

Case studies: How have culture and creativity been supporting people in health, care and other institutions during the Covid-19 pandemic?

Organisation: Arts@StAndrew's, St Andrew's Healthcare

Region: East Midlands



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Introduction

St Andrew's Healthcare provides specialist care for people with challenging mental health needs providing care across a number of services, including Men's Mental Health, Women's Mental Health, Child and Adolescent Mental Health Services (CAMHS), Neuropsychiatry, Autistic Spectrum Disorder and Learning Disability. We care for some of the most clinically complex patients in the mental health system, people who could not, in many cases, be treated elsewhere. Many of our patients have been in the criminal justice system and are some of the most vulnerable people being treated anywhere in the health service.

Within the Charity exists Arts@StAndrew's, a network of creatives and specialists delivering Arts interventions across a range of Applied Arts, Music and Media. Arts@StAndrew's believes in freedom of creative activity and works inclusively to empower individuals to achieve the outcomes that matter to them.

Music, Applied Art & Media sessions have been used as standard Occupational Therapy interventions at the charity for some 15 years. Multiple Music, Art and 'Creative' specialists are employed specifically to organise and facilitate sessions that are bespoke and co-produced to individual and group needs, focussing on occupational performance across the domains of Self-care, Productivity and Leisure covering:

- i. Interests & choices, Appraisal of ability & expectation of success.
- ii. Routines & Adaptability, Roles & Responsibilities.
- iii. Verbal & Non-verbal skills, Relationships & Social groups
- iv. Knowledge, Timing, Organisation, Problem solving.
- v. Posture & Mobility, Co-ordination, Strength & Effort, Energy

The creative interventions provided are highly valued by the patients in our care and span categories such as; Targeted participatory Arts programmes, General Arts Activities in Everyday life, Arts in Healthcare environments and Arts in health promotion projects.

Funders

The Charity employs the specialist TIs (technical instructors) and provides a budget for resources.

Who is it for?

The charity cares for inpatients of all ages with a variety of mental health conditions, learning disabilities and autism spectrum disorders.

Are these people you have worked with before, or new participants?

Both

How many people took/are taking part?

There are currently 7 (WTE) Specialist Technical Instructors employed across Music, Visual Art and Media Production. Between March and September, these staff facilitated 1635 1:1 sessions (62% Music 38% Applied Art & Media) and 642 single ward group sessions (63% Music 37% Applied Art & Media) with patients in our care.

Where is it happening?

Northampton

For how long has it been happening?

On-going – it will continue to adapt based on developments and restrictions

What were/are the main outputs?

Continued engagement of patients in pursuit of therapeutic outcomes.

What outcomes were/are you aiming for?

Goals and rationale are patient-/session-specific. Broadly, working within Occupational Therapy, interventions are generally focused on one or more areas from the below list, giving patients the opportunity to work on improving these through activities they find fulfilling and enjoyable, and can continue to use to structure their own time and/or use as coping mechanisms: Engagement (Orientation, Concept Of Self, Basic Cognition, Relating To People, Concept of Time, Restorative – being/enjoyable), Structure and Routine. Leisure; Task-based concept formation, and personal and social presentation; Vocational Skills Development, Role Development, Self-Management, Life Skills, Social Functioning; Graded Exposure to different tools, communities and environments, Health Promotion and Physical Exercise; Motor Skills/Balance/Co-Ordination etc.

Have you adapted existing work to make this happen? If so, how?

Yes, where possible, sessions have continued as per usual. Infection Control restrictions have meant that many of these sessions had to be adapted:

- Restrictions on singing in enclosed spaces have meant singing sessions have been held outside, weather permitting, with social distancing, both groups and individuals and on occasion microphones have been wired through windows to enable recording activities!
- Limiting of communal studio areas to 1 ward at a time to minimise contact between patient groups.
- Adaption of mixed groups to separated sessions with the same focus with indirect group activity between participants encouraged.
- Rigorous cleaning and disinfecting of surfaces and equipment between sessions with no 'instrument sharing'.
- All sessions in studios are delivered by specialist Arts TIs to maintain hygiene requirements.
- Alternatives to activities have included creating music based activities (quizzes, etc.) for use on wards specialist staff were not able to reach face-to-face, due to various restrictions / ward isolations.
- Use of Microsoft Teams to consolidate creative resources and make these available across the Charity to support ward staff and patients.

Does your work support people who identify with one or more of the protected characteristics¹?

Creative interventions are used with individuals across the charity and engage variously with all ages, genders & orientations, disabilities, races and religious backgrounds, mental and physical needs.

Evaluation & Feedback

There has been no formal evaluation of work conducted since the pandemic, however service reviews have been conducted prior. There have also been various interviews and short reflective projects conducted SINCE the pandemic, but these have involved patients leaving the service and have very much focused on their journeys as a whole, not delivery since the pandemic. Evaluation of practice in terms of the Pandemic itself has very much centred around providing 'business as usual' as much as possible within the restrictions in place.

Delivery is adapted to the needs of each service and demographic so this varies. Casual feedback is sought and given by both participants and referring clinicians throughout the process. In some instances there is regular review over a period of 12 weeks. It is standard practice across divisions to make entries into patients progress notes after each session in order to record presentation, significant events, performance and progress. Session data is also logged to provide a numerical overview of delivery.

One patient has given their appreciation to me expressing "I appreciate all the efforts that you have gone to keep these sessions going" and noted the value that this adds to their life.

Within the Autistic Spectrum Disorders demographic it has been greatly appreciated by both staff and patients that sessions have continued, giving consistency to routines that were greatly disrupted.

What is your own impression of how it has worked? What have been the challenges and successes for you?

Given the level of restrictions imposed (eg. Shutting down of studios, restrictions on sharing of equipment/space/surfaces, ban on Vocal activities in indoor spaces etc.) I feel, as a musician, I have been fortunate to keep as many sessions running as I have.

Often patients have specific activities in mind for their sessions and struggle to deviate from these, thus we have had to create and encourage alternatives when these activities can't be facilitated. Given that my caseload has stayed close to capacity for the duration, I believe this has been successful.

Within Visual Arts efforts have been made to adapt studios to the needs of infection control measures and delivery has continued virtually without pause, albeit with limited numbers in group sessions. There have been challenges in maintaining the hygiene of equipment and materials but these have been overcome.

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Are you reaching more people/fewer people/different people?

About the same, but slightly fewer are engaging as actively as they once would, due to limit on the very popular activity of singing.

What new skills have you or your colleagues had to develop to deliver this work?

The skill sets have largely remained the same. All colleagues are very used to adapting to fluctuating needs as a result of working with such varied demographics.

¹ Protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation (Equalities Act 2010).

What would you say has made this project possible?

The determination and resourcefulness of the Specialist Arts TI team.

Particular guidance has had to be sought due to the special considerations of the studio areas, resources and activities, where overarching guidance has understandably not been able to take this into account directly.

It has been essential to be flexible and to adapt to changing rulesets quickly to develop effective alternatives, ensuring our patients receive the best creative interventions possible.

What would have made it easier?

Broadly, a better understanding of the idiosyncratic nature of creative studios and activities. Communication has been difficult at times, however this is understandably in a complex and evolving situation.

Further information

