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The transformative potential of the arts in mental health recovery – an Irish research project

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Background: This article is based on the Arts + Minds research project which investigated the experience of arts participation for mental health service users in Cork, Ireland, and the potential of integrating the arts into mental health care. **Methods:** Based on the principle of user-controlled definitions of recovery, the voice of service users was central in this research. The authors used participatory observation methods and conducted qualitative interviews with project participants (service users, artists and mental health staff) to explore the impact of arts participation on service users and service structure and culture. **Results:** The research demonstrated the transformative potential of the arts to create environments conducive to recovery through empowerment, connection-making, confidence-building, hope, story-telling and story-making. **Conclusions:** Moving beyond the general agreement on the positive contribution of the arts in mental health care, this article highlights some of the challenges of introducing creative forms of engagement and expression in traditional biomedical settings. It is argued that a meaningful partnership between the arts sector and mental health services is not just a technical measure but requires a radical shift in the way we understand, respond to and engage with human distress.

Keywords: arts; mental health; recovery; creativity; cultural change

Introduction

It is increasingly recognised that arts participation by people experiencing emotional distress can offer a range of therapeutic benefits and facilitate the process of recovery through community inclusion and stigma reduction. This paper draws on qualitative findings from a research project conducted by Sapouna and Pamer (2012), aiming to provide evidence of the value of the arts in mental health. Particular emphasis is given to the potential of the arts to transform the current narrow focus of biomedical mental health care. The contribution of user-defined evidence of recovery in researching and capturing the changes that can be achieved through creative interventions is also highlighted.

Arts + Minds (A + M) was established in 2007 by Health Service Executive (HSE) mental health staff in Cork, Ireland, with funding and support from the HSE Cork Arts and Health Programme. It works across mental health settings in Cork City and County including acute, special care, continuing care, day care and community. A + M¹ seeks to facilitate service users to participate more fully in the social and cultural life of the community, and to challenge the stigma faced by people experiencing emotional distress. A + M works with professional artists across all art forms including music, creative writing, visual art, dance and storytelling.

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The A + M research project reported in this paper was set up to investigate the impact and potential of integrating the arts into mental health care. The project involved planning, delivery and evaluation of art programmes (two music workshops, identified as music project A and music project B, and one animation workshop) to mental health service users in three sites in Cork City and County:

- an acute in-patient unit (music project A);
- a day centre (music project B) and
- a city art gallery, with participants from two community mental health services (animation project).

The research took place throughout 2011. The arts projects were delivered over an 8–10-week period between May and September 2011. *Beyond Diagnosis*, the report based on the research presented in this paper, was published in 2012 (Sapouna & Pamer, 2012).

The Irish policy and practice context

The integration of arts into Irish mental health services is one element of a broader attempt to embrace creativity as part of recovery-informed, person-centred practice. *A Vision for Change* (Department of Health and Children [DoH&C], 2006), the Irish National Mental Health Strategy, identified the need for mental health services to adopt a recovery perspective and considered it a core principle to “...inform every aspect of service delivery” (p. 9).

While the concept of recovery in mental health discourse is not a new one (earliest articulations go back to Anthony, 1993; Deegan, 1988), during the past two decades there has been a redefinition involving a shift from a clinical understanding of recovery as “absence of symptoms” or “recovery to normality” to a process of “recovering what was lost”: citizenship, rights, meaningful roles, responsibilities, decisions, potential and support (Bracken & Thomas, 2005; Crowe & Taylor, 2006; Mental Health Commission, 2008). Recovery thus conceived can contribute to a paradigm shift in mental health towards locating the service user as the central driver of their own life, a life of their own choosing, in a community in which they are citizens with equal rights to all other citizens (Ryan, Ramon, & Greacean, 2012). This shift from “the patient” to “a citizen” role can be a significant challenge to the hegemony of the medical approach by putting individual choices, social inclusion, citizenship and human rights to the centre of practice. As Roberts and Wolfson (2004) argue, the current “redefinition of recovery as process of personal discovery, of how to live (and to live well) with enduring symptoms and vulnerabilities opens the possibility of recovery to all” (p. 37).

Arts and mental health recovery

There is a growing body of evidence on the benefits of the arts for people experiencing emotional distress. Staricoff’s (2004) extensive review of medical literature describes how various art forms can benefit general health and well-being, including mental health. This review highlights that mental health service users’ involvement with the arts stimulates creative skills and self-esteem, and improves self-expression and communication between service users, staff/service providers and family. Studies exploring the benefits of arts participation have found that, through art, mental health service users have experienced a sense of empowerment (Hacking, Secker, Spandler, Kent & Shenton, 2008; Parr, 2005), improved self-esteem, greater confidence, a clearer self-image (Goldie, 2007; Hui &

Stickley, 2010), motivation and an appreciation of having “time out” from mental health concerns (Secker, 2011), enhanced general well-being and quality of life (Arts Council 2003; Bungay & Clift, 2010; Hacking et al., 2008; Moloney, 2005, 2007; White, 2008). Arts participation can facilitate people to take greater control of their lives and their recovery (Van Lith, Fenner, & Schofield, 2011), explore and understand feelings, develop alternative coping strategies when dealing with distress (Spandler, Secker, Kent, Hacking, & Shenton, 2007; White, 2008) and feel more hopeful and better able to cope with distress (Spandler et al., 2007; Stacey & Stickley, 2010). Further studies suggest that arts participation can lead to a reduction of stigma and social exclusion for people experiencing distress and their families (Hacking et al., 2008; Parr, 2006b; Stacey & Stickley, 2010) through expanding social networks, decreasing isolation (Parr, 2006a), creating a new identity as an artist and challenging the perceived identity of oneself as a user of a mental health arts project (Spandler et al., 2007). Arts participation offers people opportunities to give and receive mutual support, collaborate with others, develop a sense of belonging within the wider community (Secker et al., 2007; Spandler et al., 2007) and to connect with further opportunities within the community (Hui & Stickley, 2010).

Within the Irish context, Moloney (2005) and White (2008) document the experiences of services users, staff and artists partaking in music workshops across a diverse range of mental health settings. Moloney’s (2005) study concluded that the music workshops had a positive impact on service users’ self-confidence, concentration and perseverance, with positive experiences such as hope for the future, a sense of community and fun, a newly developed interest in art, improved communication and listening skills, learning new skills and realising new abilities. Positive impact has also been reported by staff and artists – benefiting from professional development, discovering new skills and realising diverse forms of communication with service users (Moloney, 2005; O’Shanahan & Grehan, 2009).

Concerns have also been highlighted. Connecting with the wider community through arts is not an unproblematic process. Parr (2006b) argues that being a mental health service user in mainstream artistic and cultural community settings may reinforce a sense of “otherness,” as one’s contribution may be less understood or appreciated than in a protected mental health setting. Furthermore, the instrumental integration of the arts within mental health services can also be problematic. If the arts become a “commodity” of mental health systems primarily focused on medication, containment and coercion (Stickley, 2012a), their creative contribution may be compromised. Overall, however, the literature on arts participation clearly suggests that arts and creativity can be an important element of the recovery process for mental health service users.

Methods

The choice of a qualitative methodology reflected the ethos of the A + M project, which itself is informed by principles of recovery and social inclusion. In a period where evidence-based practice is central to service development and delivery, the research methodology highlights the significance of evidence constructed by the narratives of people who have direct experience of mental health services (Faulkner & Thomas 2002; Higgins & McGowan, 2014). A qualitative methodology was therefore appropriate as it can empower individuals to tell stories which can aid our understanding of contexts, such as agency and community contexts, within which art initiatives have taken place (see Creswell, 2007). An interpretive framework was employed to consider the service users’ subjective experiences. This subjective dimension was particularly useful in exploring

how project participants defined the significance of the arts as a care option within mental health care. Employing narrative-based methodologies in evaluating the contribution of the arts in mental health care raises questions about the nature of the evidence produced. Like other qualitative research on recovery (Wallcraft, 2005) and the arts (Stickley, 2012b), the evidence we (L. Sapouna and E. (R.) Pamer) produced is primarily based on user-narratives and personal accounts rather than clinical outcomes. Such evidence can often be dismissed as “unscientific” in the current evidence-based agenda. Furthermore, we are aware that in researching the integration of the arts into mental health care, the tensions between art as a form of creative expression and the dominant biomedical model of care, which has not traditionally encouraged creativity of expression, need to be considered. Acknowledging these tensions, our paper concentrates on research findings that highlight the potential of creativity and the arts to transform the often coercive nature of mental health services and to help people engage with life-enhancing activities within and beyond mental health structures.

Participant observation and semi-structured face-to-face individual and group interviews with service users, participating staff and contributing artists were the main methods of data collection in this study. The two researchers (L. Sapouna and E. (R.) Pamer) actively participated in the music and animation workshops. All service-user participants were informed in advance by staff about the study and about the researchers' participation in the workshops. All were invited to participate in the study. The researchers explained the research aims, interview recording methods and confidentiality issues to all participants in the workshops and before the interviews. A total of 35 service users were interviewed. Music project A was set in an in-patient unit which had a high turnover of user-participants (approximately 40) over the 8 weekly sessions of the project. In this setting, individual interviews were held with 21 participants who volunteered to be interviewed after the music sessions. Music project B was set in a day centre where individual interviews were held with 5 out of the 10 regular attendees of the facility. Finally, all nine participants of the animation project were interviewed through three group interviews. Participating mental health staff and artists were informed about the study through their ongoing involvement with A + M. Interviews were held with all nine mental health staff involved in the workshops and the three artists who delivered the programmes. Prior to the interviews, all interviewees signed a consent form giving permission to record their experience of the project with the use of a Dictaphone and to use the interview data for the purpose of the study.

Results

Project participants had diverse experiences of mental health services, ranging from long-term in-patient engagement and receipt of intense support to first admissions and a minimum level of support at a community level. For the majority, however, social isolation, the lack of stimulation, the lack of meaningful activities and boredom were the common denominators. While this was particularly evident in the in-patient setting, people who lived in the community (both in hostels and in independent accommodation) also spoke about isolation and often having “no reason to get out of bed in the morning.” In that sense, the opportunity to participate in the A + M workshops was particularly appreciated by service users in both in-patient and community settings.

All 35 service-user participants described the art workshops as a positive choice to have as part of their care. This does not mean that *all* participants *always* enjoyed *all* the art sessions. People also spoke about struggling with interactions in a group, or about some

aspect of music bringing up feelings of sadness and loss. However, they all appreciated the range of experiences they were offered through the art workshops.

Participants spoke about feeling good, enjoying themselves, experiencing and expressing emotions, having a sense of worth, developing a sense of collaboration and camaraderie, working towards an end result, developing concentration and focusing skills, realising they had skills they never thought they had, feeling respected and heard by both artists and mental health staff, and connecting with their communities. While only a handful of participants mentioned the word “recovery,” the majority spoke about arts facilitating the creation of an environment that is conducive to recovery. Based on the principle of user-controlled definitions of recovery (Higgins & McGowan, 2014; Sapouna, 2008), the voice of service-user participants has been central in this research. For the purpose of this paper, we present a selection of key themes that emerged from the research and highlight the transformative potential of the arts within and beyond service provision.

Experiencing and expressing emotions

Through singing I express beauty or hope. (Music participant)

Participants spoke about both experiencing and expressing emotions through their involvement in the art workshops. This was, as one participant observed, not easy to do within mental health services – “... you know my biggest problem is ... I still find it very, very hard to express myself in here [inpatient unit]” (music participant).

Well over half of the participants appreciated arts as a way of non-verbal expression. For example, one participant said “it’s a way for quiet people to express themselves ... if you are quiet and you can play the drums you are expressing yourself, you know what I mean?” Another participant, making reference to visual arts, said “I suppose it gave one the freedom to ... express oneself through painting or drawing, and you know what’s nice is that you get the feedback ... it puts us thinking about why we drew something or ... what it means for us” The therapeutic effect of non-verbal expression was emphasised by A + M artists: “... [P]eople can express themselves without having to put words on it ... when you get to play instruments there’s a great release from it, you just kind of forget everything, and you nearly get lost in just enjoying playing music” (A + M artist).

Participants spoke about art evoking a range of emotions. While people primarily described the workshops as uplifting, energising experiences, four people also spoke about experiencing feelings of sadness, loss and frustration. For example, one person spoke about music evoking memories of loss, while an animation participant spoke openly about experiencing mixed feelings by saying that the project made him think about his life and his feelings and this had mixed results. This finding suggests that arts participation cannot be evaluated solely on the basis of evoking positive emotions but on the basis of (a) evoking a range of emotions that are integral to human nature and (b) providing people with the opportunities to express these emotions in a safe, accepting space.

Connecting with self, others and life

The majority of participants said that the art workshops provided a space to connect with themselves and their feelings. As one person said, “... art is kind of connected with your soul, your sanity and if you are not connected you’d be like a zombie.” Participating in the workshops was also a way for people to “get back some reality” in their lives. This was clearly articulated by one person who said “...it was nice to get a beat and...get something back, you know some bit of reality back you know” (music participant).

Relationship-building with others is also a “real-life” situation. The workshops were experienced as a positive space for participants to connect with each other and to build relationships in a stress-free environment. As one staff member put it:

... you can share stories like ... this morning [*somebody said at the music workshop*] “oh I met my husband through this song” ... You can tell your story in a sense and not be that big heavy kind of “tell me about your life”

Being part of the music group seemed to motivate participants to “get on” with others in the in-patient setting. Over half of in-patient care participants commented that, apart from smoking, there were limited opportunities for people to get together. “It [*music*] helps me to link with other people ... because I am a quiet kind of person” (music participant). Participants said it was easy to mingle in the music workshops as they felt it was a friendly, family-like environment. Seeing another side of people was also identified as a way of building relationships by getting a different perspective on people. Participants spoke about how having fun, seeing other people having fun and enjoying themselves enhanced their wellness and helped them connect with others.

All nine participants of the animation project worked intensively in groups towards developing a story for the final product (animation feature). “We were all on the same boat ... we are connected through developing a story,” said one participant. Interestingly, this is not just a metaphor but it was meant literally, as one of the animation features included a boat journey through Cork city! Animation participants and artists spoke about developing a sense of camaraderie and co-working skills as “... the ability to co-operate is a skill that makes life easy” (animation participant).

This does not mean that *all* workshop participants *always* enjoyed being together and co-working. People also struggled when being with others, for example one person spoke about the frustration of being part of a group: “Sometimes it’s hard, frustrating ... trying to co-operate I am not enjoying it” (animation participant).

Based on the earlier discussion, it can be argued that project participants were given opportunities to experience the benefits, limitations and challenges of “being with others” and to connect with “real-life” situations, an essential process in mental health recovery.

Confidence-building – recognising strengths

Participants spoke extensively about getting a boost of morale and a sense of worth through partaking in the art workshops. Most interviewees said that they surprised themselves at what they had achieved, saying that they “knew more,” were “able for more” and “liked more” than what they thought. For example, one person spoke about how her confidence grew through the animation workshop as she had never taken a photograph in her life and then realised that she was able to make a short animation film – “...these workshops opened up a creative side I didn’t think I have” The staff also spoke about participants surprising themselves and others – “... it’s just amazing to see people with that ability and you think sometimes you would not see that unless they are in the music group ...” (staff). Seeing the “finished product” and “your ideas become alive on a screen” was very important for the animation group. “We had a presentation in the end where we all watched it in the gallery, you know on the big screens ... it was brilliant” (animation participant).

Approximately half of the participants spoke about their concentration suffering as a result of their mental health difficulties and the effect this had on their self-esteem. As a result, they appreciated the opportunity to work on their concentration through the arts

projects. This was particularly relevant to the animation group who had to focus on story-making and film production. As one person put it, “...it’s brought out my concentration ... I don’t feel worthless all the time.”

Furthermore, confidence acquired through the art workshops encouraged participants to make plans and pursue further interests by, for example, “getting back into music and learn an instrument” or “joining a choir ...” (music participants).

It is important to stress the difference between skills improvement through art and opportunities provided through art to acknowledge and realise existing skills. In other words, it is not necessarily the case that participants lacked concentration, focusing and problem-solving skills, but rather that they lacked opportunities to realise and demonstrate these skills to themselves and others.

Equalising power relationships

This research identified possibilities to equalise power relationships, through user involvement in decision-making and planning around the art workshops. Mental health staff actively engaged in the art workshops and this was appreciated by participants and artists. “This made workshops an activity for all involved not just something for ‘patients’” (A + M artist). All staff spoke about service user and staff relationships becoming more equal in the context of a joined activity where there is an opportunity to move beyond professional boundaries and just be members of the same group. This was also identified by about a third of user-participants. As one person observed, “...the nurses got involved as well... just like us, they weren’t like standing over there and just supervising, you know ... there was no difference between [us] I didn’t feel like a client.”

Participants also said that they found it easier to approach staff in the context of the art workshops. As one person said, “I don’t know... the people here, the nurses and things like that – you can talk more to them.” This can have a positive effect on staff-user interactions outside the workshops. For example, one staff member said that after co-participating in A + M workshops, service users have “de-stigmatised us.”

Seeing service users as participants in art groups rather than “patients” has also been a way to re-evaluate staff perceptions and practice. As one artist said:

I think their relationships change a lot, especially in places where we would work in for a while ... staff would have said to us that they see people in a different light or that they kind of said “how did I not know that before,” things about different members in their group that they would have never thought of it before.

Changing relationships can also pose challenges to long-established power differentials between mental health staff and service users. As a sense of powerlessness is one of the main barriers to the recovery process (Lilja & Hellzen, 2008; Tew, 2011), it is important that these new interactions can be transferred beyond the boundaries of art workshops to other areas of mental health care.

Beyond diagnosis

The A + M project provided opportunities for participants to see themselves and to be seen by others as individuals in different roles rather than as patients with a particular diagnosis. For example, people in the music workshops saw themselves and other participants as people having fun, sharing a joke, liking or disliking a particular kind of music. They also learned a bit more about one another’s lives. Similarly, in the animation project, participants met each other through different roles such as story-

tellers and story-makers, through trying new things together, and collaborating towards a common task.

As already discussed, mental health staff spoke extensively about seeing “people” rather than “patients” in the art workshops. Project participants also spoke about viewing themselves differently, as the following quote suggests:

I think it's kind of different because you are not talking about your illness... you are not talking about medication. You are just like any other person when you are in there, and you are just having a laugh... just like any other person. (Animation participant)

Artists acknowledged that people were going through hardship but stressed that the diagnosis is irrelevant when it comes to making art.

... [M]y role is about having the creative environment for people to access, and if I began to know more about individual clients' reasons for being there I think it would take away from what I do.

... [I]t's not about the condition... it's about... tapping into something that we all have, tapping into creativity... spontaneity and fun and... all of those things that are human. (A + M artists)

This is quite a significant shift from traditional mental health practice where the diagnosis is central to professional thinking and provision of care.

Creating accepting and respectful environments

Research findings suggest that the arts can contribute to environments where people experience a sense of freedom, acceptance and respect. Almost all the participants said that in the art workshops they felt no pressure to perform, to “be” or to express themselves in a particular way. As one of the music participants said, “... everyone can be a part of it. So it doesn't matter if you can sing or can't sing, you can still have rhythm, and it's so relaxed.” Being in a place where people do not constantly doubt themselves is important, as the following quote suggests:

... I am getting over a hurdle of playing music and seemingly nobody notices that you don't sing properly or something. I was very anxious before, anxious what this or this person thinks and now... I am over that, I... just don't worry if I miss a chord or something. (Music participant)

The majority of participants said that they felt respected and involved in what was going on, that their opinions counted and that they were comfortable about making suggestions to their groups. In the animation group, this involvement was manifested in the story-making and the production of the animation films. As the animation artist said, “... [my role] is just to give the space for people to create their own stories.” In the music groups, user involvement was manifested in the actual running of the sessions where the facilitators actively encouraged user-led music sessions.

The significance of feeling respected needs to be seen in the broader context of user experiences of mental health services. In this project, service users did not speak about feeling disrespected by mental health staff; however, many expressed concerns about the lack of choice of activities and the infantilising nature of some of the other activities. One person drew a comparison between the experience of an arts workshop and another activity in the same setting where she felt as though she was being treated like a child.

I love the art as well because... you know... you could get that feeling... of warmth. At [other activity] sometimes... it's like - you are put in a cage and you have a lot of kids and you tell them do jig puzzles or give crayons... I am paranoid that people think because you have a psychiatric illness that you are stupid.

Being part of a social community-reducing stigma

Participants, staff and artists spoke about arts being a tool to combat isolation, break down barriers between service users and the community and reduce stigma. For animation participants, being located in an art gallery, a “normal space” in Cork city centre, was very significant. It signified involvement in the community not as a “mental health group,” as initially feared by some group members, but as an “animation group.” This short conversation between two members of the animation group highlights this issue:

So it's not like you're sitting with a nurse as such, or . . . a member of the mental health team – do you know what I mean . . . you're going to an Art Gallery . . .

You're going somewhere different . . . we've been bombarded with hospitals, we've been bombarded with medication.

It's great, I loved being in the gallery.

We've been institutionalised and it's completely the opposite of that is what we need.

Through the arts projects, participants living in the community engaged with facilities that they did not know about or did not have the confidence to use before. This exposure has also affected the way mental health service users are now viewed in such facilities. As one staff member found out, “. . . people who work in the community facilities view people with mental health issues differently having met them.” Community mental health staff also stressed the importance of meeting service users in a mainstream community setting, a welcome shift from home visits and referrals to outpatient services.

Through arts participation, people had the opportunity to be part of the broader community and not just the mental health community. Four participants said that becoming involved in too many mental health groups can reinforce stigma and a sense of “being unwell.” As one animation participant said, “. . . it's very important that we actually feel not . . . just people that are unwell . . . but we're just part of the social community.” A similar point was made by a staff member who argued that rather than becoming part of the service, arts would have to be brought into the community to create a broader network of people. This is not to deny the value and contribution of diverse groups within mental health care. Rather, it is about acknowledging that people need opportunities to engage with the world *outside* the mental health system rather than the mental health system *becoming* their world.

Discussion: Arts as a tool to embrace a cultural change in mental health

The A + M projects were experienced in a very positive way by participants in the three settings. In line with previous research, this study confirmed that arts in mental health care can create conditions conducive to recovery through the “discovery of personal resourcefulness, meaning and growth, within and beyond the limits imposed by the ‘mental illness’” (Mental Health Commission [MHC], 2008, p. 7). Participation in the art projects also contributed to well-being and social inclusion by enabling participants to take on meaningful and satisfying social roles in their communities (Hui & Stickley, 2010; Spandler et al., 2007).

While participation in the art workshops was clearly a way of breaking the monotony of life in in-patient care and the social isolation experienced by many in their communities, the transformative and therapeutic nature of creativity was also identified by participants in all three settings. Along the lines of other studies (Moloney, 2005; Spandler et al., 2007), it was found that arts in mental health care contribute a valuable space where creative expression is

encouraged and where service users can be acknowledged as people with potential, imagination and skills. The possibilities of achieving more egalitarian relationships between staff and users through art participation were also key aspects of our findings.

It is therefore important to develop strategic partnerships between the arts and the mental health sector, with arts programmes being another care option for people in distress. For arts to become a meaningful care option, the appreciation of multidisciplinary teams is required. Mental health professionals will need to expand their roles to embrace activities such as community development and fundraising for art-related activities that have not traditionally been considered part of their brief. Furthermore, the role of education in preparing mental health professionals is significant. Including modules on arts and mental health in professional courses can certainly provide professionals with more tools to work creatively with people in a mental health setting. However, if arts are to be a meaningful care option, a broader recovery-focused, user-centred approach to mental health education and research is also essential.

However, integrating the arts into mental health practice is not an unproblematic process. This study has given a first-hand insight into the tensions between the creativity and freedom of expression embraced in artistic activities and the rigidity and passivity associated with the dominant biomedical model. For example, the majority of participants contrasted the art workshops with the regimental style of in-patient wards where they often felt “observed,” prevented from expressing themselves and “lacking a say” in their care. Artists and staff also identified resistance by some multidisciplinary teams to the valuing of diverse types of engagement, including artistic engagement, as part of mental health practice. Therefore, if the integration of the arts into mental health care is to be recovery-enhancing, it cannot be a mere instrumental addition to current services. This integration requires a more fundamental change in the current medically focused model of care, which could be a challenging task. In other words, it is important that the contribution of the arts towards more creative, respectful and egalitarian forms of engagement does not operate in isolation (i.e. only within art workshops), but affects the overall culture of mental health care in a way that such care embraces creativity and provides opportunities for people to be seen beyond the role of the “patient.”

Furthermore, our research has highlighted the risks associated with the assimilation of the arts into a mental health system which remains primarily focused on clinical rather than psychosocial interventions. Participant artists stressed the importance of the arts not losing their creative potential in a system that can often “stop us from being as big as we can be” (A + M artist). In line with other research, this study identified the distinct value of the arts in mental health as opposed to art therapy (Levine, Perkins, & Perkins, 2005). The focus of the art workshops has been on creative expression, which can have a therapeutic effect, but is different from art therapy where clinical goals are set. This is not suggesting that art therapy, or indeed other therapeutic interventions do not play a valid role in the recovery process. It is recognising the distinct contribution that arts can make in mental health which is about creativity, expression, experimentation and play rather than treatment. The value of engaging with activities beyond the boundaries of clinical settings and connecting with a community beyond the mental health community was also identified as a key aspect of social inclusion and stigma reduction. In that sense, arts can be a tool to see people beyond their diagnosis, and as such can provide unique opportunities for recovery.

This qualitative study was informed by the narratives of people with first-hand experience of arts participation in mental health. The findings of the study have provided insights into how arts and creativity can contribute to a change of culture towards recovery-oriented mental health practice. Although this study did not adopt a user-led

approach, user-led research is important, as this research can itself be a creative medium for such change to be realised. In addition, research into arts participation in mental health would benefit from adopting broader sociocultural approaches and utilising creative media such as video, writing and story-telling (see Stickley, 2012a), which can capture people's experiences and emphasise the users' voice as being central to research and evaluation.

Conclusion

The arts can be a medium for recognising people's resourcefulness and multiple skills, which are often lost when they become patients in a mental health service. In a broader sense, creativity in mental health care can contribute towards recovery, through enabling people to make connections, expand their experiences, take meaningful roles and experience a sense of worth and value.

Moving beyond the benign agreement on the positive contribution of arts to mental health care, this research has highlighted that such a contribution is not a mere matter of "adding" arts programmes to the current mental health services. The broader conceptual and ideological framework governing mental health care poses significant challenges to adopting a more creative approach to practice. This research has found that a meaningful partnership between the arts sector and mental health services is not just a technical measure but requires a cultural shift in the way we understand, respond to and engage with human distress. The arts in mental health care provide opportunities to see people in distress beyond their diagnosis and can facilitate such a shift towards embracing creativity of expression, nurturing strengths and facilitating service-user care choices, both inside and outside mental health structures.

Note

1. For further information about A + M, see <http://www.artsandmindscork.com>.

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