

CONCEPT PAPER: A NSW MUSEUM OF THE MIND

EXECUTIVE SUMMARY

The purpose of this paper is to outline the concept of establishing a Museum of the Mind in NSW, potentially in Callan Park, in line with the Master Plan currently being considered by the NSW Government.

The proposed museum would be an agent of social change and social inclusion and make use of the undeniable potential of museums as therapeutic agents¹. The museum would promote mental health and reduce stigma by bringing people with a lived experience of mental illness and a broad audience together to explore the mind, mental health and the experience of mental illness. Internationally, there are many award winning and popular museums which seek to reduce prejudice and some, like Het Dolhuys in the Netherlands and the Museo Laboratorio della Mente in Rome which specifically seek to reduce the stigma of mental illness.

It is proposed that a plan to establish a Museum of the Mind be announced alongside the launch of the Mental Health Commission. It would be dedicated to the people of NSW past and present with a lived experience of mental illness, their carers and families. The principle of social change inherent in the establishment of the Commission would be paralleled within a Museum of the Mind. The museum would act as both a memorial acknowledging the past treatment of people with a mental illness and a tool of the future, championing a new era of mental health reform in NSW.

The museum would reinforce the significance of the Commission through its focus on the mind and could assist the Commission with its functions, as outlined in the *Mental Health Commission Bill 2011*, particularly:

- (d) to promote and facilitate the sharing of knowledge and ideas about mental health issues*
- (h) to educate the community about mental health issues, including for the purpose of reducing stigma associated with mental illness and discrimination against people who have a mental illness*

It is envisaged that a museum would provide a powerful platform for sharing knowledge and stimulating ideas facilitating collaboration between consumers, carers and families, mental health professionals, researchers, academics and other stakeholders. It would also provide interactive learning to the general community (people visiting in person and on-line) and specific groups through targeted programs, such as diverse segments of the work force or schools.

A museum would be at the forefront of stigma reduction in NSW, using an innovative and sustained focus to educate, inform and influence attitudinal change, potentially engaging media strategies to support the shift. Sustained attitudinal change could be evaluated and measured by researchers through visitor studies as was done for the *RACE: Are We So Different* exhibition in the United States². Using the cultural authority, which museums have, it could tackle sensitive and challenging issues. The Museum of the Mind could be guided in this task by an expert Reference Group.

The Museum could support the implementation of the NSW reform plan developed by the Commission through initiating community engagement on topics which require a particular focus through static and travelling exhibitions and working with priority populations.

A Museum of the Mind would play a key chronicling role -identifying, assessing, cataloguing and assisting in the preservation of artefacts which catalogue the history of psychiatric care in NSW. Much of the historical record has already been lost (e.g. the theft of historic artefacts stored at Callan Park) and what remains is under threat as voluntary custodians of uncatalogued collections in hospitals age and existing buildings are being taken over for other purposes e.g. The collection from Kenmore Hospital in Goulburn is being given away to other museums as the historic hospital building formerly used as a museum has been sold to developers. Existing artefacts urgently need to be identified, catalogued, preserved and displayed. A Museum of the Mind could play this role.

Included in the Callan Park Master Plan, a Museum of the Mind fits with the philosophy of renewing the site as a precinct for mental health and wellness and arts and culture. Should it not be considered as a site, other locations could be considered.

To be successful, a Museum of the Mind must function as a cultural institution. There must be substantial and on-going demand for its displays. It must be attractive to a broad cross section of the community, and attract good numbers of visitors. There is every reason to believe that all these factors are eminently achievable: Museums of the mind overseas have been highly successful in this regard, with European museums having won awards. In Australia, the exhibition, *Remembering Goodna: Stories from a Queensland Mental Hospital* at the Museum of Brisbane attracted 65,000 visitors.

Initial research into attendance at museums and galleries in the greater Sydney metropolitan area indicates that consideration should be given to the needs and preferences of people living within 5km of the museum, tourists, women and older people as they comprise a significant proportion of visitors. In addition, educational programs for schools, colleges and universities would be a priority. Consultations with teachers, lecturers and tutors would help target areas of interest which would align with and supplement learning from requirements of various curricula.

It would also be important to regularly change displays as research indicates that the majority of visitors return. Exhibits and programs need to appeal to diverse interests and be accessible, engaging, educational and interactive to encourage repeat visits and to appeal to different sub-groups.

The development of this paper was guided by a Reference Group comprising consumers, carers, a historian, a museum curator and service providers, including those providing services to Indigenous young people and people of culturally and linguistically diverse backgrounds (Appendix 1). A focus group discussion was held with consumers, including a specific focus group of eight high profile consumer advocates (Appendix 2). People unable to attend on the day have also provided input. It is also informed by the MHCC's consultations with museum curators, historians and others (Appendix 3).

This paper discusses the innovative approaches developed by museums internationally to meeting social policy objectives and outlines key messages from consultations with consumers and other stakeholders which have shaped the concept.

If the concept of a Museum of the Mind is approved in principle, further work would be required to develop a detailed proposal addressing and costing a range of factors pertinent to running a museum. The last section of this paper outlines these factors.

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1. HOW COULD A MUSEUM CONTRIBUTE TO MENTAL HEALTH OUTCOMES?

*Stephen Weil has described the recent shift in museums as a movement from being inward to being outward, 'from being **about** something to being **for** somebody' (1999:229). Yet the ultimate power of museums lies in recognising their true essence and unique capacity to be **about** something and **for** somebody **at once**; to foster, support and utilise in new ways the fluid and vital interaction between people and artefacts. This unique capacity opens both imagination and reality to greatly expanded roles for museums as agents of social change and social inclusion, and to the undeniable potential of museums as therapeutic agents.³*

This section draws on examples of the work of museums internationally to illustrate how these approaches could contribute to particular mental health outcomes. A variety of different approaches used by museums to meet these objectives is described.

1.1 THE MENTAL HEALTH OUTCOMES ACHIEVED BY MUSEUMS

Challenging the stigma of mental illness

Internationally, there are many museums which have a mission to reduce prejudice; many aim to reduce racial prejudice but some focus on reducing the stigma of mental illness. Following are examples of the ways in which museums contribute to the achievement of social change.

Het Dolhuys (The Madhouse) is a national museum of psychiatry at Haarlem in the Netherlands. The museum is located in a former 16th Century hospice which treated the mentally ill and people with infectious diseases outside of the boundaries of the city. The building in which the museum is located is designated as a national monument. The museum was established through the efforts of former patients and staff of seven psychiatric hospitals to preserve their history and collections.⁴

It now has 15 staff (equivalent to nine full-time) and 70 volunteers.⁵

The aims of the museum are to open a dialogue and raise community awareness of mental health and mental illness. Mental illness is examined from the point of view of people who experience it and the focus is on ability rather than illness. This ethos is reflected in the operation of the museum where mental health consumers staff the front counter, work in the café and contribute to the working of the museum.⁶

Jo Besley, former senior curator at the Museum of Brisbane visited Het Dolhuys for her Churchill Fellowship report, *Making Peace with the Past*, about museums that deal with distressing histories. She says that:

*The themes that are explored [in Het Dolhuys] include the connection between madness and creativity, the ways that mental illness has been understood over time and in different cultures, the development of psychiatry as a distinct professionalised strand within medicine, the language used to define mental illness, personal experiences and everyday life in an institution.*⁷

The exhibits are interactive and present visitors with questions and challenges. A sign at the entry flickers between 'normal' to 'abnormal' and poses the question "what is normal". Screens show a variety of people talking about their mental health and as the screens fade they become a mirror reflecting visitors' own faces.⁸ Visitors can also take self-directed computer based psychological tests some of which are historical and others in current use.⁹

Brüggerman and Schmid-Krebs, authors of a guide book on museums of psychiatry in Europe, say that:

*One important aim of the [Het Dolhuys] museum is to point out the thin distinction that exists between the interflowing states of normality and craziness.*¹⁰

Many of the exhibits in Het Dolhuys use personal stories to convey the experience of mental illness:

*'Out of the Closet' located in the former laundry, a room with large wooden linen cupboards, now house personal stories in the form of collections of personal items artistically arranged by five people in each of these cupboards. We felt like we were meeting these individuals as we could read their life stories and view these items of intense personal importance to them. These included significant items from their childhoods, symbols of their beliefs, hobbies and skills (one was a well-known writer) and importantly, objects associated with their recovery, be it Tibetan prayer flags, painting equipment or soccer boots. Other displays included filmed interviews with these individuals and others about their experiences of illness and institutionalisation.*¹¹

In a large mediaeval room, the 700 year history of the treatment of mental illness in the Netherlands is told through a large array of historical artefacts including medical items, personal items, film footage, pamphlets, posters and artworks. However, many historic items are 'repurposed' to tell the story in innovative and dramatic ways, for example, visitors listen to personal stories about some of the artefacts through stethoscopes and images and footage are shown in unexpected places.¹²

Het Dolhuys has a temporary exhibition space often showing artworks by artists who experience mental illness. The complex also has a creative studio providing a place for mental health consumers to participate in creative activities. In 2009, an educational program on mental health was being developed in consultation with school students¹³. The museum has collaborated with mental health professionals to provide workforce education and training. In 2009, at the request of mental health workers the museum curated a temporary exhibition on self-harm.

*The exhibition was aimed at health workers, to start a discussion with them that would lead to training. Het Dolhuys developed an exhibition featuring seven artists who each explored different aspects of the topic. In this instance, art was used to broach this very tricky topic and bridge personal and professional interpretations of self-harm. The museum also created a booklet to accompany the exhibition that explained the issues in greater detail and in a more straightforward manner than the artist had done. Mental health professionals visited the exhibition and then took part in training. It is seen as a very successful project and a model for other exhibitions for the future.*¹⁴

Het Dolhuys is popular with audiences and critics and has been a runner-up or winner of a number of prizes including the Dutch Design Prize and European Museum of the Year Award.¹⁵

The Museo Laboratorio della Mente in Rome is another museum which seeks to challenge the stigma of mental illness. and question “what is normal?” The Rome museum and Het Dolhuys share a common approach to contemporary ideas about the purpose and functioning of museums about mental health issues. The Rome museum and archives are run under the auspices of the Province of Rome (and its local health authority).¹⁶

In the introduction to the handbook about the Rome Museum of the Mind, Giulia Rondano, Councillor of Culture, Arts, Sport, of the Lazio Region of Italy, says:

[The Museum of the Mind] is a space that forms part of the historical memory of Rome and of Lazio and that has now been restored to the city, preserving its testimony, transforming it from a symbol of exclusion into a laboratory of social inclusion, opening the gates to the community, to its needs, as a collective and shared heritage.

Studio Azzurro, a well-known Italian design and art studio, has from the beginning, been a collaborating partner with the Province of Rome in developing the concepts, design and displays at the museum.¹⁷

Written in 2008, the Studio Azzurro website describes this project as follows:

*The Rome Museum of the Mind challenges visitors own perceptual experiences through seven thematic macro-areas. By being immersed in these experiential situations visitors come to understand the plight of the former inmates. They confront the phenomenon of madness and of the representation of an internal reality from the point of view of the former inmates. They see what the hospital rooms were like prior to the closure of the hospital, they learn about deinstitutionalisation of psychiatric hospitals from the revolutions of the 1970s to the great reform movements of the 80s and beyond.*¹⁸

The seven thematic macro-areas are:

1. Enter outside leave inside - through moving images, photos
2. The Senses – speaking, seeing, listening
3. Portraits – photographs taken on admission to hospital, portraits painted by psychiatrist
4. Dwelling in the body – visitors experience whole of body involvement
5. World inventory
6. Closure of institutions
7. Fabric of change

This museum makes use of high-tech exhibits contemporary audio-visual displays using moving images, fixed images, portraits and interactive media so that visitors become participants in a whole of body experience. With the guidance of expert facilitators (who are mostly anthropologists) visitors become emotionally engaged with the displays about subjects including mental illness, differing perceptual realities, hearing voices and the experience of institutionalisation. Much of the museum focuses on perception, creativity and other brain functions, as well as on mental illness and treatments past and future. The museum makes use of national archives of film, TV and sound in its exhibitions.

The museum is part of a complex, located in a building that was a ward in the former Santa Maria della Pietà psychiatric hospital. The museum focuses on mental health reform and the preservation of the history and scientific legacy of the hospital.

Staffing of the Museum include: the Museum Director, front of house, cleaners, technical maintenance, and 2 facilitators/guides who are anthropologists. The social enterprise staffing for the cafe and bookshop are yet to be realised.

The first floor exhibits are currently being prepared. These will include moving images with which visitors can interact. These images are of people affected by mental health problems who tell their personal story. The second part of the first floor exhibition will be about current mental health programs and services.

The Museo Laboratorio della Mente was winner of Italy Museum of the Year in 2010.

The RACE Project in the US is another example of how museums can reduce stigma. The RACE project, which opened in January 2007, is a collaboration between the American Anthropological Association (AAA) and the Science Museum of Minnesota. The AAA wanted to challenge the belief that racial differences are biologically determined and approached the Museum to work with them. The exhibition is explicitly designed as a public education program intended to *shape the national dialogue on race*¹⁹. The AAA received grants from the Ford Foundation and National Science Foundation. The RACE Project comprises a travelling museum exhibition, a website and educational materials.

The exhibition content was developed over five years through an interdisciplinary collaboration between scientific organisations, humanities organisations and communities. It was guided by an Advisory Board of national and international experts.

The Project's website states:

The educational goal of the RACE project is to help individuals of all ages better understand the origins and manifestations of race and racism in everyday life by investigating race and human variations through the framework of science. The RACE exhibition explores three primary themes:

The science of human variation and where current scientific understanding is inconsistent with popular notions of race

The history of the idea of race, with an emphasis on the role of science in shaping the concept of race

The contemporary experience of race and racism in the United States and the often invisible ways race and racism have infiltrated laws, customs, and institutions²⁰

The exhibition uses images, videos, art and text and is highly interactive.

At the entrance visitors are greeted by a large photo of passengers of different racial backgrounds on a bus; they hear recorded voices of people answering the question “What is Race”; as they listen they can watch a provocative face morphing video. These exhibits were created by people of culturally diverse backgrounds.

In another exhibit *The Colours We Are*, visitors scan their skin and the image appears on screen along with those of many other visitors. Questions appear on the screen such as:

Where does one draw the line to categorise people? If the lines are hard to draw, how valid are the categories?, Does skin colour equal race?

The exhibits also make use of lived experience via personal stories:

At the Living with Race Theater, visitors hear people telling personal stories about race and racism. Each story addresses a different experience of race in the United States today. One person talks about becoming aware of her privilege as a white person. A couple talks about living as a multi-racial couple. An adoptee from Korea speaks to growing up in a white family and a predominantly white community.

Some of the exhibits were developed through projects with specific target groups and communities, such as a Youth on Race video made by a multiracial high school theatre troupe.

The exhibition includes a resource centre which is designed to encourage groups of people to sit and talk and an education area where young people can listen to their peers discuss race, racism and identity.

The exhibition has provided a phenomenal platform for challenging stigma which includes:

- educational material such as teachers’ guides and a family guide
- an interactive website which includes a virtual tour of the exhibition, videos and interactive activities and resources for academics, children, teachers and families
- research and publications
- Conferences

Included in the research is a study demonstrating sustained attitudinal change in school students after participating in the exhibition and related course work.

The touring exhibition has attracted wide media coverage.

Due to the success of the exhibition the exhibits have been duplicated and will tour until 2014.

The exhibition could be regarded as a long term social marketing campaign capable of engaging with diverse audiences across the United States in innovative ways. However, unlike a social marketing campaign the media coverage is free and the exhibition attracts grant funding from multiple sources. An exhibition also provides a cultural activity and both its development and its showing can meet other health and social goals, as discussed throughout this section. As with a social marketing campaign, the outcomes of an exhibition can be measured and evaluated if this research is designed at the outset.

Supporting recovery from trauma and mental illness

Internationally, there are many museums which have a mission to assist individuals and communities to recover from traumatic histories such as South African apartheid, Nazi extermination programs, the World Trade Centre attack, conflict in Northern Ireland and Imprisonment of political opponents in East Germany. The practice of these museums is often grounded in trauma recovery theories.

These museums support affected individuals and families to share their histories in ways which support their recovery. They encourage visitors to actively reflect on the issues and question responses to them, particularly in contemporary society. They encourage visitors to connect with their own experiences and perceptions. They avoid immersing visitors in the horror of these events which leads to psychic numbing and distancing.

This section presents examples from an exhibition on the history of a Queensland psychiatric hospital and an exhibition on children's homes.

Remembering Goodna: Stories from a Queensland Mental Hospital

From November 2007 to March 2008, the Museum of Brisbane had an exhibition, *Remembering Goodna: Stories from a Queensland mental hospital*. It traced the history of Queensland's largest and oldest psychiatric hospital at Goodna.

The exhibition was a partnership with Professor Mark Finnane of Griffith University who had undertaken a five year research project into the history of the psychiatric hospital at Goodna in partnership with Queensland Health with funding from the Australian Research Council.

The development of the exhibition involved finding artefacts from the Goodna Hospital and working with former patients, staff, patient advocates and people in the local community whose lives were affected by the Hospital and telling their stories as an integral part of the exhibition.

Mindful that they intended to work with vulnerable people with traumatic histories, the Museum established an interdisciplinary curatorium comprising medical staff, an advocate, a historian, a social worker and an arts worker to guide the development of the exhibition. As well as the capacity to support people in revisiting traumatic histories, the group had extensive networks, personal connections and established relationships with people who could tell the story of Goodna Hospital.

There was an extensive consultation period where various communities were informed and invited to take part in the development of the exhibition.

The work of the curatorium was informed by the work of Judith Herman on trauma and recovery. Jo Besley, who was the Senior Curator, describes this approach by museums as working through four stages of recovery: creating a safe space, opening up and breaking the silence, revisiting and commemorating and reconnecting and creating new narratives.²¹ Jo Besley said:

*It was critical that the exhibition integrated the stories of the people who had lived and worked at the hospital and created opportunities for them to speak for themselves and give their versions of events. For many, the exhibition was their first chance to break the silences surrounding their experiences.*²²

The curatorium worked with stakeholders to address a range of ethical and practical challenges in developing the exhibition.

The curatorium's aims for the exhibition were:

- *To understand mental illness as a widely shared experience by exploring the perceptions and myths about mental illness and mental hospitals*
- *To use the experiences and voices of patients to develop empathy in visitors to the exhibition;*
- *To acknowledge the complexity of mental illness- and its history of care, treatment and control*
- *To create an experience of the institution as a place- the qualities of the landscape and buildings, relationship to Goodna village, the hospital as a workplace, visiting the hospital and so on*²³

The presentation techniques involved:

- Chronological and thematic approaches to the history
- Direct and largely unmediated recollections of patients, staff, families, advocates in form of filmed interviews, audio stories, art works, poetry and other writing
- Thematic groupings of images, documents, maps, stories and artefacts and an interactive map for exploring the history of the site and individual buildings.

In the exhibition filmed interviews in four of the themed areas were shown. Visitors watched these from a bench so that the person being interviewed was almost life size and the exchange between viewer and speaker was personal and close. The benches accommodated a maximum of three and provided some privacy, mindful of the distressing nature of the material. Many visitors were observed to watch all 80 minutes of the documentaries by moving from bench to bench.

Thematic groupings brought together objects and stories from the hospital's 150 year history from multiple perspectives.

Some were 'ordinary' objects the significance of which only became clear from the personal stories. An example is a teapot used in the hospital. The story explains that patients were poured tea from this pot into which milk and sugar had already been added. It illustrates the extent to which lack of choice and control was embedded in the culture of the institution.²⁴

Personal information was presented as pages in a journal signalling to visitors that this was a first-person account or version. This, and the design of the exhibition itself, allowed for conflicting accounts of the institution's history *"leaving visitors with questions rather than answers, and an invitation to contemplate these questions further in their own lives."*²⁵

Within the exhibition was an exhibit, the First Aid Box Project, which focussed on recovery from a mental illness:

*Standard metal first aid boxes were emptied of their medical contents, painted and decorated and filled instead with significant and meaningful items, both everyday and special objects that represented the ongoing process of recovery. People who currently live with mental health difficulties created the boxes and each conveyed a unique story.*²⁶

The exhibition attracted 65,000 visitors; over 600 left written comments. These have formed a collection in its own right demonstrating how a dialogue was established between visitors and the content of the exhibition. Visitors become participants in the exhibition.

*Visitors became participants as an exchange of knowledge and experience took place in the space of the exhibition, even though their contribution was as uncomplicated as writing in a book. This exchange was complemented by public programs such as the Sharing Lives, a series of talks in which people living with mental health difficulties spoke openly about their experiences and museum visitors were invited to ask questions and share their own understanding of health and well-being*²⁷.

In reflecting on the healing, recovery and reconciliation aspect of this exhibition, Jo Besley and Mark Finnane conclude that:

*The exhibition came some way in meeting a need for both private and communal commemoration. In bringing back the past, it allowed an opportunity for mourning in a context of public acknowledgement. In participating in the exhibition, many patients were aware that not only were they speaking for themselves but also for previous generations who were silenced in the historical record. For some, the exhibition was an important milestone in their personal journeys of recovery.*²⁸

The Exhibition was a joint winner of a 2008 Galleries and Museums Achievement Award for its sensitive handling of confronting subject matter and the outcomes it had achieved in dispelling stigma attached to mental health issues.

Inside: Life in Children's Homes and Institutions

There is growing recognition of the role museums can play in recovery and reconciliation. The Australian Government requested the National Museum of Australia stage an exhibition to coincide with the anniversary of the Apology to Forgotten Australians and former child migrants and provided funding. The exhibition: *Inside: Life in Children's Homes and Institutions* is based on personal histories of the Forgotten Australians, Former Child Migrants and all those who experienced institutional care as children. The National Museum of Australia's website states:

*It is a voice for those who were inside and a chance for others to understand.*²⁹

Consumers were involved in the consultative forum for the project convened by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and only three panels in the exhibition are didactic, the others are all quotes³⁰. A key aspect of the exhibition was a moderated computer blog where people with the lived experience of growing up in children's homes could share their experience and talk to each other. Although the blog has closed it remains on-line for others to read.

The exhibition is a safe space for people with lived experience of institutional care. They feel validated and heard and they tend to drop in and talk to museum staff. All staff members have been educated in the particular needs of 'Forgotten Australians' and the curators have developed resources so that they can refer people who need help. The Museum recognises the high level of social responsibility inherent in such a project and has responded proactively.³¹

Sydney Jewish Museum

The Sydney Jewish Museum is a local example of a museum of commemoration, education and healing. The Museum also uses the approach of bringing visitors together with people affected by the Holocaust, as they act as guides and their stories are heard through audio visual displays.³² The Sydney Jewish Museum has an accessible database containing 2,841 testimonies from Holocaust survivors interviewed in Australia. Visitors are able to conduct searches by geographic area, experiential keywords, names of people mentioned in the testimonies and biographical information for each interviewee.³³

Health promotion

There is a growing recognition internationally of the role that museums can play in health promotion. These museums operate from a broad definition of health and seek to contribute to developing a 'healthy community'. Jocelyn Dodd in 'Museums and the health of the community' states:

*Museums have the potential to engage with social and health issues, not just through outreach programs, though those undoubtedly play a key role, but through utilising their potential as a public forum for debate and the exploration of issues that, for many, remain taboo.*³⁴

Jocelyn Dodd provides a series of examples of exhibitions with health promotion outcomes.

The *Sexwise* exhibition was part of a strategy to reduce the number of unwanted teenage pregnancies in young people under 16. Nottingham had been declared a Health Action Zone due to the high level of teenage pregnancies and rates of sexually transmitted diseases³⁵. Traditional educational approaches were not effective and health services were committed to developing innovative ways to bring about behavioural change in young people.

The exhibition, which was a collaboration between Nottingham Castle Museum and health services, used engaging exhibits, such as a glittering wedding dress made of contraceptive pills, to raise issues around parenting and sexual choice as well as providing health resources. There was a linked education program and young people produced 'a teenage guide to being sexwise'. Evaluations showed an attitudinal change to pregnancy in young people from a fear of telling their parents to a fear of becoming a young parent.

Walsall Art Gallery used contemporary art to explore issues of HIV/AIDS in *Brenda and Other Stories*. Health promotion material was placed alongside artworks and installations. Health services provided training to museum staff around HIV awareness and the exhibition sought to explore how the virus is transmitted and its impact on communities. An evaluation undertaken during and after the exhibition showed an increase in the number of people seeking HIV testing.³⁶

Equally, a museum could provide a platform for exploring and debating contemporary mental health issues.

In Australia, SANE has identified Schizophrenia and bipolar disorder, for example, as mental illnesses that are largely taboo and receive poor media coverage. This is in contrast to depression where responsible reporting has encouraged public discussion and reduced stigma thereby promoting help-seeking behaviour.³⁷

Social inclusion

Social inclusion is a key element in recovery from a mental illness involving re-establishing self-esteem and identity and a meaningful role in society.³⁸ Museums can be well-placed for this role as producing meaning and engendering a sense of belonging and connection through artefacts and narrative is their core business. In addition, they have proved to be safe spaces and welcoming places for marginalised groups when they have worked in collaboration with those groups. As they are also regarded by the general community as safe places and as having cultural authority they are well placed to connect mental health consumers with other visitors and organisations, such as local history groups, and to challenge stigma.

A Museum of the Mind could offer mental health consumers, as well as carers and families, a role as a visitor, contributor, volunteer, trainee or employee and in governance.

Visitors

Many museums now develop programs to increase access by groups of people who are traditionally excluded from visiting through ill-health or disability. The National Museum of Australia has an Art and Alzheimer's Outreach Program which recognises the right of people with Alzheimer's to participate in meaningful cultural activities and which focuses on their abilities. Museum programs have the potential to offer stimulating programs that complement those provided in day care and hostel settings. A Museum of the Mind would have the potential to develop expertise in providing visitor programs to people experiencing psychosocial disability due to mental illness.

Contributors

Just as the museums described earlier have done, a Museum of the Mind could provide mental health consumers, carers and families with the opportunity to participate in developing exhibitions and in so doing, improve self-esteem and identity, provide peer support and foster community development. The consumer advocates, with whom the MHCC consulted for this paper, were very enthusiastic about the idea of contributing to exhibitions and identified a variety of concepts and artefacts.

Volunteers

Museums provide diverse opportunities for volunteers, for instance, as greeter and exhibit assistants, tour guides and in their libraries, archives, bookstores, cafés and grounds.

The World Trade Centre Visitor Centre has an interesting curatorial approach in which volunteer guides with lived experience are central. The use of this approach in the Museum of the Mind could contribute to reduction in the stigma of mental illness as evidence suggests that personal contact is the most effective means of shifting attitudes. This approach would also create a personal connection between the exhibits and the visitors.

The World Trade Centre Visitor Centre uses volunteers with a personal experience of the event as tour guides so that visitors are directly linked with individuals who experienced the events. This approach is called 'person to person history'. In 2009, 250 volunteers had been trained and 150 were currently active.

Volunteers undertake the tour guiding in pairs and provide factual information as well as sharing their experience. Volunteers are provided with intensive training which includes a focus on their own recovery. They are members of an Association and have their own room at the Centre where they can eat, relax, communicate with each other and find out about social activities for volunteers. The Program recognises that the needs of volunteers change over time in line with their recovery and volunteers can scale back their involvement becoming mentors or just attending social events.

Museums have used mental health consumers as 'living libraries' sharing their lived experience and answering questions. It would be possible to train mental health consumers to be volunteer guides providing a person to person history of mental health care.

A volunteer program could also function as a bridge back to employment for mental health consumers.

Trainee

A museum could provide traineeships to mental health consumers in collaboration with other organisations. Some museums have provided training that relates to their collections. The Cobb and Co Museum at Toowoomba, for example, teaches heritage skills as part of TAFE courses and to school-based apprentices³⁹.

Employees and social enterprises

A museum could also employ mental health consumers in a variety of roles. As discussed earlier, Het Dolhuys in Haarlem, Amsterdam employs mental health consumers on its front counter and in its café.

The Museo Laboratorio della Mente is currently discussing having a consumer-run social enterprise operating aspects of their museum such as their café and shop.

Governance and a socially inclusive museum

In a museum that was fully socially inclusive, mental health consumers would also be on the museum's governing body. This would echo the same strong message to the community about ability and recovery as would having a Commissioner or Deputy Commissioner of the Mental Health Commission with lived experience of mental illness (which is included in the *Mental Health Commission Bill 2011*).

Cultural diversity

In 2006, 16.8% of the NSW population were overseas born in non-main English speaking countries and 20.1% spoke a language other than English at home.⁴⁰ It is, therefore, essential that a Museum of the Mind engages with people of culturally diverse backgrounds as visitors and as mental health consumers, carers and families.

Research into the mental health of people of culturally diverse backgrounds in Australia has shown that they utilise mental health services at a lower rate and present to services later in the course of an illness.⁴¹ The three contributing factors believed to account for this are a lack of information or misinformation; a lack of familiarity with Western approaches to mental health and a greater degree of stigma and shame associated with mental illness.⁴²

Research has demonstrated that social marketing campaigns aimed at the general population are not an effective means of raising awareness in communities of culturally and linguistically diverse backgrounds. It is acknowledged that in order to be successful, campaigns to improve mental health literacy and reduce stigma need to target and engage specific culturally diverse communities in ways which are culturally appropriate.⁴³

A Museum of the Mind would provide a platform to work in partnership with organisations such as the Transcultural Mental Health Centre and NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) to engage with culturally and linguistically diverse communities around mental health. Through engaging specific communities in the development of exhibitions, educational and artistic programs and as visitors, a museum could work to reduce the stigma of mental illness in those communities and improve mental health literacy, whilst presenting mental health and recovery to the general population as a shared but diverse experience.

Through collaborations with bodies such as local councils and through touring exhibits, exhibitions could be shown in areas where many people from the relevant culturally and linguistically diverse backgrounds live.

A Museum of the Mind could provide a platform for understanding the cultural dimensions of mental health, illness and recovery but within a sensitive curatorial framework where these issues are presented as a shared but diverse human experience.⁴⁴

Indigenous Mental Health

There are significant and inequitable differences in mental health outcomes between Indigenous Australians and the general community.⁴⁵

A Museum of the Mind could provide a platform for collaboration with Indigenous health, welfare, artistic and cultural organisations to promote mental health and well-being and reconciliation. Innovative media could be used to raise Indigenous community awareness of mental health issues and promote help-seeking behaviours. For example, theatre has been used to promote Indigenous people's awareness of hepatitis C and available sources of support and treatment.

The play *Chopped Liver* was a partnership initiative funded by Corrections Victoria and the Department of Human Services and developed in collaboration with Ilbjerri Theatre, Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Hepatitis C Council. Over 10,000 people saw the play in schools, prisons and regional centres as it toured nationally for almost four years. The information was made accessible by using humour to convey a serious message which was that *hepatitis C doesn't have to be a negative and life damaging experience and can be effectively managed*.⁴⁶

The museum would respect Indigenous cultural protocols by providing a warning about any exhibits containing the names or images of people who have died.

Forward thinking

Museums can also use their cultural authority and independence to help the community reflect on where we have come from and where we are going with a 'critical eye'. Mental health consumers, with whom the MHCC consulted, were emphatic that a Museum of the Mind should foster a critical awareness of current and future trends as well as providing a sense of hope and recovery.

Museums can look at the latest developments through the lens of the traditions and histories they draw on. Museums can explore the extent to which our understanding has changed and speculate about how current paradigms and treatments will be viewed in the future. This would be timely with the establishment of the Mental Health Commission providing the opportunity for the community to reflect on what has been learnt from the past as a new stage of mental health reform begins in NSW.

1.2 HOW DO THE OUTCOMES ACHIEVED BY MUSEUMS ALIGN WITH THE VISION FOR THE MENTAL HEALTH COMMISSION AND THE RENEWAL OF CALLAN PARK?

The Mental Health Commission

As set out in the *Mental Health Commission Bill 2011*, the Mental Health Commission will drive systemic mental health reform in NSW through developing and overseeing the implementation of a reform plan which coordinates services and initiatives across government and non-government sectors.

A key goal of the reform is to ensure that people who have a mental illness can participate fully in community life and lead meaningful lives, through: equitable access to high quality mental health care and support; a reduction in stigma; early intervention and innovation in service delivery.

A Museum of the Mind could be established as part of the launch of the Mental Health Commission and dedicated to people with a lived experience of mental illness, their carers and families.

Through having a social change mission, which models the principles upon which the Commission will be based, a Museum of the Mind could be both a memorial which acknowledges the past treatment of people with a mental illness and act to positively influence the future.

As illustrated with the examples above, a museum could provide a powerful platform for sharing knowledge and ideas through collaboration between consumers, carers and families, mental health professionals, researchers, academics and other stakeholders and to communicate this knowledge to both the general community of visitors (in person and on-line) and specific groups through targeted programs, such as for the work force or schools.

The Museum could assist in the implementation of the NSW reform plan developed by the Commission through exhibitions on topics which require a particular focus such as working with priority populations. As FaCHSIA has done with the National Museum of Australia, the Commission could collaborate with a Museum of the Mind to further its own mission.

The Callan Park Master Plan

Although a Museum of the Mind could be located elsewhere, there are a number of advantages to it being located in Callan Park.

It fits with the vision in the Callan Park Master Plan of Callan Park as a *Wellness Sanctuary [that]contributes to the mental, physical and social health of the entire community.*⁴⁷ It also fits with the commitment in the Master Plan to build on the arts and cultural platform created by the Sydney College of the Arts and the NSW Writer's Centre and to establish an arts hub which creates links between creativity and well-being. Moreover, a building has been identified for use as a Museum of the Mind (though one of the larger buildings currently empty on the Callan Park site would be required to operate a contemporary museum).

Other advantages to locating a Museum of the Mind in Callan Park are:

- Its location in a building historically used as an asylum would be a drawcard for visitors
- There would be synergies with the Sydney College of the Arts and Writers' Centre in terms of possible joint ventures to attract visitors to the site for cultural activities, for example an Art in Recovery exhibition was held at the Sydney College of the Arts during Mental Health Week this year
- a heritage trail could be established at the site with signage directing visitors to the museum to find out more about the history

The MHCC, in collaboration with other organisations, is advocating the establishment of a Mental Health and Wellbeing Resource Centre at Callan Park run as a Mental Health Social Enterprise which would provide work, training and social opportunities for mental health consumers.⁴⁸

The World Health Organisation Collaborating Centre for Research and Training in Mental Health (WHO CC) has expressed its support for the proposed Mental Health and Wellbeing Resource Centre at Callan Park and has offered to provide technical support and expertise based on its thirty years of experience in repurposing former psychiatric hospital campuses for mental health recovery and community use.⁴⁹ This includes technical support for the development of social cooperatives.⁵⁰

There are opportunities for a Museum of the Mind to collaborate with WHO CC and other groups in the establishment of a consumer run social enterprise. Having a Museum of the Mind run as a social enterprise is one option for governance of the museum which would require further examination. Another option is that a museum could have businesses within it run by a social enterprise, for example, a bookshop or special services, such as art workshops or educational programs.

A socially inclusive museum could aim to ensure that 30% of its employees were people with lived experience of a mental illness, in line with the benchmark proposed for organisations on the Callan Park site, described in the Leichhardt Municipal Council Master Plan.⁵¹ There would be ample opportunity to involve mental health consumers as previously discussed.

2. THE LOGISTICS OF A MUSEUM OF THE MIND FOR NSW

2.1 PROPOSED LOCATION

There are particular synergies in locating a Museum of the Mind at Callan Park, as discussed. However, a Museum of the Mind could be located on the grounds of other former psychiatric hospitals where there are historic buildings that could be utilised, such as Gladesville or Cumberland. Another option would be to co-locate the museum with the Mental Health Commission, though this may not make use of a historic building.

2.2 TARGET AUDIENCES

A Museum of the Mind must become a cultural institution that is attractive to a broad cross section of the community as well as having a key educative role. It also needs to have a special focus on mental health consumers, carers and families offering opportunities for social inclusion, participation, testimony and empowerment-all factors towards sustained recovery.

The development of a Museum of the Mind should include market research into the prospective audience. It would consider possible demographic characteristics, interests and preferences of both individual visitors and organised groups as both are important but have distinct needs

Research into audiences attending galleries and museums in the greater Sydney metropolitan area provides some useful information, though it does not provide separate data on museum visitors.⁵²

The data shows that on average 30% of visitors live within five kilometres of the museum or gallery⁵³. This group are more likely to be frequent visitors and to participate in public programs at the gallery or museum⁵⁴. It is very important that a museum engages with, and is attractive to, the local community and is supported by the relevant Municipal Council.

21% of gallery and museum visitors are tourists (comprising: those visiting from other parts of NSW, interstate tourists and international tourists).⁵⁵ It is important that NSW Tourism and other tourist-related organisations are consulted in the development of the museum and in considerations of marketing.

67% of visitors to museums and galleries in the greater Sydney metropolitan area are women and 37% of visitors are over 55⁵⁶. The preferences of these groups need to be taken into account. The different motivations and preferences of older and younger people need to be taken into account in the development of the museum and its exhibitions. For example people under 25 were more likely than older people to be seeking relaxation and fun, trying something new, filling in time or attending in association with study or self-education⁵⁷. People over 45 were more likely than younger people to be motivated by the reputation of the artist or exhibition.⁵⁸

Research indicates that it is very important that a museum has the capacity to regularly put on new exhibitions and run changing programs to attract repeat visitors.⁵⁹

Overall the most common motivations for attending were to see a special exhibition (51%); to see the general collection (26%) and to have an outing with family and friends (27%)⁶⁰. The study states:

*Special exhibitions are the driving force for audiences to public galleries across NSW in the various regions.*⁶¹

The research also shows that a museum café has an important role in social and recreational visits to the gallery, particularly for people attending with family and friends⁶².

The research did not include students and teachers attending museums and galleries but this group is a very important audience. Museums often consult with teachers and lecturers to ensure that their exhibitions meet the needs of curricula. Guide books are often produced for particular courses.

It is envisaged that broad consultation should occur within the mental health sector and with all stakeholders including work force educators in mental health and a diverse range of practitioners, academics, with consumers and carers at the core. The Museum of the Mind could play a pivotal role in workforce education both from a historical perspective but also in spearheading campaigns tackling stigma and taboo, in supporting mental health reforms and helping to lead change, in supporting mental health curricula in schools, colleges and universities.

2.3 SCOPE

The exact role and curatorial approach of a Museum of the Mind requires further scoping and consultation.

There is broad agreement amongst those consulted so far that it should have a social change mission, meeting mental health outcomes and being fully socially inclusive of mental health consumers and carers and families.

It is proposed that a museum would have a broad focus on the mind which would provide the platform for many different exhibitions and programs which could, for example, encompass:

- the psychology of the brain and mind
- the associations between perception, emotions, physical illness and mental illness
- approaches to mental health care and support across time, for example a move from social exclusion to social inclusion
- well-being, recovery and resilience
- cultural understandings of mental health and madness
- the history of the consumer movement

It is also proposed that the museum has a NSW-wide focus rather than focussing exclusively on the history of the site in which it is located. Museums can extend their reach beyond Sydney through collaborations with regional organisations, travelling exhibits and their websites.

Once it is established the NSW Museum of the Mind could provide a blueprint for the development of similar museums in other States, and host visiting exhibitions, including from overseas.

It is important that a Museum of the Mind plays a leading role in identifying, assessing, cataloguing and assisting in the preservation of the remaining collection of artefacts which tell the history of psychiatric care in NSW. As discussed below, what remains of the history of these artefacts is at imminent risk of being lost.

2.4 PSYCHIATRIC SERVICES COLLECTIONS AND EXISTING INITIATIVES

In NSW, most of the known artefacts remaining from former psychiatric institutions are being preserved through the efforts of a few passionate individuals working in a voluntary capacity. Many of these custodians were staff members at the prior psychiatric institutions at the time they closed. In spite of their best efforts many do not have the requisite skills and resources to preserve, and catalogue artefacts or ensure that they are seen by a broad audience. Many artefacts were lost or dispersed before efforts were made to preserve them and more are being lost over time.

A number of community or informal museums have been established primarily to preserve these collections. Access is limited; they are generally only open to the public by appointment. Most of the collections reside within health facilities owned by the health system. Heritage is not a health system priority and the individuals who have been instrumental in preserving these collections and who understand their significance are ageing. In spite of the existence of a policy on *Moveable Heritage in the NSW Public Health System* covering health and medical heritage, the collections are at great risk. Items are often removed to storage or sent to other places after which their significance is often forgotten. Items which have been lent to other health institutions have often gone missing.

Following is a brief report on what is known about the collections of the former institutions, after a short 'environmental scan' conducted by the MHCC.

Callan Park/Rozelle Hospital

The collection of remaining artefacts, including some psychosurgery equipment unique to the site, was stolen from the building in which it was housed along with the catalogue (a copy remains). This was in spite of the former Central Sydney Area Health Service paying for security. Some of the psychosurgery equipment turned up in an antique shop in Melbourne.

Kenmore Hospital at Goulburn

Friends of Kenmore Hospital's History ran a small community museum housing the psychiatric services collection from Kenmore Hospital in a historic building fenced off from the functioning hospital. The group owned the collection and opened the museum to the public by appointment. They developed expertise and held a new exhibition each year. However, the building in which the collection is housed has recently been sold to a private developer and, at the time of writing, the collection is being dispersed to other museums which will take it. Some of the collection is already earmarked to go to museums in the ACT.

Morriset Hospital

The Morriset Hospital History Sub-Committee of the Lake Macquarie and District Historical Society has a collection of artefacts set-up in a room in the historic recreation hall at Morriset Hospital. They open it by appointment and participate in events like history week and talks at the library. The sub-committee comprises retired psychiatric nurses from Morriset Hospital, the youngest of whom is 61.

The organisation has written a book, has a display case in the Multipurpose Centre and in 2009 held a centenary dinner celebrating 100 years since the first admissions. They have a website which their Secretary, Chris Gavenlock, constructed with free software provided by a community organisation.

There is a great deal of interest in the hospital by the local Morrisset community due to its significance to the community. In the past, it employed whole families.

There has been little interest by the hospital administration in preserving the collection and the Sub-Committee has, at times, had to enlist the support of the Mayor, local Member of Parliament and the Area Director of Mental health.

Bloomfield Hospital

There is a small museum in the old pharmacy which is full of artefacts which have not been catalogued. Due to a lack of space in the new hospital, some material is archived in the Leewood Industrial Estate.

The hospital obtained a small grant from the Powerhouse Museum under the Regional Museum Program and had an expert provide advice and a report. The hospital was advised to catalogue the artefacts and then obtain a statement of significance so that they could apply for grants. To date, they have not had the time or resources to undertake this work.

Staff have identified a small building which could be used as a museum but currently it has no power and would need energy and expertise to make it useable.

Bloomfield Hospital, Orange Regional Gallery and Orange City Council have a partnership to share a curator. This initiative is primarily related to health promotions under the Art and Health Strategy, for example, placing artwork in the hospital to make the new mental health acute facility a more human and less sterile space for patients. Work around the hospital's history is not currently a priority though there are plans to:

- incorporate a section on Bloomfield Hospital in the Orange Museum
- use some artefacts in a display in the windows of the new hospital
- have a panel about Bloomfield Hospital in the new general hospital which occupies the site of the former psychiatric hospital.

Cumberland Hospital

There is a small museum at Glengariff House in Cumberland Hospital which is open by appointment. It houses the collection of psychiatric services artefacts from Cumberland Hospital. The honorary custodian, Dr Terry Smith, has also written a book about the history of the site, *Hidden heritage: 150 years of public mental health care at Cumberland Hospital, Parramatta 1849-1999*.

Nursing staff were instrumental in putting together the collection, much of which was rescued while the hospital was closing. This was a time when artefacts were being destroyed or misappropriated. Allegedly, an entire set of Edwardian furniture used in the asylum was either stolen or given to the Society of St Vincent de Paul, for example. Nursing staff were also instrumental in saving the historic Glengariff House from demolition.

In spite of the best efforts of the honorary custodian, the collection has not been catalogued. MHCC was informed that a grant of \$10,000 received from the Division of Nursing in 1988 to catalogue the collection disappeared into the general revenue of the Area Health Service. Periodically, the health administrators discuss packing up and moving the collection. It has remained in situ due to the lobbying efforts of the honorary custodian. If the collection is ever dismantled and put into storage, knowledge of the significance of many of the artefacts will be lost.

Gladesville Hospital

The Society for the Preservation of the Artefacts of Surgery and Medicine (SPASM) operates a small museum in the Gatehouse of Gladesville Hospital which focuses on anaesthesia. It has some psychiatric services items, notably a collection of ECT machines. Further networking is required to establish what happened to the psychiatric services artefacts from Gladesville Hospital.

Comparison with Victoria

The situation is very different in Victoria where many artefacts from closing psychiatric hospitals were sent to Museum Victoria which now has a Psychiatric Services Collection of over 1600 objects. It is believed to be one of the largest collections of psychiatric services artefacts in the world. The objects *range from medical equipment to garden tools, kitchen utensils, bedding, clothing and uniforms*. Some artefacts were made by patients.

These artefacts have been catalogued. Museum Victoria and two historians from universities have recently been successful in obtaining an Australia Research Council grant to study the collection, recovering stories associated with the use of the artefacts and making the whole collection accessible on-line.

The preference of individuals and organisations, instrumental in the preservation of collections of psychiatric services artefacts associated with particular NSW hospitals, is for them to remain in situ but be catalogued, preserved and accessible to the public. However, most custodians are likely to agree to collections being sent to a Museum of the Mind before their involvement ceases rather than risk the collections being dispersed, moved or stored by hospital administrations where the significance of the items will be lost. If the items were properly catalogued, preserved and stored their significance would be documented and they could be lent to health institutions for displays, with proper arrangements in place to safeguard their return. It is important to make the point that Museum curators would need to work sensitively around collecting and displaying these items as the stories they tell about history of mental health care may be different from the point of view of former staff and patients.

3. CONSULTATION

In developing this paper, the MHCC has consulted with consumer advocates, museum curators and historians. The proposal was also guided by a Reference Group comprising consumers, carers, a historian, a museum curator and some service providers, including those providing services to Indigenous young people and the Transcultural Mental Health Centre (Appendix 1).

A focus group discussion was held with a group of mental health consumer advocates about the concept of a Museum of the Mind (appendix 2 lists their names and positions). Contributions were also made by individuals not able to attend on the day. The key messages from this consultation were that consumers would like the museum to:

- Provide them with a central role in developing exhibitions and for the museum to provide a space in which they have a sense of ownership and can engage, for example, as experts, guides, teachers and/or collaborators.
- have a NSW-wide focus including both the ability to represent the history of consumers across the whole state and the capacity to reach out and engage communities across NSW, for example, through touring exhibitions and collaborations.
- play a role as an agent of social change and to foster a critical awareness of current and future trends as well as providing a sense of hope and recovery.
- engage visitors on an emotional level rather than exclusively on a 'cerebral' level.
- reflect the culturally diverse nature of mental health, illness, treatment and recovery and provide a platform to engage consumers of culturally and linguistically diverse background
- include a focus on the history of the consumer movement and journeys of recovery.
- have some objects as tangible reminders of the evolution of ideology and practice
- be a platform for collaboration and partnerships with other organisations, including to attract grant funding and sponsorships
- be grounded in a code of ethics which, for example:
 - acknowledges and addresses the potential of some exhibits to trigger traumatic memories
 - addresses the issue of consumers' intellectual property rights over their stories and works
 - avoids funding and donations from sources which could be seen to compromise the intellectual integrity of the museum or involve a conflict of interest
 - ensures that mental health consumers involved with the museum are active partners in any research where they are part of the study

Consumers would like a museum to avoid:

- Just being ghoulish
- Engaging people only on a cerebral level by taking a detached, scientific approach which doesn't engage with the consumer experience
- Focussing only on the past and not questioning current and future trends
- Being too 'safe' and unchallenging in the way it addresses the subject matter

Individual discussions were also held with museum curators with expertise in social history and medical science, a historian with expertise on the history of asylums, an innovative workforce educator and a clinical psychologist with an interest in the work of museums using 'affective technologies' (see Appendix 3). The references and other information provided have informed the development of this paper. There was enthusiasm for the concept of a Museum of the Mind and also advice about the use of on-line collections to extend public access to psychiatric services collections. Most of these experts expressed an interest in further discussions or involvement in the development of a formal proposal for a Museum of the Mind.

Further input would be sought from the following with a view to establishing collaborative arrangements and partnerships:

- organisations representing consumers, carers and families
- Leichhardt Municipal Council, if the museum is to be located in Callan Park
- Academics and universities
- Curators
- Museums and Galleries NSW
- Arts NSW
- mental health professionals
- heritage bodies
- Custodians of psychiatric services collections in NSW and nominated responsible members of Local Health Districts (as required by the NSW Health, Moveable Heritage policy)
- organisations with historical records, for example NSW State Records-asylum records
- State archives
- Destination NSW
- Sydney College of the Arts, if the Museum is to be located in Callan Park
- NSW Writers' Centre, if the Museum is to be located in Callan Park

The Reference Group may also be expanded to include representatives from some of these organisations.

4. NEXT STEPS

For this concept to progress, more in-depth work is required in relation to the following areas.

- **Location** – deciding where a Museum of the Mind should be located, including access by public transport, proximity to services
- Building specifications:
 - Size
 - Rooms
 - layout
- **Establishment costs**
 - The indicative costs for the establishment of a museum is \$4-5,000 per square metre, depending on how technologically advanced the exhibits are. More detailed costing is required in relation to:
 - Renovation of the building, including addressing any heritage considerations
 - Acquiring works
 - Office and other equipment
 - Other
- **Running costs**
 - Staff, including curatorial, administrative and educational
 - Information and audio visual technology
 - Security and insurance protection
 - Other
- **Fund- raising capacity**

Options include:

 - Visitor admission charges, including for evening entertainment programs
 - Partnerships for grant applications
 - High profile patrons who can assist in fund raising
 - Sponsorships
 - A 'friends' program
 - Charging for educational programs and special services
 - Audio guides
 - Café
 - Shop
 - Donations

- **Governance and legal structures**

- Determination of suitable legal and governance structures

- **Partnerships and grants:**

- Scoping possible funding partnerships and grants, including:
 - with the relevant Municipal Council
 - with universities to apply for research grants
 - with universities to provide opportunities for interns
 - with organisations that promote tourism (e.g. AusIndustry, Destination NSW, Local Government and Shires Association)
 - with organisations that promote cultural opportunities (e.g. Australia Council for the Arts, Arts NSW, Department of the Prime Minister and Cabinet, Office for the Arts, Ian Potter Foundation and other philanthropic organisations)
 - with organisations that support the preservation of cultural heritage (National Library of Australia, NSW Heritage Office, Getty Foundation)
 - with organisations that support volunteering (e.g. FaHCSIA)
 - with the Department of Education, Employment and Workplace Relations and NSW TAFE to provide training and employment opportunities for mental health consumers
 - with organisations that provide recreational opportunities to people with a psychosocial disability, (particularly when the National Disability Insurance Scheme commences)
 - with organisations that provide cultural opportunities for disadvantaged groups of people e.g. prisoners (e.g. philanthropic organisations such as the Harold Mitchell Foundation)
 - with organisations that promote recreational, learning and development opportunities for young people
 - with organisations relevant to particular exhibitions

- **Role of volunteers**

Scoping the ways that volunteers could be engaged, for example:

- Greeting and guiding visitors through exhibits
- Helping out in exhibition areas
- Museum docents or tour guides-trained to facilitate tours
- Contributing their own lived experience by telling their own story
- Internships-which provide credit towards museum studies course requirements
- Youth programs –for example, engaging young people in anti-stigma activities

- **Engaging, and getting the support of, the local community**

The support of the local Council and local community is essential. Following determination of the preferred location, discussions to engage the support of the relevant Municipal Council and local organisations would ensue. Discussions would include the benefits to the local community of having such a museum in their area, in terms of visitors and increased trade.

- **Marketing and publicity**

A formal marketing strategy would need to be developed once other decisions are clarified.

- **Evaluating the outcomes of a museum**

An evaluation framework would need to be developed to measure the outcomes of the museum's programs. External evaluation in partnership with a research organisation could be an option with a minimum data set to be collected by staff identified prior to the opening of the museum.

5. CONCLUSION

Establishing a Museum of the Mind is an exciting opportunity for NSW. Consumer and sector support for the concept is high. It provides a unique project for museum curators as there are few health and medicine museums in NSW. None has a focus on the mind. It provides the opportunity for the NSW Government to show leadership not only in Australia but also internationally and, with the right people on board, could generate extensive recognition.

With the Mental Health Commission due to be launched in July, an announcement about the establishment of a Museum of the Mind, as part of the launch, would highlight the initiative of NSW as leaders in mental health reform.

A full proposal could be developed by May 2012 allowing for a building to be dedicated and funds committed as part of the launch of the Mental Health Commission in June 2012.

The MHCC is pleased to have the opportunity to present this proposal and to initiate further discussion and research for this venture.

APPENDIX 1: REFERENCE GROUP

NAME	POSITION	ORGANISATION
Jenna Bateman	CEO (Chair)	MHCC
Christina Thomas	Project Officer (Minutes)	MHCC
Viv Miller	Conference Director	The Mental Health Services Conference Inc
Douglas Holmes	Consumer Participation Coordinator	O'Brien Centre St Vincents Hospital
Dr Cathy Kezelman	Head of Stakeholder Relations	Adults Surviving Child Abuse
Dayna Parker	Professional Practice Manager	Psychiatric Rehabilitation Australia
Peter Schaecken	Area Coordinator of Consumer Initiatives	Sydney & South Western Sydney Local Health Districts
Paula Hanlon	Consumer Participation Coordinator	Ryde Community Mental Health North Shore Ryde MHS Northern Sydney LHD
Lisa O' Sullivan	Senior Curator	Science Museum London Research Fellow, Sydney University
Hans Pols	Senior Lecturer Unit for History and Philosophy of Science	Sydney University
Vicki Katsifis	Project Officer (Consumers and Carers)	Transcultural Mental Health Centre
Antonia Kapsalis	Bilingual Community Group Leader/Educator	Transcultural Mental Health Centre
Mardi Diles	Program Manager Speak Out Dual Diagnosis Team	Weave Youth Services
Professor Alan Rosen	Senior Consultant Psychiatrist Professorial Fellow Clinical Associate Professor	Centre for Rural & Remote Mental Health, University of Newcastle, and Western NSW & Far West LHDs School of Public Health, Faculty of Health & Behavioural Sciences, University of Wollongong Brain & Mind Research Institute, Faculty of Medicine/Sydney Medical School, University of Sydney,
Vanessa Edwidge	Registered Psychologist Headspace	Weave Youth Services

APPENDIX 2: CONSUMER FOCUS GROUP

The following consumer advocates attended a focus group discussion on 1 December 2011 at the MHCC.

Consumer Focus Group

NAME	POSITION	ORGANISATION
Jenna Bateman	CEO (Chair)	Mental Health Coordinating Council
Christina Thomas	Project Officer (Minutes)	Mental Health Coordinating Council
Viv Miller	Conference Director	The Mental Health Services Conference Inc
Janet Meagher AM	Divisional Manager of Inclusion	Psychiatric Rehabilitation Australia
Douglas Holmes	Consumer Participation Coordinator	O'Brien Centre St Vincents Hospital
Peter Schaecken	Area Coordinator of Consumer Initiatives	Sydney & South Western Sydney Local Health Districts
Paula Hanlon	Consumer Participation Coordinator	Ryde Community Mental Health North Shore Ryde MHS Northern Sydney LHD
Brigitte Wood		ARC Recovery Centre
Sandy Watson	Consumer Educator & Consultant	NSW Institute of Psychiatry
Lynda Hennessy	Trustee	NSW Consumer Advisory Group Mental Health Inc
Vicki Katsifis	Project Officer (Consumers and Carers)	Transcultural Mental Health Centre
Ian Hoffman	Consumer Representative	Uniting Care Mental Health
Simon Champ	consumer	

APPENDIX 3: INDIVIDUAL CONSULTATIONS

Dr Dolly MacKinnon, Senior Lecturer in Early Modern History, University of Queensland. Her research interests include histories of psychiatry, soundscapes, post mortems in prisons and asylums, Scottish medical education and asylum and prison doctors in the Diaspora. Her publications include the following books co-edited with Catherine Coleborne:

Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display, 2011, Routledge, New York

'Madness' in Australia: Histories, Heritage and the Asylum, 2003, University of Queensland Press/API Network, St Lucia, Queensland.

Dr Pompeo Martelli, Psychiatrist and Curator of the Museo Laboratorio della Mente (museum of the mind) near Rome. The Museo is auspiced by the Centre for Study and Research, Local Health Authority Roma E. The Centre has preserved the history of, and is housed in, the former Santa Maria della Pietà Psychiatric Hospital. The Museum conducts training and research activities in the fields of mental health, promoting public health and advancing scientific knowledge. The Museum was transformed in 2008 with interactive technology so that visitors, guided in groups, are immersed in an environment and undertake activities which evoke the experience of being institutionalised. The exhibits also encourage visitors to question assumptions about what is normal.

Dr Candice Boyd, clinical psychologist and lecturer in Youth Mental Health at the University of Melbourne. She is undertaking doctoral studies in human geography and has developed a research proposal to study how the Museo Laboratorio della Mente (museum of the mind) near Rome constructs a contemporary mental health promotion message by creating an emotional engagement with histories and memories of institutionalisation and the phenomenon of mental illness.

Arana Pearson, the Director of Keepwell Ltd, has provided consumer consultancy, facilitation and training for mental health since 1993, currently working in Australia and New Zealand. He is a musician and writer who became involved in mental health service sector some years after his own experience of using mental health services in New Zealand. Arana's mission is to carry a message of hope and recovery, delivering the best recovery focused resources to the mental health sector.

Arana was the first chairman for the National Consumer Advisory Group in the New Zealand Like Minds Like Mine project to counter stigma and discrimination associated with mental illness, and until recently was an advisor to the New Zealand Mental Health Commission.

Dr Lisa O' Sullivan-is the Senior Curator of medicine at the Science Museum, London. She is currently on research leave and is a Postdoctoral Fellow in History at the University of Sydney. Her research interests include: cultural history of medicine in the nineteenth and early twentieth century; transformation of clinical, particularly psychiatric, categories in different socio-political contexts and museological and ethical issues relating to human remains.

Dr Nurin Veis, Senior Curator, Human Biology and Medicine at Melbourne Museum, responsible for curatorial content of the Mind: Enter the Labyrinth exhibition. The exhibition uses a sensory and exploratory approach. It explores the workings of the mind by entering a world of emotions, thoughts, memories and dreams. The exhibition encourages visitors to step into the shoes of those who see the world from different mind perspectives and to discover the ways in which drugs and disorders affect our minds. The visitor is also encouraged to question their attitude to normality.

Dr Veis has extensive experience in the ethical display of human remains as well as establishing guidelines for the ethical display of artworks by people who have experience of mental illness and trauma.

Dr Veis has a background in biochemistry, immunology and cell biology, having worked as a post-doctoral medical researcher in both Melbourne and New York.

Joanna Besley, is currently Principal Arts Development Officer, Creative Communities, Arts Queensland. Previously, she was Senior Curator at the Museum of Brisbane and the major social history exhibitions she has curated include, *Remembering Goodna: Stories from a Queensland Mental Hospital*. In 2009, she was awarded a Churchill Fellowship to examine the role of museums in assisting communities to recover from traumatic events and experiences. This approach was evident in the curatorial approach to the *Remembering Goodna* exhibition. She has recently published a paper with Carol Low, 'Hurting and Healing: Reflections on Representing Experiences of Mental Illness in Museums' in *Re-Presenting Disability: Activism and Agency in the Museum*, edited by Richard Sandell, Jocelyn Dodd and Rosemary Garland-Thompson.

Joanna Besley has also curated: *Taking to the Streets: Two Decades That Changed Brisbane 1965 – 1985* and *Prejudice and Pride: Recognizing Lesbian, Gay, Bisexual and Transgender Lives in Brisbane*.

Megan Hicks, former health and medical science curator at the Powerhouse Museum

Megan Hicks was the Curator of Health and Medicine at the Powerhouse Museum in Sydney for many years and became involved with specialist collections across Australia as a founding member and honorary secretary of the Health and Medicine Museums Special Interest Group of Museums Australia. Megan was later appointed as Commissioning Producer, Permanent Galleries at the Powerhouse. Currently she works as a freelance curatorial consultant for museums in Sydney and regional areas, particularly small museums with health and medicine collections. She is also completing a PhD at Macquarie University.

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