

How do exhibitions related to mental health issues work towards the National Service Framework for Mental Health (Standard 1 - mental health promotion)?

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A Masters Assignment examining 'Now, Voyager' as a museums education/social inclusion project

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This essay aims to establish how exhibitions are a positive medium through which to tackle mental health issues. This will be assessed through examining how exhibitions work to meet government standards relating to the promotion of mental health. The National Service Framework for Mental Health Standard 1 will be used as a model against which the value of exhibitions can be judged. Standard 1 states:

‘Health and social services should:

- promote mental health for all, working with individuals and communities
- combat discrimination against individuals and groups with mental health problems, and promote their social inclusion’.¹

This is an aim to be met by health and social services, as opposed to museums, but exhibitions related to mental health issues are often mounted in collaboration with a health or social service provider. Exhibitions are therefore one way of attempting to fulfil this aim. Exhibitions relating to mental health can cover a range of models including those that specifically discuss mental health issues, those that are the result of a process designed to aid people experiencing mental distress in their recovery, those that are the outcome of a research project endeavouring to further the understanding of the link between the arts and mental health recovery and those that exhibit ‘outsider’ art or art produced by someone who is/was mentally ill. Exhibitions may combine some or all of these elements.

¹ *National Service Framework for Mental Health*, Department of Health, 1999,p.14.

It is firstly necessary to establish some parameters in order to make apparent the type of work that is to be discussed and the mental health needs that will be referred to throughout. The term 'mental health needs' designates mental health difficulties, or mental distress, and can mean severe and enduring conditions such as schizophrenia and manic depression and more common experiences of mental distress, namely depression, anxiety, phobias and panic attacks.² The type of work under consideration here may be termed 'arts in (mental) health', this is however a field distinct from art therapy. There is a medical and diagnostic element to art therapy treatments, whereas arts in health interventions may aspire to produce social and personal change but do so away from a medicalised framework.³ Building on this, White argues that it is the 'recognition of a cultural base to health service delivery and creative engagement with the public' that characterises this field.⁴ It is this concept of 'collective action' that separates it from art therapy and connects it to social inclusion.⁵

It is this desire for a cultural base to health delivery that draws museums and galleries into the discipline. There is a growing mood of engagement with the role that museums and galleries can play in mental health promotion, demonstrated by the focus of the 2005 Engage Scottish Visual Arts Education Awards on projects, many run in conjunction with museums

² *Mental Health and Social Exclusion*, Office of the Deputy Prime Minister, London, 2004,p.11.

³ Matarasso, F., "The Arts as a Force for Change in the Health & Social Sectors", in P Senior, ed., *A Powerful Force For Good?* Manchester, 2000,p.63.

⁴ White, M., "Arts in mental health for social inclusion", in J. Cowling, ed., *For Art's Sake?* London, 2004,p.77.

⁵ *Ibid.*

or galleries, which worked towards mental health and well-being.⁶ Similarly the Campaign for Learning through Museums and Galleries (clmg) has prioritised their Museums of the Mind project, which seeks to deepen knowledge into the thesis that 'museums can underpin people's mental resilience'.⁷ This trend is however so recent that there is as yet no body of literature that charts the role that museums and galleries have to play in the mental health field. The Museums, Libraries and Archives Council concedes, 'the health agenda is so new to most of the sector and the evidence base simply does not exist'.⁸ However, many of the arguments that surround arts and mental health can be closely allied with museum and gallery involvement in mental health. There is a more established body of literature for this more general field; however, it is an area that lacks a substantial evidence base.

Despite these deficiencies, White meanwhile feels that arts in mental health is now an exciting and diverse subject. One area of interest is the production of 'more creative kinds of health information, with user involvement'.⁹ This is the category to which exhibitions such as the Now, Voyager exhibition correspond. This essay takes the Now, Voyager exhibition held at the Whitworth and produced by Start (in collaboration with the gallery) as a specific case study. Start is a Manchester-based organisation that uses art to aid recovery for people with mental distress. The work of Start is a particularly appropriate case study as they have

⁶ *Creativity and Well-being*, Engage Scotland, 2005.

⁷ *Museums of the Mind*, clmg, 2006, <http://www.clmg.org.uk/html/mind.html>

⁸ *New Directions in Social Policy*, Burns Owens Partnership, MLA, 2004, p.37

⁹ White, M., "Arts, mental health and social inclusion", *Life in the Day*, 2004.

produced several high quality exhibitions in recent years and their contribution to this area is held in high esteem. They also explicitly identify their exhibitions as a high priority area, in part because they work so effectively to meet the target of Standard 1.¹⁰ Now, Voyager is the outcome of a programme based around Alfred Wallis' *The Island*, mixing art history, critical appreciation, debate and practice.

The term health is increasingly understood as a holistic concept. Health is a 'complete state of physical, mental and social well-being'.¹¹ Each aspect of health works in conjunction with the others and as museums and galleries have already made inroads into the realm of social well-being through their social inclusion agendas, it is natural that they may also become sites where mental health issues are tackled. The Department of Health maintains that meeting the National Service Framework will require cooperation across the whole population.¹² This will inevitably therefore include cultural institutions.

Standard 1 can roughly be divided into four areas of action: the promotion of mental health for individuals (which I will take to mean those who have mental health difficulties), the promotion of mental health for communities (which I will take to mean society at large), the combating of discrimination against those with mental health difficulties, and finally the promotion of social inclusion. The contribution of exhibitions will be assessed in relation

¹⁰ <http://www.startmc.org.uk/exhibitions/>

¹¹ WHO, <http://www.who.int/about/definition/en/>

¹² *Making It Happen: A Guide to Delivering Mental Health Promotion*, Department of Health, London, 2001, p.10.

to each of these areas; however, it must be stressed that the four are so closely connected and interdependent that the value of exhibitions should be regarded as working towards these aims as a whole.

One of the main outcomes of being involved in an arts-based activity, such as the production of an exhibition, is the skills that participants build as a result. The mental health of individuals is promoted through supporting recovery. Participants develop transferable skills such as social skills, coping skills including anxiety management, practical skills, analytical skills, emotional literacy and confidence and self-esteem. The creativity involved in producing artwork stimulates the development of opinions, and people gain the confidence to express these opinions clearly.¹³ One Start service-user commented, 'taking on commissions and exhibition work is really nerve-racking, but it makes you challenge yourself, learn better skills, be more thorough'.¹⁴ Some particular elements of the skills base are intensified through the production of an exhibition. They represent an express opportunity to have to work to a brief, standard and timescale. A major ingredient is the confidence needed to agree to such a commitment, and for many this is significant progression in their recovery.¹⁵ Through the requirement to meet these elements of an exhibition's development they are cultivating and consolidating these skills. The exhibition itself then becomes concrete proof of their achievement.

¹³ *Panel 3, Now Voyager*, Whitworth Art Gallery.

¹⁴ <http://www.startmc.org.uk/>

¹⁵ Interview with Wendy Teall, Lead Artist, Start, 20th April 2006.

One of the most valuable processes that people experiencing mental distress may go through as part of their recovery is that of self-actualisation. This literally means making oneself real.¹⁶ Charmaz speaks of the 'loss of self' that is a common feature of severe mental illness.¹⁷ It is recognised by practitioners in this field that one of the benefits of arts activity is its position as 'uniquely placed to stimulate dialogue with the self'.¹⁸ For Maslow, self-actualisation is placed highly on his hierarchy of needs and he believed that it is the 'goal of psychologically healthy individuals to achieve self-actualisation'.¹⁹ The process of self-actualisation is associated with the growth of knowledge about oneself and the relationship to one's environment. Participant comments demonstrate that for some, involvement in Now Voyager helped them on the path to self-actualisation, 'the chance to reflect on my own responses to art in such depth has helped me understand myself better', and 'I saw the course as a chance to learn and gain understanding of the self'.²⁰ Cultural participation therefore has allowed individuals to embrace personal change, 'to build something is like building oneself'.²¹

The process of contributing towards an exhibition involves the acquisition of skills that can be transferred to paid employment. The status and social value associated with employment means that work has been identified as key to mental well-being. Start identifies itself as a 'stepping stone' service

¹⁶ Wilson, M., *Occupational Therapy in Long-term Psychiatry*, New York, 1987,p.32.

¹⁷ Charmaz, K., as quoted in Finlay, L., *The Practice of Psychosocial Occupational Therapy*, Cheltenham, 2004,p.21.

¹⁸ Tolan, P., _____, in Senior, *Powerful Force for Good*,p.12.

¹⁹ Teall, W & Tortora, A., "Getting to Know Alfred Wallis", *A Life in the Day Of*, 8(3), 2004,p.5.

²⁰ Teall, W., Tortora, A., & Cunningham, J., *Getting to Know Alfred Wallis Part 2*,p.15.

²¹ *The Mercury*, 13 October 1999, http://www.networkarts.freeuk.com/press_releases.htm.

and the process of service-users moving on is emphasised.²² The Institute for Public Policy Research argues that people can build up to work through involvement in 'meaningful activity'. This takes the emphasis away from the tradition of full-time paid employment, to encompass part-time work, education and voluntary work.²³ 20% of participants in Now Voyager have been involved in other public events since the course and one individual gained work experience as an arts-columnist online.²⁴ Whilst details are not provided about whether these roles are salaried, the movement away from Start and engagement in 'meaningful activity' is clearly evident. Another exhibition produced by Start, *Under My Skin*, held at the Manchester Art Gallery, developed from a project that had an explicit aim of vocational rehabilitation for the Start students involved. The Start participants worked as tutors to learning disabled artists in the production of fashions accessories that were then exhibited in the gallery. The professional teaching qualifications gained are formally recognised and will allow these individuals to take their place in the job market.

In analysing the value of exhibitions to individual mental health promotion it is evident that we are not solely concerned with the finished product of the exhibition. The exhibition is indeed proof of a process, but it is this process that is just as important, in some cases more so, than the resulting exhibition, in terms of working towards individual well-being. Indeed, *Now Voyager* is an exhibition about the process of learning and development that

²² <http://www.startmc.org.uk/>

²³ Rankin, J, *Mental Health in the Mainstream*, London, 2005,p.11.

²⁴ Teall, et al, *Getting to Know Alfred Wallis Part 2*,p.14

participants underwent. The exhibition is the culmination of a three year research project, Getting to Know Alfred Wallis. The fact that the 'exhibition grew out of the two courses and was never part of the original plan' emphasises the role of process over product.²⁵ One of the challenges faced by Start and the Whitworth was how to produce an engaging art exhibition that was one of process rather than product.²⁶ As the art produced had never been intended as finished work there were concerns over how to display the pieces. Start were not keen to frame the work as it was feared that this would misinterpret the work as finished products, which may lead to judgements from visitors about its quality. Instead the art is presented under clear panels, bestowing a degree of formality, whilst similarly providing the unfinished feel of a work in progress.²⁷ This achieved the correct balance between the desire to present the work beautifully, in a professional manner, whilst minimising the possibility that the work would be judged in accordance with the misconception that the artworks were finished pieces. A high degree of interpretation was needed to clearly reveal to visitors the process behind the exhibition and to provide the context of the work. This style of interpretation is noticeably different to the usual levels in the gallery where there is a reliance on labels accompanying each individual work. To provide a label for every work was not the right approach for *Now, Voyager*. Rather, a general label explains the process that resulted in a particular crop of work, for example, a group for works that concentrated on the use of colour are displayed together,

²⁵ E-mail from Esme Ward, Education Manager, Whitworth Art Gallery, 26 April, 2006.

²⁶ *Now, Voyager*, DCMS, <http://www.idea-knowledge.gov.uk/idk/aio/4470671>

²⁷ Interview Teall.

framed by a single label explaining the part of the course in which they were produced, and what the students were aiming to achieve through this work. It was the process of participating in Getting to Know Alfred Wallis that was so beneficial to service-users, and the exhibition wished to make this apparent. (See Appendix)

Despite the great importance of the learning and development process that leads to the creation of an exhibition, it is the finished display that the gallery visitor encounters. It is hoped that through this medium the promotion of good mental health will be delivered to society at large. In endeavouring to promote good mental health to all, the mental health literacy of the population will hopefully be raised. Mental health literacy is the knowledge and belief systems held about mental health and those experiencing mental health difficulties.²⁸ By improving this literacy there should be greater awareness of the importance of prevention, early intervention, self-help and support. Everyone has mental health needs and it is estimated that at any one time one in six of the population is experiencing mental distress. Meanwhile depression is projected to be the leading cause of disability by 2020.²⁹ There is a stark urgency therefore in promoting good mental health to the population as a whole.

Generally exhibitions related to mental health issues work to portray the reality of mental health difficulties by humanising the experience. This is partly the case in *Now, Voyager* where some personal stories are shared,

²⁸ *Making It Happen*, p.21.

²⁹ *Mental Health and Social Exclusion*, p.13.

enabling visitors to normalise the experience. However, *Now, Voyager* also has another intention regarding the promotion of mental health. The aim of the exhibition is to teach people how they can protect their own mental well-being by 'getting in touch with their creative side'.³⁰ Visitors are able to pick up a leaflet informing of the value of creativity to mental health and providing practical examples and contacts. It is thought that this leaflet has set a precedent for the region and is aimed at promoting better mental health through 'creative self-care and preventative approaches amongst the public, reducing incidences of mental illness'.³¹ (See Appendix)

It is this concept of prevention rather than cure that is the principal thrust of the public mental health promotion. The clmg believe that the mental health of the nation can be underwritten by culture.³² How exactly is this achievable? It is argued by the MLA that museums have a particular role to play in terms of mental health due to their function as 'memory institutions and information providers, as well as their status as 'neutral spaces' which are relatively well-used by excluded groups which the medical establishment consider to be hard to reach groups'.³³ It seems natural that institutions already working in areas that are closely connected to mental health, such as social inclusion, embrace the responsibility of promoting mental well-being. Social inclusion is currently bound up with much museum and gallery activity. By attending museums and galleries, visitors are already exercising their minds, and institutions strive to interact with

³⁰ *Panel 0, Now, Voyager, Whitworth Art Gallery.*

³¹ *Now, Voyager, DCMS, p.4.*

³² *Museums of the Mind, p.12.*

³³ *New Directions in Social Policy, p.38.*

their visitors at a high level of engagement. Some visitors are driven by what can be likened to 'spiritual needs'. Those interacting with the museum in a spiritual manner often use the gallery to stimulate their own creativity. Venues attempt to meet the needs of these visitors by providing a 'contemplative ambience and quality engagement with objects'.³⁴ A strong case can therefore be made regarding the suitability of museums and galleries as a location for the promotion of mental well-being to society. They are a natural environment for stimulation of creativity through their objects and exhibitions. The benefits of this creativity can be made more explicit through exhibitions that specifically concern mental health issues.

Whereas the process involved in producing such exhibitions is of great value to service-users, an exhibition is a final outcome that has a wider social relevance.³⁵ Exhibitions act as an educative tool to provoke discussion between and within visitors regarding their own mental health. Engage believe 'art can send messages, draw attention, make statements, change attitudes'.³⁶ Start recognises the great position of power that exhibitions can offer health services to capture a large audience. They present the opportunity to communicate with the visitor. Teall believes that outside of television, exhibitions are one of the most effective means through which to reach people and through the display of art they are speaking a visual language, understood by everyone.³⁷ The clmg similarly argues museums

³⁴ *North West Hub Visitor Research 2004-06*, Morris Hargreaves McIntyre, September 2005,p.35.

³⁵ Teall et al, *Getting to Know Alfred Wallis Part 2*,p.17.

³⁶ *Creativity and Well-being*,p.4.

³⁷ Interview Teall.

and galleries can 'reach into almost every community'.³⁸ About 40% of the population visit a museum at least once a year. If all museums and galleries took on the challenge of promoting mental health then 'that's underwriting the mental health of nearly 25million people'.³⁹

It is within the discussion of prevention over cure that the NHS is beginning to prioritise public health and prevention. This is the context in which the National Service Framework Standard 1 is set, aiming at mental well-being for all. The MLA charts how the medical establishment therefore needs to enter into partnerships with the rest of society, including the cultural sector. The MLA takes its lead from the World Health Organisation which argues that promotion needs to be assimilated into different public sectors. It is on this basis that the MLA has sought involvement in the mental health field.

It is to the partnership aspect of these collaborative projects that this essay now turns. Through the partnership element of mental health exhibitions the host organisation is also influenced about mental health issues and in so doing their mental health literacy is improved. From Start's perspective these joint ventures 'inform and empower our partners in the cultural sector around mental health as an issue'.⁴⁰ Not only will gallery staff be more informed about their own mental health requirements but they will possess a greater ability to continue promotional work after the life-span of

³⁸ *Museums of the Mind*, p.12.

³⁹ *Ibid.*

⁴⁰ Teall, W., *Under My Skin*, 2005, p.4.

the exhibition. Andrew Vaughan of the Whitworth confirmed this 'I had become aware of a number of areas regarding the needs of students with mental health issues'.⁴¹ The opportunity to work with people recovering from mental distress is one of the most effective methods of becoming more knowledgeable about and more comfortable in dealing with those needs, be they a visitor in the gallery or someone encountered on a professional level. The experience of working on *Getting to Know Alfred Wallis/Now, Voyager* has been termed the Whitworth's 'own voyage of discovery'.⁴²

The second aspect of Standard 1 focuses partly on reducing discrimination against those who experience mental distress. As many in the field have recognised, mental health has not witnessed the same progression as the decrease in discrimination based on sexuality, gender or race. The debates outlined previously discussing why museums and galleries are appropriate institutions through which to promote the mental health of society also apply when considering appropriate venues to tackle stigma and discrimination. For many with mental health difficulties the discrimination they face can be the most debilitating aspect of their condition. Along with raising awareness about their own mental health, visitors to museums and galleries who view exhibitions related to mental health will hopefully be open to challenging their own prejudices about the subject. A positive exhibition may allay the apprehension and misunderstanding which is often engendered through the link the media subscribes to between mental health difficulties and violence. The Department of Health encourages the

⁴¹ Tortora, A., Teall, W., Atkin, J., & Vaughan, A., *Getting to Know Alfred Wallis*, 2003,p.9.

⁴² Email Ward.

'production of accessible information that can play a significant part in decreasing the fear and misconceptions and increase understanding of needs and experiences'.⁴³ Some mental health providers have risen to this challenge by interpreting 'accessible information' as exhibitions. Exhibitions involve community engagement and this is regarded as one of the most effective means to tackle discrimination.⁴⁴ Start characterises Now, Voyager by the phrase 'experience changes perception'. This is in direct reference to the changing perception of the participants regarding the shift of their response of the artwork from an emotional nature to a more critical tone as their knowledge deepened and informed. This however parallels the experience of the public who visit the gallery. Through their experience of an exhibition such as Now, Voyager, their perceptions of mental health issues, and those experiencing them, may change.

A particularly effective method of quashing stigma is through exhibitions that display the artwork of those recovering from a period of mental distress. The quality of this work forces visitors to reassess their low expectations of people with mental health needs. One participant in Under My Skin commented, 'the public through this exhibition could see how much potential people have whatever their difficulties...it's important to me to help people understand and talk about mental illness'.⁴⁵ This recognition as artists bestows status on participants.

⁴³ *Making It Happen*, p.62.

⁴⁴ *Mental Health and Social Exclusion*, p.31.

⁴⁵ Teall, *Under My Skin*, p.13.

Many participants believe that the opportunity to exhibit their work, demonstrating its quality, allows them to express the belief that in some sense a period of mental distress can be a positive experience. This expression can in turn lead to a decrease in discrimination. Often mental ill-health is associated with a strong creative tendency. The demonstration that there are some positive aspects to a period of mental distress will challenge traditional notions of the 'mentally ill'. Of those who have experienced mental health difficulties many believe such experiences have led them to become a stronger person, being able to give more, enhancing their sensitivity and imagination.⁴⁶ In a review of an exhibition of art, *Art Works in Mental Health*, produced by people with mental health needs, *The Lancet* commented that the exhibition, 'challenges our accepted standards of so-called normality and abnormality. Mental illness should be viewed not as an aberration, but as part of the spectrum of human validity'.⁴⁷

A decrease in discrimination will lead to social inclusion; however this process can also happen in reverse as the inclusion of people with mental health problems can lead to the negation of discriminatory beliefs and practice.⁴⁸ 'There is a need for more focused action ...mental health problems require more than a medical solution; they require a positive response on the part of society'.⁴⁹ Through work in a museum or gallery participants are moving away from a specific healthcare setting and into a

⁴⁶ <http://www.startmc.org.uk/>

⁴⁷ Morris, K., "Does art work in mental health", *The Lancet*, 360, 2002,p.1104.

⁴⁸ Teall et al, *Getting to Know Alfred Wallis Part 2*,p.29.

⁴⁹ *Mental Health and Social Exclusion*,p.20.

mainstream venue. The transition to mainstream settings is important in the drive for social inclusion. Teall feels the gallery is a very normalising environment and that museums and galleries can offer opportunities that discrete setting cannot.⁵⁰

However, the value of museums and galleries goes beyond their position as mainstream settings, for there are many other possible mainstream settings, such as leisure centres, parks or colleges, where activities could be based. The selection of a gallery setting is well considered. For an organisation such as Start that seeks recovery through art, the value of such projects is the contact with a cultural institution. Start, as part of the NHS, functions within a medicalised context; however, it is run by artists and they seek to maintain their strong identity as an artistic community.⁵¹ They therefore also regard themselves as part of the cultural industry. Start, however, needs to work continuously to maintain their dual position within medical and artistic cultures. Working with galleries is vital in achieving, for Start service users and staff, a role and clear identity in the local artistic community.

Maintaining this identity by forging new links with galleries requires specific expertise in partnership-building for Start, particularly because, within the cultural sector, there may be a sense of caution that mental health topics may not be welcomed by core audiences. There may also be some anxieties to address about the quality of materials Start service users can produce

⁵⁰ Interview Teall.

⁵¹ Ibid.

and about whether a health service would be able to successfully mount an exhibition. Careful preliminary planning and close collaboration with the Whitworth Gallery allayed any difficulties. Now, Voyager was developed jointly between the two partners and the Whitworth approached the project with an open attitude, regarding it as a learning experience.⁵² The setting of a public space, whilst rewarding for the majority of participants, did cause some users to leave the project. The nature of a public, 'crowded', unpredictable space was an aspect of the programme that they were unable to cope with.⁵³

The public nature of the finished exhibition is crucial. By exhibiting their work artists are forced to detach themselves from their work, allowing an objective perspective to come to the fore. This develops their critical, analytic and emotional literacy skills yet further. For participants to exhibit their work, and hence part of themselves, requires a great degree of confidence. For people who have low self-esteem the risk of negative criticism can be damaging. For this reason the visitor feedback at Now, Voyager is filtered to some degree, to remove openly prejudiced comments. However, through participation in this course students reassessed their often negative first reactions to *The Island* in the light of the knowledge gained. Even if they still did not like the work, they could now appreciate it. It is possible that through this experience service-users may be more objective about criticisms of their work. In experiencing the realisation that their own initial negative reactions to a work are not always well

⁵² Email Ward and Now, Voyager, DCMS, p.6.

⁵³ Interview Teall.

informed, they may be able to apply this rationale to the comments of visitors.

For many museums and galleries, including the Whitworth, such exhibitions will slot into their social inclusion agendas and they will succeed in widening access to their resources. For those students who took part in Now, Voyager they had access to art history expertise, something not available at Start. The course offered art history lectures, critical appreciation, discussion as well as practical workshops. By maximising the use of resources and staff knowledge Start could work in a new way. The experience has gone on to inform their practice in other projects. Wider use of the gallery's collections was also made. Although Now Voyager was based around one artwork, the course involved using the gallery's other collections for inspiration to inform their own work. 'They found the experience of sifting through the gallery's collections to be absolutely fantastic'.⁵⁴ Through working at and participating in the life and activities of a gallery, Start students have become more at ease with the gallery environment. They regard it as a place where they can feel comfortable and where they will feel included. 90% of Now Voyager participants reported they now view and use galleries differently. 'They described a new feeling of belonging, using terms including comfort, understanding and confidence'.⁵⁵

Another important way in which exhibitions work towards social inclusion is through the displays of that particular institution becoming accessible to

⁵⁴ <http://www.startmc.org.uk/>

⁵⁵ Teall et al, *Getting to Know Alfred Walls Part 2*, p.15.

people with mental health issues. This is not in regards to the participants of the project who will clearly have found the gallery relevant to them, but refers to the general visiting public. As previously stated mental health issues can affect anyone and by tackling such a subject, perhaps an unusual area for an art gallery or museum, displays are now more relevant to a larger section of the population. The visitor feedback of *Now, Voyager* reveals many visitors who identify themselves as having mental health needs and they express the value of and need for such exhibitions, 'Excellent. I can totally relate to the stories. I am pursuing better mental health through art...there should be more arts and mental health programmes'.⁵⁶ If the gallery's programmes and activities are relevant to others who experience mental ill-health they may feel more included in the cultural life of the region. 'This might build confidence amongst excluded groups to enjoy museum space on their own terms'.⁵⁷

Unfortunately the foray of museums and galleries into the mental health sector is so recent that as the MLA admits the proof of their value does not yet exist. The MLA bemoans the fact that advocacy materials predominate over 'real evidence'; although they do not elaborate on what such evidence actually is. To relate this subject back to the wider field of art in mental health in which it fits, there are similar discussions about the lack of substantial evidence to prove the value of such interventions. The lack of quantitative evidence as compared to qualitative evidence is regarded as a severe weakness by some practitioners, especially clinicians. Many artists

⁵⁶ Visitor Feedback Book, Whitworth Art Gallery.

⁵⁷ Teall, *Under My Skin*, p.10.

are not keen to obtain 'hard outcome measures' as to a large extent these may be at odds with the ethos of an arts project. The evaluative make-up of the arts in health mirrors, in some respects, the general situation of evaluative practice in museums and galleries where qualitative evidence outweighs quantitative. Researchers in arts and health such as White argue a common evaluative framework is required in order to build a body of information. His suggestion for such a framework is to adopt something similar to the Generic Learning Outcomes. This of course corresponds neatly to the evaluative techniques of the museum and gallery sector which use the GLOs. The MLA argues that the kind of learning outcomes that would hopefully arise out of an encounter with an exhibition related to mental health are the type of effects that could easily be captured by the GLOs. The skills development of those with mental health needs who participated to produce the exhibition could be evaluated, as could a possible increase in the capacity for tolerance and understanding that visitors experience as a result of the exhibition.⁵⁸ Whilst the arts, mental health and museum and gallery sector develop a way forward in terms of developing a common method of assessment, the examples of specific case studies can be used, as in this essay, to determine the level of success in fulfilling Standard 1. If Start's exhibitions had not been considered a success in meeting Standard 1 (which is one of their stated reasons for selecting this avenue of action) then they would not be pursuing the development of two more gallery projects. Overall Start's exhibitions have

⁵⁸ *New Directions in Social Policy*, p.58.

been seen by over 100 000 people.⁵⁹ Now Voyager's nomination for an NHS award in the promoting health category again proves that exhibitions can go some way to fulfilling Standard 1. The option of an exhibition to fulfil the promoting health angle of Standard 1 has many positive aspects. Exhibitions develop certain skills for participants, and often it may be the process of producing the exhibition rather than the exhibition itself that is important. In terms of promoting the mental well-being of society, exhibitions are an achievable medium through which to reach many people. For the same reason exhibitions possess a powerful position from which to challenge discrimination. Museums are already involved in the social inclusion agenda and can therefore move horizontally into the mental health field, maximising the use of their expertise. By working in a gallery setting individuals can become part of the mainstream and part of the artistic community. The process of publicly exhibiting quality work is a rewarding and confidence building experience and recognition of this quality can confer status and alter the opinions of the public regarding people with mental health needs and their abilities.

⁵⁹ <http://www.startmc.org.uk/>

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Appendix



**Figure 1: Now, Voyager, Whitworth Art Gallery
Photo – Start photographic group**



**Figure 2: Now, Voyager, Whitworth Art Gallery
Photo – Start photographic group**

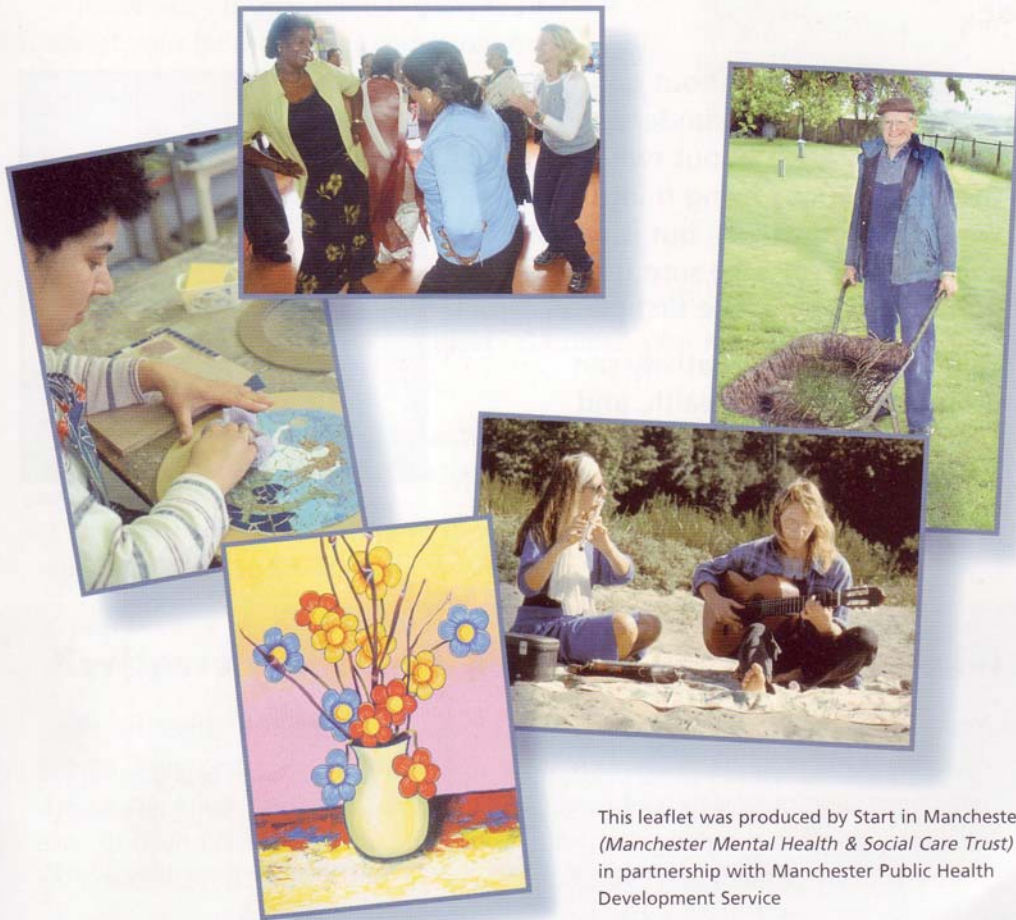


Figure 3: Now, Voyager, Whitworth Art Gallery
Photo – Start photographic group

do something

creative

...it's good for your mental health!



This leaflet was produced by Start in Manchester
(Manchester Mental Health & Social Care Trust)
in partnership with Manchester Public Health
Development Service

**Figure 4: “Do something creative...it’s good for your mental health!”
Leaflet produced in conjunction with Now, Voyager**