

PLAYING ON

Theatre engagement programme evaluation report October 2014



Photography: Oliver Bancroft



“There is no doubt that there was camaraderie amongst patients. Plus also their very interaction with staff was changed. There was a sense that they understood staff better, they could empathise much more, which is unusual.” **Dr Dele Olajide, consultant psychiatrist**

BACKGROUND TO THE PILOT

Whilst delivering a pilot programme within the mental health unit of Homerton Hospital for six weeks in 2012, we asked what were the main issues concerning mental health, which need to be addressed. Dr Robert Fisher, consultant psychiatrist, told us that there is a pressing need to normalise hospital so that the patient is equal. He also noted the irony that the patient leaves the hospital and that the doctors and nurses stay – they can become institutionalised.

Helen Shearn, Head of SLaM Arts Strategy was initially introduced to Jim Pope, co-artistic director of Playing ON Theatre Company by Anna Sexton who was the curator of the Anxiety Arts Festival 2014, hosted by the Mental Health Foundation, taking place at London venues throughout June 2014. Helen introduced Jim to colleagues, in particular Dr Dele Olajide, Consultant Psychiatrist and Caldecott Guardian and was instrumental in bringing Playing ON to the Maudsley as part of the Anxiety Festival.

THE NEED

Helen cited the SLAM Arts Strategy goals of building infrastructure; developing activators and champions; expanding connectivity and partnerships and raising staff awareness. She explained there is a need to calibrate these with innovative and developmental practice and examine the potential for further application and wider benefits. This meets with the vision that Dr Dele Olajide has expressed:

“ I see parallels between the insight derived during acute in patient group therapy work and the process of co-production of a play by patients and professional artists such as proposed by Playing ON. Both rely on improvisation of ideas which is resonant for members of the group and which in turn leads to the development of empathy and a sense of personal agency. Psychotic patients seem able to focus on “normal emotions” and existential preoccupations when not being interrogated about their psychotic symptoms. Art and culture are the perfect vehicles for achieving such states of normality even while psychotically ill.”

Having worked for several years in the prison sector and for the past three years in the mental health sector, we have witnessed the transformational effect that theatre can have on those who take part. One of the main challenges in both these environments has been bringing the work to the attention of the wider public in order to raise greater awareness of the issues that affect us all.

It was agreed with the partners that we would pilot a theatre engagement programme within Aubrey Lewis 3 (AL3), psychosis ward. This is a 19-bed ward at the Maudsley hospital for men, aged 16-65, who have severe mental illness. After careful consideration about the need to normalise the hospital experience and maximize the number of participants, we decided to include patients from Ruskin ward, which is a female ward offering the same services for women.

The main needs we wished to address with our programme were: (1) to raise awareness and reduce the stigma of mental illness. In our experience it is often the case that in the same way prison theatre is only experienced by those in prison, only those in hospital experience hospital theatre without having the opportunity of a public platform. (2) To improve relationships between staff and patients. There is often an acute divide between patients and staff, which can be detrimental to recovery, as people with a mental illness fear the stigma and mistreatment from mental health workers. (3) To humanise service users and providers by telling their stories. (4) To begin to create an approved model of theatre delivery that could be validated by the NHS for delivery in multiple settings within the mental healthcare system. (5) To share with hospital staff how theatre-devising techniques can be used to build rapport and create empathy among service users.

“There’s something in it that encourages you just to open up and I think everybody else did. It broke the stigma, a stereotype, which I think some people expected, I expected it myself. I really enjoyed it.”

A mental health patient



TRAINING

In April, a company of mental health service users and professional actors took part in a weeks rehearsal and workshop preparation delivered by Jim Pope

and Philip Osment, during which the group prepared to deliver a theatre performance for patients and staff on AL3 ward and a workshop for hospital staff working with vulnerable adults. Prior to this, Jim had spoken extensively with Dr Olajide to agree the aims of the work. He visited Wellington Kapfunde, Ward Manager on AL3 ward several times as well as sitting in on a ward planning meeting to meet patients and staff. He also attended a meeting with all ward managers to talk through the implications of delivering a theatre improvisation programme.

Playing ON then delivered an experiential skill sharing on April 17, at the Community Link Centre, which was attended by 12 members of staff within the Maudsley. This was instrumental in raising awareness of the theatre techniques used by Playing ON and it encouraged hospital staff to support the programme by enabling patients to attend. Dr Olajide attended the session along with two members of staff; Christiana Richards, Occupational Therapist and Yildiz Kirney, Activities Coordinator from John Ruskin Ward, both of whom later became part of the delivery team.

THE CHALLENGES

One of the main challenges in running the programme was the ever-changing nature of the group. It is often the case within the psychotic wards that a patient will stay for just a brief period during which time their ability to focus will change dramatically as they become well. This meant that it was not possible to predict exactly who would be present at each session or who would be available to appear in either the ward performance in AL3 or the Ortus performance the following week.

The company built a drama from individual characters and utilized the freedom of improvisation, which meant they were not bound to a script and were able to adapt to last minute changes in personnel without it sabotaging the three performances.

In future programmes, we will aim to make stronger relationships with hospital staff and community support groups so that we can make it easier for people to remain on the programme even if they have left the hospital. This was the case with two of the participants, both of whom were discharged but returned to perform at the Albany Theatre.



“It was good, it was like us standing up to say we may be mentally ill but we've got common sense, there is nothing wrong with our intellectual side.”

A mental health patient

RECRUITMENT AND DELIVERY

In order to raise awareness among hospital staff, Jim Pope initially attended a ward managers meeting to describe the aims and methodology of the programme, which was enthusiastically received. He also met several times with Wellington Kapfunde the ward manager for AL3 and between them they agreed a schedule, making sure that they were able to deliver their programme twice weekly and include intensive full day rehearsals prior to performance whilst allowing for essential regular activities such as yoga to continue. As the programme ultimately fell under the supervision of Dr Dele Olajide, it was initially thought that the participants would be drawn exclusively from his ward, AL3. On further discussion, however, it was agreed that this might be problematic in terms of low numbers for the group and also that to have a mixed group of men and women would be far more helpful when it came to creating a piece of theatre that would represent the world of mental health care in all its complexity. Further back fill funding resources were procured in order to provide staff cover and to film the programme. Conversations took place with Yasmeen Beebeejaun, ward manager of Ruskin to make sure that Yildiz Kirney, events coordinator for Ruskin ward was able to attend and escort female patients to the sessions without there being a lack of cover staff.

Playing ON launched the programme with a taster performance given on AL3 ward by 6 actors, some of whom were service providers. Hospital staff and patients from AL3 and Ruskin wards attended this, which gave the opportunity for the company to demonstrate the type of theatre they would be making with the group and to answer any questions about the process before the workshops began. They then delivered a total of ten bi-weekly drama sessions followed by a full days intensive rehearsal, which culminated in a new performance on AL3 ward at which patients and staff were present.

Building on this, the company then worked with the participants full time for a week, refining the material before moving off the ward to perform at the Ortus media building within the grounds of the hospital to a VIP audience of mental health professionals, friends and family members.

The final aspect of the programme took place at the Albany theatre in Deptford as part of the Anxiety festival 2014, curated by the Mental Health Foundation. Playing ON worked for 5 days to devise a performance representing their experiences within mental health care. On the third day some of those who had participated in the Maudsley programme who were now discharged joined them at the Albany along with two members of hospital staff. They all appeared in an item for ITV news and rehearsed an improvised “curtain raiser” presenting characters which they had created at the start of the performance as well as taking part in a question and answer session with the audience after the show.

“...In our daily planning meetings, the participants were always advising the others to come and join because they were always telling them; "it's very interesting. You need to come and see what we are doing." So I think it builds that confidence and the interpersonal relationships with others.” A ward nurse



“The skill developed by the playing ON team empowering the actors to improvise with such accuracy and fluidity was inspiring”. [An audience member](#)

BENEFICIARIES



“I have never done any drama before so this was my first experience and I will say it gave me confidence. I think I am going to get involved in more drama. There is a drama group close to my house, it is an African thing and I am planning on joining.” *A ward nurse*

- Staff who attended the skill share = **12**
- Playing ON members who performed in the AL3 ward taster production = **6**
- Staff who watched Playing ON ward taster production = **13**
- Patients who watched Playing ON ward taster production = **9**

- Patients who performed in the AL3 ward production = **11**
- Staff who performed in the AL3 ward production = **3**
- Staff who watched the AL3 ward production on 23/4/14 = **8**
- Patients who watched the AL3 ward production on 23/4/14 = **7**

- Staff who performed in the Ortus production = **4**
- Patients who performed in the Ortus production = **6**
- Playing ON members who performed in the Ortus production = **1**
- Members of the public who watched the Ortus production = **45**

- Playing ON members who performed in the Albany Theatre production = **3**
- Patients who performed in the Albany Theatre production = **3**
- Staff who performed in the Albany production = **2**
- People who watched the Albany production = **100** 9

THE MAIN OUTCOMES FROM OUR PROJECT

Interviews were conducted with a range of service users and providers, all of who took part in the engagement programme. Below are excerpts of the interviews, which directly relate to our stated outcomes. The full interviews are included in the appendix:

The main outcomes stated in our proposal were as follows:

- 1) *Hospital staff report improved engagement with patients*
- 2) *Participants report increased confidence and optimism*
- 3) *Participants report greater satisfaction in interpersonal relationships*
- 4) *Those attending the performances report raised awareness about mental health care*

1) HOSPITAL STAFF REPORT IMPROVED ENGAGEMENT WITH PATIENTS

Christiana Richards, Occupational Therapist at the Maudsley

- I really enjoyed it. I remember talking to you at the beginning when you came to present to the staff and I was just perplexed about how you were going to get people on the ward to stay focused and to engage with the level of games and activities that you were going to do and it was just lovely to see it happen.

And what did you think about the team involvement how did you experience that?

I liked it. I liked the opportunity to run some games and be involved as well so it wasn't just as participants but a bit of facilitating too, which got us involved I enjoyed it

- It was brilliant for me to get to know the patients I've found I've got to know a lot more of the patients doing the drama group and being on the ward regularly than I do when I go on there for snapshots.
- It felt like a company. It felt like a cast at the end when we played with the balloons in the Ortus and stuff it was just like a group of friends, there was a bond that was felt in the group I think.
- There was encouragement both ways there is always a little bit of anxiety before going on stage. It broke down the barrier of us and then we were all

in it together.

Yildiz Kirney, Activities coordinator, John Ruskin

- I found it really useful because we had a discussion and you can get a lot of information from a person just by asking them to create a character. Most of the time they are speaking about themselves so what I tend to find with clients on the ward when I am trying to speak to them and get information about them and if it is someone who doesn't really like talking that much, I usually come back with nothing, but I saw how through drama and creating characters you can get a lot of information.
- I really enjoyed it. I am so glad Mrs L agreed to be at the Albany performance because her occupational therapist role was hilarious, she was so passionate as well. I did feel that some of the barriers were broken down in a way. Obviously I believe there should be a professional boundary between staff and patients. Even in your personal life you can still have a boundary with people but then it's sometimes good to come from a person-to-person level and see that person as an individual rather than a patient. It helped with that as well because we weren't there as a staff member and a patient we were on the same level creating characters. No one was coming in with their patient or staff role. It was great that you guys were the facilitators and patients and staff was both on the receiving end.
- I think it was summed up with Mr L's poem, which said "how can it be us against them when it's us against friends." There is generally this thing about staff and patients against each other and patients on the ward seen as needing to stick together and the staff stick together. What I actually did find with the drama workshops was that they brought patients and staff together on a level.
- My relations with the patients on ward really improved. Really improved. It is through the drama workshops that I did get, especially with Mrs L, a feeling of mutual respect towards each other. That should go without saying but sometimes there might not be the respect there because there is so much distance. There would always be that acknowledgement and respect between her and me.

Dr Dele Olajide, Consultant Psychiatrist on AL3 Ward

- I have seen Mrs. L twice and she's changed her hairstyle. She is very much engaging and very keen to see the outputs, the film recordings. And I've seen Mrs. C in the canteen she was wonderful, she recognised me, I didn't recognise her. She too has changed her hairstyle and was very forthcoming. I was actually with my junior doctor and she came along and said hello, which is amazing. She's a female patient I have no contact with her normally but as a result of the program it's brought us together; doctor-patient and you don't actually, necessarily see her as a patient, well I don't. When she engages with me I just see her as a person talking to me about something shared. It's a common experience we shared, so it becomes a focus of communication and discussion. Ordinarily that doesn't happen, it's one of the things we hope will happen, where there is normalization and you have a relationship with people with whom you don't normally. So I think that was very positive.

Joseph Antwi, Ward Nurse on AL3 Ward

- A lot of these patients weren't engaging much before the drama. Initially they were skeptical. They were not coming but when we encouraged them to attend and they started attending, they tended to engage more.

- It had a positive effect because I was partly involved in the drama, so patients talked to me. Sometimes they would be joking, like Mr H who would say; "hey I'm your consultant here," and I would say; "yeah I know you're my consultant and I'm the OT" based on what we were doing in the drama. He really enjoyed it.

2) PARTICIPANTS REPORT INCREASED CONFIDENCE AND OPTIMISM

Mrs C, mental health patient on Ruskin Ward

- The acting is good as well I really love the acting. Just to be yourself and to be someone else it makes it easier communicating I have found. I find that normally with people I am quiet, people say I am quiet. I think I am as well. I don't know what to say when I say something... I've just got nothing to say. So when you're acting like this being someone else it's easier to find words.

How did it feel when you were coming out of the sessions?

I just felt really excited. I just felt good really.

Mrs E, mental health patient on Ruskin Ward

I think the drama helped me by giving me an idea of how to cope in situations. It can take you from one moment to another level. Real life is real life, we cannot avoid it, and that way drama helps us stop. It can give us some ideas of how to cope in situations, that's what I think. I like the setting with the patients, the psychiatrist, the doctors and nurses. I like that setting.

Mrs S, mental health patient on Ruskin Ward

- It's tuned into something, it brought out my inner enthusiastic self. It brought out something that I haven't used... That's literally something in itself that encourages you just to open up and I think everybody else did.

Mrs L, mental health patient on Ruskin Ward

- I was scared of meeting the men, other people that are mentally ill.

But you did come and then kept coming, what changed?

Being welcomed by the Male patients and the fact that you said I was good in some of the things I did in drama, which I found surprising and encouraging. It boosted my self-esteem and it took my mind off being in hospital. Being on the ward.

- I felt useful in the way that I could show the nurses that I was capable of doing something and not being bossed around and stuff like that. I could come off my ward and forget about my troubles for a while.

How was it doing a drama about a mental health patient, when you were a mental health patient?

It was funny but at the same time because the audience were the actual people that we were ridiculing, it was good, it was like us standing up to say we may be mentally ill but we've got common sense and there is nothing wrong with our intellectual side. There is nothing wrong with us learning something, and being able to digest something, and it doesn't mean because you've got mental health problems, you don't recognise when someone says something bad to you. Even though you're a staff member doesn't mean that you're smarter or you're more attractive. You feel things and it was

like getting one up on some of the nurses, it was for me.

..... I felt that there is hope after hospital. It made me feel attractive again.

- ...Before I went there, I used to role-play in my head to keep me going. Just making up stories in your head kind of helps if you're not really a reader and you would rather be on the computer. It kept me alive on the ward just imagining stuff when I come out. For me; it hasn't been the way I imagined it but that ongoing thought that "I will be okay, I will come out, I will get back to normal life" helps the brain stay focused while unwell.

Did your confidence change?

- It did, because I had my nails done and one of the Spanish women started to chat to me and stuff. It gave me lots of encouragement, that I was good at something.

Mr P, mental health patient on AL3 Ward

- The first thing about it was that, it's like anything... when one is on the ward there is a certain area of insanity and suddenly into it comes a ray of light which is usually the OT's. In this case it was a brilliant shaft of bright blue light that was drama and it suddenly illuminated everything totally and that's all I can really say.
- I think that instead of seeing life as a sort of string of accidental activities, one has a role in life, one has a start and a beginning and everything has a purpose. Suddenly everything has a purpose. Even ones dreams have purposes...and I really value what you've done here.

Mr L, mental health patient on AL3 Ward

- The drama has been an outlet for my anxiety. I feel a lot of anxiety on the ward and the drama has been a big outlet for my anxiety.

Mr H, mental health patient on AL3 Ward

- Well normally life on the ward is very boring, very very boring and drama has made it very interesting, very exciting. It's very therapeutic.
- OK, so when you say therapeutic, in what way do you think it's therapeutic?***
- Getting used to the medication as you first come here is very hard. It's very hard. It's really cheered me up, it's really been therapeutic in the sense that it's driven my mind
 - It would have been boring. My life would have been terrible on the ward, without the drama. I wish you guys would keep it up as much as possible – go to as many places as possible.

Joseph Antwi, Ward Nurse on AL3 Ward

- I will take myself as an example. I have never done any drama before so this was my first experience and I will say it gave me confidence. I think I am going to get involved in more drama. There is a drama group close to my house, it is an African thing and I am planning on joining?
- I saw that sometimes in our daily planning meetings, some of the participants were always advising the others to come and join because they were always telling them; "it's very interesting. You need to come and see what we are doing." so I think it builds that confidence

3) PARTICIPANTS REPORT GREATER SATISFACTION IN INTERPERSONAL RELATIONSHIPS

Mrs C mental health patient

- It was good because I felt that it wasn't just me. There were people there who knew that it was real and they knew what they were doing.
- Just to be yourself and to be someone else it makes it easier communicating I have found.

Mrs E mental health patient

- I am a very religious person a Jehovah's Witness and then I see the situation with family problems, even in my family as well because no one is perfect that we all have problems. That's why I think the drama helped me by giving me an idea of how to cope in situation.

Mrs L, mental health patient

- It took a lot of energy. Me and another girl from the ward are completely different but we came together and it gave us something to talk about, something to look forward to. And where I had an understanding with another patient it made me and the other patient come together. It brought us together, the actual acting, willing you on to go the next week and do something positive rather than just sit there.

Mr P, mental health patient

- It wasn't just the people that were doing the drama; it was the people they were doing the drama about. It was the situation on the ward that suddenly illuminated itself.
Right so that's really interesting Mr. P because I worried sometimes that we were doing scenes about being on the ward and it might have been better for you to do something that was just pure fantasy.
- I don't think so, I don't think so given the God-given example of what we had there and the fact that... I mean, for instance today, I've just had my ward round. I'm no wiser than I was but one of the people there was Miss Calamity Jane. (This was Mr P's nickname for Christiana Richards, one of the occupational therapists) and that's all I knew and I knew instantly that this was Miss Calamity Jane. I thought that's who she is.
And had she seen your performance?
- She was part of it! You know miss... Miss mad whatever her name is.
Which one was she, Christiana?
- (Laughing)... Yes!
So tell me what was it like doing your ward round and having Christiana there?
- Well I had to interview everybody to find out who they were, there were about 20 people I had never seen before, and there was one person I did know because they were from drama.
And that was Christiana the OT?

- Yes exactly and she couldn't stop laughing
Was Dr Dele there?
- Yes and he was very polite and very obsequious. Very careful to say how well he had liked what I had done, even though I did not think it was much. He almost fell over himself several times to thank me for my performance of Estragon, which I had not thought was good, he just said over and over again; "thank you thank you thank you thank you."
So how did that change the ward round from other ward rounds?
It's changed it from being strange to being familiar.
Because you felt that they knew you and you knew them?
- Yes. Yes

Mr. L, mental health patient

- I think it gives you a talking outlet rather than feeling enclosed all the time. You know, when you feel you've got people you can reach out and talk to, other than nurses and doctors that are on the ward. You guys come in and it's easy to talk to you guys because yuse ain't really connected with my back story or anyone else's back story, it's just about the drama, it's just about... you know creating something beautiful, it's nothing to do with what the nurses are seeing and what writing down all what the doctors are thinking of you that it's just something totally outside the box, which isn't encapsulated within the ward, it's far greater than that.

Joseph Antwi, Ward Nurse on AL3 Ward

- Yes because as I said before, some of the patients they were trying to convince the others, those who were not coming. They were trying to convince them to come. Like encouraging them to come, even if they don't want to take part to come and observe. I remember Mr. D was trying to convince Mr. R; "just come and see what we are doing, you are going to like it." So it was good, you know it was very very good.

4) THOSE ATTENDING THE PERFORMANCES REPORT RAISED AWARENESS ABOUT MENTAL HEALTH CARE

Mrs. S, mental health patient

- I think maybe the reason we were asked to do a ward round is that it would attract the audience, give them something to think about. Something that the patients were observing and something that the staff were observing. To see what they really wanted to express about how they react in that environment. I noticed there were a lot of laughs from the staff about how we interpreted some of the roles that we had been given and I thought it was topical for them and they got involved more than they would have got involved. I don't think it would have been that amazing if you did something else. I just thought that the mental health thing was more relevant to the people on the ward.

Audience members at both the Ortus and Albany shows received an email asking them to respond to 3 questions: a) what was the most memorable moment in the show? b) Is there anything else you would like to have seen? c) Is there a question you have for Playing ON? Here is a selection of their responses:

The Ortus performance:

- Matthew McKenzie, Carer
There were so many memorable moments of the show, each actor highlighted all the different aspects of mental health at the ward, and how the patient ward deals with politics each day and raises many questions on communication within a mental health setting. I noticed friction between staff at the mental health unit during the play, something a carer like myself does not tend to see, which was rather memorable.

The Albany performance:

- Amelia Lowdell, actress
Seeing the patients from the Maudsely perform with confidence and surety over the material and thereby educating me about mental health issues and watching the professional actors switch from character to character so truthfully. The skill developed by the playing on team empowering the actors to improvise with such accuracy and fluidity was inspiring.
- *I would like to see this show in a bigger venue so that more people can access it. I would like to see a further developed version of this show.*
- *Is Playing ON doing workshops that teach the structures they use to create shows? As a theatre maker I would be interested in attending such an event.*
- Mike Alfreds, Theatre Director
I thought the performance was impressive and moving. No one moment stands out, as it was all at such a fine level throughout: honest and instructive as well as being entertaining in every sense.
- *My question for Playing ON is: Why aren't institutions and people rushing to fund you when you do such excellent and special work?*
- *Good luck chasing the funding.*
- Wendy Jardine, Pilates Instructor

I thoroughly enjoyed Traps of the Mind. I enjoyed it for many reasons. It was a good piece of theatre, thought provoking, very honest and real and I left the theatre thinking of mental illness as a spectrum and decided we were perhaps all most probably somewhere on the spectrum and that we should be mindful of each other's fragility.

- *I found the play so real, that there were moments I wanted to talk to each and every patient and member of staff, each "character". I felt for them all. I wanted to know all their 'back stories'.*
- *Perhaps the most memorable moment was the realisation that the staff was not cohesive and the knock on effect of this for the well being and future of the desperate situations and real worlds emerging within the ward. So frustrating, stressful and deeply distressing.*
- *There was nothing that I felt was missing from the production. I would have been happy for the play to have opened the evening and then after the show, listen to the background talk from the deviser.*
- *The only question I have for Playing ON is, what's next? So please keep me on your email. I would be delighted to support future work.*

Email from Sarah Ford f2 doctor on AL3 ward talking about the Ortus performance

Dear Jim

I have spoken to a few of the patients about the play, and also had said that I would give you my feedback!

One of my patients on AL3, who came to watch, said that he felt that it was really uplifting as he had felt huge shame in being in hospital, but thought that the patients who were acting had done something positive with their time. Seeing other patients that he knew from the ward acting, he felt that he could see himself and his struggles in them and that other people understood what he was going through. He said that he felt they were really brave, as they were bringing themselves to the production, exposing their feelings and insecurities, and he said that you could see elements of the patients themselves in the characters that they were playing. He said that he has been thinking about the play a lot over the weekend, and it had a really positive impact on him, brightening his spirits.

I loved the play as well, and was sitting full of pride when I was watching it. The actors were enjoying themselves, and making fun of themselves, each other, and us too. I could tell that the patients felt like they were doing something important, and this reflected in the ward, as it really brought out the best in them

My housemate was telling me that she could not tell who was a patient and who was staff, and kept telling me how emotional she found it that these people who had been really unwell had worked so hard to produce it (even updated her facebook status to "totes emosh" or something of that ilk)

It was interesting for me to see how much it had changed since last week, as the patients' health changed, and as they worked really hard at it, and I think that it would have been interesting for you to watch the whole production developing and changing with the patient's mental state, as well as the different patients that we had.

I think that this has had a massive positive impact; I think that it really helped patients feel good about themselves, and to look at things from a different point of view. I hope that you all enjoyed it as much as we all did.

Many thanks

Sarah

ADDITIONAL OUTCOMES FROM THE PROGRAMME

- We presented our work at the London Metropolitan University symposium on social justice on Saturday July 12
- We are currently in conversation with Barbara Rodriguez Munoz from the Mental Health Foundation who wishes us to bring our work to the 2015 Anxiety festival in Nottingham in April.
- We have been asked to apply for funding to bring an action research drama programme targeting staff at the Maudsley to increase their buy in with a view to making a larger application to become a theatre company in residence at the hospital for a year long programme of theatre engagement.

THINGS LEARNT FROM THE PROGRAMME

- We stated in our original proposal that we would use the Warwick Edinburgh scale to evaluate the aims of the programme and we would produce outcome stars for each participant. This proved to be unworkable as many of the patients were too ill or too distrustful at the beginning of the project to fill in the questionnaires. Then, when they were more lucid and in a position to fill the forms out they were discharged and did not complete the programme.
- One of our main outcomes was “hospital staff report improved engagement with patients” and an intermediate outcome towards this was; “Staff feel confident to use basic group exercises such as check-ins and gatherings as well as ice breaking games to engage patients.” We followed this, making sure that the nursing staff delivered elements of each session. On reflection, it was not possible to dedicate enough time to staff training to enable them to run future sessions on their own and as a result, we are hoping to find the resources to allow us to return to the hospital and provide targeted engagement for hospital staff.
- The introduction of filming the process at the suggestion of Dr Olajide was not part of the original proposal and came very late in the day. On the whole, it has been a huge success, giving us the opportunity to demonstrate the effectiveness of our programme to professionals in the future. Also the inclusion of our presence at the Albany Theatre on the ITV news was an exciting event. The difficulty has been in the administering of the consent forms which was a role taken on by the nursing staff at the Maudsley. In future we will re-think the way these forms are administered.

To view a short film documenting our programme within the Maudsley and the ITV news coverage of our Albany show go to:

<https://vimeo.com/106593663> password = HT Maudsley ITV



Giving voice through theatre