



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

### The Arts and Post-traumatic Stress Round Table

Monday December 7th 2015 3.45 – 5.00pm  
MINUTES

#### Attendees:

Lord West of Spithead  
Lord Howarth of Newport  
Baroness Lola Young  
Jason McCartney MP  
Professor Peter Kinderman  
Professor Nigel Osborne  
Jason Bell  
Jojo Bowman  
Nicky Clarke MBE  
Kevin Dyer  
Colette Wild  
Emily Gee  
Shaun Johnson  
Rosie Kay  
Jessie Lee  
Janice Lobban  
Jaclyn McLoughlin  
Lis Murphy  
John Ryan  
Maya Twardzicki

Veterans in Practice  
Danish Wounded Warriors  
Military Wives Choirs Foundation  
Farnham Maltings  
Farnham Maltings  
Veterans in Practice  
Combat Veteran Players  
Rosie Kay Dance  
Danish Wounded Warriors  
Combat Stress  
Combat Veteran Players  
Music Action International  
Home Front  
Home Front

An invited audience included representatives from the partner organisations for the APPG Arts, Health and Wellbeing Inquiry: Nikki Crane, Director of Arts Strategy at Guys and St Thomas's Charity and Paul Camic, Professor of Psychology and Public Health at Canterbury Christ Church University and representative for the Royal Society for Public Health Special Interest Group in Arts, Health and Wellbeing.

#### Minutes:

**Alan Howarth**, Co-chair of the All Party Parliamentary Group on Arts, Health and Wellbeing, welcomed everyone to the meeting and introduced Admiral Lord West.

**Lord West** welcomed everyone and thanked them for travelling from far afield, including Denmark and Scotland. Lord West identified the overarching questions for the meeting:

What do you consider to be the benefits and opportunities for working with the arts and Post-traumatic Stress?

What are the challenges to making more of this work happening?

The purpose of the meeting is to get the key benefits and challenges to help inform policy recommendations.

**Lord West** then introduced Professor Peter Kinderman, Professor of Clinical Psychology at the University of Liverpool and President-Elect of the British Psychological Society. His research interests are in the psychological processes underpinning wellbeing and mental health.

**Peter Kinderman** considers himself an applied scientist. The arts can help challenge the scientific jargon when we consider the complex emotional and behavioural issues of being in traumatic situations. The arts can help people build self-confidence, develop new areas of talent, explore issues in a tangential way, the expressive arts include physical activity and the body. They help people explore things from alternative perspectives. They can help us do things differently in mental health services. Joe Klein argues for not using the word ‘disorder’ and that: “It is an insult to our veterans to say they have something that is a disorder when they come back from war with the scars”. I agree with him. A new play by Ridiculusmus: ‘Give me your Love’ explores post-traumatic stress from an alternative perspective. Jackie Dillon has struggled for many years with auditory hallucinations. She says: “Don’t ask me what’s wrong with me, ask me what’s happened to me?” Lesson for all. Mira Biswingular, employed by the NHS as a Chaplain, has started a campaign on Twitter called Only Us – we all have emotions, we all respond to things that happen to us. We all have anxieties and doubts – there is no them and us, there is no them who are ill, those who are vulnerable, we who are sane. There is Only Us.

**Lord West** introduced Professor Nigel Osborne, a composer and Emeritus Professor of Music at Edinburgh, who has pioneered working with music and children in conflict zones.

**Nigel Osborne** was involved in human rights during the war in Bosnia Herzogovena and volunteered to work for the Bosnian government. Children were suffering terribly, shells and brutalization. With some artists friends he started a programme for kids simply to divert attention from the horrors around them. Workshops were held in big cellars in houses in Sarajevo, completely impregnable. They wrote songs, sang and developed theatre. The Ministry of Health said it was the best therapeutic programme and asked them to develop and expand the project. Eventually it was reaching 3000 children a week and it was built into the National Programme for Arts Education, carrying on for years. It spread to Kosovo, later Chechnya, Palestine, East Africa. Grew because it had been seen to be successful. Medical services like what works, and it worked. Several things emerged in analysing why it worked. It offers a form of release, a normal human circumstance in which to be with people; can offer, through creative work, self-confidence in a sense of achievement and self-respect; communication. Women in this film (unable to show it) have never had justice, the people that raped them have never been punished but their song about it has been heard. Literature is very poor on the physical effects of trauma: raised heart rate, dis-regulation of movement very strong in children verging on ADHT or extreme sluggishness, dis-regulation of breathing, or endocrine dis-regulation, Cortisol and so on. There is evidence that music is very helpful in regulating them. Music and the arts are nature’s way of mending us.

**Lord West:** Discussion – additional themes that have been suggested are:

- Artists and the role of different art forms and arts therapies in this work
- Working with different groups: veterans, families, those affected by war including refugees and asylum seekers
- Diagnosis and stigma
- Structural and other challenges in terms of where and how work is delivered
- Identifying the benefits, research and evaluation
- Sustainability of work, funding and resources

**Alan Howarth:** Welcome to Jason McCartney, Co-Chair of this APPG.

**Jason McCartney,** Member of Parliament for Colne Valley, was in the Royal Air Force, and served on the no-fly zone over Northern Iraq. He saw the Combat Veteran Players in Huddersfield last year and they were fantastic.

**Janice Lobban (Combat Stress)** At Combat Stress veterans have received the ‘disorder’ diagnosis. We use art therapy to process traumatic memories that have become stuck. We’ve had to evolve an adaptive art therapy model to meet the problems faced by veterans. The NICE guidelines for treating

PSTD are Trauma-focused Cognitive Behavioural Therapy (TFCBT) or Eye Movement Desensitization and Reprocessing (EMDR). Art therapy has yet to establish an evidence-base in this context. The challenge has been how to find a common language to convey how art therapy can help. With advances in neuro-science there is more understanding of how arts therapies can reach the non-verbal parts of the brain and assist recovery on a structural level. Competition for funding underlines a need for further investment into research to improve the evidence-base.

**Nicky Clarke (Military Wives Choir)** Related to that point about labeling. By definition the arts is a very creative and non-labeling. How does that sit with an NHS that seems to go further down the route of needing a diagnosis and a cure. How do you cure something that isn't a disorder. Huge amount of work that needs to be done in educating society about what mental health or mental not health is.

**Shaun Johnson** - I am a gunner, artillery, after 15 years I was referred to Combat Stress. When I went in to Combat Stress my first thought was who has donated this awesome art – made by veterans. Art was an escape – for post-traumatic stress, or mental trauma, or 'mind fraggers' as we veterans call it. We have been working with Combat Veteran Players for the last few years and seeing the effect on the veterans is just astonishing.

**Jackie McLoughlin** – Combat Veteran Players started about 5 years ago through the connection with Combat Stress. Breathing being nature's way of mending us was the foundation of the CVPs, looking at breath control in Shakespearian verse and its physical effect, but there was much more to it: confidence building, bonding, discovering skills. Now we have a group of trained highly skilled actors. I share concerns about having to prove there is a cure when trying to secure funding. Everything else falls into place except funding. I am a practitioner, not a clinician and theatre isn't a cure. We don't have hard scientific data.

**Lord West:** Is there any data, where and how is that held, we are in a society where you need precise data – how does one make this assessment.

**Prof Kinderman:** There is lots of data but there is a need for scientific rigour. Across mental health and Psychiatry nearly all the data is self-report. People don't 'have' hallucinations, people report that they are hearing voices. The only way you can tell that somebody isn't hearing voices is by asking them Are you hearing voices? They say no and we say we've got a cure. Do you feel confident, are you able to hold down a job, is your marriage stable, do you feel happy more days than you feel sad? Those are as hard data as it gets. I wouldn't go too far down the road of neuroscience. There's not a different brain that the person with trauma has. When we go through trauma our cortisol system is disrupted, our HTA axis is disrupted, we develop all the signs of an overactive autonomic nervous system and all of those things can be observed as objectively. I have no doubt that what people are talking about in terms of music, art, drama the arts can have a measurable and demonstrable effect on people.

**Maya Twardzicki (Home Front)** worked with the academic department for military mental health to evaluate the comedy project and used established measures, validated scales: military stigma scale, mental health knowledge scale. It is important to follow up to establish whether it is a short term or longer term benefit.

**Lord West:** How often does someone effectively get better and then regress again to back where they were?

**Peter Kinderman** It depends on the nature of the intervention and on their future lives. As a therapist you aim to get a marginal benefit and then they re-engage with life and the world.

**Nigel Osborne** - the average music therapy will take about three years. You can do the psychometrics and you can get physiological measures as long as not invasive.

**Rosie Kaye (Rosie Kaye Dance)** The work Five Soldiers explores the embodied experience of a soldier and went on a UK tour of military bases, with a three month outreach programme of engagement. It is important that artists get opportunities to investigate this area and to create work that has a sense of authenticity. Difficult audiences: military audience distrustful of outside representation; arts audience who want to see something that speaks to them in a transcendental way. What joins them is the sense of authenticity. Artists need to maintain their integrity and independence and their concern should be about creating art. How do we offer more opportunities so that artists get authentic experiences but also make work that speaks in a contemporary manner to a contemporary society?

**Lis Murphy (Music Action International)** - We run a project in partnership with Freedom from Torture for torture survivors from all over the world. It began as a therapeutic music project with musicians and a clinical psychologist but through that the performance became very important too. There is a need for non-verbal aspects and the sharing of languages because they can express their own feelings but also their stories and their messages. Through the performances this authenticity really helped audiences to connect. We have performed in communities where there is quite a hostile attitude to refugees and asylum seekers. With the direct connection through an emotional medium it really began to change perceptions between our groups and the audiences we were with.

**Jojo Bowman (Danish Wounded Warriors)** In Denmark we have managed to build a coalition between the arts and military, and medical professionals. Our background is rooted in ballet and we use a specialist pilates to embrace. Our impression is that trauma affects the whole organism: mind, body and spirit, so we try to address the somatic and the psychological symptoms. In our research we use self-reports. Collected statistically significant increases and have been measuring outcomes for the past year. How do you take this to the next level in trying to embed it and take it into long-term processes?

**Nicky Clarke** The seed in all this is a sense of connectedness. In choirs you are part of something bigger and in a military establishment you are one part of a bigger group, hear phrases like Band of Brothers. When you have mental health you can feel very lonely. Connectedness and sharing leads to de-stigmatising and the other benefits.

**Peter Kinderman** Everything is self-report but that doesn't stop it being scientific. There is a difference between curative effects and benefits. There are lots of things we do in liaison mental health for instance where the aim isn't to reduce the cancer, the aim is to give people a better quality of life despite the fact that they have cancer, it is about building a life. Preventatives work and what we want to do is to prevent people developing those disorders. So offering services when people haven't got a disorder as prevention is a gold standard. If what we offer has no effect then what we have done is a mistake. We can be clear sighted and use people's self-reports then have to be systematic and honest about the answers.

**Lord West** My experience is that the military understand really well and they don't think there is a stigma but the person themselves feel that there is a stigma.

**Jay Bell (Veterans in Practice)** One of the big issues is isolation, if you are immersed in an environment where to show any weakness is frowned upon. You can't say we won't train them like that anymore but it is when you come out that the rules are different. Rules of engagement for military and civilian life are completely different. People will not admit those emotions, what people perceive as weakness, feeling scared, alone, ashamed, you can't have that if you get shot at. It is learning how to switch that off, that is where the arts come in, there's no shortcut – you have got to understand why the way you have been trained isn't the way you can live in a normal society. Lads, me included, go years without trying to seek help.

**Lord West** Although you can't allow for it in the military everyone understands it.

**Jay Bell** I remember in Iraq, we had a mortar come in and land about 50 metres from us. My abiding memory of that was everyone was scared, but when you realised no one was hurt you started laughing. You can only do that for so long before it starts eating away. When you come out and you are not surrounded by people who really understand is when it becomes the issue. The imagination is a great thing but it can be a terrible thing as well.

**Janice Lobban** At Combat Stress, it is on average 13 years after leaving the Forces before people ask for our help, by which time problems can become very complex. Often veterans say that one of the great benefits of coming to Combat Stress is the sense of connecting with others, of not being alone or the only one struggling with problems.

**Nicky Clarke** What the arts bring is a language, an ability to express what you haven't been able to express. There aren't sometimes words for the sort of feelings people have experienced. So music, arts, theatre, is a language that is perhaps more accessible than verbal.

**Nigel Osborne.** It's also an immersion. In war the smell and touch of it, if you have lived it you know what that is and the only way you can deal with it is another immersion and a better one. Art demands an immersion. Artists and soldiers are quite similar at that level of commitment and courage.

**Collette Wild** Expressing your feelings is unacceptable so the only real way of dealing with it is if it's mandatory that they go through some sort of diagnosis. Should be mandatory before it becomes 13 years and you are dealing with more than the straightforward problems you first started with.

**Richard Kidgell** I am a veteran and one of Jan Lobban's art therapy clients. One of the major problems I have is dissociation, where the logical, disciplined, military, left brain has stopped communicating properly with the emotional, symbolic right brain. I am very aware of the two separate people within me that I have to try to integrate. I believe that art therapy has two stages: the analysis of the problem and trying to diagnose exactly what's wrong; you put your ideas down on paper, the creative emotional mind puts images down in symbolic form without being censored by the logical disciplined mind. Then you need to use the creativity of the right brain coupled with the detailed skill capability of the left, which forces the two halves to communicate with each other. It was 20 years after leaving the Armed Forces before I went to Combat Stress, but their art therapy is the most powerful and useful therapy I have experienced. From my own experience I think it must also be extremely cost effective.

**Jessie Lee (Danish Wounded Warriors)** From our experience in Denmark it was really by chance that we got one doctor to listen in the hospital in Copenhagen and we got his interest, it is our channel to get the people to us as a part of their rehabilitation, immediately not after the injuries get worse. How do we as practitioners reach the people who need the help and how do we cross the borders between the NHS, the arts and the military?

**Lord West** - you are identifying one of the challenges

**Kevin Dyer** - Art is so varied and nuanced it is difficult for funders and authorities to understand it. I am a writer, I listen to stories and I re-tell them. I am not necessarily telling them for the benefit of the people who have stress. I'm interested in telling the story for our society. My Dad was in no. 3 Commando on D-Day, at the end of his life when he had no money he was giving 80% of his money to Combat Stress so there was 50 years of silence for my Dad about what happened to him on Pegasus Beach. My job as an artist is to pick away at that silence. I want funders and arts organisers and health organisers to make the bridges between different arts and non-arts organisations. We spend most of the time trying to find the right collaborations and connections so that the work is meaningful.

**Maya Twardzicki** I run arts projects using comedy, which is very effective at reducing stigma. Day job is working in a Public Health department. Perhaps there should be more exchanges between the

arts and public health. It is something we are trying to do in Surrey. We have a prevention focus. If you link more in with public health they are a vehicle for working on this.

**Emily Gee** Picking up on the challenges for veterans accessing arts and mental health services, we do need to understand mental health in the military better but maybe it's not about diagnosis as such, more about making access to the language better. By not having more labels and diagnoses and formalized therapies and also about understanding the broader terminology of wellbeing and how that expands into society and politics, the role of art in producing agency and affect.

**Rosie Kaye** Through networking we managed to get signposted to Colonel Nick Makin. We wouldn't have been able to do the outreach programme without that contact. It gave us a national network of individuals that we could meet and talk with, you can't underestimate the benefits of face-face meetings and building trust.

**Nick Makin** Serving army colonel, a gunner, and head of army welfare. We have army welfare workers, both military and civilian who do a lot of training to pick up these issues. A military environment and audiences can be quite cynical. The Arts provide an alternative perspective and takes away the stigma for the serving soldier. Undoubtedly there are therapeutic, educational and other benefits. Rosie is looking to run a similar programme in Scotland. I am facilitating with Rosie the venues within which Rosie's programme is being delivered in England and Wales. I am not an army spokesman but we are acutely aware of mental health awareness and we are doing a lot to deal with it.

**Alan Howarth** Point was made that it would be valuable if people coming out of the armed services could be assessed so that if they have significant problems they can be picked up earlier. What are the processes that the MOD is operating to achieve that?

**Nick Makin** Our remit is with serving soldiers and their families. If they are serving and if it is identified to us and they wish to engage with us then we have people who can work with them. As they leave the army we will do our best to ensure they are connected to charities to make sure they can continue with any support they might need. If you are picking your combat indicators up after you leave the service then that is much more challenging. Most of the challenge is after the military service.

**Peter Kinderman** - Alan Barratt runs the veteran mental health service in the North West out of Manchester. The entry criteria: if you think your problems are in any way related to having been in the armed services then you pass the entry criteria. He claims he is managing a service that is cost-effective. Not overwhelmed.

**Jay Bell** Lot of talk of diagnosis and assessment. The problems may be varied but everyone who has been in the armed services has been subjected to behavioural conditioning to turn them into a soldier, or the Navy or the RAF. It doesn't matter if you have seen any significant combat, the way your mind works has been altered, you can tell if someone has been in the Forces when you see them walking down the street. Rather than diagnosing and further separating us there should be a six week workshop where you get to try art, to try music, comedy. That's how you take the stigma away, you normalize it.

**Shaun Johnson (Veteran)** Transitional difficulties are rife. I was born in the Armed Forces, I served 12 years and came out with a crush injury. The first barrier I had was that people didn't speak my language. If I had a problem I would have a drink. That drink would become another drink and that's when the trouble started. Some of the guys are coming into the theatre company quite soon after leaving the Forces, we are able to give them some advice and guidance. Our mind can be our best friend and our worst enemy. The arts are quite crucial. We always say in theatre after the last night, what's next. Luckily we are still working with the RSC and Shakespeare's Globe

**Lord West Morgan** O'Connell when screening those coming back from combat found a lot of them were drinking and that made his assessment difficult.

**Jaelyn McLoughlin** When the company first began I was using the Warwick Edinburgh Mental Wellbeing Scale but we decided not to continue. When Shaun took a bow as Hamlet if I had then handed him a WEMW Scale and said tell me how you feel that would have been putting him right back under the stigma again. Shaun and all of his colleagues are such incredible actors because they are actors. Every model is different but we don't want to do the data collection because of the stigma.

**Michael Berkeley** I wonder how much research the MOD is doing itself into this problem both neurologically and into the arts, if more creativity was fostered in the armed services, so that people have some exposure before things going wrong.

**Jay Bell** While serving there isn't room for it. You can't be asking questions when you are in combat. On the way out is when it is needed.

**Sue Daniels** When I first heard about this a press release landed on my desk for the National Endowment for the Arts in the USA and they just announced a big programme between the arts and the Department of Defence. They have just expanded the programme. They have an integrated health care model and have created a task force on the arts and human development.

**Heema Shukla** We need to come up with some evaluation frameworks that are flexible enough but can be used in different contexts. As far as Public Health is concerned the Faculty of Public Health has just set up a Special Interest Group.

**Baroness Masham** I've just taken an ex-soldier on and have a feeling he may have some combat stress. He was serving in Afghanistan and was shot in the leg. He felt very isolated when he left the army and has been working in a remote place in Scotland.

**John Ryan (Comedian and writer)** From my experience in delivering comedy shows it seems that the army is possibly the best place to have a mental health problem because of the facilities. We have to justify our work to funders, it is not enough to put on a fantastic performance, the people paying for it want to see results. Whether or not there are results is another matter.

**Kirsty** RAF veteran with Military Wives Choir. Reservists have increasing problems, the environment is changing rapidly and isolation is increasing. Also with families, language is essential, the terminology for PTS issues. They are ordinary and can be discussed. In that 13 years before you access the professionals, it is the families that have propped you up or let you fall.

**Lord West** Peter O'Toole died last year. I knew him but I didn't know until then that he felt guilty because he had lost friends when the submarine HMS Poseidon sank and he felt he had let them down by leaving the service. It had affected him for 60 years when it suddenly came out. Benefits have come out quite clearly from what everyone has said. The challenges may be more difficult to sort out.

**Alan Howarth** Thanks to you all for coming and sharing your insights and speaking very illuminatingly about this clutch of issues. These round tables are educative for parliamentarians and will feed into an Inquiry we are conducting with a view to producing a report in 2017 that will inform policy makers about what the arts and health can contribute. We hope that we will better establish your good practice and that policy makers will take on board more and more what you have to offer.