



## All Party Parliamentary Group on Arts, Health and Wellbeing

### Young People, Mental Health and the Arts Round Table

May 23rd 2016

#### Edited Transcript

**Lord Howarth:** Good afternoon everybody. I am Co-chair of the All-Party Parliamentary Group on Arts, Health and Wellbeing. I'm most grateful to everybody who's agreed to come, particularly to my colleague and friend, Molly Meacher, a member of the APPG who is far better qualified than I to chair this meeting, having in the past chaired a mental health Trust and who has expert awareness in this field. The idea is that occasions of this kind educate parliamentarians, because all of you coming from different perspectives has a great deal to teach us. It's our ambition to educate the government and policy makers with our report informed by this series of events.

**Baroness Molly Meacher:** This subject could hardly, in my view, be more important. We know that far more young people suffer with mental health problems than any of us like to recognise, and very few get the help that they need. We're looking at what arts can contribute in the broadest possible sense of the term. We're going to have a film introduced by Sam, then three minute presentations from all of our speakers, followed by half an hour for discussion. We'll have half an hour for refreshments and finally, a 40-minute film on the role of dance.

**Sam:** Before I say anything, I'm just going to play a video that I made.

[Video playing 00:03:30 – 00:08:48]

**Sam:** I've suffered from severe anxiety and depression since the age of 20. Through this time I'd write a lot of poetry to get what I felt out of my head onto paper. It helped a bit. I wouldn't share it as it was still too exposing for me and I didn't want to burden anybody else. I struggled through my twenties, and on numerous occasions I fantasised about taking my own life. I tried many different outlets to help me, therapy and exercise, CBT as well, medication, trying to be more open with the people closest to me. It did help, and I continue to use a lot of those things today, but it didn't completely fix me.

Towards the end of my twenties I couldn't cope. I tried everything I could think of, but I was in a lot of pain. It was a pain that nobody else could see, so it didn't feel justifiable to me. It didn't feel like it should have been there. It got to a point where I was determined that the only way out was to take my own life. It's important to mention here that I had, and still have, amazing support from my family, and I only just made it. A lot of people, and especially young people, don't have that support. I wouldn't be here if it wasn't for my mum and my girlfriend especially. They helped me get help at the end of the day.

In my darkest time I made a decision that I had one last thing to try and that was to stop hiding. I couldn't keep up this double life, portraying happiness to everybody. It started with a poem. Putting it into poetry somehow made it easier to say. I filmed posted it onto social media, which was terrifying, but quite necessary for me. The support that I got from that was amazing, and it changed how I saw everything that was happening. Because for that first time, I wasn't as afraid to talk about it. That was the biggest step for me.

Poetry then turned into music when I realised that these words that I'd written could be lyrics. That became my next weapon in this battle against depression. It's strange that when I write a song like Smile all the Time, I'm able to be far more honest than I would be if I was in a general conversation. When I perform, I release so much energy that it becomes very cathartic for me. There's two massive releases just from writing and performing. It helps calm me down and release these negative feelings.

I think one of the most important aspects of music is the people it can reach. Music is a platform which allows me to spread a message. Since that video has gone live, I've been contacted by so many people: a 14 year old girl who

told me she had nobody else to talk to; students and young adults who were scared to be open with the people around them. They thanked me for saying what they feel and couldn't say. Some of them opened up to me and listened to what advice I could give them. That gives me a purpose and makes me feel happy to be me, which is rare.

I've been told that I'd helped explain something that somebody didn't fully understand, and now knows a bit more about. Music can reach people without being intrusive. I feel that's especially useful when reaching young people. At the end of the day it's given me a platform to express the truth. But most importantly, it's given other people hope and that's what I can hold on to, to know that something that I love doing can have any positive impact on somebody else. So in my opinion, music helps in the fight against mental illness. It saved my life and it could save other people's.

**Baroness Meacher:** There's nothing I can say that would be adequate, frankly. Thank you very much Sam. Very moving. I'm going to go straight on to Susan [inaudible] who is the advisor to the [inaudible].

**Susan Blishen:** Hard act to follow, I must say. To start with, I couldn't resist a couple of quotes, which speak very powerfully of the value of the arts in the mental health context. The first is from Carol Ann Duffy, 'Poetry is who we are in the world'. Simple but profound. The second is from writer and former prisoner, Erwin James, who when speaking about a concert at Wandsworth prison to inmates said, "For that hour of his performance, we felt like we were part of the human race again."

Mental health care for children and young people in England is in a shocking state, and has been for many years. I would say that austerity policies have probably made this situation even worse, as public and voluntary sector services that have a key role in prevention and in supporting the most vulnerable, are finding themselves increasingly starved of cash. In some cases they're simply falling away.

Curiously, the policy published as Future in Mind last year is really pretty good. There has been a significant amount of new money promised for this area. It places a high premium on preventing mental ill health, on getting in early, and on the important role that non-mental health professionals, like youth workers, social workers, teachers, even artists can play in promoting good mental health and preventing ill health. This strategy also calls for all local agencies, everyone who's involved in looking after young people and children to have a stake in improving those young people's mental health. It rightly emphasises the need for children and young people themselves to have a say in the services that are provided for them.

It's easy to see how the arts could have a very important role to play in this brave new world imagined by Future in Mind, with participatory arts activities potentially being a key product of the local mental health eco system as well as a means of capturing young people's views of the system as it is. However, the emphasis on the application of services and interventions that are well evidenced is less encouraging.

All these speculations are academic, because reality on the ground remains grim, with news of new money for local improvements actually not going into the improvements we all hoped for, but going to other areas of clinical commissioning groups' interests. Also news of young people in voluntary sector organisations not having the kind of stake in improving services that we all hope for. BBC news, in a recent report from the charity Youth Access brought home the severity of these situations. There is a substantial disconnect between the policy rhetoric and the reality, with a decent policy framework that is Future in Mind being quickly knocked out of play by another agenda, in this case austerity.

What's to be done? I would say there is an urgent need to find much better ways of capturing and widely sharing the views of young people about what it is like to be let down by services, and about what they have been doing to try and improve the situation. We urgently need social action that comes from the ground up, that's both locally focused and with a national reach.

It should be obvious where the arts and creative media could play a role in this new agenda. Perhaps helping to draw out the personal stories and views of young people, then making sure those views are turned into captivating narratives like Sam's. Films, blogs, drama, storifies etc. with the potential to remind commissioners of who they are, to use Carol Ann Duffy's phrase. We need to commission differently so that we get those much needed changes that we've all been calling for, for such a long time.

**Baroness Meacher:** We're going to Carley Annabel-Coop, Project Director, the Alchemy Project, with Dr Lauren Gavaghan, Senior Registrar in Psychiatry, South London Maudsley NHS Foundation Trust.

**Carly Annabel-Coop:** In the Alchemy Project, we've been pioneering a dance intervention, working with early intervention psychosis in South London and Maudsley NHS Trust. There's three headlines on the arts' contribution to mental health: one is about the high quality of the work and the great relationships that the arts embrace.

I've seen it first hand on the projects, a lot of young people that have had a psychotic episode have lost something in their lives, motivation, the ability to give up those activities. The first thing is to get them to connect, engage, and a dance intervention can be really powerful to bring people together in a group process. To not focus on the mental health condition itself, not the labels, the deficits or the conditions, but to embrace them as dancers, working together as a dance company, to take on that new identity and raise the bar of what can be achieved. Expectations are high. By raising your bar of what can be achieved, such potential can be achieved. Giving them the motivation and confidence to pursue goals after the project, important skills. It's not just about the expressive nature and working together, but also what they can do afterwards. Getting them to believe in themselves again. That is a strong feeling, if they want to take on a better quality of life.

**Dr Lauren Gavaghan:** I am into this idea that art and creative media have immense power in allowing a person to re-write their narrative in the way that they want. As a psychiatrist, we fall into this trap of writing someone's story for them again and again and again. People fall into this story and become to believe this label, and it defines them. What we do through art, is we allow people to come out of that and find their story for themselves. In terms of policy, if we want to prevent people staying in mental health services for years, we need to allow people to find their own story. We don't do that enough.

**Carly Annabel Coop:** Seeing the voices of those young people is crucial. The arts give them a platform to imagine themselves in a different way. For the people around them, friends, family, care coordinators, to talk about things other than their mental health, is something that has been a real catalyst for change and a springboard to move them on in their lives.

**Dr Lauren Gavaghan:** How do the arts enable someone's voice to be heard? Young people don't want to be told what to do and how to do it. We are silly to imagine that somehow that's going to make change. Sam so nicely put it, this idea that we felt as though we were part of the human race again, "But in my own skin, what am I? What can I bring?" What these projects do is create a community. We all need to feel connected and the arts have the power to do that. If we feel connected and loved as human beings, and this isn't popular language to use as a psychiatrist, but it is what gets us better. We need to think about this seriously when commissioning things, not the little boxes that we put people in. This is where we're going wrong and where the arts can do fantastic things.

**Carly Annabel Coop:** In terms of policy, for the arts to be taken seriously and really embedded and mainstreamed, we're often seen as quite peripheral in terms of funding rather than building that evidence base which we've started. How challenging is it to get that within a pathway when we know it works? That's the policy issue for the future, that it needs to be really valued and put in NICE guidelines, the power of what can be achieved through the arts.

**Baroness Meacher:** This idea of enabling people to write their own story is terribly important, it's their story and they own it. But also recognising the power of the arts. A totally different level of power from a lot of other things that people get dished out to them by services. We're going now to Mark Brown.

**Mark Brown:** I'm going to address the question of voice and policies more than I am the value of the arts, because a lot of people are going to cover that very well. When we talk about young people's arts, we always talk about them as being autobiographical. In the context of mental health, one of the very interesting things is the way in which arts can be a springboard to a career, to a different way of living, a different way of being and set of opportunities. One of the things that's very important for this commission to look at is the possibilities for young people making their way into the creative arts, young people who have experienced mental health difficulties. Because we start to see spec change in our arts when mental health begins to be seen in the category of disability. We talk about disability arts, but we do much less prominent talking about mental health arts.

The question of voice and influence is a sort of horses for courses question. What different people need to say at different times will differ. We can often fall into the trap of seeing young people's voice as being a great big composite entity. There are some young people who do better than other young people. We need to look at the ways in which that affects a) their access to arts activities, but also the way in which those arts activities are regarded in wider society.

I basically do mental health stuff wherever the possibility arises. One of the strong challenges in this sector is that there's a disparity between large established organisations and more innovative, nimble organisations. They have strong differences in their ability to secure funding and coverage. If we're looking at the future of arts for young people with mental health difficulties, and also the future of mental health and wellbeing in arts, we need to be looking at the mechanisms by which we create a more diverse playing field for organisations.

There's sometimes a strong tension between art as a practice and art as an activity. Sometimes what we see is, depending on which social group you belong to, you're provided arts as an activity but you're not as a practice. Someone says, "That's very good, you wrote a story about your terrible experiences being a young innocent youth experiencing mental health difficulties", but often doesn't say, "What we could do is help you to make that story better and develop yourself as an artist." In mental health, there's nothing like an escalator or an accelerator programme for young artists who experience mental health difficulties. There's a lot of people who don't have mental health difficulties in front of the camera and very few behind the camera.

**Baroness Meacher:** It can be a route into a career. For a lot of people, they don't want therapy, they want to do something and do it properly and be recognised. Now, Catarina Dias, Founder of Silent Secret.

**Catarina Dias:** Social media can give people voices in terms of policy making. We all network through Facebook, Twitter, social media and create our own little worlds through profiles. I feel that allows people to feel more confident in sharing. We all feel the need to express ourselves. But a lot of the time we can't in person because of the fear of judgement. Through social media we often detach ourselves from the real world and from the fear of judgement. That's where the right to expression comes in.

Waiting lists are too long. I know that service providers are targeting that, and it's something that can't be helped. But they aren't using their resources to their full maximum because there's Apps out there and websites that can help. During waiting lists, Apps could be used as an intervention so that users can use an App for less grave mental problems.

Then the third one is training. I feel psychologists, counsellors and psychiatrists often have too much training, where they see too many cases and become desensitised to situations. Maybe training needs to come into place where they see how life is now, outside the books. There's a new generation where technology is completely taking

over. There's always two sides to everything, and it's about making something good out of something bad, and that could be made.

**Baroness Meacher:** You're saying that professionals haven't caught up with young people, aren't using new technology in the way they could.

**Catarina Dias:** Most people are only really using technology in terms of banking and shopping. The service industry is behind where we could definitely be using the internet a lot more to our own benefit.

**Baroness Meacher:** Beth Elliot, Director Bethlem Gallery, and John Sayers(?), former patient of South London and Maudsley.

**Beth Elliott:** I do think that some of the themes that have come through already around choice, agency, connection and hope are important points that I have seen over my years of working at Bethlem. What is exclusive about the arts is that it's so adaptable and flexible. It can really change for the individual. Within a system that is inherently inflexible and systemic, the arts provide a crucial space for that individual to make space for themselves. I hear what Mark was saying around not just putting in an arts group to say, "Tick we've done that." It's about how you integrate it into the services.

For a lot of the people that I have worked with at the Bethlem Hospital - which is the oldest psychiatric hospital in the world still functioning today with all the national services on site - that choice is key. For some people, clinical intervention around art therapy or occupational therapy makes a huge pivotal difference. But with the gallery, the professional side of things can be that next step.

We hope the APPG is going to go back to your colleagues and ask their motivations at the moment around cutting the services because I see a lot of false economy. We constantly see cuts being made in the short-term, and the balance sheets are still not making sense. Cuts are being made in the short-term, and people are coming back to services. Crucially for young people, we have this opportunity to make a difference early. John's going to talk about his time at the Maudsley Hospital, his experience of art therapy there, and his time at the Bethlem when he worked with us at the gallery.

**John Sayers:** I mainly started doing art therapy as something to do instead of sitting in my room. But later on, it became a different form of self-harm. Instead of going and hurting myself, I'd sit down and draw the most traumatic picture I possibly could think of to get rid of the thoughts of wanting to cut myself, hang myself, do whatever thoughts were in my head at the time. Before that I hated art. When I went to Bethlem, it was like a calming down way for when I got into my more angry, violent moments. I used it to relax. Again, it would still be graphic pictures.

**Beth Elliott:** But you also, with your work in the gallery, had brought it into a more professional sphere. Having opportunities to challenge and try new things. Your education system really failed you.

**John Sayers:** Yeah.

**Beth Elliott:** It was patronising and difficult. The amount of people who come into our art rooms saying, "I haven't drawn since I was 12 and my teacher said I was awful." You're having to undo people's feelings around themselves.

**John Sayers:** It's a more pleasant environment to start learning things. When I was at school, I couldn't stand it. It's for people that are good at it, not for people like I class myself as. Not bad at it, but don't get noticed. That's where the gallery has helped me the most. Art therapy has helped me the most in terms of coping with my issues better. But the gallery has helped in a more professional sense of getting into the world, where I would never have been able to before. I came out of school, I got U's in everything. But this has got me back into it.

**Beth Elliott:** Sometimes people have just not had access. Actually, integrated services can make healthcare cheaper and make a big difference.

**Baroness Meacher:** You've endorsed what others have said about lack of confidence, about it's got to be what you want to do. Also the flexibility point that you were making, flexibility of the arts to meet the needs of the individual. I think a lot of professional [inaudible 00:41:05] stuff, but is it really adapting to what the individual needs. Now, Catherine Hearne, Director of Helix Arts, and Will Lang(?), an artist.

**Catherine Hearne:** Helix Arts has co-produced Action Story with health commissioners, local authority commissioners and artists, and crucially, twelve 9-15 year olds who are currently using mental health services. They made a film designed to influence decision makers about CAMHS redesign in Newcastle and Gateshead. Tom, one of the young people, who's now 15, spoke about his experiences at the film launch. He's doing exams today so couldn't be here, so I'm talking through part of the speech that he gave. "At first I was quite excited, felt I didn't fit in at the beginning of the project. But as the project developed, I found I enjoyed it more and felt comfortable. We told our own stories about how we got help and how we managed our disorders. The thing I liked most was stop-frame animation because I love drawing. At first I didn't feel comfortable sharing with the group, but as more people began telling each other their life problems, I realised they weren't so different from mine. This made me feel confident sharing what I'd been through, and it's helped to find new friends who I keep in touch with on Snapchat. It's given me the idea and inspiration to make a difference by becoming a young commissioner."

**Will Lang:** Since leaving university in 2007, I've tried to strike a balance in my work as an artist, a touring musician, an educator, and also within participatory arts. With Lime Music, I led a few projects in psychiatric units, where regular music-making gave a sense of routine and an opportunity to achieve. I generally find that every person has arts in them, it's the teacher that fails most times. It gave a sense of tangible outcomes that boosted self-esteem where it was very much needed.

I also lead the national music programme for CLIC Sargent, which is Cancer and Leukaemia in Children. A lot of the participants have said that you don't realise how important it is to distract ourselves from real life, and that mental wellbeing and health can really aid them in their rehabilitation in cancer treatment. Dealing with emotively charged subjects through symbolism and metaphor helps as a cathartic and therapeutic, with a small 't', process.

The last example was of a musical memories project that I did a few years ago with dementia sufferers. Seemingly disengaged patients, as soon as we started with old war time standards, jumped up, were singing, bright-eyed and full of life. They were absolutely unable to forget those experiences from younger life. That was using art as a vehicle for life-long resilience and wellbeing.

**Catherine Hearne:** At Helix Arts we've been co-producing great art since 1983 with groups of communities facing complex and severe disadvantage. We always work with high quality artists who create a safe setting where individuals can express themselves honestly through the arts. Crucially, it's not a consultation, it's a high quality artistic intervention where the voices of those often not heard, will be heard through their art. To paraphrase T.S. Eliot, "Culture makes life worth living." At Helix Arts we feel culture and the arts should be accessible to all, whatever their circumstances. We go so far as to say that culture and arts policy should underpin health, education, criminal justice, drugs, community, and equality and diversity policies if we're really going to be tackling redesign of mental health services with children and young people.

Action Story's influence, the thinking of Newcastle and Gateshead Commissioners, I'm confident that current evaluation will show that. Next step is to demonstrate that artistic intervention can make the change in the service with everyone who cares so much about them. One of the mums the end of Action Story, rang me and said, "I really want to thank Helix Arts. If my son hadn't made the film I dread to think where he would be, looking at where he was a year ago."

**Baroness Meacher:** Maybe a slightly different point you're making about people distancing themselves from painful real life. This enables them to move on. Now then, Dr Amelia Alford (?) and Stephen Sandford.

**Stephen Sandford:** So I'm one of those people who tries to work from the inside out as a music therapist. But there's a real challenge for arts therapists in the NHS today, because there are 3,600 of us in the UK, but when you weigh that up against the number of staff in the NHS, i.e. 1.5 million, and the fact that not all of work in the NHS, we all work part-time and some of us work sessionally, we simply can't do it all. We've tried our best for the past 50 or so years. But the timing now is exciting for the potential to think about the arts as a wide spectrum. There's tremendous opportunity for artists and arts therapists to work more collaboratively and put aside historic boundaries that there have been around status and power, which arts therapists perhaps need to own up to, as well as arts and health practitioners. What I feel is a real wish for collaboration and mutual partnership.

I'd like to see the NHS develop new roles to give artists the chance to do what they do really well. I came from the Allied Health Professions Advisory Group this morning, which is based in Health Education England, and I heard a lot of talk about nurse associates and physician associates. New roles which are being designed to grapple with the challenge that we can't simply recruit enough nurses, doctors or GPs. Where is the workforce of the future to address the need, and how can we scale up what we're all talking about? We are a group preaching to the converted. Let's think about how we strategically share our expertise to move forward together. Molly, you didn't mention your conflict of interest, as it were [laughter]. Molly, as a previous Chair of East London NHS Foundation Trust, knows the value that East London put on social psychiatry. Not by a medical psychiatry, not diagnostic or pharmacological psychiatry, but social psychiatry. That's where the arts have a future in mental health. Through the social need that we all have to be connected and feel part of something bigger than ourselves, that's supportive, nurtures us and encourages us to move forward. Training is going to be a big part of this. I'd like to see more strategy around how we support each other to use our strengths and train our potential to move forward together.

**Dr Amelia Oldfield:** One thing that hasn't been talked about is working with much younger children and their families. I've had the privilege of working as a music therapist in the NHS for 36 years. Part of my clinical work with pre-school children and parents has been with children with autistic spectrum disorder, or a wide range of developmental problems. I really believe that if we can intervene at that period, in between the age of three and five, or two and four, we can make a huge difference for the mental health of that family. We can change and prevent problems.

I worked with a little boy called David who was three, and his mum, for about eighteen months, once a week. David had no speech and was very withdrawn, as well as having an autistic spectrum disorder he had learning disabilities. His mum was very engaged in the work and she helped me write an article about what we did together. She wrote, "For me, music therapy is different because there is no pressure. David is totally accepted for what he is and we don't have to worry about why he is what he is. The success of music therapy somehow depends on the partnership between the therapist and the parent. The parent knows the child. The therapist is a specialist who knows how to use techniques, has seen a lot of different children, and can draw on their experience. They need each other to provide the best set up for that particular child. The conjunction of the knowledge of the subject to the knowledge of the child, it needs to be a partnership." I feel strongly that my work can only be successful if I work in partnership with parents, and if I work in partnerships with the multi-disciplinary team. There's no way I can do this work without working closely with other people.

Another point that hasn't been talked about much is research. Is there any proof to show that this works? Yes. The last 15-20 years, there's been a huge body of research, so anyone who says to you, "There's no research." I'd like to point them in the direction of several Cochrane reviews. At the moment, the largest RCT, randomised controlled trial with young children with autism who are having music therapy, both once a week and three times a week, is going on across the world. It will finish next November. There are nine sites. It is the largest non-pharmacological RCT that's ever been conducted with this age group.

Every single research project ends by saying, “We need more research”, but there’s quite a lot of evidence, certainly on music therapy, and I’m sure the other arts therapies as well. Certainly as much evidence as there is to show that GPs and nurses are effective.

I’ve had a wonderful time in the NHS but it has been difficult in the last few years. There’s been lots of cuts, and like many of my colleagues, I’ve been subjected to reviews which are often carried out ineffectively by people who don’t know what they’re doing. It’s been demoralising. However, there is lots of excellent work going on in the NHS. Obviously I’m biased, but the Croft Unit for Child Psychiatry, the only unit in the country which admits whole families residentially, is one of those excellent units. It’s probably one of the best of its kind in the world actually.

My wonderful consultant, Jo Holmes, told me I should tell you this, “Creative therapists reach places that other places can’t reach. Currently in the NHS there’s an emphasis on evidence base, time limited intervention and NICE approved therapies. But what do you do when these don’t work? As the thresholds of access are going up, more children with extremely complex needs are admitted as inpatients. We need something other than verbal therapies, and creative services can be transformational, particularly for children who have failed in all areas.”

**Baroness Meacher:** Stephen, I picked up strongly from you that actually these associate nurses and doctors, there’s a big opportunity actually. We don’t have enough doctors and nurses anymore. Your quote from your consultant, there’s huge emphasis on short-term, i.e. cheap verbal therapies. This is terribly important. But actually, you can do an awful lot, e.g. music therapy, without spending vast sums of money. Now on to Jessica Plant, Project Manager, National Alliance for Arts in Criminal Justice.

**Jessica Plant:** I’m here today representing over 800 members who work in arts and criminal justice settings, of over a third who work with young people in prison and in the community. The number of children in custody has fallen by 55% in the last five years, demonstrating huge progress. But still we’ve got around 100 children under the age of 18 in custody in England and Wales, just over 15 children under the age of 14 in the secure estate. There are also 6000 young adults between the age of 18 and 20 in prison. Children and young people also represent about a third of the probation caseload, which can make up anything to around 150,000 people at one time, including those on licence from prison. These people come from very complex family backgrounds and do have mental health problems, learning disabilities and complex learning difficulties that might have led them there.

As you might have heard in the news today, Lord Laming’s review highlights that 1% of all children in England are in care, but looked after children make up 33% of boys and 61% of girls in custody, which is quite a sort of shocking statistic. We still have stubbornly high reoffending rates. Some things have started to tackle that, the national summer arts colleges which are run by an arts organisation called Unitas in partnership with the Arts Council and the Youth Justice Board. These have played a significant part in supporting young people at risk. Research has told us that it contributes towards them taking up further educational opportunities and reducing reoffending rates. Ministry of Justice research also tells us that something as simple as providing arts and craft materials in cells can help reduce reoffending rates.

There’s also substantial evidence from surveys and the Chief Inspector’s reports that indicates that 90% of young people in prison have a mental health problem. This might be anxiety and depression associated with imprisonment. But of that 90%, 50% may have a serious diagnosable disorder such as personality disorder. Worryingly, 456 young people between the ages of 15 and 25 have died in prison in the last 20 years. 86% of these deaths were classed as self-inflicted.

For our response to the independent review into deaths in custody, we asked prisoners to reflect on the use of arts as a therapeutic tool. One prisoner said, “Art is a great help for someone like me who has attempted suicide in prison. Art relieves me of the stress and is also a form of escapism, much better than any drug.” There’s so much evidence to suggest that arts can really support young people to desist from crime and improve their mental health,

which often can go hand in hand. An evaluation of the arts charity, Superact, found that music enables young people to achieve real success in learning, developing aspirations and positive feelings about the future, which again, echoes what people have said today.

I'd like to mention Feltham Young People's Institute. The current Head of Learning and Skills is sat behind me, and he's told me about the hospital unit which they have there, which supports young people with mental health issues. Once a week they run an art class which has a very therapeutic effect on mood, reducing anxiety, in what can be a very stressful environment for young people to be in. He's also seen the huge benefit of organisations such as the Finding Rhythms and the Hackney Music Trust developing interventions with young people. However, funding arrangements have made this extremely challenging. We really hope that the review of prison education, which was published just last week, seeks to address this so that young people can have more opportunities in prison to access the arts.

Opportunities to engage in the arts, especially for things like online bases mediums, is extremely limited for young people. When we talk about ACE, Arts for All, that must include young people in custody who are such a vulnerable group and who can seek to gain the most from this. As Dame Sally Coates said on Thursday at the launch of the prison review into education, "Arts is often the one thing that works."

Obviously it's difficult in prison without any access to internet. Sometimes that can be a bit shocking to realise that people who are in prison, there's no way they can access social media. There are lots of interesting programmes to change this. One charity called Stretch, based in York, use film and animation to explore complex issues, and then also go on to build relevant media skills. It's not only an activity to fill time, but where are the career options and places for people to move on to? National Prison Radio are a brilliant resource. When there isn't access to other external social media, National Prison Radio not only provides a platform for the voice of young people, and everybody in the prison estate, but it also provides educational content.

**Baroness Meacher:** It is a completely different piece of the jigsaw. Very helpful. The importance of the research, that you really know it's valuable and the incredible importance to these young people. But again, lack of funding and what this is doing to this vital work. I think our last contributor is Naomi Shoba.

**Naomi Shoba:** I'm Head of Youth Arts at Ovalhouse Theatre, a small fringe venue just opposite the cricket ground. We've been going for 50 plus years and specialise in leadership, so those pathways from participation to professional practice. We've currently got a tier project in partnership with rehousing providers, Metropolitan, Hyde and L&Q. So that's a really interesting cross discipline, cross specialist partnership, which I think feeds into the last question that we were looking at.

What is the distinctive contribution the arts and creative media make to the mental health of young people? I started my job in 2013 and about that time it was the beginning of the autumn term with a new cohort for 13-18s drama. They work with us each term and end with a sharing in the theatre. One participant was referred to us and she was 12 but we let her in anyway. She was referred by her psychologist at the London and Maudsley Trust with anxiety disorder. She's a school refuser and the therapist was looking around for activities that she could engage with. She joined us, was very quiet, very shy, but she kept coming, so there was our first success. She blossomed, she became confident. She became a peer mentor, so when new people joined the group, she was the one who mentored them and kept up the buddy system. She's been with us for two years now and she's a lynch pin of the group. She's the person people go to when they want to chat, when they want to have fun, when they want to know about the work. Through this she's articulated that now she has the confidence to speak up within her community for arts activities happening on her estate. She's able to articulate the value and stand in front of a group confidently and speak. That's due to her involvement with one weekly drama class over the course of two years.

Last week she came in to say hello because she had been away, and she came in her school uniform. Now, I've never seen her in a school uniform before. She said, "I'm starting my GCSEs and everyone was really nice. I'm

looking forward to it and I'm coming back to drama next week. Sorry I've not been in for the past few weeks." I thought it illustrated really beautifully what arts can offer in a young person's life. Because everyone in that group is there for a different reason, whether it is to do with, "I want to be an actor" or "I want to make friends" or "I want somewhere to go." Or it's, "I don't go to school and I need somewhere to be that isn't like school. Where the friendships can cross generations, class divisions, race divisions, area divisions and gender divisions. I need a place where I can work hard in a structured way, but it's not school. It's not a big institution."

On the second question, how can arts and creative media interventions ensure the voices of young people are heard in order to influence service redesign health and policy, social care policy? I thought it was an interesting way that question was worded. Because the onus is on those redesigning health and social care policy to create a strategy which commissions, collaborates and consults arts to carry out interventions. Because we can't carry another sector's agenda. That has to be a collaboration.

The last question, what policy issues should the inquiry into arts, health and wellbeing consider in relation to young people, mental health and the arts? What policy issues should they not? That's why I mentioned that partnership with the housing associations, because especially in London, housing? The idea that you could grow up in a place and know that you can't live there when you're an adult, or if you do, your quality of life is going to be really restricted because of the way the property markets are, the care, education system, reduction of arts in the curriculum, the excessive testing, the criminal justice system. Every policy is connected, isn't it? I'll leave that for the group discussion.

**Baroness Meacher:** Wonderful. Aren't we lucky to have had that incredible collection of contributions. So who would like to start asking questions?

**Evan Dawson:** I run an organisation called Live Music Now. We train and support about 350 musicians each year to work in care homes and also in special schools. A couple of you have mentioned dementia. I realise it's a little bit off topic, but tomorrow morning we are about to unveil a massive project called A Choir in Every Care Home at the Care England conference, if you are interested at all in the evidence base and practice of music in dementia.

My policy suggestion is about special schools themselves, which haven't really been mentioned much today. We work in about 10% of the UK's special schools. We could do a lot more work if we accepted invitations from mainstream schools, but we don't do that because we see the vital role of the arts in special schools. We also see huge distinctions between the support, resources and funding that's available for the arts between mainstream schools and special schools. If this group could make, as a bare minimum, a statement that children in special schools should be entitled to the same support for the arts as those in mainstream schools, that'll be a big step forward. An even bigger step would be to recognise the additional value of the arts in those institutions, and say that they should be entitled to more support.

**Baroness Meacher:** A very powerful point. We certainly shouldn't be saying the same, should we? They've got to be entitled to more, really?

**Evan Dawson:** That would be a start.

**Lord Howarth:** Far too little in mainstream schools.

**Baroness Meacher:** Yes, but this is a real priority, surely? It has to be, doesn't it? Somebody at the back and then people on the right.

**Debbie Hicks:** I'm from the Reading Agency. Some of you mentioned about the quality of the range of art forms, and we've heard a lot about community and participatory type art forms. I wanted to make a case for the value of reading as a group therapeutic activity. We have just launched Reading Well for young people, which is a curated

list of helpful reading put together with young minds and also by health professionals. It's available in public libraries across England. I think it's interesting that nobody has mentioned public libraries as a participant in this agenda.

One of the really useful comments that came out of that is talking to people across the country about the sorts of books that we put on that list. Somebody made that point that actually, reading can be a huge relief, a way of being positive resolution, a way of escapism, but also something you can take away with you without anybody knowing. There's something really important about that sort of self-help and easy access type of activity. Research is a really important agenda. What we'd need to do is build that robust evidence base. But we need to bring it together. Rather than lots of separate strands of research, we need a national evidence base to bring together all the different bits of work.

**Dr Amelia Oldfield:** To some extent, that's what Cochrane reviews do. They only look at RCTs and the top bit of research in terms of what some people consider the most important evidence base. It takes all the research projects that are out there and tries to put it together to see whether that can produce a bigger amount of evidence. To some extent there are procedures in place to do that.

**Debbie Hicks:** It misses a lot, doesn't it?

**Dr Amelia Oldfield:** Of course, yes. That's only one aspect of research. I just think it's a big task, big enough task to do it just for music therapy or for arts therapy.

? In a professional capacity I'm here as a research assistant for the Royal Society of Arts. But, I've worked as a welfare officer [inaudible] last year and would like to throw out the role of universities and colleges in this agenda as well, particularly you've got a community of young people in those areas that these interventions can help if they haven't been caught before. That's sometimes a problem in new transition, you have lots of issues that present at the beginning of university. I'm saying, as a policy recommendation, to look into that area.

**Baroness Meacher:** I think we ought to go round all these questions and then see if one or two people from the table want to respond.

**Jessica Harris:** I'm from the Culture and Commissioning Programme. To pick up on the evidence base, it would be a fantastic holy grail to bring all of that together coherently, it's massive. But the What Works Centre for Wellbeing is focusing on culture in sport at the moment and putting out calls for what it's calling grey literature, which is not the randomised controlled trials, it's the unpublished evaluation form of evidence. On the issue of financing, we've done a lot of work challenging commissioners on the need to be bolder in the commissioning, to look at outcomes for people and move further upstream, so that they work on the prevention and the wellbeing side. To manage their procurement teams rather than have their procurement teams manage them. To be proportionate around their cause for evidence. But one of the things that's going through my mind is that if we are going to shift our health policies - we know more people getting into acute health and social needs, we can't afford this as a country, and we need to enable people to stay healthy and happy rather than getting to acute stages of crisis - then we need to put resources in there and that requires decommissioning of historical services that we have funded. If we're really going to make that shift, we have to challenge this thing about decommissioning existing services.

**Grace Watts:** I'm from the British Association of Junior Therapy. The one thing I'd ask the inquiry to look at is how policy is written. Myself, along with the other arts therapies organisations, have been working hard now for over six months to try and encourage the Department of Education to incorporate the arts therapies and arts in general into their counselling policy. We've been met several times with a very blank screen and a closed door incorporating the arts.

What we've heard today is that the arts provide a really valuable place beyond reports. Especially when it comes to addressing mental health issues for those who can't or don't have the capacity to verbally express themselves. It's very disheartening when you hear departments such as the Department of Education say, "No, we're not going to include the arts in our counselling policy." Then that immediately excludes a huge number of children from accessing the valuable support that they need, that could be preventative support rather than crisis support. Our ask would be that the arts therapies along with arts generally, are incorporated into the policy.

**Paul Camic:** I'm representing the Royal Society for Public Health and I'm a Professor at Canterbury Christchurch University. I want to say something about evidence. Most of the interventions that we have in health, not just in Britain but anywhere in the world, are not evidence based RCTs. There are no surgical interventions [inaudible] evidence based RCTs. While I can respect RCTs have been involved with them, the Cochrane review decided [inaudible] basically the will of the surgeon. I think there's a wide range of other research processes that need to be considered and are vital for the arts, but not just for the arts. Most of mental health care is not RCT based. It seems to be sometimes disproportionate expectation of what kind of evidence some arts interventions will [inaudible].

**Emma Payne:** I'm from Chesil Theatre Company. We're a Mask physical theatre company, so most of us can appreciate how Mask can support young people to access expression, emotion, feelings, without directly having to say. It's their character and it's masked. We work predominantly in education, and more recently in health. We're a small charity but work internationally. A concern that I continuously have is how we rely on NICE and if it doesn't back what art is doing with health, and certainly with young people, then we can't get the same level of support with other sectors, organisations who we could maybe partnership with. What we need to do somehow is piggyback onto wider commissioning studies that we can support. Young people's voices are being lost, even though it's [inaudible 01:20:35] opportunities for them. I'd love to have conversations with people in this room about how other organisations such as ourselves could support and develop reports.

**James Plunkett:** I'm from the Social Investment Group. Very interesting link here with social impact bonds. It feels as though one of them, which is around eating disorders rising to this whole CAMHS review area, feels that there is an incentive, whether the group can incentivise commissioners to think radically away from business as usual. Because the funding cuts have made these commissioner's hunker down, so anything new is a big challenge to them. It's almost too complicated to think. But also it was worrying to see Natasha Dixon lose her brief as the champion for children's mental health by simply speaking out at a headmaster's conference around the issues that were driving the increase in mental health - over-testing, over-demanding, over-expectation. Therefore if you have a champion whose brief was to challenge the system and simply by speaking the voice of the parents and children, she lost that brief. It doesn't invite more people to challenge the system. I would encourage allowing people to speak, and also encouraging commissioners to commission bravely and differently.

? From Feltham's perspective, increasingly so, we have people with mental health issues coming into our prisons. We find that people have had very bad experiences of education. We know that poor literacy and numeracy contributes to reoffending rates. One of the things that we find really important is getting those people back into learning and in prison environments, one of the ways to do this is with the arts. We work with some really good charities that come in and do excellent music and arts interventions.

? It's that opportunity to get people back into learning and education which can lead to them being so much better literacy and numeracy.

**Alison Frater:** I Chair the National Alliance for Arts in Criminal Justice. I'm also a professor at Royal Holloway, a public health consultant and work in health care in prisons. A theme that really came out of the presentations was the need for collaboration across funding boundaries, across organisations, and this is something that we see very firmly in the criminal justice system. It's compounded by the fact that commissioners are sitting in different places with different pools of budgets, and so on. It feels to me that we need a recommendation about a national steer on

what's needed to encourage, incentivise, make commissioners come together to develop a holistic strategy that addresses a complex need and can begin to build on the innovation that we've heard about.

The Mental Health Concordat that is required now to be signed across the public sector is one mechanism for doing that. Certainly the user engagement that our public sector organisations have to put into any kind of commissioning strategies is another one we should be influencing. But we really need that national group that says, "We need you to deliver on joined up working." It's very much missing.

**Baroness Meacher:** I think Claire Murdoch has taken over the Head of Mental Health along with her Trust.

**Alison Frater:** She has, yes. Claire is fantastic. Hopefully she can fight this fight, but she needs the air cover from some kind of ministerial support.

**Baroness Meacher:** Well, that's right. She's got rather a big job [laughter].

**Susan Blishen:** Just a point on evidence base as a vexed issue. I'm not sure that having the best evidence in the world would make any difference at all. There is really good evidence, plenty of research showing the value of the arts. But the fact is, commissioners and policy makers don't take any notice of it. We haven't yet made the case for the value of the arts in a way that commissioners are going to take notice of.

**Sally Taylor:** I'm from the Koestler Trust. What's interesting is when you manage to accrue some clinical evidence of what the difference actually is. I've worked in the arts all my life and I've been aware of extraordinarily anecdotal evidence, extraordinarily testimonies from people. Both Nicky and I were at a conference run by Aesop a few weeks ago on how we can influence health commissioners to work more closely with the arts. There was an astonishing piece of work done by the Royal Academy of Music on group drumming, and they'd got clinical evidence of the before, during and after. A properly run scientific, clinical evidence of what had happened to the people who had taken part in the group drumming exercise. That's what we need more of. That's the difference that we need to make.

**Catherine Hearne:** Our programme, Action Story, was a co-production with commissioners. The young people wanted to film them and the artists wanted to film them and so on. So the whole thing came together as a proper co-production. I was there when the commissioners watched the film, the first time with the young people there as well. That had a huge impact on them. There's a huge amount talked in health circles, local authority circles as well. But our relationship with commissioners has shifted. Whether the money follows is another factor. But in terms of seeing people change their minds, being part of it, not being presented with a piece of work by the children, which of course can be emotional, but being part of the whole process is quite important.

**Baroness Meacher:** An important lesson to go into this report, actually the commissioners need to be brought into the process so that they own it in some way.

**Dr Amelia Oldfield:** There's a lot of that kind of evidence out there, of before, middle and after. There's a lot of video analysis too. One other thing that hasn't been mentioned is the role that music therapy and other arts therapies can play in the diagnostic process. That's one of the roles that I play at Croft Children's Unit, where some short-term, one or two sessions of music therapy can actually shift and change the diagnosis, and shift and change the view of that child by the multi-disciplinary team. Because you see something different in music therapy.

**Mark Brown:** Whenever we do this kind of discussion, we end up talking about the commissioners. Which commissioners? And when? What are they commissioning? It's important to not conflate commissioners with funders, with purchasers, with punters. We keep talking about the commissioners as if clinical commissioning is the only means by which art activity can come into being, and it isn't. On the evidence base, for me, asking someone

for a greater evidence base is often the most polite and most public service way of telling them that you don't want the thing that you're trying to sell them.

**Baroness Meacher:** There are of course other sources of money. But the commissioners have got rather a lot of it. It seems to me that you do need to involve other funders as well.

**Mark Brown:** I don't think in this context that clinical evidence is always the evidence to be pushing for, if the intervention you're looking at is not itself clinical. It's a very dangerous thing to always claim that the outcomes of the arts are always clinical. It leads us down a cul-de-sac, which we can avoid.

**Baroness Young:** I raise this issue each time we meet because I think it's important. It's not often addressed explicitly. I was involved in writing the Young Review which looked at trying to improve outcomes for young Black and Muslim men in the criminal justice system. Within the mental health system and criminal justice system, within the care system, black and minority ethnic young people are over-represented and get treated in very specific, different ways, which are largely detrimental to their mental health. Even more detrimental to their mental health than the rest of those cohort. So I'd be interested to know to what extent those particular groupings of young people are specifically catered for. To what extent are the artists, whether they be musicians, writers or whatever, going into institutions or working with those young people, also represent a wide range of cultural backgrounds, and the extent to which, particularly in the criminal justice system, those young people will be directed towards that kind of work as diversion from criminal activity.

**Baroness Meacher:** Those were very pertinent questions. Thank you all incredibly much for that.

**Lord Howarth:** If anybody does have afterthoughts, please do make them, because there's been so many ideas thrown into this discussion, coming from many different angles and perspectives. I've been scribbling notes all the time here. But I'd be really grateful if people follow-up, and perhaps, in particular, remember that the purpose of this inquiry is to produce a report which will advise policy makers. If you have stories to tell, facts to report about where the blockages were, or positively, where the routes to success were, it would be particularly helpful to know. For example, what you had to say about your disappointment at the hands of the Education Department. I'd like to know where it was that the process frustrated you, what went wrong, and your reflections on why. Because that way we can perhaps formulate some useful advice in the light of hard line experience.

? I had a question for you both actually. I wondered what your thoughts were on how we fund the NHS and how that is going. Because on the ground there seems a sort of steamroller-type deconstruction approach. I wondered if there were people really questioning that and thinking about different ways of how we can [cross talk 01:36:34].

**Lord Howarth:** I think it was a comment that Susan may have mentioned, about how there's an awful lot of evidence but that commissioners somehow seem impervious to it. What is this cultural problem? Even psychological problem? Why, in the face of all this evidence, qualitative, even quantitative, we still have an unresponsive system which is failing to take advantage of the huge opportunities that the arts offer. That's a profound question. Anybody who can cast light it would be doing a very useful service.

**Baroness Meacher:** I am so angry that this country spends, I think it's 4% less of our GDP on health than the average western European countries. For the past few years there has been an almost zero increase [inaudible 01:37:34], we've had 4% increase year on year for ages, and have needed every single penny of it. The government knows people value the NHS, but they're still squeezing it as hard as they possibly can. We've got a hell of a job to do to get across, somehow to embarrass the government into spending what other western European countries spend. Because then commissioners would at least have time to take breadth and think where actually should we be spending money? \

**Baroness Meacher:** Well, we would all pay... I think we would. A different way of looking at this is about an NHS tax. Instead of National Insurance contributions, or part of that, would be an NHS tax, which I agree, I think everybody would pay to fund the NHS. Because unless we have something really radical, this thing will be squeezed until... I'm frightened about what's going to happen.

**Catarina Dias:** I want to emphasise the importance of social media again. Someone mentioned access to the young people. I'm a young co-founder of Silent Secret which offers an app for young people to express themselves, it allows them to identify their emotions. Back to the access point is that social media can offer the NHS access to young people and free data, real data that people are putting out there by themselves.

We looked into case studies where users normally post how they feel. While users are waiting, they could use an App to express themselves. It would probably help, because in the meanwhile they can identify what is going on with them, maybe, "Actually, I may not need counselling, I may just need someone to listen to me." Which a lot of Apps can offer.

**Baroness Meacher:** Thanks very much for that. So you are now [inaudible 01:40:26] to have a drink and maybe something else.