ART INTO LIFE

FOR OLDER ADULTS
WITH MENTAL HEALTH PROBLEMS
AND DEMENTIA

Programme & partnership between
Tate Modern & SLaM NHS Foundation Trust

Mental Well-being Impact Assessment (MWIA)

Helen Shearn (SLaM Arts Development Manager)
Mental Well-being Impact Assessment (MWIA) 2010-11

THE IMPACT OF ART INTO LIFE ON MENTAL WELL-BEING

Executive summary

The Art into Life programme is a partnership between the Tate Modern community learning programme and South London and Maudsley NHS Foundation Trust. The programme has provided the opportunity for older adult inpatients and community service users to participate in interactive, inclusive gallery workshops at the Tate Modern. These workshops encourage the participants to explore the art work by holding materials and objects and talking about them to connect with the art and make associations with our own experience, memories.

Aims of the Art into Life for older adults project

- To meet some of the goals of the Dementia Strategy in tackling stigma through participation in public and community run learning activities at Tate Modern
- To encourage personalisation of care and planning of leisure time by attending free gallery workshops organised by Learning at Tate Modern
- To build confidence and independence through the participation in these workshops
- To introduce Tate Modern as a local free resource currently underused by older vulnerable people, their carers and SLAM OT staff
- To provide service users with an positive and normalised experience which promotes recovery and sense of wellbeing
- To build service users skills, confidence and independence in accessing community facilities which are stimulating and promotes social inclusion

This is report on the findings of the Mental Well-being Impact Assessment (MWIA) on the Art into Life programme in 2010. The MWIA focussed on the protective factors Resilience & Community assets and Participation & Inclusion.

The key findings of the MWIA were:

- Access to a positively regarded and prestigious “shared public space” such as the Tate Modern had a significantly positive impact on participants. Experiencing the freedom of an open space where different kinds of interaction and engagement took place was beneficial. This also raised comparisons with how people felt about the ward environment which was perceived as less therapeutic.

“The Tate Modern had a positive impact- its spacious, full of interest, with opportunities to create, to collaborate, to experience & all needs catered for”

“Access to outside spaces can be a barrier within hospital. Has an affect on wellbeing Art into life project breaks those barriers, more socially inclusive, experience of interaction with public in public building”.

- The activities at the Tate Modern enabled people to get involved in group activities, express their views, make connections with their “life stories” and feel a sense of belonging and connection
The experience was also “energising and enriching” for staff, stimulated thinking about how the ward environment could be improved and, anecdotally, staff reported that it changed their perceptions of service users. One comment was that it was good to experience the activities “as equals”.

**Literature Review – A brief Summary**

The literature reviewed as part of the Mental Well-being Impact Assessment suggests that the kind of activities delivered by the Tate Modern have the potential to have a positive impact on the well-being of people with dementia and for the relationships with carers.

For example, some of the programme activities included object handling as a stimulus for discussing specific works of art. The literature review found some other examples of how the use of objects can assist in maintaining communication and used by all carers to improve their quality of life, by giving a variety of objects to hold and feel. Museum objects often tell fascinating and diverse stories that can trigger reminiscence, discussion and debate, creative inspiration and emotional responses” (North Wales Arts in Health and Wellbeing (NWAHW). Baines (2007)¹ states that “Men and women respond with equal interest to objects despite experiencing memory loss, those living with dementia respond with interest to new objects, which they have not seen before. Some part of the brain has registered something in the past and novelty creates new interest”.

The major American study the “Impact of Professionally Conducted Cultural Programs on Older Adults” which set out “to evaluate the effects relevant to mental health, general health, overall functioning, and sense of well being on older persons caused by experiential cultural programs provided by professionals” has recently reported that the older people participating in the arts had:

- significantly better overall health;
- significantly fewer falls and less hip damage;
- significantly few doctor’s visits;
- diminished use of medications;
- diminished vision problems;
- significantly better scores on the Geriatric Depression Scale & Loneliness Scale
- increased involvement in activities.

There is some evidence of benefits not only to clients but to staff too in their involvement in the arts. Staff absenteeism, morale and retention are critical to the service, and projects which not only enhance relationships and communication between staff and patients but also staff wellbeing are crucial. There was much positive feedback and commitment to the Lets talk about art project from staff and patients alike.

The literature review found supported this such as the Age & Opportunity programme in Ireland developed a tailor made arts programme for staff working with older people in care settings, called Creative Exchanges. The workshops enabled participants to facilitate creative activity with the older people in their care, using highly trained facilitators, one of whom explained her passionate belief in the power of this work to change lives: “I have seen the benefits of it, for the care-workers as well as

¹ Baines, P. (2007). Nurturing the heart: creativity, art therapy and dementia. Quality Dementia care, Alzheimer’s Australia

² The National Centre for Creative Ageing [http://www.creativeaging.org/national-research-study](http://www.creativeaging.org/national-research-study)
for their clients. Communication between staff and residents engaged in a creative process is different. It shifts from caring to sharing, and maybe sharing eventually leads to a need for less caring. There is communication at a different level. It is two way."

Another example of working creatively is Artlink Suffolk, which aims to improve the lives of vulnerable and older people. In 2003, Suffolk County Council identified the need to improve the skills of its care workers in delivering activities in homes and day centres and a ‘Creative Carers’ programme was developed, with an emphasis that the course releases the carers own creativity and improves job satisfaction. As well as the satisfaction experienced by the older people, carers and managers reported the following benefits from the programme:
• A decrease in requests to see the doctor;
• A decrease in possibly attention-seeking behaviour such as requests to go to the toilet;
• A more humanised relationship as carers and older people share the creative process;
• An increase among carers in confidence, job satisfaction and creative skills.

Regarding a sense of safety and different kind of space:
“It is widely held by museum professionals that the museum offers an environment that is safe and unthreatening; it is a distinctly different kind of ‘space’ where certain kinds of positive behaviour can be encouraged (e.g., looking, listening and discussing, socialising and relaxing, having fun, being creative, etc.). (North Wales Arts in Health and Wellbeing (NWAHW) Stakeholder Group research brief 2011; measuring the impact that participating in museum-based activities can have on people’s recovery from mental ill health and contribute to mental wellbeing.

Summary and Next steps

After the success of the 2 sets of workshops in the summer and autumn 2010 the partnership has planned further workshops starting May 2011. The aim is to ensure the Art into Life workshops are sustainable, integrated into the life on the wards. The culture and life on the wards can encourage passivity for this group of service users. The aim is to improve the experience of life on the wards and empower them to become more comfortable, confident, resilient, and generally improve their ability to “speak up” and gain some sense of control of their life while they are on the wards. The planned next steps would be to apply for funds to build an extended programme to encourage and facilitate outings to other arts venues (museums and galleries) that can cater for older adults with mental health problems and dementia, to challenge stigma and ageism and increasing social inclusion.
• To give the service users further opportunities to experience the gallery workshops that they previously enjoyed or alternatively creating new interest and experiences to expand their quality of life
• to improve the therapeutic relationship on the wards and bring good practice from the Art into Life project into the wards to energise the environment and change the culture

Also to build on the findings of the Mental Well-being Impact Assessment, and further evaluating the project to gain a more in depth understanding of some of the well-being impacts and service and workforce implications identified in the MWIA

With thanks to our partners at Learning Tate Modern, Liz Ellis and Rosie Burley and staff in SLaM mental health of older adults and dementia for the commitment and enthusiasm for this programme.
Thanks to the continued support and advice of Nerys Edmonds, Mental Wellbeing Impact Assessment Lead, SLaM mental health promotion service, who largely composed this executive summary. nerys.edmonds@slam.nhs.uk

In memory of Nicholas Henry, SLaM mental health promotion officer who co-facilitated the 2nd MWIA feedback session in December 2010 at Tate Modern, whose support and enthusiasm was invaluable.

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May 2011
THE IMPACT OF ART INTO LIFE ON MENTAL WELL-BEING

1. INTRODUCTION

Tate Modern facilitates gallery workshops as part of its learning programme Art into Life. www.tate.org.uk/modern/eventseducation/community

The purpose of this MWIA was to measure the impact on mental wellbeing for participants attending a series of gallery based workshops summer and autumn 2010. These were principally aimed at older adults with mental health problems, who were current inpatients at the Maudsley Hospital (Mental health of older adults - MHOA) and was opened up to community service users in the Autumn workshops, and also for staff to help them to support the project and for their own learning and wellbeing. The gallery workshops were led by Liz Ellis (Curator Community Learning and team), coordinated and developed with Lorinda Pienaar (Head OT) and Helen Shearn (Arts Development Manager) with support and liaison of ward staff including the ward managers John O'Connor and Geoff Ward.

An initial pilot was conducted in 2009 with older people using day services in collaboration with the Head OT Tessa Gunning. As a result of these workshops, Liz Ellis approached Helen Shearn and Head OT’s to support the development of the joint partnership benefiting older vulnerable adults in Southwark and Lambeth and to look at sustainability and further funding. This required an evaluation that older people want the proposed activities, there is a clear local demand, that another specific Art into Life project has been conducted and properly measured and that this a genuine partnership with full shared responsibilities.

Head OT’s at SLAM (Sharon Eldridge and Lorinda Pienaar) met with Helen Shearn (SLAM Arts Development Manager) and Liz Ellis (Curator Tate Modern) in Feb 2010 to plan the next pilot in detail. The first pilot had been well received, but required more planning to develop further with better preparation of key issues such as transport.

2. AIMS OF THE MWIA ASSESSMENT

To identify how Art into life potentially impacts on the mental health and well-being of older adults with mental health problems and dementia
To identify ways in which the project might maximise its positive impacts and minimise its negative impacts
To develop indicators of mental well-being that can be used to measure, evaluate and improve the mental well being of older adults with mental health problems and dementia
To meet some of the goals of the Dementia Strategy in tackling stigma through participation in public and community run Learning activities at Tate Modern
To encourage personalisation of care and planning of leisure time by attending free gallery workshops organised by Learning at Tate Modern
To build confidence and independence through the participation in these workshops
To meet some of the goals of the New Horizons recommendations by working across aspects of mental health delivery
To introduce Tate Modern as a local free resource currently underused by older vulnerable people, their carers and SLAM OT staff.

To provide service users with a positive and normalised experience which promotes recovery and sense of wellbeing?

To build service users skills, confidence and independence in accessing community facilities which are stimulating and promotes social inclusion.

Objectives

These aims were delivered by a series of carefully planned meetings and events taking place at SLAM and at Tate Modern. These events started with staff induction where Liz introduced the project to ward based /OT staff on AL wards, prior to this Sharon and Lorinda discussed how to organise transport for participants to Tate Modern.

Staff induction. Liz led gallery based workshop at Tate Modern to introduce staff to building, access, content of workshops prior to service user involvement.

Gallery workshops. Staff accompanied ward based in-patients taking part in ‘Moving On’ programme (with carers/partners where appropriate) the Tate Modern for 90 minute gallery workshop plus tea/coffee/biscuits in the summer and autumn workshops. This was opened up to community service users in the autumn workshops.

MWIA measuring mental wellbeing workshop. Helen led a workshop for all participants at SLAM, using the MWIA (Mental Wellbeing Impact Assessment toolkit (a Well London recommended measuring tool) in the summer 2010. Nicholas Henry (SLaM Mental Health Promotion Service) and Helen facilitated a 2nd MWIA feedback session in December 2010 at Tate Modern.

Aims of the MWIA Assessment

To identify how Art into life potentially impacts on the mental health and well-being of inpatient older adults with mental health problems (in Southwark & Lambeth).

To identify ways in which the project might maximise its positive impacts and minimise its negative impacts.

To develop indicators of mental well-being that can be used to measure, evaluate and improve the mental well being of older adults with mental health problems (in Southwark & Lambeth).

3. WHAT DO WE MEAN BY MENTAL HEALTH AND WELL-BEING?

There are many definitions of well-being and mental well-being. The one that is often used, and which the MWIA endorses is:

*Mental wellbeing “...is a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.”*


Put simply our mental well-being is about how we think and feel.
3. METHODOLOGY

The Mental Well-being Impact Assessment (MWIA)

MWIA is an innovative and effective process to ensure proposals improve people’s mental well-being as much as possible. MWIA uses a combination of methods, processes and tools to assess the potential for a policy, service, programme or project (proposals) to impact on the mental well-being of a population. It enables evidence-based recommendations to be identified to strengthen the positive and mitigate against the negative impacts. It also includes a process to develop indicators to measure improvement. It focuses on population groups who may experience health inequalities and social injustice with a particular emphasis on those most at risk of poorer mental well-being. It also makes the link with social determinants.

The DOH ‘Making it Happen Guidance’ for mental health promotion (2001) identifies four key areas that promote and protect mental well-being:

- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation and promoting Inclusion

The MWIA is based on these key areas and helps participants identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and well-being. In this way the toolkit enables a link to be made between policies, programmes or service and mental well-being that can be measured.

“How people feel is not an elusive or abstract concept, but a significant public health indicator; as significant as rates of smoking, obesity and physical activity” (Making it Happen, Department of Health 2001).

A MWIA workshop was held at the Maudsley Hospital in June with stakeholders, a review feedback session was held at Tate Modern after a gallery workshop in December 2010, with wellbeing scales also used.

MWIA Workshop

The purpose of the workshop is to work with stakeholders to identify from their perspective the key potential impacts that Art into Life will have on the mental well-being of older adults with mental health problems and dementia. It will also identify actions to maximise positive impacts and minimise potential negative impacts on mental well-being.

Table 1: Workshop participants

<table>
<thead>
<tr>
<th>Role</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users</td>
<td>4</td>
<td>29</td>
</tr>
<tr>
<td>SLaM staff</td>
<td>7</td>
<td>50</td>
</tr>
<tr>
<td>Tate Modern Staff</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Carers</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
4 FINDINGS FROM THE MWIA

What does mental well-being mean to the stakeholders in the project?
The participants were asked to write down words they associate with mental well-being. They were then asked to group them and link the words to come up with a definition of mental well-being.

Stakeholder definitions
The participants were asked to write down words they associate with mental well-being. They were then asked to group them and link the words to show different themes of mental well-being which were categorised into the following four common categories: Relationships: supportive trusting accepting, family, friends, social network, company, having fun together; income/ resources, financial stability, good food and environment; feelings (i.e. confidence, being positive, control/ balance, healthy/ happy, safety, healthy; occupation, activities, hobbies.

5. POPULATIONS MOST LIKELY TO BE AFFECTED BY THE ART INTO LIFE

Public mental health aims to promote and protect the mental health of the whole population, while recognising that (as is the case for physical health) levels of vulnerability to poor mental health will vary among different population groups.

A profile of the community/is that are living in the area that this Art into Life is targeting suggests the following characteristics and needs. The populations of Lambeth 273,200 and Southwark 274,400

Lambeth and Southwark are similar in their diversity and multi cultural populations also with the complexities of being inner city Boroughs, having the extreme contrasts of areas of tourism, culture and wealth and also high levels of social deprivation, disadvantage and mental health need. For example the Mental Illness Need Index (MINI) score for Southwark is 117.2, which is higher than the national average.

In Southwark over 21% of men and 14% of women are unemployed and 70% of residents live in rented accommodation. 25% of Southwark’s residents are from minority ethnic populations. There is an increasing young population with 35% aged less than 25 years old.

Overall the health of people in Lambeth and Southwark is generally poorer and worse than the England average. Life expectancy in men is lower than for England as a whole, (both sexes in Lambeth) and the rates of infant death and deaths from smoking, and levels of violent crime and drug misuse are all higher than average.

There are health inequalities within Lambeth and Southwark. Nearly 60 per cent of residents in Southwark and over half of residents in Lambeth live in areas classified as being amongst the fifth most deprived areas in England. Life expectancy is shorter in these areas than in other less deprived parts of the boroughs especially for men in Southwark.

In the past ten years, death rates for all causes combined have improved for men and women. The rate for women in Southwark is now similar to the national average. Rates have fallen for early deaths from cancer, as well as from heart disease and stroke, but the latter remain higher than the English average.
Estimated levels of healthy eating and obesity in adults are higher than average in Lambeth and the proportion of children living in poverty, GCSE achievement and level of childhood obesity are worse than average in Southwark.

NHS Lambeth has prioritised staying healthy, mental health, long term conditions, children and young people and sexual health in its Strategic Commissioning Plan. Southwark Local Area Agreement has prioritised childhood obesity, teenage pregnancy and mortality (particularly early deaths from heart disease and stroke, and cancer) over the next two years.

The service users are mainly residents from Lambeth and Southwark. Most have both mental and physical health problems, and diagnoses range from severe depressive episodes, Bipolar Affective Disorder, persistent delusional disorder to dementia in Alzheimer’s. The age range is between late 60 to late 80’s.

Sources:
South London & Maudsley NHS Foundation Trust http://www.slam.nhs.uk/

Association of Public Health Observatories (APHO) and Department of Health. © Crown Copyright 2009  www.healthprofiles.info

In order to identify those communities that local stakeholders consider to be affected by Art into Life a discussion was facilitated. The findings are presented in table 2.

<table>
<thead>
<tr>
<th>Priority population group affected or targeted by your proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older adults with mental and physical health problems and dementia (inpatients and community)</td>
</tr>
</tbody>
</table>

4. WHAT ARE THE KEY IMPACTS OF ART INTO LIFE ON MENTAL HEALTH AND WELL-BEING?

The MWIA toolkit provides a three factor framework for identifying and assessing protective factors for mental well-being, adapted from Making it Happen (Department of Health 2001) and incorporates the social determinants that affect mental well-being into four factors that evidence suggests promote and protect mental well-being:

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation and promoting inclusion.
Participants were introduced to the factors and asked to think about Art into Life and rate how important it was to Older adults with mental health problems and dementia and the potential impact that the service could have on it.

The Potential Impact of Art into Life on the Wider Determinants of mental well-being

MWIA uses a framework for assessing the four core protective factors in the context of the wider determinants of mental well-being. Individual skills and attributes (e.g. self determination, self esteem) need to be understood in the context of the circumstances of people’s lives e.g. social networks and relationships, housing, employment, income.

In this section of the MWIA workshop participants were invited to identify whether Art into Life will have a positive or negative impact on the mental well-being of Older adults with mental health problems and dementia.

PROTECTIVE FACTORS FOR WIDER DETERMINANTS (often at a socio-economic level as well as affecting individuals and communities)
Access to quality Housing e.g. security, tenure, neighbourhood, social housing, shared ownership, affordable and appropriate
Physical Environment e.g. access to green space, trees, natural woodland, open space, safe play space, quality of built environment
Economic security e.g. access to secure employment (paid and unpaid), good working conditions, meaningful work and volunteering opportunities
Good quality food e.g. affordable, accessible
Leisure opportunities e.g. participate in arts, creativity, sport, culture
Tackling inequalities e.g. addressing poverty, deprivation
Transport access and options e.g. providing choice, affordability and accessibility
Local democracy e.g. devolved power, voting, community panels
Ease of access to high quality public services e.g. housing support, health and social care
Access to Education e.g. schooling, training, adult literacy, hobbies
Challenging discrimination e.g. racism, sexism, ageism, homophobia and discrimination related to disability, mental illness or faith, Other?

<table>
<thead>
<tr>
<th>Likely impact? Possible, negative or is it an indirect impact? Highlight those most important</th>
<th>Comments or recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Physical environment. Access to outside spaces can be a barrier within hospital. Has an affect on wellbeing. Art into life project breaks those barriers, more socially inclusive, experience of interaction with public in public building. Environmental awareness as modifier or excel is very important. New views of environment can be a stimulant via arts &amp; creative views, stimulating, comfortable, safe, attractive, user friendly, a space</td>
</tr>
<tr>
<td>Positive</td>
<td>for all. The Tate Modern had a positive impact- its spacious, full of interest, with opportunities to create, to collaborate, to experience &amp; all needs catered for. <strong>Leisure e.g. arts, creativity, sport, culture?</strong> Walking down the street is very important. Enjoyed walking through the gallery, liked the “Water lilies” painting. Increased confidence about going out and about. Would like to keep in touch with Tate Modern. Art itself is exercise for the brain &amp; mind- a stimulus for overcoming feeling down.</td>
</tr>
<tr>
<td>Positive</td>
<td>Tackling inequalities Tackling inequality is very important. Advocating for a person with a mental health problem, so that they have same chance in life/ society as anybody else, needs to be a priority. It is linked in a way. Using health services can provide opportunities for wider access to arts opportunities that might not be usually be available. Art sits in a wider context because of recovery objectives whilst being an in patient. <strong>Transport access &amp; options</strong> Transport is very important- access and speed. Gallery is relatively easy access. Vital, dominates everything, transport &amp; access if not right can be a barrier. Previously the CMHT dropped out of project due to lack of transport to and from project. Success of inpatient service getting to Tate &amp; building community spirit was the ability to access a driver for 12 seater minibus for the project. Quality of driver &amp; his care was important e.g. passing on the info from week 2 to week 3 driver RE; parking / timing Part of the whole programme was to organise transport &amp; logistics- it was important this ran smoothly- had an impact on smooth running of art into life programme in the gallery e.g. didn’t impact on length of workshop running out of time.</td>
</tr>
<tr>
<td>Positive</td>
<td>How important is ease of access to high quality public services? It's very important to make available access to housing (good accessible) and social care is as important too. Accessing services can be a barrier for a person with mental health problems, thus anything that makes the process easier is recommended. Positively the Tate is renowned, has a treasure trove of art Very important to keep mentally stimulated &amp; interested in life in general. Reliable transport very necessary as older folk often have mobility issues. Being treated as an intelligent and valued person is important. Very easy to “talk down” to ill people. Anything that makes patients actually think for them selves is valuable. The Tate is spacious and full of exhibits gathered together so most people will find something that really speaks to them. Very important. Shouldn’t be a struggle, encourages access to these things. Impacts positively – Art into life programme. Different form of health &amp; social care – shows another option. <strong>Access to education</strong> Opportunities &amp; access to education &amp; training gives people choice / chances, gets people to see themselves in a different light, make friends, connections.</td>
</tr>
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</table>
The Potential Impact of the Art into Life on Feelings of Control

Enhancing control - the evidence
The extent to which individuals and communities have control over their lives has a significant influence on mental health and overall health. In a major global report on inequalities in health, the Commission on Social Determinants of Health identified 'control over our lives' as one of three key domains for action and empowerment:

- Material resources
- Psycho-social (control over our lives)
- Political voice (participation in decision making)

Enhancing control is also a fundamental element of health promotion practice:

“Health promotion is the process of enabling people to increase control over and to improve their health”.

A number of dimensions of positive mental health are related to a sense of control, including:

- agency (the setting and pursuit of goals),
- mastery (ability to shape circumstances/ the environment to meet personal needs),
- autonomy (self-determination/individuality)
- self-efficacy (belief in one’s own capabilities).

Recent research suggests that a degree of control or autonomy is a determinant of mental well-being across all cultures. Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress. People who feel in control of their lives are more likely to feel able to take control of their health.

Some of the evidence on the relationship between control and health comes from workplace studies on levels of job control, which show that job control, effort reward balance and social support have an independent influence on health outcomes:

- Work which provides fulfilment and allows individuals control over their working lives confers considerable health benefit
- Types of job which are lacking in self-direction and control have far fewer health benefits, and people with such jobs have consistently higher rates of mortality and morbidity
- Low job control is associated with increased sickness absence, mental illness and cardiovascular heart disease as well as with markers of stress response e.g. lower levels of cortisol and blood pressure
- Evidence from Sweden shows how changing employment conditions towards less job security and control are impacting upon people’s health and well-being in a high income country, influencing rates of cardiovascular disease, alcohol misuse and suicide
- Factors which diminish a sense of control, for example job insecurity, low pay and adverse workplace conditions may be more damaging than unemployment, notably where high unemployment is the norm.

Due to the lack of time and needs of the participants this area was not looked at fully.
Figure 1 Prioritisation Grid - Increasing control N/A
<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the Art into Life of control</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td>[insert priority 1]</td>
<td>Not measured</td>
<td></td>
</tr>
<tr>
<td>[insert priority 2]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[insert priority 3]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Potential Impact of Art into Life on Resilience

Increasing resilience and community assets – the evidence

“Communities have never been built upon their deficiencies. Building community has always depended upon mobilising the capacities and assets of people and place.”

“Resilience reflects the extent to which communities are able to exercise informal social controls or come together to tackle common problems. It is people’s social networks, more than any physical characteristics of place that appear to be most crucial in creating a sense of attachment to place.”

Resilience is broadly defined as “doing better than expected in the face of adversity”. The evidence on resilience is part of an emerging literature on salutogenesis (Salutogenesis asks, “What are the causes and distribution of health and well-being in this group, community or country population?”). Epidemiology asks, “What are the causes and distribution of disease and early death in this group, community or population?” Health assets and capability are concerned with the determinants of health, rather than the causes of illness.

A focus on resilience and assets helps to explain the factors that protect some individuals and communities, notwithstanding adverse conditions/exposure.

A major programme of research exploring common factors that make resilience possible and increase human capability found that these “mostly have to do with the quality of human relationships and with the quality of public service responses to people with problems”.

- Attachment to place, which is one characteristic of resilient communities, is closely related to strong social networks.
- For older people, high social support pre and during adversity increased likelihood of resilience by 40-60% compared with those with low social support.
- Resilience in adolescence is strongly influenced by the strength of social relationships and has powerful effects, including an increased likelihood of escape from social and economic disadvantage, a lower risk for psychological problems in adulthood and protection in the context of continuing disadvantage.
- Friends, support networks, valued social roles and positive views on neighbourhood, reduce the risk and severity of emotional and behavioural disorders among young people.

The fact that social relationships are a core feature of resilience (at all levels) highlights the importance of including social outcomes in MWIA and of a greater focus on how decisions affect “community connections”: the opening or closure of a local shop, swimming pool, park, post office.

Factors that influence individual and collective capacity to build and maintain relationships include transport, design of public space, work/life balance, access to green, open spaces, informal labour markets and opportunities for collective organisation and action. There is a strong correlation between socio-economic disadvantage and poor social networks/social support. While there is robust evidence that levels of social support enhance mental health, people’s mental health may influence capacity and motivation for forming and maintaining social relationships.
Public policy also influences resilience. International comparative studies show that contact with public welfare that transmits or reproduces stigma and humiliation undermines resilience in poor households and is a possible reason why poverty is more damaging to health in the UK than in Sweden, for example. This research echoes evidence from mental health service users about the negative influence of low expectations and discriminatory attitudes among professionals.

Table 2.1: Examples of Community Assets

| • Know how  | • Equity  | • Culture  |
| • Creativity  | • Control  | • Sport  |
| • Resourcefulness  | • Safety  | • Lifelong learning  |
| • Tradition  | • Participation  | • Access to nature  |
| • Intergenerational solidarity  | • Local democracy  | • Shared public spaces  |
| • Collective efficacy  | • Social networks  | • Informal economy  |
|  | • Mutuality  | • Tolerance  |
|  | • Trust  |  |

Research on resilient localities and/or communities attempts to explain why poverty or other adverse conditions are more damaging in some places than in others. Although the explanations for resilience in these studies are not conclusive, they might include a stable population (i.e. factors that strengthen neighbourhood attachment), selective migration and protective characteristics of the community e.g. collective action.

Communities with high levels of social capital, indicated by norms of trust, reciprocity and participation, have advantages for the mental health of individuals, and these characteristics have also been seen as indicators of the mental well-being or resilience of a community. Indicators of social fragmentation and conflict in communities, as well as high levels of neighbourhood problems influence outcomes independently of socio-economic status. For example, there is some evidence that informal social control (willingness to intervene in neighbourhood threatening situations, e.g. children misbehaving, cars speeding, vandalism) and strong social cohesion and trust in neighbourhoods, mitigates the effects of deprivation on mental health for children.

A growing body of evidence suggests that nature and access to the natural environment strengthen the resilience of individuals and communities; populations exposed to the greenest environments (parks, woodlands, open spaces) also have lowest levels of income-related inequality in health. Possible mechanisms include stress buffering; physical activity and the direct relationship between contact with nature and reduced blood pressure (see section 2.5).

Both individual characteristics (affect, cognitive and social skills) and social context (peers, social networks, social support, and relationships) contribute centrally to resilience and may buffer the effects of material factors (low income, debt, lack of access to healthy products). However, economic adversity has a significant influence on factors that influence resilience; one hypothesis is that psycho-social resilience confers protection among equals, but is generally trumped by material advantage.
Participants were then invited to work between themselves to identify which of the factors that contribute to a sense of resilience that Art into Life had the potential to have either a positive or negative impact, or the degree of importance of that impact. The results are presented in figure 2.

**Figure 2 Prioritisation Grid - Increasing resilience and community assets**

Having identified these participants were invited to work through their top three priorities to identify in more detail the potential impacts and any recommendations that emerged.

The results are presented in table 4.
<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the Art into Life on resilience and community assets</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td>Shared public spaces</td>
<td>Prestigious internationally renowned public space for modern art. Open space compared to locked ward, could enjoy “freedom”. Stimulating, diverse, normalising interaction and inclusion with the public. Opportunity for inpatients to see “another world” and variety of people all ages. Fits very well with Recovery focus. Opportunity to understand better how 2 services work – Tate Mod and SLaM. Energising and enriching for staff learning and experience too. Tate Mod is open access and has many visitors; it manages risk by having procedures in place to deal with unexpected events and also has to contend with people freely accessing the building, having not been assessed for risk. Positive risk taking.</td>
<td>Could be over stimulating and difficult for inpatients to suddenly arrive in a new big busy space, for some could be unknown space to them with lots of people milling around. Challenge to staff re: health &amp; safety and risk management i.e. falls, unpredictability of busy areas and the members of the public (visitors) actions and interactions e.g. walking haphazardly and stopping to watch workshop etc Required assessment and preparation and ward staff to trust Tate Mod staff. Anxiety provoking for staff, perhaps especially for more junior/ less experienced staff. Practical problems needed to be considered and worked through, requiring staff to attend an induction session.</td>
</tr>
<tr>
<td>Feature</td>
<td>Concern</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Very warm welcome and support – fine tuned to allow for breaks and appropriate pace for older adults. Very important to have the allocated safe &amp; private space in MacAulay suite at start and end of workshop – meet &amp; greet/ having refreshments / rest / conversation.</td>
<td>Large building and floors to ascend and rooms to cover could be physically exhausting. Travelling by minibus could cause travel sickness</td>
<td></td>
</tr>
</tbody>
</table>
The Potential Impact of Art into Life on participation and Inclusion

Facilitating participation and promoting social inclusion – the evidence

Facilitating participation
Participation is the extent to which people are involved and engaged in activities outside their immediate household, and includes cultural and leisure activities, as well as volunteering, membership of clubs and groups, as well as participation in local decision-making, collective action, voting and other forms of civic engagement. Some aspects of participation may overlap with social support/social networks; however network rich individuals and communities do not necessarily participate in civic affairs. The percentage of people who feel they can influence decisions in their locality is an indicator for the cross-sector outcome “to build cohesive, empowered and active communities”.

For individuals, social participation and social support are associated with reduced risk of common mental health problems and better self reported health. Measures of social integration are highly correlated with risk of coronary heart disease. Voting abstention, possibly an indicator of low social capital, has negative lifetime health effects, over and above low socio-economic position.

Social isolation is an important risk factor for both deteriorating mental health and suicide. Similarly for recovery, social participation increases the likelihood, while low contact with friends and low social support decreases the likelihood of a recovery by up to 25%. Many cross sectional studies show a correlation between well-being, social ties and pro-social behaviour e.g. participation, civic engagement, volunteering. One longitudinal study found that well-being (positive affect) predicted participation in volunteering but volunteering also increased positive affect.

Participation in education and employment both have strong positive effects on mental well-being. Having a secondary qualification reduces the risk of adult depression by 5 to 7 percentage points; an effect that remains after work and family characteristics are controlled for. Other studies have found that women with low literacy skills were five times more likely than those with average or good literacy skills to be depressed. Research drawn from an analysis of BHPS data suggests a significant relationship between literacy and social engagement, which in turn may impact on mental well-being. Community participation is higher among men and women with higher literacy skills, while non-readers and those with poor basic skills are:

- less likely to vote or have an interest in politics
- less likely to participate in their local community
- less likely to belong to a membership organisation.

“To be literate is to gain a voice and to participate meaningfully and assertively in decisions that affect one’s life”.

Where we have comparisons, the effects of initial schooling on health are generally greater than the effects of subsequent adult learning. However, adult learning remains an important influence in positive outcomes in health and well-being amongst adults. There is some (limited) evidence that the health benefits of adult learning may be greater for those with less education than for others. Quantitative analyses of data from the 1958 National Child Development Study (NCDS) provide evidence for an association between participation in learning and self efficacy, particularly for adults who had low levels of achievement at school.
There is very robust evidence that participation in employment, notably good quality employment, is good for mental health and, even more unequivocally, that unemployment is bad for mental health. viii

Promoting social inclusion

“...a lack or denial of access to the kinds of social relations, social customs and activities in which the great majority of people in British society engage. In current usage, social exclusion is often regarded as a 'process' rather than a 'state' and this helps in being constructively precise in deciding its relationship to poverty.” ix

Social inclusion is the extent to which people are able to access opportunities, for example employment, education, leisure, credit. It is often measured in terms of factors that exclude certain groups, e.g. poverty, disability, physical ill-health, unemployment, old age, poor mental health. People with mental health problems are among the most socially excluded on a wide range of indicators. For individuals, feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental well-being. Social exclusion on any grounds is both a cause and consequence of mental health problems. Like participation, social inclusion plays a significant role both in preventing mental health problems and improving outcomes.

Factors influencing social inclusion include anti discrimination legislation and policies designed to reduce inequalities. There is a strong correlation between socioeconomic deprivation and levels of social integration. One study demonstrated a strong correlation between socio-economic disadvantage and social integration, using the following measures:

- availability of a confidant partnership
- close ties
- social participation

Participants were then invited to work between themselves to identify which of the factors that contribute to facilitating participation and reducing social isolation they felt Art into Life had the potential to have either a positive or negative impact, or the degree of importance of that impact. The results are presented in figure 3.
Having identified these participants were invited to work through their top three priorities to identify in more detail the potential impacts and any recommendations that emerged.

The results are presented in table 5.
<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the Art into Life on Participation and inclusion</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td>Cost of</td>
<td>Staffing</td>
<td></td>
</tr>
<tr>
<td>participating</td>
<td>Seniority and experience of staff from both Tate Modern</td>
<td>High level staffing</td>
</tr>
<tr>
<td></td>
<td>and SLaM, meant that it ensured the project was</td>
<td>is expensive-</td>
</tr>
<tr>
<td></td>
<td>successful as much was considered and analysed</td>
<td>consisted of 3 Band</td>
</tr>
<tr>
<td></td>
<td>such as health &amp; safety, transport etc.</td>
<td>7 (including 2 ward</td>
</tr>
<tr>
<td></td>
<td>Lots of positive uptake by staff.</td>
<td>managers and 1 head</td>
</tr>
<tr>
<td></td>
<td>1 to 1 staffing ensured smooth running, care and</td>
<td>OT) plus at least 3</td>
</tr>
<tr>
<td></td>
<td>involvement of the inpatient participants (or at least 1 to</td>
<td>Tate Mod staff.</td>
</tr>
<tr>
<td></td>
<td>2), (staff to patient) is required (dependent on needs of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>each inpatient) and to ensure success of this pilot, and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ongoing programme.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequency every week for 3 weeks meant that some</td>
<td>1 to 1 staffing is</td>
</tr>
<tr>
<td></td>
<td>inpatients came mostly twice and especially in a ward</td>
<td>costly and the wards</td>
</tr>
<tr>
<td></td>
<td>where inpatients are discharged fairly quickly and</td>
<td>need to be covered to</td>
</tr>
<tr>
<td></td>
<td>perhaps with memory difficulties. These participants and</td>
<td>ensure safety ratios</td>
</tr>
<tr>
<td></td>
<td>staff could enjoy continuity and flow.</td>
<td>there.</td>
</tr>
<tr>
<td></td>
<td>Weekly frequency may not be sustainable with staffing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>costs and commitments on the ward and Tate Mod. Further</td>
<td>Commitment to</td>
</tr>
<tr>
<td></td>
<td>funding would be necessary too.</td>
<td>supporting the project</td>
</tr>
<tr>
<td></td>
<td></td>
<td>from Director/ MHOA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>service.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition in new</td>
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<tr>
<td></td>
<td></td>
<td>MHOA Recovery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>strategy that it</td>
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<tr>
<td></td>
<td></td>
<td>is favourable model /</td>
</tr>
<tr>
<td></td>
<td></td>
<td>project to address</td>
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<tr>
<td></td>
<td></td>
<td>recovery, wellbeing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and learning, not only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>for service users but</td>
</tr>
<tr>
<td></td>
<td></td>
<td>also staff.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part of staff /student/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>volunteer/ induction.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Core team of inducted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>staff on a rota to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>maintain / support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>project.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measure this with</td>
</tr>
<tr>
<td></td>
<td></td>
<td>another MWIA and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>feedback from</td>
</tr>
<tr>
<td></td>
<td></td>
<td>participants.</td>
</tr>
<tr>
<td>Tate Modern is a local prestigious and valuable resource which is also free and in Southwark. SLaM is close neighbours and is established partners. It is a resource available for all.</td>
<td>Other MHOA wards at the other SLaM hospitals (Bethlem &amp; Ladywell) are not so close in proximity and travel has been highlighted a problematic. Concern that wards at Maudsley can only benefit through this project however the other wards may well have their own local resources more available to them.</td>
<td>Promoted in SLaM newsletter</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Driver/s were essential and the hand over information successfully. Driver and minibus were provided by the community team as a gesture of good will.</td>
<td>Transport is the key issue. Need a minibus door to door.</td>
<td>Drivers &amp; minibus system/ funding/ policy to be worked out</td>
</tr>
</tbody>
</table>

Table 5
Summary
The stakeholders identified 2 key determinants of mental well-being that were both of high importance and had a high impact.

<table>
<thead>
<tr>
<th>MWIA Factor</th>
<th>Increasing Control</th>
<th>Resilience</th>
<th>Participation and inclusion</th>
<th>Wider Determinants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority Components</td>
<td></td>
<td>Shared public spaces</td>
<td>Cost of participating</td>
<td>Transport</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Physical environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Leisure: arts &amp; creativity</td>
</tr>
</tbody>
</table>

A focus on these for Art into Life will help promote the mental well-being of Older adults with mental health problems and dementia

7. REVIEWING THE LITERATURE EVIDENCE BASE

The MWIA toolkit assessment criteria for the protective factors (discussed in section 6) are based on a review of the published literature that research suggests are helpful in promoting and protecting mental well-being. In order to build on this evidence base a short additional literature review was undertaken to identify, what if any, published research studies there may be suggesting that Art into Life may have an impact on mental well-being. This is intended to provide further evidence to substantiate or challenge the findings from the MWIA workshop.

“Art has a unique ability to help us to find meaning in the world and, in turn, art interprets the world back to us. It is this capacity for art to embody meaning and value that makes it so powerful in rebuilding lives. Art as activity, process and object, is central to how people experience, understand and then shape the world”

(Use or ornament? The social impact of participation in the arts. Matarasso. 1997).

Influencing factors on mental health and wellbeing in later life.
In “The promoting mental health and wellbeing in later life a report” by Age Concern and Mental Health Foundation, the clear and consistent evidence was that there are 5 main areas that influence mental health and wellbeing in later life. The report considered that the majority of challenges or issues can most effectively be addressed by activities at local community level, building on what is already in place and expanding programmes. The 5 areas are: Discrimination on age, Participation in meaningful activity; relationships; physical health; poverty.

The Briefing paper Well-being among older people: key obstacles and services that can help (2010) by Whittington consultants 2010 for the Arts Together charity (which brings professional artists and older people together for weekly creative workshops) reports that “the experience of loneliness, social isolation and social exclusion, is actually and potentially harmful to older people’s mental and physical well-being, in some cases very seriously so”. It reviewed the evidence and found: There was a strong association between loneliness and depression and loneliness appeared to be detrimental to physical health, affecting blood pressure levels, sleep, the immune system and cognition. Interviews by with around 1,300 people over 65 found that loneliness and the quality of
social networks each independently affect well-being, underlying a very significant proportion of depressed mood (Golden et al, 2009).

**Health and well-being benefits of the arts**
The above mentioned briefing paper (Arts Together) advocates from their review of researched evidence that:

“Services, like Arts Together, that are group-based, activity-focused and socially-interactive have been shown to be effective in helping to counter these social harms [experience of loneliness, social isolation and social exclusion] and are valued by older people in improving their well-being. The particular arts-based, informal learning activities of the kind offered by Arts Together have been shown to add further potential benefits, such as renewed sense of purpose, personal self-expression and re-discovered talents, contributing further to a sense of well-being”.

Also evidence shows that the successful interventions which promote well-being in older adults are “Group interventions involving educational and social activity, targeting social isolation and loneliness… and interventions that promote trusting relationships, frequent contacts with friends, and which seek to improve the quality of social relationships.” (Government Office for Science, 2008 pp.34-5).

In the American study “The Impact of Professionally Conducted Cultural Programs on the Physical Health, Mental Health, and Social Functioning of Older Adults produced by the well known leaders in the field Gene D. Cohen, Susan Perlstein, et al, combined two dimensions: individual sense of control and social engagement. The study was built on two major bodies of gerontological research: when older adults experience a sense of control (e.g., a sense of mastery), they demonstrate positive health outcomes (Rodin, 1986, 1989) and when older individuals are in situations that provide meaningful social engagement the result is positive health outcomes (Avlund, et al 1998; Bennett, 2002; Glass, et al, 1999).

**Improvements in confidence, self esteem, socialisation and communication**
There is further evidence supporting the use of the arts in mental health of older adults in improving confidence, self esteem, socialisation, social inclusion and communication. For example the National study of mental health, social inclusion and participatory arts was undertaken to develop the evidence base (Secker et al, 2007). It found statistically significant improvements for measures of empowerment, mental health and social inclusion and there was a significant decrease in the extent of regular or frequent service use.

The report Arts in the Third Age: a Study of Arts for Health and Older People in Cornwall, (Simon Bennett & John Bastin 2009) showed that those participating in their local project benefited in terms of confidence and self-esteem, developed or revisited skills and expertise, improved mobility and progressed in the areas of socialisation and communication. These benefits were particularly apparent in those clients diagnosed with dementia.

One American study observed wellbeing among individuals with dementia and “the results showed more interest, greater sustained attention, more pleasure and greater self esteem when involved in the art programme than in adult day centres “ (P. Baines, Quality Dementia care, Nurturing the Heart: creativity, art therapy and dementia. 2007). This art programme “Memories in the making” (Copyrighted name), was compared to other structured activity (J. Kinney, & C. Rentz 2005, American Journal of Alzheimer’s disease and other dementias 20.220) and it showed that they were “able to demonstrate that participation in the creative process enhanced wellbeing”. They used the Greater
Cincinnati Well-being Observation Tool and trained observers to record behavioural indicators i.e. concentration on artwork, smiling, positive verbalizations every 10 minutes, this created a measure of what the art activity meant to the person living with dementia”.

Research has shown that many participants in a creative activity continue to enjoy the confluence of colour and retain good colour sense until very late into the Alzheimer’s disease (Wijk 2001) possibly because the areas of the brain that process colour are rarely affected by this disease (Whalley 2001). Also there is a growing body of research which supports the value of creativity for those growing older and the possibility that the ageing brain may become more creative than younger. “Brain plasticity is greater in older adults individuals and the greater connectedness between left and right hemispheres promotes creativity” (G Cohen, George Washington University 2006). Also Dr Bruce Miller’s research recognises that degeneration in the left side of the brain, may reduce or “knock out” language, but may enhance and release musical or artistic abilities” (P. Baines 2007). “As people lose the ability to name, to conceptualise what things are, they are forced into much more visual ways of thinking about the world” (Dr B Miller, 2004, ABC News interview).

Learning contributing to well-being

There is a lot of evidence suggesting that learning has a big impact on wellbeing. The Art into Life project is programmed within the department of Learning Tate Modern. Participants have fed back that they enjoyed the opportunity to learn and in some cases were surprised to enjoy learning about modern art. The Arts Together briefing paper found that:

- Learning can help to promote well-being and protect against age-related cognitive decline and the effect is enhanced when learning takes place in social settings (Foresight Project, 2008).
- Learning can be of value both directly and indirectly in managing significant transitions. Learning can help acquire valuable skills and adjust to changed circumstances, modify our self-identity and increase self-confidence (The Learning Lives research 2008).
- A study of recently-housebound older people underlined the importance of identity in older age and people’s reluctance to accept services that seemed to confirm an identity of dependency out of keeping with a previous self-image (Baldock, 2002). Therefore services that promise opportunities for learning, personal competence and positive self-image may have enhanced acceptability. Also participating in such a service directly helps in sustaining a sense of identity.
- Growing recognition of the importance of learning in later life was found in the previous Labour Government’s policies and also non-government initiatives, including the Association for Education and Ageing (AEA), the International Journal of Education and Ageing and a website that highlights national and international activities, & ‘active ageing’.
- Learning for older adults can improve the quality of life, positively impact health and physical well-being and save on health costs (NIACE (2010).
- (Arts Together briefing paper 2010)

Shared public space: Tate Modern

The dominant constant feedback from the MWIA workshops was that attending Tate Modern was incredibly important and had great impact on the participants. It also contrasted strongly with feelings about the environment on the wards. One participant stated he felt secure at Tate Modern and frightened on the ward, one said he didn’t want to go back to the ward. The ward manager explained that there were a number of acutely ill patients which could be frightening for others, and the layout of the wards badly needed changing to facilitate better therapeutic space with alternative areas of
activity and quiet. The wards are due for redesign/ refurbishment and staff are very keen to make improvements and enhance the environment.

The literature review reinforced the feedback about the Art into Life project at Tate Modern.

**Sense of safety and a different kind of space**

“It is widely held by museum professionals that the museum offers an environment that is safe and unthreatening; it is a distinctly different kind of ‘space’ where certain kinds of positive behaviour can be encouraged (e.g., looking, listening and discussing, socialising and relaxing, having fun, being creative, etc.). (North Wales Arts in Health and Wellbeing (NWAHW) Stakeholder Group research brief 2011; measuring the impact that participating in museum-based activities can have on people’s recovery from mental ill health and contribute to mental wellbeing.

**Credibility to the activity and enhancing confidence of participants**

The Baring Foundation report (2009) stated it was surprised by how little activity [with older adults] there was in the UK’s best known venues, in comparison say to their work with young people.

“This work has almost exclusively been the preserve of local community based arts development agencies. Association with beautiful and prestigious venues naturally gives added credibility to work and further enhances the confidence of participants”.

The Wallace Collection provides one to one discussion sessions in homes using selected paintings, the National Gallery in 2008 ran 2 pilot projects “Ageing creatively” to help redress the balance with a visit, high quality reproductions and workshops making sculptures in the day centres. In the USA the Museum of Modern Art has trained some of its staff to make its collection accessible to people with Alzheimer’s disease and has a created guide.

**Objects handling in museums – to aid communication and memories**

The Art into Life project encourages handling and talking about objects to assist participants to engage with the art in the galleries. The literature review found some other examples of how the use of objects can assist in maintaining communication and used by all carers to improve their quality of life, by giving a variety of objects to hold and feel.

“Museum objects often tell fascinating and diverse stories that can trigger reminiscence, discussion and debate, creative inspiration and emotional responses”. (North Wales Arts in Health and Wellbeing (NWAHW)).

Also Patricia Baines advocates that women seem to like: lace, silks, shiny colourful materials, shells, jewellery and men: cars, planes, tools, stones, fossils, drill keys etc.

“Men and women respond with equal interest to objects despite experiencing memory loss, those living with dementia respond with interest to new objects, which they have not seen before. Some part of the brain has registered something in the past and novelty creates new interest”.


There are some museums in the UK that run outreach reminiscence projects for people with dementia, such as Suffolk Museums’ ‘Rekindling Memories’ and ‘Rekindling Memories at Home’ loan
boxes full of objects and images to stimulate memories, conversation and fun and the objects seem to assist the recall of places and people.

**The hospital’s physical environment and patient wellbeing**

“Patients can spend many hours in bed or sitting, with little to do. The influence of the immediate environment on their sense of wellbeing and actual recovery was the subject of a 2003 report from NHS Estates. The study indicates that the architectural environment can contribute to the treatment of patients and significantly affect their health outcomes, concluding that:

- patients are sensitive and articulate about their architectural environment
- patients make better progress in purpose-designed modern buildings than in older ones
- better designed hospitals create an overall improved atmosphere, leading to patients with mental health problems being less confrontational and general patients requiring less analgesic medication.
- Studies have shown that poor design works against the wellbeing of patients and in certain instances can have negative effects on physiological indicators of wellness. Research has linked poor design to anxiety, delirium, elevated blood pressure, and increased intake of analgesics.
- Healthcare building design should extend beyond functional efficiency, marketing and cost. It should promote wellness by creating physical surroundings that are psychologically supportive.
- It should ensure that patients are not overcrowded or over concentrated, provide a variety of spaces such as a big day room, a dining room that is well lit and ventilated and a spacious lobby and corridors and give sufficient attention to natural and artificial lighting.”

- (British Medical Association report psychological and social needs of patients 2010)

**Cost of participating: transport and staffing.**

The MWIA workshop feedback prioritised these factors as they were difficulties that could affect the sustainability of the project. However the following evidence shows that the investment by SLaM older adults service (MHOAD) in participation in arts/ creative programmes like Art into Life could bring about healthcare savings. This is very pertinent today with the recent publication of the World Alzheimer Report (2010) saying that the costs associated with dementia will amount to more than 1% of the world's gross domestic product this year. It says that dementia poses the most significant health and social crisis of the century and “campaigners say more investment in dementia care and research into new treatments is needed. Spending more money now would save nations more money in the future by decreasing the disease burden” (BBC News http://www.bbc.co.uk/news/health-11373018 21.09.2010).

The Baring Foundation in the UK has also stated in its recent report (Ageing artfully) that: “It is even possible that use of the arts could decrease expenditure for the NHS. As in other areas of the arts it is difficult to quantify these social effects and to put an economic value on them. However the current economic climate makes it even more important to try to do this where possible and there is a need for more rigorous evaluation.”

It goes on to say that “Despite the Arts Council research showing that people aged 50-70 are more likely to attend arts events than the general population, there are still very many older people who need targeted support to participate in the arts. This includes people who are living in their own homes but are isolated and perhaps frail and on low incomes, as well as people in hospitals, sheltered accommodation, residential and nursing homes. And this need will grow considerably in coming decades as the population of the UK continues to live longer”. 

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[Images and logos not transcribed]
The recent British Medical Association Report Psychological and social need of patients (2011) further reinforces the need for arts activities to continue both off and on the ward. It referred to the 2006-07 National Audit of Violence report, “which identified ‘high levels of boredom’ as one of the six main factors contributing to unsafe wards. Patients complained about the lack of daily exercise and the general absence of things to do, particularly in the evenings and at weekends. The report called for wards to address this as a matter of priority; with measures to ensure that activities and therapies are reviewed regularly so that the provision is appropriate to the current patient and staff mix. Creating a therapeutic healthcare environment extends beyond the elimination of boredom.

Arts and humanities programmes have been shown to have a positive effect on inpatients. The measured improvements include:
- inducing positive physiological and psychological changes in clinical outcomes
- reducing drug consumption
- shortening length of hospital stay
- promoting better doctor-patient relationships
- improving mental healthcare.

The major American study the “Impact of Professionally Conducted Cultural Programs on Older Adults, The National Center for Creative Ageing which sets out “to evaluate the effects relevant to mental health, general health, overall functioning, and sense of well being on older persons caused by experiential cultural programs provided by professionals such as folk, visual, and literary artists (expressive arts e.g., visual arts, dance, music, poetry, drama), material culture, and/or oral histories in a creative context”.

(http://www.creativeaging.org/national-research-study/ has recently reported that the older people participating in the arts had:
- significantly better overall health;
- significantly fewer falls and less hip damage;
- significantly few doctor’s visits;
- diminished use of medications;
- diminished vision problems;
- significantly better scores on the Geriatric Depression Scale & Loneliness Scale;
- increased involvement in activities.

Susan Perlstein, the founder and executive director of this National Center of Creative Aging, (USA) said that this study had been “a catalyst for gaining congressional support for health ageing initiatives in America. The study was the first to quantify the impact of professional arts programming on life quality for people over the age of 65” (Interview on ABC News Australia (13.11.09). She also stated that: “Dr Gene Cohen (National Center of Creative Aging) crunched the numbers and found huge healthcare cost savings for the US Government as fewer people used the healthcare system and medication. He also deducted that because of the increased independence and social engagement in community that it reduced the risk factors for long-term care. And we all know that long-term care is one of those highly costly dreaded possibilities for older people”.

**Staff involvement, development and teamwork**
There is some evidence of benefits not only to clients but to staff too in their involvement in the arts. Staff absenteeism, morale and retention are critical to the service, and projects which not only enhance relationships and communication between staff and patients but also staff wellbeing are
crucial. There was much positive feedback and commitment to the Art into Life project from staff and patients alike. The literature review found supported this such as the Age & Opportunity programme in Ireland developed a tailor made arts programme for staff working with older people in care settings, called Creative Exchanges. The workshops enabled participants to facilitate creative activity with the older people in their care, using highly trained facilitators, one of whom explained her passionate belief in the power of this work to change lives:

"I have seen the benefits of it, for the care-workers as well as for their clients. Communication between staff and residents engaged in a creative process is different. It shifts from caring to sharing, and maybe sharing eventually leads to a need for less caring. There is communication at a different level. It is two way."

Another arts programme in Cornwall (Arts in the Third Age: A Study of Arts for Health and Older People in Cornwall, report by Simon Bennett & John Bastin 2009 for the Cornwall Health Research Unit) concluded that there were wider benefits, including the meeting of professional development needs for both care staff and art practitioners, and, through training and the development of toolkits, and groundwork for sustainability in the longer term.

Staff reported increased:
• confidence in dealing with clients and other staff;
• Personal development, e.g. improvement in creative skills;
• Enjoyment; Motivation; Inspiration; New ideas, e.g. combining music/movement with arts and crafts.
• Also the artists reported: Increased knowledge and experience of working with and delivering to older people; Increased repertoire of delivery methods; Development of toolkits for use by other leaders; Training techniques to encourage others.

Another example of working creatively is Artlink Suffolk, which aims to improve the lives of vulnerable and older people. In 2003, Suffolk County Council identified the need to improve the skills of its care workers in delivering activities in homes and day centres and a ‘Creative Carers’ programme was developed, with an emphasis that the course releases the carers own creativity and improves job satisfaction. As well as the satisfaction experienced by the older people, carers and managers reported the following benefits from the programme:
• A decrease in requests to see the doctor;
• A decrease in possibly attention-seeking behaviour such as requests to go to the toilet;
• A more humanised relationship as carers and older people share the creative process;
• An increase among carers in confidence, job satisfaction and creative skills.
(Ageing artfully, 2009, Baring Foundation)

**Access and transport issues**

“A MORI survey conducted in 2000 showed more than 1.5 million older people feeling trapped in their own homes, with women twice as likely to feel this as men and there was also a strong correlation with income, meaning that those on low income were twice as likely to feel trapped. Access to, and quality of, public transport is highly relevant” (Baring Foundation report). The Economic and Social Research Council defines isolation as a person who has less than weekly contact with family, friends or neighbours. It is estimated that isolation affects around 2.1 million people aged 60+ in the UK and 1.3 million of these have less than monthly contact with family or friends. The arts organization Fabrica has received funding from Arts Council England for a South East’s ‘Rendezvous’ scheme to
research with older people how to remove the physical and psychological barriers that can impede their engagement with contemporary art. The research is yet to be published but is ongoing. One study the by Greaves (2006) which is related, has found that the factors that seem “to enhance effectiveness of schemes were individual tailoring of support, positive group identity, building participants’ confidence and overcoming practical barriers relating to transport and venues.”

**Specific literature**
Age Concern and Mental Health Foundation, (2009). Promoting mental health and wellbeing in later life; a report.
Arts Together charity Well-being among older people: key obstacles and services that can help (2010). The Briefing paper by Whittington consultants.
Cohen, G. et al. (2006). The impact of professionally conducted cultural programmes on the physical health, mental health and social functioning of older adults.
Impact of Professionally Conducted Cultural Programs on Older Adults, The National Center for Creative Ageing (http://www.creativeaging.org/national-research-study/)

8. **APPRAISING THE EVIDENCE**
The literature reviewed as part of the Mental Well-being Impact Assessment suggests that the kind of activities delivered by Tate Modern have the potential to have a positive impact on the well-being of people with mental health problems and dementia and for the relationships with carers.

For example, some of the programme activities included object handling as a stimulus for discussing specific works of art. The literature review found some other examples of how the use of objects can assist in maintaining communication and used by all carers to improve quality of life, by giving a variety of objects to hold and feel. The gallery workshops use a methodology of handling objects, multi-sensory activities and interactive group work including making and discussion. The activities at the Tate Modern enabled people to get involved in group activities, express their views, make connections with their “life stories “ and feel a sense of belonging and connection.
There is some evidence of benefits not only to clients but to staff too in their involvement in the arts. Staff absenteeism, morale and retention are critical to the service, and projects which not only enhance relationships and communication between staff and patients but also staff wellbeing are crucial. There was much positive feedback and commitment to the Art into Life project from staff and patients alike.

Access to a positively regarded and prestigious “shared public space” such as the Tate Modern had a significantly positive impact on participants. Experiencing the freedom of an open space where different kinds of interaction and engagement took place was beneficial. This also raised comparisons with how people felt about the ward environment which was perceived as less therapeutic.

After the success of the 2 sets of workshops in the summer and autumn 2010 the partnership has planned further workshops starting May 2011. The aim is to ensure the Art into Life workshops are sustainable, integrated into the life on the wards and community. The culture and life on the wards can encourage passivity for this group of service users. The aim is to improve the experience of life on the wards and empower them to become more comfortable, confident, resilient, and generally improve their ability to “speak up” and gain some sense of control of their life while they are on the wards. The planned next steps would be to apply for funds to build an extended programme with Tate Modern to also encompass outings to other arts venues (museums and galleries) that can cater for older adults with mental health problems and dementia, to challenge stigma and ageism and increase social inclusion.

- To give the service users further opportunities to experience the gallery workshops that they previously enjoyed or alternatively creating new interest and experiences to expand their quality of life
- to improve the therapeutic relationship on the wards and bring good practice from the Art into Life project into the wards to energise the environment and change the culture

Also to build on the findings of the Mental Well-being Impact Assessment, further evaluating both staff and service users in the project to gain a more in depth understanding of some of the well-being impacts and service and workforce implications identified in the MWIA

9. DEVELOPING INDICATORS OF WELL-BEING

“What gets counted, counts.” Therefore being able to measure progress and impact of Art into Life on the determinants of mental well-being identified by the stakeholders through the MWIA is an important step. Building on the initial ideas from stakeholder about “how you know” that certain impacts have happened indicators have been developed.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Component</th>
<th>How do you know?</th>
<th>Data collection</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wider determinants of mental well-being</td>
<td>Transport, physical environment, leisure</td>
<td>Sustained programme at Tate Modern with transport arranged.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increasing Control</td>
<td>TBA</td>
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<td></td>
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</table>
### 10. RECOMMENDATIONS

- 2nd MWIA completed December 2010 led by Mental health promotion officer Nicholas Henry and Helen Shearn. A more informal open feedback session at Tate Modern immediately after the gallery workshop to facilitate further enhanced involvement of participants based on feedback from 1st MWIA and the needs of this population group. Using the same venue and certain communication skills was seen as very important.
- Liz Ellis (Tate Modern) and Helen Shearn (SLAM) presented project to senior service managers meeting Jan 2011
- Continued close liaison and induction of new staff, including community staff.
- Continued research and resolution of transport issue
- Consideration is given to collecting the well-being measures identified in this report
- Use of a semi structured questionnaire for staff and service users to further measure the impact on mental wellbeing
- Review and further evaluation for possible feasibility research study; i.e. other similar projects in museums
- Sharing best practice from Tate Modern staff to SLaM staff on communication skills and creative approaches to enhance therapeutic relationships.
- Apply for funding to extend the programme and translate best practice
- Consideration is given to collecting the well-being measures identified in this report
APPENDIX ONE

Evaluation of the Stakeholder MWIA workshop

Participants were invited to complete an evaluation form. The results suggest the workshop was successful in:

“ I feel more confident (discussing mental wellbeing with others) as I think I’ve found out more about wellbeing through the community programme at Tate Modern”

On feeling more confident about discussing mental wellbeing with others: “discussing mental wellbeing with others is a great way to gain insight into my own wellbeing”

“It especially identified the creative aspect of mental wellbeing”, “very detailed and a good method of analysing and measuring feedback”

“It was richer & more complex than I expected, subtle layers of information were gathered” The MWIA will contribute to the project because: “unarguable proof over value of well resourced, properly planned arts projects”

The MWIA will contribute to the project because it will “provide a formal evaluation in order to make this project financially sustainable”

The MWIA will contribute to the project because it “identified areas of strengths by the clients”

Was the workshop useful, understandable, interesting, and enjoyable- yes. “I liked it!”

Additional comments to inform further work, feedback about style of MWIA workshop to be amended and customised for this population group:

“I was quite concerned that it was quite ‘jargon-y’ and not very accessible to service users and carers” Too much jargon! Not at all accessible to non professionals. I felt anxious in supporting service users to participate “ I did find it informative and well presented , just found it unsuited to the service users”

“Sometimes the time constraints/ pacing impacted on how understandable it was, or maybe it’s me being dense on a Friday afternoon….!”

APPENDIX TWO

Measurements

Satisfaction, self esteem, wellbeing measures created and used by staff with guidance from psychologist to measure in patients/ service users before and after attending the Art into Life workshop at the Tate Modern. Could also be used with staff as part of their measurement of mental wellbeing and professional development.
APPENDIX THREE

Presentation to senior staff based on additional feedback from December 2010

‘Art into Life’
Tate Modern working with SLAM group gallery days at Tate Modern for older adults with mental health problems and dementia.
May to June and October to December 2010
&
Mental Wellbeing Impact Assessment (MWIA)
June and December 2010

Impacts of the Lets talk about Art
Protective factor: Resilience and community assets:
Key determinant- Shared public spaces Feedback at the MWIA

-The Tate Modern had a positive impact, its openness, list of interest, with opportunities to create, to collaborate, to experience & all needs catered for.
-Access to outside spaces can be a barrier within hospital, it has an affect on wellbeing.
-Enjoyed walking through gallery, increased confidence about going out and about, Would like to keep in touch with Tate Modern.
-Art sits in a wider context because of recovery objectives whilst being an in patient.
-Using health services can provide opportunities for wider access to arts opportunities that might not be usually be available.

South London and Maudsley NHS Foundation Trust
Impacts of the Art into Life on protective factor of Participation & Inclusion
Key determinant - Cost of participating- staffing and transport
Feedback at the Tate Modern MWIA December 2010

“Poor design works against the wellbeing of patients and in certain instances can have negative effects on physiological indicators of wellness”
Ulrich R. Effects of interior design on wellness: Theory and recent scientific research. (1991)

Service user feedback at the Tate Modern MWIA December 2010

“The wards are one confined space for all with some acutely ill patients, we need to make changes”.

“There is no life there [on ward], “I don’t want to go back there”, “I want to go home”.

“The Tate is laid out really nice”

“Feel secure here at the Tate”

“I feel very human today at the Tate”.

“Never mind the meds”
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