Every week, in 35 wards and day centres around Merseyside, service users and staff take an hour out of their week to read and reflect together on literature, thanks to Mersey Care Reads, a collaborative project between The Reader Organisation and Mersey Care NHS Trust. Mersey Care NHS Trust provides specialist mental health, drug and alcohol, and learning disability services for the people of Liverpool, Sefton and Kirkby, medium secure services for Merseyside and Cheshire, and high secure services covering England and Wales. Operating across 34 sites, it has around 700 inpatient beds on 13 sites.

The Reader Organisation is a young and rapidly expanding social enterprise dedicated to bringing about a reading revolution. We are pioneers of reader development and social change, making it possible for people of all ages, backgrounds and abilities to enjoy and engage with literature on a deep and personal level. The main thrust of the work we do is through weekly Get Into Reading groups in venues such as community centres, hospitals, rehabilitation centres, prisons, libraries, arts centres and schools. Through the reading of literature and the sharing of experiences, Get Into Reading members report improved concentration and well-being, greater personal confidence, and a growing sense of community. The groups promote meaningful activity and in the short and long-term, prompt authentic engagement and provide positive cultural experience.

Eleanor McCann and Mary Weston, the ‘Readers in Residence’, set up reading groups with the help of key professionals – occupational therapists, psychiatrists, and other staff members. The key professional will usually advertise and recruit the group, take care of the logistics of finding a suitable room, and refreshments. The reader brings selected texts and together they facilitate the group, reading aloud and encouraging discussion. Group members are invited to take over the reading aloud, but nobody is obliged to do so: confidence tends to build as the group becomes established, and it becomes clear that no one is corrected or humiliated for making mistakes.

How are texts chosen? In the early days of a group, we tend to start with short stories from a collection we have built up of some two dozen that have worked well with general audiences. As the membership stabilises, some groups may decide democratically to tackle a novel. In other settings,
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particularly acute wards, the membership is fairly transitory, and it may be best to stick to shorter pieces. With people with dementia, we mainly use poetry, partly because memory problems make stories difficult to understand, and also because the rhythm of the language is stimulating and the familiarity of classic pieces, which have often been learned by heart in childhood, activates the remembrance of things past.

Because we believe that good literature is a birthright, not the preserve of a particular class, we attend very closely to the quality of the texts that we choose. ‘I don’t normally read things like this, but I’m really enjoying it!’ is one of the most frequent responses we hear from group members. Typically, we use 19th and 20th century classics, but groups also benefit from the boost in confidence that comes from tackling an older poem or an extract from Shakespeare. Nor do we shy away from serious or indeed tragic themes. There can be a fear that sad stories will be depressing, but people who are experiencing mental ill health have often survived difficult situations themselves, and are capable of looking the painful parts of life in the eye. However, our ethos dictates that we use literature that is life affirming, and we avoid books that indulge in gratuitous violence or negativity.

The fact that the texts are read aloud is one of the most important aspects of the Get into Reading model. Ordinary book groups, where a novel is read at home, and then discussed in the group, tend to promote a rather critical and distanced attitude to the text. While there is nothing wrong with analysis as such, it is an activity that can easily become competitive, a case of showing off your literary skills or knowledge. Reading aloud brings the text back into the moment. It becomes a participatory event, a shared experience.

Entering the alternative reality of a text is rather like scuba diving. You go down into another world with a buddy – the conditions of entry mean that you cannot talk to each other while you are diving (or reading). The scene you encounter could be clear and colourful or murky and confusing, fascinating or dangerous. When you come back to the surface world you compare your emotions, your impressions: ‘Did you see...?’; ‘What was that?’? It is a move between the inner world and the outer world, between silence and communicating, and through communicating, you have to touch back into the memory of the inner experience. Similar processes of bridging inner and outer worlds occur in some talking therapies. But in a reading group, one is not working on a private, painful or traumatic memory, rather with an aesthetic experience, relating at depth, which does not have to be a personal depth. The aesthetic experience may be joyful or tragic, but the negatives are happening to a fictional character, and even if there are resonances with one’s own life, they can be contemplated with some detachment. The imaginary world may even allow some space to redefine the past or re-decide the future.

But group members themselves are our strongest testament to the power of the project (for the purposes of anonymity, all names have been changed, and all quotes are used with service users’ permission). Barbara was very anxious when she started coming to sessions on a hospital ward for elderly patients with dementia. After several weeks it became apparent that her anxiety was easing and that she and another group member, Joyce, had formed an attachment. They liked to sit beside and support each other, even jointly reading poems out loud. Previously lonely, they have since become inseparable friends on the ward. Barbara said: ‘Joyce came and mixed with me and it made me feel better’. This mixing process and the subsequent forming of friendships, often with people who are in the same boat as you, is an exercise in bonding fostered by the reading group, which offers a concentrated period of contact with other service users. Individuals isolated within and outside of the inpatient setting are offered an opportunity to
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belong to and feel secured by a social network that has them at its centre.

Those feeling excluded from society by mental illness can sometimes feel themselves becoming cut off from the people in their lives’ proximity. For inpatients, the physical separation from family can be an added burden to the estranging effects of mental illness. However, there is very little self-pity in our reading groups. When asked how she felt about the reading group, Barbara judged the group to be offering members dignity. ‘It makes me feel proud. I’d like my family to know I’ve been reading poems.’ Our small and personal societies, our families, can be pressurised by mental health problems, but in Barbara’s case she felt that reading was a valuable outlet. Moreover, the pride that she expressed proves that attending a reading group can confer the self-esteem lacking for many patients who suffer feelings of worthlessness or who lack confidence.

Steve, a client at a drug detoxification centre, said that the poetry helped him to vocalise a connection with his family. After reading A Thing of Beauty by John Keats (1884), Steve said, ‘For me, the beautiful thing would be a person. It’s my son for me. Spending time with him, it uplifts me’. The concept of the group, and the texts, being ‘for me’ places service users at the heart of their own recovery. An occupational therapist on the elderly ward suggested that the session helped to maintain patients’ language skills. At an acute psychiatric hospital, Tom, who has attended the group on the men’s ward for several months, remarked, ‘I really enjoy it. It’s of real interest to me’. This is a remarkable statement for someone suffering from severe depression, who rarely engages with other activities at the hospital. Inquisitiveness and curiosity from people who are otherwise living in a profound state of disinterest is a significant improvement in the condition of some psychiatric patients.

It is also clear that the reading group is simply a pleasurable pursuit for accomplished readers and non-readers alike. Reading with Tom has jump-started his old routines, the loss of which possibly contributed to a decline in his mental health. He spoke about the past when he ‘used to read but got out of it. This has put me back on to reading’. Back at the ward for elderly patients with dementia, Betty suggested that she had previously thought reading was beyond her reach: ‘I wasn’t the type of person for poems. But now I love to try it’. Through reading together, Betty has been enabled to reclassify herself. That she relishes the endeavour – she ‘love[s] to try it’ – demonstrates a gentle exertion that has shifted her sense of her own capabilities.

There are sometimes signs of self-exclusion, which Readers in Residence try to dispel. Those who excuse themselves with ‘I can’t read’, ‘I’m dyslexic’ or ‘You don’t want me there’ are encouraged to give it a go and are always assured that they can opt out at any time. It is interesting that once someone has come once they generally return: ‘I’ll come to read every time you’re here’ one patient assured her Reader. The reading groups are dependent on this process of continuing self-inclusion because each person must choose to join a group.

On the flip side, Get into Reading is partly about forgetting yourself and, by extension, thinking of others. For some suffering with mental health problems, the world becomes smaller and smaller and this is where reading can enlarge it by promoting awareness of something beyond
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the perimeters of your own head space. As Tom reflected:

‘It gets the mind ticking. Other people’s situations. Other people’s lives. We think about something outside ourselves’.

The broad impression expressed by service users about the effect of Mersey Care Reads is that, as Steve enthused, ‘It’s very therapeutic’. The therapy takes different forms for different people. For Rachael, who is in Steve’s group at the detox centre, the group means motivation. ‘I didn’t get up until midday today. I didn’t feel up to anything’ she said. ‘Now I feel really relaxed!’ That feeling of being ‘good-for-nothing’ was suddenly translated into ‘good-for-reading’.

It is common for a reading session to cause such changes of mood. Speaking about Barbara on the elderly ward, the occupational therapist said ‘she is often anxious but when she comes to the group she seems to relax’. Since the reading group demands concentration, it acts as a counter to restlessness. Tom said he liked homing in on specific parts of the texts: ‘The discussion is good. We choose paragraphs or sentences and it helps you to focus.’ Breaking things down and making them less intimidating and more digestible has enabled Tom to read longer and longer pieces of literature and to speak at greater length about them; progress that he is pleased with.

Betty, the group member on the ward for elderly patients with dementia, finds our sessions:

‘Very interesting. They make you think about things that your mind is not on and then when you come together it reminds you of things from the years and years that you’ve lived.’

Since Betty suffers from dementia, one of the benefits of reading with her is that the text triggers memories. Furthermore, it seems to be that group members, particularly those with memory problems, benefit from the regularity of the Get Into Reading model.

For those going through addiction withdrawal, the reading sessions take on a slightly different role. Steve was pleased that ‘It makes the time pass a lot quicker’. Giving him something to occupy his mind was important for Steve: it meant that he had been clean for an hour longer and he was one hour closer to discharge. At the end of another session, Steve seemed relieved: ‘I didn’t get this [poem] at all. Now I think I could rewrite it for myself’. A process of rewriting is exactly what Mersey Care Reads is all about; rewriting perceptions of people with mental health problems as well as people’s perceptions of themselves, about what they can do and where they fit in.

Tom praised the read-and-chat format of our reading sessions, saying:

‘I like the discussion. We can talk about why the plot’s gone a certain way. You can think about your own life. Why your life’s gone one way and not another.’

For many group members, who feel a loss of control over their lives, it is exactly a feeling of ‘losing the plot’. Mersey Care Reads allows people to find the plot again in the text and, in so doing, in real life, to deal with their own narrative, and to have hopes for the part of it yet to be written.

Mersey Care Reads was originally commissioned in 2007 by Lindsey Dyer, Director for Service Users and Carers. During the pilot year, an in-depth evaluation was carried out by SURE (Service Users’ Research and Evaluation). Their conclusion was:

‘There has been unquestionable benefit to the service users who have participated in Reader groups across a range of service settings. Improvements in confidence, memory, concentration, creativity, listening skills are just a few of the many positive
schedules to run their own groups. According to Dr Fearnley, ‘Get Into Reading is one of the most significant developments to have taken place in Mersey Care NHS Trust and mental health practice in the last 10 years’.

After the pilot year, the project was embedded into Mersey Care, with Cath McCafferty, Library Manager for the Trust, co-ordinating the work. Since then, the project has expanded steadily at a rate of approximately 12 groups a year. A budget for training key professionals in the Get Into Reading model means that the Readers in Residence can hand groups on to ward staff when they are confident in reading aloud and facilitating discussion. In conjunction with the Trust library service, the Readers support staff who are running groups with a database of short stories and a collection of multiple copies of novels.

An important factor in the expansion of the project has been the support that it receives from senior management. Chief Executive Alan Yates and Medical Director Dr David Fearnley (awarded ‘Psychiatrist of the Year’ by the Royal College of Psychiatrists in 2009) both find time in their weekly outcomes reported. There is also emerging evidence that the groups are creating spin off benefits on the ward or unit. Service users are expanding their range of conversation outside the groups, one service area has reported an ‘elevated’ mood and some people are engaging more with staff and their families thus breaking down barriers.’ (Mills et al, 2008)

reference


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