

Position paper: The use of murals in places where people with dementia live

Murals are wall paintings and coverings which can be installed in internal or external settings. They are widely used in offices, public buildings, health service premises, and care homes etc. as interior décor often used to brighten up a room.

Background

Murals in care settings tend to be either art murals or photo-realistic. Art murals are often undertaken by a group of staff, relatives, friends, people with dementia and an artist. They can be inside or outside. Another form of art mural is when an artist is commissioned to provide one; either in situ or on vinyl which is subsequently stuck on the wall. Photo-realistic murals are where photographs are printed onto vinyl to make a wall covering, including wall paper. They are usually to scale. They can be limited to a window or door, or can cover the whole wall. Any photographs can be reproduced. Providers usually have a range of popular versions: woodland, window with views, traditional high streets, library shelves, cafes and bars.

Issue

Little is actually known about how, why or when and for whom murals may have positive outcomes for people who have dementia. Effective marketing of murals proffers a deceptively easy response to the complex, recurring, varied and distressing problems of agitation and anxiety experienced by some people with dementia. There are many reasons for a care home to install a mural, however, there has been little research into these reasons and the impact of murals in care settings generally. We will explore three commonly heard statements about murals.

Myth or fact? Murals are a practical means of providing activities in care settings

Murals can provide stimulation for conversation and reminiscence, but there may be aspects that cause distress for some people. Pictures serve the same function but if they are not suitable, it is simple to change them. In some care settings whole walls or rooms can be transformed into new spaces, such as, beach scenes. The questions here, after acknowledging that not everyone will have happy memories of such places, are around the intentions and ethics of their use. Is the environment understood by the person concerned to be a mock up or is the space intended to deceive? Do we acknowledge that the person is unable to enjoy the full range of authentic experiences associated with such spaces? Does the investment in the scene setting, mean that the residents concerned, will be less likely to physically go outside as the space within the home must be used? Counter arguments are that it is not realistic or practical to suggest that people resident in care homes can go out as regularly as we would like. We are also told that it is not practical to release staff for trips and it can be difficult and/or expensive to organise outings for groups of people with varying needs. **There is no direct evidence that these spaces promote person-centred care and they should not be assumed as suitable material for activity for all. They can be misleading and disorientating. Further, they can be expensive and become an anchor for a narrow approach to meeting the activity and leisure needs of people with dementia on a single topic or solely within the care home environment.**

Myth or fact? Murals promote wellbeing

Murals can be used to brighten up a room or to make a smaller space appear larger. Views of nature are known to reduce stress and promote healing. One explanation is that they take the mind elsewhere for a period. It would seem likely that a convincing wall photograph of woodland or landscape, or a fake window with a view of nature could simulate the real thing and be beneficial. However, everyone is an individual so the location of these murals is important. **Not everyone will enjoy them, and some people may be distressed and/or confused by them. People with dementia must also have a choice to avoid them.** In addition, in the course of our work at the Dementia Centre we have observed many examples of murals causing people with dementia to appear more confused to others than they actually are. Because murals change the spaces we occupy they can cause disorientation to place and time, triggering memories and emotions. When this happens to a person living with dementia it can lead to conversations or actions that appear to others to be incongruent with the situation at hand and/or the environment. This can then be attributed to 'dementia' when in fact earlier exposure to a mural may be the underlying cause. Consideration must be given to the fact that seasonal scapes may be confusing e.g. an autumn landscape in summer. It cannot be assumed that murals are enjoyed by everyone. They must, therefore, be placed with sensitivity to the environment and the range of individuals who are resident and should not be imposed on others or imposing in nature.

Myth or fact? Murals promote the safety of residents with dementia

Murals can be used to disguise an exit or door with the aim of preventing a person with dementia from leaving a space or building. This is often considered as a way of avoiding a person leaving the care home unnoticed, or is seen as the least confrontational way of dealing with the issue by avoiding the person attempting to leave in the first place. This raises several issues; what do residents do when they approach the exit, what happens then, and does seeking behaviour continue? What safeguards apply in relation to rights to liberty and freedom; and is the intent that the mural deceives the person that there is no door or exit? Whilst the research literature on residents seeking to leave care homes is limited, it does address methods of responding to these behaviours. The evidence base concerning the use and effectiveness of murals as a deterrent or to reduce door-exiting behaviour is sparse and provides insufficient information on which to base claims of effectiveness. **There is a lack of attention paid to deprivation of liberty safeguards involving murals. When good dementia design prevails, the past history and present needs of individuals are comprehensively assessed, and person-in-relationship plans are understood and systematically implemented, only then might murals or other material means of obscuring exits be permissible as adjuncts, but not as shortcuts.** However, we also need to be mindful that care homes are communal dwelling spaces. Good design and care practices can make the use of murals for security reasons redundant.

Conclusion

In conclusion, there is currently no evidence to support the use of murals in care home settings to promote wellbeing or resident safety. There is some evidence that murals provide an opportunity for activities, where this is tailored to individual preferences. The risk is that murals are permanent and, therefore, hard for those people who do not like them to avoid. In this case they risk making environments less personal to the people who live there. There is also a real risk that murals, even when used with good intentions around safety, are placed on a wall or a door to deceive and to deprive people living with dementia of their liberty, without recourse to the proper safeguards that would apply to other more obvious restrictions. You should be clear about the reasons for a mural installation and what benefits you expect it to bring. You should also consider how you will cater for those people who do not enjoy them. Improving design features should be prioritised alongside staff knowledge and skills. Finally, attempts to deceive or to deprive a person of their liberty, for activity or security reasons should be openly addressed and the relevant ethical and legal safeguards must be applied.