

EPISODE 2

Quote:

Clara Shield: *The idea is that during this process, whilst they're in this care, there is a range of activities that can support their wider wellbeing recovery as well as their clinical.*

Intro:

HR: My name is Halina Rifai and I'm a podcast producer and mental health advocate. I was asked by The Baring Foundation to take a deeper dive into their work surrounding a report written by Director David Cutler titled '*Creatively Minded at the Museum*'.

The report was written to highlight targeted work by museums to engage people with mental health problems, especially using participatory arts.

In this podcast I'll be exploring a number of themes over the series which look at difficult pasts helping us understand collections, participatory arts work in hospital settings, partnerships, new generations of museum professionals, diversity and much much more.

I'll do this with the help of a number of people who work, run, volunteer and practice creative arts with museums spread over the length and breadth of the UK.

HR: In this second episode, I focus on the subject of participatory arts work in psychiatric hospitals today with the help of Tyne & Wear Archives & Museums (TWAM) based in the North East of England who serve the Tyne & Wear population.

Tyne & Wear Archives & Museums

HR: Tyne & Wear Archives & Museums (TWAM) is a regional museum, art gallery and archives service. They manage nine museums and galleries across Tyneside and the Archives for Tyne and Wear.

Supported by the four local authorities in Tyneside and Newcastle University, TWAM is also a National Portfolio Organisation funded by Arts Council England.

They hold collections of international importance in archives, art, science and technology, archaeology, military and social history, fashion and natural sciences.

They say their mission is to help people determine their place in the world and define their identities, so enhancing their self-respect and their respect for others.

Working with an artist, using museum objects as inspiration as part of their wellbeing programme, TWAM supported patients to create a welcoming space for when their families visit. The end result is a mural on the wall of the ward that reflects the group's conversations and what their heritage means to them. They have called it 'Ray of light, beacon of hope' as the group felt that the ward offers that to them as part of their recovery.

I sat down with Clara Shield, an assistant outreach officer in the communities team, she is responsible for the health and wellbeing programme at the museum. Here we discuss the

the impact of their work and approaches not to mention challenges. We enter the conversation as Clara talks about the participatory work they have done.

[INTERVIEW]

Clara Shield: We've been delivering um participation led work for a long time within the team, um so with a specific kind of um emphasis on the work that I've been doing more recently. This is based around some work that started pre-COVID and that was through a, brilliant relationship that the museum and our team had with the occupational health departments within the hospital sites across Newcastle specifically and they are all part of Cumbria, Northumberland and Tyne and Wear NHS Trust. It was exploratory work to begin with to see the value of bringing museums, collections and workshops and our expertise into those healthcare settings, working alongside those occupational health practitioners. So some work was done in a secure unit at a hospital called St. Nicholas Hospital. So this is a secure unit for mental health, for adults who have reached a particular kind of crisis point in their mental health. So they spend, um, a period of time there, depending on what their needs are. And so it's a clinical setting. And we delivered some initial workshops alongside an art therapist at a clinic called the Barnbra Clinic. And this is a high, um, secure unit. So my colleague Michael went in and worked alongside the art therapist there and delivered a series of workshops to introduce our collections, to introduce the theme of heritage and museums into that space. And it worked really well. There was a real, um, appetite to kind of look at how we could work within other wards and services within the hospital's trust, um, then COVID happened, um, a lot of changes occurred, within all organizations, but um, obviously ours as well. And there was this still interest to develop some work, but not necessarily in the same unit, um, as we've done before, but trialing it in the different wards. I've now worked within two different wards, um, one of which is a male only ward, um, 18 plus, and the other is a mixed ward, male and female ward. And I'm currently still doing that weekly into the hospital.

Halina Rifai: Such a huge piece of work. What has been the approach in designing and running a project on a medium secure unit?

Clara Shield: Absolutely. So most of the patients on these wards are there for approximately three months, twelve weeks, um, and then they are discharged back into the care of the community and their families. Sometimes it's longer than that, depending on what those needs are. And the idea is that during this process, whilst they're in this care, there is a range of activities that can support their wider, wellbeing recovery as well as their clinical. So with regards to the two wards that I've been working in, the, um, one has slightly more intense experiences. So very chaotic ward, easy to plan, hard to deliver, what you've got planned when you turn up. So it's about thinking on your feet and in the background, often there's chaos happening, um, outside of the room that you're in. And so that happened quite frequently on, um, one of the wards I was working in. It's happened less frequently in the current ward I'm in. Um, that's the mixed ward. And that is expected because these individuals, um, their needs are slightly less acute. So yes, it was quite difficult to plan and deliver something and know it was always going to happen. Um, but you could say that for any community program, um, that you deliver. And that was testament really, to the amount of resources we have and I guess the skills of our staff team to be able to respond appropriately to what was being presented each week.

Halina Rifai: Yeah, no, definitely. Just moving on to the next question. What has the impact been on those taking part and has it shown what needs to be addressed?

Clara Shield: Well, my own observations have all been very positive for the work that we've done so far. It must be working because we keep getting asked to go back because there is a turnover of patients. Um, because unfortunately, like in all, you know, health services, they are stretched. So there's always other individuals who are waiting to be able to be allocated space on the ward. Because of that and the changing, um, individuals, there's always new patients joining the ward to experience these heritage programs. So there's something about the longer term relationship, um, that we're very keen to develop in our service. Um, at Tyne & Wear Archives & Museums with the particular site that we've been working with, I think for the individuals themselves, whether they've done it or not, we've not been able to check. But those that have been discharged from the ward, who really enjoyed coming to visit our venues have said that they'll definitely be going back in their own time. Um, it would be lovely to develop some sort of wave tracking if that actually happens or not. But they all commented that entering a space like a museum or a gallery during the daytime, where it was quite quiet, I did warn them, try not to come during school holidays because it can feel very overwhelming and lots and lots of families and children are in those spaces. So quiet times during the daytime are a very useful and comforting and familiar place for individuals to feel they could come on their own and just take the time to look at exhibitions and the collections we've got. So, um, I'm hopeful that that would be a longer term benefit, um, that there is this space in their own community. And because we're a local authority museum service, our, um, spaces are free. And apart from Bank Holidays and Sundays, they're always there. So it's a real consistent, reliable physical space, if you feel you need and you are inclined to leave the house and, um, want to go somewhere where it's going to feel okay.

Halina Rifai: So you've mentioned a couple of challenges already. Ones that have stood obviously out are, just the way that you've had to kind of shape the project, but also the turnover in terms of those that you're kind of working with and also how the health services are pushed. What are some of the other challenges that you've faced, if any?

Clara Shield: There are always difficulties in trying to get some of our most exciting collections out of museum spaces. And that is all museums have those same challenges. And, um, all different programs that I've worked on in my role as an outreach worker have been the same. So the only way to enable some individuals to see some of our really exciting collections and objects is to get them into the venues. And that's always a little bit sad that not all of those individuals are able to do that, or you can't logistically organise that. So that's always a challenge. And that's something that I think we are definitely looking at. How do we overcome that barrier, um, and how do we provide opportunities for different community groups to access our collections? I guess it's not really a challenge as such, um, in some respects, so it shouldn't be. We've got a lot of digital collections, which in theory should be perfectly placed. But because of the sort of technical systems that don't exist on wards and over COVID, a lot of museums did exactly the same thing, where we developed some really lovely online resources, some really lovely presentations, some videos, and yet trying to get those to work the way that we had imagined them on a secure ward is very difficult. And that's because of just the technology, isn't quite set up yet. But for many of these wards, where behavior is unpredictable and can be quite violent, they can't have a huge, great big screen on a wall. Um, everything like that has to be locked away and then

brought out in advance. That's a challenge. Sometimes the venues you work in are just a little bit further behind.

Halina Rifai: These are the things that come out of these conversations that are really important for people to understand, because it is that other step and other kind of arm of accessibility that we, uh, a lot of that society just won't even think of. How do you think things perhaps could be done differently in the future surrounding the work that you're doing?

Clara Shield: I have been thinking a little bit about this and about what improvements we can make. There's something around the value of what we're doing being really considered by sort of the senior management of teams, um, in both our museum service, but also in the healthcare settings as well, and recognising that value. But we need to demonstrate that value for patients. So, although I can recognise the joy and interest from participants in a session, and so can the activity support workers, the health care assistants, um, and the occupational therapists who are often in the room. Unless we really capture that in a way that's going to be meaningful, to make that kind of change, to embed this work in a real official capacity. So, um, we've been talking about creating some sort of journal for patients where they can comment, um, about what they've enjoyed in the sessions. And then if there's things that come to mind in between the days, between the sessions, they can use this journal to put that in. They can print off, um, or ask the staff to print off any images or anything that I might have talked about that they'd like to know more about, and they can put that in the journal. Um, and I like this idea of potentially that leaving with them, with all of the information around our venues so that they have it all written down and are able then to, um, flick back and go, I had a really positive experience, then that made me feel good. Remembering and rereading brings back the positive feelings and oh, yeah, this is that museum. This is where it is. This is when it's open. So I think that having something that's a little bit more formal, again, taking that control for themselves to recognise this has been a good part of my recovery and I could continue this. Another thing that I really want to do is to have a permanent display cabinet of curiosity or of objects that the patients co-curate themselves. So that is something that I'm in the process of looking into. How do we fund a very substantial glass cabinet that's lockable that can be somewhere in the ward, even if it's not in a room, where the patients, um, they'd have to be escorted or they have to be under provision to be in where the patients choose what goes in the cabinet. So it's their choice of objects that they might have a relationship with. So, um, again, that's when I'm no longer doing the sessions or I've kind of moved on to another ward. The staff could continue this idea about object, stimulating discussion and sharing stories and learning about each other and about our histories. So that's something else. But again, that's another barrier around how do you create collections that have got some sort of permanent space in an environment where it's so precarious, um, around looking after those objects.

HR: There's a number of things that Clara highlights here that many won't consider, the first being the delivery of her and the Tyne & Wear Archives & Museums workshops in a setting such as psychiatric wards. Aspects of this continue to challenge the stereotypes surrounding museums. It's also considerations such as the approaches in actioning the work which as important, the dynamics within the ward and the considerations that need to be made in terms of approach. I think another point to highlight is the turnover in patients which Clara mentions, whilst it's a positive that new people are gaining access to these creative and historical streams, I wonder how much more impact they would have over a longer period, particularly in the support of mental health. One major positive is undoubtedly the

relationships that are deepend thanks to the conversations that come out of these activities, the connections that are formed between patients and staff and the holistic nature of drawing out information. It will be interesting to see how psychiatric hospitals like this progress in terms of development and evolution, especially based on Clara's highlighting of digital accessibility. This could open up a new stream of education, teaching and connection, especially as these things are a major part of our lives now and I question if it would not only help patients in recovery but also grow museum engagement with an even bigger audience.

Outro

HR: We are at the end of the second episode, thank you for taking the time to listen and to my guests you will find out more information about Tyne & Wear Archives & Museums in the notes to accompany these episodes. Next time, I speak with Holburn Museum and Salisbury Museum to discuss place-based approaches with heritage and health partnerships across cities.