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 two Collections, Connections to Clinical and Care Outcomes. Episode two will explore the flexibility and potential of heritage collections and meet the clinical and care outcomes that health and social care professionals work towards.

David Luck:

My name's David Luck. I am the archivist at Bethlem Museum of the Mind. The Museum of the Mind is a museum onsite at Bethlem Royal Hospital, which is a working NHS psychiatric hospital. So we are embedded in the grounds. I guess my role is in part to administer and give access to the history of Bethlem, which is the oldest psychiatric hospital probably in the world, certainly in Britain. And I also look after the records of the Maudsley Hospital and Warlingham Park Hospital as well.

Clara Shield:

If we move on to thinking about some of the work that you've actually done from your collections, which I know predominantly for yourself are kind of the archives, but thinking a little bit more about the other objects within your museum, how have you been able to sort of demonstrate or could you describe how your collections have linked to the clinical and care outcomes for the patients that have accessed your collections or activities or projects and what does that process look like?

David Luck:

To be fair, this is one where I struggle a little bit. I'd say where our collections, where the museum as a whole really has an impact on the people accessing the services is in that sense of providing a context for them and providing an understanding. They aren't alone. It's quite something to have sessions with some of the current service users to look at some of the objects that were created in the hospital by their forebears in some ways to have a look at some of the objects that would've been used by their forebears and have that link of understanding the link between their experience and the experience of thousands of other people. I think psychiatric residential hospitals can be very lonely places and I think to be able to ward off that loneliness and to have a sense of connection with people is really important. I always think we're a little, I'd say as a museum we're a little reluctant to connect to clinical outcomes.

I think we describe ourselves more in terms of wellbeing and being able to have a place that can add to patient's wellbeing and even to have a place that's not a clinical space is actually quite important for a lot of our service users on site, I think we have one chap who's a regular visitor whose sole point of interest with us is the shop, he likes being in the shop. We have a shop, we are almost the only space where you can pick up little objects that are not food or e-cigarettes (to our shame) related. We are one of the spaces you can go in and have a normal experience like that and it is normal for him. He goes in, he has a bit of a chat, he buys a pencil, he walks off and that's something that he doesn't feel he gets in his day-to-day experience. So I think those are the sort of two things. I think to have that kind of connection to other people is really important. But also to have that environment that is somewhere different, something a bit more normal in a time when it's really abnormal for people. I think it's really important. So that's the two things that I would emphasise.

Zoe Brown:

I think that's really interesting, David. It's almost like your visitors who are patients from the hospital, the museum is actually respite from the clinical settings. And I wonder if you would be able to elaborate a bit more about why the museum didn't want to go down the route of clinical outcomes.

David Luck:

Yeah, I think respite is quite a good word. The museum, and I've got to guess a little bit. I mean, we do have projects where we do work quite closely with groups drawn from the service user audience where there are more specific links to what they're trying to do. Like we used to run sessions, particularly with the elder wards that were involved around trying to talk about artwork, talk about objects, trying to get the verbalisation going. I think it's partly because the museum in a sense, doesn't want to be taken over by clinical objectives because at the end of the day it is a museum, if that makes sense. And the other thing, I think as well, it's very important for the museum to be true to its point of view. That is neither the hospitals, not solely the hospitals, nor is it solely the service user.

I think if we were a space that was very clinically aligned rather than aligned to the idea of wellbeing, I think you would run into certain issues, particularly around how you're telling a story that is quite complicated, quite multifaceted, and it's also contested in very meaningful senses. And we want to be a space for as many people as possible and to truly reflect the experience of people in psychiatric care. And some people have very positive experiences of the hospital and psychiatric care generally. Some people have had very negative ones and we try and carry both of those feelings in the museum, which is a tough job to do. If we were solely representing ourselves in clinical outcomes, I think we wouldn't be doing ourselves justice as a museum.

Zoe Brown:

I think that's a really good way for our listeners to understand that all these different museums and the settings that they're in are completely unique and that you need to be working in the way that is comfortable and right for your museum, for your organisation. And I think you've really beautifully explained that being within that psychiatric hospital grounds, you are taking a very different approach than other museums because that is right for your visitors and for you as an organisation. I just think because we're not saying that there's one size fits all with these podcasts. It's about considerations and thinking about these different spaces. And I just think that's really beautifully explained by you there. Thank you.

David Luck:

I think also it's important to say we're not therapists, we're not clinicians. We are heritage professionals here and there are spaces on site here for occupational therapy, for therapists, for art therapy. We are not those spaces. So what we've provided is in addition to those, I think there's definitely a world where we can align more closely. The makeup of our trustees has recently changed to bring in more people on site because we're trying to make that alignment. But we never want to be solely that, well, maybe never is a big word, but it's not where we're at, at the moment. Certainly.

Reece Watson:

My name's Reece Watson. I'm currently working as an occupational therapy assistant on the Fellside and 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. We had some patients that came along to your session and then they would look forward to next week's session, they'll be asking and they get on the first name terms you, oh, when's Clara coming? What’re we doing next week? And like I said, they would always suggest, oh, can we have this? Can we go here? For example, when we went to Segedunum, because there was a really big interest in the Roman heritage boxes. So with that one, I think that one just fell into place really well because a lot of the local history as well, like with Segedunum and the wall, that would help keep the patients motivated, tended to be with older gentlemen because on the ward it can be anything from like 18 fellas in their sixties.

And we did have a really good bunch in there. I would say they were probably forties, fifties, and they were really interested in the history of the North East and they would bring back stories of their grandparents and their grandparents, grandparents. So that sparked the trip to the Discovery Museum to look at all the local history. So a very quiet gentleman stayed in his room for, I would probably say the first month if not more of his admission. He did start to get a little bit more well and he did come along to Clara's session. This guy, obviously staff would try to engage with him every day. We just couldn't get any interest. There was just nothing. I would try interest checklist where you'll just go through all leisure activities, any sort of activity you can think to just try and spark that interest. But we couldn't get anything from him.

But we're talking about, I think it was the locomotive, wasn't it, in one of the sessions. Then he just told how much he loved trains and then from there his confidence just built. He was singing, he was sharing songs that he had written in the sessions and the pride in his face, it lit up the room. He got to share that experience within the group and he got a round of applause. And like I say, this guy who was just so quiet, his confidence just built to the point where a few sessions in, he was singing for the group and sharing his own experiences of being a volunteer. And I think that really did help his confidence in there. From then he started coming to my breakfast groups, he was coming to my games groups, coming to my art groups. So it really did open the floodgates for him, his engagement, so that within my group, sometimes if there's a patient that really enjoys it, let them lead the session, which I find they enjoy.

And within the group, when we're speaking about trains, the patient in question, he took the room, he was the one educating us within the session and you could see how much he really did enjoy that. I think the main one for me is getting patients who I never thought would leave the ward to go to a museum, to a museum in the public, quite a busy place and not just being there for the sake of getting off the ward, getting there because they wanted to be there and really enjoying it when they are there. Obviously when you have a good group on the ward, it's more settled and calm for nursing staff because it's a stressful role on an acute mental health for nurses. They're just busy all day, so they will pick up on it and notice if you have a busy group because there's a lot of patients in the group and then they've got that little bit more time to get on top of other tasks. And there was a comment, oh, your heritage group was busy again.

Joanne Charlton:

I am Joanne Charlton. I run the platinum programme Tyne & Wear Archives & Museums. The platinum programme is for people over 55, so that means that I work a lot with people with dementia and go into hospital wards and care homes as well as welcoming people into the museum. So community groups and memory cafes and things, who want to visit our venues. I bring them along to our venue so there's a friendly face there. So when I take our heritage activities to a hospital ward or a care home or something, the outcomes are things like participants sharing stories, listening to each other, learning about each other, which they might not have known about a past job or what family members have done. Finding out about what food they like. Just from our random museum activities, carers can find out about different themes, different things that they like to do.

I've been into a care home before where a resident has just been sitting in the corner, didn't really engage with the staff or the other residents. And then when I took a miner's lamp out, then he just lit up and he wanted to tell all the room about his pit number and which pits his families worked down and things. And the staff were just so grateful to have found that out about them because they didn't know that about them. And then as I hope that when I left they knew that about them and they said they were going to look up, get some photographs, got some prints and things. So then the staff learn more about the people that they're caring for by me going in there with all of these different themes.

Joe:

So I'm Joe and I work for Recovery Connections. I work for a treatment centre in Gateshead where we run a six month rehab programme supporting people with substance misuse issues.

Clara Shield:

When you are thinking about doing programmes that are with heritage partners or culture partners, what do you think is the key that makes that successful when you're working with those two different organisations? So a community substance misuse support service, and a cultural heritage partner. What do you think it is that makes it more successful?

Joe:

I suppose there's a big part of it, which is kind of broadening people's minds, a massive part of recovery is having an open mind. And that's a big element of the work we do, I think in terms of what I think is an offer to the people we support is that kind of idea about this is practice and having an open mind.

Clara Shield:

Do you think that from the heritage staff that come into the sessions and into your centre, that it's important for them to have that open mind as well around what this programme could look like?

Joe:

Yeah, for sure. Most of my work's been with Ben Jones, isn't it? I think you can come into and we've had different kind of creative people come in and do projects with us. We had a music therapist from a different organisation who was working with us for quite a while, and I guess you've got to come in with an open mind, but also kind of just an awareness or a sensitivity to the type of issues people might be experiencing or trying to overcome.

Zoe Brown:

Do you help, say some of the heritage workers, understand before they get involved in this, look, our clientele, this is where they're at, so you need to be like this, so you're giving them an awareness or is it just been that actually the people you've ended up working with, they already have that awareness? You could just get it by the conversations you've had.

Joe:

We work with Ben on Friday mornings and I or Karen, one of my colleagues will support a group of people who are in our rehab programme. So there'll be, it's a six month treatment programme, either on a daycare basis or a residential basis. We've been going down for a while now. I need to see how long the project's been going on. While you were on it, you were working with Karen before, but this is slightly different on a Friday morning and have been doing sessions with different artistic mediums, painting, drawing, ceramics, felt, making printmaking at the Shipley and we've visited a few of the different collections as well, and some one-off exhibitions, the Ancient Egypt show and taken, and I think at the time we had a group who were quite interested in history and things like that and it got them quite interested.

So I think Ben had taken them to Segedunum and for that, I suppose for those guys it was just sort of seeing them, just seeing a bit of life in someone and someone get enthusiastic and interested or just having a nice experience that about something positive. I think just for that two hours on a Friday morning when the guys do it, it's just that quiet kind of space where people, it's, I suppose there's a mindfulness element to it, which is without necessarily particularly aiming for that as a thing, it's just that's the way it is because they're engaged in a task with their hands and the time just passes super quick and it's just kind of calm and nice.

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 kind of 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. How do you make access easy? That's one of the big things. Lots of people don't live in the city centre, so therefore if you come into the museum, you're expecting people to pay to come in, like travel wise. One of the things that I know that the local theatres do is that if the tickets, you get your travel free. So you come in and you show your theatre tickets and you get to come in on the metro for free. Great.

Can you expect somebody who's on 368 pounds a month who's got very high, that's the Universal Credit Standard allowance. The budget might allow them for 30 pounds a week for food. Literally that's what when we're doing budgets with people, that's as bad as it gets. So if they're paying four pounds to come in, that's 10% of their food bill a week, no one's going to do that. So how do, as a society, how do we promote and gauge people to come in? Even the two pound cap for bus fare, that's still four pound, it's two pound each way. So if somebody's in a high rise in Byker are they going to walk into town, take half an hour to go to the museum? I'm not sure. Certainly if they had travel as an incentive, as a barrier, I would say that that would be a significant opportunity. And I am trying to think of the word like a significant, I don't want to say…

I'm trying to, how to describe it really. So we know travel is a barrier for people to come in. So if we were able to offer something around that, it's an incentive, I suppose, isn't it, for that person then to go, well actually it's not costing me anything. Museums might be free, which is great, fantastic. The travel's not free. The food, the lunch isn't free, to get there and the other associate costs if you go into town and that sort of stuff. So whilst I think it's fantastic that in the UK we have a lot of our museums actually that are free to access, there's still the barriers for people to go to that, especially those on a low income. And I think finding ways that as a country we can overcome that. There's countries that offer free public transport if you're on low income.

Is that something that we could look at doing as a society? One of the things that worked with us is to have a really mapped out offer for that person. So with the site champion role at Segedunum , it was very much a, this is what the role has, this is what the role involves, this is what you need to maybe have to engage with that role, and then those clear pathways to what that could progress to. So is it further volunteering? Is it further education, is it employment? Is it just coming to enjoy the site? Someone might come and do that site champion role at Segedunum and think that was great for me. Now I just want to come and visit the site and enjoy it like everybody else.

Zoe Brown:

So how have you actually used heritage collections to connect with those clinical and care outcomes that are always so focused on for clinical and kind of recovery, addiction recovery staff, and what did that process look like? How did you go about that?

Clara Shield:

It's very difficult to know exactly where to start with a group when you're going to work with them for a period of time and you want to know that your sessions are going to be well attended, they're going to be meaningful and participants are going to get something out of it. When you have no idea who these participants are, you've no idea what their healthcare needs are, you no idea about their histories, and you definitely have no idea about their mental health needs and you shouldn't need to know those things. Our collections always have something there that an individual can connect with.

Whether they tell you that at the time, whether they vocalise that in a session, you might not know in that moment. The fact that they stay in the room for a period of time and engage and hold the object, even if they don't talk about it, but they hold the object, they look at the object, they put the object down. There is an engagement there and hopefully you'd be able to revisit that, ask questions about that. It might not be in that session, it might be in the following weeks, but having an awareness of this particular object, this theme of objects is resonating on some level with this patient. Often it's easier. So you can talk about all of the different object collections that you have, the different boxes you can bring in, the different themes, the different topics, the different time periods in history, and patients will then say, oh, I am interested in that, or I've seen a documentary on that.

Oh, I remember that from school. So then you can then programme with them what each week will look like. I found really, really, really powerful. If a group of people are finding themselves in an environment where they have very little control and say over what happens next because of their particular health needs. At that time when you go in and you say, no, you choose what's happening over the next 10 weeks, you get to decide what every Tuesday afternoon can look like on this ward when I come in. And then the staff can advertise and remind those patients that each week this is happening and you decided to do these on certain weeks. Then the patients have a sense of control and that these collaborative sessions are truly that. It's not just lip service to collaborating with participants, it's actually what they want to do each week.

And that includes not just taking our collections onto the wards, that includes taking the patients from the wards to visit our collections in our venues. So they know in three weeks’ time we're going to go to the Discovery Museum. Three weeks after that, we're going to go to the Great North Museum, and in between we're going to have objects coming onto the ward that link to the collections and exhibitions at those venues. So when we get there, we've got a little bit of knowledge. We are a little bit of an expert on this because we've already had some sessions and that's a really lovely moment to see when you take patients from a ward into a museum setting and they recognise some of the collections that have already been in their ward. So there is such power in the collections and how they can really feed into the interests of patients.

I've had feedback from patients who've directly told me that they have had a previous interest in history and now that I've been on the ward, it's reignited that interest. They've really enjoyed going into the museum visits and they now know when they're discharged, that's where they're likely to go when they want to fill their time because it's a place that's familiar and they've got something else that they want to see or spend some time looking at that they might not have had enough time to on the previous visit. So the power of the collection has been that sort of stimulus for further engagement. It could go anywhere.

Zoe Brown:

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