

Chiara Williams
Creating a Documentary-Style Film
Preshil
Year 10
2,411 Words

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Criterion A: Investigating

Identifying a Goal and Global Context

The goal for my personal project was to create a documentary style short-film with a focus on mental health and the evolution of the mental healthcare system in Australia. This originally stemmed from my interest and curiosity in the history of psychiatric institutions throughout Victoria. Although this began as a small and specific area of interest, the scope for ideas widened when I began playing with the idea of mental illness as an overall (umbrella) subject instead. I began to play with the idea of a film about the nature of mental health stigma, how mental health effects the community and how we have come to understand mental health as a concept. While these all excited me as options, I became overwhelmed by the endless possibilities that were before me. At this point, I began to look at which Global Context I would choose in order to begin refining my overall goal. While many of the Global Contexts were relevant and interesting to me, they all took my project in a different direction and in this way it became easy to choose which one I would use. I decided on Scientific and Technical Innovation. I liked this Global Context paired with my project as it was not so much concerned with the specifics of science and innovation, as I'd originally thought, but instead the relationship between 'people and the natural world' and 'how humans adapt environments to their needs'. These two statements I found to be closely related to my initial vision of the project.

Identifying Prior Learning and Subject Specific Knowledge

A large part of the reason I chose to do the project I did was because of my limited knowledge on the topic. My aim soon became to educate myself on the history of mental institutions across Australia in order to create a resource for other people like myself who were interested in the subject area but had not even a basic understanding of it (nor knew where to begin looking). In this way, my knowledge was extremely limited going into the project. All I really knew for certain was that somehow many of the old psychiatric institutions had been shut down over time and that this was somehow related to the 'backwards' treatment that was practised in them for many years. Because of my total lack of knowledge, I had no idea where to begin looking for information once I began my project. So, as a starting point, I took to the internet and began googling what had been the catalyst of my curiosity; the abandoned mental institutions near where I live. From here, I began to discover gaps in my knowledge; facts or otherwise pivotal information about and surrounding deinstitutionalisation - the process of closing down, specifically psychiatric, institutions. In order to answer questions which were arising, I was largely able to find resources, though solely online.

Demonstrating Research Skills

In terms of the resources I came across during the research stage, the quality varied from source to source, as I've found is often the case in any research task. While I quickly discovered that a large majority of sources were aimed at university students and/or were scholarly articles, I did come across a few gems in terms of what I was looking for. Because I started out with very limited knowledge on the topic, I began by looking for sources that explained the concepts surrounding deinstitutionalisation in basic terms, aimed at people with limited or no prior knowledge. I began to realise that this was a rarity in the world of articles on psychiatric institutionalisation and despite the frustration that came as a result of this, it confirmed exactly why I was doing what I was. The bright side to this whole experience though, was that the more I dug to find sources that were relevant to me, the more I did, slowly but surely, find some I could use. I soon discovered that the most useful sources to me were suffixed with '.org', meaning that they were generally non-for-profit websites or organisations. This was extremely useful, as on top of the fact that they were comprehensible by me, I also knew that they were reliable and published by a trustworthy author. An example of this can be seen in Appendix One and Two. The source titled '*Deinstitutionalisation: Why community living has been accepted as the appropriate model*' alongside '*From Bethlehem to Bedlam - England's first mental institution*' are examples of '.org' sources that I found to be detailed and useful but not hard to decipher.

Criterion B: Planning

Developing Criteria for the Product

For the criteria aspect of the project, I chose to create a rubric, similar to the ones used for assessment in the MYP. I did this by choosing multiple aspects I wanted to be able to assess and then fleshed out what exactly I ideally wanted in each of those areas for my finished project. This was done by first choosing the aspects (aesthetics, manufacturing, function and content) based on what I thought was important for my end goal to have, then determining exactly what I wanted for each of these. For example, one aspect I knew I wanted to assess was aesthetic. I wanted the aesthetic of the film to be both relevant to and supportive of the content in the film as well as a style that I liked or wanted to experiment with. In this way, I used this goal as my highest level criteria for the area of 'aesthetic' and then worked my way backwards to create the lower level criteria. In order to do this more rigorously, I created four levels of achievement for each area. This can be seen in Appendix Three. I completed this process for all of the aspects I decided to assess.

Planning and Recording the Development Process

Initially, the plan was to complete the product portion of the project over the summer holidays, as documented in Appendix Four, leaving the reflection and report portion to be done during the school terms once I returned and during the holidays in between. This was with the aim to reduce stress and maximise time without creating too much overlap between school work and personal project work during school time, although this timeline was not followed.

Demonstrating Self Management Skills

Despite good intentions, time management was probably the area of my project that was managed the most poorly and was the cause of the majority of stress, disorganisation and idleness that occurred during the course of the project. A reevaluation of the timeline I had created for the project took place mid term one and as a result, a new timeline was created. Appendix Five shows the revised plan. The new plan involved the majority of filming taking place in the holidays, taking into account the difficulty of balancing filming during the term alongside schoolwork. This did not take place though, and only part of the footage was shot during these holidays. This was partly due to procrastination (a known, contributing factor from the start) but mostly due to shooting taking a significantly longer time than anticipated. This was because of a miscalculation of how fiddly the stop motion style I had chosen actually was, as well as a lack of extra time due to the previous delay in commencing.

Criterion C: Taking Action

Creating a Product

Although not entirely finished, the product I created is the beginnings of a short film on deinstitutionalisation in Australia (a brief history of the transition out of the use of psychiatric institutions). The end product aims to educate people curious about this subject matter on a basic level, without bombarding them with loads of studies and confusing analyses (what I was met with when attempting to research deinstitutionalisation). The documentary-style film does this through stop motion animation and voice over and, as visible in Appendix Six, the visuals illustrate the audio explanation.

My product reflects the Global Context I chose, Scientific and Technical Innovation, as it indeed focuses on 'the natural world and its laws' and more specifically, 'the scientific and technological advances on communities'. This is through exploration of the evolution of Australia's treatment of the mentally ill as well as the associated reasons for their treatment.

My goal was to educate people on deinstitutionalisation in Australia and to achieve this, I chose the medium of film (stop-motion style with voice over). The extent of what is completed is the first part of the visuals shot and edited and the voiceover script completely written and revised. As the product was not fully completed, I am unable to determine whether or not it was effective enough

to reach my goal. In this way, I am unable to entirely form a conclusion on whether or not it would have been as accessible, informative or educational as I'd intended.

Demonstrating Thinking Skills

I began to research and plan for my product in an attempt to both learn and teach when, why and how deinstitutionalisation occurred. I felt that a comprehensive resource was needed and this, alongside my interest in creating my own film and disposition to learn visually, led me to definitively choose film as the medium for my product. It can be seen in Appendix Seven that, before even having the revelation that I wanted to specifically create an informative resource, I had almost definitely chosen to create a film purely because that particular medium interested me. Having later narrowed down the topic for my project, the idea of a film aligned perfectly with my vision for a finished product.

Demonstrating Communication and Social Skills

Throughout my project I collaborated with my supervisor who provided me with some direction for my final product, as documented in Appendix Eight. In the early stages, I had multiple options on the table in terms of my focus for the film as well as its presentation. In this task in particular, meeting with my supervisor was helpful as it opened my eyes to options I had not (and potentially would never have) thought of otherwise. Because of this, my project is representative of more than just my own ideas and views, as visible in Appendix Nine. These interactions ended up shaping the direction that my film took entirely and focused on some of the small details that eventually formed my plan for, and beginning of, my product.

Criterion D: Reflecting

Evaluating the Quality Against Criteria

Despite being incomplete, my final product did still achieve a decent result in some areas of my criteria as assessed by me. As seen in Appendix Three, the highlighted areas in each column are the standards I believe I achieved with my final product. In the first column, assessing aesthetics, my final product met the criteria at levels five to six out of a possible eight. In column two, assessing manufacturing, it met the criteria at levels three to four. Lastly, in columns three and four, assessing both function and content, my final product achieved levels one to two.

I am content with the standards I achieved because of the fact that my final product wasn't finished. Areas like manufacturing, in which I was assessing the connection between both the aesthetic and appearance of the film and its contention were difficult to attain a high mark in without totally completing the film. Because of the film's unfinished state, I am pleased with the result I have achieved and should the product have been entirely completed, I think I would have easily achieved higher results.

Reflecting on the Extension of my Knowledge and Understanding

Through having to educate others, I have been able to obtain an understanding of the content far more complex than if I had just researched the topic for my own benefit. Having to not only learn the relevant information, but then plan and partly execute the creation of a resource from which others can learn about the topic has provided me with an in depth understanding of the content itself.

Through learning about deinstitutionalisation, I have learnt about the ways in which people's interactions and interference with human nature has impacted individuals not only on a personal level but on a global level as well. Through the treatment of an initial small group of patients, a whole culture was born that dictated (and continues to dictate) the way we treat mental illness and people who are affected by it.

While I have learnt about the history of deinstitutionalisation and its impact, I feel that the area where I have gained the most valuable knowledge has been in learning about myself and how I

manage learning solitarily and dealing with stress. This is reflected in Appendix Ten where I have listed points that were difficult. This is extremely useful information as I will be able to use it in the future. I will be able to incorporate this experience into the planning of future projects and assignments that require extended focus. This is applicable to future work in the Diploma Program, as well as in higher education and in my personal life.

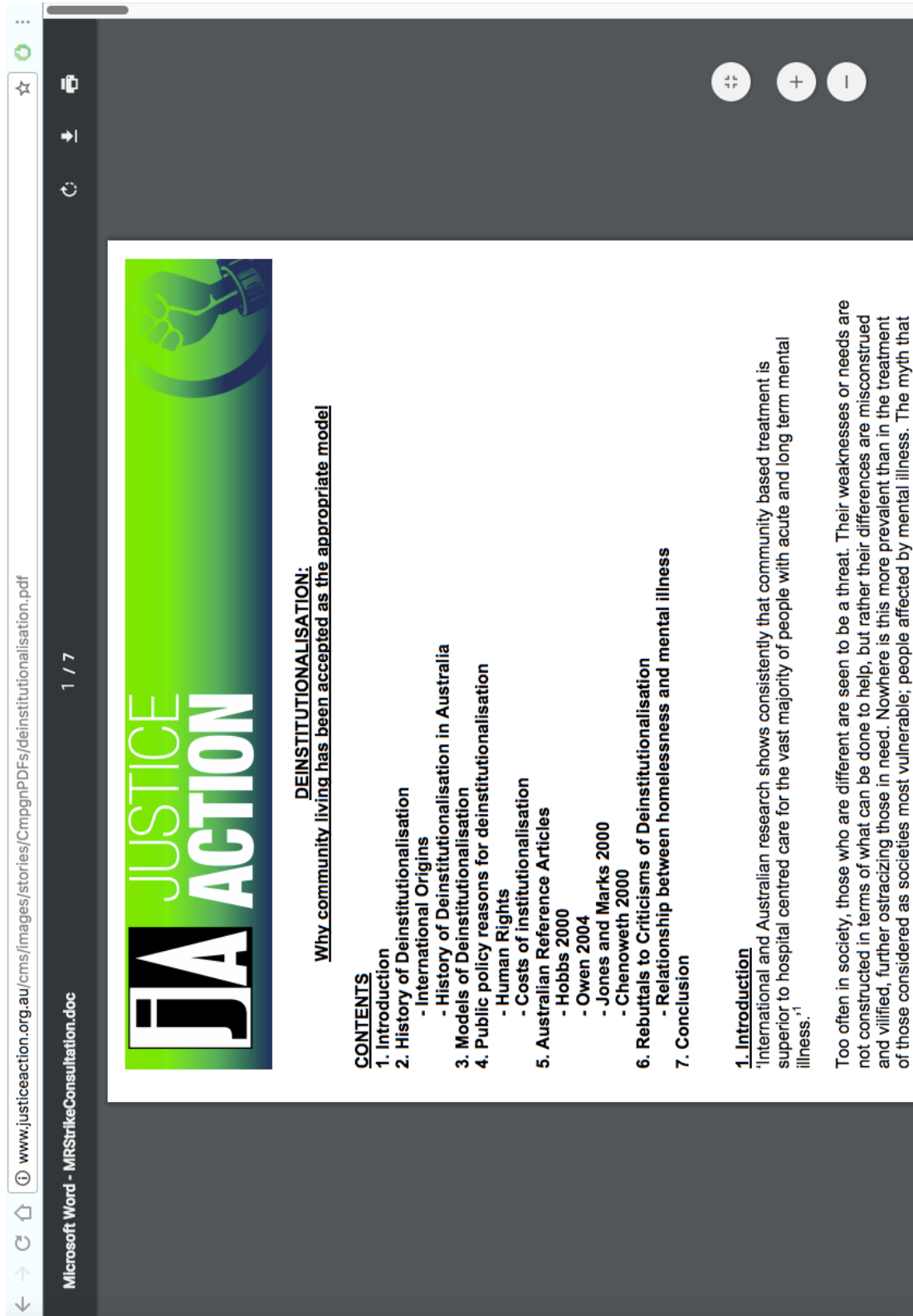
Reflecting on Development as an IB Learner

During the process of completing my personal project, I further developed multiple IB Learner Profile Attributes, all of which I believe will continue to be useful to me as I complete the Diploma Program. These include, in particular, Inquirer and Risk Taker attributes. I feel that I have developed these *specifically* through planning, researching and *creating* an educational resource. This has allowed me to experience and reflect upon my own behaviours as well as those required but not engaged in, in order to understand their importance more deeply.

An example of this is when I initially started the project. Upon the initial investigation of deinstitutionalisation, I came across many sources which I found useless. Here, being forced to further inquire into the topic and research thoroughly, I demonstrated the attributes of an inquirer, through my determination and persistence. Similarly, I think the Learner Profile attributes of a Risk Taker were, for me, developed through my naivety with regard to the process of creating a short film. With little to no prior knowledge of how to create a documentary style film, I was frequently taking risks and improvising when making decisions. Thus, I had the opportunity to develop my skills as an Inquirer and Risk Taker.

Appendices:

Appendix One: 'Deinstitutionalisation: Why community living has been accepted as the appropriate model'



The screenshot shows a PDF document viewer displaying a document with the following content:

JUSTICE ACTION

DEINSTITUTIONALISATION:
Why community living has been accepted as the appropriate model

CONTENTS

1. Introduction
2. History of Deinstitutionalisation
 - International Origins
 - History of Deinstitutionalisation in Australia
3. Models of Deinstitutionalisation
4. Public policy reasons for deinstitutionalisation
 - Human Rights
 - Costs of institutionalisation
5. Australian Reference Articles
 - Hobbs 2000
 - Owen 2004
 - Jones and Marks 2000
 - Chenoweth 2000
6. Rebuttals to Criticisms of Deinstitutionalisation
 - Relationship between homelessness and mental illness
7. Conclusion

1. Introduction
International and Australian research shows consistently that community based treatment is superior to hospital centred care for the vast majority of people with acute and long term mental illness.¹

Too often in society, those who are different are seen to be a threat. Their weaknesses or needs are not constructed in terms of what can be done to help, but rather their differences are misconstrued and vilified, further ostracizing those in need. Nowhere is this more prevalent than in the treatment of those considered as societies most vulnerable; people affected by mental illness. The myth that

Appendix Two: 'From Bethlehem to Bedlam - England's First Mental Institution'

The screenshot shows a web browser window with the URL <https://www.historicengland.org.uk/research/inclusive-heritage/disability-history/1050-1485/from-bethlehem-to-bedlam/>. The page features the Historic England logo and a navigation menu. The main content area has a breadcrumb trail: Home > Research > Inclusive Heritage > Disability History > 1050-1485 > From Bethlehem to Bedlam. The title is 'From Bethlehem to Bedlam - England's First Mental Institution'. Below the title are social sharing buttons for Facebook, Twitter, LinkedIn, and Email. The text reads: 'This section explains the origins of the 'Bethlem', England's first hospital for the mentally ill. With its somewhat scandalous history it came to represent all institutions of its kind in the public imagination.' To the right is a historical architectural drawing of the site. A sidebar on the left contains a list of links: Pride of Place: England's LGBTQ Heritage, The Slave Trade and Abolition, Disability History, 1050-1485, Hospitals and Almshouses, Time of Leprosy, - From Bethlehem to Bedlam (highlighted), Disability in the Community, 1485-1660, 1660-1832, 1832-1914, 1914-1945, 1945 to the Present Day, Voices and Sources Conference, and About the Project.

Historic England

Home > Research > Inclusive Heritage > Disability History > 1050-1485 > From Bethlehem to Bedlam

From Bethlehem to Bedlam - England's First Mental Institution

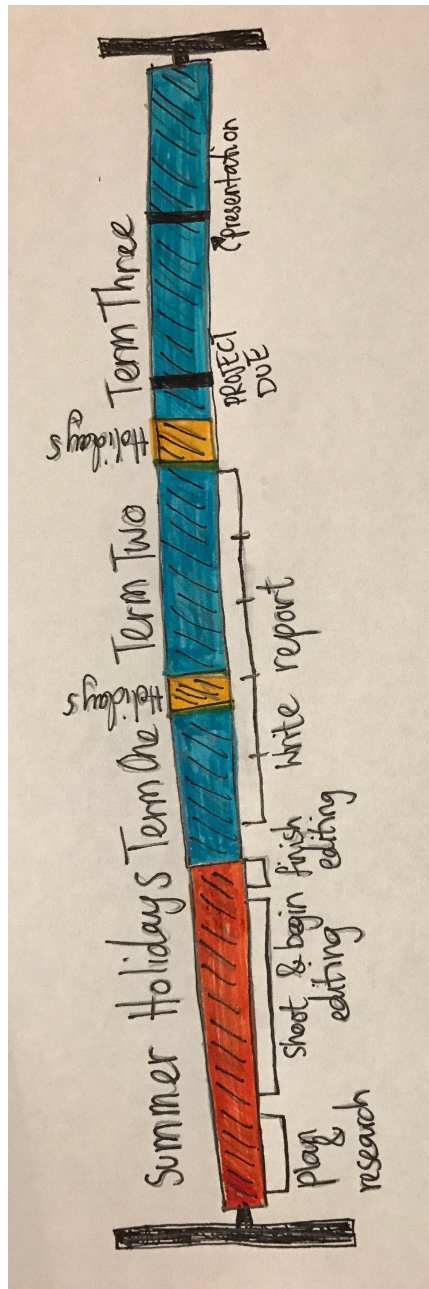
[Share](#) [Tweet](#) [LinkedIn](#) [Email](#)

This section explains the origins of the 'Bethlem', England's first hospital for the mentally ill. With its somewhat scandalous history it came to represent all institutions of its kind in the public imagination.

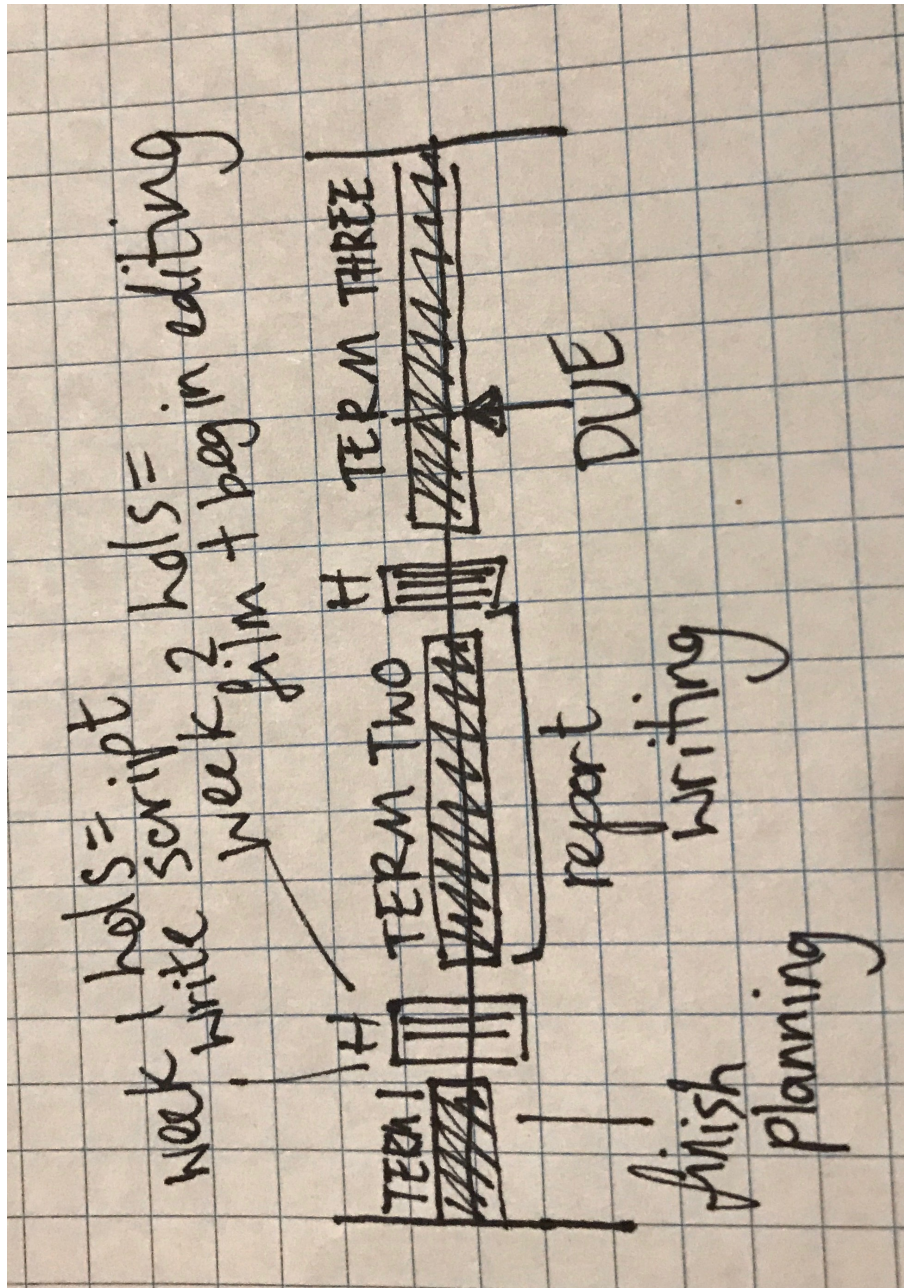
- Pride of Place: England's LGBTQ Heritage
- The Slave Trade and Abolition
- Disability History
- 1050-1485
- Hospitals and Almshouses
- Time of Leprosy
- **From Bethlehem to Bedlam**
- Disability in the Community
- 1485-1660
- 1660-1832
- 1832-1914
- 1914-1945
- 1945 to the Present Day
- Voices and Sources Conference
- About the Project

	Aesthetics judging the finished product and QUALITY	Manufacturing judging the materials used and meaning in relation to the topic	Function judging use of contention and structure to communicate	Content judging the completion and length of the final product
0	Does not achieve a standard described by any of the descriptors.	Does not achieve a standard described by any of the descriptors.	Does not achieve a standard described by any of the descriptors.	Does not achieve a standard described by any of the descriptors.
1 - 2 The final product is created to an okay standard.	Aspects including lighting, sound, image quality, camera angles and after effects/ editing are rarely used correctly or effectively, creating a film of subpar quality.	The final product utilises colour and aesthetic relevantly and appropriately.	Structure and contention are utilised within the film to communicate ideas.	The final product is incomplete although planned well.
3 - 4 The final product is created to a decent standard.	Aspects including lighting, sound, image quality, camera angles and after effects/ editing are sometimes utilised correctly and/or effectively to create a film of adequate quality.	The final product utilises colour and aesthetic to highlight the contention of the film.	Structure and contention are utilised within the film to communicate ideas with some clarity and/or effectiveness.	The final product is incomplete although coherent and documents the history of deinstitutionalisation in Australia.
5 - 6 The final product is created to a good standard.	Aspects including lighting, sound, image quality, camera angles and after effects/ editing are utilised mostly correctly and effectively to create a film of good quality.	The final product utilises colour and aesthetic to highlight and reinforce the contention of the film.	Structure and contention are utilised within the film to communicate ideas clearly and effectively.	The final product is completed and accurately documents the history of deinstitutionalisation in Australia.
7 - 8 The final product is created to a high standard.	Aspects lighting, sound, image quality, camera angles and after effects/editing are all utilised correctly and effectively in conjunction with each other to create a high quality film.	The final product utilises colour, aesthetic and imagery to discuss and accentuate the contention of the film.	Structure and contention are integrated smoothly into the film to communicate ideas clearly and effectively.	The final product is completed and accurately documents the history of deinstitutionalisation in Australia in a way that is easily understandable to a lay audience.

Appendix Four: *The original timeline taken from my process journal*



Appendix Five: Revised version of timeline taken from my process journal



Appendix Six: A still from my film



Appendix Seven: A brainstorm of film topic ideas taken from my process journal

FILM IDEAS

- History of Diagnosis and treatment of mental illnesses (Torture methods, thinking behind different strategies)
- Architecture and design of mental asylums to cater for needs of patients (comparison then-now)
- Feminist look at the treatment of women in mental asylums (statistics relating to men v.s. women patients, reasoning behind sending people.)
- The process out of the use of mental asylums (why they are no longer in use, how it was gradually (?) phased out as an option + what's the alternative now?)
- Focus on a particular disease/illness (PTSD, Menopause, hysteria, etc. and treatment then-now)
- Treatment of adolescents
- Treatment of the 'criminally insane'.

↑ here is a list of options I considered before deciding on my goal.

Appendix Eight: Documentation from meetings with my supervisor taken from my process journal

	Date	Things Discussed
Meeting One	11/16	<ul style="list-style-type: none">• goal planning• productivity strategies• Mental health as a topic → narrowing it down
Meeting Two	10/03/17	<ul style="list-style-type: none">• changing interview idea• specifically institutions• More narrowing down?
Meeting Three	16/07/17	<ul style="list-style-type: none">• plans for report• Reflection• Report logistics• Questions about • assessment logistics

Appendix Nine: An excerpt from the documentary's script

The screenshot shows a word processing application window titled "Personal Project - Documentary Script". The main document area contains the following text:

Internationally, institutionalisation began in the 1700s, the first psychiatric institutions established across Europe and Britain, one of the most infamous being Bedlam (originally a priory known as St. Mary of Bethlehem which was renamed Bethlehem Hospital and then later abbreviated to 'Bethlem' or 'Bedlam').

Almost a century after this, the first Australian institution was founded in 1811 in Castle Hill, New South Wales. 'Castle Hill Lunatic Asylum' was the beginning of a soon to be developed list of psychiatric institutions (which were at the time dubbed 'lunatic asylums').

Following Castle Hill were many psychiatric institutions founded across Australia. At least 30 were known to have existed in Victoria alone and some 120+ Australia wide.

These institutions were the solutions for more than 100 years to families who found themselves responsible (and many shamed) for having a relative with a mental illness. Although it is true that many families saw institutions as a solution to their 'problem' relative as a result of the stigma at the time, many families also *unwillingly* sent off their relatives as psychiatric institutions were for some time largely the only form of treatment available. Some families did opt, if they could, to look after mentally ill family at home although this was less common.

Many of the 'illnesses' people were admitted into psychiatric institutions for **were** in actuality very manageable from within the community with the **right** support but this was only brought up later, when the transition out of most psychiatric institutions began internationally, in the late 50s.

The floating text formatting panel on the right is titled "Text" and includes sections for "Body", "Font" (Helvetica, Regular, 11 pt), "Character Styles" (None), "Alignment" (Left, Center, Right, Justified), "Spacing" (1.0 - Single), and "Lines" (1).

Appendix Ten: A list of points I had difficulty with taken from my process journal

- Not enough time allocated to shooting
- Slow beginning (not starting planning stage until late in the game)
- poor timing with French Exchange
- Minimal to No deadlines set/reached during project time
- Lack of ^{effective} strategies to combat procrastination

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The School of Historical and Philosophical Studies, the University of Melbourne. (n.d.). Australian Psychiatric Care. Retrieved April 09, 2017, from <http://www.ahpi.esrc.unimelb.edu.au/index.html>

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