

Beyond Diagnosis

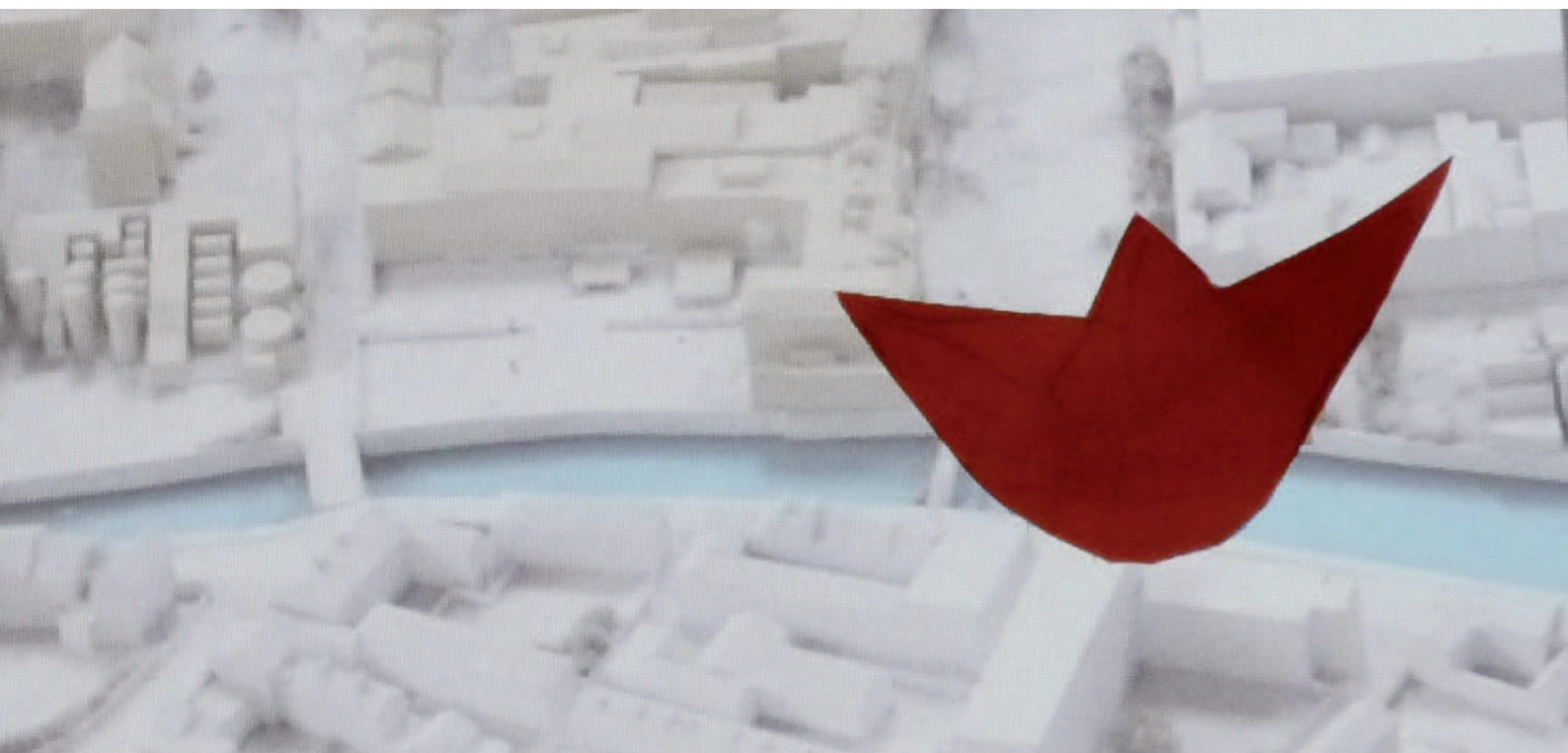
the transformative potential of the arts in mental health recovery

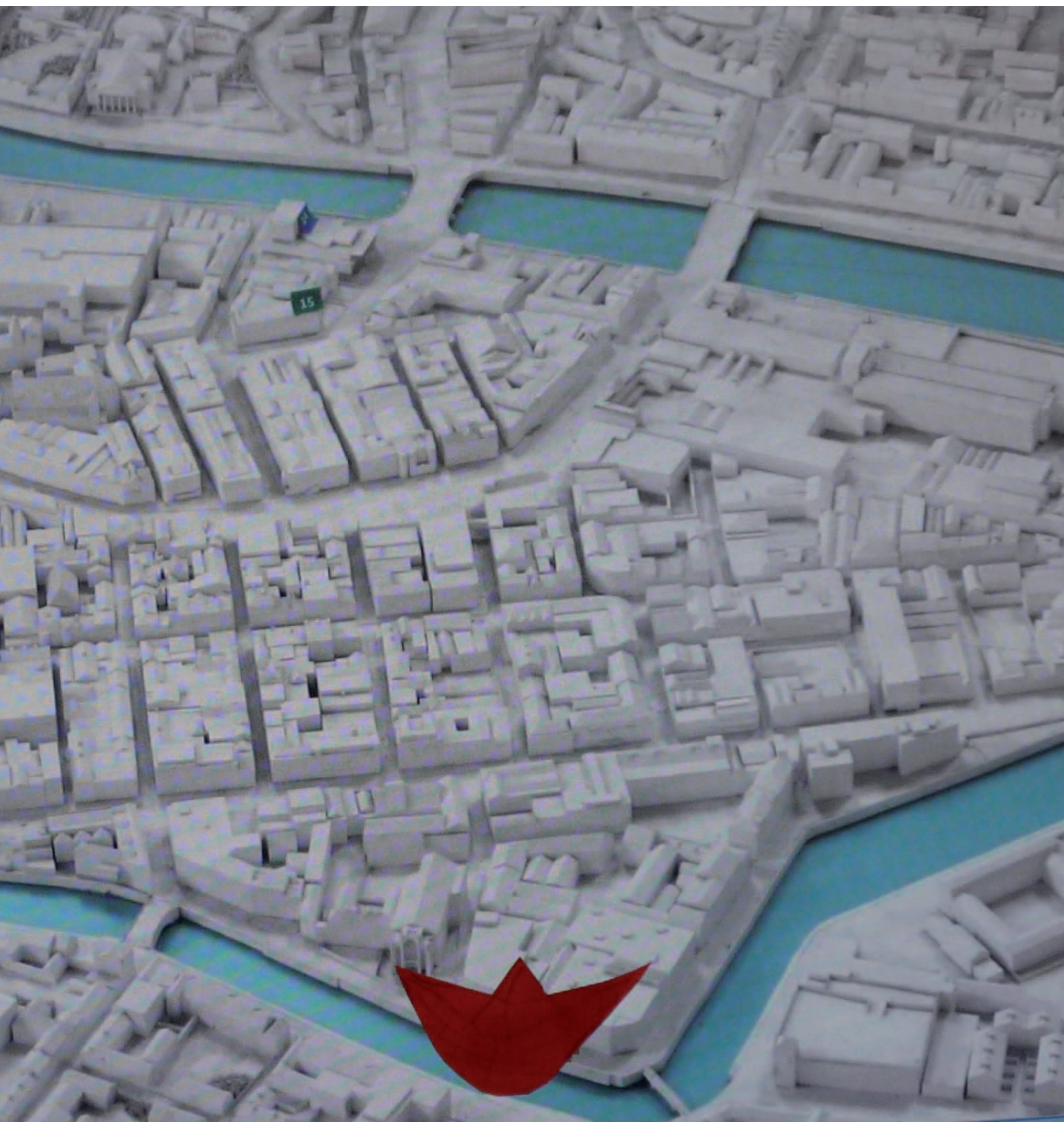
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Commissioned by Arts + Minds





FOREWORD



Our national mental health policy, *A Vision for Change* (2006), is underpinned by principles of citizenship, respect, partnership and recovery. It recognises that mental health is more than just the absence of mental health difficulty, but rather that it is “*a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community*” (World Health Organisation).

Beyond Diagnosis - the transformative potential of the arts in mental health recovery, clearly highlights that engagement with the arts, as part of a multifaceted recovery approach, can enhance mental health service users opportunities for participation, inclusion, collaboration, communication, creativity and contribution. It can facilitate service users to develop new and existing skills, and potentially find a way to live a fulfilling life alongside and ‘*beyond diagnosis*’.

I am pleased to be invited by Arts + Minds to write this short foreword. It is clear that the arts can add value to current mental health service provision and that it has the potential to be a vital and revitalising component of a good quality and progressive, recovery orientated mental health service.

I would like to congratulate the HSE South and other funders for supporting this initiative, and also take this opportunity to wish Arts + Minds and all of the mental health staff, service users and artists involved in the project continued success.

A handwritten signature in black ink, which appears to read 'Kathleen - [initials]'. The signature is fluid and stylized.

Kathleen Lynch TD

Minister of State, Dept of Health and Dept of Justice, Equality & Defence; with responsibility for Disability, Older People, Equality & Mental Health



Arts + Minds workshops & events

PREFACE



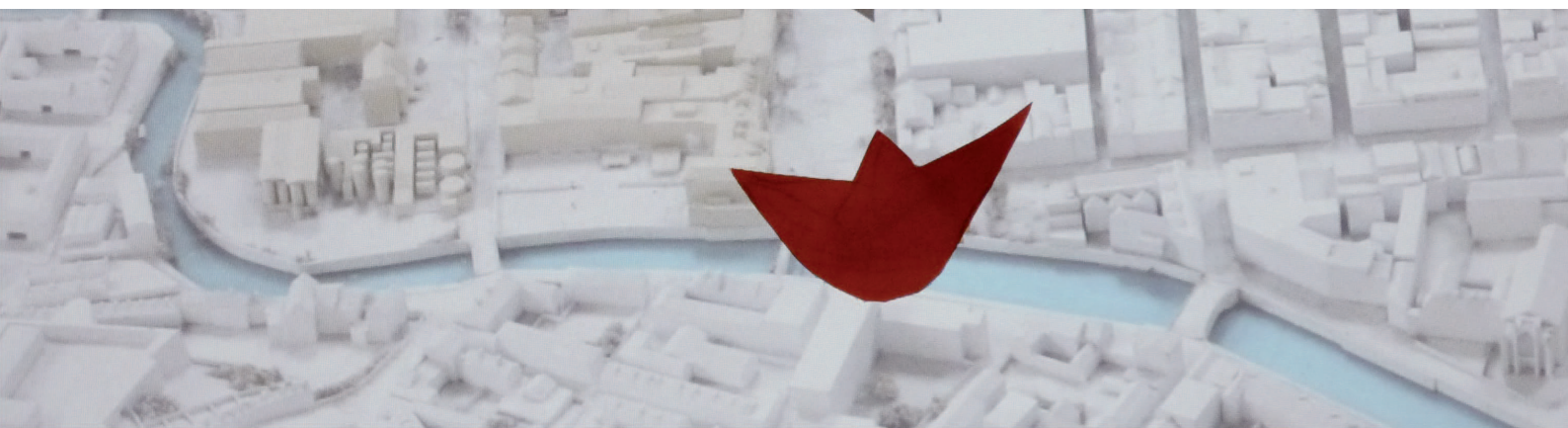
Arts + Minds has developed rapidly since its foundation in 2007. Originally known as the Arts and Mental Health Working Group, the group was established by Health Service Executive (HSE) mental health service staff, with support from the HSE Cork Arts and Health Programme. What began as a

series of music workshops, has expanded to incorporate all art forms including, dance, visual arts, creative writing, storytelling and music. Arts + Minds aim to promote and provide high quality arts experiences for mental health service users in the Cork area. To date, we have worked across seven mental health settings, and delivered almost 100 projects in arts, community and mental health venues.

Arts + Minds create regular opportunities for feedback as part of our work, and project participants report in overwhelming numbers that participation in the arts has a positive effect on their mental health. Participants speak of an increase in self confidence and self esteem, and many enjoy learning new skills and discovering hidden talent. Satisfying as this is, Arts + Minds believe it is important that our work is also underpinned by independent evaluation and research. In 2011, with funding from the Health Services National Partnership Forum, Arts + Minds commissioned Lydia Sapouna from the Department of Applied Social Studies at University College Cork, to investigate the impact and potential of the arts within mental health care, and to consider the area of care planning in particular. This report is the result of that research.

Arts + Minds would like to acknowledge and thank the Health Services National Partnership Forum for funding the Arts + Minds Action Research Project, and the resulting report, *Beyond Diagnosis*. Arts + Minds would also like to thank the HSE Cork Arts and Health Programme who provide regular funding and invaluable support. We are grateful to Crawford Art Gallery who have collaborated with Arts + Minds on many projects, and who facilitated a visual arts project during the action research phase of this project. We would like to thank all the talented and highly skilled artists that we work with, in particular: musicians Kevin O'Shanahan, Caoimhe Conlon and Ben Girling, and visual artist, Julie Forrester. We would especially like to thank Lydia Sapouna and her colleague Rudie Pamer for their work in bringing this report to fruition. Last but certainly not least, Arts + Minds would like to thank all of our colleagues, and the mental health service users who contributed so generously to this research process. The voice, passion and creativity of the mental health service users we work with inspire all that we do.

Mary Dineen, Chairperson,
Arts + Minds
*Community Mental Health Nurse,
Mahon / Blackrock Community
Mental Health Service, HSE South*



Beyond Diagnosis is based on research findings from an Arts + Minds Action Research Project, which took place in 2011.

The research project involved mental health service users, staff and artists from:

- Cúnamh Day Hospital / Day Centre, Macroom
- Mahon / Blackrock Community Mental Health Service
- South Lee Adult Mental Health Unit, Cork University Hospital
- Togher / Ballyphehane Community Mental Health Service

The project was funded by:

Health Services National Partnership Forum

HSE Cork Arts and Health Programme

Crawford Art Gallery (*Unfold* animation project)



The project was managed by Arts + Minds, and supported by Ann O'Connor, Arts and Health Specialist

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Design: www.scarletibis.org 

For further information please see www.artsandmindscork.com

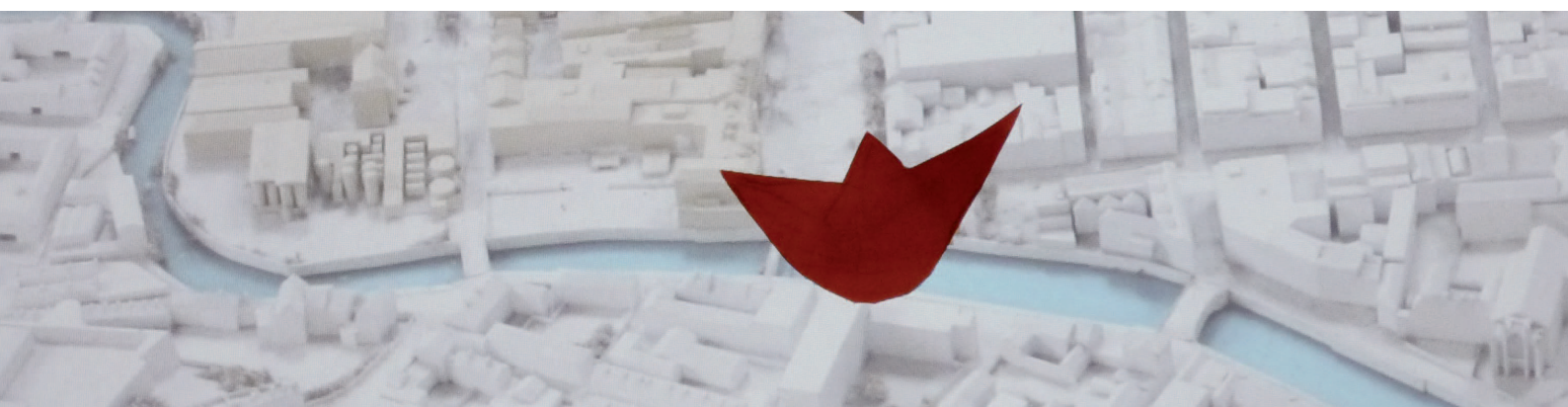


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EXECUTIVE SUMMARY

Introduction

Beyond Diagnosis explores the achievements and challenges of the Arts + Minds Action Research Project, and locates both in the context of a literature and policy review of arts and health, mental health and recovery approaches.

Policy and practice context

The need for comprehensive, recovery-oriented and person-centred mental health care has been identified by key Irish policies and in particular the Mental Health Strategy *A Vision for Change* (DoH&C, 2006) and the *Recovery Approach within the Irish Mental Health Services* (MHC, 2008). “*The recovery approach acknowledges the person’s rights to meaningful participation in community life and moves beyond the individual and organisation level to address the wider social, attitudinal and economic barriers to citizenship*” (MHC, 2008, p.10). Therefore, emphasis is placed on removing barriers to social inclusion, such as stigma and lack of access to suitable housing, education, work, friendships and meaningful activities (DoH&C, 2006; MHC, 2005 & 2008).

Arts + Minds

Arts + Minds was established by Health Service Executive (HSE) mental health staff in 2007, with funding and support from the HSE Cork Arts and Health Programme. It works across six mental health settings in Cork City and County. Arts + Minds (A+M) aim to enhance the health and wellbeing of mental health service users through engagement with the arts. It seeks to; facilitate service users to participate more fully in the social and cultural life of their community, and to challenge the stigma faced by many people suffering with mental ill health. Further information about Arts + Minds is included in Chapter 1.

Arts + Minds Action Research Project

The Arts + Minds Action Research Project was set up to investigate the impact and potential of integrating the arts

into care planning. In addition to an extensive literature review, the project involved, planning, delivery and evaluation of three arts projects, with service users, staff and artists, from four mental healthcare settings in Cork City and County.

The mental healthcare settings involved were:

- Cúnamh Day Hospital / Day Centre, Macroom (music project, *Éist agus Faire / Listen and Look*, with musicians; Kevin O'Shanahan, Caoimhe Conlon and Ben Girling, Music Alive)
- South Lee Mental Health Unit, Cork University Hospital (music project, *Flow*, with musicians Kevin O'Shanahan, Caoimhe Conlon and Ben Girling, Music Alive)
- Togher / Ballyphehane Community Mental Health Service and Mahon / Blackrock Community Mental Health service worked together in Crawford Art Gallery (visual arts / animation project, *Unfold*, with visual artist Julie Forrester, Crawford Art Gallery)

Research took place throughout 2011. Arts projects were delivered over an eight - ten week period between May and September 2011.

The research

An evaluation research approach was an integral element of the Arts + Minds Action Research Project, and was put in place from the outset. The design of the research was informed a particular philosophy underpinning (a) current developments in mental health and (b) the development and delivery of the Arts + Minds Action Research Project. In this philosophy, service-users play key roles in defining and taking charge of the changes they want to bring about in their lives. The approach to the research needed to reflect the ethos of the project, which was informed by principles of recovery and social inclusion.

In a period where evidence-based practice is central to service development and delivery, *Beyond Diagnosis* highlights the significance of evidence constructed by the narratives of people who have direct experience of mental health services. Furthermore, this research acknowledges that despite the current changes towards recovery-oriented practice, mental health

care, particularly in inpatient settings, remains primarily biomedical. In evaluating the contribution of the arts in mental health care we cannot ignore 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. While a detailed analysis of such tensions go beyond the scope of this research, it is important to acknowledge and problematise them.

Key findings

Beyond Diagnosis found that the arts in mental health are a tool to recognise people's resourcefulness and multiple skills, which are often lost when they become 'patients' in a mental health service.

- Project participants described the Arts + Minds workshops as a positive choice to have as part of their care and they appreciated the range of experiences they were offered through the project. Through these experiences people were given an opportunity to connect with 'real life' situations, an essential process in mental health recovery.
- Participants spoke about feeling good, enjoying themselves, having a sense of worth, developing a sense of collaboration and camaraderie, working towards an end result, developing concentration and focusing skills, realising they have skills they never thought they had, and feeling respected and heard by both artists and mental health staff.
- While few participants mentioned the word 'recovery', the majority of interviewees (participants, mental health staff and artists) spoke about arts facilitating the creation of an environment that is conducive to recovery by identifying the following themes:
 - > being part of a social community, building relationships, breaking isolation
 - > enhancing wellness though having fun
 - > experiencing and expressing emotions in an accepting environment
 - > feeling respected, heard and getting involved
 - > recognising resourcefulness and previously unrecognised skills and strengths
 - > confidence-building and boost of morale
 - > improvement in concentration and focusing skills

- Service user-staff relationships can be equalised in the context of a joined activity where there is an opportunity to move beyond professional and client roles and just 'be' members of the same group.
- Seeing service users as participants in Arts + Minds workshops has been a way to re-evaluate professional perceptions and practice; an opportunity to focus on strengths, talents and skills.
- The Arts + Minds project provided an opportunity for participants to see themselves and to be seen by others as individuals in different roles rather than patients with a particular diagnosis.



Recommendations

The Arts + Minds Research Project provides clear evidence of the value of the arts in mental health in promoting individual wellbeing, recovery-oriented practice and social inclusion for people experiencing mental health difficulties.

In order to maximise the positive contribution of arts in mental health care there needs to be:

- a strategic partnership between the arts, community and mental health sectors, so that art programmes can become a valid option of care
- a cultural shift in mental health systems to embrace creativity and recognise the strengths and resourcefulness of people beyond the limits imposed by diagnostic categories



Unfold animation project

CHAPTER 1 CONTEXT

The Arts + Minds Action Research Project

Introduction to Arts + Minds

Arts + Minds was established by Health Service Executive (HSE) mental health staff in 2007, with funding and support from the HSE Cork Arts and Health Programme. It works across six mental health settings in Cork City and County. Settings including acute, special care, continuing care, day care and community based services. Arts + Minds is managed by a Steering Group comprised of HSE staff, a nursing student representative, mental health service user, and a representative of the Irish Advocacy Network. The group work with professional artists across all artforms including, music, visual arts, dance, creative writing, and storytelling.

Arts + Minds aim to:

- enhance the health and wellbeing of mental health service users through engagement with the arts
- facilitate mental health service users to participate fully in the cultural life of their community
- challenge the stigma faced by mental health service users
- enhance the healthcare working environment
- work in partnership with mental health service users, health and arts professionals; to develop high quality programmes informed by national policy and current research
- promote the value of the arts within mental healthcare

For further information about Arts + Minds please visit:
www.artsandmindscork.com

2011 Action Research Project

Introduction and overview

The Arts + Minds 2011 Action Research Project was funded by the Health Service National Partnership Forum, the HSE South Mental Health Service, the HSE Cork Arts and Health Programme and Crawford Art Gallery.

The aim of the project was: to investigate the impact and potential for integrating the arts into care planning within mental health settings.

Specific objectives for the research project are outlined below:

- to develop an arts programme in three research sites in consultation with service users, staff and artists
- to work with a team of professional artists to deliver the arts programme in each site
- to include a series of research evaluation meetings with service users, staff, artists, academics and relevant organisations in the community
- to investigate the impact and potential of integrating the arts into care planning
- to produce a final evaluation report and recommendations for best practice and future development

The project involved research and literature review throughout 2011. Observation visits and interviews with service users, staff and artists also took place during the arts projects delivery phase (between May and September 2011). The projects involved four mental health care settings working in three sites:

1. **Cúnamh Day Hospital/Day Centre, Macroom**

Cúnamh is situated in the grounds of the Macroom Community Hospital and aims to provide a facility, care and support for mental health service users in the local and surrounding area

2. **South Lee Mental Health Unit, Cork University Hospital**

SLMHU provides inpatient care through a professional multidisciplinary team for people with mental health problems from Cork South and County Cork (Bandon, Kinsale). The inpatient unit consists of 46 beds (23-bed female ward and 23-bed male ward)

3. **Crawford Art Gallery – participants and staff from Togher / Ballyphehane and Mahon / Blackrock Community Mental Health Services worked together at this site**

Mahon / Blackrock and Togher / Ballyphehane Community Mental Health teams provide a range of services for the local population including; out patient clinics, counselling, psychology, social work and mental health nursing services. Crawford Art Gallery is situated in the centre of Cork City. It is a national cultural and regional art museum, dedicated to the visual arts.

Four professional artists worked together with staff and service users in each site. Visual artist, Julie Forrester was based in the Crawford Art Gallery, and musicians Kevin O'Shanahan, Caoimhe Conlon and Ben Girling worked in Cúnamh and South Lee Mental Health Unit. Storyteller, Pat Speight, and local historian, John Collins, also contributed to the project that took place in the Crawford Art Gallery.

An overview of each project is included below:

Unfold, visual arts, animation project

Togher/Ballyphehane and Mahon/Blackrock Community Mental Health Services, working at Crawford Art Gallery

The *Unfold* project built on a previous Arts + Minds project with artist, Julie Forrester, Crawford Art Gallery in 2010, where mental health service users were facilitated to engage with and creatively respond (through drawing, painting, collage) to the Crawford Art Gallery collection and exhibitions. In 2011, project participants and staff worked with Julie to develop 5 short animation films inspired by both the Crawford collection and local history and folklore.

Total number of project participants: 9

Weekly workshop average: 6

Flow, music project

South Lee Mental Health Unit (SLMHU)

Cork University Hospital

The focus of *Flow* was on musical improvisation and creative expression. Participants were encouraged to use their voices, bodies and instruments to create new sounds and compositions, which were recorded at each of the weekly music groups. At the end of the project a sound collage, which included music and comments from participants was created.

Total number of project

participants: 26

Weekly workshop average: 15



Éist agus Faire/Listen and Look, music project

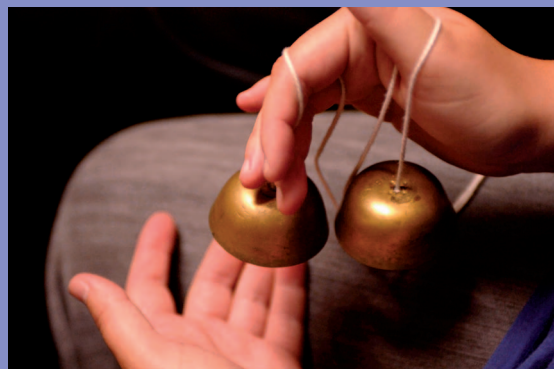
Cúnamh Day Hospital/Day Centre, Macroom

In 2010, the Cúnamh group had worked with writer, Denise Hall, on a creative writing project, which resulted in the creation of a number of haiku-style poems. The *Éist agus Faire* project incorporated some of these haiku poems with elements of Irish poetry to create a new piece of music entitled *Stars Flow Through Me*. *Stars Flow Through Me* includes vocals and music created by participants, staff and artists working in collaboration. The composition also provides the soundtrack for the animation '*Postcards from the Clouds*' which was created by the Unfold project at Crawford Art Gallery.

Total number of project participants: 13

Weekly workshop average: 10

The five short animation films created by mental health service users from Mahon / Blackrock and Togher / Ballyphehane Community Mental Health Services, and the music and vocals created by service users in SLMHU and Cúnamh, were showcased in the Crawford Art Gallery in October 2011 as part of an Arts + Minds World Mental Health Day event.



Arts + Minds music workshop

Recovery-oriented practice

A Vision for Change (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).

Historically, mental health systems were based on a tradition of diagnosing and treating people with life-long psychiatric conditions with no hope of recovery or meaningful social life. The underpinning principle of this practice was that individuals with severe mental illness did not recover, and that the course of their illness was either a deteriorative or at best a maintenance course (Anthony, 2000, in Sapouna 2008).

While the concept of recovery in mental health is not a new one, during the past two decades there has been a redefinition of recovery involving a shift from the literal 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 (see Crowe and Taylor 2006, Bracken and Thomas 2005, Mental Health Commission 2008). 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).

This conceptualisation of recovery is primarily associated with Anthony’s 1993 paper in the U.S., in which he argued that “*a person with mental illness can recover even though the illness is not ‘cured’. Recovery is a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness*” (p.15). On a similar note, Deegan (1988) suggested that recovery is a process of taking control of one’s life. This focus on the journey rather than on reaching its end is a metaphor which many users prefer (see Ramon *et al.*, 2007).

While acknowledging the uniqueness of this journey, it is important to be aware of the common themes in recovery stories. At an individual level such themes include a sense of hope, a vision of the life people want to live, seeing and changing patterns, finding new ways and reasons, and being in charge of wellness (see Crowe and Taylor, 2006, Mental Health Commission 2008). At an organisational / societal level such themes include person-centred services, individualised self-management plans, service user-operated services, peer support and respect for ‘experts by experience’ (see Mental Health Commission 2005, 2008).

A key dimension of the recovery philosophy is its organic link with the service user/survivor movement. For the survivor movement, recovery is about having a voice. As Bracken and Thomas (2005) argue, “*through social action, the survivor movement has created safe spaces in which individuals can start the process of telling their own stories...the meaning of recovery is very closely tied to the struggle of survivors to have the right to tell their own stories in their own way*” (p. 227). A recovery approach does not involve the implementation of technical measures. It is a philosophy requiring a fundamental shift in understanding, responding to, and being with mental distress. In this shift, the voice of the service users in defining their own recovery is central (see Sapouna 2008).

These themes have been reflected in the experience of Arts + Minds participants. The project was for many a process of empowerment, confidence-building, hope, story-telling and story-making. As discussed above, the voice of the project participants has been central in this research. Chapter three presents these stories with direct quotations from individuals as the main evidence of the project’s positive contribution to the lives of the participants.

Care planning

The National Health Strategy, *Quality and Fairness: A Health System for You* sets out the key objectives for the Irish health system up to 2010 (DoH&C, 2001). In this document, the concept of care planning is defined as “[a] plan formulated by a health professional in consultation with individual patients, their families and other appropriate professionals that describes what kind of services and care that person should receive” (DoH&C, 2001, p. 201).

Likewise, in *A Vision for Change* (2006), a special emphasis is given to the need to involve service users, their families and carers at every level of mental health service provision. It further states that “care plans should be written and agreed between all parties, and include a time frame, goals and aims of the user, the strategies and resources to achieve these outcomes, and clear criteria for assessing outcome and user satisfaction” (DoH&C, 2006, p. 81).

In other words, individual care plans should reflect people’s specific needs and its goals should maximise recovery, as highlighted in the MHC report *Quality in Mental Health - Your Views* (2005). This report, based a wide consultation process to inform Irish mental health policy, identified the importance of “individualised care planning as one of its key aspects of holistic service delivery” (MHC, 2005, p. 46). However, despite these recommendations the process of implementing care planning in the Irish mental health system is slow. For example, the *Annual Report* of the Mental Health Commission (MHC, 2009) highlighted once more the fact that the area of care planning was lacking consistency in implementation and completion for inpatient mental health services. The Mental Health Commission’s (MHC) *Annual Report 2010* also noted over twenty areas of concerns regarding the current running of mental health services, including care planning. “The existence and quality of individual care plans remains disappointing. In many cases, this is a mere ‘paper exercise’ and, in some cases, we found deliberate decisions not to implement the plans” (MHC, 2010, p. 89).

Evaluating these gaps, the 2010 Mental Health Commission’s report suggests that “the absence of proper care planning is emblematic of the failure by a number of teams... to embrace the philosophical underpinnings of a modern mental health service. These are patient-centeredness, recovery, multi-disciplinary teamwork, and primarily community-based services” (MHC, 2010, 89).

The research process

This evaluation research was an integral part of the Arts + Minds 2011 Action Research Project and was put in place from the outset. The evaluative element of the research is concerned, in the first instance, with establishing the extent to which the original objectives of the Arts + Minds project have been achieved, how, and with what implications for future development.

“Evaluation research, as its name implies, is concerned with the evaluation of such occurrences as social and organisational programmes and interventions. The essential question that is typically asked by such studies is: Has the intervention (e.g. a new policy initiative or an organisational change) achieved its anticipated goals?” (Bryman, 2001, p.40).

The Arts + Minds Action Research Project was originally established to consider the impact and potential for integrating the arts into mental health care planning. However, through this research it emerged that understandings and practices of care planning varied significantly among different stakeholders and mental health settings (see p. 26). It was also recognised that simply considering the arts in relation to care planning would not provide a full appreciation of the arts in mental health. Therefore the emphasis of the research project broadened towards exploring the contribution and possible integration of the arts into the broader field of mental health care.

The design of the research was informed by the philosophy underpinning (a) current developments in mental health and (b) the development and delivery of the Arts + Minds Action Research Project. In this philosophy, service-users play key roles in defining and taking charge of the changes they want to bring about in their lives. The approach to the evaluation needs to reflect the ethos of the project, which is informed by principles of recovery and social inclusion. In a period where evidence-based practice is central to service development and delivery, this research highlights the significance of evidence constructed by the narratives of people who have direct experience of mental health services.

Furthermore, this research acknowledges that despite the current changes towards recovery-oriented practice, mental health care, particularly in inpatient settings, remains primarily biomedical. In evaluating the contribution of the arts in mental health care, we cannot ignore 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. While a detailed analysis of such tensions go beyond the scope of this research, it is important to acknowledge and problematise them.

Research objectives

The basis of this research and the data collection were determined by the original objectives of the Arts + Minds Action Research Project outlined on p.10. The research was designed with the intention of focusing on both the process and the outcomes of the project, in order to provide a comprehensive discussion on:

- the impact of the project on (i) service users, (ii) agency/professional practice and (iii) the community
- the potential for integrating the arts into mental health care
- relevant national and international policy and research on the arts and mental health
- recommendations for best practice and future development

It is hoped that the evaluation process will also help to:

- achieve clarity regarding progress, assess the strengths and weaknesses of the approach taken
- plan the future development of the project
- foster a capacity for ongoing self-evaluation
- address some broader policy and ideological issues concerning the partnership between the arts sector and the mental health sector

Approach and methodology

The main methodological tool employed was *qualitative* in nature. Participant observation (with ethnographic elements) and semi-structured interviews were employed to examine all individual components of the project. Applying a qualitative approach in the Arts + Minds research was considered appropriate and compatible with the ethos of the project as this approach is concerned with how people understand a certain topic, in this case the impact of the arts in mental health care. The strengths of the qualitative approach are:

- Researching people in natural settings
- Achieving a greater understanding of the respondent's world
- Stressing interpretations and meanings
- Humanising research processes by raising the role of the researched, allowing higher flexibility
- Presenting a more realistic view of the world (Sarantakos, 1998, p.53).

As data was collected from the standpoint of the participants, 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.

Furthermore, as the researchers were actively involved in the arts workshops, the research is also informed by elements of ethnographic research and participant observation. This is "*a distinctive qualitative research strategy which enquires into social life and behaviour through first-hand intensive observation in naturally occurring settings; such research is also participant insofar as the researcher ...constitutes the primary research tool, participating in social activity in order to gain a close and unforced understanding of people's lived experience*" (Hall in Shaw & Gould, 2001, p.51). Using methods of participant observation, the researchers partook in both music and animation workshops where they introduced themselves, explained the aim of the research and actively participated.

Evaluation data

The data for this evaluation consist of:

- Documentation and literature pertaining to the project's aims and objectives. This included; broad review of documentation relating to the 'operational environment' (e.g. *Vision for Change, A Vision for a Recovery Model in Mental Health Services, A Recovery Approach within the Irish Mental Health Services*) in order to locate the project in the broader context of service provision trends; and a literature review on the areas of arts in health and mental health, social inclusion and recovery approaches in mental health.
- Personal/group interviews with service users. The research was largely focused on the way participants described their experience of participating in the arts workshops
- Personal/group interviews with the staff team, some of whom are also members of the A+M Subgroup and Steering Group
- Personal/group interviews with contributing artists

The following table presents the interviews with A+M participants and mental health staff by project and location. Interviews were held with five out of a mean average of ten participants of the *Éist Agus Faire* project in Cúnamh Day Hospital/Centre.

As the South Lee Mental Health Unit is an acute setting, there was high turnover

of participants over the eight weeks of the A+M *Flow* project. Interviews were held with a total of twenty-one participants of the *Flow* project. Finally, all nine participants of the *Unfold* project in each site were interviewed.

Table 2: Arts + Minds Research Project

Interviews by location

location	service users	staff	total
Cúnamh Day Hospital/ Day Centre Macroom <i>Éist Agus Faire</i> project	5	3	8
South Lee Mental Health Unit <i>Flow</i> project	21	4	25
Crawford Art Gallery <i>Unfold</i> project	9	2	11

Ethical considerations,
informed consent

The engagement of the researchers with the service users - interviewees in order to establish a trusting relationship is of crucial importance. The researchers were introduced to the participant groups as part of the Arts + Minds team. The consent was a continuous process. An explanation of the evaluation was given to each interviewee, outlining the reasons for the research and consulting them on the process. Recording methods and confidentiality in relation to data presentation were explained. All participant interviewees signed a letter giving permission to record their experience of the project. All interviewees agreed for the interview to be recorded with the use of a digital dictaphone. To protect confidentiality, data generated from the interviews with participants is presented using anonymous direct quotes to illustrate themes such as 'connecting with self and others', the transformative potential of fun', 'confidence-building', and so on.



Unfold animation project

CHAPTER 2 LITERATURE REVIEW

This chapter discusses literature in the areas of arts and health, and mental health. The first section defines the concept and practice of creative/recreational therapy. The term ‘the arts’ is not used in the Irish mental health policy document *A Vision for Change* (2006); however a term that *is* used - ‘creative/recreational therapy’ - is commonly understood to encompass the arts. This chapter also considers the concept, guidelines, values and outcomes of good arts and health practice. The distinction between arts and health practice and the art therapies is also explored. The final section of this chapter focuses specifically on arts practice within mental health care settings.

A Vision for Change

Defining creative/recreational therapy

Irish government policy on mental health is outlined in *A Vision for Change* (Department of Health and Children, 2006). The publication of *A Vision for Change* was “in response to a widespread felt need” for developing a broader approach to Irish mental health service delivery (p. 5). This policy has made recommendations for a person-centred, holistic, recovery and community-based mental health service. To deliver this model of mental health care effectively, *A Vision for Change* (2006, p. 79) recommends an integrative multidisciplinary approach consisting of “input from psychiatry, nursing, social work, clinical psychology and occupational therapy, and clinicians with specific expertise - for example addiction counselors, psychotherapists, creative/recreational therapists”.

The term ‘creative/recreational therapy’ is not clearly defined in *A Vision for Change*. One way of defining creative/recreational therapy is through reference to the Oxford English Dictionary. The Oxford English Dictionary (2005) defines ‘creative’ as “involving the use of the imagination or original ideas in order to create something” and ‘recreational’ is defined as an “enjoyable leisure activity”. ‘Therapy’ is explained as a “treatment of mental or emotional problems by psychological means” or “intended to relieve or heal physical disorder”. We can also define creative/recreational therapy by looking at the context of its practice. For example, recreational therapy is defined by the United States Department of Labor as a

profession of specialists who utilise activities as a form of treatment for persons with disabilities or illnesses through “using art and craft, animals, sports, drama, dance and movement, music, community outings” for improving the physical, social, cognitive or emotional well-being (Bureau of Labor Statistics, U.S. Department of Labor, 2010/2011).

Arts and Health

What is Arts and Health?

Arts and Health is a broad term that embraces a range of arts practices which bring together the skills and priorities of both arts and health professionals. For the Arts Council of Ireland, “good arts and health practice is characterised by a clear artistic vision, goals and outcomes. Alongside these, it aims to promote health and well-being by improving quality of life and cultural access in healthcare settings” (Arts Council, 2010, p. 4).

Arts and Health practice takes place in hospitals, residential units, daycare centres, primary care centres and community settings, as well as in arts venues. It can involve health service users of all ages and abilities, their carers, visitors and healthcare staff. It can also involve any artform or any genre within a particular artform¹.

Distinction between Arts and Health practice and the Arts Therapies

The Arts Council of Ireland makes a clear distinction between “*Arts and Health practice, where a key goal is the experience and production of art, and the Arts Therapies, where the primary goal is clinical*” (Arts Council, 2010, p. 5).

Arts + Minds also make a similar distinction. As outlined in chapter 1, Arts + Minds aim to enhance the health and wellbeing of project participants through engagement with and participation in the arts, and to facilitate service users

1. The Arts Act 2003 defines the arts as ‘any creative or interpretative expression (whether traditional or contemporary) in whatever form, and includes, in particular, visual arts, theatre, literature, music, dance, opera, film, circus and architecture, and includes any medium when used for those purposes.’

to participate fully in the cultural life of their community. The group work in partnership with professional artists and arts organisations, mental health staff and service users, in order to achieve this. The focus of this work is on the experience and production of art as part of a broader, person-centred, recovery approach to mental health care. This process can have a therapeutic affect but it is distinctly different from art therapy as it involves creative rather than clinical goals.

Arts + Minds acknowledge the valuable work undertaken by arts therapists who have been working within the mental health care system for many years, and the potential that exists for shared learning and collaboration between the two approaches. See appendix 4, p. 54 for further information about the distinction between Arts and Health practice and the Arts Therapies.

Arts and Health practice guidelines and values

In 2009, HSE South Cork Arts + Health Programme and Waterford Healing Arts Trust the commissioned the Centre for Medical Humanities at Durham University to develop a series of guidelines for good practice for artists and health professionals engaged in participatory arts/healthcare practice. Participatory healthcare practice is a term used to reflect a way of “*working ‘alongside’ service user participants, who in many cases are involved in planning, development and in some cases, evaluation of projects, together with project staff*” (Goldie, 2007, p. 14).

In summary, the guidelines are:

- **Participants come first:** Practitioners of participatory arts and health recognise the wellbeing of participants as paramount. They remain primarily attentive to this, irrespective of the arts activity’s context, delivery, development and evaluation.
- **A responsive approach:** The practitioner always attempts to draw out the creative potential of participants, challenging and motivating them whilst exercising professional judgment on the reasonable expectations from the activity.
- **Upholding values:** collective creative process is generated through the building of mutual trust between participants and practitioner, which generates a commitment from everyone involved to learning and experiencing together.

- Feedback and evaluation:

Practitioners recognise the importance of quality evaluation and their duty to contribute to it by encouraging honest feedback from themselves, participants and other staff.

- Good management and governance:

Practitioners commit to an ethos of good practice and adhere to the policies, protocols and ethical procedures of the organisations supporting the work, and of the institution or setting where the activity takes place (Centre for Medical Humanities at Durham University, Waterford Healing Arts Trust & Health Service Executive South (Cork) Arts + Health Programme, 2009, pp. 6-11).

In addition to the best practice guidelines outlined above, the Arts Council of Ireland developed an *Arts and Health: Policy and Strategy* in 2010. This document lays out its key values underpinning the approach to arts practice in the Irish health care settings. Below is the summary of these values:

- A long-term strategic partnership and planning process across arts and health sectors
- Integration of good quality arts and health practice into the healthcare environment, which is planned by artists, service users, their carers and healthcare staff.
- Arts and health practice is committed to ongoing review of its directions/ purpose/process, and practice is evaluated.
- The wellbeing of participants is paramount throughout all stages of arts delivery and each participant’s contribution should be valued (Arts Council, 2010, pp. 7-8).

Arts and Health - outcomes

Staricoff’s (2004) research report ‘*Arts in Health: A Review of the Medical Literature*’ published by the Arts Council in England includes 385 references to studies relating to the effects of the arts in healthcare. The report highlighted different areas where the arts can play a role, including positive changes in clinical outcomes; improving communication between staff and clients; reducing drug consumption and shortening length of stay in hospital; improving mental health care, and developing practitioners’ empathy across gender and cultural diversity (Staricoff, 2004, p. 10). These findings are in line with the Irish Arts Council (2003), which produced a report entitled ‘*Arts Health Handbook: A Practical Guide*’.

This report suggests thirty different potential benefits from arts in healthcare settings. Below are the key points related to the benefits of arts and health.

Service user:

Increased well-being / self-confidence, capacity for creative / critical thinking skills, developing a new talent

Staff:

Improved working environment, stronger sense of community, increased creativity, enhanced awareness / appreciation, better understanding of both service users and staff as individuals

Artist:

Artistic / personal development, diverse audience / increased public understanding and appreciation of the arts

Community:

Reduction in sense of intimidation or alienation from a public service, increased sense of ownership of a healthcare centre

Healthcare centre:

Reduction in stress within workplace, positive experience of the healthcare environment (Arts Council, 2003, pp. 19-20).

Conversations in Colour (Russell, 2007), evaluates a year-long arts programme in five West Cork Community Hospitals. The data indicated similar findings to those outlined above.

An interesting finding was highlighted in an Australian study on arts participation in relation to the participants' experiences of art facilitators. These study findings showed that participants viewed the role of facilitators as important in the way art sessions were provided. For example, participants appreciated a facilitator who "offers choice and freedom, as well as opportunities with materials to expand one's potential... provides[d] guidance with skill development, yet is flexible to individual needs... encourages clients through their recovery journey by providing a sense of trust, openness and support" (Van Lith, Fenner & Schofield 2011, p. 655).

Previous Research

There is a growing body of evidence on the benefits of the arts for people experiencing mental health difficulties. Staricoff's (2004) study, mentioned previously, cited 385 peer-reviewed medical papers published between 1990 and 2004. This study highlighted the benefits of engagement with the arts (in this case creative writing, poetry, theatre, drama and visual arts, dancing/singing and music) for mental health service users:

- It improved the communication between service users, staff/service providers and family
- It stimulated participants' creative skills and enhanced self-esteem
- It facilitated individuals to discover new ways of expressing themselves (Staricoff, 2004, p. 8).

These findings are in line with two Irish reports, (i) *Music in Healthcare/Mental Health* by Moloney (2005) and (ii) *Ceol Le Cheile: Music Together* by White (2008). Both reports document the experiences of service users, staff and artists who were involved in music projects in a diverse range of mental health settings in Cork City and County. Study findings show that the music projects had considerable personal, interpersonal, professional (for staff) and artistic benefits for service users and staff. For example, Moloney (2005) concluded that the music workshops had a positive impact on service users' mood, self-confidence, concentration and perseverance; the positive experience created hope for the future and a sense of community, it increased communication skills, and participants learned new skills. Staff and artists benefited from professional development, discovering new skills or new challenges and realising new ways of communicating with service users. These findings share similar outcomes with a different Cork-based music in mental health project (White, 2008). This project took place in five mental health settings including inpatient and community care. This study also confirms that for staff being part of the workshops "it empowered them to engage with patients in a new way and complemented clinical intervention" (White, 2008, p. 13).

Stigma and social inclusion

Further studies suggest that arts participation can reduce the stigma and social exclusion experienced by individuals with mental health needs and their families (Parr, 2006b; Hacking, Secker, Shenton & Spandler, 2006; Stacey & Stickley, 2010). For example, Parr (2006a) interviewed 30 mental health service users

The arts in mental health

This part of the report discusses study findings on the contribution of arts in mental health. This section draws on a variety of studies to establish a rich and broad range of key findings.

(referred to as 'project artists') and 5 paid project staff of two Scottish community arts projects - *Art Angel* in Dundee and *Trongate Studios* in Glasgow. In this study, the project artists identified a range of social benefits deriving from the arts projects. Some people described as a benefit the expansion of their wider social network which had *"a positive effect on my immediate circle. You know, the stone in the water effect. It ripples out, the effects on family"* (Parr, 2006a, p. 24). Others spoke about enhancing their self-esteem through having access to a weekly structure or routine, peer advice, acts of reciprocity, arts talk, networking with other artists or attending exhibitions. This led the researcher to conclude that both these community arts projects provided stability in participants' lives and contributed to the individuals' ability to relate to and communicate with others, which decreased their experiences of social isolation (Parr, 2006a, p. 25).

Another study by Secker, Hacking, Spandler, Kent, and Shenton, (2007a) focused on participatory arts projects in England for people aged 16 to 65 with different levels of mental health needs, using questionnaires and case studies. The quantitative part of this study showed statistical improvements in empowerment and social inclusion after six months of participation. The case studies included six diverse arts projects, and 34 participants were interviewed about their journey through the arts project. Some participants demonstrated experiences of feeling socially included. One comment by a participant was: *"It's [being part of an art project] taught me a lot that I can interact with people... I've had friends and family saying to me that they've seen the differences. I'm responding to the world differently... I wouldn't have touched a course in the community, it's still a barrier to me but I'm making the circle bigger so it's positive... it's making the safety zone bigger"* (Secker et al. 2007a, p. 35).

The findings by Secker *et al.* (2007a) concur with a different study that explored the role of arts participation in mental health services (Goldie, 2007). This study's findings indicated that arts participation provided a link to connect with other opportunities within the community. However, connecting with the wider community also poses some risks. Parr (2006b) argues that locating mental health service users in a mainstream artistic and cultural community contains the possibility that their contribution may be less understood or appreciated than in a protected mental health setting.



Personal development

Numerous studies exploring the benefit of arts participation have concluded that participants with different mental health needs experienced increased levels of empowerment (Hacking, Secker, Spandler, Kent and Shenton, 2008), improved self-esteem, greater confidence, and generation of a clearer-self image (Goldie, 2007, p. 23).

Similarly, a study by Van Lith, Fenner & Schofield (2011) in Victoria (Australia) concludes that creative activities enabled participants to take greater control of their lives, resulting in feeling stronger, more confident and more capable of taking control of their recovery. One participant reported that *"[i]n art making I become an active participant in taking charge and transforming my life"* (p. 656). Likewise, in a study that explored how arts mental health projects may facilitate a recovery approach, one participant explained, *"[i]t's actually given me back in my life some ambition to do something. Which is something that had been absent for a very long time"* (Spandler, Secker, Kent, Hacking and Shenton, 2007, p. 794).

General wellbeing, quality of life and new coping strategies

Literature also indicates that art participation promotes individuals' general wellbeing, quality of life (Arts Council 2003; Bungay & Clift, 2010; Goldie, 2007; Hacking *et al.* 2008; Moloney, 2005; 2007; White, 2008) and provides a medium to explore and understand feelings in developing alternative coping strategies when dealing with distress (Spandler *et al.* 2007; White, 2003). To capture the personal experiences of health benefits, below are some direct quotations taken from different studies:

Art making gets me into a routine of doing something productive and a reason to get out of bed which assists in creating a balanced life... [a]rt making is fundamental to bringing joy, pleasure and a sense of fun (Van Lith, 2011, p. 656).

It helps that creative bit and that motivation bit, because the motivation with depression is obviously another symptom ... It's given me something to motivate me, to a better quality of life than just being ill (Secker *et al.* 2007a, p. 35).

If you have anxiety you are tight in your body ... in a relaxed mental state you can manage your pain and put less pills in (Secker *et al.* 2007b, p. 54).

Its sounds corny, but it's like a kind of magic [you] go into a sort of trance and I think it's a fantastic thing when it happens. It doesn't always happen ... but for me it was a way of getting out of depression (Parr, 2006b, p. 156).

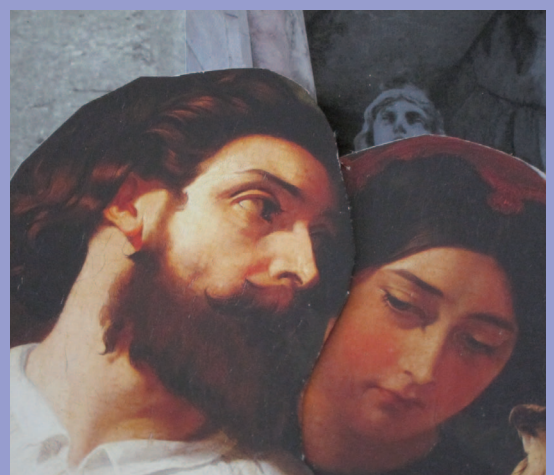
HE+ART a Participatory Arts and Health Strategy for Sligo 2007-2012 evaluates three local arts programmes including (i) the Intergenerational Programme, (ii) Working Creatively with Older People Programme and (iii) the Arts Initiative in Mental Health (Moloney, 2007). The Arts Initiative in Mental Health was carried out in six mental health settings. The findings indicated that participants found that arts participation made them happier, more positive, content and relaxed. Participants also spoke about having a sense of fun and they demonstrated more interest in art and new abilities (Moloney, 2007, p. 12).

Arts on prescription

A study undertaken in England is based on a practice approach called Arts on Prescription (AoP) (Eades & Ager 2008). The concept of AoP refers to a type of social prescribing, meaning *"a mechanism for linking patients in primary care with non-medical sources of support within the community"* (Friedli, Vincent & Woodhouse, 2007, p. 11). In other words, social prescribing is a referral process whereby GPs and staff in the social/health or voluntary/community sector, refer people with mental health difficulties (depression/anxiety) to an art service for additional support in their recovery. Self-referral is also an option. Generally speaking, AoP programmes are available throughout England and they provide a wide range of art activities. The three key benefits to AoP programmes' participants have been identified as: (i) improving mental health outcomes for individuals (ii) improving community wellbeing and (iii) reducing social exclusion (Bungay & Clift, 2010). Based on this AoP framework, a study found that *"64 per cent of the participants had greater self-confidence/self-esteem"* and one of the participant reported: *"I feel more relaxed about being myself in front of other people instead of just retreating into my shell"* (Eades & Ager, 2008, p. 65).

However, there has also been some critique of AoP programmes. The term 'social prescribing' has been criticised for its medical connotations and an alternative term 'community referral' has been suggested (Friedli, Vincent & Woodhouse (2007, p. 5). The referral process is another area of concern because not all professionals refer their clients to the programme. For example, in Nottingham (England) between 2008 and 2011, ten per cent of individuals were referred through primary care (e.g. GPs, public health nurses), fifty nine per cent by secondary care (e.g. acute care), twenty nine per cent by the voluntary sector, and ten per cent were self-referrals (Stickley, Hui & Duncan, 2011, p. 27).

In conclusion, arts practice in mental health settings has demonstrated a variety of positive outcomes for people experiencing a range of mental health difficulties. There is evidence that engagement with and participation in the arts can contribute to the general wellbeing of mental health service users, can enhance quality of life and combat stigma and social isolation. Furthermore it can improve or open up communication between service users, staff, family and wider society. Participation in the arts offers an opportunity for learning new skills and abilities and it has the potential for contributing to the process of recovery. The next chapter explores the experience of arts participation in the context of the Arts + Minds Research Project.



CHAPTER 3 RESEARCH FINDINGS

This chapter is based on the fieldwork undertaken as part of the Arts + Minds Research Project. Findings are discussed in two parts. Part 1 considers research findings on how participant service users, mental health staff and artists experienced arts within: their agency context, the recovery approach underpinning mental health care and care planning. Part 2 discusses primary research findings on the impact of the Arts + Minds project on participant service-users (micro-level) and mental service and community culture and structure (mezzo and macro levels).

Experiencing the operational context

The first two chapters provided an overview of the operational context of the Arts + Minds Research Project as well as a discussion on the conceptual, policy and practice frameworks within which the project emerged. The purpose of this section is to consider how these various contexts and concepts have been experienced and understood by those involved in the A+M research project.

Experiences of the agency context

The research project took place in a diverse range of mental health settings (acute inpatient care, day care, community mental health), and project participants had a different range of experiences of the mental health system. These experiences varied from long-term engagement with and intense support by mental health services to first admissions and a minimum level of support at a community level.

It is not the purpose of this discussion to consider how people's diagnoses are affected by or affect their experience of the arts workshops. On the contrary, this research has found that the arts in mental health are a tool to move beyond diagnosis and to recognise people's multiple skills which are often lost when they become 'patients' in a mental health service.

However, when discussing people's experiences of art workshops we need to consider the service context where these experiences took place. In this regard,

it is still relevant to highlight and acknowledge the difference between living in the community and being an inpatient - the latter still being for many an experience of institutionalisation.

Institutionalisation is not necessarily a theme of the past, or a product of long-term inpatient care. People who are in inpatient care for a short period of time can also become institutionalised if they feel they have little choice or control over the structure of their day and their life in general. As a study participant put it, it is not life as we know it: *"There's people stuck in here [hospital] and the night time is long and you know all they have is cigarettes, that's all they can look forward to, they can look forward to a cup of coffee coming out, everybody is queuing, you see the cycle in here is just amazing, the timing, it's just like I suppose like cattle... it's not normal, it's not life as I know it you know people, but it's – they're doing it – it's something to look forward to I suppose".*

A common denominator for the majority of participants was social isolation, the lack of meaningful activities and boredom. While this was particularly evident in the inpatient 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 Arts + Minds workshops was particularly appreciated by service users in both acute and community settings.

The lack of stimulation was a shared concern among many participants in the inpatient setting who said the main activity was watching television and smoking. *"You know I've been joking with some of the other patients and we were saying like 'if the depression doesn't kill you in here the boredom would', because you know it **has** been boring you know, the weather hasn't been on our side either".*

... "and you know apart from the television or whatever there's really nothing to do here".

"A day in here feels like a week, it's long, it's tough, that's being honest".

Participants talked extensively about the need for more activities, such as art workshops, to be available throughout the year. Weekends were a particular concern for many inpatient participants; various therapies and activities are not available during that time and people experience weekends as a long and lonely time.

Experiencing arts as part of a recovery approach to mental health

“Art is an option of care, and, as part of the recovery process, it takes the focus off the illness and the medical aspect of treatment” (staff member).

As discussed in chapter one, the Arts + Minds Research Project took place within a changing policy, and possibly even a changing culture, in mental health care. Through a recovery approach and a recognition that we need to look at mental distress beyond biomedical understandings, it has become possible to introduce the arts as part of the activities offered in various mental health settings. As another staff member said, *“You know with the recovery mode,... we’re really not talking about illness...I don’t even think of what illness they have at the moment, I’m more thinking recovery, holistic, I’m thinking of...quality of life...”*

Project participants also articulated how they can now access a broader range of supports, in a broader range of locations.

“In the 80’s my only contact [with services] was a depo injection once a month now I am involved in 3 groups... there is camaraderie. You can tell people how you feel I can be myself I socialise more”.

“I feel in the last two years, since all of these groups have started, it’s made it so much easier. Like I would be going mad if there was nothing happening in the next six months”.

Through exploring how project participants, staff and contributing artists experienced the recovery philosophy underpinning mental health care, this research identified the following themes:

Changing attitudes in service provision

Art as part of a partnership approach

Art as empowerment rather than therapy

Devolution of professional power

Changing attitudes in service provision

Staff and artists involved in the project recognised that mental health service staff have gradually become more appreciative of creative and recreational activities. This is evident by their willingness to participate actively in workshops, whereas in the past they would have been more *“inclined to stand on the edge and look in”* (Arts + Minds artist). For example as one artist argued, *“over the last 5 years staff look at art more positively they are also getting involved in workshops: I think staff are more accepting of it... They’re very open to you coming in and I think ...once they realise we [artists] have specific objectives that we want to achieve as well, they’re very open to what we do and encouraging to the groups, and will get involved... when they come into a group session they’re much more willing to get, you know, to pick up an instrument and get involved....”*. While this quotation refers to nursing staff, artists also identified an appreciation of the arts among a number of consultant psychiatrists who, over the past few years, have attended and “really listened” to presentations about music and spoke about the importance of these creative activities.

Making the arts an integrated part of mental health care requires an appreciation from the multidisciplinary team. However, some staff members identified resistance in the multidisciplinary teams towards recognising the arts as an aspect of care planning. As one staff member put it, *“...and it’s hard, it is hard to get other colleagues to take it seriously... there’s no doubt about it”.*



Arts + Minds music workshop

Art as part of a partnership approach

Arts + Minds is a product of a partnership between various and diverse stakeholders with an interest in both arts and mental health. This was seen as a strength by most staff and artist interviewees, as *“having different settings and stakeholders demonstrating an appreciation of arts in mental health makes the argument stronger, they can see the potential of all different arts [in mental health care]”* (Arts + Minds artist).

The value of this diversity was also stressed by a staff member who said *“... you have a group of different professions, you have a group of different ideas that bring different skills, it brings people that are good at something and not so good at other [things], it gives a greater sense of going to another powerful body and being recognised and given time and resources, it can produce educational data. It can produce research. It can produce fun. It can produce the music. It can answer to the needs of the community and the people”* (staff).

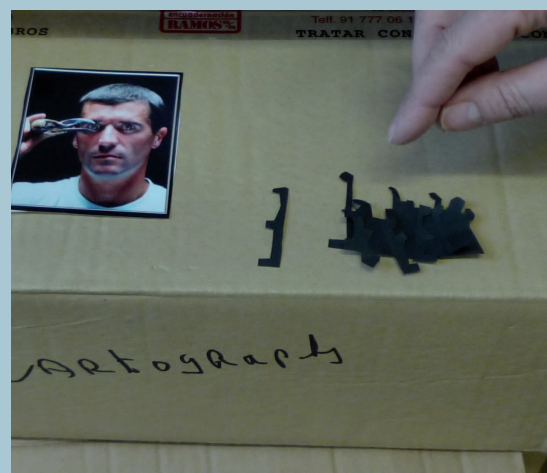
Mental health staff were particularly appreciative of community development and service user contributions to the project. These contributions were considered to provide a new, broader (than the mainly medical) perspective, *“something that makes you look at the problem in a totally different way”* (staff member on community development). *“And then we, we’re looking at things from a community perspective but then maybe somebody else is looking at it from an inpatient perspective”* (staff on service-user input).

Art as empowerment rather than therapy

This partnership approach gives a different tone to the various activity groups which are more about empowerment rather than therapy. This was a distinction made by all contributing artists who stressed the importance of moving beyond the mental health diagnosis to work towards creative rather than clinical goals. As one artist stressed, *“the idea of the partnership, the idea of the groups are...hopefully about empowerment.... we don’t enter the groups as therapists...we can have musical objectives and creative objectives but we’re not going with clinical goals”*.

Mental health staff also made the distinction between arts and art therapy. As one person said, *“in art therapy you have depth of exploration while arts in mental health provide a broader spectrum of artists and art form. It is not art therapy”*. Staff also identified arts as something that offers people *“a choice, it offers them an alternative not necessarily another treatment”*.

In arguing for the value of arts in their own right, as opposed to therapy, one staff member spoke about the importance of moving away from a ‘fixing culture’ in mental health care and recognising the opportunities to consider a ‘breakdown’ as a ‘breakthrough’. *“Maybe it [art] helps ...to realise that there are no answers and that people don’t need to be fixed... trying to fix someone else can be, for me, a bad job because I have not got any power or ability in fixing other people and sometimes a breakdown can be a breakthrough”*.



Unfold animation project

Devolution of professional power

Changes towards a recovery approach to mental health have also contributed to some service users feeling more 'in control' over their treatment and life. It is important to note, however, that these changes were mainly identified by interviewees who live independently in the community and describe themselves as 'being well' at the moment.

*"... it's getting **way** better. There's loads of work to be done still...in the past I would have had dealings [with services] when I was unwell, not in hospital but just unwell, where my family were taking the reins or a doctor was taking the reins, and almost collaborating without me even being there. That still is happening but I think... there's a lot more input from a patient now. And that... being labeled with depression or mental health of whichever form, it's not necessarily for life"* (A+M participant).

Participants also recognised the importance of the multidisciplinary team in improving communication and making more resources available to service users. As one participant said, *"the psychiatrists and the psychologists have less and less to do and that the nursing staff and all the other staff available to you, like the social services make **huge** contributions to us. Since they [other staff] took an active role and it's actually out of consultants' hands a bit, there's an awful lot more communication"*



Arts + Minds music workshop

Mental health staff also identified changes in their own practice regarding user-involvement. As one staff member said, *"I think the attitude is shifting that people have choices I think that consultants, nurses, and multi-disciplinary teams become more open to the patients having a choice"*.

Through engaging in a different relationship with service users, mental health staff also have the opportunity to re-evaluate established ways of working.

For example, one staff member reflected on the changes in her thinking and practice: *"...I come from, a bit old school...because I don't want to admit that, but I did feel it wasn't a partnership [before], do you know? So it was very much like 'this is the care plan it's written on the care plan' - da, da, da, da - and I did it myself and then sometimes they signed it, sometimes they didn't, but that was it. I didn't really ask them 'what do you want?' But they didn't tell me what they wanted either, that's the way it was. So that has changed completely, and they are looking for something broader. They're not prepared to just have medication ad-hoc and no more. Community service...now they are looking for more and more"*.

Culture and ideologies underpinning mental health care play a vital role in this discussion. In evaluating the contribution of arts in mental health care, we cannot ignore the tensions between art as a form of creative expression and mental health care which, because of the dominant biomedical focus, has not traditionally encouraged creativity of expression. While a detailed analysis of such tensions go beyond the scope of this research, it is important to acknowledge them. A meaningful partnership between the art sector and mental health services is not simply a technical measure but will also require a fundamental change of culture in mental health care. This research attempts to identify some of the ingredients of this cultural change.

Participants' Experiences of Care Planning

This study does not aim to provide an in-depth examination of care planning in mental health. Nevertheless, as the research project was originally intended to examine the possible incorporation of arts into care planning, experiences of care planning by participants, staff and artists merit some consideration.

The research found that the participants' degree of understanding the concept and practice of care planning was mixed. When asked about care planning, many interviewee participants initially said that they did not know what it meant. The question became clearer with probing, for example asking whether people had a key worker, as this was a concept with which most participants were familiar. However, for many it was unclear whether care planning and meetings with a key worker were the same activity. As a general observation, people who had had a long involvement with mental health services (i.e. over 10 years) seemed to know less about care planning compared to people who had engaged with services over the previous 3 to 5 years. Furthermore, the extent to which arts were considered to be part of a care plan varied significantly in the three research settings.

In examining experiences and understanding of care planning, the evaluation study identified the following key themes:

Content

Frequency and duration

Shared decision-making

The arts in care planning



Arts + Minds music workshop

Content

"They just kind of ask you, they ask you if you all right. They ask you if you have any problems and if you have you can talk about them. That's it really". There were considerable differences in the experiences and articulations of care planning between participants in acute and community care.

For example in inpatient settings, medication management was a dominant feature of care planning. Some people talked about seeking 'privileges', such as access to their clothes and permission to go outside the hospital ward, as part of their care plan. Others saw care planning as a list of tasks instructed by staff... *"they say 'did you brush your teeth?' If you say you didn't they say 'brush your teeth every day, change your socks every day, have a shower every day, change your clothes every day, do the washing up. Do a bit of gardening a bit of painting'"*. For one participant in acute care, care planning was an opportunity to make plans for their discharge from hospital, and to look at important practical issues such as finances and social welfare needs.

Others viewed care planning as an opportunity to 'come to terms' with their condition. For example, one person spoke about care planning as being a space to 'make sense' of his condition and to think about how best to respond to it. Another participant spoke about how through care planning he was able to open up to his family about being in hospital. Practical considerations, such as welfare and housing needs, were more part of care planning in the community - *"the key worker has an ear to the ground about what life is like for somebody with mental illness the practicalities the psychiatrist would like to know about medication there is more to life than medication"* (A+M participant).

Frequency and duration

The frequency and duration of care planning meetings varied significantly. Based on participants' feedback, care planning meetings took place more regularly in acute care. However, the frequency of these meetings varied; for example, one participant said that she met her key worker on a daily basis while others said that they had not met them for over two weeks. What is important to note is that for many participants it was not clear whether they referred to meetings with the key worker or to care planning sessions. As discussed

earlier, this is a question of clarity about what care planning actually is.

One participant spoke about being introduced to a care plan on admission but not having met a key worker since then, which was 2 ½ weeks previously. *“I’ve come in, on the night I was admitted they had the care plan that yes I would take part in the therapies, and speak to nurses, and you know comply with medication and things like that, so that’s obviously ongoing but there hasn’t been any discussion since...”*

Staff availability for such meetings was seen as a key aspect of care planning by many participants. This is a concern particularly in inpatient settings, and service users talked about how they appreciate being approached by a key worker rather than having to seek them out themselves. One interesting point was made about the need for key workers to have ‘protected time’ to spend with service users: *“I suppose if we had a key worker to approach us when they had time, that they’d have protected time to approach us I suppose is what I’m getting at”.*

One person who was approached by a staff member said *“...I know they’re just extremely busy in there you know, it’s very hard to get somebody, but I found that this nurse was kind of you know – she goes looking for you, and she’ll find you, just to give you that five minutes, she’s following – she followed up my medication wasn’t organised the day the doctor put it up and I explained it to her that night and next day she’d seen to it I suppose and sorted it... it’s nice just to have that”.*

It is interesting that a number of participants commented on the lack of resources as an explanation for the limited availability of staff. *“What I would miss would be that I would have to have... a key worker to have more time to sit down with on a one-to-one basis... almost like a counselor... you know have some support and discussion along that lines, but the resources obviously aren’t there for that”.*

On a similar note, a number of interviewees spoke about the pressure staff are under (in acute care) and expressed a concern about ‘imposing’ on their time if they requested a meeting – *“...you can see that they are running around all the time you know”.* Despite the perceived time pressure on staff, most participants said they felt they could approach a staff member if they needed to.



Arts + Minds music workshop

Shared decision-making

The degree of user involvement in making decisions about their care differed considerably. The service context discussed earlier was an important factor in shared decision-making, with people living in the community feeling that they were quite ‘in control’ of care-related decisions. On the other hand, most participants who were in acute care said that decisions about their care were mainly in the hands of staff. Only one of the twenty-one service-users interviewed in acute care said that they made their own decisions. As one person said, *“oh, the nurse decides! We have no say in that”.* Another participant stressed, *“they kind of make suggestions on your life. They discuss medications as well... Well, the nurses.... They decide and I suppose, the doctor really decides in the end like”.*

For a number of participants in acute care, care planning was primarily about what they were ‘allowed to do’. *“And little by little, once my mood goes up a bit... I’ll be allowed to do more things”.* Another person said, *“at the moment no [I don’t have a say] I’m being told what, what is happening, eh, but, I reckon once I get a little bit better I’ll have a share in that”.*

It was interesting that some participants viewed the expression of a request as something sounding 'demanding' and 'irrational'. For example, when a participant was asked if they would feel comfortable to request changes regarding the art workshops, the response was *"well no I could not say - well - I could not go to [nursing manager] and say I want the music therapy tomorrow because I want to sing a song. I can't do that at all!"*

On the other hand, the adoption of a 'softer' approach to care planning was acknowledged by one of the participants who had been involved in mental health services for over 20 years - *"...they [staff] say 'would you do' this rather than 'do it' you know what I mean?"*

Changes towards more shared decision-making were more evident among people who live independently in the community. As one participant put it, *"when I go to see the psychiatrist – before...I used to just take everything at their word, that you need medication yah you take it – no – I'm absolutely opposite of that now – complete opposite. I think myself I have a very strong role to play in my recovery... I just don't allow them to give me a prescription... and I would say 'look I've been well for X amount of months, why isn't it being decreased rather than increased constantly' so, I think for those reasons I would **definitely** have to have a very independent say in things"*. This view was also supported by mental health staff working in the community *"...and they [service-users] have huge input into their care plan. What they want, what they don't want, and they get it and it's great"*.

Furthermore, this research found that people who live in the community experience more choice of therapies and interventions in care planning rather than exclusively relying on medication. Two participants particularly appreciated meeting a diverse group of staff in the community (for example one person's key-worker is an occupational therapist). The same people also valued 'normal' community spaces for meetings with mental health staff. Meeting in the service user's home, a pub, a café or a local HSE office helped to reduce the stigma, according to one participant who said *"it doesn't feel that you're in a mental health ward or the stigma that goes along with it and so this to me is like an office that I can...[making reference to a community based HSE office] be anyone"*.



World Mental Health Day 2011, Crawford Art Gallery

The arts in care planning

None of the project participants spoke explicitly about arts being part of their care plan. While participation in the arts workshops was greatly appreciated by the service users involved, it was mainly perceived as an 'extra bonus' rather than as an integral part of their care plan.

As already discussed, this is not a surprising finding. This needs to be understood within the long-established culture in mental health care where medication remains the key care provision and where additional activities, while starting to be more appreciated, remain peripheral to care planning.

Mental health staff stressed the importance of having a wide range of resources to respond to the needs and interests of service users. As one staff member said: *"The more variety you have the more service users you will catch in the net and... that... things won't go stale from doing them over and over again...people want to be careful with not to be doing the same things all the time"*.

Mental health staff also stressed that including the arts in care planning creates more options beyond purely medical responses. For example, one staff member said that *"not everything should be medically orientated... [art is] a non-threatening, non-invasive [activity] and it's a great communicator, socialising factor"*... Another staff member concurred with this view by stressing that *"... it can't be all about medication it's very much the social side of it and I suppose intellectual as well for the client"* On a similar note, another staff member said that *"[art*

is] as important as the medication as the counseling ... The service users love it. I mean I have seen them absolutely blossom since we have got involved”.

Staff also noted a significant reduction in the frequency of outpatient appointments (e.g. from fortnightly to two-monthly) among people who participate in community art projects as they can find support in other places through engaging in activities which are meaningful for them. As one staff member argued, “...you know, and it's not as reliant on the nurse ...or on the psychiatrist again, that they have found something that they like...”

The artists in this study stressed the significance of the arts in care planning as part of a package that enables people to deal with their mental health difficulties. An important opportunity provided through art is to see people in different roles, for example as a participant of a music workshop rather than a ‘patient’. From a care planning point of view, it is important for mental health staff to be aware of the impact of the arts on participants, for example to notice how less anxious a person can be at the end of a music workshop, or how they may interact well within a music session while not interacting outside the music group. It is an opportunity to look at strengths, talents and abilities which are often lost when a person is exclusively viewed as a ‘patient’.

The Impact of the Arts + Minds 2011 Research Project

This part of the report discusses service users’ experiences of their participation in the Arts + Minds Research Project. The first section outlines the participants’ motivation to partake in the workshops, as articulated by them. Then, the impact of the arts workshops on (i) individual participants (micro-level) and (ii) service/community culture and structure (macro and mezzo levels) is considered. The discussion is informed by interviews with Arts + Minds participants, mental health staff and contributing artists.

Motivation to participate and choice to continue the workshops

“It sounded good to me ...A reason to get out of bed at the start of the week” (animation project participant).

Many project participants spoke about the workshops being a way of dealing with boredom, particularly in

acute care, a reason to get out of bed, a way of improving their mental health

- “...you know, I suppose to reawaken the mind because I suffer from depression and the mind closes down and stops thinking. Just to you know become more creative and more sociable” (music project participant). Others were simply curious about the activities, while some participants also spoke about hoping that they would have fun. As one participant said: *“I hope after a session to be able to sit back and say: What a lovely evening we had!”*.

The idea of participating in an activity in the city centre was appealing to many participants of the animation project. *“I liked the idea of working in an art gallery, the atmosphere around there... it's right in the centre of the city”* (animation project participant).

Participants’ previous experience of art workshops was mixed. Most day care participants had previous experience of music workshops, had enjoyed them and knew what to expect. In acute care the experience was mixed. For many project participants it was a first or second admission, while others who had been in the service for longer had experienced less input from the arts in the past. Three of the animation workshop participants had done animation work with the same artist before and enjoyed it, hence they decided to participate again.

People’s perceptions of mental health care also affected their willingness to participate in the workshops.

For example, one person did not want to participate initially because of stigma and because of viewing such activities as ‘pointless’. *“There is a bit of a stigma attached to it and you know when you're not used to it and trying to come to terms with it or understand it ...so and that's why I kind of I suppose a bit ignorant maybe or I just didn't want to take part in some of the activities here. You know out of tiredness some days or just lack of interest or just feel probably that it's pointless”*.

This research found that, apart from enquiring about people’s motivation for joining the art workshops, it is also important to consider why people continued to participate in the workshops. Most participants spoke about staying in the workshops being their own choice, while one person who was ambivalent about staying in a group said: *“I haven't given up because [staff name] thinks it's good for me as occupational therapy”*.

Micro-level: impact of A+M workshops on participants

Project participants appreciated having choices in participating, walking in and out of sessions, engaging little or a lot with the group, introducing their ideas to the group, and changing their minds about participating. For example one person spoke about the music workshop. *"They've been asking me to go to it for weeks and ... I've been looking at them and saying like, 'how, how'. I knew I was going to be in here with a crowd playing instruments or whatever, I didn't know what was involved. I just thought it would be like putting a load of 4-years olds into a room and giving them saucepans and spoons banging you know, that was my perception you know – I suppose very ignorant but that's just being honest..."*

Another participant said: *"Yeah - I slowly but surely got drawn into it (music) which did not happen the last time. I think, I actually got up and left the last time. I found it very therapeutic today"*.

This was also confirmed by the artists who delivered the workshops - *"...if a person doesn't want to sing would they like to say a poem or would they like to use some other way of expression...And you know by the end of the group...it's not that everyone has to engage or, often for the first week people don't but then after two weeks or three weeks they engage a little more"* (Arts + Minds artist).

This brief conversation among project participants gives a good insight into the experience of having choices:

"And again that your opinion again very much counts. That if you do try out a class of 10 weeks and after the first or second you just say 'oh definitely not me at all' that you can just leave it to somebody else."

Exactly yah. And try something new if there's something else comes up, that's what I like..."

"Having the choices, [is] very important..."

All interviewee participants described the art workshops as a positive choice to have as part of their care. This does not mean however that *all* participants *always* enjoyed *all* the art sessions. Some people for example 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 Arts + Minds workshops.

"I think it's essential...I just think it's essential for giving people different things to get involved in, open your mind to different things, meeting different people, love the idea that there's men and women, love that idea, that it's not just one group of men or women, love diversity and things...as many different things that could be related to the arts as possible" (animation project participant).

"I think it's about - respect, dignity, views, alternatives, it [art] can give a person a sense of being freed up, a sense of being connected with the soul, their gut - their heart. [Arts] can ground people, it can take people out of sometimes the block they get into..." (staff).

Participants spoke about feeling good, enjoying themselves, 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.

While few participants mentioned the word 'recovery', the majority of interviewees spoke about arts facilitating the creation of an environment that is conducive to recovery by identifying the following themes:

Being part of a social community

..."it [arts] gives... a sense of not being cut off, it's integrated with our culture, the everyday stuff that they do in communities and the outside world..." (staff).

A+M participants, staff and artists spoke about arts as a 'care tool' to combat isolation. *"... [S]ocial isolation is the hardest thing to combat. And sometimes there's*

a tendency to say ok they're not ill so they don't need anything, you know, but social isolation is crippling. And I think that would be somewhere where the arts can certainly slot in and ultimately I would like to see some of our clients...moving into community dance groups or moving into community arts groups..."(staff).

For animation workshop participants, being located in an art gallery, a 'normal space' in Cork city centre was very significant as it was seen as a way of being involved in the community.

Again, this is a short conversation between two members of the animation group highlighting this issue:

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

"You're going somewhere different. It's – for anybody that's been in long-term mental health care it's absolutely – 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".

Community mental health staff also stressed the importance of meeting service users in a mainstream community setting and developing new relationships with them in a different context. This was considered a welcome shift from a pattern of care primarily involving home visits and referrals to outpatient services.

The symbolic significance of a community space was also articulated by the animation project artist who said: *"I think coming into somewhere like the Crawford Gallery and using this space is a really important part of it...it's inclusive in that way, and claiming the territory as well".*

The *Unfold* animation project involved a historic walk around Cork city, which was something that none of the participant service users, staff and artist had done before. It was a new shared experience for all and *"it opened up the city in a new way for all of us, and made it a more interesting place to be..."* (animation project artist).

A sense of a social community was also developed in both acute and day care settings through the music workshops, where participants spoke extensively about opportunities to 'be with' people in a fun, relaxed environment, to see 'patients' in a different light, to have a sense of belonging.

"The atmosphere is different, everybody is enjoying it its more relaxed it's separate from the hospital, it is out of the atmosphere in the hospital it's different it's separate from it..."

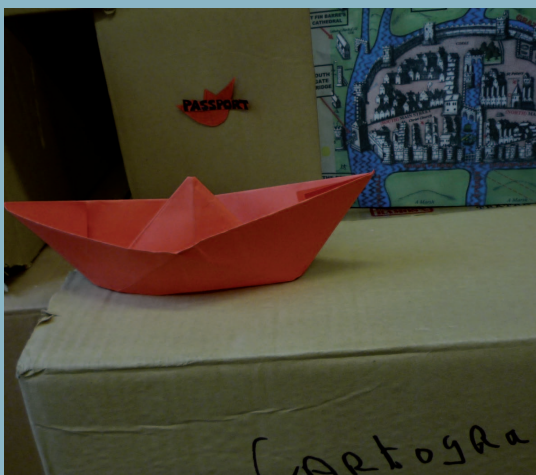
"Well it made me feel part of a group, belonging, accepted, you know as opposed to being scorned at, put down... it was good for me, it was good fun for my self-esteem I felt my confidence was better...I do get periods of giddiness ...but I am always afraid like that something is not going to last or that someone is going to take this away from me. I did not feel like this in the music today."
(music workshop participants)

Connecting with self, others and life; opportunities and challenges

A number 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"*. Another participant also spoke about how art *"...makes me think about myself, my life, my feelings"*.

Participating in the workshops was also a way for many 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. I like music, I listen to it a lot but I've lost interest in it lately and you know I just found that I was able to get a small bit of rhythm back in my own"* (music workshop participant).

Relationship building with others is also a 'real life' situation. This research found that art 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 share stories with... the music and the arts. You can tell your story in a sense and not be that big*



Unfold animation project

heavy kind of 'tell me about your life'..."

"I think this helps everyone to be together this is a good thing you know" (A+M participant).

As one artist put it, "it [music] is a way of establishing relationships with people who often find it very difficult to communicate with people...and the fact that it's non-verbal, again often it seems to happen without people realising, and... you see a totally other side to people. And you see a side where people have potential..."

Being part of the music group seemed to motivate participants to 'get on' with others in the acute setting. Many participants commented that, apart from smoking, there were limited opportunities in acute care for people to get together. Participants said it was easy to mingle in the music workshops as they felt it was a friendly, family-like environment.

"In what way does music enliven the hospital better? I suppose it brings kind of – more family orientated but more people get closer a bit you know, patients as well I think" (music workshop participant).

"It makes me feel interested in getting on with people... it's group therapy you know what I mean..." (music workshop participant).

"It [music workshop] helps me to link with other people... because I am a quiet kind of person" (music workshop participant).

"It's easy to mix with music...it's enjoyable to be with people when singing" (music workshop participant).

Mental health staff made similar observations on arts as a medium to enhance communication and interaction.

"I think one of the strengths of the project...is communication it's about connections – it's about more than just communications, it's like the unspoken" (staff).

"... a forum for people to interact and to develop- that's how I see music" (staff).

Fun and enjoyment were mentioned by many music workshop participants as ways of connecting with others. One person said "well I have a good craic I am looking forward to getting out - interact like. They mock me, I mock them. Its good fun like".

Another participant stated: *"I don't know being with a group, being with a group of people... it helps me relax a bit and when I play I kind of enjoyed it. It's like playing and I enjoyed all the people I am with, people singing singsongs. I enjoy it really more than anything else"*.

Seeing another side of people was also identified as a way of building relationships by getting a different perspective on people *"....surprised me – ...I was just looked around the room and I've seen you know other people kind of making an effort and you know I suppose just able to let go a small little bit then as well"* (music workshop participant).

In the *Unfold* animation project, people worked intensively in groups towards developing a story for the final product (animation feature). *"We were all on the same boatwe 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 project participants spoke about developing a sense of camaraderie and co-working skills. As a member of this group said, *"...the ability to do something, to co-operate is a skill that makes life easy"*.

The *Unfold* project artist also commented on the development of a collaborative spirit among workshop participants - *"... the teamwork just fell into place in a very fluent way, and it was never pointed out you're going to do this or you're going to do that, but people gravitated towards the things that they enjoyed doing and because they enjoyed doing them they were good at those aspects. So somebody who liked telling stories was the person who wrote the script, and somebody who liked technology was the person who did the computer, but at the same time people who'd never used the computer before, were also exposed to the opportunity to do that, and they were very focused, but very unpressurised way... I think teamwork was brilliant and having a bit of fun and a bit of a laugh as well, because things go wrong and they laugh, things go right and they laugh"*.

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 maybe I am not supposed to enjoy it"* (animation workshop participant). Another

participant spoke about not always enjoying the music workshops ... *"sometimes I don't [enjoy it] - it's not that I don't like people but sometimes I am kind of too depressed to... I don't know too nervous maybe to play sometimes or to sing"*.



Based on the discussion above, it can be argued that project participants were given opportunities to experience the benefits, limitations and challenges of 'being with others'. Through this experience people were given an opportunity to connect with 'real life' situations, an essential process in mental health recovery.

Changing interactions and perceptions

Mental health staff actively engaged in the Arts + Minds workshops and this was appreciated by participants and artists. *"This made workshops an activity for **all** involved not just something for 'patients' or people who are ill"* (Arts + Minds artist).

Some participants said they found it was 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 affect 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'*. Another staff member said *"... they see me differently as well. It's all so positive. Now when they have a problem with their mental health...they actually will ring me up or contact me very privately and talk about it"*.

Staff and some participants spoke about service user-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. As one participant said, *"... and the nurses got involved as well, do you know what I mean, that was the thing as well like – [names of staff] got involved just like us, they weren't like standing over there and just supervising, do you know... it was like we were all – there was no difference between me [names of staff] I didn't feel like a client"*.

Mental health staff also spoke about equalising relationships as it is evident in the following dialogue.

"And it changes your relationship because... [if] you've somebody at home, you're coming to the patient and illness is what you're dealing with... Into an animation group for example into an art gallery and you're part of the group and they're part of the group, and the relationship has changed. Your relationship is on, is on a level... All are participants in a group, rather than a nurse and a patient".

"Yeah, that's what I actually find. And the word 'facilitating', I mean I came in as a facilitator initially, I'm not a facilitator anymore".

"No".

"I'm actually participating".

"Another participant!"

Seeing service users as participants in art groups has 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".*

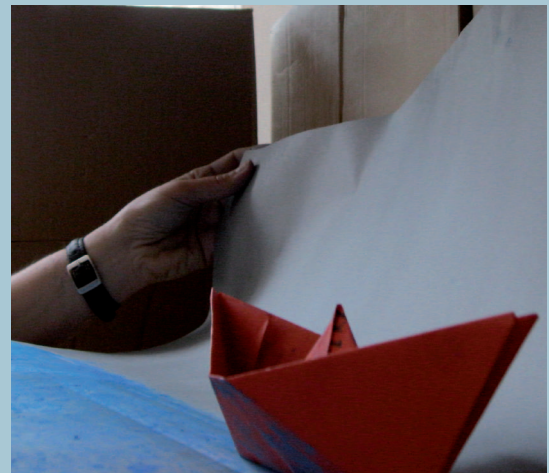
"And nurses, the nurses who come into the groups often comment again that they're surprised how people interact with us. That it's different. I think the choices would be part - there's no pressure put on people... people can come in whatever way that they want to interact, and the way we set up the groups ... allow people to achieve something small and then maybe move on" (Arts + Minds artist).

The following comment from a staff member highlights the opportunity to review perceptions and to improve staff-user relationships. *"I actually didn't think they could do, but ...it [art project] is a place for them to tap into their creativity...their imagination, all of that... and I think they feel also equal to me in every way. So it's a very good working relationship we have established. My relationship with them has improved".*

One artist, drawing from previous experience, said *"we've heard staff comment that they were absolutely amazed at how people could interact within the group, and one staff member once said something like 'it almost makes you feel, God yeah, we're really underestimating these*

people'. So in that sense there is a definite impact on staff. It makes staff re-evaluate themselves at times... Oh God maybe there's more ways of interacting with people".

Changing relationships can also pose challenges to long-established power differentials between mental health staff and service users. As one artist said, *"... in the group [A+M], everyone is the same level...some people really embrace that, and some people can find it unsettling because there is this outstanding relationship and this is the way it's always been".*



Unfold animation project

Beyond diagnosis: from service users to creators

"I didn't feel like a client"
(animation workshop participant).

"I see them as people in every way now and not talking about illness...at all, and to me that's what life is about"
(staff).

The Arts + Minds project provided an opportunity for participants to see themselves and to be seen by others as individuals in different roles rather than 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 each other's lives. Similarly, in the animation project participants met each other through different roles like story-tellers and story-makers, and through trying new things together, collaborating towards a common task.

As highlighted in the previous section, mental health staff spoke extensively about seeing people rather than patients in the art workshops. As one staff member observed, *“they were not diagnosed or necessarily clinically looked at; it was a different angle so it gave a different aura about it”*.

“...And you’re definitely not thinking of illness I don’t mind if they have a history of schizophrenia or bipolar whatever that’s not the issue anymore” (staff).

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 discussing that - 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 and -- just like any other person. I think this is more positive because you can forget your problems”* (animation project participant).

An interesting point was made by one of the artists who stressed the value of not knowing about people’s diagnoses. *“I think it [art] would be a really dynamic way of working with those people and – fun – and something that.... involves them not as service users so much but as people who are creators themselves. It’s not... that here I am being a consumer, I’m being a creator - which is a huge leap...It’s really good to change that around and say well actually no I’m not [a victim] I’m somebody who is in charge with the mental illness”*.

Arts were also identified as a way to creatively address the consequences of mental health problems such as low self-esteem, lack of self care and low confidence, rather than merely the clinical symptoms. *“You can’t just say depression is the problem. It’s what comes with that. So again if we are thinking of care plan, maybe they [service users] were not interacting well [with others] and we knew that they found enjoyment in music it would be the right thing to put them into the music group”* (staff).

Fun has transformative and therapeutic potential

“It’s very serious a lot of the time in [name of service] and I like when ye come in and just have a bit of craic” (comment of participant to one of the artists).

“It was good to see people happy in that situation” (workshop participant).

While taking part in an art workshop was clearly a way of breaking the monotony of life in acute care, the transformative and therapeutic nature of fun and enjoyment were also identified by participants in all three settings. Many workshop participants spoke about how having fun, seeing other people having fun and enjoying themselves enhanced their wellness. For example, one person who was initially reluctant to get involved in the music workshops said *“...but surprisingly it was nice to see some people enjoying themselves, there’s a bit of craic and there’s a small bit of communion about it ...you know just for the people that are there”*.

“I enjoyed it.... I looked around the room and everybody – even the ones that kind of looked bored - they were still rattling the rattles” (music workshop participant).

“Well the music itself is uplifting people. People enjoy singing it gives them a chance for a boost” (music workshop participant).

“That’s far more beneficial than anti-depressant medication (laugh). Did I say that?” (staff).

The therapeutic potential of an accepting environment

The findings from the interviews suggest that having fun can be therapeutic and transformative when people are in an environment where they feel there is no pressure to perform, to ‘be’ or to express themselves in a particular way. Effectively this is an environment where people experience a sense of freedom and acceptance.

As one of the contributing artists said, *“I think it comes down again to the creativity side of things, that people have that opportunity, again non-verbally there’s no pressure... you don’t have to come up with a masterpiece but you get to say what it is that you want to say without having to put any words on it. If you want to just have a little tip away on an instrument and play very quietly you can do that. Or if you want to really let go you can do that too. So there’s that freedom [it] is important that there’s no right or wrong”*.

On a similar note, one of the music workshop participants said *“...well, everyone can be a part of it. So it doesn’t*





Unfold animation project

matter if you can sing or can't sing, you can still have rhythm, and it's so relaxed, and there is a lot of laughter in it". Being in a place where people do not constantly doubt themselves is important, as the following quote suggests: "... I have over a hurdle of ...doubting myself. I am getting over a hurdle of playing music and seemingly that nobody notices that you don't sing properly or something. I was very anxious before, anxious what this person or this person thinks and now I have learned I am over that, I am relaxing and just don't worry if I miss a chord or something. So it's kind off, it's an effect...People accept and I get on with people better since I have started getting back into music".

"I suppose looking at it it's a non-invasive form of therapy. It's not threatening, it's non-invasive, but it's very creative" (staff).

Feeling respected and being involved

Many participants said that, in the A+M workshops, they felt respected and involved in what was going on, they felt that their opinions counted, that they were comfortable to make suggestions to their groups. In the animation group this involvement was manifested in the process of story-making, as well as the participants' contributions in the design of the feature animation films. As the animation artist said, *"I suppose [my role] is just to give the space for people to create their own stories"*.

Commenting on people's involvement in the making of the animation features, the artist/facilitator highlighted that it *"fell into place very naturally, and everybody was able to bring something of their own, everybody...some of the participants know a lot about Cork history and had a lot to contribute in a way that was refreshing for everybody, and others had different skills"*.

Community mental health staff also commented on the user-centred nature of art groups.

"And back to it again with participation in arts groups, people are not as passive, the longer they participate in a group, the less passive they become".

"And of course client input, servicer input has changed massively".

In the music groups, user-involvement was manifested in the actual running of the sessions. The musicians were responsive to the various contributions/requests made

by participants but they also moved beyond that to create an environment where user initiatives were facilitated and encouraged. As a staff member observed, “my expectation would be that at the beginning people would sit back and let the musicians carry on and entertain them but it wasn’t working at all like that. It was interlinked with the service users and some days it would be very led by the service users they would insist that they wanted to do that or and the [musicians] would take that on board as well. It was great!”

As one the artists said, “it’s not us calling the shots... they’re having an influence on what happens, and what is to, you know, if it’s a regular group that comes together that they’re having an influence on what happens in the coming groups”.

The significance of feeling respected needs to be seen in the broader context of user experiences of mental health services. In this project interviewees did not speak about feeling disrespected by mental health staff; however, some expressed concerns about the lack of choice of activities and the infantilising nature of some available activities. One person drew a comparison between the experience of an arts workshop and another activity in the same setting where she felt being treated like a child. “I love the art as well because I think a lot depends on the people who are doing it as well...you know ...you could get that feeling... of warmth. At [name of other activity] sometimes I feel like – it’s like - you know you are put in a cage and you have a lot of kids and you tell them do jig puzzles or give crayons. I feel it’s a bit like being treated - solvent intelligence. I am paranoid that people think because you have a psychiatric illness that you are stupid”.

Feeling better: Relaxing and mood-improving effect of creativity

“I find it [music] settles me down a bit. I feel good after”.

...“[music] helps time to pass more easily, more pleasantly, more joyfully, it helps pass the day so I can get to sleep at night. When I get to sleep at night my problems get solved during the sleep.” (music workshop participants)

“They talk about it [music] the following day and it totally lifts their spirits” (staff).

Participants spoke about the relaxing and mood-improving impact of the Arts and Minds workshops in different ways.

Animation workshop participants spoke primarily about the relaxing affect of the actual project: *“I put some effort... the actual work relaxes me”* (animation workshop participant). On the other hand, the majority of music workshop participants spoke about music helping them to ‘get out of themselves’, to forget about their problems and their ‘illness’, to ‘let go’.

These are some of the comments of music workshop participants, staff and artists:

Getting out of oneself

“It’s relaxing like. It gets you out of your own head and it gets you doing something apart from lying in the bed. I mainly like it because it gets you out of yourself”.

“I suppose it gets you out of yourself and when you sing you feel happy. It’s a happy inducing exercise, so for depression it is I think a positive therapy”.

“I like percussion it brings me out of myself”.

“It [music] gets me out of myself. I won’t be thinking all the time and it gives me a break from myself really and I think that’s impacting on my mood because I am not always thinking. So, my mood has gone up a bit” (music workshop participants).

“I think when you have music over a period...you see people grow for that 8 weeks. Their confidence grows, their self-esteem, the way they interact with other people. If you think mental illness, depression, schizophrenia a lot is about isolating oneself, going away from interacting whereas music brings that out in people...that’s what I think arts can contribute it’s for the patient bringing them out of themselves” (staff)

Letting go

“Music has a way,...it’s something that everybody lives with, everybody has a beat, everybody you know it takes something out, you know and it kind of there’s a bit of flow in it, there’s just energy in it”.



Forgetting problems

"[Music] makes your mental health better anyway...it makes you happy, you forget about problems".

"Well it takes people out of their problems, it lifts their spirits. You know they can forget about why they're in hospital for a while".

"It is fun it takes my mind of my illness".

"Just it takes my mind off and worries and sometimes I can be very [worried]".

"It's taking my mind off things. I take my mind off myself a bit as well. It is enjoyable as well. It helps the mental health in that way as well. I am less worried, less anxious..."

"I think the mood totally lifts when they are singing or when they are doing something different to just talking about health matters" (staff).

The anxiety-reducing impact of the workshops was also identified by participant artists - "... it's kind of interesting even people's voices or how fast they speak you often get a very good idea of where someone is at. You know sometimes people come in and they can, they talk so quick that it's, you know, it's like this anxiety that comes through, and sometimes at the end of a music group they've actually almost slightly - a little bit more organised in themselves" (musician artist).

Experiencing and expressing emotions

"Through singing I express beauty or hope" (music workshop participant).

"Art is another option, a non-threatening, non-invasive means of communication self- exploration and phenomenal self-expression" (staff).

Project participants spoke about both experiencing and expressing emotions through their involvement in the art workshops. They also spoke about difficulties they experienced in finding ways to express feelings and vent anger within some agency contexts. As one participant stressed, "...you know my biggest problem is I still find it very, very hard to express myself in here".

Many 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? If you do art and you draw a pretty picture is good...." 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...you know it puts us thinking about why we drew something or you know what it means for us or our thoughts around it when we're drawing..."*.

The therapeutic effect of non-verbal expression was emphasised by Arts and Minds artists: *".. sometimes you don't want to talk about things, and there's a lot of talking therapies already existing. This is completely non-verbal. And I think that that's what people like, is the fact that they can express themselves without having to put words on it and even for myself sometimes when you get to play instruments there's a great release from it as well, in that you just kind of forget everything, and you nearly get lost in just enjoying playing music"* (musician).

One participant made an interesting distinction between venting and releasing - *"the art does not vent, it might release I feel, because.... I used to do some drawing myself, it takes you away from you know, it can distract..."* - and stressed the need to have spaces to 'vent' in an acute setting.

Project participants spoke about art evoking a range of emotions. While people primarily described the workshops as an uplifting, energising experience, some also spoke about experiencing feelings of sadness, loss and frustration. Below are some of the comments made after the music workshops:

"...it makes you feel good...I suppose it can make happy anyone who liked music"

"... it's nice that people get the opportunity to sing and it's good for one's confidence. The other thing is the making of the music is quite nice, it's creative and the harmony and that, and it's uplifting,...It gives energy or something"

"It cheered me up...It is good"

"It's you can see people smiling instead of just frowning all the time or being upset with themselves all the time".

One person spoke about music evoking memories of loss: *"...it cheered me up but it kind of upset me as well because music was a big thing to me and to my grandfather who passed away. So music upsets me sometimes..."*

Another participant of the music group expressed a concern about getting elated though music by saying, “...it calms me down but maybe I do get carried away with music. I might get a little bit high”.

A participant of the animation group spoke openly about experiencing mixed feelings by saying that that the project made him think about his life and his feelings and this had mixed results: “...I got a sense of worth but I also got frustrated”.

The findings of this research suggest that the contribution of arts to mental health cannot be evaluated solely on the basis of evoking positive emotions but on the basis of (a) evoking a range of emotions which are integral to human nature and (b) providing people with the opportunities to express these emotions in a safe, accepting space.

Cognitive affects: improving concentration

A number of project participants said that their concentration had suffered as a result of their mental health difficulties and the lack of stimulating activities in their mental health care. 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 producing a story and a feature animation film. “I think because it takes a lot of focus and you are really using both sides of your brain doing animation, it’s very kind of logic but it’s also very kind of spatial and creative as well, so particularly animation utilizes both sides, and integrates your ideas and the creative and the logic gets very integrated within that” (animation artist). As one project participant put it, “...it’s brought out my concentration ...I don’t feel worthless all the time”. Another person said “... your mind is **completely** focused on what you’re doing, on what you have to think about”.

Music workshop participants also spoke about being able to focus through music... “...you know I have an iPod with me and I have **not** been able to concentrate on music, I’m just skipping every song... I’m very into music, I love music.... But I’ve lost interest in all that kind of stuff...but I actually enjoyed that [being able to concentrate in music] today”.

An improvement in concentration and engagement was also identified by artists and staff. As one of the music artists said, “...staff has said then they found that sometimes in the music groups people were very different, they were more capable than they might have thought they would have been for, you know, outside the music group they’d be surprised that people could follow instruction or try to hold a melody...”

What needs to be clarified here is 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. As one participant artist stressed, “I think they just need permission to do that [cope with challenges] and if you have the space... for creating an environment for people to be people, give themselves the permission”. This is further discussed in the next section.

Confidence building: recognising strengths

“You can use your imagination, there is no limit to it”
(animation workshop participant)

“Art gives an opportunity to succeed at something this is important in mental health”

“What is achieved in the art group is the start of a bigger process of walking a bit taller, of realising that people can do things in their lives”.

“I think it’s very satisfying to create something out of nothing, so it’s very good for someone to be seen to be able to create something in the first place no matter what it is.
(Arts + Minds artists)

Project 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...”.

Another animation group participant said “I realised I had imagination”, while a music workshop participant spoke about realising that they liked rhythm “...because I have never really played an instrument, I think I like rhythms actually drums and – I didn’t realise that before that I liked rhythms”



Unfold animation project

Staff also spoke about participants surprising themselves and others. *"Sometimes they [staff] think patients, because they are patients, they don't have that ability or skill and they do. We had patients in there they played the guitars, they can do lots of singing, some of the voices we've heard are wonderful. ...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 so do you know ...it was ...was brilliant"* (animation workshop participant).

This study found that confidence acquired through the art workshops encouraged participants to make plans and pursue interests. Some people spoke about pursuing interests related to the music workshops:

"It got me thinking about when I do leave here that I do really want to get back into music and learn an instrument".

"And maybe you know something it instilled in my mind would be maybe to join something like a choir at home or something like that".

"...it's just trial and error do you know and like I'd definitely be interested in as well, like yourself now and I've a guitar at home for six years that I've never learnt to play, and I'd love to learn to play it but it's hard to motivate myself, but if there was a group that was teaching music or something do you know.
(music workshop participants)

A significant impact of the art workshops for many participants was this gradual move from apprehension to 'trying new things' and exploring other interests. As one person said, *"...here...music gives you a chance to kind of enjoy yourself and you are encouraged in what you are able to do. You know your interests, they encourage you to keep up your interests or find new ones".*

This is a key step towards independence. As one of the artists argued, people realise that *"...if I can do that in the music group maybe I can do a little bit more outside... so maybe using an instrument first and then by the end maybe using your voice or, you know, and, then sometimes people take the leap and just start to do their own thing".*

Mezzo and Macro-levels: implications for service/community culture and structure

This research found that the arts in mental health care can create conditions conducive to recovery and wellbeing. The arts in mental health care contribute a valuable space where creative expression is encouraged and where service users can be acknowledged as people with creative potential, imagination and skills. It is important however that this contribution does not operate in isolation (i.e. only within arts 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. Therefore, the incorporation of the arts in mental health care is not just a technical matter of adding activities to current services. It requires a more fundamental change in the current, medically focused model of care, which can be a challenging task. The research has attempted to identify some key ingredients of this change concerning (a) service and community culture and (b) service and community structure.

Service and Community Culture

A space where the diagnosis is irrelevant

As already discussed, the arts workshops were experienced by participants as places where they could move away from 'being a patient' to 'being a person' with creativity and skills. Artists acknowledged that people were going through hardship but stressed that one's diagnosis is irrelevant when it comes to making art. As one of the contributing artists said, *"... my 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"*.

"...it's not about the condition, the mental 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".

"... the whole idea of creativity is that everybody can do it... the more we kind of pigeon-hole people the less fluid that becomes".

(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.



A space where the unexpected is valued

Project participants appreciated the sense of freedom they experienced within the A+M workshops. Part of this sense of freedom was the openness of workshops to accommodate, enjoy and work with the unexpected whether it was a tune, a story or a photograph. As one of the artists said, *"too much structure around the sessions...doesn't really allow for unexpected things to happen, and I think it's the unexpected things that actually bring it along"*.

Moving beyond therapies

This research found that a distinction needs to be made between the arts in mental health and art therapy. The focus of the arts workshops has been on creative expression, which can have a therapeutic affect but is different from the arts therapies where clinical goals are set. This is not suggesting that the arts therapies, 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. Seeing people beyond their diagnosis provides unique opportunities for recovery.

Equalising power between service users and mental health staff

As discussed in the previous section, mental health staff and service users were co-participants in music and animation groups. In these groups, staff had an opportunity to see a different side of service users which is often lost when dealing with a 'patient'. This research identified opportunities to equalise power relationships, through user involvement in decision-making and planning around the art workshops. It is important that these new interactions can be transferred beyond the boundaries of art workshops to other areas of mental health care.

Spaces to experience and express emotions

Project participants appreciated the opportunity, through the A+M project, to both experience and express a range of emotions.

This highlighted the necessity to provide more opportunities, outside the art workshops, for creative expression of emotions, including frustration and anger.

“People want to vent, people want to vent. People are very frustrated you know and when you’re depressed or when you’re stressed out you need to vent. But there’s nowhere in here to go to do that [let go]. You have, you know everybody’s tip toeing around and being quiet you know....” (A+M participant).

Stigma

A number of participants said they had initial concerns about the art group being perceived as another mental health group. As one participant said, *“....I actually was once or twice going into the Crawford Gallery... and you’d see a group of people and you’d often just say just to yourself ‘God I wonder what are that group doing now’... And I thought once or twice to myself I wonder how [name of artist] would have labeled us as a group. Were we the mental health group that came in to do art or were we just a group?”*

Such concerns were quickly alleviated; participants said that they appreciated that the focus of the project was on the art rather than the diagnosis and that they were not labeled as ‘mentally ill’ by the artist facilitating the workshop. Within the Crawford Art Gallery they were the ‘animation group’ rather than the ‘mental health group’.

Breaking down barriers within the community

Through the arts projects, participants living in the community engaged with community facilities that they would not have known about or they would not have had the confidence to use before. This exposure has also affected the way people with mental health difficulties are viewed in such facilities. As a staff member found out, *“... people who work in the community facilities view people with mental health issues differently having met them”.*

*“I know myself people who work in community settings are **very** surprised that the people coming in are just like everybody else, you know. It certainly breaks down barriers”.*

“I suppose they’re now part of their community. They have a sense of belonging that I felt they didn’t have before I got involved in this”. (staff)

Service and Community Structure

Strategic planning: Arts as an integrated option of care rather than an ‘add on’

Mental health staff welcomed opportunities to include arts as part of mental health care activities. Staff members were enthusiastic about the project and took active part in the Arts + Minds workshops. This was greatly appreciated by artists and participants.

However, at a structural/organisational level there is a piecemeal provision of arts in mental health. Artists primarily respond to services when they are invited to deliver a workshop and, as a result, it is difficult to plan ahead and to integrate arts into mental health care. There is a need for a strategic partnership between mental health services and the art sector: *“...I mean ideally we would work as they do in France with partnerships with healthcare settings where we would know over a year that we will work in this setting for this length of time... that it would be more integrated again and that we would be involved in...trying to develop a language...putting the value on it so it would help drive it forward...”* (artist).

Nevertheless, concerns were also expressed by one artist about arts becoming part of mental health structures. This may lead to arts losing their creative potential by being part of a system primarily focusing on mental illness. As this artist put it, *“...I think a lot of the time with mental health problems the structures are the things that crowd us in and stop us from being as big as we can be. We become claustrophobic”.*

Quality of engagement rather than art form

This research found that the form of art was not particularly relevant in making a project ‘successful’ and a positive experience for its participants. Of particular significance however were the opportunities provided, through the art form, for people to grow in confidence,

self-esteem and to tap into previously unrecognised strengths. In this process, the quality of engagement between artists and service users is of crucial importance. This research found that service users felt respected, appreciated, listened to by the artists: *"I love the art as well because I think a lot depends on the people who are doing it as well...you know ...you could get that feeling... of warmth"* (A+M participant).

Artists were respectful of the pace, mood and choices of project participants. As one staff member commented, there was an understanding of confidence issues *"...and not pushing people to it. They were not over-enthusiastic forcing people to do things what people did not want to do"*. Another staff member said *"they [artists] know what they are doing. You can see that in a group. You can see that they pre-thought what they were doing before they come in..."*

The production of 'good art' was also considered important in promoting people's confidence in their skills, capacities and in achieving an outcome they are proud of. The screening of the *Unfold Project* in the Crawford with the soundtrack of the *Flow* and *Éist Agus Faire* music projects on October 2011 was indeed an event where people felt proud of their involvement and achievements.

Implications for the multidisciplinary team

Mental health staff stressed that having the arts as an integrated part of mental health care requires an appreciation of arts, by the multidisciplinary team, as a valid component of care planning. A number of staff spoke about resistance among their colleagues to recognise the arts as part of their work in mental health care and to get actively involved in fundraising, planning for and implementing art projects. *"I'm working with the team. So I want team-playing as opposed to... my own pushing this [arts] or [me] being there [at the art projects] all the time, and I love being there, but I would still like a bit of help from my colleagues"* (staff). The need to engage with other disciplines was also identified. *"We want more staff, multidisciplinary, I want nurses but I also want other disciplines"* (staff). This can be particularly challenging at a time when there is a shortage of staffing across all health sectors. As a student nurse pointed out, *"I could see ...people being pulled like with [name of staff] she or people in the community being pulled from other services [to be involved in art projects]"*.

This raises questions about whether such activities are considered as an integral part of professional role or a mere luxurious addition. The complexity of the staff role, when taking arts on board, was also highlighted: *"We have to fundraise, we have to come up with the venues, we have to get groups together, we have to get consent, we have to, the nature of the condition means that you have to keep reminding people, sometimes they turn up, you'll always have a bit of worry about that, that you'll run something that nobody will turn up"* (staff).

There have also been positive experiences of staff engagement, particularly in teams with good communication between the various disciplines: *"...my peers, my ADON (Assistant Directors of Nursing) DON (Directors of Nursing) would [be supportive] and the consultant actually...is open to the arts because I update them. I tell them, which is a form of communication and the end result like of this will be launched and may be able to get a group of people together to get that information out there"* (staff).

"Staff need to become curious, interested involved" was argued by one staff member. This has implications for the education and training of health and social care professionals. One staff member made recommendations for the creation of an 'arts in mental health' module in undergraduate psychiatric nursing education. It was also stressed that learning is a mutual process and should not only focus on what the arts can offer to mental health but also on the contribution of mental health to the arts: *"I think that equally mental health has a lot to offer to the arts. I think we as professionals and artists have an awful*



lot to learn from the people with the mental health. I think it needs to be a two way, I don't think the the arts can just come and give you know, I think any much giving there is as much receiving to be done". Achieving this mutuality requires a shift in the culture of expertise dominating the current mental health system. User involvement in the education of health and social care professionals, and medical education in particular, is of key importance in this process.

Finally, a strong argument was made by staff for the role of an Arts Coordinator, if the arts are to be integrated into mental health care: *"We could not function without an Arts Coordinator"*. An Arts Coordinator can integrate perspectives from the arts, community development and mental health, and the integration of such skills was identified as very important by staff.

Move outside the mental health system

It is also important to give people an opportunity, through the arts, to be part of the broader community and not just the mental health community. Some participants highlighted the fact that becoming involved in too many mental health groups can also reinforce stigma and a sense of 'being unwell'. As one person said, *"...it's very important that we actually feel not...just people that are unwell or have been unwell but we're just part of the social community"*. Another participant commented *"...because stigma is still there and it's probably always going to be there but I think just to reduce it by getting involved in all do you know – regular things not just mental [health activities]"*.

A similar point was made by community mental health staff who argued that rather than becoming service-centred, arts would have to be brought into the community. *"We don't want to contain the project to one group of people (e.g. attending a particular service) but rather create a network of people through the arts"* (staff). It was also pointed out that a good network of community-based activities is more cost-effective than service-based activities and can lead to a reduction of service demand, with significant cost-cutting benefits. This is not to deny the value and contribution of diverse groups within a mental health setting. Rather, it is about acknowledging that people need to have opportunities to engage with the world outside the mental health system rather than the mental health system becoming their world.



World Mental Health Day 2011, Crawford Art Gallery

CHAPTER 4 CONCLUSION & RECOMMENDATIONS

This research found that the Arts + Minds 2011 Research Project was experienced in a very positive way by participants in the three mental health action research settings. The project contributed to conditions conducive to recovery through the “*discovery of personal resourcefulness, meaning and growth, within and beyond the limits imposed by the ‘mental illness’*” (MHC, 2008:7). The project contributed to conditions for wellbeing and social inclusion enabling participants to take on meaningful and satisfying social roles in their communities in line with the national Mental Health Strategy *A Vision for Change* (DoH&C, 2006) and *A Recovery Approach within Irish Mental Health Services* (MHC, 2008).

Including the arts within mental health care can provide an environment where creative expression is encouraged and where service users can be acknowledged as people with creative potential, imagination and skills. Most importantly, the arts in mental health provide an opportunity to re-consider the 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.

Strengths

of the Arts + Minds Research Project

- The Arts + Minds Research Project provided a space where participants could achieve something positive, work towards small changes that can be transferred to other areas of their lives.
- Arts + Minds (A+M) participants spoke about having a sense of purpose, becoming more confident in themselves, ‘surprising themselves’, discovering strengths, resourcefulness, skills and interests.
- The A+M Research Project provided a space where participants felt part of a social community and had opportunities to connect with themselves and others.
- The A+M Research Project provided a space where participants and staff were members the same group; this co-participation has the potential to create an environment for different interactions, for example to:
 - > equalise staff-service user relationships
 - > embrace social roles beyond being a ‘patient’
 - > facilitate staff to see people in a more holistic manner
 - > recognise previously unacknowledged service user strengths
 - > promote user-involvement in care planning
- The A+M Research Project provided a space where fun had a therapeutic and transformative potential
- A+M participants felt respected, involved and heard during the workshops
- A+M participants felt easy, relaxed and accepted in the space of the workshops
- A+M participants spoke about the workshops having a positive impact on their mental health, and mental health professionals identified a considerable reduction in the frequency of outpatient appointments for people in the community who are actively involved in art projects

Challenges

As the arts are not currently an integrated part of mental health care, the manner in which arts programmes are introduced into different agencies is *ad hoc* and subject to the commitment and enthusiasm of mental health professionals at a local level. This *ad hoc* nature affects the continuity of arts programmes as it makes it difficult to plan for on a long-term basis.

The current resource constraints in the health sector have undoubtedly impacted on the funding of arts programmes. Furthermore, staff shortages make it harder for mental health professionals to get involved in fundraising for, organising and delivering such programmes. A lack of appreciation of the arts in mental health by multidisciplinary teams makes it difficult to consider the arts as a professional role, as it is often viewed as a 'luxurious extra'. Furthermore, unless arts projects are viewed as another care option by professionals, such projects will not be fully utilised in the mental health sector. However, the key challenges to adopting a more creative approach to mental health care are posed by the broader conceptual and ideological framework within which this care is located. This research has found that in evaluating the contribution of arts in mental health care, we cannot ignore the tensions between the arts as a form of creative expression and mental health care which, because of the dominant biomedical focus, has not traditionally encouraged creativity of expression. While this discussion does not aim to provide a detailed analysis of such tensions, it is important to acknowledge them and problematise them. This research argues that a meaningful partnership between the arts sector and mental health services is not just a technical measure, but will also require a fundamental change of culture in mental health care. The research identified as key ingredients of this cultural change a mental health system that:

- Embraces creativity
- Equalises power relations between service users and staff
- Provides opportunities for people to write their own stories

and ultimately:

- Sees people in distress beyond their diagnosis.

Recommendations

Strategic partnership between the arts, community and mental health sectors with arts programmes being another care option for people in distress rather than a 'bonus add-on'

For the 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 that have not traditionally been considered part of their brief. Having designated members of the multi-disciplinary team, liaising with various arts projects can help the development of this broader role. Furthermore, the position of an Arts Coordinator is essential for a partnership between the arts and mental health care: "*We could not function without an Arts Coordinator*" (staff). An Arts Coordinator can integrate perspectives from the arts, community development and mental health, and the integration of such skills was identified as very important by professionals involved in the A+M project.

While this strategic incorporation is desirable, this report argues that the arts should not become a part of mental health structures which are still primarily focused on the treatment of illness. The creativity and freedom of expression that the arts contribute to the human experience can be incompatible with the current biomedical focus of mental health care. It is important that the arts will not lose their creative potential in a system that often can "*stop us from being as big as we can be*" (A+M artist).

Education of health and social professions

In order to utilise the arts as another care option, it is important that mental health professionals are prepared to consider the arts as such an option. Education plays a crucial role in shaping our understanding of mental health issues and ways to respond to people experiencing distress. Including modules on the arts and mental health in professional courses can certainly provide professionals with more tools to work creatively with people in a mental health setting. Again, such an initiative can have a limited affect within an otherwise biomedical

approach to mental health education. If the arts are to be a meaningful option in mental health care, a broader recovery-focused, user-centred approach to mental health education for *all* mental health professionals, including psychiatry, is also essential.

Continuation both inside and outside the mental health system

Through participants' positive experiences of the A+M project, a number of unmet needs at both community and inpatient levels were identified. Social isolation is a key concern for people experiencing mental health difficulties in the community. Lack of stimulation and meaningful activities is a key concern for people in inpatient care. For many project participants the A+M project was the main way to connect with a social community and break a circle of loneliness, isolation and boredom. This does not suggest that the A+M project or any other arts project are the only or the best ways to respond to these needs. However, this research identified some ways of providing opportunities for meaningful activities and pursuing of interests both inside and outside the mental health system. For example many participants, having experienced the opportunities provided through the A+M projects, said they would like such projects to continue as the period of eight weeks was found to be too short. Others spoke about having opportunities to pursue new interests further after the completion of an A+M group, as many people realised they had interests and skills they were not aware of. Finally, it is also important to give people an opportunity, through the arts, to be part of the broader community and not just the mental health community. This will require enhancing links with the community through a community development approach.

Community development

In line with previous research (see chapter two) the A+M project was found to be a way of reducing stigma and social exclusion experienced by individuals with mental health difficulties. A community development approach, which is also part of the A+M partnership, is essential in shifting the responsibility for mental health to the community, recognising the contextual factors that contribute to well-being and combating the stigma associated with mental health problems. The partnership approach adopted by the A+M Research Project is a good model of collaboration between various sectors,

which allows for a more holistic response to mental health difficulties and better utilisation of community resources.



Ultimately a cultural change!

Moving beyond the general agreement on the positive contribution of the arts to mental health care, this research has highlighted that such a contribution is not a mere matter of 'adding' arts programmes into the current mental health services. A meaningful partnership between the the arts sector and mental health services is not just a technical measure but will also require a cultural shift in the way we understand, respond to and engage with human distress. This is a shift towards embracing creativity of expression, nurturing strengths and facilitating service-user care choices, both inside and outside mental health structures.



World Mental Health Day 2011, Crawford Art Gallery

BIBLIOGRAPHY

- American Music Therapy Association (2011) *What is Music Therapy?*, [Online], available from: www.musictherapy.org [Accessed: 17 September 2011].
- Anglia Ruskin/UCLan Research Team (2007a) Arts for Mental Health Sake, *Mental Health Today*, July/August, 34-36. Anglia Ruskin/UCLan Research Team (2007b) *Mental Health, Social Inclusion and Arts: Developing the Evidence Base*, The Anglia Ruskin/UCLan Research Team, Anglia.
- Anthony, W.A. (1993) Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s, *Psychosocial Rehabilitation Journal*, 16, 11-23.
- Anthony, W.A. (2000) A Recovery-Orientated Service System: Setting some System Level Standards, *Psychiatric Rehabilitation Journal*, 24, 159-169.
- Arts Council (2010) *Arts and Health: Policy and Strategy*, Dublin, Arts Council Publication.
- Arts Council (2003) *The Arts and Health Handbook: A Practical Guide*, Dublin, Arts Council Publication.
- Bracken, P. and Thomas, P. (2005) *Postpsychiatry; Mental Health in a Postmodern World*, Oxford: Oxford University Press.
- Broderick, S. (2011) *Arts Practices in Unreasonable Doubt? Reflections on Understandings of Arts Practices in Healthcare Contexts*, *Arts & Health*, 3(2), 95-109.
- Bryman, A. (2001) *Social Research Methods*, Oxford: Oxford University Press.
- Bryman, A (1988) *Quantity and Quality in Social Research*, London: Unwin Hyman.
- Bungay, H. & Clift, S. (2010) *Arts on Prescription: A review of practice in the UK*, *Perspective in Public Health*, 130(6), 277-281.
- Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2010-11 Edition*, Recreational Therapists, [Online], available from: <http://www.bls.gov/oco/ocos082.htm> [Accessed: 17 September 2011]
- Case, C. & Dalley, T. (1992) *The Handbook of Art Therapy*, London, Tavistock, Routledge.
- Centre for Medical Humanities, Waterford Healing Arts Trust & Health Service Executive South (Cork) Arts + Health Programme (2009) *Participatory Arts Practice in Healthcare Contexts: Guidelines for Good Practice*, Arts Council.
- Crowe, K. & Taylor, K. (2006) The Recovery Approach: the Desired Service User Empowered Process, in Sapouna, L. & Herrmann, P. *Knowledge in Mental Health; Reclaiming the Social*, New York: Nova Science.
- CIT Crawford of Art & Design (2010) *Art Therapy*, [Online], available from: www.postgradireland.com [Accessed 26 October 2011].
- Dalley, T. (ed.) (1984) *Art as Therapy: An Introduction to the Use of Art as a Therapeutic Technique*, London, Tavistock.
- Deegan, P.E. (1998) *Recovery: the Lived Acceptance of Rehabilitation*, *Psychosocial Rehabilitation Journal*, 11, 11-19.
- Department of Health and Children (2001) *Quality and Fairness: A Health System for You*, Dublin, Stationery Office.
- Department of Health and Children (2006) *A Vision for Change: Report of the Expert Group on Mental Health Policy*, Dublin Stationery Office.
- Department of Health (1984) *Planning for the Future, A Report of a Study Group on the Development of the Psychiatric Services*, Dublin, Stationery Office.

- Durham University, Waterford Healing Arts Trust & Health Service Executive South (Cork) Arts + Health Programme (2009) *Participatory Arts Practice in Healthcare Contexts: Guidelines for Good Practice*, Arts Council.
- Eades, G., & Ager, J. (2008) Time Being: Difficulties in Integrating Arts in Health, *The Journal of the Royal Society for the Promotion of Health*, 128(2), 62-67.
- Edwards. J. (2006) Music Therapy in the Treatment and Management of Mental Disorders, *Irish Journal of Psychological Medicine*, 23, 33-35.
- Erkkilä, A.; Punkanen, M., Fachner, J., Ala-Ruona, E., Pöntiö, I., Tervaniemi, M., Vanhala, M. & Gold, C. (2011) Individual Music Therapy for Depression: Randomised Controlled Trial, *British Journal of Psychiatry*, August, 199-132-139.
- Gold C., Haldal T.O., Dahle T., Wigram T. (2005) Music Therapy for Schizophrenia or Schizophrenia-like Illnesses, *The Cochrane Database of Systematic Reviews*, Issue 2. Art. No.: CD004025.pub2. DOI: 10.1002/14651858.CD004025.pub2.
- Goldie, I. (2007) *Arts, Creativity and Mental Health Initiative: A Participatory Arts Self Evaluation Approach Project Report*, Scottish Arts Council.
- Grocke, D. Bloch, S. & Castle, D. (2008) *Is There a Role for Music Therapy in the Care of the Severely Ill?*, *Australasian Psychiatry*, 16, 442-445.
- Hacking, S., Secker, J., Spandler, H., Kent, L., & Shenton, J. (2008). Evaluating the impact of participatory art projects for people with mental health needs, *Health and Social Care in the Community*, 16(6), 638-648.
- Hacking, S., Secker, J., Kent, L., Shenton, J., & Spandler, H. (2006) Mental Health and Arts Participation: The State of the Art in England, *The Journal of the Royal Society for the Promotion of Health*, 126(3), 121-127.
- Hall, T (2001) Caught not Taught: Ethnographic Research at a Young People's Accommodation Project, in Shaw I. & Gould N. *Qualitative Research in Social Work*, London: Sage.
- Irish Association of Creative Arts Therapists (2011) *Art therapy*, [Online], available from: <http://www.iacat.ie> [Accessed: 22 March 2011].
- Maratos, A., Gold, C., Wang, X. & Crawford, M. (2008) Music Therapy for Depression, (Review) *Cochrane Database of Systematic Reviews*, 1(4), pp.1-20.
- McCaffrey, T., Edwards, J. & Fannon, D. (2011) Is there a role for music therapy in the recovery approach in mental health? *Arts in Psychotherapy*, Jul2011, 38(3), p185-189.
- Mental Health Commission (2010) *Mental Health Commission Annual Report Including Report of the Inspector of Mental Health Services*, Dublin, MCH.
- Mental Health Commission (2009) *Mental Health Commission Annual Report Including Report of the Inspector of Mental Health Services*, Dublin, MHC.
- Mental Health Commission (2008) *A Vision for a Recovery Model in Irish Mental Health Services*, Dublin: MHC.
- Mental Health Commission (2005) *A Vision for a Recovery Model in Irish Mental Health Services: Discussion Paper*, Dublin, MHC.
- Moloney, O. (2007) *A Participatory Arts and Health Strategy for Sligo 2007-2012*, Sligo, Sligo Arts Service.
- Moloney, O. (2005) *Music in Healthcare/Mental Health: An Independent evaluation on behalf of Music Network*, Cork, Music Network/Arts Council Publications.
- Music Therapy Ireland, (2010) *Frequently Asked Questions About Music Therapy*, [Online] available from: www.musictherapyireland.com/faq [Accessed September 12 2011].
- Parr H. (2006a) Arts and Social Capital, *Mental Health Today*, June, 23-25.
- Parr, H. (2006b) Mental Health, the Arts and Belongings, *Transactions of the Institute of British Geographers*, 31(2), 150-166.
- Ramon, S. Healy, B. & Renouf, N. (2007) *Recovery from Mental Illness as an Emerging Concept and Practice in Australia and the UK*, *The International Journal of Social Psychiatry*, 53, 108 - 122.
- Roberts, G & Wolfson, P. (2004) *The Rediscovery of Recovery: Open to All*, *Advances in Psychiatric Treatment*, 10, 37-49.

- Russel, J. (2007) *Conversations in Colour: Evaluation of the Arts for Health Partnership Programme 2005/2006*, Arts for Health Partnership.
- Sapouna, L. (2008) *Having Choices: An Evaluation of the Home Focus Project in West Cork*, Department of Applied Social Studies & HSE, University College Cork.
- Sapouna, L. & Herrmann, P. (2006) *Knowledge in Mental Health; Reclaiming the Social*, New York: Nova Science.
- Sarantakos, S. (1998) *Social Research*, London: MacMillan.
- Spandler, H., Secker, J., Kent, L., Hacking, S. & Shenton, J. (2007) Catching Life: The Contribution of Arts Initiatives to Recovery Approaches in Mental Health, *Journal of Psychiatric and Mental Health Nursing*, 14, 791-799.
- Stacey, G., & Stickley, T. (2010) The Meaning of Art to People who use Mental Health Services, *Perspectives in Public Health*, 130(2), 70-77.
- Staricoff, R.L. (2004) *Arts in Health: A Review of the Medical Literature*, London, Arts Council England.
- Stickley, T., Hui, A., & Duncan, K. (2011) *Arts on Prescription: Research Report*, Nottingham, City Arts Nottingham (Ltd).
- University of Limerick (no date) *Master of Arts in Music Therapy*, [Online], available from: www.ul.ie/international/en/home/international-admissions/programmes/master-of-arts-in-music-therapy [Accessed: 26 October 2011].
- Van Lith, T., Fenner, P., & Schofield, M. (2011) The lived experiences of art making as a companion to the mental health recovery approach, *Disability and Rehabilitation*, 33(8), 652-660.
- White, M. (2008) *Ceol le Cheile/Music Together: Music in Mental Health Evaluation Report*, Cork, HSE.
- White, M. (2003) *Addressing the Evidence Base from Participation in Arts and Cultural Activities: A Report to the Social Exclusion Unit*, Durham, Durham University.



APPENDIX 1

Interview Questions for Arts + Minds project participants

1. How long have you been using:
 - a. the service you are currently attending (name of service)?
 - b. mental health services in general?
2. What kind of activities do you do here?
3. Care planning:
 - a. Do you meet a key worker/nurse to discuss your care?
 - b. How often do you meet?
 - c. Who decides when to meet?
 - d. What kind of things do you look at?
 - e. How do you make decisions about your care plan?
4. Do you have any previous experience of art workshops (including music/animation)?
5. Why did you decide to participate in this (music/animation) workshop?
6. Experience of this (music/animation) workshop:
 - a. Likes
 - b. Dislikes
 - c. Things that could be done differently?
7. How does this (art work) compare with previous dealings with/experience of mental health services?
(Please expand)
8. What were you hoping to achieve through participating in the art workshops?
Probes: What changes do you want to see happening in your life?
Anything else you hope to achieve?
9. Do you think the arts should be part of care planning in mental health? Why?
10. Any other comments?

Thank you!

APPENDIX 2

Interview Questions for Mental Health Staff

1. What is your role in the *Arts and Minds* project?
2. What is your previous experience:
 - a. in the area of mental health?
 - b. in the use of arts in mental health (if any?)
3. What do you think arts can contribute to:
 - a. mental health care?
 - b. service users of your agency? (For example what was the impact of previous art projects on participants?
 - c. care planning in particular?
4. What are your expectations of the A+M project (music/animation)?
5. In your opinion what are the strengths of the project?
6. In your opinion what may be the areas that need to be further developed?
7. At this point do you think that you have:
 - a. adequate in-service and other training?
 - b. appropriate support in your position?
 - c. adequate resources to do your job as you think it should be done?
8. Current mental health policy recommends more options/alternatives in service delivery.
 - a. Can you talk a bit more about the impact of these recommendations on care planning?
 - b. How do you think these recommendations are manifesting in the practice context?
9. How do you think A+M (*music/animation*) has impacted:
 - a. on the clients of your service?
 - b. on mental health service delivery in your agency?
10. *Arts and Minds* is a product of a partnership approach between various stakeholders. What are the benefits of the partnership? What are the possible limitations?
11. At the end of the pilot programme:
 - a. what would constitute a successful outcome?
 - b. what would constitute failure?
12. Are there any other points concerning Arts + Minds that you would like to make?

Thank you!

APPENDIX 3

Interview Questions for Arts + Minds Artists

1. What is your role in the *Arts and Minds* project?
2. What is your previous experience (if any) in the use of arts in mental health?
3. What do you think arts (music/animation) can contribute to:
 - a. a mental health setting?
 - b. service users in the particular settings (names of settings)? (For example what was the impact of previous music/animation projects on participants?)
 - c. care planning in particular?
4. What were your expectations of the A&M project?
5. How is the project going so far? Have these expectations been met?
 - a. In your opinion what are the strengths of the project?
 - b. In your opinion what may be the areas that need to be further developed?
6. At this point do you think that you have:
 - a. adequate in-service and other training?
 - b. appropriate support in your position?
 - c. adequate resources to do your job as you think it should be done?
7. Current mental health policy recommends more options/alternatives in care planning and service delivery.
 - a. Can you talk a bit more about the impact of these recommendations on the role of arts in mental health?
 - b. How do you think these recommendations are manifesting in the practice context?
8. *Arts and Minds* is a product of a partnership approach between various stakeholders. What are the benefits of the partnership? What are the possible limitations?
9. At the end of the pilot programme:
 - a. what would constitute a successful outcome?
 - b. what would constitute failure?
10. How do you think *Arts + Minds* has impacted on mental health service delivery in (names of settings)?
11. Are there any other points concerning *Arts + Minds* that you would like to make?

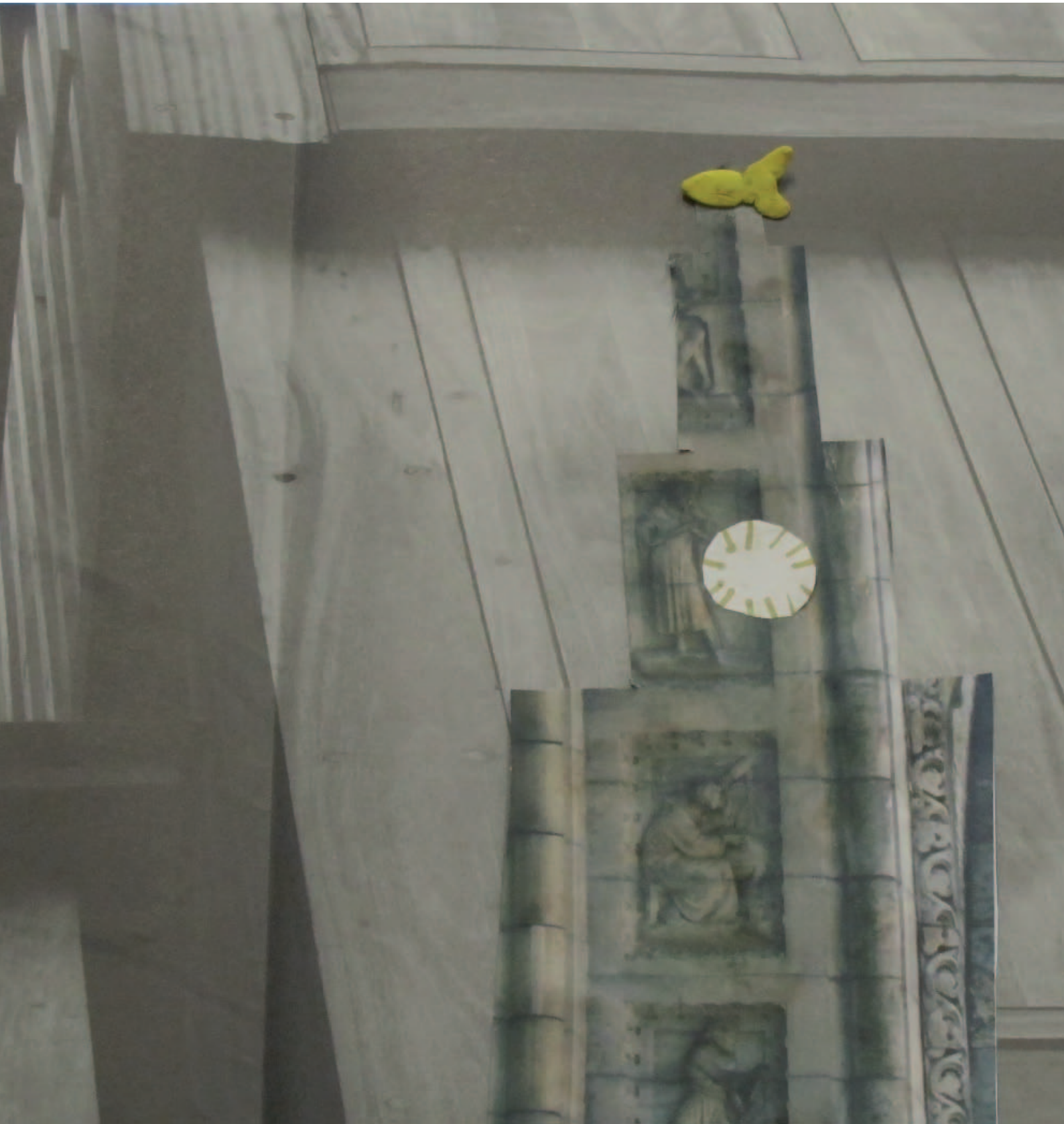
Thank you!

APPENDIX 4

Summary of the key differences in approach between artists practice and art therapy

(adopted by Brett & McHarg, 2010, cited in Broderick, 2011, p. 96)

	Artist	Art Therapist
1. Practice	<ul style="list-style-type: none"> - Freelance workers, short-term contracts - Individuals can decide for themselves - Working relationship begins without any prior knowledge and develops over the course of a project 	<ul style="list-style-type: none"> - Are staff members and work as part of a professional team - Individuals are referred to therapist after assessment - Working relationship is defined in advance; therapist is focused on providing a service
2. Duty and Care	<ul style="list-style-type: none"> - No clinical duty of care and has no access to medical records/confidential information 	<ul style="list-style-type: none"> - Has clinical duty of care regarding who is referred to whom and has access to medical records/confidential information
3. Supervision / support	<ul style="list-style-type: none"> - Without collegial professional support tends to work in isolation 	<ul style="list-style-type: none"> - Is professionally supervised
4. Aesthetic vs. Therapy	<ul style="list-style-type: none"> - Makes comment on art piece being made, makes aesthetic judgments and influences process/outcomes - The produced art work stands on its own 	<ul style="list-style-type: none"> - Makes no comments/judgments on the produced artwork - Therapist and client use artwork interpretatively and symbolically as a tool



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