown, 2017). The participants spoke about feeling able to go to the facilitators when they had concerns for a person who attended the group but who they did not personally support as, "they felt a close group connection between everyone" at the group (Participant 1). Two participants spoke of a person who attended the group unsupported outside the group at a cemetery:

> P1……"she just was crying and crying and crying couldn't stop crying and saying she's got no life this that and the other. I was really concerned and that was on the Sunday so when I came in on the Monday I told him, I felt able to go and say you know yesterday wasn't a good day for her and I think he had a word with her then you know".

> P4 ….. "We just look out for each other ……if we were worried about one of them in the group it is good that we know there is someone who we can refer onto".

The connection with the hospital was positive in this context and one that offered reassurance to everyone who attended the group.

A core concept found from the 'hospital' theme was that of 'recognition'. There was a recognition that people in recovery needed on-going support but also that they needed to look forward.

4 Discussion

The data from the study suggests a dramatherapy group can offer a place for support staff to spend time with a person they are supporting, get to know them, build a relationship and find extra support. The use of a 'mutual support' and 'peer support' ethos enables an understanding of the commonality of experiences and circumstances which serves to develop a sense of belonging for people (Keyes & Brandon, 2012). At the group people have individual roles, their defined roles and their jobs, but under a mutual support and peer support approach the boundaries of their roles merge as everyone begins to support each other.

New way of supporting

Support staff are central to a person with a learning disability's quality of life (Haines & Brown, 2017) and spending time with them and taking an interest in them, can avoid mental health crises from occurring (Salmon et al, 2013). Support staff at the dramatherapy group are active members which allows them an opportunity to obtain insight about the person they are supporting through observation and interactions, understand their relational abilities and assess their functional skills. It also offers people at the group a chance to learn more about their support staff, through seeing them much more approachable. Boundaries although clear - with group rules - are experienced as relaxed at the group, which allows people to interact together without tensions and a hierarchical structure. This form of group working is very different to the old institutionalised care systems (Salmon et al, 2013) and more in line with new strategies and policies that encourage a person-centred approach. The findings suggest that support staff prefer this form of working as they can relax into their role, engage freely whilst referring to the group as 'family'. Which suggests support staff begin to genuinely care about the people they are supporting.

The dramatherapy group offers support staff an opportunity to meet other support workers with similar work experiences. Often isolated in services and/or lone-working, staff can find their jobs difficult; particularly when challenges occur and decisions need to be made (Hastings, 2010). The group facilitates a place for support staff to meet other staff and to share highlights and concerns of supporting a person with a learning disability. This opportunity to share their role with peers is validating and reassuring and has allowed friendships to be developed. These friendships have meant people want to come to personally attend the dramatherapy group as well as wanting to support the person with a learning disability to attend, which is a motivating factor for regular attendance.

The dramatherapy group incorporates a 'mutual support' and 'peer support' ethos. This is to enable an understanding commonality of experiences and circumstances so that people can began to feel understood which develops a sense of belonging (Keyes & Brandon, 2012). Although people have individual roles at the group under a mutual support and peer support model the boundaries of their roles start to merge as everyone begins to support each other. The core concepts found from the data 'valued' and 'belonging' link to this mutual approach concept and encourages trust to develop so that friendships can develop within the group. An interesting finding is that although the group functions successfully as a whole there are sub-groups which have developed. These sub-groups; that of the facilitators, the support staff and the people attending with learning disabilities, are important in offering a secure base of belonging within the environment through further commonality. As Lister et al (2009) state, people often feel comfortable with a group of people that they are similar to and have something in common with. The sub-groups serve people to feel they belong to a set of people whom they can relate to which enables them to feel valued within the group and develops a person's self-concept. 'Fitting in' and knowing we are accepted within a group and within a population is important for people's self-worth (Lister et al, 2009).

The dramatherapy group using a mutual and peer support model is a new way of working that appears to help support mental health recovery. People with learning disabilities at the group are able to build trust, feel valued and belong so they can understand who they are and develop future goals that they would like to achieve. Support staff at the group are able to have insight into the people they support and understand their needs through directly interacting and observing them. Sub-groups were developed within the group which helped

further develop relationships. Support staff were able to use these sub-groups to share any concerns they had, offer advice and share achievements of their supporting role.

The hospital connection

The group's link to the hospital is a significant part of the group's purpose. The findings highlight how there is a need for some people to know there is a link to the hospital as it offers reassurance, whilst there is a necessity to be mindful that the 'hospital' connection can also be a negative reminder of when a person was very unwell.

However, for some being reminded of hospital can be unhelpful, as it brings to mind past difficult times. When staff from inpatient hospitals attended the group they often responded differently to community staff. This included having limited interactions with others at the group and sitting outside the meeting circle. The mutual support approach expects everyone to offer support to each other but through staff placing themselves outside of the circle negated this. The hierarchy structure of 'them and us' often found in hospitals of the past (Salmon, et al, 2013) was then evoked and people at the group became unsettled. This meant the group was no longer the therapeutic haven and a place of safety to share experiences, but instead a reflective group of difficult times.

Inpatient staffs' attendance at the group was not the only negative reminder of hospital; if a hospital name was mentioned, a hospital uniform was worn or even a NHS name badge witnessed these were found to be 'negative reminders' of a person's experience of their hospital admission. A negative reminder was found to upset a person for the rest of the day; as they struggled to come to terms with the reminder and how they could express and communicate negative memories. It was difficult for support staff to learn that a hospital experience causes so much distress for the people they support, and they felt that talking about the hospital was an unhelpful process.

A key finding is that new staff attending the group should be briefed on how the group runs and it is important that the facilitators are able to do this. Having a developed explanation of the system to give to new staff with the reason for the group's approach is an important factor in the group's running and further development and advancement for the group's benefits.

Conversely this study's findings showed the hospital connection was helpful to some people at the group as it offered 'on-going help'. The hospital was a place where people recovered and could receive acute support. Having a connection to the hospital offered reassurance to people that services could be easily accessed if needed and staff who worked there were skilled enough to help them recover because they had previously had this experience. People with mental health problems and learning disabilities value staff who have knowledge of their past and understand what they have been through (Kroese et al, 2012) yet this population also find it difficult to talk about themselves openly, particularly their mental health problems and needs (Mencap, 2018). The facilitators of the group worked within inpatient services and had background knowledge of the people who attended the group through accessing their notes, sitting in regular meetings about their care and as part of the wider multi-disciplinary team. This link to services saved a person from having to unnecessarily share their historical admissions and mental health diagnosis. It also meant that supporting teams could be accessed quickly and easily when and if needed by the facilitators at the group without General Practitioner appointments being made. The latter point is important in the context of a Mencap report (2018) which found 75% of GPs receive no training to help them treat people with a learning disability.

The overall aim of the group is to increase community support and reduce the likelihood of a hospital admission. Being able to come to the group and talk to facilitators and other colleagues about concerns offers on-going reassurance that help can be identified quickly. This is, particularly helpful when a person has been discharged from all services.

The core concept 'recognition' highlights that mental health recovery is on-going. As Leamy et al (2011) state, personal discovery is a "deeply unique process of changing one's attitude, values, feelings, goals, skills and /or roles, a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness" (p. 445). For people with a learning disability, understanding their own journey and their own process can be challenging (DH, 2009). There was recognition that people might be frightened by reminders of bad times, when they were unwell, which should be managed in community groups where there is a link to the hospital. Although the hospital connection can have benefits such as offering support when people are feeling unwell or concerned, the findings suggest it is important to remember to look forward and support at their own pace and in their own way.

5 Conclusion

The recent changes in care and the closure of inpatient units along with guidance to improve support (NHS England, 2017) are an important move forward in the mental health care of people with learning disabilities. Findings from this study highlight one area of new practice in the form of dramatherapy groups using a mutual and peer support approach as a form of positive engagement. In recent years there have been changes in care and developments in the training of community teams who are now encouraged to use a person-centred approach (NHS England, 2017). The dramatherapy group has advanced on this and the members have developed their own culture and their own way of running it with an expectation that support staff who attend the group also join the group. Although more research needs to be done in this area, as a provision which facilitates discharges and offers on-going support after an admission the dramatherapy groups seem to offer people a place to meet, feel accepted and develop relationships. They also enable direct access to community mental health professionals which offers reassurance that help is always available. This research is part of a larger study and represents a process to understand support staffs' experiences of attending a psychosocial intervention in the form of a dramatherapy group. It demonstrates how this model can be used to bridge the gap between inpatient and supported community living and potentially reduce the number of hospital unnecessary admissions.

5.1 Limitations

The interpretation of the data was done solely by the researcher of the study, who transcribed and analysed the data. However, regular discussions took place with her supervisory team about the content and themes, with sections of the data randomly looked over by them to help with biases.

5.2 Implications

The study highlights a number of important areas for support staff and the people they support in line with changes in services and care.

- Moving from hospital to the community can be difficult for people with a learning disability and mental health difficulty. On-going support in this process with people who have had similar experiences can be helpful.
- For people living in the community being reminded of their inpatient stay can be experienced negatively; the memories of being unwell, of being or witnessing

restraint can be unhelpful. Looking forward and recognising the future is a more helpful process.

- The dramatherapy group as a mutual and peer support model, is effective as offers on-going reassurance to people that they are doing ok, and if needed, immediate help can be identified quickly.
- Developing positive relationships with a person who has a learning disability is an important aspect of support staffs' role.
- Community based support staff have increased levels of responsibility and accountability to the people they support. The opportunity to meet other support staff and share any challenges and/or difficulties offers mutual support and reassurance.
- Offering new staff who attend the group guidance on the approach and model used is important for the group's delivery

5.2 *Recommendations*

A dramatherapy group as a psychosocial intervention for adults with a learning disability and mental health difficulties can help facilitate a person's discharge from hospital and maintain their wellbeing. Attendance at the group means that concerns are highlighted early and wrap around care can be immediately implemented.

Support staff attending dramatherapy groups as described in this article should actively participate as they can benefit from this process and develop their relationship with the person they are supporting.

This form of group can continue to develop staff skills and offer on-going reassurance about the support they are providing in the community.

When running community-based groups for people who have had a hospital stay, care should be taken around the links with inpatient services as it may bring back distressing memories. Specifically, when inpatient staff attend they should avoid wearing hospital uniforms as this was identified as a trigger to negative memories.

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