Museums and Mental Health Services

Peter Bates explores the ways in which museums can support the inclusion goals of mental health agencies.

Over the past generation mental health services have begun a journey towards social inclusion. This paper explores some possible implications for museums and galleries.

One of the features of Victorian England was the enthusiasm for building large residential institutions such as workhouses, lunatic asylums and orphanages. While these establishments, which often housed in excess of one thousand people, may have been an improvement on the neglect of earlier generations, they have exerted a long lasting influence. Not until the 1950s was the first psychiatric ward unlocked, and the hospital closure programme did not really gain momentum until the 1980s. Over the past twenty years the majority of the traditional hospitals have been closed and replaced with a myriad of new services. These new services enable many people to live outside hospital who previously would have been admitted, and also provide residential care in a more homely environment for those who continue to need 'round the clock support. Indeed, the most imaginative agencies are simply asking the person who needs support to specify exactly how they would like to live and what help and support they will need, and then harnessing relatives, friends and formal resources to enable this dream to be fulfilled.

The development of opportunities for daytime activity has followed a slightly different path. The large asylums were commonly sited in the countryside and patients were an essential labour force in the farm, the laundry and the bakery. Physical rehabilitation services began to be developed after the Second World War to respond to the large numbers of people injured in the conflict, and the ideas of assessment, re-education and sheltered work slowly drifted across into mental health services. Campaigning volunteers, relatives and professionals erected day centres, sometimes with their own hands, in the 1950s and 1960s. Many of these facilities provided daytime activity for 150 or more people. In the 1990s a combination of financial pressures on Social Services and the absence of any statutory obligation to provide day care led to the disappearance of a few services, but the majority remain. Renewed concerns about institutionalisation within day care now combines with a fresh focus upon social inclusion to generate disturbing undercurrents in many day care services, but wholesale change has not yet taken place. The managers who worked so hard to close the large residential institutions are just beginning to turn their attention to these facilities.

So how have all these changes impacted upon the lives of people with mental ill health? Most of the people who have exchanged a long stay hospital ward for a small, purpose-built, staffed home have a vastly improved environment. Staff have worked hard to enable residents to live in an ordinary house in an ordinary street, spend money at the corner shop and visit the local pub. Despite all this effort the move from hospital to community has made almost no impact upon social networks. Whilst in the hospital, patients were surrounded by staff and other patients. Nowadays, many *service users* are surrounded by staff and other service users at the staffed house or the day centre - no change.

Here and there around the country, imaginative projects are creating new opportunities and social networks for people who have occupied these benevolent ghettos. Dave has left the sheltered workshop and now is supported in his real job with a high street employer. Susan visited her local volunteer bureau and was fixed up with two afternoons a week in a charity shop, where she contributes to her local community and relieves food poverty in a developing country. Andy has been assisted to join the supporters club at his beloved football club and has made new friends amongst the fans.

This brief history has highlighted four phases through which mental health services have moved, or are moving, in response to the issues of social exclusion and inclusion:

- entirely segregated provision
- residential integration (where people live at an address in the community but all other activities take place in a segregated setting)
- integration as customers (in which people with a disability are physically present in the community and interact with other citizens solely through buying things)
- full inclusion (in which people occupy social roles alongside other citizens leading to the possibility of friendship).

In this model, the goal is that of full inclusion whereby individuals have developed social networks which many of us take for granted. What role might museums and galleries play in achieving this goal?

Segregated provision

Entirely segregated provision is illustrated in a myriad of ways. For example, the old Mapperley Hospital in Nottingham had a library for patients which included an exhibition of historical artefacts showing bygone psychiatric treatment methods and photographs of the old buildings. Many hospitals used to mine veins of contemporary cultural and artistic talent in order to stage a cabaret. More recently, day centre staff teams and others have worked with mental health service users to create and display paintings, ceramics, drama, poetry and music. Sometimes these exhibitions tour a number of mental health service venues and show to those who use the services. Health and social care staff adopt the role of artistic director and few, if any contacts are made with mainstream museum or arts professionals.

Residential integration

The next step along the road towards social inclusion may be to support residential integration. This takes place when a museum or gallery bring their resources into the residential care environment or day centre. For example, a worker from the museum may bring along reminiscence materials or collect oral history from a group of elders in a day centre. Such work dramatically

enriches the quality of life for service users and begins the process of partnership between the museum and the mental health service, but is unlikely to impact upon the museum service or augment the social relationships of the participants.

Integration as customers

A number of museums and galleries have engaged with mental health service users as part of their strategy for audience development. Commonly, this involves inviting them to engage with the museum as a customer - and so tackling the thorny issues of admission charges for people on a low income. A group of service users may tour an exhibition with one of the museum staff and then move into a studio area for a crafts session, to discuss their responses to the installations or to make a video. When the formal session is over a number of group members will make their way into the museum's café and sit round a table together while counter staff or gallery attendants look on, perhaps bemused at the visible difference between this group and their usual clientele. Perhaps the museum's access worker will build a useful working relationship with one or two colleagues within the mental health service, become something of a local expert on these issues within the museum world, and find themselves offering informal advice and reassurance to his or her colleagues in the café or around the galleries.

Full inclusion

The fourth option at last begins to affect the social role and relationships of people with psychiatric difficulties, as well as transforming the museum or gallery itself. Full inclusion demands that the museum employ people with experiences of mental ill health alongside their other workers and harness their skills and expertise amongst the volunteer workforce. Users of mental health services will receive their share of the invitations to the grand exhibition opening and will occupy seats at the museum's advisory group. Information about how members of the public can contribute to the museum's decision-making will be readily available and presented in an accessible format. In addition to its traditional role as an archive of historic artefacts, the museum will have a clear role as a sponsor of contemporary culture, and people who have previously been marginalised will find their contributions valued and celebrated. Clear pathways will be forged into the local history group that delves into the archives held in the basement and, indeed, people with mental health experiences are supported to become full members of every social group and network that together form the informal culture of the museum community. They will find that this museum community has become a place rich in opportunities for identity, positive social roles and friendship with others who share their values.