



I saw how far we've come, in other
ways, we haven't.

Evaluation Report
of
'Dr. Hills' Casebook'

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August, 2021

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Executive Summary

Dr. Hills' Casebook is in very good heart. In terms of comments from participants, the overall impression was positive regarding the concept of the project, the implementation, and its benefits to the individual and wider community. One participant summed this up.

"I think if we're going forward and trying to improve people's lives through this, then this is through community engagement; then this is the ideal model" (Participant D).

The outcomes of the project were found to contribute to promoting well-being, through:

- **Forging a link between identity and archives, in an original and highly effective model;**
- **Developing social relationships between participants - a learned capacity;**
- **Facilitating learning across complex, transformational dimensions and learning of knowledge, skills and attributes;**
- **Promoting key factors that contribute to resilience;**
- **Developing individuals' creativity as a contribution to social and emotional well-being;**
- **Developing the empowerment and critical energy of participants, linked to mental health and well-being;**
- **Promoting voice for vulnerable people, concerning issues associated with mental health and well-being and making that voice heard**

There is, the author suggests, a strong link between identity and archives, which embraces the relationship between the individual and the community. The historical consequences of the content of history and how it affects us today are significant, I suggest, to the personal consequences of archives. There is a political link to social justice and empowerment of the individual and the community, which underpins well-being.

The process of accessing archives had an impact on physical, emotional and cognitive aspects for individuals. Learning about motivation, having creative thoughts, developing confidence in research can lead to looking at the world in a new light and this was achieved. Similarly exploring values beliefs and behaviours in both archives and self can contribute to health literacy, through shaping life and coping strategies; as well as critical reflection and this was the case for *Dr. Hills' Casebook*.

Social relationships were developed and improved by group work and arts activities, generating relief from pain, increased sense of belonging and inclusion. Linked to these qualities are possibly continuity and stability in difficult times. Expression of feelings is also

cathartic and coping with any illness may be assisted by self-expression, self-affirmation and overcoming stigma or lack of insight on the part of others. *Dr. Hills' Casebook* facilitated these capacities.

Resilience is frequently associated with taking 'safe risks' and with having support from others. Resilience can also be learned from lived experience and structured experiences. Exploring self, and the relationship between self and a supportive community contributed to resilience, solidarity and to morale. *Dr. Hills' Casebook* provided an environment for taking these 'safe risks'.

Finally, there is the sheer, unadulterated pleasure that goes with research, finding out and creativity. The challenge, the achievement, the affirmation of self, the expression of self, the fun, the joy, the planning, design and spontaneity, the audience; all dimensions were apparent and contributed to well-being in *Dr. Hills' Casebook*.

Scale, Quality and Significance are mentioned in the methodology of this report, as criteria for evaluation. The scale of the programme is relatively small of necessity, for the care and attention to people with complex needs. The scale of impact is however large in other ways, as evidenced by the quotations of the participants, in terms of its impact on them personally; their feelings; their actions; and their behaviour.

The quality is quite outstanding in my experience in the arts. Culture and archives are conceptualised, synthesised and managed into a programme that does, indeed, contribute to health and wellbeing. This is underpinned by sympathetic facilitation; an ethos of care; strong writing and production of high-quality script and film.

Significance or 'does it matter?' is uncontested. Yes, it matters to the participant personally, to families and the wider community, including professionals and policy makers in mental health. It raises the voice of potentially vulnerable people, in a gripping and convincing way, that augurs well for them to be heard by stakeholders and decision-makers.

Summary of Findings

Bringing the data sets together, it is quite clear that *Dr. Hills' Casebook* is an exciting, imaginative and highly creative approach to assisting those recovering from mental health issues. It makes a positive and authentic difference to mental health and well-being. The researcher sought both positive and negative critiques of the project, to secure a balanced evaluation and all of the few negative comments have been included in this report, which shows that the project was a resoundingly positive experience for participants. Given this was a challenging population to work with, the facilitator and stakeholders should be pleased with providing content that captured the imagination and interest of participants. The process, which was also challenging in a Covid pandemic situation, overcame the challenges associated with social distancing and using Zoom, to create a sensitive and welcoming environment, that enabled personal growth and development of social relationships, as well as providing a public voice for the views of potentially vulnerable participants.

1. Title

The title of this report, '**I saw how far we've come; in other ways we haven't,**' is a quotation from one of the participants, in a session of *Dr. Hills' Casebook* programme, observed by the researcher. It summarised the main thrust of the discourse that underpins the findings of this evaluation of *Dr. Hills' Casebook* project; a discourse around the history of the asylum and how this compares to the present day in terms of mental health and well-being.

2. Background

Dr. Hills' Casebook, is a project that combines archives, history, research, approaches to mental health and well-being, creative writing, film and theatre.

A partnership between the Restoration Trust, Norfolk Records Office, South Norfolk Council, UpShoot Theatre Company, the project has been funded by the National Lottery Heritage Fund and the Norfolk Archives and Heritage Development Foundation. This project grows from Change Minds, a successful National Lottery Heritage Fund supported project, that the Restoration Trust has run three times in partnership with Norfolk Record Office, Together for Mental Wellbeing and Norfolk Library and Information Service.

At the time of this evaluation, the *Dr. Hills' Casebook* project has sought to provide connection and support to people during the Covid 19 pandemic; during a period of increased anxiety and uncertainty. These were people, who had characteristically suffered a decline in their mental health due to increased isolation, reduced access to support services and networks and an increase in primary symptoms, such as anxiety and depression. They were people experiencing mental health challenges, managing recovery from mental ill health and receiving support from health and/or social care services.

The *Dr. Hills' Casebook* project sought to provide safe spaces for people to connect, socialise, make friends, share experiences, express themselves, grow their confidence, connect to hope and realise improved well-being. These were people living with mental health challenges in South Norfolk, referred largely through South Norfolk Community Connector service and people living with mental health challenges (including carers) in Great Yarmouth and Waveney from the *Burgh Castle Almanac* project.

3. The Researcher

Professor Karen McArdle, FRSA, has more than thirty years' experience in evaluating social projects from the public, private and third sectors. She is the author of texts on the philosophy and practice of research in an educational context; and on how to show impact in community projects. She had no connection with *Dr. Hills' Casebook*, before the evaluation and may be viewed as an external evaluator. The evaluation had to be done from a distance, because of the Covid pandemic.

McArdle, et al (July, 2020). The Impact of Community Work: How to gather evidence.
<https://policy.bristoluniversitypress.co.uk/the-impact-of-community-work>

McArdle, K. (2018) Freedom Research in Education: Becoming an autonomous researcher.
Palgrave Macmillan

4. Methodology

The evaluation may be different for the reader, who is used to traditional forms of evaluation. This evaluation starts with the voice of participants as the frame for the research, rather than an externally imposed framework. This is consistent and congruent with the philosophy and principles underpinning *Dr. Hill's Casebook*, of promoting voice and empowerment and placing participants' experience at the centre of the project's ethos. Accordingly, this report represents the voice of participants substantially, as a means of understanding the project and, it is hoped, it reflects the perceived richness and depth of the project.

The methodology was both complex and comprehensive. It was complex because *Dr. Hill's Casebook* may be seen to be located at the cusp of several disciplines: psychology; sociology; social history; anthropology; medicine and the creative arts; all of which seek to contribute to the health and well-being of people with mental health issues. It was comprehensive as the evaluation sought to embrace all these dimensions holistically.

The most important dimension tackled in the evaluation is impact.

"Every action we take impacts the lives of others around us."

Arthur Carmazzi

Seeking change or impact is common to projects, in a community context. This change may be seeking to empower local people, or it may be to assist a community with a transition to a new state of affairs. So, empowerment and transition have a lot to do with change. Other words from a thesaurus that provide a wide perspective on change and its complex character are adjustment and advance, both of which have positive connotations. Change may be thought of as making a difference or contributing to innovation or modification of the existing state.

We are concerned in this report to explore impact through the scale, quality and significance of change. Scale refers to the size of the impact. Did the work affect one person or a whole community, for example? The quality of impact refers to the nature and, also the strength of the impact. Did our work affect people in a particular way, such as enhanced well-being and was this widespread? Finally, significance is important. This is more difficult to pin down and refers to why it matters. So, impact on community spirit matters for reasons linked to society caring that people have a sense of well-being in their communities; it matters because it costs less in terms of services for unhappy people; it matters because community spirit may lead to additional participation in community projects and services, and there are sure to be other significances. There is a link to values and judgements, which are inherent in scale, quality and significance. Scale is not always a numerical judgement.

The term widespread can mean, for example, 100 or 1,000 people. Scale can mean having a 'large' impact, where the term 'large' needs to be defined further. Similarly, quality and significance are qualitative terms and are linked to the value placed on ideas and the services described.

The methodology combined the following elements:

- Literature Review
- Pre-programme, during and post-programme Narrative Inquiry interviews
- Semi-structured interviews with key stakeholders
- Participant Observation
- A questionnaire with Shorter Warwick/Edinburgh Mental Well Being Scale (SWEMWBS)
- Discourse Analysis

4.1 Literature Review

2 research questions underpinned the study of the literature:

- What evidence is there of a relationship between mental health and well-being and projects making use of archive materials?
- What benefits are brought about by the use of archives in arts programmes?

The definition of archives used was broad and was derived from the Oxford English Dictionary (online 7/7/2020):

“a collection of historical documents or records providing information about a place, institution, or group of people.”

The definition of mental health and well-being was more difficult and is the author's own, derived from the capability writings of Amartya Sen and derived from Jenny Spratt (2019), *'living a life of value, for oneself and others.'* This definition has two dimensions; it embraces value as defined by the individual concerned, and a linked value to the community; the latter, so that the individual's life of value does not negatively impact others.

A systematic search of the electronic databases ASSIA, Google Scholar and PsychINFO was used for academic literature and Google Search was used to identify grey literature. Initially, a cut-off date of 2015 was chosen to find up-to-date ideas but, this needed to be modified to 2000 as there was a dearth of literature on archives. The approach combined academic literature, with evaluations and reports provided by individual projects. Literature was assessed according to relevance to the topics of archives, artefacts and mental health and well-being. As the literature concerning all these elements was limited, issues of robustness, whilst considered to be important, were less relevant to this study. Several other systematic reviews were found including Jindal-Snape et al (2014) and (McLean et al 2011) and a review, which developed a conceptual framework CHIME (Connectedness, Hope, Identity, Meaning in life and Empowerment) (Slade et al, 2014). None of these reviews considered the use specifically of archive material.

The study commenced seeking literature linked to key terms, **archives** and **mental health** and **well-being**, but broadened out, after the discovery of the dearth of literature, to include **artefacts**; and **heritage** and **museum** projects, linked to mental health and well-being. This latter literature was large in volume; the multidisciplinary nature of arts research meant it could be published in hundreds of journals including those relating to arts, medicine, psychology, well-being and public health to name but a few. (Fancourt, 2017).

4.2 Narrative inquiry interviews

Narrative inquiry is a method of finding the stories people wish to tell others about the impact of an experience. It is relevant to mental health and well-being work because the method is highly accessible to the respondents, a factor which was important for the population of participants of *Dr. Hills' Casebook*, who had experienced, either recent or were recovering from mental health issues. It seeks deep and rich accounts of lived experience; and it seeks to assist participants to frame their experience themselves, rather than asking them interview questions, which circumscribe what is discussed. It is the study of the stories people tell about their lives. Its purpose is to see how interview participants impose order on the flow of experience, to make sense of events and actions in their lives (Riessman, 1993). People in general, in our experience, like to tell stories about their lives. People's stories tell us about their identity; who they are and who they have become through experience. Narratives are case studies in the context of gathering evidence.

"People shape their daily lives by stories of who they and others are and as they interpret their past... Story is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful." (Clandinin, 2013)

Narrative inquiry does not lead the participant, in terms of what to think about or consider. In a traditional interview, you can ask about confidence and self-esteem, but this may not be of interest to the respondent, nor may she or he conceptualise and experience a project in this way. In narrative inquiry, the participant chooses what to discuss and the researcher can interpret what the respondents say to answer specific questions. Accordingly, the narrative data presented in this study was on topics identified by the participants themselves

There is, however, a big question about the truth of what respondents say. Stories are representations of what people want to communicate, including the identity they wish to put forward; as well as the impact they wish to have on the listener. We do not generally relate experience unprocessed. We describe a setting, plot and any impediments to the plot and sometimes its meaning to us. My opinion is that we cannot know the exact truth of any communication, be it in interview and narrative alike but, in this kind of work, which emphasises relationships, we are well placed to make professional judgements about what a person is seeking to portray through our observation of their disposition and through active listening to what is being presented.

Narratives do not only tell us about an experience, but they tell us about the meaning or how the individual understands this experience currently; and how it will impact future behaviour. The narrative interviews flowed well, and the informality of the structure worked particularly productively, with a population who may not be disposed to be interviewed, because of issues, such as meeting a new person in a rather formal Zoom context. Interviews lasted typically for half an hour. A total of 26 interviews were conducted and were recorded and partially transcribed.

Three interview sessions were conducted with each participant, using narrative inquiry. Once at the beginning of the programme; once when the project was largely concluded; and once after the completion and showing of the film. A further interview will be held at a later date to assess the longitudinal impact of the project; this will form a supplementary report to this text. 13 people took part in the project and 2 people disengaged with the research activity by late autumn 2020, but they stayed connected to the group through the Facebook group, messages and email. 2 people dropped out completely, early in February 2021.

4.3 Semi-Structured Interviews

Semi-structured interviews were held with Trustees and key project staff, during the project, to find out what these individuals were hoping to achieve and the methods they were using. A total of 7 interviews took place. The interviews also took a largely narrative inquiry format.

4.4 Participant Observation

As a participant observer, the researcher attended a meeting of the group (4/11/2020; 11.00 am – 1.00 pm) to capture a flavour of the process and experiences of the participants and the processes and skills used by the facilitator. There were 10 participants. This was done by participating using Zoom, as used by the participants themselves. It was a rich experience and served to make the researcher aware of the dynamics of the group. It also assisted with making the researcher more acquainted with participants, which helped with ease and comfort for participants in the narrative interviews.

4.5 SWEMWBS

A questionnaire was used at the end of the project which contained elements, from the Shorter Warwick/Edinburgh Mental Well-Being Scale (SWEMWBS). The schedule is included in Appendix B. This will also contribute to the longitudinal evaluation of the project as this has been collated in previous iterations of *Dr. Hills' Casebook*. The SWEMWBS dimensions of the questionnaire were not issued before the programme; the benchmarking was achieved through the narrative inquiry project interviews.

4.6. Discourse Analysis

Analysis was undertaken of the film, session blogs, to identify emerging themes of interest and relevance to the participants. This was done using Fairclough's (2003) understanding of

large themes or discourses; and small discourse analysis, looking at the language used to express broader themes.

4.7. Ethics

Ethics were complex in this project and care was taken to ensure that confidentiality was maintained and to ensure that informed consent was always present and re-negotiated over time. A Zoom film advising participants of the confidentiality and purpose of the research was made and shared with all participants, before any contact with the researcher. The film explained confidentiality, informed consent and avoidance of deception. All data was retained by the researcher password protected. Care has been taken in the report to protect the identity of participants from the reader. It is, however, inevitably the case that individual participants will recognise each other from the views expressed, as they developed strong relationships and will recognise each other's arguments, but they will not be recognisable to those outside the project. All participant names have been changed, except for stakeholders where their identity is linked to their role in the project.

4.8. Analysis

All interviews were recorded on Zoom and partially transcribed. The analysis combined thematic analysis, with coding at 3 meta-, meso- and micro-levels and discourse analysis, as described earlier, through a study of the discourse, language and demeanour of participants in recordings made.

4.9 Strengths and Limitations of the Study.

The strengths of the study lie in the quantity, richness and triangulation of data. Participants were very forthcoming with views about the programme and struck up a good relationship with the researcher. In narrative inquiry, it is case study research, so usually, very small samples are required. The evaluation research is, therefore, highly robust and the triangulation contributes to the rigour of the study. A limitation was the fact that the study could not be conducted with face-to-face interviews, because of the Covid pandemic. Also, if the study were to be repeated, the SWEMWBS would be used before the commencement of the project for comparative purposes.

5. Findings

It should be noted that Narrative Inquiry, typically uses long quotations, to represent the whole person and their story, as much as is possible, and this has been done here. The researcher considers it to be important for the voice of all the stakeholders, particularly participants to be heard, hence the frequency of quotations. The aspiration for this report is that a rich and colourful picture of the project will result.

5.1. Literature Review

The study sought to find out if there were other, recent examples of this kind of project and, if so, what were the lessons that could be learnt from these projects in terms of content, process and perceived effectiveness.

- No examples of work were found, that were comparable to *Dr. Hills' Casebook* in terms of the use of archives with an adult population, with a history of mental health issues. *Dr. Hills' Casebook* appears to be unique in this regard.
- Examples were found of the use of artefacts and, to a lesser extent, archives with other populations. These were primarily museum artefacts for people with dementia; elderly people; hospital patients; and people with long-standing mental health disabilities.
- Substantial evidence was found of the benefits of arts programmes for improving mental health and well-being, but none which focused on the use of archive materials, other than those linked to the general population; family history; and indigenous peoples.
- Literature, which focused on the effectiveness of projects, valued measurement of outcomes/outputs over the more qualitative indicators of effectiveness. This is a view not shared by this evaluator.

It is recommended that the work linked to the *Dr. Hills' Casebook* archive, be published to contribute to the literature on the use of mental health archives with those who are experiencing mental health issues. At the time of writing this evaluation, a journal article is in preparation.

The full literature analysis is included as Appendix A and extracts are included in the Discussion of this report.

5.2. Narrative Inquiry Interviews

Three interview sessions with participants were held. One at the beginning, one towards the end of the project and one after the production of the film to assist with discourse analysis and this latter interview is discussed in section 5.5. To assist the reader to see the narrative of individual participants, they have been identified as Participant A, B and so on. Here, interviews 1 and 2 are discussed, which were pre- and post- the main activity of the project to assist with the identification of change over time. 12 participants took part in the first interview and 10 took part in all three interviews. It is important to assert to the reader, that the opinions expressed were largely unprompted so that when the report refers to 'all respondents' agreeing to a point, this was because they chose to express this themselves. So, they considered it to be significant. Similarly, the quotations below were freely given opinions, not framed by interviewer questions. Interviewees in Interview 1 were asked, what happened after they first heard about *Dr. Hills' Casebook*? Interviewees in Interview 2

were asked, what had they done during the project. This first question was then followed up with non-leading prompts, probes and requests for examples.

All 12 respondents expressed some hesitation over what to expect of the programme, but all found their anxiety had been misplaced, as expressed below, by Participant F. Most of the anxiety was linked to the need for contact with others.

“I was a bit unsure is the wrong word, but I was interested, but kind of the anxiety around what it would involve, what would be expected of me and the human element of it, so that was kind of the only thing that made me question it. . . I know we'll go to the records place, which I'm a bit anxious about because I'm not, I'm not from an OCD point of view great at libraries, because obviously they've been touched by other people. So yeah, there are a few nerves around that.” (Participant F: 1).

Asked what she hoped the project would bring, Participant F mentioned creativity and improved self-management, as well as having a sense of purpose.

“I think it would be nice to have been involved in creating something. I suppose it's like having that kind of purpose. . . I'd like to have learning, I think, whether that's learning how to read the files would be a good place to start. The history and stuff. And probably about managing my expectations of myself. Because I do have a tendency to lose time. So, if I start something rather than having a break for dinner, it will then be dark. And I'll be like 'Hmm, I probably should have taken a pause,' and how like everything has to be perfect and to the highest standards. It would be nice if I could manage that a little bit better.” (Participant F: 1)

Asked what she got out of the project, her purpose and learning were satisfied. Having been nervous about the 'human' side, her analysis of the group is in-depth and rich and shows the colour of group interactions and her experience of this. The group experience was found to have been positive by all respondents. Once again, I use Participant F to illustrate this point.

“I think having the opportunities to research and learn. Um, just looking at the way that things did work then and comparing them to now because some people in the group will speak very highly of what the care looked like then. And you know that's fair enough; the care that was then was very good - then. It wouldn't work now because of safeguarding policy and procedures. And, also the way that things were titled. Back then, in terms of the diagnostic criteria, it was so limited, so you read and think 'Well, could that possibly have been bi-polar?' That side of things I found interesting.

Also, the group is a nice group and I think, what with Covid world, it's been good to have that outside contact, even if it's over Zoom. I do struggle with humans. We have had a few meets, one where the TV news people came down and I rambled on about something (laughs). I think having something different to do because – again, I know quite a few people in the group are very proud of this kind of community treatment, like everything's great. And so am I, but I see them as additional to a typical unit of

psychology, therapy-type things. Some people seem to think this sort of thing could replace things but I don't personally think it could. It could work potentially very well alongside.

If you are having a bit of a rubbish time, not that I would overly say that, but you can say 'rubbish', you know, that's true for several people in the group who are like that. So, a comfortable different thing comes out, if that makes sense?" (Participant F: 2)

In the above quotations, the criticality of Participant F is apparent concerning the comparison of Victorian mental health care with current care. This too was true of all 10 participants who participated in both narrative inquiry interviews, who mentioned this dimension of critical reflection unprompted.

"I learned stuff from a historical view and how to well decipher the scrawl, which may come in handy because doctors still have a certain scrawl. And I think just looking into the comparisons... The group was also nice, there have been a lot of giggles, you know random things ranging from cars to a vet appointment I had, I couldn't quite verbalise what I was trying to verbalise. It sums up the group. If someone has been upset, it's just not nice when someone is struggling personally and the same with the case records; it's kind of sad because of the stress that's happening at the time.

And there's also been quite a lot of discussion around ECT and galvanism or something it was called then and obviously; everyone's opinion is different. And you know I always have an opinion, but I try to keep it relatively neutral. I'm always kind of cautious but the ECT thing isn't thought very highly of in the group and I don't think very highly of it either. However, it is a treatment that my mum has had; Gillian (not real name) didn't like it at the time but I still don't like it and I fought against her actually having it. But I suppose it's a human thing again, of people just expressing themselves in different ways, with this as a community treatment option. People were very, like, 'This is how it should be.' It's just different interpretations. . . Overall, it's been good." (Participant F: 2)

Participants expressed interest in history, the creative dimensions of *Dr. Hills' Casebook* and the history of mental health and wellbeing. Participant G was particularly interested in the comparison between *Dr. Hills' Casebook* and the present-day mental health services.

"I don't know if you're a little bit like me and you get twitchy if you're living on your own. Well, that's not the only reason I wanted to do it, it just sounded like an interesting project. So, I liked the unique approach which was. . . well, sometimes I think it's history going backwards. From Doctor Hills' unique approach which is almost a holistic approach; he had been working on farms to make them better. So, he provided entertainment for them in the evenings, like music. . . personally, my stereotype of this asylum was Bedlam-like. I found that very exciting.

As you probably gathered, I do like researching stuff anyway. I also like the end result, which is not just research, it's also going to be put into a play. Basically, we're

building characters, looking into their lives, finding out what their circumstances were and looking at what brought him (Doctor Hills) to that place. Reading between the lines of what I've said, I think you can see how far mental health services have collapsed. I've had it all my life and I was heavily involved in the 1990s when you could get the NHS to give you as many sessions as you wanted. . . Now, if you want therapy, you have to wait 6 months and get 6 sessions, or you have to pay for it. The average now is £55 per hour which is shocking. I had a rough patch last year, early this year and I bit the bullet and paid for it, otherwise, I'm not going to get any help. That's a roundabout way of saying what this project is doing is really important and I think part of the structure of it is to draw comparisons between then and now."
Participant G: 1)

Participant G explained other things that he hoped to get out of *Dr. Hills' Casebook*; what I would call a sense of purpose, which I propose, is closely linked to a sense of agency and I return to this dimension of the project in the Discussion.

"I hope to get a sense of fulfilment, it is involved with the arts, is involved with drama, it's involved with history, and I think it's very worthwhile, that will give me a sense of fulfilment. Satisfaction, that's the word I was looking for... fulfilment doing something important as I'm passionate about doing something about mental health. It's important nationally rather than just locally, I think... We're just in the bleak landscape of skeleton services." (Participant G: 1)

His hopes were met as he felt 'pretty satisfied' with what he experienced.

"It's turned out to be very productive because it took me a little while to settle down, to learn what I could contribute; but I've been doing blogs about the projects and publishing them. It was every week for a while but then became every two weeks full time, it's something I'm good at, I like doing. That's turned out to be pretty satisfying really." (Participant G: 2)

The sense of agency was achieved as the quotations below from three participants illustrate, suggesting fulfilment.

"Personally, for me, it's rather developed; it's led to other things I'm involved in, I'm on an interview panel (Name of organisation) which is partly, I'm quite surprised to be asked to do that. I can't remember whether I told you as to the newsletter for the Restoration Trust when I last spoke to you, but I'm doing that now. We're up to issue four of that. And I'm writing a blog about mental health every month. How can I put this? I'm a lot more involved with things than I was when we last spoke." (Participant G:2)

"I've basically been taking loads and loads of photographs that may be used in the book. I'm really looking forward to seeing how it all pans out. Very excited... I can't wait to see the play. It could be brilliant, it could be the highlight, actually seeing all the hard work by the writers, the actors and everybody coming together on the stage." (Participant D: 2)

"We'd spend weeks in bed, then we have a Zoom meeting; we get washed and dressed, which we didn't do before then. It's very new. It's really made such a difference." (Participant A: 2)

Participant G also was concerned to explore the nexus between past and present-day mental health. This, once again, was true for all participants in the programme, who did this unprompted

"You look at that (Dr. Hills' holistic care) and it was 100 years ago; you ask yourself where is all that now? Okay, care in the community might work for some people but it really doesn't for others and, also, you know, I've obviously got lived experience of this. Sometimes you just need to go somewhere to kind of heal and get better. As far as I see it, unless you're wealthy, you can't really do that anymore." (Participant G:2)

Participants took on different roles within the project group. Participant E was clear he would do research; another did blogs, and another took on photography. *Dr. Hills' Casebook* has the complexity and flexibility to allow individuals to develop their skills and preferences.

"I shall research in the record office, I shall watch the actors acting, but I won't be performing. I'm shy. I don't like to use public transport." (Participant E:1)

"It was certainly interesting to hear other people's views and, of course, looking into the past with different people. We had a look into the past with this group. I've had personal experience with health problems, and you can't really compare it with the late 1800s but, in them days, youngsters weren't common, illnesses weren't really understood the way they are now... It certainly opened my eyes to the treatments in the 1800s... I chose one lady, it was (name of the case study). She went into the asylum at 23. It says she was about to get married of all things, and it fell through and then she was, health deteriorated. Their occupation was a domestic servant and my grandma in 1920 lived about a mile from here and, when she was 18, she went to London as a domestic servant, so I found that bit interesting." (Participant E:2)

Participants without exception valued highly researching the case studies and without exception made the links between the past and the present day. Participant E describes his interest in this process and the impact on his mental health.

"I like to watch the news of current affairs. Now I like to look to the future, I know where I am, but I had medical problems recently. In the past, I didn't know where I was then; you try and compare the two ages, but you can't. They're different. Not everything modern is better; if I had a tractor, I'd swap it for a Suffolk Punch. (laughs)." (Participant E:2)

"You might have guessed my concentration wavers. When I start concentrating, I've done a bit of research about that lady and different things about myself... it's certainly been very interesting. We look forward to the Zoom meetings. Some of our people have been researching more than I have, but I'm learning from everybody."

When things are normal, I work in two shops; I'm a volunteer and I've worked in charity shops for 14 years now. It would certainly help other people to do research and if they've had medical problems in the past, as I have, then they might see it's not unusual to be ill in a certain way. I've been diagnosed with a certain condition, but I've beaten it now; I'm better. That's one reason Dr. Hill's Casebook has helped my health... Obviously, by being able to get to the Zoom meeting by the set time, and then of course the three outings we've had. If I hadn't had a car, I wouldn't have gotten to the three trips we had.” (Participant E:2)

The narrative inquiry did not ask about people’s mental health issues, as it was the case that participants framed the agenda of discussion and the stigma of ‘labelling’ was a hot issue for the group, but all chose to mention to the researcher this part of their lives, either directly like Participant D below, or in passing, like Participant E above.

“I'm quite interested in mental health and it's quite an interesting thing to learn... It all revolves around people with mental health and how people cope with it. I like people to know who I am and I like to know who people are; to do with other people. It's meeting people because of lockdown but, before that, I was staying in my flat for weeks on end, not socialising, not doing anything. From then, I got anxiety and depression really bad; the depression got worse and I was getting panic attacks. Luckily enough, the job centre put me in touch with other people and I got to know about Dr. Hills' Casebook. I'd be lost without it, hopefully, they'll carry on with something else. When I was young, I used to try and hide it from people, but it's me and now I embrace it, it's better to tell people.” (Participant D: 1).

“I get a hell of a lot out of it (Dr. Hills' Casebook). Before, I didn't used to do much but now, I think of doing more than ever. You know, it's like a snowball - it just gets bigger and bigger and bigger. It keeps rolling into other things. It opens up other possibilities, you know? Before, I used to sit here doing nothing; now I'm struggling to find time to do anything.” (Participant D:2)

5.3. Semi-Structured Interviews.

The key stakeholders of the project were interviewed, and narrative inquiry was used, once again, to let them frame the interview, which served to make explicit the ethos of the programme. The starting question posed was to ask about the first time they had heard of or conceptualised *Dr. Hills' Casebook*. The elements of linking creativity and engagement for people with mental health issues were recurring, as the two quotations below show.

“I mean the potential of it (Dr. Hills' archive), is just unlimited really. You could approach it from any angle and get fantastic stories of experience out of it. Loads of research was done with digitised records, so you could print off copies of it. The purpose is to engage people in these stories and so there's a fellow feeling between you with your mental health issues and, and how you deal with the mental health system and these people in the 1880s. It opens up so many avenues for thinking, being creative and learning about research and learning about where you live. About your own experience and comparing it to them. Just all the things about being with a group of people, using something that

belongs to the community that you've never, you'd never use otherwise. Feeling welcome. I think for people who take to it, it feels really good."

One of the stakeholders described the project engagement in a way that resonated with the researcher as a 'really, rich stew.'

"I like the whole engagement thing, I really enjoy it. And now some (participants), I've been in touch with for three or four years. And I like that, that's really rewarding... It's a really rich stew. I like working with John (colleague, not real name). It's very personal to me but I like that it's esoteric - the archives. If you do it in a library, it's a bit more kind of ordinary. But the archives have got this special behind-the-scenes type quality."

Clearly, the creative elements were considered to be important by stakeholders, because of the perceived link to the experience of participants and because of the voice it gives them, as expressed by the two stakeholders below.

"People engage in drama and engage in theatre partly because of the fantasy of it. Even if it's an account of these things, a factual account, we're provoking discussion. Theatre's a really useful and relevant way to engage public thinking collectively. Around important issues, it has a responsibility to do that as well. I mean you can just make theatre for the sake of it, or you can make theatre that is a bit more than that, you know... "

"The most important outcome is about people's experience and it does improve well-being because it gives a sense of achieving something, something very special, a sense of contributing. A sense of having a voice of coming out of something. It may be a question of isolation of being with others; there's a sense of belonging, there's a legacy as well of people continuing to be, to learn new skills carry on being involved in something, that they are interested in, be it theatre or history. So, it's really about participants, so everything else aside, the reason I want to do this is really about the people enjoying this experience and it being good for them".

The historical dimension is discussed in the narrative interviews with participants. Three quotations are provided below from stakeholders, which discuss the different dimensions; the safe way of connecting with mental health issues; the link to the wider community; and how history is happening now.

"It is a safe way of connecting with people who have had similar experiences. It's about connecting with people as well as local history although participants may not be local by origin. It's very important. History is very relevant, its points resonate today about care and support in mental health. For example, things that don't work so well, the public attitudes towards it and, of course, that's one of our objectives is to provoke a conversation about, well, this is good care; and this care works because, and this is people's experience of this care."

“History is a funny thing, you know. We're all fascinated by it. Most people just are. It's very engaging so those archives from 1861... it's not that long ago, is it? It connects, it's amazing how many of the points in people's records you know connect with situations today. That's important, it adds strength to what we're doing and what we want to achieve by presenting something to the wider community.”

“Hopefully you'll get the ideas of mental health out in a wider area, rather than just celebrities appearing on television and talking about it. It's actually considering the comparison between what happened in the 19th century and what happens in the 20th century, is happening now. Trying to get over the good aspects of the care in the asylum and the not-so-good elements in the modern-day. It challenges people's preconceptions of 19th century care of lunatics. And I think the medium of a play will hopefully get it out more. We were interviewed by local television and he was quite shocked at what we were telling him about the care of Doctor Hills in the asylum, and he was very, very sympathetic. It's just trying to get people to recognise the difficulties in mental health.”

The ways of working with participants were discussed by interviewees. Their opinions echoed those of participants, referring to the strength of relationships; sense of purpose; and the creative dimension, linked to voice.

“I've never worked this way before with participants doing the research, and it's been quite interesting and it's opened up the whole group to many more ideas and influences, 'cause we're getting all these ideas and opinions. It's been very rewarding. So many insights and relationships have come out of this; without question, an exciting project.”

“I was really unsure how it would affect people and whether we would get something positive out of stories, which aren't particularly hopeful, but the hope comes from the participants. That surprised me in many ways. But they've actually seen into the past; how those people were touched by a different sort of care that perhaps they are not receiving now through mental health care. I wasn't sure whether it would bring people down but it's inspired people to research and get involved more.”

“I feel we're doing something important and worthwhile. And that, what we're uncovering is, it needs to be heard fully that sharing with other people brought a lot of people together. The actors have been very open about their own mental health experience, it's sort of created a level playing field and a comfortable place for people to talk openly about their own experiences and to investigate further about these characters, or people, that we've met from the past.”

Discussion of the impact of Covid-19 on the project was inevitable. It had clearly been challenging but the stakeholders were pleased with how this had been overcome using Zoom, an opinion also expressed by participants, who found relationships developed despite the lack of face-to-face contact, as discussed in Section 6.

“One of the high points has been that we've been able to do it during Covid, delivering with Zoom was a significant high point for me and that we have had such a minimal drop-out rate.”

“What makes it unique is that sustained interest with the past. Where people are, a real outcome for me is when people develop their skills, it develops their confidence... The fact that we're bringing people into the Records Office is good, but we haven't been able to do that this time because of Covid. It matters in the context that the general good it does, it's a good thing to do, you know. It's a morally good thing to be doing. It demonstrates the archives are helping achieve key priorities for the County Council... Politically as well as morally, it's very good for the Record Office.”

“So far, it's been dominated by how we would adapt it to work in Covid. That's been the main thought about how to do that. There's so much to think about when you're translating it to this physical distance. As soon as we decided that we would continue with the project and that we wouldn't suspend it, we thought let's just try and do it differently. It's kind of interesting in a way.”

The final word on the Covid pandemic by a participant is a positive way of thinking about the virus and one positive dimension of its impact on *Dr. Hills' Casebook*.

“We've got to a point where there's a magnifying glass on healthcare, especially with the virus, how people have been reacting to that. It shows a different way of approaching mental healthcare and it shows the huge change that we've gone through. In this country, with the medicalisation of mental health treatment. And how far away we got from just being with people and listening to people and encouraging them and taking space to find them.” (Participant D: 1)

5.4 Participant Observation

As mentioned at the beginning of this document, the title of the report, ***'I saw how far we've come; in other ways, we haven't,'*** is a quotation from one of the participants in the session observed and it summarised the main thrust of discussion, around history and how this compared to the present day in terms of mental health and well-being. Topics discussed in this way included labelling of people with mental health issues; ECT; religion; and feeling suicidal. These topics were close to the bone for participants, but the Doctor Hills' archive provided ballast for discussion of these sensitive issues. The ballast lay in always being able to return to history when things became too sensitive. The discussion began with a consideration of the discourses around the concept of 'asylum' and what this meant for *Dr. Hills' Casebook*, and what this means today in terms of place, belonging and kindness. A focus was always kept on the research by the facilitator, a thread that held wavering discourse together.

In the discussion of suicide, for example, one participant said life was too valuable to throw away and another referred to the need for *'supporters, cheering on from the side, something the NHS does not do.'* Suicide response falls on paramedics who were thought not to have the training to respond, *'but ARE there for people.'* Jim (not real name) alluded

to the services in surgeries, such as a counsellor who you did not have to pay, but these do not exist now; and it is *'shocking it has got to this.'* This led to a discussion of how difficult it feels when new people come to an in-patient setting and how there are mixed emotions of loss and relief for patients as people leave. The discussion then went back to *Dr. Hills' Casebook* and how Doctor Hills helped people back *'on their initiative,'* how he was a leader and did not rely on the systems and structures of a bureaucracy.

It was clear that this ballast helped provide a safe environment for a discussion of current and past mental health issues, which was a risky territory. Safety was apparent in other forms. The facilitator managed this ballast with care and due regard for allowing discussion, whilst providing a safe environment. There was laughter and empathy with participants that manifested itself in togetherness and camaraderie. The significance, of the highly developed skills of the facilitator, was echoed by the interviews with participants, who found Darren, the facilitator to be *'non-judgemental and fair, keeping us on track.'*

4.5. Discourse Analysis

An output of the project was the film called *'Dr. Hills' Casebook,'* produced by Upshoot Theatre Company, commissioned by the Restoration Trust and Norfolk Record Office, and filmed at The Cut, by Julian Claxton. Originally, a live theatre production was envisaged, but lockdown required this be changed to a film for reasons of social distancing safety. Accordingly, a theatre script had to be edited and adapted for film purposes. The script was prepared by the writer, Bel Greenwood, in association with participants of the project.

This discourse analysis is not an analysis of the film per se; rather it is an analysis of selected ideas of participants presented in the film, to illuminate this evaluation. The film looked at the past and present in terms of mental health care and understandings, which is consistent with the title of this report and the themes emerging from this evaluation. It was a thought-provoking production that combined theatre with singing, music and dance, with film. It represented historical characters from *Dr. Hills' Casebook* and was an affirmation and celebration of the research of participants into the lives and genealogy of these figures. Characters from the present-day represented the points of view of participants to current mental health issues, as expressed to the author of the script.

The following quotations provide examples of how the author worked with the participants and used their knowledge, ideas and images in the script.

"Their work (the participants), participation in the script, influenced the work massively. They were rather brilliant, those days with the actors. Some of them, not all of them, would engage with the actors. The actors had clearly thought deeply about the experience of the people. Their (participants) lived experience was really valuable, they had insight into the characters. That absolutely informed me, interviewing them, talking to them. It's all a whole complete mix. I feel like I absorbed everything... What was so important was spending a lot of time with them, doing creative writing with them, which opened up much more... You have to build up a trust with somebody who's talking quite intimately about personal suffering."

“For example, one of the participants I didn't see very much, who came up with her case history, some of them sometimes said to me a key phrase that I would not forget. And she said to me the most important thing to get across is, that no one is immune... So, there were key themes that would come across and I think I managed to absorb them... “

“One of them did some creative writing and she just had this image of a woman who was in a room on her own, in a state and it was in the notes that she was in a state. She just came up with the image of a blood-red tide. You know a blood-red. She had that colour, so I always had that sense of the overwhelming nature of mental suffering. So, I already had the tide. It made me next put together the redness, the blood-red, in that I was able to fit it into the script, to what was an essential image for the play.”

“Not all of it, but some parts, were being shared all the time. When I wrote the manic status of Charlotte Wilson, although I made it quite poetic, I got it right. I knew that because I knew they'd tell me if I hadn't. Someone who had suffered from mania said I don't know how you got it, but that is how it's like.”

“Amanda (not real name) did a bit of creative writing. It's very useful, creative writing about Josephine (not real name), who was her relative. And she wrote in her creative writing about just wanting to stop, watch the rain trickling down the window. And knowing her background and what she's been through, you knew that was an authentic feeling. All of us can relate to that. So, lived experience, her insight, was able to pour into the character and, also, I hoped it helped me to make it much more authentic.”

The discourse of participants revealed some critique of the processes. Interestingly, the only critical discussion of the project was linked to the processes involved in making a film. The film replaced, because of Covid, the original intention of producing a play.

“At the beginning, I thought I might quite like to be involved in costume or something. But obviously with Covid that didn't happen. So, I feel we did a lot of research on the part of the people who we were researching, then it was taken out of our hands. I would say that Bel (author) did a magnificent job but with all the characters that she could, she did quite a genius job. But I agree with Jane (another participant, not real name), we weren't very involved in the making of the play... I have skills in directing so I would have liked to have been involved with the actual making of the play as well. I felt suddenly we were working intensively and then it was just gone and the next time we saw it, was on the stage.” (Participant A: 3)

“I think, in advance, we should have been told that there was a possibility that our characters wouldn't be represented. Disappointed in the sound quality.” (Participant A: 3)

“Well, it was a new experience for me. I have not been involved in anything like that before. Obviously with the Zoom situation and not being able to attend rehearsals,

we didn't have any choice over that; that's the way things are. It would have been different if he (the facilitator) had done it at a different time. I felt when it took over and they were doing the filming of the play, I think the participants didn't have that much opportunity in that at all, because of the way things were. They did their very best to keep us in the loop but there were restrictions with Zoom. For me, I would like to have seen a preview of the film before we saw it at the first showing. We were a bit left out at that point towards the end.” (Participant B:3)

The writer had a very challenging role, to work with the participants, to combine past and present and to produce a coherent, authentic and imaginative story and script. As she put it in a conversation, in the course of the project, *“I'll just write my heart out!”*

“I aspire to find drama in my writing, I have to speculate, we all do. I'm working with all people who have different kinds of mental health experiences... I would hate to put a foot wrong, in terms of not understanding. I have an immense challenge in trying to combine the past and present in a coherent way within the drama. In the end, I've got to write what I think is true, which I will do, and I'm going to have to invent some things because we don't have all the information; the last thing I want to do is disappoint any of the participants. I don't intend to do that, I'll just write my heart out, but I don't want to get anything truly wrong”.

The film was important in terms of voice and participants were asked in Interview 3 about the process and what the film said to them. John (not real name) provided the following insights into the process.

“It's very interesting how the process of making something from a research team onto a paper, then to a script and then the actors acting, and then working with Bel and Laila, and how they all got it coming together. It's fascinating to watch in full, the whole process of how. You don't realise, when you watch something on TV, how much goes on behind-the-scenes just to get that there. So, it was very interesting. I learned quite a bit about how things are done and how what's written on the paper may not be what comes out of it at the end.” (Participant C:3)

“It was amazing working with Bel; really, really good. She inspired me to write and stay connected with the play. She was very encouraging and very supportive.”
Participant B: 3)

In the blogs, a participant links explicitly the film, history and the present day.

“Add to that the fact that the asylum had a farm, on which the patients were encouraged to work to assist in their recovery, and you have a community – and a community spirit – that goes well beyond what we would today call ‘well being’. Dr. Hills almost had a holistic approach to physical and mental health.

The other side to this is that Darren France, the coordinator of Dr. Hills' Casebook, and Belona Greenwood, the writer of the project's upcoming theatre production, have been asking about our own experiences of the mental health

system. Although I never came across anything on the scale of Dr. Hills' generosity, to begin with – in the 1990s – the NHS provided counsellors and group therapy you didn't have to pay for, there was no limit on the amount of sessions you could have and there were secure units if you needed them. Fast forward to 2017 and, in the middle of a mental health crisis at home, the best that Great Yarmouth's Northgate Hospital could offer me was some pills which it took one of their over-worked staff three hours to deliver.” (Blog 3)

The discourses to emerge from the film are best explained by the participants. It's interesting the notion of the carer as having passion in *Dr. Hills' Casebook*; it refers perhaps to a sense of vocation that is perceived to be missing.

“At the moment, what it says to me is, there are people out there caring, but I don't think we've gone that much forward from the Victorian times. Basically, it's highlighting problems we have now, with problems we had then. They seemed to have more passion then. They seemed to be more understanding, whereas today, you just feel like you can be thrown away. But there, they did care for people. It's a different situation now, so more people are talking about depression and anxiety and mental health things. Maybe back in them days, you had to literally be so strange, that they have to put you away.” (Participant D: 3)

The potential impact of the film on the attitudes of others is discussed with the colourful metaphor of mental health services today as an iceberg that 'can crack.'

“It says anyone can get mentally ill, and lose control to the extent that they kill themselves. No matter how well cared they are. So that is a very big thing I think about, what's happening in mental health services today... I hope that if more people see it on YouTube, call me cynical, but it might start chipping away at an iceberg. I suppose icebergs can crack so, certainly for me, it'll always retain its importance because of that. I think, partly, that was the purpose of it to try and change some kind of attitude.” (Participant D)

The discourse of asylum is also discussed and with it a link to the shortage of beds today.

“It was an asylum, a proper kind of asylum and it gave people haven. So, they could go back out into the world. Not all of them did, some of them had to stay there. Even the most rudimentary level talking about a ward full of beds, you know, when that is shocking (lack of beds). I think that part of the point of the play was to draw people's attention to that comment.” (Participant C: 3)

A participant discussed the fragmentation and silo culture of mental health care today.

“I think it gave an insight to the lives of all the patients there. And I think the actors did very well with the restrictions they had... It's on YouTube now, you can go back and watch it in little bits there's a lot in there now... And I think of all the enthusiasm Doctor Hills put into his work back in the Victorian times... Um you can't compare really because times have changed that much but you can perhaps look back and think that in the

asylum everything was under one roof, so they were looking after every aspect of patients' care, where now with mental health support it's divided up to different areas . . . I don't know whether that gives patients really the same amount of overall security in the help they are receiving." (Participant B: 3)

5.6 SWEMWBS questionnaire

The final evaluation questionnaire (Appendix B) contained a mixture of open-ended questions and multi-choice questions from the Shorter Warwick/Edinburgh Mental Well-Being Scale for comparison with earlier studies. Eight questionnaires were returned.

Some participants found the SWEMWBS questions difficult as, when asked had they used different mental health services, they replied they had wanted to, but the services were unavailable, so any answer was perceived by three respondents to be misleading. Also, some respondents answered the Likert scales with all the same answers, suggesting reflection on the closed questions had not potentially taken place. Accordingly, the closed question responses are not reported here, as they were not considered to have shed any light on the dimensions of the evaluation, which was disappointing.

When asked what had attracted them to *Dr. Hills' Casebook*, the responses largely concerned the history element and the desire to connect with others, as well as learning more about mental health. One person mentioned a range of elements.

"To be honest, I didn't know what to expect. I enjoyed meeting people and getting out of my comfort zone. History, psychology and creativity."

"History, anything to highlight mental health issues, to see if it would change my mind about asylums."

Participants were asked what the best things were about *Dr. Hills' Casebook*. All eight respondents mentioned some aspects of meeting others or friendship.

"Meeting like-minded people – going to the asylum and workhouse. The research, looking into the characters at the asylum and drawing comparisons to modern-day mental health practices."

Other features mentioned were the film, learning new skills and insight into the making of a play, historical research and creativity.

When asked what they would change if running *Dr. Hills' Casebook* again, the following were mentioned:

- Another visit to Record Office (2);
- More involvement in the play, on or off-screen (2);
- To be forewarned that my character would not feature in the play (2);
- I would not change anything except more funding for the ongoing catch-up group;

- Covid 19 was mentioned twice in terms of how well the project had been managed, despite the pandemic.

Three of the items above point to perceived positive aspects of the project, the visits to the Records Office, the desire for more of the same and the response to the Covid pandemic. The negative points refer to a desire for more involvement in the play (e.g. costume design, assistance with production) and receiving warning of characters not featuring directly in the play seem quite reasonable.

Participants were asked about the benefits they have got from participation. Confidence was mentioned by three of the respondents. Friendship was mentioned by all eight. Creativity and re-engaging with creativity was mentioned by three people.

“A feeling of inclusion – that I’m OK as I am. It’s given me my inspiration and creativity back.”

Two people provided a relatively long response that shows, once again, the importance of the project to mental health and well-being as this respondent was anxious about the project coming to an end.

“I have really enjoyed the project, and feel quite anxious about it possibly coming to an end. I’d like the project to carry on. I did not expect to connect with people as well as I have. Given Covid and the problems getting the play out live, I think the book of responses is an excellent idea! I feel very, very lucky to have been given the opportunity to take part in Dr. Hills’ Casebook. I really don’t want the project to end. I really enjoy the creative writing sessions.”

“A real belief that community projects like this are essential for the treatment of mental health and instrumental in building new communities.”

5.7. Synthesis

Bringing the data sets together, it is quite clear that *Dr. Hills’ Casebook* is an exciting, imaginative and highly creative approach to assisting those recovering from mental health issues. The researcher sought both positive and negative critiques of the project to secure a balanced evaluation and the few negative comments have been included, which shows that the project was a resoundingly positive experience for participants. Given this was a challenging population to work with, the facilitator and stakeholders should be pleased with providing content that captured the imagination and interest of participants. The process, which was also challenging in a Covid situation, used Zoom to create a sensitive and welcoming environment, that enabled personal growth and development of social relationships, which is to the credit of the facilitator, as well as providing a public voice for the views of potentially vulnerable participants.

6. Discussion

Emerging from the findings are six areas, in which the project has contributed to the mental health and well-being of participants. These have been derived in large part from the narrative inquiry and, accordingly, have largely been framed by the participants with interpretation by the evaluation researcher.

6.1. The link between identity, culture and archives

Identity is not just something that we are; it is something we construct and actively live by (Holstein and Gubrium, 2000). Experience provides the means, by which one becomes conscious of who one is. I think this is important to the process of *Dr. Hills' Casebook*, where experience contributes to a more positive identity. Self is also a social idea, in that we have different personae with different people. Identity is not just something that we are; it is something we construct and actively live by (Holstein and Gubrium, *ibid*). Experience provides the means, by which one becomes conscious of who one is. The participants in the quotations below express this cogently.

"It does highlight especially the bits in the play, where you get the modern bit. It highlights how much pressure the people dealing with mental health have and how they are, they don't last that long in the mental health field. It's taught me a lot, a hell of a lot, it's opened other things for me too. Now I'm a volunteer. It's made me understand a lot more about mental health and deal with my own problems and issues." (Participant D: 2)

"I've really been involved in getting to know him and the psychology and empathy of Dr. Hills' Casebook... She (Resident of Dr. Hills' asylum) was unruly when she arrived at the asylum, very difficult I could see myself in that way (laughs). I often speak and there's a gap between my mouth and my brain... (Describes tuberculosis of character in the asylum) I've got depression, reactive depression; things made me sick with my depression. And I think Emily (character in Doctor Hills' Casebook, name changed) had the same." (Participant H: 2)

"Quite a few of us have found something in the person we studied that we could relate to. I don't think I'm the only one who's done that. I think there were two others, and I haven't studied them as in-depth, but I've reacted with them in the way almost I reacted with Emily." (Participant H:2).

Russell (2005) makes the point that there is an inextricable link between identity, culture and access to knowledge (archives). She makes this point for indigenous people where knowledge from culture may be fragmented, but this applies to knowledge about mental health and how history has shaped the present, and that knowledge is empowering today. Russell also made use of hospital records, which were, in her case, *'poorly written, barely legible and highly cryptic,'* but they were a rich, untapped source of material. The struggle to make sense of archives can itself be rewarding and fulfilling.

Russell also considers the competing knowledge systems or, as she calls them, 'incommensurate ontologies' of the more informal knowledge and history, which tell different stories from accepted history that we read in books. Memory and history are important shapers of current accepted practice, as theorised by the French philosopher, Bourdieu, in his description of 'habitus.'

"Simply put, habitus focuses on our ways of acting, feeling, thinking and being... we are engaged in a continuous process of making history, but not under conditions entirely of our own making. Where we are in life, at any one moment, is the result of numberless events in the past that have shaped our path." (Grenfell, M, 2008)

Ways of thinking, acting and feeling about mental health and well-being are affected by history. Those affected by mental health issues; health professionals; and the community are all affected by history and carry it with them. It is accordingly important to be aware of and to analyse this heritage.

The use of heritage objects featured extensively in the literature and has relevance to *Dr. Hills' Casebook*, where participants can explore archives and explore meanings of archives for their situation. Participants valued highly the opportunities for visits to, for example, the workhouse.

Lanceley et al (2011) suggest heritage objects can carry symbolic meaning for individuals if feelings are projected onto these objects. The object can act as a repository for projections of different and difficult states of mind. This was true of *Dr. Hills' Casebook*, where the case notes were considered in the light of the individual participants' experiences. The discussion of discourse with the films showed that empathising with inmates of the Doctor Hills' asylum was a frequent occurrence and led to consideration of one's own state of mind and care in the present day. Lanceley et al also explain how the use of heritage objects provides a sense of identity, continuity and stability during personal episodes of disruption. I suggest this is as relevant to those experiencing mental health issues, as it is to those who were experiencing cancer in Lanceley's study. Handling heritage objects – silent forms outside time – paves the way for psychological work conducive to patients' sense of active well-being. Archives, facilitate emotional experience and reflection. The ballast to which I referred earlier in this report is an example of this; the archive providing the continuity and stability.

Chatterjee, Vreeland and Noble in earlier work (2009) discuss personal reminiscence, as stimulated by heritage objects, which help the patients make meaning of their lives. They cite Classen's (2005) five reasons for touching of artefacts:

- Tactile - touch (I would add smell);
- Visual – aesthetic appreciation;
- Museological – experience the rare and museum-worthy;
- Learning - finding out;
- Imaginative/Creative – an intimate and imaginative experience.

There was evidence of all these dimensions being experienced. Examples include trips to workhouse and asylum (tactile); references to the Dr Hills' scrawl (visual); the sense of privilege at insight into the historical cases (museological); the new learning of the individual researcher and new knowledge for the wider community (learning); and the intimate and creative experience of making a film (imaginative).

The sense of identity is particularly interesting as symbolisation may occur with objects, whereby thoughts, feelings memories and projections may occur concomitantly, inspiring new ways of thinking about self.

6.2 Social Relationships

The development of social relationships is crucial for mental health and well-being in many dimensions of life, including friendship and support. It is discussed further in Section 6.4 concerning resilience, as a key contributing factor. This quality of friendship is echoed by a stakeholder in the project, the author, as the quotation below expresses her investment in the people.

"I started creative writing and what is an enormous strength of the project, I think is gradually getting to know people. It's important getting to know people and having a trusting relationship with people. You have to invest time and be a presence if nothing else because it will help you write things better. But I was worried about the impact of creative writing... part of me was wanting to encourage people to write because I love that but what there is, I've discovered, is there is a lot that people have to say, doing creative writing related to their case studies and that it deserves and merits being collected together and printed in a book form. That's extra to my job but it seems a real waste not to achieve this for participants. I will do it willingly because I feel incredibly invested with the people and with the project."

The challenges of Covid-19 to the development of relationships is discussed by another stakeholder.

"Darren's had to work with people to get them to the point where they can feel confident about using that technology, so they can be on Zoom and how they might feel confident about joining a group of people they've never met. You're going to meet them for the first time online. So, we've had to bring in an IT guy to help people with that and obviously, we've had to change our funding and timetables around. We've had to think of a whole new way of delivering the programme."

Participant A echoes this sentiment of the positivity of relationships.

"I've enjoyed the Zoom sessions; we really feel we're having contact with people which we weren't before. And I've also enjoyed the visits because we've then met people face to face. It's just been really enjoyable, and it's also enabled me to do other things with Zoom. I've joined other Restoration Trust projects and really enjoyed them." (Participant A: 2)

The quality of relationships is discussed by all participants in the SWEMWBS questionnaire. Participant D (3) reports the quality of relationships with pride.

“I think the actual finished thing (film) is a masterpiece. Considering how difficult the circumstances were, you would never know, by looking at it, the conditions it was made under. I'm extremely proud of it... I think what it shows as well, is that everybody pulled together. I think the important thing I wanted to say was that I'd like to see this model go forward in terms of theatre.”

“It opened my mind up to more modern practices. It makes me more... what's the word? I realise now what people do go through and it taught me quite a lot. How it affects different people in different ways; it taught me a lot.” (Participant D: 2)

“It's really exciting to be part of something. It's reignited my creative side. I mean, I've met people I wouldn't meet in my social circle before and it's been really interesting. And outside of doing any Doctor Hills stuff, I have met with Jane and Jonna (other participants) for a walk and yeah. It's really nice to have met those people. (Participant I: 2)

“Zoom is OK. It's not the best way to get to know people but hopefully, I can get to know people better, like with the Castle part. I've got quite a few friends with quite a lot of people now so, for Dr. Hills', I think it's been very hard with the lockdown and stuff. We haven't been able to meet fully, but I still think I made a lot of new friends and everyone's got their own story and individual problems, and people in these types of groups are willing to talk which helps.” (Participant D:2)

There was a quality of participants learning how to manage relationships in the data. Participant F was worried about forming relationships, initially, but did achieve this to the point of meeting ‘friends’ outside the group setting. The quality of the group ethos was observed by the researcher, and this will have contributed to this learning of managing social relationships. Overcoming isolation was an important dimension of the project.

“A lot of it boils down to friendship and being back part of society as anything. I just tend to lock myself away and, if I hadn't had this group, I don't know where I'd be now.” (Participant D: 1)

“I don't mind being on the Zoom but, if it wasn't for the pandemic COVID 19 we'd all be able to meet in person and two of the ladies, when we went on the trip, hadn't been out for quite a few weeks so that was important. So that sort of made their day.” (Participant E: 2)

6.3 Learning

Learning was discussed by participants, in several dimensions. Characteristically, in relatively simple terms, learning in adults is thought of in terms of development with skills, knowledge and attributes or qualities. Skills cited by participants in the data included research skills,

skills of using ICT and critical skills linked to accessing and interpreting archives. The knowledge included, most prominently, knowledge of mental health in Victorian times and the comparison with mental health today, as well as knowledge of archives and how they may be used. Participant B explains the learning about archives and the impact on her. Participant C refers to learning implicitly about mental health from the project.

“I think generally to the future it encouraged me to write about my other ancestors. Not that I think I can produce a book or anything, but for my own personal reasons too; put a lot more things down on paper. And I think the encouragement to participants has been amazing overall.” (Participant B: 2)

“Looking at my mental health issues on the Internet, I don't touch it with a barge pole. But then looking at Dr. Hills' Casebook patients I look at what they were doing, what the journals were saying about it and there is a psychological reason.” (Participant C: 2)

Learning at a more complex level is about transformation. It is moving from one state to another, a process transacted through personal or community experience. I propose the model of learning of Peter Jarvis, as this is the model of learning that, I suggest, is most relevant to the experience of adults on *Dr. Hills' Casebook*. Jarvis (2006) proposes that learning always begins with an experience, an event in unknown circumstances, for which people are unprepared or do not know exactly what to do. That was certainly the case for the participants of this project. The essence of learning is that the initial feeling of confusion or absence transforms into knowledge, competence, attitudes, values and emotions. In the course of learning, the individual integrates the transformed contents of the initial disorientating situation into his/her own life history and a new person is 'formed'; one who possesses more experience. The word transformation has a quality to it of significant change and difference. I propose it applies to communities of people in the same way that it applies to individuals, embracing the notion of change in form to a new and positive identity.

An example from Participant C illustrates this more complex learning process.

“I would never even have thought of the things I've done the last couple of years if it hadn't been for Dr. Hills, attending a conference and even expanding my own personal stuff in front of other people, so it's like a dozen friends to me I suspect it is for the other people. And we haven't had any people drop out and everyone is still there which is quite interesting.” (Participant C:3)

One of the stakeholders summarised the learning well, as below.

“They've definitely learned a lot about research and about telling people stories truthfully. That's been quite important. A lot about that and the way society was made up then. And what was allowed in society and what was looked down on so historically there, but a lot of information about that. They've learned a lot about the acting process and how we develop things with actors, pieces of work and how we

improvise. I'm feeding into a larger project; I think they've learned about that now and I think they've all got an important role to play in creating the end piece."

Learning about oneself was an important dimension of *Dr. Hills' Casebook* impact. Change in the understanding of oneself occurred

"I learned that I enjoy creative writing which I didn't think I would. I've learned how to use Zoom and stay in touch with other people. Also, I think I've re-evaluated some things in my life; I've been going back and thinking about it. So, it's definitely given me some self-awareness and it's got me in touch with some of my own skills."

(Participant A: 2)

"For me, I realised I spend a lot of my time in bed. I had to get up. That's been something that's made me realise, my God, I've wasted many, many years with this depression thing. It's also made me realise that I'm a technophobe, even though I could do Facebook in a very basic way and, also, I realised I used to be a very outgoing person before I became depressed. With depression, I became anxious around people. I didn't want to see people, I didn't want to talk to people. It was way out of my comfort zone. And meeting people, even on Zoom, initially, the first few times, sometimes I'd pop a Valium. Just with the anxiety that these are live people I'm looking at." (Participant H: 2)

"It's made me realise I'm not alone. You know, being honestly truthful, it's made me think I'm not that bad. But, in a way, that's a good thing; another way it's not because you know, what am I moaning about? That's my own brain though, isn't it? But yeah, there is stuff out there, you can find other things and you can do things. There are doorways open to you if you let them, so it's definitely brought me out of a funk that I was having and kept me there because, every week, I know that I'm going to be doing that and that is for me and is for nobody else and the group." (Participant I: 2)

6.4. Resilience

Resilience is a contested term and idea. Zautra et al (2010) define it as an outcome of successful adaptation to adversity. They go on to express that the resilience response may be universal, but we are all different in this capacity and, increasingly, research suggests that resilience may be learned. Positive emotions provide an important psychological time-out and sustain coping efforts and may restore vital resources limited or depleted by stress (Ong et al, 2010). It was quite clear from the data that positive emotions were prompted by *Dr. Hills' Casebook*, in particular emotions of friendships, lack of isolation and togetherness. Ong et al (ibid) go on to describe studies that show children who are confident, perceptive, insightful and able to have warm open relationships are perceived as resilient. I would suggest this applies to adults too and the data showed growth in confidence, as well as perception and insight into past and current mental health issues.

Another key factor in resilience is a close relationship with a mentor or peers for support (Feder et al, 2010); a strong interpersonal reciprocal relationship. This was apparent in *Dr. Hills' Casebook*. Also, a strong sense of personal identity (Skodol et al, 2010), linked to finding purpose and meaning in life. In the previous section, identity was discussed. Apparent from the following quotations is a sense of purpose and identity.

"Doctor Hills is almost a father figure. I'm a stranger from my family anyway. I had sessions with the local counsellor we've gone all through this, and he (Dr. Hills) is, he is my father, my father figure." (Participant C: 3)

*"I don't know what would have happened if I hadn't done this. It should be it's been my life for 2 1/2 years. The rock, another cliché, it's been the rock in my life; and it's been because of Doctor Hills I'm here. I'm doing TV interviews and addresses to conferences and stuff. 2 1/2 years ago, no way. It's still a bit rocky but it's just there's nothing else compares to *Dr. Hills' Casebook and Change Minds*."* (Participant C: 3)

"When I came here, things were bad, I didn't know anybody but now I've got friends I made friends here". (Participant D:3)

"The research for me was hard. Because I can't, but we won't go into that. But it's the lifestyles of some people, I found very hard how they live. And there are people now in the modern-day, it's in a very similar position. It brings it all home to you when you actually hear all these stories about some people. It's quite shocking really... It definitely changed my life outlook on life more. I'm being more sympathetic to other people, as well. I now definitely have more time for people, it's now opened up other things where hopefully soon I'm going to be a peer mentor. I never thought in my life I'd be doing something like that, but things like Doctor Hills have now educated me more. So, I now understand what people go through. But if I can help other people, brilliant." (Participant D: 2)

"I was petrified to go initially (to the workhouse and asylum). I hadn't been in touch with people for ages and one of Jane's (another participant) most important things was making friends. Having friends on Facebook you can go to the loo, you can type away, having friends on Zoom is safer in some ways. Going to the workhouse and seeing people on Zoom I, I think I got loads from that because having been in this depressive bubble for over a decade or more and more withdrawing from social things even the first something was like meeting people talking face to face like we are now, I found that very daunting. I was frightened of that and that has been a big change... for me, I was frightened of the social thing, didn't know what to expect, but it worked out really, really well... It's been life-changing having it, in many, many ways." (Participant H:2)

Dr. Hills' Casebook contributed to this resilience of participants, as expressed by a stakeholder.

"I think it varies, it's an individual experience. . . I think for some people it's a way of getting back into life. It's a route that they can take that puts them back in contact

with parts of themselves or with structures or with other people. It's like a going back full stop, that's what I feel. This is quite a subjective thing, but I find that the people who take to the project really well come with committed attendance. There are often people who are pretty intelligent, they're naturally quite good at processing information and they've been screwed up by the education system or their poor mental health or you know, they're being bullied at work. But something's wrong and they, the one nice outcome is if they can read re-discover and get confident in their own mind and what it can do and get a lot of approbation. It's quite affirming for people I think."

Agency is an important dimension of resilience, having a purpose and being able to realise this and this is linked to empowerment discussed in the section on Voice.

"I'm hoping that at the end I'll be in a happier place. And look forward to moving on to other stuff with other projects and, also, making lots of new friends. I think friendship is a big thing; I'm quite a lonely, shy type of person but what I have noticed about the groups is that it brings me out. I hope at the end hopefully it gets me out of my shell more, willing to do more things. Hopefully, it'll bring me out more - I won't put off doing things. I've noticed I'm more vocal where I never used to be. Before, I used to just not say anything and carry on doing just what everybody else does."

(Participant D: 1)

"There are other projects once they get funding then, like Castle Almanac; we've now got funding, yeah it's just done, I'm willing to try anything now. Whereas, before, I used to be scared to go out of my comfort zone, I quite like it now. Challenging, yet that's what I need to be, challenged." (Participant D:2)

6.5. Developing creativity

Creativity is another contested term, but it is important, as it is germane to the project, *Dr. Hills' Casebook*. It is closely associated with understanding the arts. It is a vital part of human capital (Runco, 2007) and is linked to diverse expression, linked to behaviours and actions.

The Arts Council in England (2014) identified health and well-being as one of the four key areas in which the arts can generate public value; alongside the economy; the social sphere; and education. Arguably, *Dr. Hills' Casebook* addresses directly three of these spheres – the social sphere, education, health and well-being. Engagement in the arts can also promote resilience (See section 5.4) as it can improve self-efficacy, self-esteem, social skills, setting and meeting goals and aspirations, which may be argued to be linked to the fourth key area, economy. *Dr. Hills' Casebook* did all of this.

In Chatterjee and Noble (2016) Parish discusses the link between culture and health:

"The relationship between culture and health is indivisible and the arts reflect the very essence of that culture. They provide a window to our values, beliefs and

behaviours. They contribute to health literacy and our understanding of society and its impact on the way we live our daily lives. They provide an essential conduit between the environment and our inner selves, highlighting the interrelationship between the individual and the wider determinants of health.” (Foreword by Professor Richard Parish)

Parish further discusses the way museums, and I suggest archives in general and the *Dr. Hills’ Casebook* project in particular, are a lens on the relationship between health and society over time and allow us to reflect on our heritage and the relationship between health and society.

Zur (2019) links art shaping to life-shaping. As we shape an art medium, a subsequent shaping happens in ourselves. The opportunity of increased sensitivity and openness allows for preconceived notions to dissipate and shifting perspectives to emerge. Art is fluid and will offer new insight with each engagement. Art allows gaining new perspectives and developing coping strategies. The use of writing in *Dr. Hills’ Casebook* is described in its complexity by the author on the project.

“Creative writing is a form of expression; you don't have to write for other people you can write for yourself. But also, it's a friend because you write and it might be your own voice coming out, and you listen to your own voice, it's a sort of friend, it's somewhere to go. In a way, it's not going to let you down. For me, it's an adventure, but once you're off with the support of course you can continue. When you start to write in a free and honest way you always surprise yourself. You don't know what's going to come out. You don't know what you've got until you begin so I think it's massively important. So, you can share something that you would find hard to speak. Your writing can do that for you. So, it's a refuge and an open-ended adventure. It is an exploration to who knows how many worlds, it's freedom.”

“Bel (author) is helping me to write something that might be published, even if it's something in an anthology. Stuff I've come up with, you know it's been so encouraging. Nothing you do is wrong we've never been reprimanded for anything; rather you do it this way instead. Every step of the way we've been encouraged. I mean, Laura is a fantastic leader. I'm writing a few things 'cause I have senior moments and forget things (scribbles). Laura (Director) is unphased and compassionate; she's interested in everything you say. I was frightened that I can't use the word 'frightened' but I was. It was snobby; I didn't know if we were going to be treated as if we were children”. (Participant H: 2)

“I wasn't really interested in creative writing, but Bel's been so good; she's really made it a pleasant surprise. So much so that I have even thought, 'I'm looking forward to doing some writing.' Never thought I'd do that.” (Participant A: 2)

“(The best thing) about Dr. Hills’ Casebook is that it's just given me inspiration. Definitely, and obviously Jane and Joanna, because they're so interesting.” (Participant I: 2)

“I’ve seen first-hand how creativity, teamwork and a community spirit can be far more beneficial to maintaining good mental health than self-indulgent navel-gazing” (Blog 1).

This releasing quality of creative expression is further emphasised by the author. Finally, there is the sheer, unadulterated pleasure that goes with creativity. The challenge, the achievement, the affirmation of self, the expression of self, the fun, the joy, the planning, design and spontaneity, the audience.

‘I couldn't have written this any better than I have... And one of the creative writing people, she's out of her comfort zone. She told me that she couldn't be creative; and she just produced four individual monologues, taking one of her case studies through and it's brilliant, it was really good. And another one who's now embarked on writing a literary memoir of her childhood and experiences. So, it's really released stuff for people.’

6.6. Voice

The chance to be heard is empowering. Empowerment may be argued to be a *‘chameleon feel-good term, which means different things to different people.’* (Lister, 2021). My preferred definition of empowerment is, recognising existing power relations and oneself in them and taking action to change them, which may be termed critical reflection. This in turn is a process, which releases the capacity to make strategic life choices and to participate in the processes which frame such choices. *Dr. Hills’ Casebook* empowers participants through stimulating critical reflection.

Voice is important as it embraces how people choose to frame their experiences. We need to be both honest and authentic in how we seek and present the voice of our participants, as they are often rarely heard and need to be heard in the way that they choose to express their opinions. The discourse analysis suggests that the voice of participants was indeed represented. Voice is much more than what is said; it is about the presence in a democracy of multiple views and the presence of people from all walks of life. (McArdle, 2020). A stakeholder and a participant describe the voice of *Dr. Hills’ Casebook* in these two contrasting quotations, representing a before and after dimension

“You know people are very afraid of the mental health services, so they have very ambivalent feelings about services... So, people are often afraid of speaking out but there's a lot of muttering.”

“It's a supremely well-written bit of theatre. Empathy, it's written with heart, it's also written with a good deal of anger, I think, about the way the mentally ill are treated. And, on the other hand, it's a community project and we can produce something this good. It's one of the best things I've been involved in and as I said to you before I've only been involved peripherally but seeing those you know seeing those real people, so seeing those stories brought to life by the actors. So, she's giving those people a voice that they wouldn't have had otherwise. And if you apply that to her current

situation with mental health, you can see how it would resonate with a lot of people.” (Participant D: 2)

The audience and the community are relevant to an understanding of voice. At the time of writing, it is too soon to assess the impact of the film on others.

“Being through the writing process and seeing the script and seeing how it worked was amazing. Seeing the play rehearsed, how good it was, it was really impressive and very moving. Because obviously, the big difference with this is, all the characters in it are based on real people. That happens a lot in plays, I mean, these people have a voice because they were mentally ill people and never heard. I think the issues it raises in terms of where we are with modern healthcare, I think it's really important. I don't know if you know it cuts between the present and the past and it counterpoints where we've come from and where we're going.” (Participant G)”

“It would be nice to get a wider audience. On one of the screenings there was a lady from Cornwall, I think. She showed a real interest in it, looking towards the future. So hopefully when things are more open and restrictions aren't quite so tight, they can get the film out to a wider audience, which would be good.” (Participant B)

“I did a local radio interview with Laura, which is bizarre considering what I was like when I joined Change Minds, I mean it's been incredible.” (Participant C)

“My own experience is, I've been sectioned before; my wife says things were very, very bad. And to see someone in the 1800s, who was treating people the way we really should be treating people and then compare it with my own experience with what I've had personally - could I have Doctor Hills? (laughs) I'm so excited about the project, I really am. I was talking to some of the healthcare professionals who were all around on a daily or weekly basis; they're part of the psychiatric team and I was telling them about Doctor Hills' casebook and all they said was, 'never heard of him .' I'm trying to educate them (laughs)” (Participant K:1)

“ In terms of the local area, this humane and progressive approach to mental health care arguably began with Dr. Hills. The project named after him continues that tradition, the very acts of research and participation for its members being therapeutic in themselves. Darren summed up the essence of Dr. Hill's Casebook when he said, “It's because of this group of people that the Norfolk County Asylum's story is going to be told. That's a real achievement.” (Blog 7)

I'll go ahead and say it – ‘Dr. Hills' Casebook is a triumph. A brave, bold and brilliant triumph. If it's this powerful in a Zoom read-through, I can't begin to imagine how emotionally affecting it'll be as a full stage production, driving home the all-important message that “No-one chooses to be mentally ill. Not then, not now.” (Blog 8)

We all signed off happy, a bit drained, but immensely satisfied that what we'd all contributed to had produced something so important.

Durden and Nduhura (2007) define six ways in which the arts can work in the service of health education and can be linked to wellbeing in the community and can also be linked to the processes and desired/achieved outcomes of *Dr. Hills' Casebook*. These are:

- To get people involved;
- To facilitate the understanding of community;
- To change awareness of health understandings;
- To bring attention to a health issue;
- To promote community building; and
- To promote healing itself.

Dr. Hills' Casebook project has clearly involved people in a social setting and has facilitated understanding of the local community of Norfolk and the community of interest of people with mental health issues. It is too soon to estimate the impact of the film on its audience, but the facilitation of voice will change awareness of health understandings, bringing attention to a health issue and community building. Finally, the evidence demonstrates that it promotes healing itself.

"I feel a bit lifted. I can't pinpoint what that is, but I think it's the whole process of being involved in something that was just creative. And a little bit sad still that we're just crap, as a human race. I'm OK but... It's just given me back my imagination."
(Participant I: 2)

7. Conclusions

Dr. Hills' Casebook is in very good heart. In terms of comments from participants, the improvements suggested were every minor and the overall impression was immensely positive. Participant D sums this up.

"I think if we're going forward and trying to improve people's lives through this, and this is through community engagement; then this is the ideal model." (Participant D).

The project outcomes show it contributes to:

- **A link between Identity and Archives, in an original and highly effective model;**
- **The development of social relationships between participants; a learned ability;**
- **Learning across complex, transformational dimensions and learning of knowledge, skills and attributes;**
- **The promotion of key factors that contribute to resilience;**

- **The development of creativity as a contributor to social and emotional well-being;**
- **The empowerment and critical energy of participants linked to mental health and well-being;**
- **The promotion of voice for vulnerable people, surrounding issues associated with mental health and well-being.**

There is, I suggest, a strong link between identity and archives, which embraces the relationship between the individual and the community. The historical consequences of the content of history and how it affects us today are significant I suggest to the personal consequences of archives; there is a political link to social justice and empowerment of the individual and the community.

The process of accessing archives has a potential impact on physical, emotional and cognitive aspects for individuals. Learning about motivation, having creative thoughts, developing confidence in research can lead to looking at the world in a new light. Similarly exploring values beliefs and behaviours in both archives and self can contribute to health literacy, through shaping life and coping strategies; as well as critical reflection.

Social relationships may be improved by group work and Arts activities generating relief from pain, increased sense of belonging and inclusion. Linked to these qualities are possibly continuity and stability in difficult times. Expression of feelings may also be cathartic and coping with any illness may be assisted by self-expression, self-affirmation and overcoming stigma or lack of insight on the part of others.

Resilience is frequently associated with taking safe risks and with having support from others. Resilience can also be learned from experience and structured experiences. Exploring self, and the relationship between self and a supportive community can contribute to resilience, solidarity and to morale.

Finally, there is the sheer, unadulterated pleasure that goes with research, finding out and creativity. The challenge, the achievement, the affirmation of self, the expression of self, the fun, the joy, the planning, design and spontaneity, the audience.

Scale, Quality and Significance are mentioned in the methodology as criteria for evaluation. The scale of the programme is relatively small of necessity, for the care and attention to people with complex needs. The scale of impact is however large, as evidenced by the quotations of the participants in terms of its impact on them; their actions and behaviour. It also has a potentially large scale impact in terms of the multi-level nature of the impact on family, friends, the community and decision-makers.

The quality is quite outstanding in my experience in the arts, culture and archives are conceptualised, synthesised and managed into a programme that does indeed contribute to health and wellbeing. This is underpinned by sympathetic facilitation, strong writing and production of script and film.

The significance of 'does it matter?' is uncontested. Yes, it matters to the participants personally, to families and the wider community, including professionals and policymakers in mental health as it raises the voice of potentially vulnerable people.

One characteristic of *Dr. Hills' Casebook* is that it is holistic in its approach to care for those with mental health issues. It is hoped the case study approach using narrative inquiry has helped to capture the interwoven links of benefits of the project to physical, emotional cognitive well-being.

Areas for Improvement

Overall, the project is of high quality and is in good spirits. The only areas for improvement are a product of the complications of the Covid pandemic, with the need for speedy production of a film, rather than a play and are listed below:

- Improve communication about whether all cases histories will be included in the output film/play;
- Explore all expectations and aspirations with participants in terms of their involvement with the film/play (e.g. doing costumes);
- Engage participants more with the film-making processes (they felt a bit side-lined);
- Provide an opportunity for participants to view the film before public viewing.

Final Notes

Dr. Hills' Casebook is a highly successful project which contributes to the health and well-being of its participant across physical, emotional, social and cognitive dimensions. As a model of care for those with mental health issues, it is a holistic, effective and ethical approach, which contributes to identity, learning and resilience. It is effective at multi-levels of society and raises the voice of a potentially vulnerable population. It is without a doubt that *Dr. Hills' Casebook* should continue in its important work, which influences the individual, the wider community and has the potential to have an impact, in the longer term, on the systems and structures associated with mental health and well-being.

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Analytical Summary, September 2020

Literature Review: Use of Arts for Mental Health and Well Being.

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This report summarises the findings from a literature review, conducted to contribute to the evaluation of “*Dr. Hills’ Casebook*,” a project of the Restoration Trust in Norwich, England, which seeks to explore historical archive material of a mental health institution with participants to contribute to the participants’ mental health and well-being.

The purpose of the review is not to be a traditional academic systematic review; rather its purpose is to survey the status of knowledge and ideas that will support the evaluation by the author and stakeholders; and learning for professional practice for staff linked to the project known as *Dr. Hills’ Casebook*, which is managed by the Restoration Trust in Norwich, UK.

Dr. Hills’ Casebook uses the archives of Norfolk Lunatic Asylum, while Doctor William Charles Hills was Medical Superintendent (1861-1887). These records, among them Dr Hills’ own journals, give a remarkable insight into 19th-century care of the mentally ill. Their dissemination through research, theatre, film and online, as appropriate, will illuminate contemporary mental health experiences.

Participants develop historical research skills so that they can examine the life of an individual patient. They then engage with the whole process of turning their research into a professional theatre performance that will reach audiences in the community.

Dr. Hills’ Casebook is based on the Change Minds methodology (changeminds.org.uk), where participation in archives and creativity has been shown to benefit mental wellbeing. Evaluation of wellbeing outcomes will contribute to evidence of heritage’s value for social prescribing. This project fits with health and wellbeing strategies at all levels that focus on person-centred care, early intervention and mental wellbeing for both the individual and the wider community.

Key Findings

The study sought to find out if there were other, recent examples of this kind of project and, if so, what were the lessons that could be learnt from these projects in terms of content, process and perceived effectiveness.

- No examples of work were found, that were comparable to *Dr. Hills' Casebook* in terms of the use of archives with an adult population, with a history of mental health issues. *Dr. Hills' Casebook* appears to be unique in this regard.
- Examples were found of the use of artefacts and to a lesser extent archives with other populations. These were primarily museum artefacts for people with dementia, elderly people, hospital patients, and people with long-standing mental health disabilities.
- Substantial evidence was found of the benefits of Arts programmes for improving mental health and well-being, but none which focused on the use of archive materials, other than those linked to the general population and family history; and indigenous peoples.
- Literature, which focused on the effectiveness of projects, valued measurement of outcomes/outputs over the more qualitative indicators of effectiveness.
- It is recommended that the work linked to *Dr. Hills' Casebook* archive, be published to contribute to the literature on the use of mental health archives with those who are experiencing mental health issues.

Background

2 research questions underpinned this study of the literature:

- What evidence is there of a relationship between mental health and well-being and projects making use of archive materials?
- What benefits are brought about by the use of archives in Arts programmes?

The definition of archives used was broad and was derived from the Oxford English Dictionary (online 7/7/2020):

"a collection of historical documents or records providing information about a place, institution, or group of people."

The definition of mental health and well-being is more difficult and is the author's own, derived from the capability writings of Amartya Sen and Jenny Spratt (2019), 'living a life of value.' This definition has two dimensions; it embraces value as defined by the individual concerned, and a linked value to the community; the latter, so that the individual's life of value does not impact negatively on others

Despite ancient historical roots, a standardised definition of Arts in health does not exist. A useful definition is provided by White and Hillary (2009), *"Creative activities that aim to improve individual or community health using arts-based approaches, and that seek to enhance healthcare delivery through provision of artworks or performance."* (262)

There is a difference drawn in the literature between Arts therapy, offered by those with training in psychotherapeutic processes, and participatory art activities, facilitated by Arts tutors. It is my opinion that the literature does not refer often enough to the work of community Arts workers, youth workers, adult educators, health workers, community

nurses and allied professionals, who may well use Arts-based approaches, with non-formal educational objectives. In this literature review, no distinction has been drawn between Arts therapy and Arts education. It may be argued that Art therapy has less emphasis on the community and more emphasis on the well-being of the individual. Though it is difficult to think of the well-being of the individual without thinking of belonging and the wider community.

Methodology

A systematic search of the electronic databases ASSIA, Google Scholar and PsychINFO was used for academic literature and Google Search was used to identify grey literature. Initially, a cut-off date of 2015 was chosen to find up to date ideas but, this needed to be modified to 2000 as there was a dearth of literature on archives. This approach combined academic literature, with evaluations and reports provided by individual projects. Literature was assessed according to relevance to the topics of archives, artefacts and mental health and well-being. As the literature concerning all these elements was limited, issues of robustness, whilst considered to be important, were less relevant to this study. Several other systematic reviews were found including Jindal-Snape et al (2014) and (McLean et al 2011) and a review developed a conceptual framework CHIME (Connectedness, Hope, Identity, Meaning in life and Empowerment) (Slade et al, 2014) but none of these reviews considered the use specifically of archive material.

The study commenced seeking literature linked to key terms, **archives** and **mental health** and **well-being** but broadened out, after the discovery of the dearth of literature, to include **artefacts**; and **heritage** and **museum** projects, linked to mental health and well-being. This latter literature was large in volume; the multidisciplinary nature of Arts research meant it could be published in hundreds of journals, including those relating to Arts, medicine, psychology, well-being and public health to name but a few. (Fancourt, 2017).

Results

The results are presented according to dominant themes, which emerged from using the keywords. These themes are:

- **Archive material for people with mental health issues;**
- **History of people;**
- **Archives and social justice;**
- **Heritage objects;**
- **The Arts and healing.**

These themes emerged from the literature sourced, linked to the research questions of the review, using analysis of discourse and thematic analysis

References in the Results, which are in brackets in the text, are considered to be significant texts, which have considerable bearing on *Dr. Hills' Casebook*. The remaining texts are included in the references section. Texts scrutinised, but not used in this report, are not

listed, as this literature review is for a practical evaluative purpose and it is intended that the texts are used by project managers.

Archive material for people with mental health issues

Only one study was found that makes use of archive material for people from the general population, with mental health issues. It should be noted that this article is dated 1987 and, accordingly, is 33 years old. The article focuses more on the archivist's role, than on the impact on mental health and well-being and focuses on targeted offenders and other population sub-groups as well as those with mental health issues.

{Susan Beckley (1987) Archive therapy in Carmarthenshire: Some further developments, *Journal of the Society of Archivists*, 8:3, 199-201, DOI: 10.1080/00379818709514323}

It appears that the *Dr. Hills' Casebook* project is unique in terms of using mental health archives to work towards adult participants' mental health and well-being. It also appears to be unique in using a creative context, linked to archives, to promote well-being in a general population; a population that does not share a single diagnosis, such as dementia or Alzheimer's Disease or a named disadvantage, such as being ex-offenders, or those in the criminal justice system. *Dr. Hills' Casebook* is more generalist in its target population, which includes people with a range of mental health issues and diagnoses. *Dr. Hills' Casebook* appears to occupy an important niche in mental health and Arts-based interventions.

History of people

The closest projects to *Dr. Hills' Casebook*, in terms of using archives for well-being, were projects, which assisted indigenous people to explore records and histories of family and culture, to shed light on present-day circumstances and government policies. These did provide a sense of the history of ideas and personal insight, in the same way as *Dr. Hills' Casebook*. There is however a strong political dimension to working with the indigenous people, which is less strong for The Restoration Trust Project; the latter focuses quite specifically on the well-being of the individual participant and the community, in a broader sense, than focusing on an individual population in the community.

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{Lynette Russell (2005) Indigenous Knowledge and Archives: Accessing hidden history and understandings. *Australian Academic and Research Libraries* 36:2 161 – 171}

Russell (2005) makes the point that there is an inextricable link between identity, culture and access to knowledge (archives). She makes this point for indigenous people where knowledge from culture may be fragmented, but this applies too, I suggest, to knowledge about mental health and how history has shaped the present; and the knowledge is empowering today. Russell also made use of hospital records, which were in her case. '*poorly written, barely legible and highly cryptic,*' but they were a rich, untapped source of material. The struggle to make sense of archives can itself be rewarding and fulfilling, I suggest.

Russell also considers the competing knowledge systems or, as she calls them, 'incommensurate ontologies' of the more informal knowledge and history, which tell different stories from accepted history that we read in books. Memory and history are important shapers of current accepted practice, as theorised by the French philosopher, Bourdieu, in his description of 'habitus.'

"Simply put, habitus focuses on our ways of acting, feeling, thinking and being... we are engaged in a continuous process of making history, but not under conditions entirely of our own making. Where we are in life at any one moment is the result of numberless events in the past that have shaped our path." (Grenfell, M, 2008)

Ways of thinking, acting and feeling about mental health and well-being are affected by history. Those affected by mental health issues; health professionals; and the community are all affected by history and carry it with them. It is accordingly important to be aware of and to analyse this heritage

Archives and Social Justice

The role of archives in social justice is discussed by Caswell & Cifor (2016). They suggest archivists can be seen as caregivers, bound to record creators, subjects, users and communities, through a web of mutual responsibility. Archives can produce and reproduce social justice and injustice through their construction of the past, engagement in the present and shaping of possible futures. This to me underscores the importance of archives being accessible to communities and open to critical analysis by the people most closely affected by the history, as is the case in *Dr. Hill's Casebook*. Rather than a rights-based model of access to archives, the authors suggest an ethics of care, where archives are viewed through webs of responsibilities, of connections, rather than moral assumptions about free will.

{Caswell, M & Cifor, M. (2016) From Human Rights to Feminist Ethics: Radical Empathy in the Archives. *Archivaria* 81. Spring 2016 23 – 43}

Caswell and Cifor discuss effective responsibilities and the importance of the personal consequences that archival interaction can have on users. Users have a stake in the records. This is a clear intention in the project, which is the subject of this study and is managed by a facilitator in Dr Hill's Casebook. Caswell, Cifor and Ramirez (2016) define affect (derived from Greig and Seigworth) as those visceral forces beneath and alongside feelings and emotions encompassing the conscious, the semiconscious and that which is other than conscious knowing. These are the non-cognitive, non-linguistic and non-rational forces that undergird, they propose, thought, action and relationships. They discuss the epistemological, ontological and social impacts that archives can have on marginalised groups.

- Epistemological: Community archives allow a community to assert its existence in the past;
- Ontological: affirms that I am here. It asserts identity in the present;
- Social: asserts that I belong here; a sense of belonging and inclusion.

This is all relevant to those with mental health issues, who may feel marginalised and unincluded so an assertion of history, identity in the present and belonging are important social dimensions of mental health. Epistemologically, it is important to see the past and to recognise how people were treated in the past; that at the very least they existed but were hidden away.

Heritage Objects

The use of heritage objects featured extensively in the literature and has relevance to *Dr. Hills' Casebook*, where participants can handle archives and explore meanings of archives for their own situation.

{Lanceley, A., Noble, G., Johnson, M., Balogun, N., Chatterjee, H., Menon, U. (2011) Investigating the therapeutic potential of a heritage-object focused intervention: A qualitative study. PubMed <http://doi.org/10.1177/1359105311426625>}

Lanceley et al explore the therapeutic potential of object handling in women with cancer. They focus, inter alia, on its use as an intervention approach in its own right. It is of interest in this context, in that it explores how the arts may be used to help patients/participants adapt to an illness, including altering patterns of thinking; attenuating emotional difficulties and distress, developing emotional capacity, and reducing symptoms. They suggest heritage objects can carry symbolic meaning for individuals if feelings are projected onto these objects. The object can act as a repository for projections of different and difficult states of mind.

Lanceley et al also explain how the use of heritage objects provides a sense of identity, continuity and stability during personal episodes of disruption. I suggest this is as relevant to those experiencing mental health issues, as it is to those who were experiencing cancer in this study. Handling heritage objects – silent forms outside time – paves the way for psychological work conducive to patients' sense of active well-being. The objects, and I suggest, archives, facilitate emotional experience and reflection.

Chatterjee, Vreeland and Noble in earlier work (2009) discuss personal reminiscence as stimulated by heritage objects, which help the patients make meaning of their lives. They cite Classen's (2005) five reasons for touching of artefacts:

- Tactile - touch (I would add smell);
- Visual – aesthetic appreciation;
- Museological – experience the rare and museum-worthy;
- Learning -finding out;
- Imaginative/Creative – an intimate and imaginative experience.

Paddon et al (2014) also refer to thinking, meaning-making and reminiscence but introduce the link to well-being – learning, creative thought, skill development and greater confidence, citing Phillips (2008).

Ander et al (2012) describe the value of handling museum objects, which is a part of the experience of Dr Hills Casebook. Objects may be used to trigger memories in a safe environment.

- New perspectives
- Positive feelings
- Learning
- Energy, alertness
- Positive mood
- Sense of identity
- Something different, inspiring
- Calming, relieves anxiety
- Passing time
- Social experience
- Tactile experience

The sense of identity is particularly interesting as symbolisation may occur with objects, whereby thoughts, feelings memories and projections may occur concomitantly.

Gaydos (2019) put the sense of touch into a scientific context, looking at neurological effects on the brain. Areas such as the somatosensory cortex, basal ganglia and frontal cortex, to name a few, have the potential to become activated through the sense of touch, more specifically the immersion of kinaesthetic and sensory materials. In effect, art material allows people to *'metaphorically step out of their internal selves'* and look at the world in a new light (191).

The Arts and Healing

The Arts Council in England (2014) identified health and well being as one of the four key areas in which the arts can generate public value; alongside the economy; the social sphere; and education. Arguably, *Dr. Hills' Casebook* addresses directly three of these spheres – the social sphere, education and health and well-being. Engagement in the arts can also promote resilience as it can improve self-efficacy, self-esteem, social skills, setting and meeting goals and aspirations, which may be argued to be linked to the fourth key area, economy.

In Chatterjee and Noble (2016) Parish discusses the link between culture and health:

"The relationship between culture and health is indivisible and the arts reflect the very essence of that culture. They provide a window to our values, beliefs and behaviours. They contribute to health literacy and our understanding of society and its impact on the way we live our daily lives. They provide an essential conduit between the environment and our inner selves, highlighting the interrelationship between the individual and the wider determinants of health." (Foreword by Professor Richard Parish)

Parish further discusses the way museums, and I suggest archives, are a lens on the relationship between health and society over time and allow us to reflect on our heritage and the relationship between health and society.

Chatterjee and Noble (ibid) cite Silverman (2010) who suggests museums contribute to the pursuit of health in five major ways. They promote relaxation; are an immediate intervention of beneficial change in physiology, emotions or both; they encourage introspection; foster health education; and are public health advocates. Chatterjee and Noble add that museums encourage social cohesion and interaction. These, I propose, are relevant to the purposes of *Dr. Hills' Casebook*. The museum does not need to be a building to be visited. Artefacts can stimulate these same benefits. The environment of group learning and interaction with archives can stimulate this social cohesion and interaction.

The social sphere is important because social capital improves people's resilience and capacity to deal with challenging times. Social support and connections help to build psychosocial wellbeing and provide connections that help people to access formal and informal support, which are also protective of health (The Marmot Review Team, 2010). Engagement in participative creative arts activities in communities can help to build social capital, address loneliness and social isolation, and build personal confidence and a sense of empowerment (Allen and Allen, 2016). The strength of arts to enhance lifestyle choice, autonomy, perception of human worth and social engagement is alluded to by White (2016). The theme of prevention for health is often asserted but it has a quality of life dimension too.

Considering art therapy with children, Council (2019) discusses how being a patient is like visiting a foreign land. The patient is surrounded by a host of strange people, smells, clothing, language, food and behaviour, and customs. Coping with a serious illness is a process of grief. Art offers patients/participants powerful tools to allow the feelings to emerge, find expression and be heard. Patients' sense of competency and control are well served by the opportunity to invent personal symbols, express feelings in metaphor, and reflect on life experiences. I consider this to be potentially relevant to the adult with mental health issues too. Alpers (2019), again discussing children, refers to the ways we seek to offer mastery through arts in an otherwise chaotic environment, where choice and control are almost always limited.

Zur (2019) links Art shaping to life-shaping. As we shape an art medium, a subsequent shaping happens in ourselves. The opportunity of increased sensitivity and openness allows for preconceived notions to dissipate and shifting perspectives to emerge. Art is fluid and will offer new insight with each engagement. Art allows gaining new perspectives and developing coping strategies.

There has been a wealth of research on the impact of the Arts on the brain. The multisensory aspects of arts engagement mean that a wide range of brain areas are involved in Arts perception. Many Arts activities involve an emotional response and brain areas critical to memory, reward, and emotion processing are affected. Not only are different areas of the brain affected by the arts engagement, but they are shown to be structurally altered. (Fancourt, 2017)

{Fancourt, D. (2017) Arts In Health: Designing and researching interventions. Oxford University Press, Oxford.}

Fancourt describes how the Arts have an impact on psychological development including cognition and development; relief of stress, anxiety and pain; emotions and mental health; and health behaviours. She also discusses the sense of self or identity. She asserts Arts have been a way of enhancing self-affirmation.

Art is also perceived as bridging the gap between mind and body. King & Pascuzzi (2019) describe, in the context of art therapy, how three primary tenets are underscored with neuroscience principles:

- 1) the bilateral and multidirectional process of creativity is healing and life-enhancing;
- 2) the materials and methods used affect self-expression, assist in self-regulation and are applied in specialised ways;
- 3) The art-making process and the artwork itself are integral components of treatment that help a therapeutic relationship.

From a cognitive standpoint, art therapy has been found to improve overall cognition and results in the ability of individuals to better process and express thoughts and feelings (Gaydos & Biscuiti, 2019).

Through the interaction of cognitive, kinaesthetic, sensory-motor and social interventions art therapy counteracts the biochemistry of trauma, improves motivation and contributes to resilience, hope, stabilization and integration; this offers fellowship and connection with others (Feen-Calligan & Case, 2019).

Community and the Arts

There are many definitions of a community but one that is relevant here is the reference to a participatory process, which encourages collaboration between community members, artists and others (Camic, 2016). It contributes to the culture which may be considered to be, as Camic describes it, both what we create and the societal glue that holds us together or tears us apart. Art furnishes the 'stickiness' that binds a community together, creates mutual care and promotes individual and societal productivity (Sonke et al, 2016)

Matarasso (1997) notes several benefits of participatory arts, that have bearing on the well-being of the community. These include:

“Participation in the arts is an effective route for personal growth, leading to enhanced confidence, skill-building and educational developments that can improve people’s social contacts and employability.

It can contribute to social cohesion by developing networks and understanding and building local capacity for organisation and self-determination.

It brings benefits in other areas such as environmental renewal and health promotion and injects an element of creativity into organisational planning.

It produces social change which can be seen evaluated and broadly planned.

It represents a flexible, responsive and cost-effective element of a community development strategy.

It strengthens rather than dilutes Britain's cultural life and forms a vital factor of success rather than a soft option in social policy" (vii)

Durden and Nduhura (2007) define six ways in which the arts can work in the service of health education and can be linked to wellbeing in the community and can also be linked to the processes and desired outcomes of *Dr. Hills' Casebook*. These are:

- To get people involved;
- To facilitate the understanding of community;
- To change awareness of health understandings;
- To bring attention to a health issue;
- To promote community building; and
- To promote healing itself.

Sonke et al (2016) indicate *inter alia* that repeated research has shown the value to the community of arts programmes, in that they complement conventional medicine, reduce reliance on medication, and accelerate recovery from many illnesses.

The author considers the concept of participation to be of particular significance to this review and *Dr Hills Casebook*. This may include participation in an organised programme, or simply social connectedness. Stickley et al (in press) discuss participatory activities for people using mental health services, where they use participation to mean participation in an organised arts group. They discuss how Arts are intrinsically social and participants develop relationships; support from others; and a sense of belonging. They also develop hope in terms of belief in recovery; motivation to change and hope-inspiring relationships. They also refer to individual change, citing many aspects of identity, such as rebuilding or redefining a positive sense of identity and overcoming stigma. They discuss meaning to life and cite learning the meaning of mental illness experiences; spirituality; meaningful life and social roles and goals; and rebuilding a life. Stickley et al (ibid) also discuss empowerment but define it as confidence, rather than a broader definition which would consider the social systems and structure and their impact on individuals. They see empowerment in terms of the individual's control over life and a focus on his/her strengths. In addition, I suggest that participation in Arts-based programmes has the potential to enhance friendships, empowerment and connections to the lived community as well as connections to one's own experience.

Fancourt (2107) suggests the arts have an impact on social support as well as supporting a sense of collective self in society. This collective self supports group cohesiveness, including

solidarity, team spirit and morale. The arts, Fancourt suggests, also support social behaviours and social communication.

History, Museums and Archives

Whilst there was limited literature about archives per se, there is a growing body of work concerning museums and mental health and wellbeing. Chatterjee and Noble (2013) outline the positive outcomes that museums in health can bring about, all of which may be argued to be relevant, I propose, to research, scrutiny and engagement with archives.

- Positive social experiences leading to reduced social isolation;
- Opportunities for learning and acquiring new skills;
- Calming experiences leading to decreased anxiety;
- Increased positive emotions such as optimism, hope, and enjoyment;
- Increased self-esteem and sense of identity;
- Increased inspiration and opportunities for meaning-making;
- Positive distraction from clinical environments;
- Increased communication between families, carers and health professionals.

The What Works Centre for Wellbeing has produced a scoping review on the impact of heritage on community well being.

{Pennington, A., Jones, R., Bagnall, A., South, J., Corcoran, R. (2018) *The Impact of Historic Places and Assets on Community Wellbeing – A scoping review*. What Works Centre for Wellbeing, London.}

They find that historic places and assets and interventions associated with them can have a wide range of beneficial impacts on the physical, mental and social wellbeing of individuals and communities.

Interestingly, archives are not mentioned specifically. The scoping review comments on the quality of the evidence base and perceives qualitative research to be of lower inherent quality than randomised controlled trials or mixed studies. This view does not take account of the need to manage complexity and interrelationships between factors and features of multi-layered and multi-faceted programmes. They do, however, assert the need for longitudinal studies and research with key stakeholders.

The Grey Literature

Google searches were done to explore 'using archives for mental health education of adults' and combinations of these terms. Many items were discussing archiving mental health records and information and also resources for schools that focused on mental health education but very few that are of direct relevance to *Dr. Hills Casebooks'* linking of archives with an educational process for adults regarding mental health and well being in a general population.

The British Library has oral history collections, which chart the experiences of those with disabilities, ill-health and mental health issues. These can be accessed for educational purposes.

The Mental Health Testimony Archive holds 50 life story video interviews with mental health service users, including those who were long-stay in-patients, as well as 'revolving door' patients and those with a mental illness diagnosis. The interviewees themselves had experienced mental health problems.

<https://cadensa.bl.uk/uhtbin/cgisirsi/x/0/0/5?searchdata1=CKEY5542415&library=ALL>
Accessed 30/8/2020

Bethlem: Museum of the Mind offers educational programmes and visits to make use of archives for understanding mental health. Located in Beckenham, Kent the focus is very much on encouraging people to visit the site. They educate primary and secondary school students and do work with initial teacher training courses.

<https://museumofthemind.org.uk/blog/understanding-mental-health-education-at-bethlem-archives-and-museum>

Accessed 30/8/2020

Mental Health on Record is a stop-motion animated film made by young film-makers in 2019. It explores the stories of 9 individuals who experienced mental health issues during the 19th and early 20th centuries. It considers attitudes and common misconceptions relating to mental health and can be used for educational purposes.

<https://www.nationalarchives.gov.uk/education/resources/mental-health-on-record/>

Accessed 30/08/2020

There is a wealth of grey literature concerning the relationship between the Arts generally and mental well being. To represent this, two sites are mentioned briefly here. Firstly, the mental health charity *Mind*, focuses quite specifically on Art and creative therapies as a means of treatment. They refer to therapy involving Arts-based activities in a therapeutic environment and with a trained professional.

They suggest more research is needed to establish which problems or conditions arts and creative therapies can treat, or if particular aspects of each type of therapy (drama, music etc) are especially important in dealing with mental health problems.

<https://www.mind.org.uk/information-support>

(Accessed 12/9/2020)

The Mental Health Foundation points out that more than 20% of challenges to public health in the UK are accounted for by mental ill-health, more than cancer or cardiovascular disease. The arts have an important role to play through offering help, promoting well-being and creating a space for social connection. They indicate the impact the Arts have on both

well-being of the individual and the concomitant impact on the community, pointing to saving money on health and social care for the community and how arts can enable people to take greater responsibility for their own health and well-being by helping maintain levels of independence and curiosity and help improve the quality of life for the individual

<https://www.mentalhealth.org.uk/blog/how-arts-can-help-improve-your-mental-health>

(Accessed 12/09/2020)

Discussion

The purpose of the literature review was to inform the development of *Dr. Hills' Casebook* project and to provide background and an introduction to the external evaluation of the project. Accordingly, this section documents the changes and impacts that will be sought during evaluation. Many of the potential outcomes of the project are both qualitative and softer than those that which is easily measurable. The outcomes may be inter alia thoughts, feelings, emotions and reflections on the process of the project. Mixed methods will be used to capture both quantitative and qualitative data

I contend that identity will be important in the context of the past, present and future. The past is important in terms of what life was like before the project, the 'has been.' The present is important for considering the participants' well-being, or 'being,' at the end of the project, and what any change means for future well-being is important, or the 'becoming.' Accordingly, evaluation is planned to be pre-, post and as a follow-up to the project. Narrative inquiry is being used in the qualitative domain, as this is an effective means of finding out about these softer measures and this is a way of starting from silence to discover what the participants consider to be important rather than the compiler of questions for a structured or semi-structured interview. The narrative is also a good way of learning about the past, present and future in an accessible way.

For the managers of the project, some dimensions may be known, new or conceptualised differently in terms of wellbeing and *Dr. Hills' Casebook*. Making these explicit may assist with the facilitation of the programme.

Firstly, there is, I suggest, a potentially strong link between identity, culture and archives, which embraces the relationship between the individual and the community. The historical consequences of the content of history and how it affects us today are significant I suggest to the personal consequences of archives; there is a political link to social justice and empowerment of the individual and the community.

The process of accessing archives has a potential impact on physical, emotional and cognitive aspects for individuals. Learning about motivation, having creative thoughts, developing confidence in research can lead to looking at the world in a new light. Similarly exploring values beliefs and behaviours in both archives and self can contribute to health literacy, through shaping life and coping strategies.

Social relationships may be improved by group work and Arts activities generating relief from pain, increased sense of belonging and inclusion. Linked to these qualities are possibly

continuity and stability in difficult times. Expression of feelings may also be cathartic and coping with any illness may be assisted by self-expression, self-affirmation and overcoming stigma or lack of insight on the part of others.

Resilience is frequently associated with taking safe risks and with having support from others. Resilience can also be learned from experience and structured experiences. Exploring self and the relationship between self and a supportive community can contribute to resilience, solidarity and to morale.

Finally, there is the sheer, unadulterated pleasure that goes with creativity. The challenge, the achievement, the affirmation of self, the expression of self, the fun, the joy, the planning, design and spontaneity, the audience. I look forward to evaluating *Dr. Hills' Casebook* to see if these aforementioned aspects are integral to the project. I look forward to exploring the value of using archives to contribute to the mental health and well-being of adults from the general population.

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Appendix B

Dear Participant of *Dr. Hills' Casebook*,

This questionnaire is for evaluation purposes. You will remember you probably filled one in at the beginning of *Dr. Hills' Casebook*.

It is confidential. I shall not know who has filled it in, or who has said what.

So, please can you complete it for us. Your opinion is important to us for future programmes and our funding.

Please return this to Darren or Karen.

Thank you,

Karen McArdle

1. What is your date of birth?

2. What gender are you?

3. What attracted you most to taking part in the Change Minds project?

4. What were the best things about *Dr. Hills' Casebook* project?

5. What would you change, if you were running *Dr. Hills' Casebook*?

6. What benefits, if any, have you got from your participation?

Please answer the following questions by ticking the responses that best describe how you've been feeling in the last two weeks.

7. (You only need to tick one response for each question. There are no right or wrong answers. If there are any questions you don't want to answer, you can just miss them out and go on to the next one)

| | None of the time | Rarely | Some of the time | Often | All of the time |
|---|------------------|--------|------------------|-------|-----------------|
| a. I've been feeling optimistic about the future | | | | | |
| b. I've been feeling useful | | | | | |
| c. I've been feeling relaxed | | | | | |
| d. I've been feeling interested in other people | | | | | |
| e. I've had energy to spare | | | | | |
| f. I've been dealing with problems well | | | | | |
| g. I've been thinking clearly | | | | | |
| h. I've been feeling good about myself | | | | | |
| i. I've been feeling close to other people | | | | | |
| j. I've been feeling confident | | | | | |
| k. I've been able to make up my own mind about things | | | | | |
| l. I've been feeling loved | | | | | |
| m. I've been feeling interested in new things | | | | | |
| n. I've been feeling cheerful | | | | | |

10. In the last 12 months did you regularly use any of the services listed below?
(Please tick the box for yes, no or prefer not to say)

| | Yes | No | Prefer not to say |
|---|-----|----|-------------------|
| 1. hospital services (mental health - as an outpatient) " | " | " | " |
| 2. hospital services (mental health - as an inpatient) " | " | " | " |
| 3. hospital services (general - as an outpatient) " | " | " | " |
| 4. hospital services (general - as an inpatient) " | " | " | " |
| 5. day activity services " | " | " | " |
| 6. community care services " | " | " | " |
| 7. hospital accident & emergency department " | " | " | " |
| 8. psychologist " | " | " | " |
| 9. psychiatric nurse " | " | " | " |
| 10. social worker " | " | " | " |
| 11. occupational therapist " | " | " | " |
| 12. individual counselling/therapy | " | " | " |
| 13. group counselling/therapy " | " | " | " |
| 14. home help/home care worker " | " | " | " |
| 15. outreach worker/family support " | " | " | " |
| 16. general practitioner " | " | " | " |
| 17. other similar service (write the name) _____ | | | |

Thank you for helping us by filling this in. It is much appreciated.

If there is anything else you want to say about this questionnaire or the project in general, you can write it in the space below (go onto the next page if you need more room)

If you have any questions, please email your question to Karen at:

k.a.mcardle@abdn.ac.uk

or call her on 07711383711



Please return the form to Darren at: darrenfrance@talktalk.net or to Karen at the email above.

If there is anything else you want to say about this questionnaire or the project in general, you may write this here.

Annex

(To be added on completion)