

Historic Landscapes and Mental Well-being

edited by

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and Yvette Staelens



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Front cover: Human Henge participants exploring a round barrow on Windmill Hill, Wiltshire. (Drawing by Donna Songhurst. Copyright reserved)

Back cover: Stonehenge, Wiltshire, a prehistoric healing centre? (Photograph by Timothy Darvill. Copyright reserved)

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Stepping stones to other times, other places, other worlds (Drawing by Donna Songhurst)



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Supporting sound files relating to Chapter 7 are available to listen to at:

<https://tinyurl.com/Dutiro>



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Abbreviations

AD	<i>Anno Domini</i> (in the Year of our Lord on the Christian Calender)
AHRC	Arts and Humanities Research Council
AHSW	Arts and Health South West
APPAG	All-Party Parliamentary Archaeology Group
APPGAHW	All-Party Parliamentary Group on Arts, Health and Wellbeing
ASC	Autistic spectrum condition
ATU	Andover Trees United
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
BAJR	British Archaeological Jobs Resource
BBC	British Broadcasting Corporation
BC	Before Christ (back-projected chronology based on the Christian Calender)
BGH	Breaking Ground Heritage
BU	Bournemouth University
CAVLP	Clyde and Avon Valley Landscape Partnership
CBA	Council for British Archaeology
CBT	Cognitive behavioural therapy
CEO	Chief executive officer
CHWA	Culture, Health and Wellbeing Alliance
CMHT	Community mental health team
COE	Council of Europe
DAG	Defence Archaeology Group
DCLG	Department of Communities and Local Government
DCMS	Department for Culture, Media and Sport (DDCMS from 3 July 2017)
DDCMS	Department for Digital, Culture, Media and Sport (DCMS before 3 July 2017)
DIO	Defence Infrastructure Organization
DOH	Department of Health
EC	European Commission (of the EU)
ECT	Electroconvulsive therapy
EH	English Heritage
EIP	Early intervention in psychosis

ESOL	English for speakers of other languages
EU	European Union
FMRI	Functional magnetic resonance imaging
FROG	Foreshore Recording and Observation Group
GAD	Generalized anxiety disorder
GLA	Greater London Authority
GLO	Generic learning outcome
GOS	Government Office for Science
GP	General practitioner
HACT	Housing Associations' Charitable Trust
HBMCE	Historic Buildings and Monuments Commission for England
HE	Historic England
HES	Historic Environment Scotland
HLF	Heritage Lottery Fund (National Lottery Heritage Fund from January 2019)
HMG	Her Majesty's Government
IAPT	Improving access to psychological therapies
IWM	Imperial War Museum
KCC	Kent County Council
LGBTQ	Lesbian, gay, bisexual, transgender, and queer
MA	Museums Association
MENA	Middle East and North Africa
MLA	Museums, Libraries and Archives Council
MHCLG	Ministry of Housing, Communities, and Local Government
MHP	Mental health problem
MOD	Ministry of Defence
MOLA	Museum of London Archaeology
NEF	New Economic Foundation
NHS	National Health Service
NICE	The National Institute for Health and Care Excellence
NIE	Northern Ireland Executive
NIEA	Northern Ireland Environmental Agency
NIEDOH	Northern Ireland Executive Department of Health

NLHF	National Lottery Heritage Fund (formerly Heritage Lottery Fund before January 2019)
NT	National Trust
OECD	Organization for Economic Co-operation and Development
ONS	Office for National Statistics
OT	Occupational therapy
PHE	Public Health England
PTSD	Post-traumatic stress disorder
RCAHMS	Royal Commission on the Ancient and Historical Monuments of Scotland
RCHME	Royal Commission on the Historical Monuments of England
RF	Richmond Fellowship
RNIB	Royal National Institute of Blind People
RSA	Royal Society for the Encouragement of Arts, Manufactures and Commerce
RSPB	Royal Society for the Protection of Birds
RT	Restoration Trust
RTH	Recovery Through Heritage
RVS	Royal Voluntary Service
SCMH	Sainsbury Centre for Mental Health
SPW	Service Public de Wallonie
St	Saint
SVP	Serving personnel and veterans
TB	Tuberculosis
TDP	Thames Discovery Programme
UCL	University College London
UK	United Kingdom (England, Northern Ireland, Scotland and Wales)
UN	United Nations
UNESCO	United Nations Educational, Scientific, and Cultural Organization
US	United States (of America)
WEA	Workers' Education Association
WEMWBS	Warwick-Edinburgh Mental Well-being Scale
WHO	World Health Organization

WHS	World Heritage Site
WRVS	Women's Royal Voluntary Service
WWI	World War I (First World War, 1914–1918, also known as the Great War)
WWII	World War II (Second World War, 1939–1945)
WWCW	What Works Centre for Wellbeing
WWWMP	West Wales War Memorial Project

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Foreword

Sara Lunt

Mental ill-health is a major problem of our time. Its impact is personal, social, and political. We cannot afford to ignore it, nor to depend on the conventional therapies offered to sufferers by over-stretched health and social care providers. To meet the crisis other pathways towards recovery are being explored and developed, amongst them the use of cultural resources. The therapeutic potential of culture in all its forms is being recognized and harnessed to alleviate mental ill-health and increase well-being.

Heritage resources represent a new category in this field. The Human Henge project operates under the auspices of the Restoration Trust, whose mission is to make ‘culture therapy’ an everyday part of mental health provision. The strategy is novel and innovative. Accompanied by archaeologists, singers, musicians, and craftspeople, our participants, all of whom live with long-term mental ill-health, journey through ancient landscapes. In doing so, they form a new community and connect with the people and places of the past. This is a healing experience and, based on the evaluation of our participants’ reactions, we believe that the benefits can be life-changing and long-term.

Many months of discussion, planning, and fund-raising by the members of the Human Henge Project Board underpinned the outdoor sessions in the Stonehenge and Avebury World Heritage Site. Our continuing task is to research and assess the outcomes for mental health, to present and publicize our work, and to gain support for new programmes based on the accumulating experience of participants in this and other similar projects. Together we are building evidence to demonstrate the therapeutic value of ancient landscapes, and we sincerely believe that this evidence will be persuasive to National Health Service and social care commissioners and providers.

At the Theoretical Archaeology Group Annual Meeting in Cardiff in December 2017 and the Historic Landscapes and Mental Well-being conference at Bournemouth University in April 2018, the preliminary results of work on Human Henge were presented and discussed. A valuable wider context was provided by reports on other projects whose academic discourse or practical activities are also based on the therapeutic values of ancient and historic landscapes and places. We heard from representatives of funding bodies who generously supported the work of Human Henge and similar projects; from leaders in the field of culture and health; from mental health clinicians who have brought their skills to bear in evaluation and in providing expert advice; from archivists and archaeologists whose resources and expertise form the essential bedrock to heritage-based culture therapy; from practitioners and participants who have taken part in culture therapy projects; and from heritage managers who have promoted this kind of therapy in their organizations and facilitated access to the landscapes, monuments and collections in their care. It was exciting to hear just how much imaginative, inventive, and stimulating work is going on this field, much it now captured in the papers presented in this volume.

We would like to thank everyone who participated in the Cardiff and Bournemouth events, and all those who have contributed papers to this volume. It is a wonderful thing to see how the power of ancient places continues to resonate in the present day and how, used creatively, they can change lives for the better.

Without our partners and funders, Human Henge and its associated outreach activities could not have happened. We had funding from The Heritage Lottery Fund (now The National Lottery Heritage Fund), English Heritage, and Wiltshire County Council. The Restoration Trust, English Heritage, National Trust, Richmond Fellowship, Bournemouth University, and the Avon and Wiltshire Mental Health NHS Partnership Trust have made generous contributions of people, places, expertise, and help in kind. To all of these and the many other organizations that have helped in so many ways we extend our very grateful thanks. On a personal note, I would also like to take this opportunity to thank all the members of the Human Henge Project Board who generously gave their time to share their enthusiasm, devise our programmes, and assist in their implementation.

The Human Hengers themselves – the participants, facilitators, volunteers and staff – form the beating heart of Human Henge. They have struggled through wind and weather, listened, explored, sung and rejoiced, formed friendships, and created ceremonies. They have given us new insights into ancient places, and, in their frank responses to the very many variations on the theme of ‘so how did that make you feel?’ they have made a vital contribution to the future use of ancient landscapes to improve mental health and well-being. Several Human Hengers attended and contributed to the discussions in Cardiff and Bournemouth. Their voices were heard throughout the meetings and are represented in this volume, living proof of the success of our approach. We applaud their courage in making the Human Henge journey and hope that their achievements will be an inspiration to many others in years to come.

Chapter 1

Introduction: Heritage and well-being

Timothy Darvill, Kerry Barrass, Laura Drysdale, Vanessa Heaslip,
and Yvette Staelens

Abstract

In introducing and contextualizing the papers in this volume attention is directed to the current prevalence and associated economic and social costs of mental health provision. The societal importance of finding non-medicalized approaches to the enhancement of mental health well-being is underlined, and it is argued that, as later chapters clearly show, cultural heritage has a lot to offer. Consideration is given to commonly used ways of defining 'well-being', and the scope and nature of cultural heritage represented as archaeological sites and ancient or historic landscapes. International, European Union, national, and regional treaties, agreements, legislation, strategies, and public policy in relation to heritage and well-being are reviewed, and attention given to the work of government agencies in the UK. The idea of therapeutic landscapes is evaluated as a starting point for thinking about cultural heritage therapy as a form of social prescribing and the wide range of case studies from Britain and the near continent included in this volume.

Keywords: Archaeology; Cultural heritage; Mental health; Social prescribing; Well-being

Introduction

Enhancing well-being in general, and mental health well-being in particular, is one of the most significant societal challenges currently facing communities across the world. Available statistics on the prevalence of mental illness make grim reading. The Adult Psychiatric Morbidity Survey conducted in 2014 suggests that around one in six (17%) of adults surveyed in England met the criteria for a common mental disorder (McManus *et al.* 2016), while National Health Service figures for the UK indicate that one in four adults (25%) experience at least one diagnosable mental health problem in any given year (NHS 2016a: 4). In Europe, more than one in three (38%) people suffer each year from a brain disorder such as depression, anxiety, insomnia, or dementia, according to a study carried out across 30 countries between 2008 and 2010 by the Institute of Clinical Psychology and Psychotherapy in Dresden University (Wittchen *et al.* 2011). Globally, the World Health Organization estimates that one in four people (25%) are affected by a mental health disorder at some point in their lives (WHO 2001: 20). The costs associated with these indispositions are eye-watering. In purely human terms, a low quality of life and premature mortality are significant, as too the social and emotional costs to individuals, families, and communities. Looked at in economic and monetary terms the total costs of mental ill-health across the 28 EU countries in 2018 have been estimated at over 600 billion Euros, more than 4 per cent of Gross Domestic Product (OECD and EU 2018: 26). The cost of mental health support and services in England alone equates to £34 billion each year, and this excludes dementia and substance abuse (NHS 2016a: 9), while the cost to the economy is estimated at £105

billion (NHS 2016a: 4). Unsurprisingly, international organizations, governments, and state agencies have now woken-up to the problem, begun examining its many dimensions, and are developing policies and strategies aimed at prevention as well as treatment. Some of these approaches extend well beyond traditional medical solutions by looking for remedies and therapies in new domains. As the papers in this volume clearly show, one such domain involves the innovative use of archaeological sites, ancient landscapes, and the wider historic environment for what can be called cultural heritage therapy.

Internationally, the overarching strategy on health and well-being is prominent on the list of 17 Sustainable Development Goals to be achieved by 2030 that were adopted at the seventieth session of the UN General Council in New York in September 2015 (UN 2016a; UNESCO 2015). Goal 3 is ‘Good Health and Well-being’ and includes the specific target of promoting mental health well-being (UN 2016b: Goal 3.4). One of the tools recognized by UNESCO for the attainment of the Sustainable Development Goals is ‘culture’, defined for this purpose as ‘who we are and what shapes our identity’; as such it ‘contributes to poverty reduction and paves the way for human-centred, inclusive and equitable development’ (UNESCO 2016). According to UNESCO, ‘no development can be sustainable without it’ and ‘placing culture at the heart of development policies constitutes an essential investment in the world’s future and a pre-condition to successful globalization processes that take into account the principle of cultural diversity’ (UNESCO 2016). Although not explicitly linked to Goal 3 in UNESCO’s published texts, culture and the closely related notions of heritage and the historic environment have a potentially very significant role to play to promoting many aspects of good health and well-being, including mental health well-being that forms the focus of attention here. Indeed, as earlier overviews (Darvill *et al.* 2018; Reilly *et al.* 2018), ongoing projects (CHEurope 2019), and the papers in this volume clearly demonstrate, the potential enhancements to well-being that can be achieved through interdisciplinary teamwork combining insights from archaeology, anthropology, health-care, environmental therapy, and the creative arts are very considerable.

The origins of this volume lie in the contributions made to two related meetings, both arising out of the public outreach work associated with the HLF-supported Human Henge project. First, was a day-long session at the thirty-ninth annual meeting of the Theoretical Archaeology Group (TAG) held in the University of Cardiff, Wales, on the 18–20 December 2017. Entitled *Archaeology, Heritage, and Well-being* this well-attended session focused on using heritage resources of various kinds to promote well-being. It recognized such approaches as one of the most significant advances in archaeological resource management for many years, and provided an opportunity to share experiences and to discuss the outcomes, implications, and theoretical underpinnings of well-being projects. Second, was a whole-day multi-disciplinary conference held in Bournemouth University on the 13 April 2018 entitled *Historic landscapes and mental well-being*. More than 80 delegates from a wide range of backgrounds — including practitioners, experts by experience, heritage professionals, academics, and policy makers — discussed ways of using historic landscapes and heritage resources of various kinds to promote well-being and the boundless potential contribution that the historic environment can make to health-care and wellness initiatives. Some papers were presented at both events, some at only one, but all have been reconfigured and up-dated in the light of the discussions and subsequent work. One paper, included here as Chapter 4, was presented at a session entitled *Mental health in archaeology* at the thirty-eighth annual meeting of TAG in the University of Bradford on 15 December 2015.

Our aim in bringing these papers together is two-fold. First, is to illustrate how archaeological sites, ancient landscapes, and the historic environment more generally, are being used rather successfully as tools to enhance mental health well-being in a range of communities across Britain. The projects and approaches described here deserve wide recognition for their international levels of originality in terms of the deployment of aspects of the historic environment in novel ways, the significance of what is being achieved in changing people's lives for the better, and the rigour that has been applied in thinking through the underpinning logic and the practices themselves. Second, is to prompt further debate about the contribution that the historic environment can make to the attainment of Sustainable Development Goal 3 over the next decade or so, and to assess the contribution that this work can make to delivering public value from heritage assets.

Central to the thinking that underpins all the contributions in this volume is the idea that poor health and mental ill-health are not simply medical matters that can be solved by prescribing drugs and medication. Other factors are relevant and important, not least people's environment, and their identity, self-confidence, and relationships with others. Responding to the manifestations of poor mental health and treating symptoms is not the same as dealing with underlying causes. In words widely attributed to Bishop Desmond Tutu: there comes a point when we need to stop just pulling people out of the river; we need to go upstream and find out why they're falling in. One such journey upstream has been made by the controversial writer Johann Hari whose exploration of depression and anxiety revealed a range of disconnects between those living with such conditions and their wider personal, social, and environmental context. He suggests that for many people the drugs don't work, but that social prescribing which encourages reconnecting with one's self in new ways, with other people, with meaningful work and values, with the environment, and with a purposeful sense of the future can work wonders (Hari 2018). He is not the only one. Journalist Matthew Parris for example argues that it is wrong to spend so much money on talking therapies and medication when there is little evidence that they actually work (Parris 2018). Similarly, the DeStress Project set up to examine the impacts of austerity and welfare reform on mental health and well-being in low-income communities in England found widespread dissatisfaction with the current medical model for mental health amongst doctors and patients (Thomas *et al.* 2019: 13). However, it would be wrong to see social prescribing and other related approaches as 'cures' for mental illness, nor are they necessarily substitutes for properly administered medication. Integrated medical and social therapies are complementary actions, each supporting and enhancing the other, thereby offering what is known as integrated care as a robust and potentially sustainable way forward.

Axiomatic to such thinking is the recognition that mental illness is not a binary phenomenon. Whilst we recognize that there are severe and enduring diagnosed mental health conditions, we also know that, outside of clinical settings, each of us moves through sometimes acute variations in our mental health. In this context it useful to understand mental health in terms of a gradient or scale that everyone is on, and along which we move over time with varying degrees of susceptibility and resilience to internal and external influences. Rather than maintaining a strict focus on mental illness we prefer to explore the positive slope of the gradient and talk instead about mental health well-being that could, simplistically at least, be seen as ranging from very poor at one end of the gradient to very good at the other. Self-reflecting for a minute, where do you, the reader, feel you sit on the gradient right now? Where

have you been, and which direction are you heading? And how might your story colour the way you explore the papers in this book?

In introducing the papers this volume, and setting the background for the book as a whole, we would like to explore four cross-cutting underlying themes. First, we unpack some of the essential terminology inherent to the title of the volume and the papers within. Second, we consider the strategic and policy context that folds around the UNESCO Sustainable Development Goals already mentioned, with a special emphasis on the situation in Britain and Europe. Third, we briefly explore the idea of therapeutic landscapes as natural, designed, or created places that promote health and well-being. And fourth, the natural extension of the first three, we outline the idea of what might be termed cultural heritage therapy.

Unpacking concepts and meanings

Two key terms deserving of attention and scoping run through the chapters of this volume and appear prominently in its title: historic landscapes and mental well-being. They are considered here in reverse order.

Despite its widespread use, mental well-being is hard to define, its content puzzling to unpack, and its existence or fulfilment tricky to measure. At a general and rather superficial level well-being, and also by implication mental well-being, refers to a state of being characterized by good (mental) health, contentedness, happiness, an assured quality of life, and a sense of positivity. But its meanings and implications run far deeper in technical and social spheres to embrace issues of morality, politics, law, and economics. Philosopher James Griffin usefully offers insights into understandings of well-being that apply to a multidimensional range of interconnected contexts including: mental well-being; physical well-being; social well-being; spiritual well-being; emotional well-being; economic well-being; and so on (Griffin 1986). The most common starting point is grounded in utilitarian thinking in which utility focuses on attaining the human experiences of pleasure and the absence of pain. Whether this occurs as a mental state fed by feelings and emotions, or is relational to the perceived state of the world and thus fed by actual or informed desires, is a matter of considerable debate, but for Griffin the approach is overly broad and generally inadequate (Griffin 1986: 7–20). By contrast there are objectivist understandings of well-being in which desires are replaced by an altogether more urgent and powerful feeling of ‘need’. As he explains, ‘desires have to do with how a subject of experience looks out on the world: needs have to do with whether one thing is in fact a necessary condition of another’ (1986: 41). In this sense needs tend to be rather narrowly defined. While individuals and society as a whole may be flexible in how needs are described, understanding the extent to which needs are met becomes a moral judgement. However, better for the modern world than either utilitarian or objectivist perspectives are perfectionist accounts that are concerned with what a good life is for humanity in general. This approach, essentially Aristotelian in origin, proposes the existence of an ideal form for human life to take, a form in which human nature flourishes and reaches perfection. Thus the level of attainment of well-being for any individual is directly proportional to how near that person’s life gets to the ideal (Griffin 1986: 56). Feelings of distance from perfection (alienation) are mainly negative and can be very damaging to mental well-being. So the trick, highly relevant to life in the twenty-first century, is to invert or flip Aristotle’s vision of perfection grounded in the idea that very few people will ever achieve the high peaks (the ‘Superman /

Superwoman Vision') and instead recognize that perfection is available to everyone. Looked at this way perfection is generated quite simply through the realization of what makes up human excellences and causes the human spirit to flourish, for example through: wisdom; courage; temperance; industry; humility; hope; charity; justice; creativity; engagement with others; respect; understanding; emotional enjoyment; and deep reciprocal personal relations (Griffin 1986: 63–67). In this view well-being does not involve a single universal 'right' balance of these things because the balance varies from person to person. As such, well-being is not so much about wellness *per se* as about a heightened sense of 'being', and an awareness of the continual process of 'becoming'. As Kathleen Galvin suggests in the introduction to the recently published *Routledge handbook of well-being*, well-being is intrinsically intertwined with the matter of 'how things are for you in the world' (Galvin 2018: 2). It is an idea grounded in phenomenology that she goes on to explore in detail with Les Todres in terms of a dialectic between dwelling and mobility (Galvin and Todres 2018; Todres and Galvin 2010). Thus well-being as they describe it is an existentialist account: 'a positive possibility that is independent of health and illness but is a resource for both ... an ontic everyday experience [that] is never complete' (Galvin and Todres 2018: 89).

The world as dwelling place for individuals and societies is itself a complex multidimensional space. Although it can only be experienced by any one person in the here and now, it encapsulates historic dimensions, and, like human experience itself, has a past, a present, and a future. As such the second of our key terms — historic landscape — could be seen as an allegory of human existence, representing the transience of life mapped against the physicality of the world. The historical or cultural dimensions of landscape represent where we have been, or where others have been, the pre-knowledge informing where we are now, as the starting point for an anticipated future. Traditional approaches to the study and analysis of historic landscapes have tended to be positivist or processual, emphasizing the relationships in time and space of the visible or reconstructable elements. The focus has been on creating the story of the landscape, a grand narrative outlining how it developed and changed over time (Darvill 2001: 36–38). More recently attention has turned towards relativist or post-processual ways of thinking that focus instead on relationships between people and the world they created for themselves (physically and conceptually) and in which they lived (Darvill 2001: 38–41). Experience, structuration, memory, and the cognitive creation of place are key themes of this new kind of landscape archaeology, and it is these approaches that the authors of the papers in this volume find appealing in relation to the promoting mental well-being. Modelling the way people perceive places as they move through them or around them, how cosmological beliefs were fixed in the landscape, and how people perceived and understood aspects of the physical world such as soil, water, rock, colour, plants, trees, animals, fire, and air have created numerous ways of interpreting and understanding landscapes past and present (David and Thomas 2008; Meier 2006). Moreover, such thinking connects terrestrial experiences with other important dimensions of the world as people experience it, including seascapes (Cooney 2003) and skyscapes (Silva 2019) to create the broader notion of the 'historic environment'.

A wide-ranging academic and public debate about Britain's historic environment under the title *Power of Place*, initiated in the early 2000s by English Heritage (EH) as the government agency responsible for the cultural heritage, opened up and exposed several broader visions (EH 2000a; 2000b; DCMS 2001). As a starting point it was felt that 'the historic environment is all around us: it is the map on which we write the future' (EH 2000a: 2). While the conclusions

of the discussion went on to capture the duality and complexity of the historic environment noting that: 'at one level, it is made up entirely of places such as towns or villages, coast or hills, and things such as buildings, buried sites and deposits, fields and hedges; at another level it is something we inhabit, both physically and imaginatively. It is many faceted, relying on an engagement with physical remains but also on emotional and aesthetic responses and on the power of memory, history and association' (EH 2000a: 5).

Importantly, the *Power of Place* debate directed attention towards the need to integrate physical and emotional responses. It harked back to earlier thoughts about the iconography of landscape (Cosgrove and Daniels 1988) and the various ways of representing, structuring, and symbolizing our surroundings. It takes us into interesting territory in which the spirit of place can be conjured up through coupling engagement with imagination. More recently still, the intangible cultural heritage represented by words, poems, song, music, dance, beliefs, traditions, folklore, food, dress and many more things beside is being woven back into the fabric of the historic environment to give it a new richness and texture that enhances the somewhat traditional, some might even say rather 'dry', tangible heritage (Alves 2018; UNESCO 2003). There remains a long way to go in fusing these two strands of tangible and intangible cultural heritage, especially in the area of public policy and legislation. But the foundations have been laid and they provide an important base from which to animate the appreciation of archaeological sites and ancient landscapes as a means of enhancing health and mental well-being. Just as emotional and aesthetic responses can help people understand significant places, so, the other way round, significant places experienced in particular ways can stimulate the same kinds of feeling. With care and sensitivity these can be directed to positive benefit emphasizing human excellences and causing the human spirit to flourish.

Well-being, mental health and heritage in legislation, policy, and strategy

Mention has already been made of the Sustainable Development Goals approved by the United Nations that includes 'Good health and well-being' (UN 2016b). This international agreement, ratified by 193 countries, currently stands as the more comprehensive overarching statute and statement of global ambition to be pursued over the next decade or so. Both underpinning it and cascading from it are many layers of international, multi-national, national, regional, and local legislation, policy, and strategy that provide the legal frameworks and doctrinal context for organizational structures and roles, professional practice, research direction and support, and educational programmes and content. All embrace the concept of promoting well-being and good mental health as a desirable state for a population as a whole, although here it is only possible to touch on the content and implications of a few specific instruments at key scales of application, focusing on those that combine interests in mental health well-being and cultural heritage.

International

The World Health Organization (WHO) is the UN system agency responsible for the international agenda related to health issues. Their *Mental health action plan 2013–2020* published in 2013 has as its goal 'to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders' (WHO 2013a: 9). This is pursued through four main objectives: (1) to strengthen effective leadership and governance for mental health; (2)

to provide comprehensive, integrated and responsive mental health and social care services in community-based settings; (3) to implement strategies for promotion and prevention in mental health; and (4) to strengthen information systems, evidence and research for mental health (WHO 2013a: 10). The 2015 publication *Mental health, well-being and disability: A new global priority. Key United Nations resolutions and documents* affirms that ‘mental and social well-being are the most fundamental and critical constituents of human life’ (University of Tokyo 2015: 3) and provides a valuable set of reference materials and documents relating to the implementation of Sustainable Development Goal 3.

Developing the global *Mental Health Action Plan* in a European context, the WHO published *Health 2020: European policy framework and strategy for the 21st century* (WHO 2013b) and *The European mental health action plan 2013–2020* (WHO 2013c). The mental health plan gives four core objectives: (1) everyone has an equal opportunity to realize mental well-being throughout their lifespan, particularly those who are most vulnerable or at risk; (2) people with mental health problems are citizens whose human rights are fully valued, protected and promoted; (3) mental health services are accessible and affordable, available in the community according to need; and (4) people are entitled to respectful, safe and effective treatment (WHO 2013c: 4).

European

The European Union (EU) has a number of policies referring to well-being in general, headed by Article 3 of the *Treaty of the European Union* (also known as the *Treaty of Lisbon*) stating that ‘The Union’s aim is to promote peace, its values and the well-being of its peoples’ (EU 2008: 21). The European Commission (the executive arm of the EU) has a well-developed mental health policy (EC 2016) building on an earlier joint publication with the WHO. The *European pact for mental health and well-being* states that mental health services should be developed ‘...which are well integrated in the society, put the individual at the centre and operate in a way which avoids stigmatization and exclusion’ and which would also ‘promote active inclusion of people with mental health problems in society’ (EC and WHO 2008: 6).

Heritage and related matters are generally devolved from the European Union to the Council of Europe who have developed a series of relevant conventions and recommendations. Centre stage is the *Framework convention on the value of cultural heritage for society* (also known as the *Faro convention*) which emphasizes ‘...the value and potential of cultural heritage wisely used as a resource for sustainable development and quality of life in a constantly evolving society’ and ‘... that the conservation of cultural heritage and its sustainable use have human development and quality of life as their goal’ (COE 2005). This gave rise to the *Faro action plan* (COE 2016) which is still ongoing. Daniel Thérond (2009: 10) points out that the *Faro convention* provides a cohesive view of cultural heritage in that its protection and conservation is a means to an end, including the well-being of individuals, not an end in itself.

The Council of Europe’s draft *Strategy 21* (COE 2015a) arose from the *Narmur declaration* (COE 2015b) and is based on a range of European conventions, including the *Faro convention* mentioned above. The *Narmur declaration* states that heritage should contribute to people’s well-being (COE 2015b: 3) and promote public well-being (COE 2015b: 4). *Strategy 21* proposes a redefinition of the place and role of cultural heritage in Europe that includes its use to improve the quality of life (COE 2015a).

United Kingdom

Across the UK, well-being and mental health have become major areas of interest to legislators and policy makers. Central government has issued a series of strategy papers over recent years, all of which emphasize the need for, and benefits of, a population with good mental health and a strong sense of well-being. Examples include the 2010 White Paper for England *Healthy lives, healthy people* in which the coalition government of the day sought to devolve responsibility for public health to local and regional agencies, recognizing that mental health and well-being should be at the heart of a community-based strategy (DOH 2010a: 2). The accompanying Department of Health policy paper *Our health and wellbeing today*, again emphasizes the importance of a population's well-being for society as a whole (DOH 2010b: 6). It also points out that the term 'well-being' can have a wide range of interpretations, but adopts a fairly utilitarian definition used at that time by the Department for Environment, Food and Rural Affairs:

'...a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment, and a healthy and attractive environment.' (DOH 2010b: 13)

The paper also points out the difficulty of measuring well-being, and the central role played by mental health (DOH 2010b: 13).

In 2011 the Department of Health issued a paper outlining a new mental health policy for England, *No health without mental health* (DOH 2011). This stated that, whilst specific to England, devolved regional governments in the UK would also be addressing the issue (DOH 2011: 5). The cost of delivering mental health services is discussed, with two of the four ways of improving value for money given as: 'shifting the focus of services towards promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental illness arises'; and 'broadening the approach taken to tackle the wider social determinants and consequences of mental health problems' (DOH 2011: 64). The paper also emphasizes the need to measure mental health and well-being through a series of key indicators in order to track the anticipated improvements (DOH 2011: 70–78). As a result, since 2012 well-being has been measured and tracked by the Office for National Statistics (ONS 2016). Four key measures are used — life satisfaction; worthwhile life; happiness; and anxiety — all of them scored by a sample population with reference to a gradient ranging from 0 (low) to 10 (high). Figure 1.1 shows the year-on-year pattern for all four measures. The three upper profiles are essentially positive measures that indicate generally high, and improving, levels of life satisfaction, worthwhile life, and happiness. The bottom profile is an essentially negative measure as it deals with anxiety; it indicates a generally low but decreasing level of anxiety over the period surveyed.

Building on an influential report published in 2008 entitled *Making recovery a reality* (Shepherd *et al.* 2008), the Sainsbury Centre for Mental Health looked at the delivery of mental health services in Britain and in 2012 started a campaign to promote organizational change (SCMH 2012). Importantly, they considered the question of mental health 'recovery' and noted that:

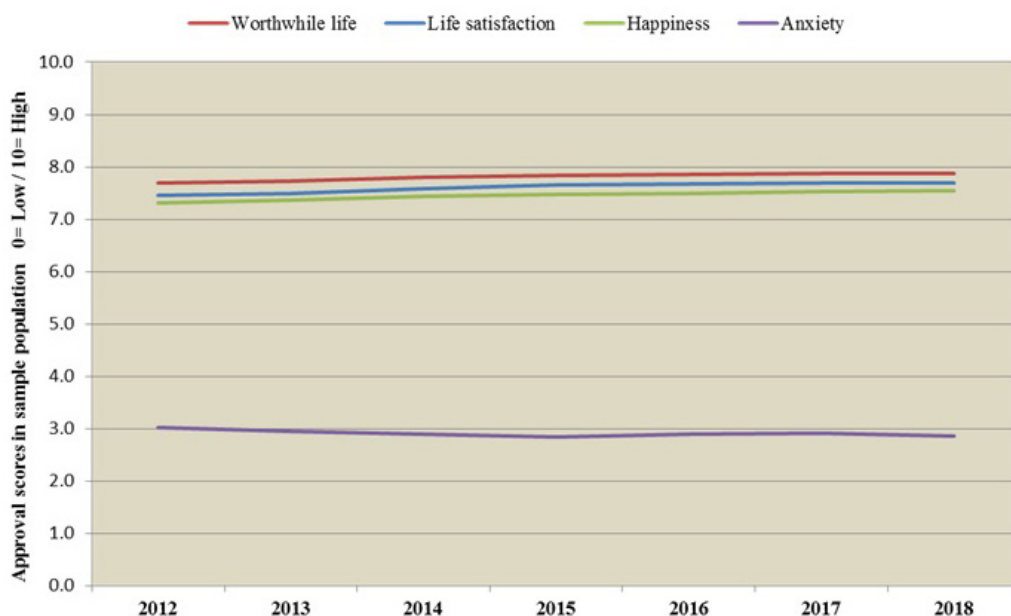


Figure 1.1. Line chart showing diachronic trends for four measures of well-being between 2012 and 2018 in the UK as recorded by the Office for National Statistics using sample populations. The left-hand scale shows mean average values based on approval ratings along a gradient ranging from low (0) to high (10). (Data from ONS 2019)

‘at its heart is a set of values about a person’s right to build a meaningful life for themselves, with or without the continuing presence of mental health symptoms. Recovery is based on ideas of self-determination and self-management. It emphasizes the importance of ‘hope’ in sustaining motivation and supporting expectations of an individually fulfilled life’ (SCMH 2012: 1).

In this sense recovery can take place whilst symptoms persist, the aim of the initiative being to improve the quality of life for those with ongoing mental health conditions.

Spatial planning is recognized in government circles as another important tool for delivering well-being. In order to help inform policy in 2005 Tessa Jowell, then Culture Secretary, issued a personal essay entitled *Better places to live*. In it she discussed the role of the historic environment in building and maintaining identity, and how it might be managed by government agencies and other bodies (Jowell 2005). Responses were invited, paving the way for a conversation concerning heritage, culture, and their value to society. One output of this was the annual ‘Taking Part’ survey, which aimed to measure levels of engagement with sport and culture and how this might impact on people’s happiness (DCMS 2014). Bringing together the strands of culture and well-being, its conclusions included the finding that people who had visited a heritage site in the previous 12 months were significantly happier than those who had not, even when other factors are controlled for (DCMS 2014: 4). It provided powerful evidence that heritage can make a direct contribution to the well-being of individuals and, by extension, to society as a whole. When, in 2012, central government revised its guidance on town and country planning as the *National planning policy framework* these considerations come to the

fore (DCLG 2012: 41) and this has been maintained and strengthened in later revisions (MHCLG 2019: 27–29). At a local level *The A-Z of planning and culture* issued by the Mayor of London's Office in 2015 embedded the concepts of heritage, culture, and well-being into London's planning framework (GLA 2015).

In 2007–08 the UK Government's futures think-tank known as Foresight ran a project on mental capital and well-being that created a set of evidence-based public mental health messages aimed at improving the mental health and well-being of the whole population (GOS 2008). One outcome was the definition of 'five ways to well-being' (GOS 2008: 21), simple actions that are summarized in graphic form as Figure 1.2. They have been widely used across many sectors and in 2011 a review was undertaken by the New Economics Foundation to look at how they have been used across the UK since their launch. Amongst other things, this work highlighted the ways in which the 'five ways' could be extended from something focused on by individuals to become themes for organizations to structure their activities around (Aked and Thompson 2011). Like the conclusions of the SCMH reports referred to above, the overarching theme of this initiative is the idea that everyone can fulfil their own potential, a conclusion very much in line with the perfectionist and existentialist ways of thinking discussed above.

The What Works Centre for Wellbeing (WWCW) was founded in 2014 and is funded jointly by the UK government, the Economic and Social Research Council (ESRC), and Public Health England. It was created in order to understand 'what national and local governments, along with voluntary and business partners, can do to increase wellbeing' (WWCW 2016a). In this context well-being is defined as 'about people, and creating the conditions for us all to thrive. It is quality of life and prosperity, positive physical and mental health, sustainable and thriving



Figure 1.2. Five ways to well-being. (Based on GOS 2008: 21)

communities' (WWCW 2016b). The Centre published its first discussion paper on measuring well-being and cost effectiveness in December 2016 (Layard 2016).

The *Culture White Paper 2016* (DCMS 2016b) contained an undertaking that there would be an initiative to 'develop and promote the contribution of the cultural sectors to improving health and wellbeing' (DCMS 2016b: 9) with a key acknowledgement that 'we are beginning to understand better the profound relationship between culture, health, and wellbeing' (DCMS 2016b: 13). Throughout there was an emphasis on the role that culture plays in well-being, including the mental health aspect (DCMS 2016b: 15). Sadly, the White Paper was not taken further in its progress to becoming legislation, although it continues to provide a useful reference point summarizing thinking at the time of its creation and debate.

Mental health and well-being are also concerns of the UK's devolved governments. The Welsh Government maintains a dedicated website section on mental health (Welsh Government 2016a). It also issues updated delivery plans for its ten-year mental health strategy *Together for mental health* (Welsh Government 2012; 2016c). The concept of population well-being is linked to heritage and culture in the *Well-being of future generations (Wales) Act 2015*, that encourages 'a society that promotes and protects culture, heritage and the Welsh language' (Welsh Government 2015: 6). This link is continued in the *Taking Wales forward* strategy document (Welsh Government 2016b), where the promotion and encouragement of Welsh heritage and culture form one of the key objectives (Welsh Government 2016b: 8). It is explained that 'culture and heritage are a source of identity and distinctiveness as a nation and there is growing evidence on the wider benefits culture can bring to society. Culture supports our economy and international profile, contributes to health and wellbeing, promotes diversity and innovation and helps educate our young people' (Welsh Government 2016b: 20).

The Northern Ireland Executive Department of Health hosts an active suite of web information with strategy and action documents (NIEDOH 2016a) and has a long-term strategy set out in *Health and wellbeing 2026* (NIEDOH 2016b). The Northern Ireland Environment Agency is tasked with creating prosperity and well-being through effective environment and heritage management and regulation (NIEA 2016), again linking well-being with heritage as a key part of a strategic governmental objective. The Historic Environment Fund is a Northern Ireland Executive initiative that seeks, amongst other things, to fund community heritage projects which 'promote the social value of our historic environment and the innate contribution this can make to wellbeing and sustainable employment' (NIE 2016).

Similarly, the Scottish Government focuses on mental health and well-being across many sectors (Scottish Government 2016a; 2016b). Its strategy document *Our place in time* lays out plans for Scotland's historic environment and gives its objective as being 'to ensure that the cultural, social, environmental and economic value of Scotland's heritage makes a strong contribution to the wellbeing of the nation and its people' (Scottish Government 2014).

Government agencies and other related bodies have important roles in delivering health and well-being strategies linked to heritage and culture. The key provider of mental health services in the UK is the National Health Service (NHS). Here the NHS Choices website is designed to be a first contact point for people requiring basic health information. Building on the work of Foresight already referred to, the webpage on mental well-being proposes a view that

well-being is the responsibility of the individual, who can take positive steps to acquire and maintain it (NHS 2016a). The five suggested steps (see Figure 1.2) are: connecting with other people; being active; learning new skills; giving to others; and being mindful.

Natural England, the government's statutory advisor on countryside, wildlife, nature, and the natural environment looked at the therapeutic potential of these things in its 2009 report *Experiencing landscapes: Capturing the cultural services and experiential qualities of landscape* (Natural England 2009). The report states that engaging with the outdoor environment and landscape can bring considerable mental health benefits, and recommends further study around this aspect (Natural England 2009: 111).

Historic England (formerly English Heritage), the government's statutory advisor on the historic environment, has long been interested in the relationship between cultural heritage and well-being, and in 2014 published a detailed report on the topic as *Heritage and wellbeing* (Fujiwara *et al.* 2014a; 2014b). This explored how to measure improvements to well-being as a result of engagements with cultural heritage. It developed and explained a Wellbeing Valuation approach as an attempt to monetarize the benefits. In this way the well-being value of visiting heritage sites was calculated as equivalent to £1,646 per person year, the amount of money that would have to be taken away from a person to restore them to their level of well-being had they not visited a heritage site (Fujiwara *et al.* 2014b: 6). Since 2016 measures relating to the wider issue of heritage and society have been included as a separate component within the annual *Heritage counts* report prepared and published by Historic England on behalf of the Historic Environment Forum (HE 2016; 2017; 2018). Although only concerned with the situation in England, it usefully brings together data from a range of sources, including the results of the Taking Part survey referred to above (and see DCMS 2016a). Most recently a review of well-being and the historic environment advocates a framework to help Historic England develop further contributions to the agenda in which six key relationships were identified: heritage as process (e.g. volunteering); heritage as participation (e.g. visiting); heritage as mechanism (e.g. sharing); heritage as healing (e.g. therapy); heritage as place (e.g. belonging); and heritage as environment (e.g. experiencing). Operationalized through a logic model, the strategic objectives are then taken from the five ways to well-being summarized in Figure 1.2 (Reilly *et al.* 2018; Monckton and Reilly 2019; and see NLHF 2019).

Taking a slightly wider view, an inquiry by the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) concluded that it was time to recognize the powerful contribution the arts can make to health and wellbeing, noting three key areas of beneficial impact: keeping us well, aiding recovery and supporting longer lives; helping to meet major challenges facing health and social care in relation to ageing, long-term conditions, loneliness and mental health; and helping to save money in the health service and social care (APPGAHW 2017: 4). One area highlighted for praise in their report was the success achieved by museums and galleries that offer non-clinical, non-stigmatizing, environments in which people can undertake journeys of self-exploration. In support, it is claimed that more than 600 museum-based programmes targeting health and well-being outcomes had been identified in a recent study (APPGAHW 2017: 76). The creation in 2018 of the Culture, Health and Wellbeing Alliance to connect and support everyone who believes that creative and cultural engagement can transform health and wellbeing provides a useful network through which to share experiences (CHWA 2018).

Overall, the message communicated through legislation, strategy, and policy at all levels from the international down to the local is clear: cultural heritage has an important role to play in promoting people's well-being and the enhancement of their mental health. The challenge for academics, practitioners, and professionals working in the field is turning those good intentions into meaningful actions with positive outcomes. But how should we do it? What tools and approaches do we have? And how can we show our projects deliver? These are questions that will be returned to later in this introduction, and answered by examples in later chapters. First though, it is relevant to tease out two important strands of underpinning thinking: the idea of therapeutic landscapes and its natural development the notion of cultural heritage therapy.

Therapeutic landscapes

Special places, whether single sites, monuments, townscape, or landscapes feature prominently in much of the policy and strategy relating to the perceived positive benefits between heritage and well-being. It is in fact a relationship that goes back deep into the ancient world and one that prompted the American cultural geographer Will Gesler to develop the idea of 'therapeutic landscapes' in the early 1990s (Gesler 1992; 1993; 1996; 1998). What underpinned the concept was the simple recognition that certain places or situations are perceived to be therapeutic by those that experience them, places that have achieved lasting reputations for providing physical, mental, and spiritual healing (Gesler 1992; Kearns and



*Figure 1.3. A powerful landscape: West Kennet Long Barrow, near Avebury, Wiltshire.
(Drawing by Donna Songhurst. Copyright reserved)*

Gesler 1998: 8). The power of place is the important thing here (Figure 1.3) The story of the subsequent maturation and expansion of the concept has been well told by Allison Williams in her introduction to a wide-ranging volume essays covering natural and built environments of many different kinds (Williams 2007), and the several later chapters in this volume explore core aspects of the idea in a variety of ways (e.g. Chapters 6, 12, and 13).

Beyond its initial formulation, the concept of therapeutic landscapes have been widely used as an analytical tool through which to explore relationships between people, land, and well-being across time and space. Clare Hickman (2005; 2013) for example uses it for her historical analysis of hospital gardens in England during the nineteenth and early twentieth centuries. Clare Madge (1998) applies it to an examination of indigenous human and ethnoveterinary medical beliefs and practices of the Jola, The Gambia, documenting and focusing in particular on the role of herbal medicine to discusses interactions between indigenous medicine and biomedicine. While Kathleen Wilson (2003) looks at the relationships between land, place, culture, and well-being amongst First Nation communities in Ontario, Canada. The list of examples is long but, more recently, several books have focused particularly on therapeutic landscapes in relation to mental health, notably Ezra Griffith's volume *Belonging, therapeutic landscapes, and networks: Implications for mental health practice* (2018) in which he explores environmental, individual, societal, and attachment factors that come together in the healing process in both traditional and non-traditional landscapes.

Recognizing, documenting, and trying to understand established therapeutic landscapes is part of the picture, and mainly passive in its intent. Set against it is the more active dimension of creating therapeutic landscapes and embedding the idea of well-being in the design and construction of places and spaces along the lines that were discussed by Tessa Jowell in her paper *Better places to live* (2005) touched on above. Although they were not the first in the field, Robin Kearns and Wil Gesler brought much-needed theory and structure to such thinking in their book *Putting health into place: Landscape, identity, and well-being* published in 1998. Drawing heavily on post-structuralist thinking, they recognized the agency embedded in both the physical qualities of certain places and the emotional charge that results from being immersed in such worlds and decoding, both consciously and sub-consciously, the culturally specific meanings and attributes all around (Kearns and Gesler 1998: 8–9). Place-making and place-production has become a significant element in designing urban and rural environments (Andrews 2004; Conradson 2005; Harmanşah 2015; Morse Dunkley 2009; Rose 2012; Schneekloth and Shibley 1995) and in bridging cultures (Nasser 2015). Cultural heritage can play a key part in this (Darvill 2014; 2015; Schifferes 2015), enhancing well-being and in some cases providing therapeutic experiences. Landscape architect Martha Tyson looks at how to plan, design, construct and evaluate gardens that best serve healing needs and can also ease the work of care-givers (Tyson 1998). Similarly, Clare Cooper Marcus and Naomi Sachs developed an evidence-based approach to designing and building healing gardens and restorative outdoor spaces for different kinds of therapeutic needs, for example cancer patients, frail elderly people, those with Alzheimer's and dementia, and those with mental and behavioural health issues (Marcus and Sachs 2014).

How exactly therapeutic landscapes work, how they actually make a difference to people's well-being, is an area of neuroscience that is still in its infancy. One promising field of inquiry is that of brain plasticity, also known as neuroplasticity, which refers to the brain's ability to

grow, change, and adapt as a result of physical, mental, and emotional experiences throughout a person's life (Costandi 2016; Wexler 2011). In Britain, studies undertaken for the National Trust and reported in *Places that makes us* (NT 2017) point the way forward, and provide some interesting preliminary results. The research was carried out by the Department of Psychology in the University of Surrey and market research group Walnut Unlimited, and was based on a sample of 2000 participants. Interviews showed that visits to meaningful places evoked feelings of calm, joy and contentment, energy, discovery, identity, and belonging (NT 2017: 23–25). Focusing on mental well-being when visiting their meaningful place, 53 per cent of those interviewed said it was my escape from everyday life, 41 per cent said it gave time to be myself, 39 per cent said they felt rejuvenated, 35 per cent said it refocused my mind, 34 per cent said it gave them perspective, and 33 per cent said it gave them headspace (NT 2017: fig. 4). A smaller sample of 20 individuals were examined in greater detail, and were subject to functional magnetic resonance imaging (fMRI) of their brains to explore how they felt and behaved when faced with favourite places. The pilot study concluded that engagement with meaningful places generated a significant response in areas of the brain most commonly associated with positive emotions, clearly demonstrating a strong emotional connection between people and places (NT 2017: 5).

Cultural heritage therapy

Using aspects of cultural heritage to enhance well-being is not new, although full recognition of its power and potential, and its use to target mental health well-being, is recent and timely. For decades public participation in excavations, surveys, and just exploring sites and monuments in the landscape has been a mainstay of local societies and community groups across Britain. A survey by the Council for British Archaeology in 1986 found that there were nearly 200 amenity societies with a combined membership of over 40,000 (CBA 1987). A more recent survey focusing on the activities of local history and archaeology between 2010 and 2015 suggested a headline figure of about 2,400 projects a year across all areas of interest (Hedge and Nash 2016: 10). The Archaeological Investigations Project recorded about 600 specifically archaeological projects undertaken by amenity societies and local groups in England between 1990 and 2010 (Darvill *et al.* 2019: 134 and tab. 6.1).

Two main reasons lie behind these developments. One is the supportive and facilitative nature of ancient monuments legislation in England, Wales, and Scotland. Access to sites and monuments is relatively easy, work at those sites not protected as Scheduled Monuments is unconstrained by licensing (although does require permission from the landowner), and the British landscape is bristling with upstanding and hidden remains. As a result it is very easy for individuals and groups to get involved in viewing or exploring aspects of the historic environment in a way that is simply not possible in most other countries of the world. A second reason is undoubtedly the influence of strategic guidance and policy frameworks at international, national, regional, and local level that, as reviewed above, embed the need to address issues of well-being and create public value out of what we do. The rapid growth of Community Archaeology in recent years, much of it supported through Heritage Lottery Fund awards, underlines the attractiveness of such activities to wide sections of the population (Applejuice Consultants 2008; BOP 2009; 2010; 2011; Ellis 2015; HLF 2011; 2012). Moreover, heritage-based initiatives have the ability to reach marginalized communities and those with traditionally low participation rates.



Figure 1.4. Being in the landscape: Participants and facilitators of the Human Henge project on King Barrow Ridge overlooking Stonehenge Wiltshire. (Photograph by Timothy Darvill, Human Henge project. Copyright reserved)

A wide range of creative archaeological and heritage projects include therapeutic activities amongst their aims and objectives; a summary account published in 2018 listed more than twenty cases (Darvill *et al.* 2018: 115–119) and there are more in this volume. Some build out from what are described above as therapeutic landscapes by linking directly to parks and gardens (Hartig and Marcus 2006; Thrive 2006), woods and forests (NHS 2016b), coastlines (Bell *et al.* 2015a), good views (Ulrich 1984; Ulrich *et al.* 1991), or simply being outside (Bell *et al.* 2015b; Cleary *et al.* 2017; Doughty 2013; Edensor 2000; Kaplan 1995). A variation on this is illustrated by Human Henge (Chapters 5 to 11) where specific selected sites provide arenas for structured immersive experiences, some creative and some performative (Figure 1.4).

Surveys and non-interventional projects are common, including work along the Thames foreshore (Chapter 14), a graveyard in Folkestone town centre (Chapter 17), St Wulstan's local nature reserve at Malvern (Chapter 18), and the war memorials of Ceredigion (Chapter 19). Others involve direct interventions through excavation, conservation work and restoration, as at Harmony Woods near Andover (Chapter 15), Roman baths near Glasgow (Chapter 16), and the battlefield at Waterloo in Belgium (Chapter 20). Mention may also be made here of the Past in Mind project that brought together a group of volunteers to investigate the history and archaeology of Studmarsh, a rural area in Herefordshire (Lack 2014), and also the Breaking Ground Heritage project set up in 2015 and now working in partnership with Operation Nightingale (Wessex Archaeology 2019) to provide opportunities for injured veterans from the

armed forces to engage with heritage-based projects that promote physical and psychological well-being (Bennett 2018; and see also Finnegan 2016). Whether digging makes you happy or not is a more moot point, and one explored recently by Faye Sayer (2015). But not all projects are based out-doors, museums and museum collections taken to other venues are also important (Ander *et al.* 2011; 2013; Camic and Chatterjee 2013; Chatterjee and Noble 2009; Cutler *et al.* 2016; Solway *et al.* 2015; Thomson and Chatterjee 2015; Thomson *et al.* 2012) as the work at the Petrie Museum in London and other venues across the country very well illustrates (Chapter 21).

The variety of endeavours to connect heritage with well-being indicates the strength of the movement and the wealth of experimentation now underway. Improving mental health well-being is not just a matter of belief, and what is emerging are interdisciplinary initiatives that can have positive impacts on health by combining contributions from suitably aware archaeologists and heritage practitioners, experts from the health-care sector, and communities themselves. Legislation, strategic guidance, and public policy provide the framework, organizations, groups and individuals provide the impetus. While some of what is being done does genuinely contribute to the creation of new knowledge about the past (narrative knowledge), the aims of many programmes are not archaeological but social; they generate other equally valid but different kinds of knowledge, for example connective knowledge grounded in emotion and experience (Darvill 2015). It is an exciting time to be involved in this field of endeavour as the contributions to this volume so eloquently illustrate.

Overview of the book

The 20 chapters forming the core of this book unfold and expand upon the core themes discussed above in various ways and in a wide range of voices. They offer many different perspectives and provide a spectrum of case studies some of which are very practical in outlook while others dip into a variety of post-processualist theory. Sidelights are thrown on what has been achieved, and where this work might take us next, in the Foreword by Sara Lunt and the Afterword by Alex Coulter that bookend the volume.

Although not formally divided into sections, the book falls into three parts or movements. First, Chapters 2 to 4 set the scene by providing context and background. In Chapter 2 Liz Ellis and Alice Kershaw explain something of the background to National Lottery Heritage Fund support for work in this field and some of the projects supported. They look forward to the development of new initiatives through simplified application processes and greater emphasis on public value. Chapter 3 takes a different track as Toby Sutcliffe provides an overview of mental health-care arrangements in England today, and reflects back on how we got to where we are now with a brief history of mental health intervention. Chapter 4 builds on that experience with a contribution from William Rathouse that focuses on how people with mental health problems can engage effectively with archaeological and heritage projects, and how, in turn, those projects can adjust their operations to be more inclusive.

The second movement, Chapters 5 to 11, unfolds the work of the Human Henge project from a range of quite different contrasting perspectives, supported by words from participants and a handful of beautifully crafted original illustrations by Donna Songhurst who was a participant in the Avebury iteration of Human Henge. Her work can also be seen on the front cover and

as our frontispiece. In Chapter 5 Laura Drysdale sets the scene from the viewpoint of the Restoration Trust as an organization that provides culture therapy of various kinds for those with mental health issues. She explains how Human Henge got off the ground and its wider aims and objectives, and ends with a plea to expand such opportunities as a standard part of health-care prescribing. In Chapter 6 Timothy Darvill takes a closer look at the two ideas upon which the Human Henge project was built: the recognition that healing ceremonies were key reasons for the construction and use of many sites across Britain during the Neolithic and early Bronze Age (4000 to 2000 BC); and developments in the field of archaeological resource management that encourage appropriate innovative and sustainable uses of ancient sites and landscapes to fulfil societal needs today. Yvette Staelens, the co-ordinator and main facilitator of Human Henge, follows this up in Chapter 7 with an overview of the way the project developed and how it unfolded in the Stonehenge landscape and then around Avebury. Illuminated with words from participants, this chapter is supported by two sound files available to listen to on the website associated with this publication. What comes across is the way participants and facilitators alike made new connections: with the land, with sites, with each other, and with themselves. It is a theme taken further but from a different angle in Chapter 8 where Daniel O'Donoghue describes his experiences on Human Henge as a mental health and social inclusion practitioner, along the way drawing on his own thoughts and memories, and also those of the participants. The emphasis is on practical considerations and what can be learnt from the project. Chapter 9 looks in from another quite different direction as Vanessa Heaslip considers the impact of the Human Henge programme on the mental health and well-being of the participants as she measured and assessed it before, during, and after the sessions. Both qualitative and quantitative measures reveal how the creative exploration of these ancient landscapes provide an uplift in overall mental health well-being. In Chapter 10, Martin Allfrey of English Heritage considers earlier ways in which heritage properties in State care have been used to promote mental health and well-being initiatives over the past century or so, and looks forward to how the success of Human Henge at Stonehenge can be used to encourage similar programmes at other sites in the portfolio of English Heritage properties. Briony Clifton of the National Trust builds the picture further in Chapter 11, with a consideration of how a balance can be struck between using internationally important landscapes such as that around Avebury for a range of different interests at the same time. Clear analogies between the work of Human Henge and the wider remit of the National Trust are identified, especially in relation to access, inclusion, and understanding the spirit of place.

In the third movement, Chapters 12 to 21, attention shifts towards the wider domain of innovative heritage related mental-health and well-being projects across Britain and beyond. Together they illustrate the breadth, depth, and original nature of what is currently in train. The journey starts in Chapter 12 with Rebecca Hearne's analysis of why and how archaeological sites and ancient landscapes can be made to work in the context of mental health recovery. Building on Michael Shank's idea of the 'Archaeological Imagination' she explores how encountering the 'magic of the past' can catalyse emotional and intellectual processes. Her plea to win recognition of such work as a new direction for traditional practices echoes calls in other chapters and underlines the sense of urgency in making archaeological evidence relevant to communities in the twenty-first century. Chapter 13 helps build the case as Claire Nolan introduces the idea of 'transitional space' as a framework through which to develop imaginative engagements with the historic environment that she illustrates with a case study drawing on qualitative research amongst visitors to Stonehenge, Avebury, and the

Vale of Pewsey in Wiltshire. Volunteering as a means of engagement is explored in Chapter 14 where Helen Johnston takes us to the Thames foreshore in London to ask the question ‘is volunteering in archaeology good for you?’ and show how volunteer management practices create new ways of working with communities. A similar theme is explored in a terrestrial landscape in Chapter 15 where Christopher Elmer describes how concepts such as ‘gifts’ ‘sense of place’ and ‘spirit of place’ can be used within the framework of agency theory to create networks linking people, places, and things that can bring disparate communities together around better understandings and appreciation of the natural and historic environment. His case study at Harmony Woods near Andover in Hampshire illustrates the problems as well as the achievements of such an approach. Paul Murtagh’s account in Chapter 16 of the Recovery Through Heritage project deals with rather different communities, those with drug and alcohol problems, who were brought together to create a heritage trail and restore a Roman bath-house in North Lanarkshire, Scotland. Like Elmer, he draws on assemblage theory to understand how the heritage trail that was built emerged from a series of relationships between people, places, objects, and landscapes. At the other end of the county Chapter 17 introduces the work of Lesley Hardy and Eleanor Williams in the sea-side town of Folkstone on the south coast of England where a community-based survey of graveyard at the Church of St Mary and St Eanswythe worked because the project immersed itself in the local community rather than imposing on it. And in Wales, Chapter 19 outlines work by William Rathouse for Mind Aberystwyth that systematically recoded war memorials in Ceredigion both as a means of providing a record of these vulnerable elements of the historic environment and as a means of enhancing self-confidence, promoting well-being, and assisting recovery amongst participants that were drawn from mental health service users.

In Chapter 20, Mark Evans and colleagues takes us across the English Channel to the site of Waterloo in Belgium where a collaborative team of professional archaeologists and volunteers work with serving military personnel and veterans to assist them in their recovery from mental and physical injuries and the transition to civilian life. The work has enhanced understandings of how the Battle of Waterloo unfolded on the 18 June 1815, and provides a new approach to the way support is provided to the armed forces. Finally, in Chapter 21, Zena Kamash introduces two museum-based public engagement projects that connected with people of Middle Eastern and North African background living in Britain. Remembering the Romans in the Middle East and North Africa involved the use of objects from museum collections to stimulate create activities such as drawing, writing, and photography, while Rematerialising Mosul Museum recreated objects that had once been in Mosul Museum or monuments in the city through making wet-felted panels.

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