VOLUNTEERING

Volunteering within acute care settings - its role in promoting hope, recovery and social inclusion

Maggie Hitchman
Artist

Abstract
Maggie Hitchman, artist and service user, offers an inspiring account of her experiences as a volunteer and artist-in-residence at her local psychiatric inpatient hospital in Gloucestershire. Using her creative skills as an artist, Maggie was involved in a number of art projects within the occupational therapy department, developed in partnership with service users and staff, which aimed to promote hope, recovery and social inclusion.

Key words
Volunteering; Creativity; Social inclusion; Recovery; Arts

In June 2009 I found myself standing in front of an audience of professionals presenting a paper at the National Occupational Therapists Conference. I was nervous and excited at having been given such an opportunity to share my story of the volunteer work I have been involved with over the past two years. This article is the story of that journey. I will describe how and why I have chosen to volunteer. I will also explain some project work that I have developed with hospital staff. Finally, I will outline the importance of this occupation in my recovery experience.

My life roles and interests
I am a mother, an artist and was, until recently, a volunteer visitor at a local psychiatric inpatient hospital in Gloucestershire. I used to visit patients regularly and was also a volunteer artist-in-residence at the hospital. Over the last two years, this has given me the chance to use my creative skills in a number of art projects within the occupational therapy department, in partnership with service users and staff.

My lived experience and my wish to volunteer
The creative and interactive volunteering that I will describe is set within my own lived experience. During my adult life, I have suffered from mental illness and have been an inpatient. These periods are crippling to the mind and so often confidence is lost. My experience is that mental illness is an infliction upon a person’s life that is so often misunderstood. I was passionate about being involved in the ongoing change in mental health services, but alongside this was a lack of confidence, which had been knocked due to months of dark depression.

The desire to volunteer in the hospital where I was once admitted for treatment was a decision I made jointly with my care staff. It aided my ongoing recovery and fulfilled a need in me to return to a working environment. It also helped me to gain confidence and the environment felt safe to me.

At the time, my friends and family were concerned about this choice of occupation. They found it hard to understand why I would want to return to a place of emotional pain.
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When I was an inpatient I was struck by the fact that a number of patients did not have visitors. I was fortunate to have a community of friends and family who were there to support me through my illness. It felt a natural thing for me to offer so I approached the staff at the hospital to share with them my ideas about visiting.

This was the first step of volunteering. I was able to return to the hospital and engage with patients, sharing my own journey and listening to theirs. As I spent time there, I recognised that I wanted to be involved in the life of the hospital, to see ongoing change, and the views of service users (patients) expressed.

The support from staff was encouraging. They welcomed my views and I started to reflect that, as much as the journey I had been on was painful, it could be used to improve services. For example, the matron manager of the hospital once said to me:

‘A volunteer who has experienced the care and services we provide, is not only a very useful point of support for current inpatients, but incredibly valuable in providing feedback (good and bad) to staff, generating ideas, providing an alternative perspective, working with staff and in doing so, helping to improve the service provided.’

This encouragement boosted my confidence further so I was able to extend what I offered through project work. I enjoyed developing and working on projects, and over the subsequent two years I worked on several projects. Two of these are described as follows.

The tranquility garden

The first project I worked on was the tranquility garden. This project involved volunteers, the local community and the clinical team within the hospital. The inspiration for the garden came from the creation of a tranquility room on a ward in the hospital.

My experience is that often an unquiet mind in a therapeutic but noisy environment requires tranquility. A garden can play a key role in this desire for space. With this in mind, I decided that I wanted to use part of my volunteer time to carry this theme through into the garden.

The garden project started with connecting with the Noise 08 Community Project, which encouraged the involvement of local businesses. Alongside this, we involved a team of 15 volunteers, and the 2008 May bank holiday was spent on the project. This also provided an opportunity to have short conversations with patients, who were intrigued by this input. Bank holidays and weekends can often be quite a lonely time for patients, and the project allowed patients and the volunteers to engage in conversations during tea breaks.

The majority of the Noise 08 team had not been near a psychiatric hospital, but their willingness and desire to create this garden for the staff and patients was invaluable. The theme of the garden was tranquility and it offered a space to escape, to chat, to reflect and to enjoy being outside.

‘The tranquility garden has transformed a patch of uninteresting waste ground into a floral haven, where it is possible to enjoy the benefits of relaxation and fresh air in a congenial setting. Its development was the result of service user initiative and strong partnership, working with ward staff and local friends. In addition to providing untold benefits to patients, some of whom are detained with restricted access to the outside, it provides a pleasant work environment for staff and allows me to daydream on the natural world during lulls in meetings.’

(Chris Fear, Consultant Psychiatrist)

My aim for this project was to be inclusive. Through collaboration with ward staff, occupational therapy
Volunteering within acute care settings – its role in promoting hope, recovery and social inclusion

A carefully shaped relationship with the media during projects like this can be of benefit, connecting mental health services to other communities.

**Artwork**

During these past two years, I have spent time working on my own artwork which, through time, will show the journey of recovery that I have been on. I have been an artist the whole of my adult life but sadly, when the severe depressions that I experience engulf me, these creative skills vanish and life becomes very dark. I have spent time reading books by people who have had similar journeys, and have reflected that so many people suffer silently and feel imprisoned by their illness. I believe that people who share their journeys help us to understand that we are not alone.

The next stage in my journey of recovery was to offer my art teaching skills as a volunteer within a safe environment. Kay Redfield Jamison (1996), a professor in psychiatry who herself lives with bipolar disorder, writes:

> 'Creative work can act not only as a means of escape from pain, but also as a way of structuring chaotic emotions and thoughts, numbing pain through abstraction and the rigours of disciplined thought, and creating a distance from the source of despair.'

Alongside medication and psychiatric care, the occupational therapy element is also crucial to the well-being of the patient. The goal of this second project was to develop collaborative pieces of artwork for hospital display within an arts workshop.

In this workshop, I worked closely with Angela Ross-Gamble, an occupational therapist who encouraged me to gain confidence in my own abilities as an art teacher. Often with mental illness, a person’s self-esteem is crushed, and the belief that one can return to their occupation can, at times, be daunting. Angela recognised that I was capable of leading this project with her. The storms of life will always have times of peace and calmness, and we chose this as the theme of the project, using the natural world as a visual aid.

The presence of the local press at events like this can have added benefits for the wider community. Stigma and discrimination towards people suffering from mental illness is still apparent in our society. Ignorance and lack of understanding cause barriers.
sketches from this theme using a variety of different art materials. I found that they were enthusiastic in their approach, and the creative interaction inspired openness and conversations that play a key role in recovery. For a number of patients, this was the first time that they had used art materials in a group project, and it was great that they chose to experiment. As a volunteer leader of the project I was inspired by their creativity and, in doing so, felt that I had rediscovered skills that had disappeared because of my mental illness.

A primed canvas was designed and crafted by a patient, with support from an occupational therapist who encouraged them to work on this part of the project; this was a productive time for all. Practical activities like this can benefit the patient greatly. I know myself how it can distract me from the battle that is so often in our minds.

As a group we decided to create an acrylic painting, combining the sketches done previously with patients. As the painting developed, I was able to find my own meaning in the image. The trials of life appear like the storms in the natural world, stormy seas, crashing waves and red skies. Emotional moods within one’s mind are illustrated by colour and movement. The work remained untitled as it gave people the opportunity to find their own meaning in it. It is now displayed in the occupational therapy department at Wotton Lawn Hospital, Gloucester.

**Conclusion**

As a person who has experienced the suffering of mental illness, I strongly believe that hope can be generated through being a volunteer. Taking the right occupational opportunities once again enables us to use our skills and to function in the community that we live in.

The journey of recovery may at times be complicated, and full of obstacles and disappointment, but with perseverance and a determination to understand mental illness, the battle within the mind can be coped with. Only then can we look back and see that though the pain is excruciating, one can turn it around.

I hope that through reading this article others will consider volunteering. To me it has been a worthwhile occupation and has helped me to rebuild my confidence. I believe that people who live with mental illness should be valued, understood and given a chance to live meaningful lives within the community.

I believe that by sharing our lived experience through volunteering, and by working alongside professionals, we can also have a rich and positive impact upon the ongoing development of mental health services. The volunteering projects within acute care described in this article encouraged interaction between the hospital and the wider community, which is of great importance in promoting social inclusion. I hope that this article gives you an idea of how such volunteering projects, if done appropriately and wisely, can have great benefits for the service user, the host service and the volunteer.

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**Reference**


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Maggie Hitchman is an artist and her work can be viewed on her website [www.maggiehilditch.co.uk](http://www.maggiehilditch.co.uk)