Clara Shield:

Welcome to the Practising Mindful Practice podcast series. Practising Mindful Practice is a resource for heritage professionals exploring their working practice around the development of mental health and recovery programmes funded by the Baring Foundation.

Zoe Brown:

The series has been produced by Tyne & Wear Archives & Museums, or TWAM as we like to call it. I'm Zoe Brown, the outreach officer for the Culture, Health and Communities team.

Clara Shield:

And I'm Clara Shield and I work alongside Zoe as lead for our Health and Wellbeing programme.

Zoe Brown:

Episode five, Creative Interventions Demonstrating Impact. Episode five is exploring the logistics of how professionals in heritage, health and social care sectors have each demonstrated the impact of a collaborative creative health project from intention, research monitoring and data sharing.

Occupational Therapy Lead CNTW:

So I'm an occupational therapist and my job is I am the clinical lead for the inpatient occupational therapy team. So that is the occupational therapists who work on the acute adult wards, the rehab adult wards, and the older people's wards.

Do you know what I think it is? What we're always trying to look for with our patient group is dropping these little drops, seeds of this is going to change where people are when they're in the depths of an acute mental health relapse. And I've lost any sight of being able to come out of it or that my life is going to be any different. I think as soon as we bring an external agency, yourselves from the museums onto the ward, it's another little drop of this life beyond this, there's something, it's like it's just this little hook of there's something else. My life isn't just about symptoms and illness and medication and going in and out of seclusion and being put on a section of the Mental Health Act. I think it's a lovely reminder for patients that there's a world out there full of nice things to engage with.

It offers them that little bit of hope, that little bit of something different that patients often just don't see. When they're in an acute relapse, there's something, it offers them something to think. It reminds them of the outside world. It reminds them that there's a world going on out there that they can, and it's so inclusive. Absolutely. We're coming to see you as a patient group to remind you that this is all going on out there and this is all there for you to link with when you feel able to, it reminds people that there's something to get better for the good bits of life. And that's what as occupational therapists, we're always trying to remind patients of, that you don't just have to, you're not just going to stay here in the depths of where you are. There's a life for you still to live.

It comes, I think of it, the conversations that you will have with patients. You will find out stuff about patients that the clinicians don't have any idea about, as in, oh, they used to work in such and such and oh, they're trained to be that because you are bringing a different topic that will just open up a different bit of their mind to be able to talk about a bit of their life and experiences that they're not sharing with other clinicians. So it's kind of thinking of a way of how do we get the information that you guys find out about someone, which is all about the patient as a person and their history and their likes and dislikes and what they want or how they kind of want to change things in the future. But it's also, I think there's something more subtle as well, the work that you do and you won't see that change.

We then see later in the afternoon that that patient is motivated to go for a walk because they've had a really successful session where they've been able to think about something and feel different. You guys have made them feel different in that session, which has made them feel a little bit better about themselves, which has made them want to go for a walk and go and do something else that afternoon, which has made them want to pick the phone up and made that phone call that they've refused to make for the past two months because they haven't felt able to.

That's the subtle bit that comes out of patients coming away from the sessions with museum staff where they feel and it opens up something in them. They feel more confident to do things. It kind of kickstart this little bit of motivation of interest. That's the bit that we see and it's thinking about how do we record that and can we measure it. So much of mental health, it's so difficult to measure anything in mental health because it's not numbers. It's so grey and it's so subtle. But that's the difference that we see after the sessions with you guys. Patients present differently.

Joanne Charlton:

I am Joanne Charlton. I run the platinum programme at Tyne & Wear Archives & Museums. That happens a lot when I have students with us because that's when things are getting picked up and written down more than things. Whereas when I don't, maybe I'm taking a lot of it for granted and just getting on with my job every day, if you know what I mean. So when we have students, we will sit down and debrief about what went well and what didn't and can be changed for next time. But it's usually as me as the heritage professional helping the students to do it the next time, not about myself, if you know what I mean. Family members might want to get involved the next time because they've heard about it and then the family members might want to get out some old photographs or something, knowing that the girl from the museum is coming along next time with some objects and things like that. So as well as working with healthcare staff, I definitely work with the families and carers and things as well.

Reece Watson:

My name's Reece Watson. I'm currently working as an occupational therapy assistant on the Fellside & Lowry Ward. However, my experience of working with the heritage boxes came when I was working as an activity facilitator and that was on Bede Ward at St. Nicholas Hospital. Yeah, I think the first thing that brings to mind is from, because I've done two projects with Clara now, but the first one we did have a lot of engagement and then that was very much along Roman history and the history of the North East. And we had patients that were attending every week for, I would say it was about five or six weeks of regular attenders. And what we did, we put together ideas of topics our patients were specifically interested in, and we drafted in a local artist to do a mural up on the wall on the ward, and that went all the way from Roman times history all the way through to ending up at the Millennium Bridge. So it was like a big mix, quite a big mural, which also brightens up the ward as well because the wall can look quite clinical at times. And the patients were over the moon that they had that input and when they would be moved on, would be discharged. Sorry, that's still there. And that's a part of the project. It's still up on the wall now. So not only has it brought some nice colour to the wall, there's meaning because it's a lot of input from patients as well.

Nuala Morse:

My name's Nuala Morse. I'm an associate professor in museum studies at the University of Leicester, and I'm really interested in a professional practice of museum workers who are doing work in this broad field of museums in health. So my research has taken different shapes over the years. I've done collaborative work with museums looking at how we measure the impact and the benefits of creative activities with museum objects in healthcare contexts. And I've also been looking at what are the different skills and competencies that museum professionals need to deliver this work. So thinking about the caring museum professional and what does it mean to do care work with museum collections? What I've noticed from doing research in these settings, so research where I guess Clara, you're delivering the activity and I'm there doing the research. What I've noticed in those settings is that it kind of feels like there are some of those tensions and frictions, but equally there's a real desire often to invite the museum in and to enable these creative activities.

So if we put the kind of issue of funding aside, say we've got the funding in place, I think sometimes accessing these spaces can be quite straightforward actually. There's a lot of spaces where occupational therapists, staff on the ward, they will know the value of creative activity and museum led activity for their patients and they want nothing more of it to be able to enable it and they can enable it and we can make space. And often you'll have conversations with staff further down the line about so-and-so still talking about that session, I've never seen them this talkative with other people. It seemed to have lifted their mood, et cetera. And also they'll also talk about the joy that they derive from it. This was such a great session. I didn't have to worry about X, Y, and Z, and I had a bit of respite in my day as well.

So in some ways we kind of all know the value of these activities, but we are operating in such different systems, aren't we? And I think what the movement of creative health and organisations like the National Centre for Creative Health, the work that needs to be done there is how do we advocate, how do we present the research evidence? How do we make systemic changes in the way art and culture and social prescribing more generally is integrated into healthcare systems, is integrated into how we train doctors and nurses and health professionals so that it has a valued place within a system where we can be confident from a research and evidence base, but it is meeting those clinical outcomes that are required. And so for me it's like that's a really, really significant question and perhaps we need to now start thinking about it at a more kind of systems level approach.

I think that on the ground, yeah, there's kind of these small frictions and in a way the one you described is quite humorous, right? But we are all a bit scared of each other's expertise. But on the ground, once you break that down, those activities, I think they're really good, they're really positive and there's a real appetite to let the museum in and to bring creative and cultural activities into clinical spaces. But there is a bigger issue isn't there about how do we make systemic changes? How do we make this work sustainable? How do we get leaders in the field as well? Kind of having these conversations and making change happen across lots of different levels so that it's fully integrated. I think what's exciting over the last few years is that there feels that there's a real kind of momentum and energy around this movement for creative health and that takes quite concrete shapes now in terms of your question.

So the Culture, Health and Wellbeing Alliance has been doing an enormous amount of work to pull together all of the research and to synthesise it, to bring together toolkits or examples of evaluation reports and so on. So there's a lot of material available through their websites and in various different formats that can provide inspirational direction for museum professionals who want to start thinking about this area of work. I think the Culture, Health and Wellbeing Alliance also represents, in a way, what's always been really beautiful about the museum sector in the UK is that we are really collaborative. We are really good at sharing. We're often really good at just people picking up the phone and calling a museum down the road and being like, do you want to talk about your experience of delivering a programme? So I've always admired that in the museum sector, how collaborative it is, even though we do operate in a competitive funding landscape, I feel like that's something that the sector's held onto.

The Baring Foundation produced this really lovely report bringing together on creativity, it's called Creatively Minded at the Museum, and it pulls together 12 different case studies of museums who are doing creative activities, museum based activities for groups with mental health issues. And a lot of those programmes are really long-term programmes work that you've been delivering at Tyne &Wear, work that's been happening in the Holburne Museum over the past five years with their Pathways to Wellbeing programme. Those are beautiful case studies. I think for real kind of inspiration for these things can be done and that there are examples that we don't have to be reinventing the wheel, sometimes it's about setting up similar projects in our local areas. I'm seeing more and more training available to museum professionals. So that might be through sector support organisations like the Group for Education in Museums. Culture, Health and Wellbeing Alliance have also provided online events.

I've been involved with some training for Museum Development Yorkshire. There's lots. I think we're seeing more and more resources and training available for the sector. So yeah, I think we are also seeing, which is quite exciting to me, more and more researchers who are interested in this topic. And what's really exciting for me is more and more of my students on our master's programme in Leicester are really keen to start thinking about this topic, are really keen to do their dissertations on this area and also PhD students who are approaching us. So I feel like yeah, we are on the cusp of this real kind of movement as well where there'll just be loads of us working on these questions and together we'll figure it out.

Daniel Regan:

Hi, I am Daniel Regan. I'm a visual artist and also the founder and director of an organisation called the Arts and Health Hub. And across my works, I am working in the creative health sector either delivering projects or supporting artists that are working in the sector as well. I think there's a difficulty in collecting medical data that clearly evidences the impact of engaging in an arts and cultural project when we exist in a project funded capacity or way. So often when I have worked with evaluators that have a much more medical approach to the scales that they use to evidence impacts, some of the project durations are just not long enough to be able to evidence that. But what has been really helpful is obviously to work with independent evaluators who are using those scales. So we can still evidence that even in a couple of months a patient is reporting that they feel better depending on what project it is.

But the ways to win over some of those clinicians has been to produce films where participants have spoken in their own words about how powerful it has been to engage in a project like this. Because you can't really compete with that. You cannot compete with someone's powerful words saying, when I came to this particular project, I felt this way. By the time I left, I felt completely different. It doesn't really matter whether you have the quantitative data when you have somebody saying that from their own words. And so in my NHS job, sort of towards the end of my time there, each time we would work on a project as a photographer and somebody that I worked with that's a filmmaker that became a part of our approach was to have really beautiful accessible documentation in quite short, snappy ways that we could also use to win over clinicians.

To see that it's really important that we validate that these are complimentary ways for participants and patients to get better. And I think one of the things, particularly in the last few years that I've been thinking about is that also participants don't want to engage in questions around the sort medicalisation of their experience that can also be really invasive. And if you think as somebody that has been a patient through mental health services for 25 years, I constantly have to recall and recount my traumatic experiences within a clinical model. When I see somebody or I refer myself to something or I'm referred to another service, I have to do this assessment, which is really deeply distressing. But when I engage in a creative activity, I don't want that medical system looming over me. I actually just want to do the really nice activity that I know will be positive for me.

And when I see one of those questionnaires come out that says, in the last two weeks how distressed have you been feeling? It suddenly feels like it's connected to the evaluation of my clinical care when actually they feel quite separate. And that can feel really invasive, particularly for people who are from displaced backgrounds where they think, why am I being asked questions in a creative activity that I might be asked in hospital? It's like the medical model is bleeding into the ways that we operate, which is a lot softer, hopefully a lot more conversational, less transactional in arts and culture.

Clara Shield:

Is there any other evaluation tools or really interesting things that you've developed or used that you think could be good hints and tips for people when they're thinking about how they evaluate these programmes to keep them authentic from a patient's perspective?

Daniel Regan:

I mean, I'm just thinking about the very beginning of our conversation, which is about the transparency issue at the beginning, having conversations with different stakeholders about what is it that you need to get out of this and how do you want to do it is really important even in the evaluation. So if you are working within a medical system, then they may say, the only evidence that we see as valid is using these particular scales. And then it's about navigating those conversations about how to use them perhaps in a less intrusive way. So even thinking about the fact that if you put a form in front of some people, it's terrifying because they might not be able to spell. So sitting with people and offering people that opportunity to say, I could sit down and do it with you, there are all these ways that we can make sure that people feel included, even if the evaluation framework is, in my opinion, still not the way that I'd like to work.

But I think there are interesting methods like the most significant change method, which is really interesting to build up this kind of collection of information about what was the most significant change for each participant. And that's very centred and very individualised. Somebody's experience and the most significant experience for them is going to be completely different from somebody else's. But also it's a real 360 approach, looking at not just the participants but all of the staff members involved so that each organisation can think, what's been the most significant change for us in engaging with this project? And then you are looking at putting together some case studies about what were the most significant change for participants or for the organisations. But I think it just gives scope for things to feel a lot more individualised and as you say, a lot more person centred. And I think I'm just thinking actually about a particular type of therapy that I had for 18 months.

And at the beginning of that therapy, the therapist asked me, what are your goals? Don't worry about what the therapy is supposed to be. Don't worry about what I'm supposed to be reporting on at the end. What are the three things that you would like to work on in the next 18 months? And I had the chance then to think, oh, okay, I'm not just a person going through a system that then gets discharged and ticked off. I have a real say here in what are the most important things in my life as opposed to being told by a system what the things are that are important for my recovery. And that's really empowering to sort of hand it over to the person that's going through this system and say, what would you like by the end of this? And those three things will be completely different depending on who you are. My three things in therapy would've been completely different to somebody else, even if we had a cluster of the same difficulties. But it gave me some agency to actually speak up and say, I'd like to do this even if you think it's not important for me. This is important for me. I know myself because I live in my body.

James Mooney:

My name is James Mooney. I work for the national homeless charity Crisis and Crisis is an organisation that supports people experiencing homelessness. The charity helps directly members out of homelessness. So we support with support needs, housing, social changes that maybe need to solve that as well. So apart from the kind of practical support that the centres do, we also have a campaigning side. We do work with government as well to look at best practice and what legislation can come in to support people. So we kind of do both really. We do the practical hands-on stuff, and we do the campaigning and that side of it as well. So one of the things that we developed when working with Tyne & Wear Archives & Museums is mechanisms to record impact of the project. So we have a feedback tool that after every session I'll talk to the clients that have engaged and get their feedback on the session.

What worked? What did you enjoy? What could we do better next time? And we've always, as an organisation, done collaborative work with our clients because they're the ones that are experiencing the issues. So therefore they should have a right in saying, how do they resolve those? So for these particular projects, we looked at the kind of feedback tools, asking people how it went. We use a coaching called an Outcome Star. I dunno if you've heard of that coaching tool before. So it's a reflective tool that as a lead worker, a sit down with a client and we talk about different areas of their life and they give themselves a score between one and 10, it's a really great tool to use, especially for reflection. So we're able to see from someone's engagement in projects, how has that impacted different elements of their life? So all of our coaches at Crisis, we've been on training around coaching.

So one of the principles of coaching is that it's a collaborative approach. So it's not me giving that person instructions on what to do. It's about us co-producing goals, co-producing action plans. And that's the way we learn as humans, isn't it? You can tell me what to do, but it's much better if I figure that out together and then I've got that information for the future. So one of the things around demonstrating success for this is obviously going to be how many people want to go into volunteering at the end of it, how many people want to stay on, how many people have come to every session? So we have a register so we know who's coming every month to the different sessions. We know who wants to go off and do that progression route. Maybe it's into volunteering or employment or training. And I think it's really important that that information is shared between the partner organisations.

So there's no point in me having all these great stats and feedback. I mean, we need to share it with the partners, don't we? And we need to share it with the clients that are going, and it needs to be shared for the people that are promoting the project. So it's so important to have that key information shared and promoted and available for people to see. So one of the things that we have is for the clients that come and engage in these projects is we have a consent to share for media and stuff like that. So after we do, if you go onto the Segedunum Facebook page, you'll actually see the Site Champion roles. And there's some really great before and after images of what a part of Hadrian's Wall look like before. And when we went in for five hours, what does it look like now? So each client of Crisis has something called a progression and learning plan. So that's kind of like our support plan of how we're supporting that person. And then anybody that's also working with that client feeds into that plan. So whether that's a tutor, whether that's a psychologist, whether that's their lead worker, we all kind of contribute to that. And because we have a really co-production kind of approach with members, all of that is shared. So that member, when they have their regular one-to-ones, all of that feedback is given to that person.

Clara Shield:

And is there scope for the heritage sector?

James Mooney:

Yeah, definitely.

Clara Shield:

The creative facilitator from the museum to also contribute to that because I'm sure there'll be things that the staff team at Segedunum would like to be able to also acknowledge the contribution that this volunteer has made, and that should be in that plan.

James Mooney:

So one of the agreements that we did when we set up the Site Champion role was that when somebody completes it, they get a reference from Tyne & Wear Archives & Museums. So this person engaged for three or four months. This is the showcase of what they've done and I think that's one of the really selling points. If somebody's been maybe out of work for a long period of time, or if somebody hasn't had any previous employment experience, a lack of references. To engage in something like that and to get a letter of reference is really great for that person, isn't it? And it's really meaningful.

Zoe Brown:

We'd like to thank all the contributors to this episode of The Practising Mindful Practice podcast series.