

Principles underpinning Change Minds in Norfolk

This paper describes the principles that underpinned the delivery of Change Minds in North Norfolk from 2015 – 2017 and are now being applied to Change Minds in Norwich in 2018.

Principles

Change Minds is intended to have heritage, social and mental health outcomes, and as such is a palimpsest of its partners' concerns. Norfolk Record Office is a heritage organisation with a social purpose; it *collects and preserves* archives about the history of Norfolk and makes archives *accessible* to the people of Norfolk and beyond. Together for Mental Wellbeing is a mental health charity with a social purpose; it works alongside *people with mental health issues* on their journey towards *fulfilling and independent lives*. The Restoration Trust is a bridge organisation linking all three outcomes, as it supports *people with mental health issues to engage with heritage* in order to *reduce social exclusion and improve people's mental health*.

Criteria for success

The Restoration Trust's criteria for success are informed by and embodied in Change Minds:

- *Participants have problems with their mental health*: see above.
- *Participants are included in management*: as members of the Project Board
- *Partnership with heritage and health organisations*: see above.
- *Groupwork is the core*: all sessions are group sessions and informed by group theory and practice, based on the view that lasting change can occur within a carefully conducted group.
- *Safe framework and practice*: based on partners and professional staff policies and practices
- *Proper measurement of impact and outcomes*: research by University of East Anglia and Norfolk and Suffolk NHS Foundation Trust (NSFT). Ethical approval by UEA Ethics Committee. Participants are recruited as Together clients rather than NHS patients, and therefore research does not need NHS ethics approval which is a more demanding process. A Research Group including NSFT Inspire Service User Research members oversees the research programme.
- *Sustained and regular involvement*. Fortnightly sessions, scheduled over a year. Ongoing involvement for Year 1 participants in monthly meetings in Year 2. Three workshop sessions after the project ends.
- *Privileged access to real cultural assets and expertise*. Norfolk Record Office exclusive use of Green Room for sessions, behind the scenes tour, viewing original records, exhibition in Long Gallery, involvement of County Archivist, Senior Conservator, Sound Archivist and other NRO staff. Museum and archive visits include private meetings with curators and archivists, and close encounters with selected objects and documents.
- *Encouragement to be creative*. Creative writing and art workshops explore questions of identity raised by Term One research, led by a professional writer and artist.
- *Learning for staff and volunteers*. Mental Health 1st Aid, Good Clinical Practice. Safe document handling training with the Senior Conservator, basic research skills in the

Search Room. Staff and volunteer annual reflective practice focus group. Project Manager supervision by a Group Analyst, Coordinator supervision by the Project Manager. Staff and volunteers attend relevant professional meetings.

- *Progression for participants.* One to one interviews with a Community Librarian about what people might like to move on to, with written follow-ups for each interviewee. Volunteering and participation opportunities offered by all partners.

Heritage resource

19th Century Asylum records

Late 19th Century case records from Norfolk County Asylum (latterly St Andrew's Hospital) are the heritage foundation upon which Change Minds builds its social and mental health outcomes. The whole collection of over 800 items detail the construction and administration of the hospital, and the rich set of patient records shed a fascinating light on the lives of Norfolk people.

We investigate individual cases from Male and Female Case Books, 1846 - 1888, (Ref SAH 259 – 272). These describe patients on admission, noting demographics, height, weight and medical history and then detail observations, treatment and, frequently, recovery and discharge. Many records have patient admission and discharge photographs, powerfully evoking the connection with people in the past at the heart of Change Minds.

Two case books have been selected for digitisation so that they can be made available as surrogates and on the project web site. From these we have so far chosen around 50 records as the focus for individual participant study, taking into account the potential for investigative research through online and county-based archives. These individual cases are used by participants for individual history research and creative exploration, and by members of the public at Open Days and events.

These records reveal the stories of lives that connect across time with the participants' lives. For instance, historically, "The location of the asylum in an overwhelmingly agricultural area was likely to have particular consequences when agricultural depression, rural emigration and unemployment accompanied the late nineteenth-century." (Dr Steve Cherry, Norfolk County Asylum: St Andrews Hospital from conception to closure, Wellcome History, Issue 9, February 1999). North Norfolk Clinical Commission Group's current challenges include: 'Enabling access to treatment and care in a predominantly rural area.'www.nnccg.nhs.ac.uk.

Expanding access and increasing engagement

The records are a rich, under-used resource, and before digitisation had been consulted on average just 108 times a year between 2010 and 2015. Digitising reaches NROs 63,000+online visitors, and our linked project website, which incorporates case record pdfs, has attracted 30,000+visits.

The Case Records are being publicised through the project, its digital outputs, exhibitions, events and media, generating public, professional and political interest. Digitisation, indexation and proactive outreach invite people from Norfolk and beyond on a historical,

creative and personal adventure. Exhibitions, open days and presentations can reach local, regional, national and digital audiences, and reveal new knowledge about Norfolk's heritage and mental health.

Social inclusion and use of community assets

Change Minds includes people who are deprived by virtue of low income and poor mental health. From 2015 – 2017, participants were all Together clients from the area of North Norfolk Clinical Commissioning Group, including Cromer Town, the most deprived rural area in Norfolk. North Norfolk has no major urban centre and is fifth highest of all English councils for the percentage of people living in villages, hamlets or isolated settlements. Pockets of deprivation and rural deprivation are scattered across the area. Factors include:

- Low levels of educational qualifications, earning, car ownership²
- Poor public transport to limited services, facilities, jobs.
- Wealth disparity, acute housing shortage for local people²
- Rural poverty due to dependence on low value sectors, i.e. agriculture, tourism and social care.
- People in the most deprived areas live 5 years less than people in the least deprived areas. (<http://www.norfolk.gov.uk/view/ncc085932>).

Community assets

No participants in Change Minds had ever visited Norfolk Record Office before the project began, and a noticeable research finding from 2015 – 2017 was the pleasure and hope that people felt in becoming familiar with the professional environment and staff there.

Participants are very excluded from local community assets and indeed from their local community as a whole. Therefore Change Minds has a social justice and inclusion agenda which is pursued through a programme of visits to local museums, libraries, arts centres and the Parliamentary Archives. Inclusion lies behind the exceptional access afforded to the collections and professionals from all these organisations.

Agency and influence

Change Minds enables people who are seldom heard at policy level to speak to people in power about the issues that concerned them. During the 2015 – 2017 project, the Medical Director of Norfolk and Suffolk NHS Foundation Trust came to a session and discussed mental health treatment past and present with participants; certificates were awarded by the Director of Community Services and the Chair of the Health Overview and Scrutiny Committee at Norfolk Social Services; local MP Norman Lamb was the Project Patron, visited Change Minds at Norfolk Record Office and hosted a reception for the group at the House of Commons. Participants also spoke on local radio and to the local press.

In this way the history of Norfolk Lunatic Asylum has enabled people in comparable contemporary circumstances to have a deeper connection with their local history and community, and to increase their agency and influence as mental health service users.

Mental health

Five ways to wellbeing

One way of conceptualising Change Minds is in terms of the Five Ways to Wellbeing, developed by New Economics Foundation in 2008 and accepted as a useful codification of evidence-based actions that improve mental wellbeing.

Connect

- People connect with individuals in the past and present. They make friends, reducing life-threatening isolation and strengthening resilience.
- Change Minds includes very excluded people in Norfolk's heritage and creative community.

Keep Learning

- People acquire transferable skills and a certificate and references for employers. They contribute to the historic record, affirming personal worth and overcoming negative attitudes to education.
- Whilst not hiding the truth, vulnerable participants research cases of people who show evidence of recovery and are suitable for tracing subsequent life stories.

Be Active

- People get out fortnightly, travelling to Norfolk Record Office, community libraries, Norwich Castle Study Centre, Belfry Arts Centre, Oddfellows Hall, Gressenhall Museum.
- Visits, exhibitions and public events are daunting prospects. Properly supported, people can achieve things they never thought possible.

Take Notice

- Research and creativity unlock curiosity, concentration and imagination in a demanding but safe way.
- Change Minds' attentive intellectual, social, wellbeing and environmental experience, its reliable routine and time keeping gives people the security to risk trying new things.

Give

- Explicitly person-centred, participants and volunteers are on the Project Board, support new participants and lead public events.
- Celebrations, exhibitions, digital outputs, personal oral histories and our book are gifts to families, friends, the community - and the future.

Groupwork and person-centred recovery

At a sessional level, Change Minds happens within a framework of ideas and practice based on groupwork and person-centred recovery. Groupwork, and conceiving the group as a whole is an effective and humane way to help people form a mutually supportive connection that will sustain them during the project and, to some extent, after it ends. Person-centred recovery respects the individual's unique experiences and strengths, so that they can make treatment and support choices based on what recovery means to them. This attitude is integral not only to working with participants but also to thinking about our subjects, people who were patients in Norfolk Lunatic Asylum.

Severe and enduring mental illness

Participants' diagnoses are not recorded as part of Change Minds documentation or research, however all participants meet eligibility criteria for complex needs services to people in Norfolk as commissioned by Norfolk County Council from 2014 – 2018 (a new contract begins in March 2018). Participants are people with severe and enduring mental illness aged 18 and over living in Norfolk who also have housing related support needs.

The Department of Health has defined people with 'severe mental illness' as individuals who:

- are diagnosed as suffering from mental illness (typically schizophrenia or a severe affective disorder, and including dementia);
- are substantially disabled because of their illness, e.g. they are unable to care for themselves or independently, sustain relationships or work;
- are currently displaying florid symptoms or are suffering from a chronic, enduring condition;
- having suffered recurring crises leading to frequent admissions/interventions;
- may at times present significant risk to their own safety or that of others..

Examples of diagnosed mental health conditions which would meet eligibility criteria include:

- Schizophrenia or psychosis
- Bi-polar affective disorder and other serious disorders of mood.
- Moderate to severe depression, anxiety disorders such as OCD, social phobia, agoraphobia and panic disorders
- Eating disorders where secondary mental health services are involved
- Diagnosed personality disorder
- Dual diagnosis- where drug and/or alcohol misuse is an issue, but the primary diagnosis is one or more of the above.

These ideas about heritage, society, mental health, social inclusion, wellbeing, groupwork and person-centred recovery inform how we work.