Galleries engaging with Older People

Art Activity in Mental Health
Assessment Units for the Elderly
Case Study, September 2012
With an introduction by Tim Joss, Director of The Rayne Foundation
Introduction

Tim Joss, Director of The Rayne Foundation

We could get depressed. Artists have long demonstrated the arts’ power to humanise the medical world and help us humans make sense of that world. Since at least 1980 to my knowledge, reports have recommended healthcare’s greater take-up of the arts. But still the arts are peripheral. Healthcare professionals and the public may applaud the work but they regard it as low priority ‘fluff’. Arts services commissioned by the NHS are rarities. Indeed, many NHS trusts pride themselves on not using NHS funds for arts activity. Take Norfolk and Norwich University Hospitals NHS Foundation Trust: ‘All our projects are funded by grants ... no money is taken from healthcare budgets.’ But commissioning is the only way that arts interventions are going to realise their full potential in the NHS.

I could depress you further. Two years ago, researchers revealed the average length of time it takes for an innovation to enter the NHS mainstream: 17 years. So, without persistence and determination, the mainstreaming of arts services will be a marathon. And, just this summer, Lord Layard’s report ‘How mental illness loses out in the NHS’ presented several ‘remarkable facts’. Of relevance to this report, he revealed: ‘mental illness is generally more debilitating than most chronic physical conditions … Mental pain is as real as physical pain, and it is often more severe. Yet only a quarter of all those with mental illness are in treatment, compared with the vast majority of those with physical conditions. … Altogether the extra physical healthcare caused by mental illness now costs the NHS at least £10 billion.’ Layard concludes: ‘mental illness accounts for 23% of the total burden of disease. Yet, despite the existence of cost-effective treatments, it receives only 13% of NHS health expenditure.’

Against this dismal background stand people determined to achieve a breakthrough for arts in health, including mental health. And amongst them we find engage Cymru.

This report is important. Its ambition may be modest: ‘The engage Cymru project described here is a step on the way to demonstrating one type of intervention that might improve the life of older people living with severe mental health problems.’ But this work offers the tantalising prospect of arts interventions making real improvements in many older people’s mental lives.

We find a further crucial point in this report. The artist, Alison Mercer, ‘looks at this work as part of her own development as an artist.’ A tired debate continues about a tension between the intrinsic and instrumental benefits of the arts. Is it art for art’s sake, or are the arts only valid if they make a wider
contribution – to increasing social inclusion, reducing reoffending or improving health? Alison Mercer reminds us that this is a false dilemma. Both older people and Alison benefited from this programme.

The report is also part of something much bigger. Dementia drugs are at least ten years away. In the meantime, the government, Department of Health and NHS are committed to strategies for Dementia and End of Life Care. What to do? This report and others point to the arts having a potential role in alleviating suffering amongst those with dementia and helping make life worth living.

I think three steps are worth taking to move this important work forward.

First, the evidence base must be strengthened. This will involve more rigorous research, including the gold standard of randomised controlled trials. It must also achieve progress on methods. For example, the Public Engagement Foundation is working with the London School of Economics on bringing arts in health and health economics together. We are also alive to medical researchers’ view that the arts are ‘complex interventions’ and the danger that this will slow arts in health’s development. We are now in alliance with the new UK Network for Arts & Health Research which already has over 60 members – one practical initiative to build the evidence base.

Second, we must get better at product development. Too often, projects are just experiments and, even when successful, they go no further. If something works, it should be built upon: further piloting, rigorous evaluation of health outcomes, using health economics to assess whether it can save the NHS money, quality assurance, and assessment of its potential for being rolled out.

Finally, a new chapter in NHS commissioning in England and Wales has just begun: the National Commissioning Board was formally established on 1 October 2012. We must learn how commissioners are approaching their new responsibilities and how the system will operate. A good starting point is the King’s Fund’s Transforming our health care system - Ten priorities for commissioners which you will find at http://www.kingsfund.org.uk/audio-video/transforming-our-health-care-system-ten-priorities-commissioners.

Do read this report and do play your part in taking the arts from a nice, fluffy extra to an essential contributor to mainstream health services.

Tim Joss is Director of the Rayne Foundation. He founded and chairs the Public Engagement Foundation whose mission is to bring the arts into the mainstream of health and social care services. tim@publicengagementfoundation.org.uk.
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This case study is one of a number of action research projects managed by engage Cymru focusing on engaging older people in art and gallery activities including within intergenerational projects. The projects took place between 2009-2012.

Case studies of other projects and broader research report is available on the engage website

http://www.engage.org

Written on behalf of engage Cymru by
Introduction to the project

In 2009-10 engage Cymru ran a pilot action research programme across Wales focusing on galleries, the visual arts and older people.

Its broad aims were to:
- Increase knowledge and understanding of visual arts in galleries across Wales, for an audience who may have limited experience of art
- Engage and enable participants to feel comfortable and confident in visiting galleries
- Promote informal Lifelong Learning opportunities
- Enhance the wellbeing of the older people participating and help combat social isolation, loneliness and boredom in older people

Six pilot projects were set up, alongside action research to collect information to provide guidelines for future projects, examples of good practice and begin to build the body of evidence of outcomes to promote the engagement of older people as a core audience for gallery education. A case study of each project forms part of the programme report available at www.engage.org.

In 2010-11 a programme of three projects focusing on older people with dementia was set up in 3 more local authorities with similar broad aims. In each area a gallery partner and a freelance artist were involved. A research report and case studies for each project are on the engage website. In 2011 an intergenerational project brought together pupils from a comprehensive school and older, more isolated individuals living in the community, also reported on the website.

The action programme continues into 2012 with two further phases. This case study documents a study of the impact of introducing art activity introduced into two inpatient mental health units for the elderly, working both with individuals with dementia and those hospitalised with other mental health conditions.

Beyond the aims of the overall programme, this project aimed to:
- To offer older people hospitalised because of mental health problems, a learning opportunity and challenge
- To raise awareness of galleries and art activity with this group, their families and friends
- To encourage interaction between hospital wards and their local gallery
- To seek to record the impact or effects of introducing the art activity on the wards’ communities, practice or services
The policy context for the project

Over the last two decades interest in developing policy and strategic approaches to addressing the issues of changing demography has grown within Wales and internationally. Since its inception, the Welsh Government (WG) has sought to counter the ‘time bomb’ view of an ageing population. It adopted a proactive approach, ‘setting out a tough objective to challenge societal stereotypes around ageing’ (WLGA, 2011) with the overarching, landmark Strategy for Older People in Wales (WG, 2003) now in its second five-year phase (WG, 2008). In 2007 WG launched its ‘Dignity and Respect in Care’ programme, which has had a broad impact on changing practices in care settings, including hospital care in the wake of its main agenda. The first Older People’s Commissioner in the world was put in place in 2008.

There has also been a growing interest in the contribution of the Arts to health and wellbeing. In 2005 the Arts Council of Wales (ACW) commissioned an audit of arts organisation and health activity in Wales (Tillcock), which led to a conference in 2006, followed by WAG and ACW jointly publishing a strategy document for arts in health in 2007. Arts in Health and Wellbeing - A Plan for Action followed, which states:

The main benefits in all arts and health initiatives are to emotional health and wellbeing, relating to the development of self expression and self-esteem, reduction of symptoms of anxiety and depression, and provision of opportunities for supportive social contact.

(ACW/WG 2009, p. 8)

The Arts in Health is a relatively new field in relation to older people. A recent literature review notes there are ‘wide gaps in the evidence base’ (Salisbury et al, 2010). In Ageing Artfully (Cutler, 2009) the Baring Foundation set out to collect information on professional arts activity targeted at older people in the UK and beyond and set an agenda for the future.

The Alzheimer’s Society estimates 43,614 people in Wales in 2012 are experiencing dementia, with a forecast for significant increases over the next ten years as result of the ageing population. Together with more than 1 in 4 older people experiencing mental health problems this is a highly important issue within any consideration of a strategy for addressing the policy and service requirements of an ageing population. A National Dementia Vision for

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1 Alzheimer’s Society Website
Wales has recently been published in partnership with the Alzheimer’s Society, which sets as its ambition:

To ensure that people at whatever stage of the condition are given the best chance to live well and to be as active a part of family and community life as they can. (WG, 2011)

The engage Cymru project described here is a step on the way to demonstrating one type of intervention that might improve the life of older people living with severe mental health problems.
Project description

Art activities were offered in the Ablett Unit at Glan Clwyd Hospital, Rhyl and the Heddfan Unit at Wrexham Maelor Hospital both part of Betsi Cadwaladr University Health Board (BCUHB). These units are NHS inpatient mental health assessment services for older people. Both units had two wards and so four sets of participants were offered art activities. These ran for ten sessions of around two hours each in each ward. In one of the projects there was a break in the provision of several weeks over the Christmas period, in the other the sessions were consecutive weeks.

Galleries local to the units were Rhyl Library and Gallery and Oriel Wrecsam respectively. Whilst some consideration and effort was given to find ways to interact directly with the galleries, it didn’t prove practical to arrange for patients to visit the galleries. However gallery staff visited the hospital and the artist sought to make links with exhibitions at the galleries. One of the galleries hosted an exhibition of the artwork produced and patients and their carers were invited to attend.

The artist

Fibre artist Alison Mercer completed her Degree and Masters at the prestigious Manchester Metropolitan University Textile Department and specialises as an Arts in Health Practitioner. She was selected for this project and has worked on a number of projects within BCUHB as Community Artist in Residence since 2009. During this time she has successfully completed a series of collaborative artworks with patients, staff and volunteers that can be viewed on permanent display at Ysbyty Gwynedd Bangor and in the community. Alison looks at this work as part of her own development as an artist:

ʻThe AiR projects at BCUHB provided an illuminating and inspiring experience to research and explore my art practice and to share my fibre art skills with all who crossed my path. Some of the collaborative artwork produced has been very exciting and the projects have been key in delivering Arts in Health activity throughout North Wales.ʻ
Led by Head of Therapies, Liz Aylett, BCUHB’s Arts in Health work is well recognised as innovative and inspiring for participants and artist alike.

In addition, Alison is a practising artist recently exhibiting at the Sculptural Objects and Functional Art Fair (SOFA) New York and Santa Fe. Alison was awarded an Arts Council of Wales exhibition grant and a Wales Arts International Award to prepare, exhibit and attend the exhibition. During the exhibition the Curator of the very prestigious Cheongju International Craft Biennale in Korea selected nine of Alison’s artworks to be included in the main gallery exhibition in 2011. In 2012 Alison has been selected to exhibit at Fibre Philadelphia and has a solo exhibition Mercerised Mending more locally.

The participants

The participants were patients, and some staff, on four different wards in two assessment units for older people with mental health problems. Patients stay on these wards for varying lengths of time some moving on into specialist residential care, others returning home or to family care and others spending long periods on the wards. The patients were divided by ward into two broad groups those with what is termed functional mental health disorders such as depression, anxiety etc. and who may have additional problems and those with organic mental health disorders where there is a dysfunction of the brain e.g Alzheimer’s disease.

The mental capacity of individuals in both groups varied considerably. For patients with more advanced dementia, some were very prone to falling asleep, some also had a loss of physical control, and initially exhibited little interaction with staff, the artist or other group members. However, others were mobile, physically active and would readily engage in conversation. There was also variation within the apparent capacity of individuals over time, with concentration, lucidity and physical skill varying even within a session. In order to offer them the opportunity to take part, staff frequently brought less independent patients along to the sessions, encouraged them but allowed them to choose whether to take part or not and the artist offered different activities to suit their abilities. Patients who were more active and mobile and clearly able to indicate their preference, were able to choose
how and when they attended the sessions with some attending for the whole session, others for a short period or for several shorter periods during a session. There was a wide variety of additional needs.

Staff were involved in different ways, encouraging patients to come along and, when ward duties allowed it, staff attended and took part in the activities alongside the patients. Some patients chose to attend the sessions principally to watch others taking part in the activities. In some cases this led to them becoming full participants at a later point. Because of the nature of their stay in hospital there was not a consistent group of patients throughout the project, although a few patients were able to attend on a regular basis. On the whole there was not consistent attendance from staff, though a student nurse attended most sessions on one ward and some staff attended fairly frequently on another ward.

**The galleries**

Effort was made by staff at Rhyl Library and Arts Centre to link to the activity at the Ablett Unit. Attempts were made to bring gallery exhibits to the ward and one of the Local Authority Arts Service staff team was able to attend some sessions. The practicalities of working in a busy ward restricted what was possible.

At Heddfan the art activities were designed to create work that would complement an existing Crafts Council exhibition, *Breath Taking*, of glass work and form part of a celebratory exhibition. The artwork created by the patients was exhibited for several weeks as part of a bigger exhibition in the main gallery at Oriel Wrecsam entitled *Achieve*. The arts education officer from Oriel Wrecsam, Honor Pedican, attended some of the sessions at Heddfan, spoke to patients about her work at Oriel Wrecsam and sought to make them feel welcome to visit the gallery at any time. She was also able to participate in sessions and observe and talk to participants about their experiences.

Honor acted as the link between the gallery and the artist in presenting the exhibition and her discussions with Alison had the additional unexpected purpose of offering Alison support as she shared her experiences and learned to deal with the challenges she faced in this work.
The health board

Betsi Cadwaladr University Health Board is the largest NHS organisation in Wales, covering all of North Wales and parts of North Powys. Its ‘Mental Health & Learning Disabilities Clinical Programme Group’ is comprised of several specialised areas, of which Older Persons Mental Health is one.

The health board has established Arts in Health & Wellbeing and Arts Therapies Services, with this engage Cymru project being the first robust visual art intervention into Older Persons Mental Health in-patient setting.

Partner organisations

The contents of the table below describes the nature of the partner organisations and the contribution they made to the project.

<table>
<thead>
<tr>
<th>Partner</th>
<th>Contributions</th>
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</thead>
<tbody>
<tr>
<td>engage Cymru Coordinator Angela Rogers</td>
<td>Project management and administration, applications for funding, managing the finance for the project, contracting artist and evaluator, provision of art materials and exhibition expenses</td>
</tr>
<tr>
<td>Artist Alison Mercer</td>
<td>Design and delivery of art activities, preparation of final artworks for exhibition, recording session activity, week to week liaison with wards</td>
</tr>
<tr>
<td>Betsi Cadwaladr University Health Board</td>
<td>Contribution to funding and host of the two venues</td>
</tr>
<tr>
<td>Elizabeth Aylett Head of Art Therapies - Arts in Health &amp; Wellbeing Programme Manager</td>
<td>Meetings of the project partners, liaison between project and hospital units</td>
</tr>
<tr>
<td>Hospital staff, including ward staff (permanent and agency staff), occupational therapists</td>
<td>Project meetings, evaluation activities, encouraging participation, attending some sessions</td>
</tr>
<tr>
<td>Wrexham County Borough Council</td>
<td>Contribution to funding</td>
</tr>
<tr>
<td>Honor Pedican, Assistant Visual Arts Officer, Oriel Wrecsam</td>
<td>Project meetings, attend activity sessions, contributing to evaluation evidence, facilitating exhibition of artwork produced, link to local arts activity</td>
</tr>
<tr>
<td>Denbighshire County Council</td>
<td>Local links and some support</td>
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<td>----------------------------</td>
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</tr>
<tr>
<td>Sian Fitzgerald, Arts Service and Kim Dewsbury, Exhibitions Curator Rhyl Library &amp; Art Gallery + Denbigh Library Gallery</td>
<td>Project meetings, attending occasional activity sessions, links to local arts activity</td>
</tr>
<tr>
<td>Rayne Foundation</td>
<td>Grant given</td>
</tr>
<tr>
<td>Arts Council of Wales</td>
<td>Project funding</td>
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**Project activities**

Artist Alison Mercer attended each of the units for ten days over a period of between 10 and 14 weeks. In each unit there were two wards, in one unit Alison worked on both wards one session in the morning and the other in the afternoon. In the other unit after a few sessions it was decided she would not work on the ward where patients were less active but that the more active patients from that ward, who wanted to take part in the art activity, would be brought to an afternoon session on the other ward. This meant that patients on this ward then had opportunity to take part morning and afternoon if they wished and some did indeed choose to attend both sessions regularly.

Alison had experience of working in hospital settings before but not in working with older patients with mental disorders. She had completed training on working in the NHS and other relevant training for previous work. It had been hoped to offer her dementia awareness training before the start of the sessions however as this wasn’t possible a member of the hospital staff gave her some information and guidance before she started on the wards.
In recognition that some patients might have a short attention span, the art activities planned for these groups were chosen very carefully. All groups started with the same activity. The intention was to produce a pleasing result very quickly that could then form the basis of further development and individual creativity if desired. This is an approach that has been used in several of the engage Cymru action learning projects and been seen to raise confidence and enthusiasm for participation very quickly.

In this project participants used professional materials, a selection of beautiful print blocks, ink pads and specialist printmaking paper to make initial prints which could then be coloured using pro markers. The range of materials available encouraged individuals’ choice and creativity. By using such an approach participants’ early experience of the art activity was successful which encouraged confidence to build and fostered engagement.

Participation in the activities varied greatly from session to session with numbers varying from as many as eleven to as few as three, some individuals coming and going or staying only for a short period and others fully engaged for a two hour session. Some patients were prone to sleepiness and fell asleep while mid activity. There was therefore need for a wide range of art activities to be available at all times from a simple starter activity to encourage success and engagement, as described above, to more developed work to sustain the interest of regular more involved patients.

Art activities included building on the basic print block work with colour and decoupage, each level and layer of activity being easily attainable but working towards a more complex and individual artwork. Alison felt it was important to ensure that while skills required were relatively straightforward the end products and even the part finished works did not suggest low skill levels or immature thinking processes.

The scale of the work was varied also so that some could work on larger pieces with several people contributing to a single artwork. Patients could choose and mix colours and work on paper or batik fabric. The use of professional art materials and paper contributed to the
successful creation of artwork of which the participants were proud. Specialist papers with different surfaces absorbed the inks and paints readily and enabled the patients to achieve their desired effect more readily. Success gave them confidence to try different activities and develop their creativity.

One patient particularly enjoyed using the available materials to devise his own work and spent many sessions drawing, colouring and annotating his drawings.

In preparation for a forthcoming exhibition at Oriel Wrecsam, activities at Heddfan included printing and colouring on glass. Alison then bound individual pieces into glass books for exhibition first at the gallery and then hopefully at the unit or on the ward.

Staff involvement also varied. On occasions the wards were busy with new patients arriving, or other incidents needing attention, and no-one was free to attend the sessions. On others, ward staff were very involved and either encouraged participation or joined in the activities themselves alongside patients.

As Alison got to know some of the patients better she devised some particular activities for particular patients. For example despite constant reassurance one man seemed very anxious that he didn’t spoil the work and Alison devised a more free flowing activity with less scope for perceived ‘mistakes’ for another session. She was also able to engage patients more in conversation and other interaction and learn ways of supporting them to take part in the activity.

As work was created examples were pinned onto notice boards or displayed to remind participants what they had worked on and encourage other patients to engage.
Celebration

Wrexham County Borough Council supported the project with funding and by allocating some time for Oriel Wrecsam’s education officer to visit the project and organise and support an official opening of the exhibition that offered an opportunity for patients’ families and friends, hospital staff, other partners and those patients who were well enough to be invited to celebrate the outcomes of the project. One participating patient was able to attend accompanied by her husband and was very pleased to see her work exhibited.

The hospital unit manager visited the exhibition at a later date and was delighted to see the artwork in such a prestigious setting, saying that ‘this was so good for the patients’.

Individuals and VIP guests, including some local Councillors who attended the private view, were impressed by the artwork produced as were visitors during the eight weeks it was on display.

Also enthusiastic about celebrating the work of the projects was the Welsh Government Minister for Housing, Regeneration and Heritage, Huw Lewis AM who visited one of the wards to see the benefits of the activities for himself.

‘Art can have a positive effect on people who are in a healthcare setting, and provides another way for people to express themselves. It is interesting to see how art can help with stress levels and dealing with illness generally. It was very interesting to see the creative work being done at Wrexham Maelor.’

Huw Lewis AM
Evaluation and evidence collection methods

The design of the evaluation methodology needed to take into account the lack of capacity of the patients to give informed consent to take part in the evaluation. It was deemed by senior medical staff within the service that they could give consent for the project to take place and to agree appropriate methodology.

Evaluation activities sought to:
• take into consideration the dignity, privacy and wishes of individuals
• minimise disruption to the work of hospital staff or the work of the project
• avoid adding to the work of hospital staff
• collect evidence from a range of perspectives

The initial outline of the methodology that was submitted for approval by senior staff is included in Appendix A. Some small changes were made in the collection of evidence, particularly in relation to evidence collected from staff.

The evidence collection methods were:
• the artist’s reflective journal and session notes
• observation notes from the evaluator, gallery and arts development staff who attended sessions
• group/individual interviews with staff at the beginning and end of the project
• a short questionnaire for ward visitors – only 1 returned
• a short questionnaire for staff – 15 returned
• evaluator’s review of photographs of the sessions taken by the artist
• evaluator interviews with key individuals

It was not possible to collect evidence directly from participants. However, the artist and other project visitors were able to record the remarks that patients made. The artist noted many conversations which she had with patients, attempting to record faithfully patients’ own words.

Findings and impact

Collection of evidence has proved difficult for this project for a number of reasons and has not been as rigorous as the author had hoped during the planning phase. Health service protocols regarding contact with families of patients or patients who have been discharged, coupled with pressure on staff time within the units meant that objective evidence provided by family members or visitors was minimal. The pressures on staff time also made it difficult for them to collect evidence systematically. Whilst the potential for recording impact of the art activity on changed behaviours, sleep patterns, medication requirements etc was discussed before the project started, it was
not possible to allocate staff time to doing so. At the time of the project the wards had a high proportion of agency nurses and, therefore, a changing staff team.

Ward staff were able to contribute their views and personal observations through group and individual interviews and questionnaires.

The findings discussed below have been observed and recorded by different individuals with different perspectives. They should be considered as strong indicators of impact and suggest areas of work for future fully resourced research programmes.

**Impact on patients who participated**

Impact on the patients in a number of areas is noted below. Whilst in many cases impact could be recorded as developing and increasing as the project progressed it was noticeable that the atmosphere on the ward, or an individual patient’s mood or health could inhibit progress or even set someone back.

*Increased levels of activity*

Many patients who participated increased their level of physical activity, sometimes overcoming problems they complained of in order to undertake the art activity. Two participants who complained of eye problems at the beginning of a session seemed to have forgotten them once they started painting and even those patients who slept a lot gradually did more of the activities and slept less as the weeks went by. Some, who seemed barely even able to hold themselves upright in a chair at first, were later observed reaching out to dip brush into paint pot and painting paper or fabric. More able and regular participants started by watching the artist but then completed more and more of the physical activities themselves printing, colouring, painting, using paper scissors etc as the weeks progressed. They also spent longer in the sessions and were more active in getting up to choose materials, colours of paint, tools etc and passing equipment to others. Larger scale and often collaborative artwork pieces encouraged larger scale motor activity.

*Increased engagement and interaction*

In the earlier sessions of the project patients were less likely to engage in the art activity preferring sometimes to watch but as they became a little more familiar with Alison, the artist, and started to interact with her more readily a higher number of patients engaged in the art activity. The length of time they
were able to concentrate and engage with activities increased on the whole with more than one patient spending morning and afternoon sessions on their artwork by the end of the project. One woman who left to herself would sit in her wheelchair often shouting for help could focus quietly on colouring for 20 minutes or more when supported by Alison.

Others found they were able to ignore discomfort when they were concentrating:

_This has been very therapeutic. I was feeling very sick just before, I think it’s the tablets, but I feel fine now._

Patient M

_It’s great to have this art to do today. I have been worried all week and this has been great to take my mind off what has happened._

Patient F

Working alongside other patients gave them a different opportunity to socialise with each other:

_G and E were very chatty with each other today._

Artist’s journal

The art activity provided a different topic of conversation with visitors and staff. Discussing with Alison choice of colour or design of artwork provided meaningful interactions which appeared to stimulate conversations about a wider range of issues from memories and interests to expressions of how much they were enjoying the activity.

One participant was keen to create his own drawings that he enjoyed writing on and talking about.

Another participant surprised ward staff and his wife with the focus with which he took part in activities. Often anxious and difficult to get settled, once engaged in an art session he would sit absorbed in the work for a long time:

_He was often unable to sit still for any length of time previously, but now, when he is engrossed in his artwork he can sit still for hours at a time._

Patient’s wife

Nearly two thirds of staff questionnaires returned at the end of the project specifically mentioned both engagement and interaction as an observable change in the behaviour/demeanour of patients. Words and phrases such as _relaxed, settled, concentration, animated, increase in discussion_ were commonly used to describe changes.
Patients who were restless and agitated responded very well to the sessions. They were able to sit quietly and interact with Alison.

Staff questionnaire

Staff were sometimes surprised that some patients engaged at all and commented that some participants had never “stayed” with an activity before:

*I never thought that ###### would engage in painting, he has so many issues. It was lovely to see him proactive and taking part.*

Creativity

Alison designed the art activities to be relatively straightforward but with scope for considerable individual creativity. For those who were new to art linking these techniques and offering choice enabled them to be creative without having to reach high skill levels. For the more active participants, successfully producing a piece of art with which they were pleased, inspired them to try different techniques. A few participants, especially as confidence increased, were actively creative, choosing to make their own artwork independently using the various professional materials that Alison provided.

Some patients were surprised by their own creativity.

*I am so relaxed and I feel I can be an artist.*

Patient (M)

The creative artworks that were shown on the wards were the subject of comment from other patients, staff and visitors and were both a topic of conversation for all and occasionally a distraction tactic in helping staff to cope with difficult behaviour.

On more than one occasion participants used the techniques they were learning to make cards for family members for visiting time or for a home visit. This offered great scope for creativity in making artwork with a particular person in mind.
At the exhibition that was held at Oriel Wrecsam, the completed artworks were much admired and the one participant and her husband who were able to attend the private view, were very proud to see her creative efforts on display in a professionally curated exhibition.

**Sense of achievement**

The patients all seemed to be pleased with and proud of what they had achieved. Those who had few ways of expressing themselves, recognised the work the group had done as something to which they had contributed, looked carefully at work, picked it up and smiled.

Those who made cards for their loved ones had a particular sense of achievement as they had something that they were able to give rather than always receiving things.

Many patients said that they were pleased to have done something and were proud of their work.

*I thought this would be out of my capacity but actually I can do this and it’s something I can do on my own.*

Patient (M)

*She was so pleased with the end result she took it all round upstairs showing it to everyone.*

Artist’s notes

*I have really enjoyed painting this today. It looks lovely.*

Patient (F)

*I love what I made today and hope I can come back next week*

Patient (F)

Patients were pleased when staff admired their work and the praise added to their sense of achievement.

**Enjoyment**

All the staff agree that patients appeared to enjoy the activity and told them that they enjoyed it. Staff mentioned that patients talked about the art activity afterwards, enjoyed seeing the artwork around the ward. Participants themselves repeatedly told Alison that they were enjoying doing the activity.

*Doing art makes me feel happy.*

Patient (F)

*Its better than sitting and watching TV all day.*

Patient (M)
This has made my day today. Patient (F)

I have really enjoyed doing some art and look forward to you coming back. It’s lovely to paint, I have never done this before and it’s great to have the opportunity. Patient (M)

Alison noted that patients were waiting for her to arrive after the first couple of weeks and she had to manage their enthusiasm subtly.

……...sometimes I have to pack away very quickly at lunch time otherwise some of them come rushing back from lunch wanting to do more activity... Artist

Beyond the ward experience

As noted it was difficult to collect evidence from outside the ward however the one completed visitor questionnaire read:

My husband had never attempted any sort of artwork prior to this project and now enjoys drawing when on home breaks. He is very proud of his work and it has given him a completely new interest. Very often it is the only way to curb his anxiety. Visitor questionnaire

The author of this quote commented to staff that she feels much better able to cope with the home visits now that she has this new strategy for calming her husband if he becomes anxious.

Other patients who were leaving the unit said they were keen to continue their art afterwards and Alison gave those interested a sketch pad and materials

Impact on the artist

Alison Mercer has much experience in working in a hospital environment but hitherto had none of working with these very challenging patient groups. She has learned a great deal from the project which she will able to use elsewhere and pass on to other artists and practitioners. She has gained confidence in her ability to provide important activity for this client group, and the project has reinforced for her the value of art activity. Some of her more challenging and even distressing experiences, not detailed here, have directly informed the lessons learned from this project.

Alison has been able to attend two days dementia awareness training since the end of the project which has put her experiences in context. She is inspired to work with this client group and has already been appointed as the artist on another project with patients with dementia.
Impact on the ward environment

Ward staff have appreciated the value of the activity on the ward. All the questionnaires returned from staff were positive as were the group and individual interviews. Nearly half of the questionnaires contained an unprompted comment to the effect that the respondent would like to see the project continue or some similar activity permanently available to patients. Interviewees spoke of how they wished there were more time in their work schedule to devote to meaningful activities and also that the stimulation of an outsider coming in was beneficial to patients and staff as well.

As well as providing enjoyable activity for patients, the sessions have been seen to provide additional structure to the day:

*The ward just seemed to run more smoothly on Alison’s days*

Staff interview comment

They created an atmosphere of calm:

*A calm and positive atmosphere came from the activity.*

Staff questionnaire

Increased calmness and reduced agitation and distress were impacts that were frequently reported in both questionnaires and interviews.

Some staff also felt that given time and appropriate training, with occasional inspiration from external sources to boost confidence, they could do much more themselves to provide meaningful activities to engage patients. The additional influence of an expert coming in was not, however, underestimated in impact on both patients and staff.

A few of the staff interviewed felt that the impact on the ward, created by the sense of calm generated in individuals, and on the ward as a whole, would be likely to show up in incident logs, sleep pattern logs or even potentially medication records, if this type of project were to be repeated especially over a longer period.

Greater compliance by patients in the routine work of the ward e.g. blood pressure checks, and administration of medication could be carried out in an easier way. While patients were engaged in the art activity, they barely noticed having their blood pressure checked and took medication without fuss. Some staff have valued the opportunity to catch up on paperwork while the session proceeded in order to devote more time to interaction with patients later in the day.
There was an apparent change in attitude of staff over the period of the project. In the early group and individual interviews staff were very positive about introducing the activity into the ward and expecting that the patients would enjoy it. They regretted not having time to do more activities on the ward themselves. By the end of the project they were even more enthusiastic about the art project, could identify wider benefits than enjoyment, some suggested that there were potentially real clinical benefits that could be investigated further.

**Lessons learned**

For delivering similar future sessions:

- Dementia awareness and other training should be available to artists and other non-specialist contributors to on-ward activities before sessions commence to prepare them for challenging and potentially distressing incidents
- Clear procedures for such staff to follow, in the case of unusual incidents, should be established
- At least one member of ward staff should be in attendance at all times in any activity session alongside the session facilitator
- Supervision/mentoring support should be provided, at short notice if necessary, for artists or other activity facilitators working in this environment by someone with expertise in this patient group
- Induction sessions for all staff on the ward should be provided before sessions start so that they understand the important role that they play in encouraging participation and empowering patients once engaged
- Patients who created artworks in the sessions and who are discharged before their artwork has been prepared for display by the artist should be contacted by the health board in order for them to receive the finished artwork
- Exhibitions or displays of any artwork or other outcomes of project activity could form additional beneficial celebrations and activity on the ward or a changing gallery of work could add to participants sense of achievement

For any future independent evaluation or research into the value of this type of activity

- Recognition needs to be made that any meaningful evaluation will require Health Board and ward staff time and commitment should be made to provide that time
- A longer programme of activity should be undertaken particularly as the patients come and go and are not a consistent group to monitor or research
• The principle of activity being voluntary is fundamental. Staff need to encourage participation at the same time as empowering choice
• An analysis of ward records already being kept should be made by ward staff if they could not be made available to researchers
• The difficulties in gaining permission to seek information from useful informants such as patients who had left, family and other visitors could be overcome by allocating a member of health board staff the responsibility of negotiating access or contact for evaluation
Appendix A

Outline of evaluation methodology

This project is part of the engage Cymru programme of action research projects whose broad aim is to improve the quality of life of older people in Wales and more widely through engagement in participatory art activity. The project will take place in mental health units for older people in Wrexham Maelor and Glan Clwyd Hospitals, Betsi Cadwaladr University Health Board (BCUHB).

Artist Alison Mercer will work on the wards with patients, staff and visitors as appropriate and as agreed with ward managers during the period. Patients will be offered the opportunity to take part in art activities and staff may take part alongside them. Patients can stay for the full session or just stay a short while as they wish.

The project will be evaluated by Eirwen Malin, an independent consultant, on behalf of engage Cymru in order to fulfil the requirements of the grants that are funding the project.

The evaluation is intended to capture any changes that occur as a result of the introduction of participatory art activities into the ward environment. Its focus will be on changes in the practice, behaviour and attitudes of those affected by the project activities.

The results of the evaluation will be published on the engage website www.engage.org.uk, at seminars to share good practice and may be reported more widely seeking to improve the quality of life for older people.

The underlying principle of maintaining the anonymity of all individuals will be adopted, however, certain individuals or institutions e.g. the artist, some hospital or stakeholder organisations may wish to be identified in order to enhance their professional standing. This will only be permissible if it does not compromise the anonymity of another individual or individuals.

The identification of the units/wards involved in published material will only be made with the express permission of Dr Arun Kaimal.

The project will be advertised in the various wards before activities begin, with the evaluation element clearly mentioned, so that patients, families, other visitors, and staff are all aware of the project. Opportunities for visitors to contribute to the evaluation will also be advertised.

It is assumed that for patients who are considered incapable of giving informed consent for the evaluation element the responsibility for allowing
Overview of evidence collection methods

Principles

Evidence collection methods are designed taking account of the following principles:
- to have minimal effect on the running of the project from the patients’ perspective
- to have minimal disruption to ward practices
- to cause no harm to any participants, patients, visitors, hospital staff or project staff

Other participants and stakeholders are engaged and committed to be co-researchers, collect information and pass it on to Eirwen Malin as agreed.

Evidence will be in the form of observation notes, transcriptions of focus groups and interviews, photographs of artefacts or art activities that do not picture identifiable individuals and reports from staff.

Evidence, other than that quoted directly within the evaluation report and for presentations, or as noted below, will be destroyed six months after the report has been completed or once it is no longer required whichever is the sooner.

Methods

Observation

A number of art activity sessions will be observed by the evaluator who will take part in the act activities alongside patients and staff. Notes of the observations will be made.

The artist will keep a reflective practice journal to record her observations and reflections. Once the report is complete the journal will belong to the artist, as a professional development tool, subject to the commitment anonymity outlined above.

Focus groups

A number of focus groups of ward staff will be facilitated and recorded.

The potential of holding a focus group of family members and other visitors will be explored, at a later stage in the project.
**Staff reporting**

Certain staff reporting and ward management tools\(^2\) will be monitored for changes that might be a result of the introduction of the activities. Any changes will be notified in an appropriate, anonymised way to the evaluator.

**Interviews**

It is envisaged that semi-structured interviews will be undertaken with key staff after the art activities have finished.

Interviews will be held with other individuals (not patients who are unable to give consent) as appropriate if required.

**Records of meetings**

Records of meetings will be assessed for evidence and a final meeting of key staff from both sites will share their reflections.

**Other information**

Alison Mercer has worked with BCUHB previously and has completed an appropriate CRB disclosure.

Eirwen Malin has a recent disclosure requested by another sponsor who has confirmed to BCUHB that there has been no updated information. Liz Aylett has had sight of the original disclosure paperwork and has details recorded.

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\(^2\) These were identified by ward staff