

Rewriting the History of Mental Disorder: the Example of ‘Change Minds’ as a Distinct Form of Culture Therapy

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Introduction: What is Change Minds?

Change Minds was launched in September 2015 as a pilot project for people living in deprived areas in North Norfolk. It is a culture therapy designed to improve the wellbeing of adults on low incomes and who suffer from a range of mental health problems. These can include schizophrenia, psychosis, bi-polar disorder, anxiety and depression, among others. Change Minds’ main goal is to help people improve their mental health through engagement in various cultural activities and, in particular, in heritage. Change Minds has a focus on the history of nineteenth-century psychiatric hospitals in Britain and their patients. Participants learn about the history of psychiatry and, with tailored individual support, engage in independent research of asylum records. Each participant can choose and research an individual patient from the case books held by the Norfolk Record Office.

As a kind of culture therapy, Change Minds can be related to the broader context of non-pharmacological therapies which have recently gained wider acceptance as alternative ways to aid in the treatment of mental health illness in the West. Currently there is a range of programmes available which have a holistic approach to health and a particular focus on mental health. Mind, a mental health charity in England and Wales, lists mindfulness, aromatherapy, meditation and yoga among alternative or complementary therapies.¹ There are other relevant examples across the UK. Among them, the Mental Health Foundation in Scotland has adopted horticultural therapy as a means to help ex-servicemen and women with mental health problems. Nova, a therapy programme sponsored by Penumbra, also in Scotland, promotes mental health and social inclusion by means of further education and sports. Working throughout the UK the Restoration Trust focuses on ‘culture therapy to help people engage with heritage, art and culture so that their mental health improves’.² Change Minds is a Restoration Trust project.

How does Change Minds work?

Change Minds relies on a partnership network and is largely sponsored by the Heritage Lottery Fund. The Restoration Trust, as the leading partner on the project board, has created the working partnership with Together for Mental Wellbeing and the Norfolk Record Office. Together for Mental Wellbeing is a mental health charity working in Norfolk, and its staff refer clients to the project and support them to attend. The Norfolk Record Office (NRO) holds nineteenth-century case records from Norfolk County Asylum (latterly St Andrew’s Hospital) and these are the core heritage material upon which participants do their research. The NRO also hosts a number of Change Minds sessions, including guided tours with senior archivists

¹ The list also includes acupuncture, Ayurvedic medicine, Bowen technique, homeopathy, hypnotherapy, massage, Reiki, Traditional Chinese medicine (TCM) and Western herbal medicine. See Mind, ‘Complementary and Alternative Therapies’, on <<https://www.mind.org.uk/information-support/drugs-and-treatments/complementary-and-alternative-therapies/list-of-complementary-alternative-therapies>> [accessed 5 August 2018].

² See <<https://restorationtrust.org.uk/what-we-do/>> [accessed 5 August 2018].

who explain and show how a county archive works. Participants are introduced to archival research and have the opportunity to learn about conservation and how damaged documents are repaired by specialists.

Organised in fifteen sessions spread over a year, the content-rich programme can give participants a wealth of knowledge and transferable skills. Reading and interpreting asylum records is supported by the theory and practice of palaeography and, according to individual needs, participants may receive one-to-one support with reading, interpreting and transcribing original records. Other professional skills include practical lessons in handling documents, book-binding, using computer-based catalogues and online tools for historical research. Oral history is also part of the programme. Participants learn about ethics and rights in respect of recording an oral history, and receive training with a specialist on how to do an oral history interview and recording skills. If they wish to, in session fourteen, participants can record an oral history with an archive specialist. At the end of the programme participants receive a certificate and references for employers.

Reading is not limited to asylum records and participants engage in poetry with experienced authors and librarians who encourage reading and writing. Participants can express their responses to the records and explore their literary potential in sessions at the Millennium Library in Norwich. They read their own poems aloud and discuss their work and ideas with poets and other members of the group. There are also creative workshops with artists who assist and give guidance on creating personal artworks. The goal of such activities is to explore participants' imagination and questions of identity, in a journey leading to the uncovering of potential connections between personal experience and archival research.³ The work produced by the participants can be displayed at the Change Minds Exhibition at the end of the programme, and poems can be published online. Research, artwork and creative writing are displayed in the Norfolk Record Office Long Gallery to celebrate participants' achievement and as a means to increase public knowledge of mental health.

Participants

People with mental health problems who take part in Change Minds are called participants. The project is designed to increase participants' social inclusion and improve mental health, reducing the risks associated with complex mental health conditions and their intersection with homelessness, poverty, loneliness, poor health, offending, drug and alcohol use and various forms of abuse. This is a fundamental principle of the project that aims to help people who suffer from poor mental health and who have often an experience of chemical treatment, hospitalisation and the stigma attached to mental health illness in society. Social isolation and an individual sense of worthlessness are conditions that make recovery very difficult if not impossible. Change Minds aims at tackling social exclusion by means of engagement in heritage and with a focus on group-work.⁴ Regular fortnightly sessions where participants work together towards a common goal help to create a sense of purpose and belonging. The project fosters new friendships and can help create new professional networks. This is facili-

³ Principles underpinning Change Minds in Norfolk, p. 1.

⁴ Social isolation or social disconnection has been related to serious health problems by researchers in the UK and abroad. According to Michael Green, a neuroscientist and professor of psychiatry and behavioural sciences at the University of California, in the US social isolation has become a greater health risk than obesity or heart disease; in 'The Human Social Brain: How it Works and How It Goes Awry in Schizophrenia and the General Population', UCTV podcast, 8 January 2018, lecture delivered on 25 October 2017 at UCLA.

tated by the venues where Change Minds takes place. Most sessions are hosted by the Norfolk Record Office or the Norfolk Heritage Centre. Located in Norwich, Change Minds offers participants the opportunity to get out and travel from deprived and rural areas to work in a professional and safe environment. Social inclusion also means sharing in responsibility and decision-making, and participants sit at the project board to discuss and make decisions together with the other members of the board. Besides the organisations previously mentioned, the project board also includes members of the Norfolk Library and Information Service, Norfolk and Suffolk NHS Foundation Trust (NSFT), an evaluation researcher from the University of East Anglia and a NSFT clinician.

Mental health care: some historical background

Stigma and social isolation have often been connected with institutionalisation and the peculiarities of psychiatric treatment, imagined or real, in mental hospitals. Change Minds participants have often had experiences with the mental health system in Britain.⁵ The peak of hospitalisation in England was reached in the 1950s, together with further developments in pharmacological treatment. Back then psychiatric hospitals had to cater for a considerable number of inpatients. In the early 1950s, for example, Friern Hospital, in the suburbs of north London, had a population of nearly 3,000.⁶ In the same years St Andrew's in Norwich was overcrowded with 1,207 resident patients and had a 'major nursing crisis'.⁷ In fact, the provision of mental health care in England underwent enormous changes in the past two centuries. A prevalence of private madhouses in the early nineteenth century gave way to a rapid increase in public asylums later in that century.⁸ Treatment also underwent considerable changes, from the mechanical restraints and cruelty typical of the eighteenth century to the *remèdes moraux* (or moral treatment) introduced in 1795 by Phillippe Pinel at the Salpêtrière Asylum in Paris. In England, the Quaker philanthropist William Tuke developed a similar moral-treatment asylum in York known as the Retreat.⁹ Mental health care changed rapidly again in the second half of the nineteenth century when a combination of factors, including overcrowding, spending cuts and lack of trained staff, led to the demise of the therapeutic ethos and the spread of custodialism. Unable to provide care, asylums were turned into prisons of the mentally ill. Straight-jackets and other physical restraints were reintroduced.¹⁰ Large buildings, growing admission numbers and the use of mechanical restraints characterised mental hospitals for most of the first half of the twentieth century and also in the decades that followed the end of the Second World War. Numbers kept rising and in 1954 Friern Hospital admitted three times more patients than in 1939.¹¹ Limited funding, poor conditions and a wave of scandals in the 1960s and 70s sealed the fate of an outdated system of hospitals that could not fit into the modernising policies that accompanied the creation of the NHS in 1948. Radical thought among medical staff and academics highlighted the paradox of psychiatric hospitals that functioned as

⁵ Terms such as 'patients' or 'clients' are intentionally avoided.

⁶ Formerly the Middlesex County Pauper Lunatic Asylum at Colney Hatch, or 'Colney Hatch' as Friern was universally known until the mid-twentieth century', Barbara Taylor, *The Last Asylum: A Memoir of Madness in Our Times* (Toronto: Penguin, 2014), pp. X, 125. On Friern Hospital see also David Berguer, *The Friern Hospital Story: the history of a Victorian Lunatic Asylum* (London: Chaville Press, 2012); Richard A. Hunter, *Psychiatry for the Poor: 1851 Colney Hatch Asylum-Friern Hospital 1973* (Folkestone: Dawsons, 1974).

⁷ Steven Cherry, *Mental Health Care in Modern England: the Norfolk Lunatic Asylum/St Andrew's Hospital c. 1810-1998* (Woodbridge: The Boydell Press, 2003), p.254 (n. 35).

⁸ In 1845 the provision of public asylums was made mandatory. Taylor, *The Last Asylum*, p. 108.

⁹ *Ibid.*, pp. 109-111.

¹⁰ *Ibid.*, p. 113.

¹¹ *Ibid.*, p. 115.

quasi-total institutions. Beginning in the 1960s, Erving Goffman and Thomas Szasz in the US, Ronald Laing and David Cooper in the UK, Michel Foucault in France, and Franco Basaglia in Italy led the attack on the theory and practice of western psychiatry in what became known as the 'anti-psychiatry movement'. Governments, for economical or other reasons, also wanted to dismantle the asylum system. In 1961 Enoch Powell, the British Conservative Minister of Health, compared the old hospitals to 'medical dinosaurs' that survived into the post-second war era. Deinstitutionalisation became the key word in the debate on the provision of mental health care. However, closing the old asylums did not mean necessarily better care. Indeed, as Peter Sedgwick remarked, the power of the rhetoric of 'community care facilities' was remarkable exactly because they 'do not, in the actual world, exist'.¹² The closure of psychiatric hospitals and the lack of community support led to great distress and anxiety among inpatients who were left wondering what would happen to them. Their anguish was compounded by the actual rise in homelessness among discharged patients.

Change Minds within the broader context of current mental health provision

It is beyond the scope of this paper to explore all the complexities of mental health care provision. Our aim was to present an alternative form of culture therapy that tackles some key problems that often hamper recovery and good mental health. This does not mean that culture therapy can simply replace medicine and scientific research. As Barbara Taylor, a former psychiatric inpatient said, modern medicine can bring relief to many people suffering from mental disorder and to dismiss medical support would be a gross mistake.¹³ Yet, the closure of hospitals and community services, combined with an over-reliance on drugs and an exclusive focus on symptoms have characterised recent developments in psychiatric treatment both in the UK and North America. The closure of facilities also reveals a trend towards de-personalisation with the use of new technologies, such as the NHS CBT computerised therapy.¹⁴ Time is a main concern and new interventions are designed to get patients back into work as quickly as possible.¹⁵ For example, 'talking therapy' is done over the phone and on average lasts less than two hours. These interventions deny the key principle that constructive human interaction is at the core of good therapeutic programmes and seek quick-fix solutions based on drugs and computer-based treatments. The rhetoric of recovery and independence does not acknowledge that best therapeutic practice is often the result of good interpersonal relationships and this cannot be rushed or replaced by impersonal methods devised with the help of a computer programme. The current rhetoric has actually twisted the meaning of some key words. Thus 'recovery', for instance, does not mean to get better but 'to live with a chronic illness as if you do not have it'.¹⁶ As demonstrated by the experience of service users, 'recovery' in mental health provision, both in the UK and US, has been 'hijacked for a policy of service cutbacks'.¹⁷

¹² Peter Sedgwick, *PsychoPolitics* (London: 1982), pp. 192-3.

¹³ Taylor, *The Last Asylum*, p. xiii.

¹⁴ CBT stands for Cognitive Behavioural Therapy. For a discussion on 'Computerised cognitive behaviour therapy', listen to The Mental Health Foundation podcast, 18 July 2017.

¹⁵ Ironically, the workplace might indeed be one of the originators of mental disorder. For a discussion on how the current work culture in the West can affect our wellbeing listen to 'How a damaging work culture can affect mental health', Mental Health Foundation podcast, 8 September 2018. For a broader perspective on the economy and its impact on mental health, 'Jonathan Bartley: Mental health and the economy', Mental Health Foundation podcast, 11 September 2018.

¹⁶ The frequent use of euphemisms is misleading and 'recovery' can be further changed into 'wellness' or 'flourishing'. Taylor, *The Last Asylum*, p. 255.

¹⁷ *Ibid.*, p. 256.

In the current crisis of public health provision and the creation of a fast-track system in the provision of mental health care, Change Minds has a different approach, with an emphasis on social inclusion, group-work and interpersonal relationships.¹⁸ It is based on the belief that social inclusion is an effective way for long-term good mental health. In particular, it has been successful in combining heritage with group-work to help prevent the risks connected with long-term social isolation.¹⁹ New relationships are formed whilst people engage with heritage and, in particular, the history of asylums and their patients in Victorian Britain. Knowing the history of mental health can be empowering for those who have been through the system themselves. It gives tools to re-elaborate experiences that would remain otherwise disconnected from history and confined to the private sphere. Participants can create a personal connection with their own experience and give new meaning to what might have been previously understood as a personal tragedy only. Finally, it can give participants the tools and knowledge to discuss with competence the history of mental health care and the problems that emerged in the changing circumstances in mental institutions in the Victorian era and beyond. However, to learn, research, create and build up confidence and new relationships takes time, and this does not fit into the new rhetoric that emphasises the need for time-limited intervention and ‘speedy recovery’ lest patients become ‘dependent’. ‘Dependency’ has become the new public enemy in the provision of mental health care. The more open-ended care is provided – so the argument goes – the less likely patients will be able to manage their own lives independently. But not all mental health professionals agree with this view. Anthony Bateman, a psychotherapist and professor at UCL, says that the ‘dependency’ argument is just an alibi for ‘cutting people loose, leaving them to struggle on their own’. ‘People need other people. True independence – for everyone, well or ill – is rooted in social connection; without this, it is mere isolation and loneliness.’²⁰ Thus the model adopted by Change Minds is clearly at odds with the current trend in mental health care in Britain and North America.²¹ Yet, the question of ‘dependency’ and how it can impact on public expenditure is likely to become recurrent in public debate, especially in consideration of spending cuts and the crisis in the NHS.²² How long does it take to ‘reconnect’ people who have a history of mental illness and institutionalisation? Perhaps the question is much more complex, involving other factors rather than time. It does need further investigation. Ironically, research also does take time.²³

In conclusion, the project promotes the five key principles that underpin the Five Ways to Wellbeing, developed by the New Economics Foundation in 2008. It helps to connect people, ‘reducing life-threatening isolation and strengthening resilience’; it allows participants to

¹⁸ *Ibid.*, p. 256. It is also important to remember that Change Minds ‘is not a mental health service’, but is a project inspired by the work and life experience of professionals in the health and heritage sectors. *Change Minds Good Practice Guide*, p. 13.

¹⁹ The School of Psychology of the University of East Anglia has assessed the outcomes of the pilot-project and expressed a positive evaluation. See *Change Minds Project Evaluation Report for the Restoration Trust* (August 2017).

²⁰ Taylor, *The Last Asylum*, p. 257.

²¹ It is also worth noting that time-limited intervention and depersonalisation run counter to the work ethos of Together for Mental Wellbeing, one of the key partners in Change Minds, who has adopted a ‘Personalisation’ agenda to offer ‘individually tailored care’; see ‘Together today – leading the personalisation agenda’ in <http://www.together-uk.org/about-us/our-history/> [accessed 5 September 2018].

²² According to recent reports it is particularly severe in the provision of mental health care, affecting vulnerable groups such as children and young mothers. See, for example, ‘Mentally ill children sent hundreds of miles for care’, *The Guardian*, 30 August 2018; and ‘Leaked report: NHS failing on maternal mental health’, *The Guardian*, 31 July 2018.

²³ The question of ‘dependency’ was also discussed and divided opinions during the research done by the i-Teams Restoration Trust at the University of East Anglia in the spring term of 2018.

keep learning and acquire transferable skills; to become more active travelling and working in a safe environment; to give and share; and to engage in research and further education.²⁴ Ultimately, Change Minds pursues heritage, social and mental health outcomes and, in partnership with Together for Mental Wellbeing, the Norfolk Record Office and the Norfolk Heritage Centre, helps participants on 'their journey towards fulfilling and independent lives.'²⁵

²⁴ Change Minds, *Good practice guide*, p. 11.

²⁵ *Ibid.*, p. 6.

19th Century Blues – by Stewart Swann (Change Minds 2018)

I come from harvest surrounded by beasts

I'm a mutterer a rambler

a teacher of nonsense

mania, mania, mania!!!

admitted to this asylum, this mania, wandering the wards, the smell of fear,

confusion and rubber gloves,

patients all around me and yet no friends.

They expect me to live and eat here,

this is not my home!!

I come from mind your own business.

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Podcasts

'Computerised cognitive behaviour therapy', The Mental Health Foundation podcast, 18 July 2017

'How a damaging work culture can affect mental health', The Mental Health Foundation podcast, 8 September 2018

'Jonathan Bartley: Mental health and the economy', The Mental Health Foundation podcast, 11 September 2018

'The Human Social Brain: How it Works and How It Goes Awry in Schizophrenia and the General Population', UCTV podcast, 08 January 2018, lecture delivered by Prof. Michael Green on 25 October 2017 at UCLA (University of California)

Newspapers

