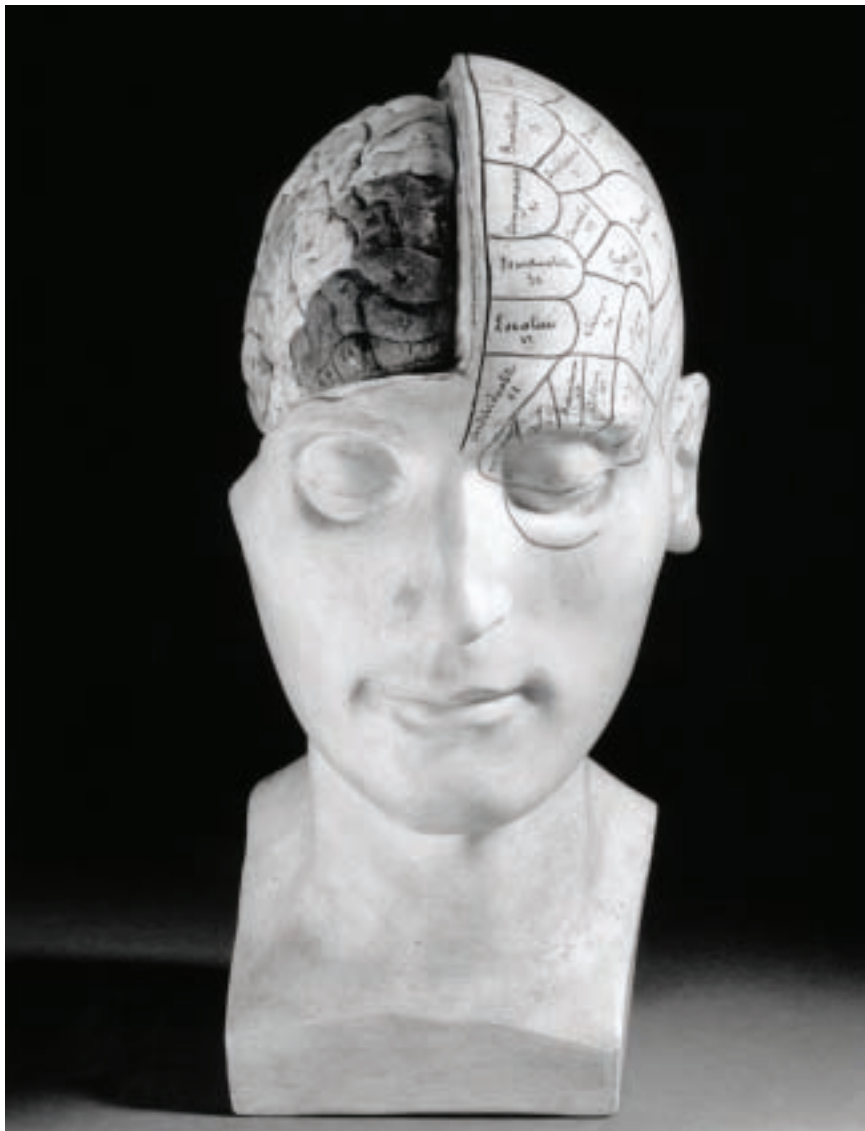


# Museums of the Mind:

Mental Health,  
Emotional Well-being,  
and Museums

Summary

Culture:Unlimited



LOTTERY FUNDED

## Preface

This report makes the case for two things:

1. That mental health and emotional well-being are so important to the future of the nation, that we ought to do something to underwrite them, and soon
2. That museums have a serious and significant role to play in doing just that

The *prima facie* evidence is almost overwhelming, which is what we explore in this report (and especially in the full version).

But that, in itself, isn't enough. Action is what will count in the end.

The evidence makes a compelling case for action. It almost speaks for itself. The key is whether it can make itself heard, or whether anyone will listen.

That's why the next step with Museums of the Mind will be some advocacy to persuade policy-makers, funders, and practitioners to hear the story of mental health and emotional well-being; and how museums can help.

Then we will all need some projects to watch and learn from: both to test the evidence to destruction in real life; and to give other museums the confidence and the skill to work with these issues.

Therein lies the critical mass to make a lasting impact on society, for the future, and for the better.

That's what we want to see .

## Why Mental Health, Why Museums, Why Now?

In 2002, Dr Richard Smith, the editor of the British Medical Journal (BMJ), wrote: "The British Government spends about £50 billion a year on healthcare...My contention is that diverting 0.5% of the healthcare budget to the arts would improve the health of people in Britain." (that's £250m per year diverted into the cultural sector).

Why? Because Smith's argument is that:

"Indeed, the physical aspects of health may be the least important.

"We will all be sick, suffer loss and hurt, and die. Health is not to do with avoiding these givens but with accepting them, even making sense of them.

"If health is about adaptation, understanding and acceptance then the arts may be more potent than anything medicine has to offer."

Richard Smith was, in effect, getting specific about a growing consensus that prevention is better than cure, in the face of some alarming facts:

- o In any one year, 1 in 4 people will suffer mental health problems; doctors deal with 6 million people a year with mental ill-health and around a third of GP consultations involve mental health problems
- o Depression is now the leading cause of disability globally and neuropsychiatric conditions are fast becoming the greatest burden of disease in the world, already robbing the developed world of more healthy years of life than heart disease or cancer: 23%; vs 18%; vs 15%
- o In the US the annual total costs related to mental disorders have reached 147 billion US dollars. More than the costs attributed to cancer, respiratory disease or AIDS
- o Mental health problems cost an estimated £77bn per year. That's more than crime; the same amount as the Government collects in National Insurance; and enough to double national spending on education.



©Tate, London 2008/Ivor Abrahams

### Prognosis: Prosperity

"Our mental health status drives not only the quality of our personal and professional lives but also the productivity and prosperity of the nation" (Mike Farrar, Chief Executive, NHS North West, 2007)

### Who Do We Think We Are?

*Museums of the Mind* was the brainchild of Culture:Unlimited with the skills, expertise and encouragement of some of the country's leading organisations in the fields of mental health, emotional well-being and culture.

In particular, but in no particular order, they were:

- o Paul Corry, Director of Public Affairs at Rethink
- o Simon Lawton-Smith, Senior Fellow for Mental Health at the King's Fund
- o Mark Taylor, Director of the Museums Association
- o Sue Christoforou, Policy Officer at MIND
- o David Anderson, Director of Learning and Interpretation at the Victoria and Albert Museum
- o Joe Ferns, Deputy Director of Support Services at the Samaritans
- o Mark O'Neill, Head of Arts and Museums in Glasgow
- o Gary Hogman, Programme Leader for SHiFT
- o Sue Wilkinson, Director of Learning and Access at the Museums, Libraries and Archives Council
- o Nick Dodd, Chief Executive of Sheffield Galleries and Museums Trust
- o Meli Hatzihrysidis, Arts and Health Officer, Arts Council England
- o David Morris, Director of Social Inclusion at the National Institute for Mental Health in England
- o Alec Coles, Director of Tyne and Wear Museums
- o Mike White, Director of Projects at CAHHM, the University of Durham
- o Sally Macdonald, Director of Museums and Collections, University College London
- o David Fleming, Director of National Museums Liverpool

And finally , a proper thank you to the Big Lottery Fund for having the vision to fund this work.

Richard Smith, and the BMJ, are not alone

We've now had two government-commissioned reports from Derek Wanless (former chief of NatWest Bank) in 2002 and 2004 that have a central argument that prevention is not only better than cure, but also prevention is *cheaper* than cure (up to £30 billion per year cheaper on Wanless' figures – that's about half the current NHS budget).

As Richard Smith puts it: "More and more of life's processes and difficulties – birth, death, sexuality, ageing, unhappiness, tiredness, loneliness, perceived imperfections in our bodies – are being medicalised. Medicine cannot solve these problems. It can sometimes help – but often at substantial cost. People become patients. Stigma proliferates. Large sums are spent. The treatments may be poisonous and disfiguring. Worst of all, people are diverted from what may be much better ways to adjust to their problems." One of those better ways is through culture. Not something you might expect to hear from the BMJ; and a measure of the mental health millstone around our necks.

We shouldn't be surprised really. The causes of mental ill-health are rarely medical, so why should they have medical solutions?

And, if it's not stating the obvious, a country whose future lies in the industries of the mind – innovation, creativity, and invention – is a country that should be taking care of those minds as if its future depended on it.

It is, almost literally, a no-brainer.

### The NHS is the Answer to a *Different* Question

It's no accident that the NHS is nicknamed the National Sickness Service because it's built to fix us up when we go wrong, not stop us going wrong in the first place. It means, for example, that only **0.1%** of the NHS budget goes on promoting good mental health (*Sainsbury Centre for Mental Health*).

It's a figure that speaks for itself.

There is another way.

### Impenetrable = Indefensible

Please don't confuse a conversational style with lightweight research. You will find all 80 references in the main report. Please ask for a copy.

### Prevention: Promotion: Prime Ministerial Prescience

"Our goal:... to create for the next decade an NHS that is: focused on prevention as much as cure;" (Gordon Brown, 2008)

### Policies, Policies, Everywhere

"The improvement in heart health in several countries has had more to do with attention to environment, tobacco, and nutrition policies than with specific medicines or treatment techniques... Similarly, research has shown that mental health can be affected by non-health policies..." (World Health Organisation)

"A key task will be to ensure that commitment to mental health promotion is embedded in policy across all sectors, underpinned by a recognition of the mental health needs of the whole population." (*Department of Health*)

### Happy Nuns Live Longer

In the 1930s a group of young nuns was asked to write a short autobiography. Recently re-analysed in terms of the amount of positive emotion, these reveal that 90% of the nuns who expressed the most positive emotion were still alive at age 85, compared to just 34% of those who had expressed the least positive emotion. They all, of course, had the same regime in terms of lifestyle, diet and living standards. There is then a strong link between longevity and emotional well-being. (This is by no means the only example, but it's the most entertaining).

### A Place to Think

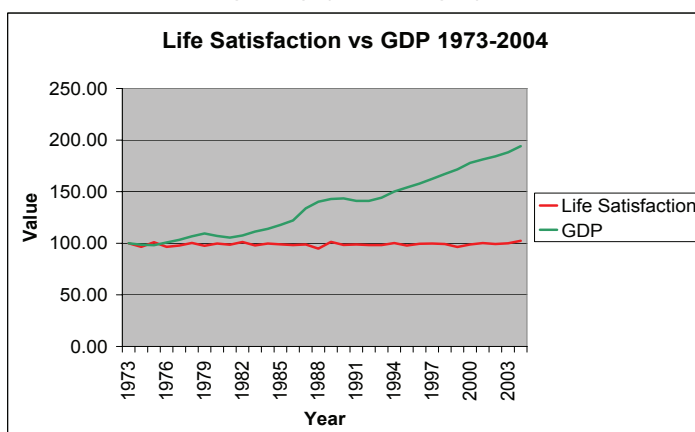
"Culture [is] a focal point where a society meets to think and determine collectively what sort of society it is and wants to be" (*François Matarasso, Recognising Culture, COMEDIA, UNESCO, World Bank*)

## What's So Special About Museums?

What's so special about museums when it comes to mental health and emotional well-being? Nothing.....and everything.

Nothing in the sense that every part of the economy and society should be concerned with emotional well-being because it's so vital. And everything because there are things that museums can do (and some already do) better than anyone else to protect our mental health.

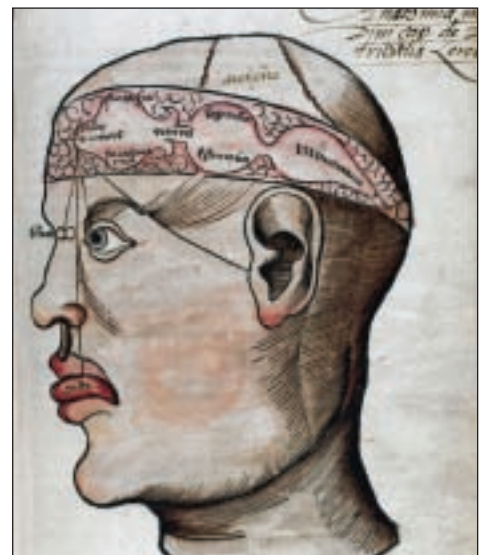
- o For most of human history, medicine has been concerned with illness and dysfunction, whereas what led to happiness and well-being was the stuff of philosophy, poetry, and art. Happily, their pedigree in philosophy, poetry and art means that well-being is in the bloodstream of museums and all kinds of other cultural endeavours, whether they realise it or not.
- o There's something about what museums do and well-being too. What they do is collect the flotsam and jetsam of stories and artefacts from our society to illustrate what people were (and are) thinking and feeling. It's about the meaning in life, not the mechanics of it and museums reflect it all back at us to make us think. It's an approach that's crucial if we stand a chance of closing the gap on this graph:



Source: New Economics Foundation, 2007

It's the graph that says that despite material wealth roughly doubling each generation, we are not getting any happier. Our emotional health is not improving because we've got more stuff. In fact, Lord Layard at the London School of Economics explains that our emotional health is getting worse because we're possessed by more possessions, more getting, and more spending: "The rat race is for income and when each of us works more and earns more, this imposes a genuine loss of happiness on others. It is a form of pollution.". This is the emotional pollution that is toxic to 6 million people a year in this country. It's a rat race that poisons your own mental health as well as those people around you, disabling all of us emotionally

- o Meaningful pursuits are good for your mental health – and museums generate that meaning through one of their main strengths – perspective. The perspective that comes from a time-line that stretches back into antiquity and the 25 million different perspectives that come from each of their visitors each year. It's a perspective that can help people find their emotional place in the world



Science Museum/SSPL

### So Say All of Us

"The Government should commit itself to the transfer of responsibility for public health from the Department of Health to, or with, other government departments." (UK Public Health Association, NHS, Local Government Association)

### BRAIN: The World Inside Your Head – U.S. Tour

BRAIN is a real and a web-based exhibition created by the pharmaceutical company Pfizer through their museum partnership programme in the United States. The whole science and health-related exhibitions programme has now seen more than 1 million visitors and the BRAIN exhibition is touring 15 museums over the course of 5 years. Pfizer created the exhibition with the National Institute of Mental Health, and the exhibition has a strong element of mental health and emotional well-being built in, for example, exploring memory, creativity, anxiety, depression, autism, and Alzheimer's. It includes learning materials (like notes for adults about talking to children) to help people talk about mental health and ill-health. BRAIN makes the most of the uniqueness of museums – using real artefacts (real brains in this case) and personal stories (like Ronald Reagan's Alzheimer's, Winston Churchill's depression, or Agatha Christie's epilepsy) to make generalisations poignant, real, and memorable for the people that see the exhibition. It's a good example of not only the individual engagement that museums offer better than anywhere, but also their reach – across a nation, and across millions of people: part of their unique contribution to undermining stigma and underwriting good mental health

If you would like to know more about this work  
or anything else we do, please get in touch with:

Culture:Unlimited, Otterburn House, St Anne's Hill, Bude EX23 0LT

Telephone 01288 350672

E-mail [directorsoffice@cultureunlimited.org](mailto:directorsoffice@cultureunlimited.org)

Charity Number 1123928

- o Because museums are about people and their place in the world, they can see the person, not the illness; the causes, not just the symptoms. It means they can engage people across the spectrum of emotional health; from those with a diagnosis, to those at risk, to those who want to develop their emotions, creativity, confidence, and enjoyment of life. (In the health lexicon, it's a spectrum from care and recovery to prevention and promotion. The examples we've chosen reflect that)
- o Artefacts – one of the main assets of museums and galleries – tend to communicate in 3-D and put jump-leads on your emotions and imagination. There's something emotionally unique about standing in front of a Brontosaurus skeleton in the foyer of the Natural History Museum that you cannot re-create on-screen or in print. That makes museums special. If nothing else, the sector holds about 1 *billion* artefacts in trust for society (enough to stretch the 385,000km from here to the moon) so, if we get it right, we shouldn't be short of ways to emotionally engage people
- o Museums have nothing to sell except understanding and enjoyment. There aren't many institutions left that can say that in a commercial world that snaps at our heels with 3,000 advertising messages per day, for each and every person, 24/7. That's special. Museums don't want to sell you a personal loan or tug at your insecurity to sell you more gadgets than your neighbours. They want you to *think*. They're with Thomas Aquinas who said: "Pleasure lies in being, not becoming", rather than with the American bumper sticker that says: "The guy with the most toys when he dies, wins"
- o Museums are sanctuaries too – a space to escape to; where you can hear yourself think; a kind of de-compression chamber to slow (and calm) people down and give them space to find their equilibrium again. There's hardly anywhere else people can do this without being assaulted by advertising, 'muzac' or overzealous sales assistants with commission to earn. That's special
- o There's something about museums being memory institutions too – the collective memory of society that is broader and deeper than any one person's recollections. The collective history, identity, and culture of humanity; museums are like a memory bank that we all share; an anchor for our mental health
- o The point about museum interventions in emotional well-being is that they wouldn't be medicalised, compulsory, or judgmental – the three things that people with fragile mental health fear most about the healthcare system. The best museum encounters are exploratory, diverse, informal, reflective, inspiring and fun – all those things that engage your mind

Blending this with the reach of museums and galleries in the UK (100 million visits a year by about 40% of the population, more sites than the big four supermarkets *put together*, more than 30 times the number of mental health trusts, and one billion artefacts to engage people with) seems to us to be an opportunity waiting to happen.

We're not talking about museums and the cultural sector being a pretty distraction to the mentally toxic lifestyles we've got. It's more than that. It's about culture opening and liberating the mind rather than temporarily distracting it. We see this every day in the best museum programmes of the world. They can change people's lives. Seeing museum work through a mental health lens shows how we can make this normal everyday practice across the UK. **Museums can change minds.**



©Tate, London 2008/Gary Hume

### The Drugs Don't Work?

One study showed that psychiatric patients who participated in arts projects had fewer re-admissions than those who did not whilst another showed that the benefits of non-pharmacological support can be as effective as prescribed antidepressants. The latter went on to recommend the potential of re-allocating some of the medication funds to support groups. Since then, guess what has happened? We've *doubled* the level of prescribing antidepressants – testimony that prevention is overwhelmed by quick fix cure, which is *precisely* why we need to enlist culture, education and other social policy to sure-up our emotional health.

### The Case Against Evidence M'Lord

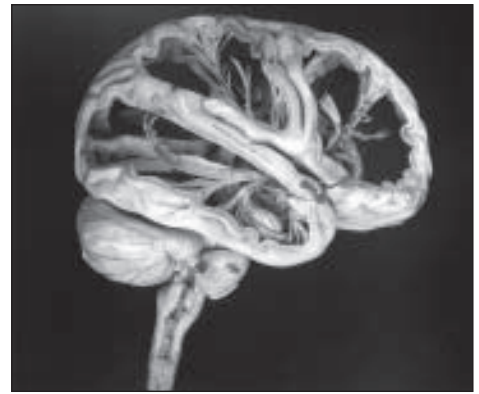
"The search for further scientific evidence on effectiveness and cost-effectiveness, however, should not be allowed to become an excuse for non-implementation of urgently needed social and health policies. Indeed, innovative methods need to be found to assess the evidence while these programmes are designed and implemented." (WHO)

## What Could Happen?

We've identified the *ends* of museums' work on emotional well-being (simply to underwrite the mental health of the nation), so we ought to say something about the *means* to do that.

It's easier of course, to hide in a bunker built of rhetoric, policy statements, descriptions of what the problems are, or lists of the outcomes we want to see. But we wanted to be bold and say what might happen for real. It's only a start, but it goes something like this:

- **Emotional self-portraits**, capturing people's feelings on video, on paper, on line, on anything, created by individuals or communities, and facilitated by museums – A way of emotionally engaging people (with/without diagnosed mental ill-health) strengthening their self-esteem, and building life skills like communication. Museums would offer both institutional backing and personal support for people who wanted to take this up, plus, of course, an outlet for the results in the form of exhibitions, and publications. It's a virtuous circle of involvement producing well-being, producing involvement, with the right emotional health results: participation, connectedness, inclusion, and negotiation (the protective head gear you need to keep you mentally safe). If it was big enough, it could become an emotional snapshot of a nation
- Curation and **co-creation of museum exhibitions by the public** too – so they become authors not just readers, creators not just consumers. That would really engage people's minds, both those doing the creating and those seeing the results (especially if the results were dynamic and gave plenty of opportunity for editing the exhibitions yourself as a visitor)
- **Emotional literacy kits** available as part of a take-away menu from museums (to keep people engaged even when they've walked out through the door at the end of their visit). These kits would be fun-to-use, practically useful material that keeps people talking, thinking, and learning about mental health when they've left – something like emotionally-charged fridge magnets to express your feelings and break the ice when it's hard to find the right words – let your imagination run wild
- Guest **curation** of major exhibitions by people from the world of mental health (why not an exhibition at the National Gallery or the V&A, curated by MIND, the Samaritans, *et al?*). Certainly museums need curatorial input from experts who understand the issues better than they do. Museums learn, mental health organisations learn and, especially, *visitors* learn from some eye-catching exhibitions: everyone improves their emotional literacy.
- How about **emotional employment**? What we'd be saying here is that the museums system should *live* the values it promotes. Working in a museum should be personable, socially engaging, empowering, stress/time-friendly, happy, etc. What can we learn from companies like PRET, John Lewis, and Co-op?



Science Museum/SSPL

### The Artful Dodgers Studio

This gallery and studio, based at a welfare agency in inner-city Melbourne, Australia, is run by Jesuit Social Services as a sustained-engagement model specifically for young people who are extremely emotionally fragile, marginalised and at high risk of mental ill-health. Their philosophy is to treat participants as *creators* not *clients*, and rather than regarding their work as therapy, the Studio uses culture to 'be with' participants. It provides a safe haven for people, whilst they explore the relationship between isolated individuals, a supportive community and a world of possibilities.

Figures examined over a four-year period ending in 2001 suggest that by engaging with the program, participants learn to manage their mental health, substance misuse and other problems:

- o *Substance misuse* – on entry to the program, only 6% of participants reported not misusing drugs and/or alcohol. This picture changed drastically, with 36% of participants reporting not using any substances on exit from the program. Further, on entry to the program 76% of participants reported abusing depressants such as alcohol, heroin and prescription drugs, while on exit this figure had dropped to 37%

- o *Mental health* – there was an overall reduction in reported levels of anxiety, depression, and self-harm, as well as a small reduction in the number of psychotic episodes experienced by some participants

- o *Education/employment* – almost all of the participants who came to the program had disconnected from formal education and/or employment; however, on exit 18% of participants entered some form of employment and 21% returned to formal education

(Thiele and Marsden)

- A ***national volunteering programme***, since volunteering produces more well-being than paid work (New Economics Foundation). There are already 50,000 volunteers in the sector. What isn't there is a development structure to get people in, help them learn more about their subject and hold on to them. Everybody wins: employers get skilled-up volunteers, volunteers get to know more about their passion, visitors get a better experience, government gets to hit some learning targets. People over 55 give more than 1.5 billion hours of their time as volunteers and a study by the Active Community Unit looking at older people volunteering to benefit their local community found that 85% of the volunteers felt better for it. Surely an opportunity waiting to happen?
- We could create ***windows on emotional health in the high street*** – exhibitions in shop windows about well-being. Why not, for example, take the Bethlem Hospital Museum's work or the output from *emotional self-portraits* and transplant it into Chemist shop windows around the country? Another everyone-wins scenario (Chemist shops get lively, engaging shop window displays, shoppers and window-shoppers learn something vital, mental health agencies get their messages into every high street in the land). In fact, we could take museums to the people rather than compelling them to come through the turnstiles in other ways too: how about a mobile exhibition service for healthcare settings where people have some time to think (usually about health issues) – mini-exhibitions in GPs waiting rooms, or hospital wards, bookable by 'phone; or further afield where people have time to kill like, say, airport lounges....why not?
- An ***international outreach*** programme with other world museums to compare and contrast the emotional state of other cultures (and imply what we can learn from that). This could work by collecting stories from British émigrés abroad (many of whom have escaped to a slower, simpler, more emotionally healthy, lifestyle) and from overseas museums' work with their own populations. The spectrum runs from mental trauma (Rwanda, Bosnia) to emotional nirvana (Bhutan – see the box on this page)

### The Economics of Happiness

In the kingdom of Bhutan, the king and parliament measure the progress of the nation by GNH – that's Gross National Happiness – which includes mental health and emotional well-being as one of its central tenets. This is Buddhist economics, so psychological wealth is what counts above material gain. **Mind over matter** you might say. In our Western materialist eyes, Bhutan is a developing country. In their Eastern spiritual ones, we're probably not a developed country, but an over-developed one. What can we learn from this tiny Himalayan country? Aren't museums and galleries about the same approach to life? About the meaning in life, not the mechanics of it? We think so.

### Withymoore Village Surgery

Withymoore Village Surgery is a unique general practice in Dudley, West Midlands, which started in 1979 on one of Britain's largest new housing estates. The GP, Dr Malcolm Rigler, was overwhelmed by patients coming to the surgery with a great many conditions including depression, stress, and broken relationships, which in their turn led to excessive alcohol intake, stomach ulcers, depressed immune systems, obesity, and heart disease.

Medical training had not provided Dr Rigler with methods to deal with these problems: "I was overwhelmed by the great number of conditions I saw for which medical solutions seemed inappropriate. Patients came to me in their droves with problems ranging from divorce to family breakdown to unemployment or post-natal depression, but my (medical) training had neither prepared nor qualified me for the responsibility of dealing with problems of a personal or a social nature. In its preoccupations with facts and measurements, my medical school had overlooked consideration of an effective communication with patients..."

Dr Rigler saw the solution to this community malaise as requiring the 'prescription of ideas not medicine' and that included the front-line use of creativity and culture: "I also wanted to do all I could to help patients to fully appreciate and understand the fragility and complexity of their own bodies, but I wanted this to go beyond biological facts and simple health education...I believed we could sow the seed of total enchantment with the human condition...help us all to find a meaning in life and so to value ourselves, our neighbours and the community in which we live." Rigler realised that creativity and culture could provide the necessary communication and education with impact, excitement and insight.

The cultural projects at Withymoore Village Surgery have brought people together around enjoyable activities like the annual lantern procession begun in 1990. On its tenth anniversary, over one thousand people took part, confirming its success in building community and establishing a tradition.

A list of goals achieved though the use of culture and creativity at the practice includes: increased understanding of health issues; development of communication skills and confidence; reduction in social isolation; development of a sense of community; increased confidence to tackle causes of ill health; reduced stress/anxiety; improved understanding of patients' own and their community's health needs; and involvement in their own care. *This could not have been done by prescribing medicine.*

(Centre for the Arts and Humanities in Health and Medicine)

- Why not an **emotional literacy hour** (happy hour, if you prefer), once a day, in every museum (school, library, workplace....) in the UK? This would extend the social inclusion agenda in museums to capture people excluded on the basis of emotional health. Work on social exclusion has tended to focus on the obvious exclusionary traits you can see (ethnicity, physical disability, gender). Why not be bold and extend this agenda to include the things you can't see, like economic, intellectual, or emotional exclusion (harder to see but just as pernicious)?

We know the causes of mental ill-health are rarely medical. So, rarely are the solutions.

We need another approach.

And we need it now.

We leave the last word to the late John F Kennedy who expressed the heart and soul of what museums and culture can do to protect and preserve our creative, individual, emotional minds:

“When power leads a man towards arrogance, poetry reminds him of his limitations. When power narrows the areas of man’s concern, poetry reminds him of the richness and diversity of his experience. When power corrupts, poetry cleanses. For art establishes the basic human truths which must serve as the touchstones of our judgement. The artist...faithful to his personal vision of reality, becomes the last champion of the individual mind and sensibility against an intrusive society and an offensive state.”

Think about it.

Call us.

### Big hART

Big hART is a cultural organisation using creativity to engage with people or groups experiencing marginalisation in a rural, regional or isolated context in Australia. The company is best known to the Australian government agencies for its crime prevention work, but reading the outcomes reveals mental health gains everywhere you look. Hardly surprising when you realise the parallel in this country: 70% of men in prison (and they’re 96% of the prison population) suffer from two or more mental disorders. In fact, the Prison Reform Trust says of prisoners: “much of their offending is a public health concern, not a criminal justice one. The solution is not investing in more prisons, but fixing the gaps in mental health care.” (*Prison Reform Trust, 2005*). Makes you think that a project like Big hART could do for this country what it has in Australia:

- o It allows disadvantaged individuals to be re-engaged in the cultural life of the community, which improves the social health of both the individual and the community
- o The holistic approach taken results in social, economic and cultural benefits for the entire community
- o The activities to which young people contribute help to improve their emotional/mental health, family reintegration, and employment options. The work has other well-being outcomes including suicide prevention, crime prevention and vocational training
- o The mentoring and advocacy in the activities helps to improve health by promoting behavioural change and opening up options for the disadvantaged
- o People who are disengaged from society can cease anti-social behaviour and be re-connected with the community

### The DANA Centre at the Science Museum

The Dana Centre is a showcase for contemporary science, technology and culture, which has its home at the Science Museum in London. It covers all sorts of science issues in a provocative and engaging way including, of course, mental health and emotional well-being. For example, the 2005 debate on mental health entitled: “Is it you or I who should be in the asylum?” – held both live at the venue and web-cast to anyone who wanted to log-in across the world – began chipping away at the stigma and fear associated with some forms of mental ill-health, like schizophrenia and manic depression. The implication in the title is that it’s our irrational response to illnesses of the brain that means it should be us who should be in the asylum when, as we know, sufferers can have a normal life (job, family, friends, social life) and recover from episodes of illness, just like they can with physical health. This is a museum doing what museums do best – approaching a contemporary debate with inspiration, imagination, and an impassioned plea for common sense to neutralise the toxic reporting of mental health issues: a museum taking its full role as a public debating space on neutral ground with nothing to sell except learning.

### The Open Museum, Glasgow

The rarity of formal evaluation in the field of mental health and museums makes Leicester University’s review of The Open Museum in Glasgow all the more interesting. In-depth, qualitative data was collected from a number of the socially excluded city residents who had been expressly targeted by the museum. In one case, David McCracken was referred to the Trongate Studios by the medical profession as a route out of his clinical situation as a mental ill-health sufferer. McCracken built a sculpture for the Open Museum called Putting the Boot In – made from pulped Poll Tax demands. It contains symbols of the things that held his life in check as a consequence of mental ill-health: from school books; to symbols of authority; and drugs. The sculpture toured community venues and libraries as well as major museums like Kelvingrove. David McCracken’s experience typifies the power of creativity and culture to change lives – both the lives of the people engaged in the creativity, and those who witness it:

“I could not have lived my life without this now...it is my reason for getting up in the morning...It was a huge change in my life. I was able to express myself for the first time...I seem constantly to try things I have not done before. I have learnt new skills...I have made quite a lot more friends since making the sculpture...people are interested in what you have done, people just like it for what it is – that’s a confidence booster...The project has made me realise I have potential whereas I thought I did not matter to anybody. Before it did not matter if I lived or died.”  
(Dodd et al)