THE ROLE OF ART MAKING IN MENTAL HEALTH RECOVERY
The Role of Art Making in Mental Health Recovery

A collaborative research project between Mind Australia, Prahran Mission and La Trobe University

Final Report

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July 2009
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- Consumer Consultants who participated in the Consultation Forum; and
- Prahran Mission and Mind Australia who provided in-kind support.

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Front art work: John, 2009, Selection of images, detail, coloured pencil on paper, nine images 45 cm x 60cm.
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Executive Summary

BACKGROUND

In 2008, the Department of Human Services funded a Mental Health Fellowship to research the role of art making in mental health recovery in the context of psychosocial rehabilitation organisations. The Fellowship was awarded to Theresa Van Lith from April 2008-April 2009. The research was conducted under the supervision of researchers in the Department of Counselling and Psychological Health at La Trobe University and in collaboration with a steering committee established with senior staff members from Mind Australia and Prahran Mission. This study was undertaken in order to advance the findings from a pilot project by this research team during 2007-2008.

RESEARCH TEAM

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Margot Schofield: Professor of Counselling and Psychotherapy, La Trobe University

AIMS AND METHODS

The aim of this report was to advance understandings of the relationship between art making and mental health recovery. A variety of research methods were used including: an in-depth review of the literature, an audit of current arts-based programs provided in the two participating psychosocial rehabilitation organisations, in-depth interviews of both staff and consumers, and development of a conceptual framework that integrated the findings from these varied methods. The study created a rich account of the different roles that art making plays in mental health recovery. In doing this, it has held to the basic principles of the recovery movement and privilege of the consumer voice.
Literature Review

Phase one resulted in two reviews of the literature of current research and practices in the area of art making, creativity and mental health recovery. These consisted of:

- A systematic review of the literature to explore current methodologically rigorous research on creative practices related to mental health recovery. The aim of this review was to critically analyse findings from the different types of research evidence about the role of art making and creativity in mental health recovery identified from a wide search on computer databases.

- Review of a second body of literature comprising of supporting evidence for existing paradigms and practices within: guidelines, articles, reports, reviews, books and websites. The aim of this search was to identify models and conceptual frameworks currently being adopted and developed related to the area of art and creativity in mental health recovery.

The findings from the reviews identified general trends and key concepts on the role of art making in mental health recovery, which were later incorporated into the development of a conceptual framework.

Audit of Current and Recent Arts-based Activities

Phase two of the study included an audit of current and recent arts-based activities within the two organisations (Mind Australia and Prahran Mission), using an existing evaluation questionnaire (APU/UCLAN, 2005). This exercise highlighted that visual art was the most common modality used within arts-based programs in the two organisations audited. Visual art consequently became the main focus of our project. The audit revealed the popularity of arts-based practices within both organisations and also highlighted the need to explore ways in which programs can implement full consumer participation.

Staff operating arts-based programs within the two organisations were asked about the intended outcomes or goals for the program. This also revealed key areas for further investigation of the relationship between art making and mental health recovery. The most common goals intended for arts-based programs included:

- Improved self worth, confidence, self-esteem.
- Increased social contact with other people with mental health needs.
- Personal growth, self-awareness and transformation.
- Improved quality of life.
- Increased artistic skills.
- Increased involvement with the local community.
- Reduced symptoms of mental illness.
- Other: (‘Learning different ways of communicating’ and ‘Meaningful activity’).
- Reduced use of secondary mental health organisations.
Staff and Consumer Perspectives on the Relationship Between Art Making and Mental Health Recovery

Method

Phase three involved in-depth qualitative interviews of both consumers and staff to elicit their perceptions and experiences of the role of art-based practices in relation to mental health recovery, as well as how they made meaning of the link between art making and recovery. The approach we used for the consumer and staff perspectives was informed by humanistic phenomenological and recovery-oriented philosophies. A purposive sampling strategy was used to gather participants who had an interest in art making. The participants comprised of eighteen consumers and six art facilitators from six different art-based programs within the two organisations.

Staff Perspectives

An analysis of the staff interviews revealed twelve themes that were then grouped into the following three overarching themes:

- Process - the art making process brings self-knowledge, growth and development.
- Milieu - qualities of the milieu promote self-empowerment and active engagement.

Facilitator - the beliefs, attitudes and approaches of the facilitator influence and support recovery.

Figure 1.1 Staff perspectives of the relationship between art making and mental health recovery
Consumer Perspectives

Analysis of consumers’ experiences of art making and its benefits for their mental health recovery identified eleven overarching themes that were grouped into three sections. The first section identified qualities conducive to the art making context through three overarching themes, as shown below:

- Setting - feelings of belonging, security and encouragement are provided by the setting.
- Facilitator - the facilitator guides yet provides freedom and support to assist in expanding one’s potential.
- Group - there is a sense of connectedness within the group by providing acceptance, encouragement and socialisation.

The second section identified how the art making process benefits mental health recovery through four overarching themes, as shown below:

- Participation - participating to create a life of balance and wellness.
- Absorption - absorption in the creative process enables a sense of wholeness and perspective.
- Release - releasing tensions and becoming empowered.
- Challenge - experiencing challenges and rewards create a will to achieve and keep developing.

The third section identified how the image benefits mental health recovery through four overarching themes, as shown below:

- Insight - the image gives insights about emotions, feelings and wellness.
- Communication - communicating and reflecting on intimate and personal meanings gives a sense of validation.
- Connection - gaining motivation, encouragement and a connection with others.
- Reward - the image represents personal gains and achievements.
Figure 1.2 The overall relationship between the art making process, the image and mental health recovery
Conceptual Framework

The fourth and final phase consisted of developing a conceptual model based on both the literature review and the data collected from the study. It aimed to capture the holistic and non-linear qualities of both mental health recovery and art making. Mental health recovery was seen as a process involving the transformation of the fragmented self into a renewed sense of a whole self. As shown in Figure 1.3, art making was found to assist this process through enhancing eight different elements of the self:

- Emotional exploration and expression.
- Participation and learning.
- Enhancement of thought processes.
- Movement beyond an illness identity.
- New perspective and awakening.
- Spiritual growth.
- Political voice and social expression.
- Development of interpersonal relationships.

The conceptual model also incorporated current understandings of how the art making context can contribute to mental health recovery. These wider beneficial elements of the art making context that assisted in renewing sense of self included:

- A place to belong.
- Facilitator provision of guidance and learning.
- Facilitator as witness and companion.
- The group providing inspiration.
- Opportunities to become part of the broader community.

The conceptual model also focused on future pathways that would assist consumers to sustain wholeness, as well as to better integrate into the wider community. This is dependent on individual desires and aspirations and assuming that organisations already guide people towards their future goals. Four future pathways included:

- Encouraging further challenges.
- Adopting a creative approach to everyday life.
- Utilising art as a partner in recovery.
- Becoming a practising artist.
Figure 1.3 Conceptual framework of the relationship between individual mental health recovery, art making, and the art making context
Recommendations and Future Research

Using a variety of lenses to understand the issues, this report has described the complexity and multifaceted relationship between art making and mental health recovery. It has also described the growing body of evidence suggesting that art making is valued by consumers and art facilitators as an important health promoting agent in consumers’ mental health recovery. The recommendations in this chapter highlight the need for more action in order to increase mental health consumers’ access to a variety of art making programs, to establish sustainable funding streams, and to ensure that staff and services can provide high quality services. Areas for future research have also been outlined in order to build a more extensive research base to enable us to better understand the process and outcomes of art making in mental health recovery, evaluate innovative models for understanding the relationship between art making and recovery, and extending its reach to minority and hard-to-reach populations.
Chapter 1: Introduction

1.1 Project Overview

This report presents the findings of a Mental Health Research Fellowship program of research. It has been funded by the Department of Human Services, awarded to Prahran Mission and undertaken by Research Fellow, Theresa Van Lith. The project investigates the role of art making in mental health recovery in the context of psychosocial rehabilitation organisations.

The exploration of current art-based practices in recovery from chronic mental health issues is timely and vital given the widespread use and perceived benefits of such practices to consumers. This study provides an evidence base derived from consumer and staff experiences combined with the key findings identified in the literature review. It is hoped these findings will assist in guiding policy development and service delivery in the mental health field.

1.2 Background of Mind Australia and Prahran Mission

Mind Australia has more than sixty programs addressing mental illness and homelessness across Victoria and South Australia, employing more than 400 staff and providing programs to more than 2,000 people annually. Mind's programs include: residential rehabilitation, outreach programs, transition to independent living, transition to stable and secure accommodation, respite for carers, volunteer programs and mentor programs, individual service packages and programs that foster healthy living, creative expression and participation in employment. These programs adopt a holistic approach that facilitates people to set and achieve goals, manage their mental and physical health, develop a clearer sense of personal identity, develop trusting and supportive relationships, return to work, school or tertiary studies, and develop skills to live independently in the community (Mind, 2008).

Prahran Mission assists approximately 3,500 people annually by providing support and practical assistance to those experiencing economic disadvantage and/or mental illness. Prahran Mission also delivers creative skills-based recovery programs for those living with mental illness and undertakes research as an integrated feature of its operations. Prahran Mission provides 18 programs across day rehabilitation, home-based outreach support, retail operations and employment and training. The Mission’s practices are grounded in values of social change that create opportunities for meaningful participation for marginalised people in society. The organisation works to address those attitudes, institutions and policies, which create and perpetuate inequality (Prahran Mission, 2008).
1.3 Aims

The project aimed to expand current understandings of the role of art-based practices in supporting and facilitating mental health recovery by conducting in-depth qualitative interview studies of consumers and staff of two large psychosocial rehabilitation organisations (Mind Australia and Prahran Mission). A conceptual model of the role of art making in mental health recovery was developed: it was derived from a thorough review of existing research and theory informed by the interview data.

The research involved the following stages:

1. An in-depth literature review exploring art-based practices and their role in mental health recovery.

2. An audit of current and recent art-based programs in the two organisations, using an existing evaluation questionnaire (APU/UCLAN, 2005).

3. The conduct of in-depth qualitative interviews of both consumers and staff to elicit their perceptions, experiences and meaning-making processes in order to identify common themes.

4. The development of a conceptual model based on the literature review and the data collected from the two studies.

1.4 Art Making Continuum

In both organisations a broad spectrum of creative practices are currently provided with a strong leaning towards the visual arts as the main modality. This includes activities such as painting, drawing, sculpture, ceramics and textiles. The modes, context, levels of structure and aims of the art-based practices employed in the organisations can be represented along a continuum from:

- Individual art making
- Studio art making
- Art making with emphasis on skill development and mastery
- Program facilitated and structured art groups
- Individual art making with a healing purpose
- Art psychotherapy
1.5 Project Management

A Steering Group was established, comprised of researchers from La Trobe University including Theresa Van Lith (Research Fellow), Patricia Fenner (Lecturer in Art Therapy), Prof. Margot Schofield (Professor of Counselling and Psychotherapy); representatives from Mind Australia including Malcolm Morgan (General Manager Service Development) and Alice Henderson (Project Worker Service Development); and Quinn Pawson (Chief Executive Officer) and Kaz Mitchell (Day Rehabilitation Manager) representing Prahran Mission.

Two Consumer Consultation Forums were conducted in the initial stages of the project to explore the views and perspectives of consumers, consumer consultants and staff on the relationship between, and benefits of, art making in mental health recovery. The feedback sought from the first forum informed and guided the research project direction and can be found in our preliminary report (Van Lith, Fenner, Schofield, Pawson, & Morgan, 2008). The second forum focused on gaining feedback from the initial research findings for the pilot study. The responses were written up in newsletter form and circulated within the two organisations (see Appendix A). The Consumer Consultation Forums comprised consumers, consumer consultants, an executive manager, one CEO and support staff from the two organisations.

1.6 Organisation of the Report

This report presents the systematic and conceptual literature review in Chapter Two. Chapter Three provides the results of an audit conducted of current and recent art-based activities conducted within the two organisations. Chapter Four explains the method used for the staff and consumer interviews. Chapter Five presents the findings of the staff interviews, while Chapter Six presents the findings of the consumer interviews on the relationship between art making and mental health recovery. Chapter Seven explores the conceptual framework derived from the literature and data collected from the study. The final chapter provides recommendations and future research opportunities.
Chapter 2: Literature Review

2.1 Introduction

An extensive literature review was conducted on the relationship between art making and mental health recovery. This involved two phases:

- A systematic review of research evidence about the effectiveness of the arts and creativity in mental health recovery using a wide search on computer databases.
- A review of existing paradigms and practices by conducting a wide search within guidelines, articles, reports, reviews, books and websites.

The chapter will present both reviews in this order.

2.2 Systematic Review of the Literature

2.2.1 Method for the Systematic Review of the Literature

A systematic review of the literature was undertaken to explore current research on creative practices related to mental health recovery. The aim of the research was to critically analyse findings from the different types of research evidence about the role of art making and creativity in mental health recovery. Evidence was drawn from research published in the English language since 1987. Research was included that addressed people aged 16-65 years with mental health issues using arts modalities. This review did not include listening to or watching music or art, as the focus was on the making of art.

A systematic search was conducted using the following computer databases: Proquest, Psychinfo, CINAHL, Informaworld, EMBASE, AMED, OVID MEDLINE, as well as the university library catalogue. Search terms included: psychiatric organisations, program* or interventions, art therapy, arts psychotherapy or creative arts therapy, multi-modal therapy, recovery or rehab*, evaluat* or assess$, mental illness or mental health, schizophrenia, patient, social functioning, quality of life, measure$, empirc$, methodol$, case stud$, research outcomes, evidence, clinical trial, meta-analysis, studio art, open studio. Groups of terms were combined relating to the specific parameters. The following search terms: art/s and mental health recovery, arts and social inclusion were also accessed on Google Scholar. The reference lists from all potentially relevant articles were also reviewed for relevant articles.

Articles were first organised by quantitative, qualitative or mixed research methods. Qualitative research articles were examined by two researchers who completed a research analysis form examining if the research involved qualitative methods of data collection and data analysis, and how relevant the research was to the research project. Quantitative research articles were also examined for suitability by two researchers who reviewed methodology and assessed the findings for relevance. Mixed method research was scrutinised in the same way by combining both examination methods.
Once the articles were accepted as fitting the criteria they were examined in order to investigate their aims, theoretical frameworks and core concepts, design-methods, setting and sample, nature of data and measures, analytic methods, key findings and strengths and limitations. This information was included in the tables below (see Tables 2.1, 2.2, and 2.3).

The information from these tables was further examined by investigating how the research findings specifically addressed the relationship between art making and mental health recovery. Consequently, the articles were critically analysed rather than ranked by rigour and the most relevant articles have been summarised in the following section.

2.2.2 Methodological Characteristics of Quantitative Research on the Role of Creative Arts in Mental Health Recovery

Table 2.1 identified three studies that examined the efficacy of creative arts or art therapy interventions with psychiatric rehabilitation patients. Green, Wehling, and Talsky (1987) and Richardson, Jones, Evans, Stevens, and Rowe (2007) both examined the efficacy of group art therapy on patients with schizophrenia or chronic mental illness by conducting randomised control trials. The study by Korlin, Nyback, and Goldberg (2000) aimed to determine which subgroups of patients benefited most from creative treatment modalities in a creative arts program for a heterogeneous population of psychiatric patients.

Summarising the main findings of the studies revealed many similarities and some differences. For example, Green et al. (1987) found that the art intervention increased self-esteem, social skills and the ability to interact with others in order to have needs met, in spite of the psychiatric illness. While Richardson et al. (2007) found a significant reduction in negative symptoms as well as an improvement in positive quality of life outcomes, such as a non-destructive way of expressing and communicating problematic feelings and life experiences. Korlin et al. (2000) found significant improvements in interpersonal skills, sense of coherence and greater introspective ability after the creative arts group. Participants with trauma, eating disorders, abuse or suicidality tended to particularly benefit from creative arts therapy.

A significant difference between all three studies was how the researchers determined the treatment method to be beneficial. For example, Richardson et al. (2007) focused on the reduction of negative mental health symptoms as the main outcome of the art therapy treatment method. On the other hand, Green et al. (1987) and Korlin et al. (2000) emphasised a strengths-based and recovery-focused model of chronic mental illness, and key outcomes included: attitude towards self, self-esteem, interpersonal problems and getting along with others.
A number of methodological difficulties investigating this topic were identified in the studies. For example, the two randomised control studies had inadequate sample sizes with underpowered results (Green et al., 1997; Richardson et al., 2007). Korlin et al.’s study (2000) had a higher retention rate, but as a randomised control design was not used, it was difficult to link the results with the creative intervention methods. Additionally, because a range of different creative art groups (i.e. art therapy, music therapy, movement therapy, occupational therapy and verbal therapy) were trialled with the same participants, only very broad conclusions could be drawn about the benefits.
### Table 2.1 Methodological characteristics of quantitative research on the role of creative arts in mental health recovery

<table>
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<tr>
<th>Study</th>
<th>Aims</th>
<th>Theoretical framework &amp; Core concepts</th>
<th>Design-Methods</th>
<th>Setting and Sample</th>
<th>Nature of Data / Measures</th>
<th>Analytic Methods</th>
<th>Key Findings</th>
<th>Strengths &amp; Limitations</th>
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<tr>
<td>Green, Wehling, &amp; Talsky (1987)</td>
<td>Examined the impact of group supportive art therapy as an adjunct to medical supportive treatment on chronic psychiatric patients’ levels of self-esteem and positive interaction with others.</td>
<td>Standard therapy focused on assets rather than pathology, aimed to increase independence in community and reduce hospitalisation. Art therapy intervention aimed to increase self-esteem, social skills and the ability to interact with others in order to have one’s needs met, in spite of the psychiatric illness. Art therapy had supportive rather than uncovering orientation, using structured and reality-oriented techniques.</td>
<td>Blind randomised control trial N=47. 1. Art therapy + standard care: Therapy for 1.5 hrs every 2 weeks for 10 sessions, 2 groups of 12 people, same art therapist for both groups, N=24. 2. Standard care: Individual verbal therapy from multidisciplinary team member every 2-4 weeks for ~20 mins, psychiatrist review for 10-15 mins monthly, psychotropic medication. N=23. Pre-test, post-test following intervention with 9-month follow-up.</td>
<td>A community-based after care clinic for people with long term mental illness: schizophrenia (50%), major affective disorder or psychotic disorder (21%), neurotic disorder (+/- personality disorder (18%). Age: mean ~ 40 years. Sex: 17M, 30F. History: 23 single, 14 divorced or separated, 5 married, 3 widowed, attended psychiatric clinic for several years, seen &gt; once a month, mean 3 admissions.</td>
<td>Progress Evaluation scales (measuring: psychosocial functioning; family interaction; occupation; getting along with others; feelings &amp; moods; use of free time; problems; and attitude towards self), completed by therapists and patients before and after intervention (5 months apart). Rosenberg’s Self Esteem Scale (10 items on 4-point agreement scale). Satisfaction with art therapy (Intervention group only).</td>
<td>Two-factor analyses of variance with repeated measures (pre-post) on key outcome variables: Getting Along with Others, and Attitude Toward Self; Rosenberg Self-Esteem Scale.</td>
<td>Art therapy group, compared with dropouts and controls, showed significant improvement in: Getting Along with Others, and Attitude Toward Self; but non-significant improvement in Self-Esteem. Art therapy patients rated medical support as more beneficial than art therapy, despite improved outcomes in art therapy group; and rated all 3 art therapy components (relaxation &amp; visualisation, art activity, group discussion) as somewhat helpful. More than half of the art therapy group reported discovering something new about themselves such as painting ability, thinking of ideas, and sharing feelings with others. 9-month post-test showed maintenance of intervention effects.</td>
<td>Strengths: RCT, intervention well described. Limitations: Unclear how p’s were randomised to 2 groups. Single blinded study p’s may have told raters which intervention they were using. Small sample size – underpowered study. 40% attrition with higher attrition from control group; No means or sd’s reported. Satisfaction questionnaire was not a standardised tool.</td>
</tr>
<tr>
<td>Korlin, Nybäck, &amp; Goldberg, (2000)</td>
<td>Explored outcomes of a structured creative arts group program for a heterogeneous population of 58 psychiatric patients. Specifically aimed to determine which subgroups of patients benefit most from creative treatment modalities.</td>
<td>Creative arts therapy as treatment alternative in clinical setting. In creative therapy, imagery and artistic expressions are seen as metaphors or symbols of individual’s inner situation i.e. memories of trauma, conflicts and deficits etc. Imagery: contains individuals’ strengths and resources; helps p’s work with conflictual, traumatic</td>
<td>No control group. 4 week inpatient intervention program. Groups of 8-10 inpatients simultaneously. Each group followed through all sessions by a psychiatric nurse who monitored the group and acted as a co-therapist to specialised group leaders. Groups were held weekly except for occupational therapy and verbal group therapy, which was held twice a week</td>
<td>Inpatient hospital ward: 58 participants (40 outpatients, 18 in hospital ward). Various diagnoses, any interested participant was accepted if finished with acute phase and on steady medication. Structured creative arts group program: body awareness with verbal processing; receptive music therapy using Body's method of guided imagery and music (GIM) to evoke and 3 Outcome measures: SCL-90, IIP (Inventory of Interpersonal Problems), SOC (Sense of Coherence Scale). Administered immediately before and after the 4 week treatment period and six months after discharge. Global rating of change derived from outpatient therapist, group leaders and unit staff raters made 6 weeks after discharge. Demographic, diagnostic and other independent variables such as</td>
<td>88% completed program (n=51), only 43 included in final analyses. Parametric statistics, student t test for dependent variables was used to compute treatment effects, and t test of independent variables for correlations between effects and clinical subgroups.</td>
<td>Significant improvements on 7 of 10 SCL-90 scales, total IIP scores and Exploitable and Overly Expressive subscales, and total SOC scores and subscales Comprehensibility and Meaningfulness. Therapist ratings showed greater introspective ability and increased capacity to work with internal issues after creative arts group, and increased capacity to handle relationships. Clinical subgroup differences: Participants with trauma versus no trauma had significantly</td>
<td>Strengths: Well described theoretical framework and intervention description. Limitations: No control group used; unclear how representative sample is of chronic psychiatric population; design problems make it difficult to link outcomes to creative treatment methods; multiple creative arts methods make it difficult to know specific effects.</td>
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<tr>
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<td>Richardson, Jones, Evans, Stevens, &amp; Rowe (2007)</td>
<td>Examined the efficacy of group interactive art therapy as an adjunctive treatment for chronic schizophrenia.</td>
<td>Non-verbal expression, a useful non-destructive way of expressing problematic feelings and life experiences, relevant for differing language and ethnic backgrounds. Art therapy (AT) is a multi-component treatment its effects cannot be disentangled from other component approaches to movement and behaviour therapy. Aim in sessions to learn about and understand patterns of behaviour that are causing distress.</td>
<td>Pragmatic randomised control study conforming to CONSORT2 standards. Standard psychiatric care (SPC) &amp; 12 AT sessions (minimum clinical requirement). AT consisted of brief group therapy of one and half hours. Conducted according to guidelines set by Waller (1993). Pre-test, 2 week post-test and 6 month follow-up design.</td>
<td>Setting: UK - Mental Health NHS Trust serving a deprived inner city area with a high ethnic minority population and higher than average complex and severe problems. Sample: Mental health consumers with chronic schizophrenia of at least two years duration with active contact from community mental health teams. It excluded those with i) organic illness, ii) prior referral to AT organisations in previous 2 years, iii) currently receiving another formal psychological treatment, iv) currently admitted to inpatient care. Of sample size of 452, 90 recruited (20% of original sample): 43 AT group, 47 standard care group. No differences between groups on age, gender, ethnicity, chronicity, severity. Only 44% of recruited sample completed 6-month follow-up.</td>
<td>Socio-demographic, clinical and health care utilisation information; HONOS scale rated in collaboration with the primary &amp; secondary clinical contacts; Brief Psychiatric Rating Scale (BPRS) for observer rated symptoms; Social Functioning Scale (SFS); Inventory of Interpersonal Problems (IIP-32); Scale for Assessment of Negative Symptoms (SANS), Lancashire Quality of Life Profile (Perc QoL:); Brief Symptom Inventory (BSI).</td>
<td>Inferential test of main effects was by analysis of covariance (ANCOVA) of outcome scores with baseline score as covariates.</td>
<td>On 6 out of 7 outcome measures, non-significant differences found between treatment and control participants. Only SANS (negative symptoms) yielded a significant incremental benefit for art therapy group. Control group deteriorated further at 6 month post-treatment whereas AT group showed slight improvement. Group art therapy acceptable to adult psychiatric patients with severe or complex problems.</td>
<td>Strengths: RCT design using CONSORT2 Guidelines; randomisation using computer program, stratified for severity, gender, chronicity and ethnicity; first rigorous evaluation of group interactive AT as adjunctive treatment for chronic schizophrenia. Limitations: Funding, recruitment and attrition difficulties meant study was under-powered (n=45 per group); 12 session intervention may be underpowered for severe chronic schizophrenia; Interpretation of significant finding difficult due to lack of significant results on other social functioning measures and baseline group differences on SANS.</td>
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2.2.3 Methodological Characteristics of Qualitative Research on the Role of Creative Arts in Mental Health Recovery

As seen in Table 2.2, seven qualitative studies were identified that researched the benefits of the creative arts in mental health recovery. In these studies the arts applications varied over the practice continuum from community arts to art therapy. The majority of these studies focused on exploring the consumer perspective of engaging in an art-based program. Some studies took a specific theoretical approach to understanding this topic, whilst others took a very broad perspective.

Engle (1997) looked specifically at a single-case study of how art therapy assisted a woman to re-experience and understand her childhood trauma, dissociative states and memory difficulties without decompensation or becoming overwhelmed. Art therapy was used as a non-verbal expression of traumatic material and conscious awareness through the use of client metaphors. Spaniol’s (2001) unique orientation examined the role of creative development and its healing potential from the perspective of a small artist cohort with mental illness. Focus on the creative process was highlighted in this research and understood as indicating wellness rather than psychopathology.

Other studies adopted a similar methodological framework and reported comparable findings. Griffiths (2008) revealed that creative activities have particular utility for choice and allow for various levels of engagement. This was also found to increase occupational gains such as: structuring time, providing purpose and restoring the balance between work and leisure. Creative activity groups were found to offer friendship, affirmation and support. Similarly, but via a more in-depth account, Stickley, Hui, Morgan, and Bertram (2007) found that structured art groups conducted in mental health settings promoted enhanced self-identity, a sense of role and purpose, inspiration and hope, social interaction, a sense of achievement, distraction/escape and expression.

Heenan (2006) emphasised a social model of mental health with an emphasis on improved self-esteem (enhanced self-confidence and communication with others), a safe place (feelings of security, the freedom to address and explore personal issues) and empowerment (independence and capacity building). Lloyd, Wong, and Petchkovsky (2007) also focused on recovery attributes, viewing recovery as a uniquely subjective process involving internal and external changes, by exploring the impact of art programs in psychosocial rehabilitation settings. While Lloyd et al. (2007) identified similar topics to Heenan (2006), they were divided into two major themes; the arts as a medium of expression and self-discovery; and internal conditions (spirituality, empowerment and self-validation).

Howells and Zelnik (2009) shared a similar focus with Lloyd et al. (2007) and Heenan (2006) on the benefits of arts studio experience on participants’ lives, particularly how this influenced social isolation, stigma and discriminatory beliefs. The findings by Howells and Zelnik (2009) revealed that the arts programs benefited through facilitating personal transformation, providing a community of artists and art that served as a bridge to access the broader community. A key finding was that art making acted as scaffolding on which participants could build new identities and roles, and that through engagement in the mutually meaningful activity of arts, a community of artists developed.
### Table 2.2 Methodological characteristics of qualitative research on the role of creative arts in mental health recovery

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<tr>
<th>Study</th>
<th>Aims</th>
<th>Theoretical framework &amp; Core concepts</th>
<th>Design-Methods</th>
<th>Setting &amp; sample</th>
<th>Nature of Data / Measures</th>
<th>Analysis Strategy</th>
<th>Key Findings</th>
<th>Strengths &amp; Limitations</th>
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<tr>
<td>Engle (1997)</td>
<td>Explored how art therapy assisted a woman re-experience and understand her childhood trauma, dissociative states and memory difficulties without decompensating or becoming overwhelme</td>
<td>Art therapy assisting with the trauma component in dissociative disorders (DID). Art as non-verbal expression of traumatic material &amp; conscious awareness, use of client metaphors, validates traumatic expression, safe expression of trauma through art, provides a cathartic release.</td>
<td>Single case study. Individual art therapy over seven months, client directed sessions &amp; therapist suggestions e.g. ‘draw what it looked like inside’. Limited discussion about artwork with client as often in dissociated state whilst art making</td>
<td>Therapist/researcher office – location unclear. College student in her mid-20s, erratic academic record, history of D&amp;A abuse, attempted inpatient alcohol treatment in high school, several verbally and physically abusive relationships, frequent somatic difficulties and emotional or physical crises. Referred from a sexual abuse workshop where she had dissociated whilst art making. No formal psychiatric diagnosis.</td>
<td>Therapists’ reflection on client sessions and artwork. Little detail given about data collection method.</td>
<td>10 categories of DID art identified by Cohen &amp; Cox (1995).</td>
<td>Use of art therapy validated 3 most apparent signs of the dissociative process (according to DID diagnostic criteria): conflicted internal state, distorted body image, fragmented self-image. The process assisted in validating for the p. that the trauma had occurred, acceptance of severe internal conflict, recollected various identities and gained perspective and conscience understanding of self.</td>
<td>Strengths: Art work provides rich data, detailed insight into inner processes in complex disorders, progress throughout therapy, long term follow up, framework for measuring dissociation (but more detail needed). Limitations: Framework for method not clear, limited detail about the therapy, analysis not well documented, unclear if client gave consent.</td>
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<td>Griffiths (2008)</td>
<td>Explored the clinical utility of creative activities used as a treatment medium by occupational therapist with people who have mental health problems.</td>
<td>Creative activities are seen as treatment modalities.</td>
<td>In-depth grounded theory study of four creative activity groups using observations and semi-structured interviews.</td>
<td>Recruitment of five OT’s through phase 1 of study (cross-sectional descriptive survey). Each OT selected potential clients based on criteria that they were actively participating in community-based creative activity groups as part of their treatment package. Eight clients were selected.</td>
<td>Observation of participant’s creative activity groups, semi-structured one-on-one to interviews and focus groups.</td>
<td>Grounded theory (Strauss &amp; Corbin, 1990)</td>
<td>Emerging categories: Choice, environment, engagement, occupational gains and group impact. Creative activities have particular utility for choice and through various levels of engagement. This may lead to occupational gains such as: structuring time, providing purpose and restoring the balance between work and leisure. Creative activity groups offer friendship, affirmation and support.</td>
<td>Strengths: Detailed literature review, clear and detailed methodology, themes are clearly described. Limitations: Limited detail about types of creative activities used, homogenous sample accessed through a snowballing strategy.</td>
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<td>Heenan (2006)</td>
<td>Explored consumer experiences and perceptions of role that creative arts play in an art-as-therapy program promoting positive mental health and well-being.</td>
<td>Social model of mental health with focus on empowerment, social inclusion and capacity building, recovery focused. Emphasis on needs, values and well-being rather than diagnosis. Health promotion model. Framed against Northern Ireland’s high levels of social and health inequalities as a result of prolonged civil unrest.</td>
<td>Case-study using in-depth interviews and focus groups with consumers to explore perceived value of art-as-therapy program. Unclear at what stage data gathered.</td>
<td>Art therapy program part of a community-based mental health organisation in Northern Ireland. Twelve women participated in in-depth interviews, and another 13 women in focus groups (consumers). Age range: 18-55. Unclear if some participants excluded as numbers do not add up.</td>
<td>Transcriptions from 20 in-depth interviews and two focus groups of ten consumers.</td>
<td>Thematic analysis (Lincoln &amp; Guba, 1985)</td>
<td>Themes: Self-esteem: Improvement in self-confidence &amp; communication with others. A safe place: Feelings of security, freedom to address and explore personal issues, Empowerment: Independence and ability to participate in other social activities.</td>
<td>Strengths: Detailed literature review and theoretical background, recovery focused, clear description of themes. Limitations: Unclear what questions were asked in interviews, length of interviews, detail of focus groups. Program time-limited, small scale and marginally adopted by statutory service providers.</td>
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<td>Study</td>
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<td>Howells, &amp; Zelnik (2009)</td>
<td>Examined how the involvement of an arts studio impacted on participants' lives through factors such as social isolation, stigma and discriminatory beliefs.</td>
<td>Art making is a personally meaningful activity as opposed to a therapy, and seen as a potential means to improve health and well-being.</td>
<td>Participatory research approach with ethnographic methods over a year-long period. Semi-structured interviews were conducted at entrance and exit periods of the involvement in the arts studio. Project ran simultaneously with opening of studio.</td>
<td>Arts studio followed a psychosocial rehabilitation clubhouse model. Total of 20 participants, 10 identified having a mental health diagnosis and 10 reported having no mental health diagnose. Level of previous art experience varied, participants aged between 24-75 (M= 47.2 yrs.)</td>
<td>Individual in-depth interviews, participant observations (researchers participation in art classes and spending time 'hanging out' with participants), recorded through field notes and personal journals, and documents including related information (i.e. class schedules, mission statements etc.)</td>
<td>Qualitative content analysis within a participatory framework.</td>
<td>Themes: Personal transformation, a community of artists, art as a bridge. A key finding was that art making acted as scaffolding on which participants could build new identities and roles, and that through engagement in a mutually meaningful activity (arts), a community of artists developed.</td>
<td>Strengths: Article written very clear and concise, detailed account of results and quotes, clear theoretical framework. Limitations: None.</td>
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<td>Lloyd, Wong, &amp; Petchkovsky (2007)</td>
<td>Explored ways in which a mental health community arts program contributed to recovery process through exploring descriptive subjective experiences of mental health consumers.</td>
<td>Recovery as a uniquely subjective process involving internal and external changes. Internal changes include developing hope, healing, empowerment and connection. Community arts programs are external platform for exploration and supporting recovery.</td>
<td>Qualitative semi-structured interviews of consumers in a mental health arts program conducted by artist-in-residence and occupational therapist over 10 week blocks, aimed to explore various media &amp; techniques; annual art exhibition; profiling of artists with judges, awards; sale of art work.</td>
<td>Setting: Girrebala arts program, Gold Coast Mental Health Service, Australia. Sample: 8 registered mental health service consumers who had more than one year’s experience in the program. The first 8 volunteers were accepted. Gender &amp; length of psychiatric history not provided. Age range: 20-59.</td>
<td>Semi-structured interviews explored experience of art and recovery: eg. Level of participation; types of activities; impact of program on self and lifestyle; favourite part of program; visual material to express experience of program, discuss an artwork that has been sig. in their recovery.</td>
<td>Thematic analysis: researchers familiarising themselves with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, producing report.</td>
<td>Major themes included: arts as medium of expression and self-discovery, and internal conditions (spirituality, empowerment &amp; self-validation).</td>
<td>Strengths: Clear theoretical framework, recovery focused, well-described interview and data collection methods, rich data, clear description of themes. Limitations: Only 8 volunteer participants from one program, gender and length of psychiatric history not provided and little information about relative benefits of arts program vs. other aspects of broader recovery program.</td>
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<td>Spaniol (2001)</td>
<td>Examined role of creative development and processes and its healing potential from perspectives of a small cohort of artists with a mental illness.</td>
<td>'Myth of mad genius’, link between creativity and mental illness, integrative and healing potential of visual imagery, art therapy as vehicle for psychological insight and emotional growth.</td>
<td>Phenomenological approach, open-ended interviews ranging from 1-6 hours.</td>
<td>Setting: unclear. Nine artists chosen from a non-random sample of 31 participating in art exhibition for artists with mental illness.</td>
<td>Questions: What motivates the artist to create: Why do they make art? What processes are involved in making art, or how do they make art?</td>
<td>Included focusing, sorting, organising transcribed material into individual case narratives, (unclear how these were decided); Identified categories: Creative development, creative motivation, and creative process. General principles: art making serves as a social, psychological, and formal function. Summary: Creativity</td>
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<td>Strengths: Understanding of 'artists’ experience, capturing an in-depth phenomenon. Limitations: Setting and how samples were selected unclear, limited detail provided on data collection.</td>
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<td>Stickley, Hui, Morgan &amp; Bertram (2007)</td>
<td>Investigated mental health service users of their experience in engaging with arts activities and its significance in their lives.</td>
<td>Art is constructed as therapeutic within an illness repertoire. Emotions are inseparable from creative expression and identity claims are made in relation to being an artist.</td>
<td>One to one qualitative research interviews lasting approximately one hour.</td>
<td>Setting: Unclear 11 mental health service users who attended arts workshop days were invited to participate.</td>
<td>Participants were asked: 'please tell me the story of how art has been significant to you throughout your life, all the events and experiences that have been important to you personally'.</td>
<td>A narrative discourse analysis approach used.</td>
<td>Themes included: Identity claim and development, role, the power of art for inspiring and hope, art as a medium for uniting people, a sense of achievement, distraction/escape, and expression.</td>
<td>Strengths: Clear theoretical framework, recovery focused, well-described interview and data collection methods, rich data, clear description of themes. Limitations: Gender and length of psychiatric history not provided and little information about relative benefits of arts versus other strategies used for recovery.</td>
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Qualitative research elicited rich and detailed descriptions of art making in mental health recovery. However, the research did not always clearly articulate the full methodology, such as: participant recruitment, types and approaches of creative activities used, data collection, data analysis and participants’ backgrounds. It is important that these methodological details are clearly described to give confidence in the rigour and trustworthiness of the findings. However, most articles did clearly identify the theoretical framework and include a comprehensive literature review. The identified research also appeared to incorporate recovery-oriented frameworks and elicit rich responses from the participants, resulting in detailed experiences and comprehensive themes. Nevertheless, a large gap still remains in this area because no research to date has been able to generalise and conceptualise the findings to create a clear theoretical framework.

2.2.4 Methodological Characteristics of Mixed Method Research on the Role of Creative Arts in Mental Health Recovery

There were four mixed-methods studies identified, as can be seen below in Table 2.3. There were five articles written from one large study conducted by the APU/UCLAN team. They consisted of the following studies: Hacking, Secker, Spandler, Kent, and Shenton (2007, 2008); Secker, Spandler, Hacking, Kent, and Shenton (2007, a & b); and Spandler, Secker, Kent, Hacking, and Shenton (2007). Consequently, they are referred to as the one study (Secker, Hacking, Spandler et al., 2007); taken from the original report: Secker, Hacking, Spandler, Kent, and Shenton, (2007).

The four mixed-methods studies differed in the theoretical framework and methodology used and this resulted in different perspectives on understanding the role of arts and creativity in mental health recovery. For example, Koziel (2007) found significant enhancements in overall quality of life, self-esteem, confidence and an appreciation for artistic and social opportunities. Participants also reported improved housing stability, productivity and fewer hospitalisations since participating. However, the study found that the World Health Organisation Quality of Life (WHOQOL) failed to detect the prospective changes in quality of life that were identified in open-ended questioning.

Odell-Miller, Hughes, and Westacott (2006) emphasised the importance of building alliances with therapists, as clients are more likely to remain in therapy and follow their medical regime. The arts were valued as an alternative form of expression to verbal communication. The impact of the group was found to have similar benefits to therapy generally, such as benefits of universality (recognition that others have similar problems) and socialisation. The study also highlighted specific issues related to engaging in arts therapy, for example participants were initially worried about being ‘unskilled’ or negative childhood experiences using the arts modality. The quantitative results, although lacking in significant findings, highlighted difficulties in recruitment and retention of participants in this field, as well as unavoidable sources of variability obscuring the treatment effect (i.e. different participant backgrounds, different arts therapy modalities, different therapists and time limitations etc.). These findings highlight the need for tight restrictions when using a RCT design, as well as the necessity to be flexible with a transient population and limited resources.
Table 2.3 Methodological characteristics of mixed method research on the role of creative arts in mental health recovery

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<td>Greenwood, Leach, Lucock, &amp; Noble (2007)</td>
<td>Described single client’s progress and development during long-term art therapy using combination of artwork produced throughout therapy and sessional clinical outcome scores.</td>
<td>Narrative chronology of relationship between type of art and general level of psychological distress.</td>
<td>Single case study, individual weekly art therapy sessions over six year period (233 sessions). Routine outcome measures before and after therapy with 3 year follow up.</td>
<td>Setting: Specialist psychotherapy team in adult psychological therapies service in UK NHS mental health trust. Sample: 32 year old woman presenting with panic attacks, severe anxiety, fluctuating depression, travel phobia, social phobia, agoraphobia, claustrophobia, childhood OCD traits &amp; irritable bowel syndrome. Complex family history including both parents having their own psychological &amp; attachment difficulties. Deep-seated personality and relationship difficulties.</td>
<td>Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM) before each session. (CORE-SF) short form of CORE-OM and Beck Depression Inventory (BDI) completed before and after therapy and six months after discharge. Art work and therapists session notes were also examined.</td>
<td>Researchers separately examined questionnaire data, therapist categorised artwork and sessional notes. Consecutive years were used to divide phase of therapy. Links between progress on CORE-OM and types of art produced were examined.</td>
<td>CORE-OM clinical score from questionnaires completed before and after therapy showed a reduction from 15 (clinical cut-off is 10) at the beginning of therapy to 10 at the end of therapy, 2 at 6-month follow-up, 5 at 1-year follow-up, 6 at 2-year follow-up, and 3 at 3-year follow-up. Similarly, her BDI score reduced from 22 (moderate level) at the start of therapy to 7 (normal range) by the end of therapy, and this level was sustained at 6-month, 1-year, 2-year, and 3-year follow-ups. Participant reported still taking no medication at the 3-year follow-up. Developmental phases: Phase 1: Art for art’s sake- first 17 sessions, client thoroughly involved in art making process. Phase 2: Illustrative- how client felt, very descriptive of psychological state. Appeared in session 22, style used in first 3 years with two further drawings of this sort in year 5. Phase 3: Journey- final phase identified by client, journey of evolving and changing during engagement with art materials, first appeared Yr 1 session 32 onward, predominated in year 4. Phase 4: Realism- artwork containing environment of herself or her family, occurred near end of Yr 1, session 63 in Yr 2 for 3 weeks, session 94 in</td>
<td>Strengths: Clear methodology, combined outcome and process data, sessional outcomes measures, unusually long-term therapy. Limitations: Theoretical framework to sessions unclear, therapist’s relationship to client limited detail.</td>
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<td>Hacking, Secker, Spandler, Kent, &amp; Shenton (2007, 2008); Secker, Spandler, Hacking, Kent, Shenton (2007) a &amp; b, Spandler, Secker, Kent, Hacking &amp; Shenton (2007)</td>
<td>Outcomes study to provide evidence of the benefits of arts participation for people with mental health needs.</td>
<td>Participation in community arts projects will assist people with mental health issues in: gaining confidence, self-esteem, social participation and improve mental health.</td>
<td>Participants completed three standardised questionnaires soon after joining their arts program (base-line) and six month later (follow-up).</td>
<td>Participants were recruited through 20 arts and mental health projects carried out from a national evaluation. 62 participants completed the questionnaires.</td>
<td>Standardised questionaries included: an Empowerment measure comprising scales assessing self-worth, self-efficacy, mutual aid and positive outlook; the Clinical Outcomes in Routine Evaluation (CORE) measure comprising scales assessing well-being, life functioning, problems/symptoms and risk to self and others; a social inclusion measure comprising scales assessing social isolation, social acceptance and social relations.</td>
<td>Paired t-tests were used to compare overall change, and mixed model repeated measures analysis of variance to compare sub groups, including age, gender, educational level, mental health and level of participation.</td>
<td>Statistically significant results on three measures after follow up. No differences found in the extent of improvement related to participants’ age, gender, ethnicity or type of mental health problems. Improvements on the empowerment and CORE measures were greater for participants identified by the CORE as having ‘clinically significant’ mental health problems when they first joined the project and those who reported no recent new stress in their lives at follow-up. The largest effect found was for empowerment. This study suggests that arts participation increased levels of empowerment and had potential to impact on mental health and social inclusion.</td>
<td><strong>Strengths:</strong> Clear theoretical framework, recovery focused, well described interview and data collection methods, rich data, clear description of themes. Very comprehensive and detailed study. First fully comprehensive design using mixed methods. <strong>Limitations:</strong> None</td>
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<td>Assessed the impact of participatory arts provision for people with mental health needs. Asked how do arts and mental health projects facilitate some of the key elements of recovery in mental health.</td>
<td>Recovery as a user-centred and social notion, which involves having a sense of hope, purpose and meaning in one’s life. Arts activities viewed as important in contributing to positive therapeutic benefits and supporting social notions of recovery.</td>
<td>Case studies. Lasting between one hour to one hour and a half</td>
<td>Setting: Six diverse arts and mental health projects in the UK. Thirty four arts project participants. Aged between 35 and 78 years, they had been involved in the projects between 4 months and 5 years. Twenty nine were of white British ethnicity and five were South Asian women.</td>
<td>Questions focused on participants’ expectation of their project, what they saw as benefits, how they thought any benefits had come about and specifically whether participation in arts (rather than other activities) was important in achieving them.</td>
<td>Thematic content analysis to from participants’ accounts of the impact of arts participation on the key features of ‘recovery’ as defined above.</td>
<td>The case studies identified eight distinct but interrelated ways in which participants benefited from arts participation. These included: Getting motivated, focusing on art, connecting with others, self expression, connecting with abilities, having time out, rebuilding identities and expanding horizons.</td>
<td><strong>Strengths:</strong> Clear theoretical framework, recovery focused, well described interview and data collection methods, rich data, clear description of themes. Very comprehensive and detailed study. First fully comprehensive design using mixed methods. <strong>Limitations:</strong> None</td>
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<td>Year</td>
<td>Study Title</td>
<td>Methodology</td>
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<td>2007</td>
<td>Koziel (2007) Explored quality of life and mental health outcomes from participating in an arts program.</td>
<td>Understanding the appropriateness of using WHOQOL to measure mental health outcomes of arts based activities. Using arts based activities to combat social exclusion.</td>
<td>Part 1: retrospective outcomes from participants, their family and health care providers. Part 2: prospective changes in quality of life and mental health associated with participation in a six-week art training program were assessed pre and post test.</td>
<td>Setting: Workman Theatre; organisation focused on participating in arts activities such as: producing plays, art exhibitions, film festivals and supports an in-residence visual arts studio. Participants were recruited through the mental health organisation. Part 1 recruited 39 consumers and 14 of their family and health care providers, part 2 recruited 16 participants and had received mental health organisations for an average of 16.2 years.</td>
<td>The World Health Organisation Quality of Life Assessment (WHOQOL-Bref.), WA-QOL, and open ended statement; Part 1: 'please write a few sentences indicating how you feel the Workman Theatre has impacted your quality of life'. Part 2: 'please write a sentence or two describing your experience in the training programs'.</td>
<td>Determined by WHOQOL-Bref. formulas, correlation statistics, ANOVA, pre and post tests compared through using paired t-tests. Reponses to open-ended questions were analysed for recurrent responses.</td>
<td>Participants reported great enhancements in overall quality of life, self esteem, confidence and an appreciation for artistic and social opportunities.</td>
<td>Ethical consent unclear, limited description of design methods and discussion, no detail on type of arts training program as treatment modality. Limited detail on theoretical framework or core concepts.</td>
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<td>2006</td>
<td>Odell-Miller, Hughes, &amp; Westacott (2006) Investigated the effectiveness of the arts therapies for adults with continuing mental health problems. Qual. Study: Explore the process and outcomes of art therapies from patient perspective. Quant. Study: Measuring changes in social functioning, mental health and improvement in issues that participants’ valued as important.</td>
<td>RCT + Qualitative interviews at end of 6th month arts therapies treatment. Arts media included art, music and dance; both individual and group formats.</td>
<td>Setting: Arts Therapies Dept. of the Cambridge Mental Health Organisations, UK. Sample: 45 patients referred from adult psychiatric organisations to arts therapies. 25 completed study (10 treatment, 15 control). Mean age 36.8 yrs; Mean length of psychiatric history 11.3 yrs.</td>
<td>Qual Interview data: Perceived benefits to you in this therapy? In your life generally? Any changes in self that can be attributed to therapies? What is different about the arts-based therapies compared with other forms of help? How were arts used compared with talking &amp; group methods? Questionnaires: Clinical Outcomes in Routine Evaluations (core), Life Skills Profile (LSP), Hospital Anxiety and Depression Scale (HAD) and Personal Questionnaire Rapid Scaling Technique (PQRST).</td>
<td>Thematic analysis: interpretative approach based on the concept of Grounded theory. Standard statistical analysis.</td>
<td>Key themes: rapport with therapist; use of the medium; the effect of prior experiences of the medium; benefits in terms of personal issues and group themes All measures were in-significant, concluding that the sample size was too small.</td>
<td>Clear justification for mixed methods; focus on outcome of arts therapies, critically explained findings. Discussed measures used.</td>
<td>Recruitment of p’s and consent gaining unclear; limited detail on setting and design methods; statistical results insignificant.</td>
</tr>
</tbody>
</table>
On the other hand, the study by Greenwood, Leach, Lucock, and Noble (2007) explored an in-depth case study over a six-year period that gave a unique insight into recovery from mental illness. This longitudinal design allowed for mapping art making at different phases in the mental health recovery journey, contributing to our understanding of the different supportive roles of art making. Greenwood and colleagues (2007) also found long term positive changes (i.e. stopped taking medication, discharged from mental health service and maintained normal range in measures after therapy) for a client who had highly complex issues and numerous attempts at other kinds of treatment. These findings cannot be attributed to art therapy alone, however they demonstrate the importance of long-term studies and using a range of data collected to comprehensively understand the recovery process.

Studies by Secker, Hacking, Spandler et al. (2007) identified an extensive range of qualitative and quantitative findings. The case studies demonstrated that arts provision for people with mental health issues needs to cater for a range of individual needs. Another important feature for all participants was that arts activities needed to be provided in a safe, supportive, unthreatening environment. The supportive environment was highly valued for the opportunity it gave to rebuild confidence through contact with peers who were seen as understanding, and for mental health support. The quantitative findings revealed that arts participation increased levels of empowerment and had potential positive impact on mental health and social inclusion.

The mixed methods studies were able to provide some answers that were lacking in single-design studies. By having the outcome studies accompanying in-depth qualitative studies there was some indication of the ways in which the benefits were achieved. Outcomes alone tell us little about the best ways of providing arts participation opportunities for different participant groups.

The theoretical frameworks underpinning these studies were often missing, likewise the development of a model to thoroughly explain the results. Additionally, the practical implications and recommendations of how art-based programs could implement these findings were limited. Nevertheless, the comprehensive and detailed nature of these studies provides sufficient and thorough evidence to justify that art making has a significant effect on mental health recovery.

2.2.5 Summary

The quantitative findings revealed specific trends that art making benefits, including; self-esteem, self-insight, self-expression, social skills, quality of life, and a reduction of negative symptoms.

The qualitative findings highlighted key areas of benefit, including; non-verbal expression, escapism, hope and inspiration, insight and growth, improved self-esteem and confidence, enhanced self-identity and validation, empowerment and independence, occupational gains, peer support, improved social communication, and social inclusion. The studio was identified as a safe place eliciting feelings of security and the freedom to address and explore personal issues.
The mixed methods studies found similar results to both the quantitative and qualitative studies. By combining both types of findings the mixed methods studies elicited substantial meanings from participants, which contributed to understanding the multifaceted nature of both mental health recovery and art making.

Similarly to the findings from the quantitative studies that used randomised control methods, the mixed methods studies also concluded that this method is complicated due to the transient and complex nature of this population. However, the use of RCT’s cannot be completely ruled out for use in future studies as there is still a need to distinguish art making from other supportive factors for mental health consumers.

The systematic review revealed that promising research has been conducted identifying benefits of art making for mental health recovery. A well-substantiated explanation that is inclusive of the results to date, as well key principles, needs to be developed in order to have a sound understanding of the multifaceted concepts involved in the relationship between art making and mental health recovery.

### 2.3 Review of Existing Paradigms and Practices

#### 2.3.1 Method for Review of Existing Paradigms and Practices

A broader scope of the literature was conducted comprising supporting evidence for existing paradigms and practices within: guidelines, articles, reports, reviews, books and websites. The aim of the search was to identify models and conceptual frameworks currently being adopted and developed that are related to the area of the arts and creativity in mental health recovery. This provided an in-depth explanation of the key beliefs, priorities, assumptions, values and goals in understanding the relationship between art making and mental health recovery.

#### 2.3.2 Key Components of Mental Health Recovery

It is now a commonly held belief within the research and wider communities that mental health recovery is achievable and that this should be reflected in the everyday language of mental health. While there is general agreement that recovery is characterised by the ability of individuals who have mental health issues to live personally meaningful and fulfilling lives (Anthony, 1993; Corrigan, Giffort, Rashid, Leary, & Okeke, 1999; Deegan, 1988, 2001; Leete, 1989), research authorities still differ on the main principles that underpin mental health recovery.

The current emphasis in the mental health field has emerged from lived experiences of people with mental illness and is based on a belief that individuals with mental illness have the potential to overcome their difficulties and lead contributing lives (Meehan, King, Beavis, & Robinson, 2008). Consumer-activists such as Deegan (1988, 2001) and Leete (1989) described recovery from mental illness as a difficult process of personal growth through which one develops purpose, beyond the symptoms, disability and stigma of mental illness. In particular, Deegan (2001) highlighted the idea that recovery is a journey rather than an end destination, a transformative process in which the old self is gradually let go of and a new sense of self emerges.
A number of efforts have been made to identify common components of the recovery paradigm in order to redevelop service delivery and staff approaches that are consumer oriented and driven (Bonney & Stickley, 2008; Jacobson & Greenley, 2001; Kelly & Gamble, 2005; Onken, Craig, Ridgway, Ralph, & Cook, 2007; Rickwood, 2006; Ridgway, 2001; U.S Department of Health and Human Services, 2005; Young & Ensing, 1999). A thorough literature review on the widely used term ‘recovery’ suggested that the fundamental components of recovery from mental illness include: renewing hope and commitment, redefining self, incorporating illness, being involved in meaningful activities, overcoming stigma, assuming control, becoming empowered and exercising citizenship, managing symptoms, and being supported by others (Davidson, O’Connell, Tondora, Lawless, & Evans, 2005).

Differing perspectives on the particular components that are essential in mental health recovery have also been emphasised in previous research. Smith (2000) suggested that the turning point in recovery starts with the individual’s strong desire to change his or her life, but this can often take between ten to fifteen years to reach a starting point for recovery. He also noted that recovery does not mean the complete absence of symptoms, but rather a learning to live with and manage symptoms. Ridgway (2001) emphasised that recovery initially involved an awakening of hope after despair and becoming an active participant, that involved breaking through denial and no longer viewing oneself primarily as a ‘mental patient’. This was seen to involve a complex journey from alienation to purpose that involved support and partnership. Another perspective surmised that recovery was not only viewed as a change in individuals’ beliefs and attitudes towards themselves, but also society’s increasing ability to acknowledge and support their integrity and purpose (Onken et al., 2007; Smith, 2000).

Spaniol, Wewiorski, Gagne, and Anthony (2002) took a pragmatic view of identifying crucial elements that support individual mental health recovery. These included: the presence of supportive people in life who offer hope, encouragement and opportunities; effective medication; basic needs met such as food, clothing and shelter; and access to supportive therapeutic environments, as well as medical, substance abuse and psychiatric treatment. Additionally, many participants spoke about having divine support and relied on their religious faith for strength and sustenance. Even those with no formal church affiliation often referred to God as a source of support (Smith, 2000; Spaniol et al., 2002).

Incorporating activities involving play, pleasure and positive life-events have been suggested to contribute positive outcomes of mental illness through their restorative power and more specifically through their contributions to the person’s efforts to rebuild an effective sense of social agency with which to battle the illness. These activities also provide respite from the illness and its effects as well as a source of renewing hope and commitment to life by imbuing a sense of meaning and purpose (Davidson, Shahar, Staeheli Lawless, Sells, & Tondora, 2006; Rickwood, 2006).

As the research has shown, although there is growing literature on the recovery concept, its definition and operation in service delivery still remain ambiguous. This is partly because lived experience accounts, although rich in detail, focus on a process orientation, which can be at odds with the goal and outcome orientation expected from organisations (Bellack, 2006; Meehan et al., 2008). Nevertheless, there is an
increasing level of practice-based evidence being implemented into polices in order to develop recovery-oriented practices within mental health organisations (Estroff, Penn, & Toporek, 2004; Frese, Stanley, Kress, & Vogel-Scibilia, 2001). In Australia, psychosocial rehabilitation organisations have been the main drivers in promoting the recovery movement and developing innovative practices to bring about profound and influential benefits in consumers’ mental health recovery (Ramon, Healy, & Renouf, 2007).

2.3.3 The Human Drive to Create Art

Art making in its many forms is evident across all cultures and time spans. The drive for humans to make art has been explained in a variety of ways. One theory points to the role of creativity in our evolutionary history and suggests that it is embedded genetically (Kaplan, 2000). Another theory postulates that art has a significant role in the development of culture and that we employ it to control and influence the direction of history itself, including personal history (Hiller, 1996). By placing an emotional investment in art works we make them meaningful. This not only fulfils our desire to confirm a socially shared worldview but also to leave a memory of our time on earth (Dissanyake, 1992, 1995; Feldman, Csikszentmihalyi, & Gardner, 1994).

A study of art making in concentration camps during the Holocaust potentially illuminate our understanding further. Ornstein (2006) explained how prisoners instinctively used art making to make sense of their traumatic experience and gain an insight into their experiences that would otherwise not have been available to them. She noted the overwhelming need to create in order to transform these experiences into expression. The image in these situations worked as a mirror of the internal world and had a confirming and supportive effect, resulting in a feeling of being understood.

2.3.4 Art Making and its Benefits to Quality of Life and Well-being

There is an increasing interest in the benefits of art making in quality of life and well-being, particularly as health organisations seek to develop innovative and humanising health approaches that equally value emotional and spiritual needs alongside the clinical (Biley & Galvin, 2007). The move to incorporate the arts into health care was informed by a view that the creative act of art making can enhance health through strengthening self-esteem and worth, contributing to a feeling of being valued, and developing interpersonal relationships and widening social networks. Creative expression is itself seen as a sign of intrinsic health (Smith, 2003) that brings feelings of pleasure, enjoyment and happiness, further indicators of health and well-being (Jermyn, 2001; Matarasso, 1997).

Creativity and art making are regarded as benefiting all areas of the mind, body and spirit (Connecticut Commission on Culture and Tourism, 2004; McQueen-Thomson & Ziguras, 2002). This involves an individual’s cognitive development by productively engaging the brain, activating the imagination and assisting in acquiring or improving cognitive skills (Kaplan, 2000). Creativity is also associated with increased physical activity and energy, emotional connectedness and expression, as well as developing the capacity to formulate and express political views. Additionally, by inducing feelings of transformation and renewal akin to spiritual enhancement, art making can be experienced as a subjective but life altering activity (Camic, 2008).
Within Australia, organisations have focused on using the arts and health as a tool through which to promote social goals for people with disabilities and/or mental health who have been excluded from the community (Kelaher, Dunt, Berman, Joubert, Curry, Jones, Stanley, & Johnson, 2007; Lewis & Doyle, 2008; McQueen-Thomson, & Ziguras, 2002, Vic Health, 2003). For example, in Western Australia, ‘Disability in the Arts, Disadvantage in the Arts’ (Lewis & Doyle, 2008) has not only focused on cultural access alone but also emphasised the importance of a cultural and social voice of people with disabilities and or mental illness. They promote self-advocacy through the arts and celebrate the unique perspectives of these communities.

2.3.5 Art Making and its Benefits to the Direct Issues Related to Mental Health

Participation in community arts by people with mental health issues has suggested to result in fewer hospital re-admissions (Colgan, Bridges, Brown, & Faragher, 1991), as well as a reduction in the number of participants with evident mental health problems measured by the General Health Questionnaire (Huxley, 1997). Everitt and Hamilton (2003) explored how participation in the community arts by people with mental health issues reduced rates in General Practice consultations and reduction in use of medication. A decrease in self destructive behaviours associated with mental illness and mental disabilities as well as promotion of personal expressiveness has been found through teaching skill development in community art groups (Malley, Dattilo, & Gast, 2002).

A noteworthy literature review commissioned by the Arts Council England (Staricoff, 2004) found further evidence to this effect by identifying key benefits of the arts in mental health care including:

- Inducing positive physiological and psychological changes in clinical outcomes,
- Reducing drug consumption,
- Shortening length of stay in hospital,
- Increasing job satisfaction of health care workers,
- Promoting better doctor-patient relationships,
- Improving mental health care and developing health practitioners’ empathy across gender and cultural diversity.

2.3.6 Art Making and its Benefits for Increasing Social Inclusion

Social exclusion, due to the stigma associated with mental illness, has been identified as a key barrier to gaining employment, education, and to feeling like a member of a community. In the United Kingdom, researchers have argued for the importance of maintaining and improving art-based community organisations as a solution to social exclusion (APU/UCLAN, 2005; Moriarty, 2002; Secker et al., 2007; Smith, 2003; White & Angus, 2003).

Investigating the relationship between community arts activities and their impact on social and psychological well-being for adults with chronic mental health problems is seen as a way to focus on strengths-based attributes. Parr’s study (2006) focused on
how art plays an important role in developing social relationships and identity beyond that of the ‘mentally ill person’. Thus, art making is perceived as an important ‘stepping stone’ for reintegrating into wider social relationships and situations outside project spaces. Not only was art seen as a way to work through everyday difficulties, but art making was seen as a form of self validation whereby consumers felt free to express without feeling the risk of interpretation by others.

2.3.7 Art Making and its Benefits to the Broader Issues Related to Mental Health

Argyle and Bolton (2005) investigated an arts-based healthcare program based in an area of disadvantage for people who were at risk of developing severe mental health issues. They concluded that art making was therapeutic, relaxing, facilitated skill development, enhanced feelings of achievement and promoted confidence and self-esteem. Art making within a group setting was found to strengthen social relationships between members, consequently building a sense of community.

The report by the Mental Health Foundation (Wilson & Goldie, 2006), a leading UK charity working in mental health, was conducted in Scotland based on four arts therapy programs. They found that, overall, participants experienced significant improvement in their mental health and social function and in particular highlighted improved self-esteem, communication skills and social interaction. In addition to supporting participants to address underlying issues, arts therapy programs supported social inclusion, with a number of participants moving into mainstream activities following contact with the trial service. Malcolm Learmouth (Arts and Health Lead British Association of Art Therapists) in his endorsement of the report recommended:

What we need are palettes and mosaics of opportunities, organisations and resources, recognition that sometimes we need safe places, sometimes to be seen in the world, sometimes to help, sometimes to be helped, sometimes to make art to understand ourselves and sometimes to make art to communicate with others (p.4).

A groundbreaking study was conducted in this area, on a large-scale basis, by a team of researchers from Anglia Ruskin University and the University of Central Lancashire (Secker, Hacking, Spandler et al., 2007). The first phase of this study comprised a survey of arts and mental health projects in England, mapping the range of evaluation activity and establishing what data each project collects. In addition, a retrospective analysis was undertaken of two projects to establish health and social benefits. This second phase involved an outcome study providing quantitative evidence of the benefits of arts participation for people with mental health needs, and a series of qualitative case studies of six arts and mental health projects that explored how people benefited from arts participation. Their findings gave very promising results regarding benefits of empowerment, improved mental health and social inclusion, as can be seen in the first section of this literature review (see Secker, Hacking, Spandler et al., 2007). Their findings also reinforce the importance of qualitative studies in addressing questions that outcome studies cannot address about how and why arts participation works (Staricoff, 2006).
Kilroy, Garner, Parkinson, Kagan, and Senior (2007) explored the benefits of art on mental health through proposing a conceptual model on transformational change through arts participation. They found it was through combining a holistic and person centered approach within a positive and supportive enviro-culture that the potential for transformative change was enhanced. Engaging the whole person in the arts activity offers the potential for complete absorption, where there is a perceived relief from negative thinking, unhealthy patterns of behaviour and a ‘deeper investment’ in moving towards health and well being. This alongside enhanced relationships and new skill development can raise expectations and open new possibilities.

2.3.8 The Role of Context in Art Making

Research suggests that it is not the art alone that supports gains in health and well-being. It is how the program is delivered, the program environment, and the development of relationships and communication during planning and implementation stages that encourages success (Everitt & Hamilton, 2003). This is substantiated in a report describing guidelines for the practice of art psychotherapy with people prone to psychotic states (Brooker, Cullum, Gilroy, McCombe, & Mahony et al., 2006).

Higgins and Newrith (1999) and Waller (1991) emphasised that the studio setting enables artistic expression in a safe, comfortable and empathic surrounding that is contained by well-trained and supportive staff. This environment allows for a culture of openness, empowerment and experimentation to develop within the group.

Tate and Longo (2002) stated that art making can fulfil the goals of psychosocial rehabilitation, such as strengthening clients’ abilities, as well as increasing expression and communication, by facilitating psychological insight and support. They emphasised it is the process, not the product, that is important in supporting and assisting a client’s personal development.

The role of the facilitator is highly regarded in the journey of mental health recovery through art and this role varies between educator, artist, art therapist, and counsellor. Art therapy accounts, which explore this multifaceted role, explain that ultimately art making in these settings involves engaging the participant in a process of knowing the self. The facilitator’s role is not to change, fix, cure or interpret the art, but to witness the flow of expression in the images that emerge and to learn from them (Allen, 1995, 2008). Thus, healing occurs through self-direction as a natural unfolding of the artist’s reality is expressed through the images. The more fully these artists come to know themselves, the more they are able to authentically participate in life and community. This has positive consequences for participants’ motivation towards ongoing recovery (Higgins & Newrith, 1999; Tate & Longo, 2002; Waller, 1991).

Spaniol (2003), an experienced researcher and art therapist, emphasised three important components of the facilitator role with art in mental health settings. These are:

- Authenticity – deeply human relationships between facilitator and clients that can become a model for client’s relationships with one another beyond the context of art making;
- Creativity – facilitator’s awareness of the special role that creativity can play in the lives of people with mental illness and the clients’ engagement in the arts; and
- Recovery – represents the facilitator’s belief that people with mental illness can build lives full of meaning and purpose despite their illnesses.

Spaniol and Bluebird (2002) focused on developing creative partnerships between creative arts therapists and people with mental health issues to develop effective ways of using arts for recovery and wellness. They agreed that authenticity, mutuality and collaboration should be essential ingredients of any therapeutic relationship. They also highlighted the importance of language and that how we talk about people and their art activity both reflects and influences how we think about them. There was a general consensus that language was often used to divide people, whereas art making connects them.

2.2.9 Summary

The findings revealed general trends as to how art making and the context supported mental health recovery. These included benefits of:

- Improved quality of life and well-being in a holistic way;
- Specifically addressing positive and negative mental health symptoms and reducing the level of need for the healthcare system;
- Promoting social inclusiveness and connectedness; and
- Developing empowerment through gaining self-esteem, identity and independence.

Although these key areas provide a focus for the current research project, some gaps still exist in the research. A more detailed and thorough understanding of the experience of art making in mental health recovery would assist in gaining a sound knowledge base of this topic. Additionally, developing a conceptual model that combines the identified research with our own findings may assist in explaining the dynamic relationship between art making and mental health recovery in a conclusive way.
Chapter 3: Audit of Current and Recent Arts-based Activities

3.1 Methodological Approach to the Audit

3.1.1 Aim and Setting

The aim of this aspect of the project was to conduct an audit of the current and recent arts-based activities within Mind Australia and Prahran Mission organisations.

3.1.2 Sample

Mind Australia in Victoria currently operates 46 mental health rehabilitation and recovery programs, including: residential rehabilitation, outreach services, transition to independent living, transition to stable and secure accommodation, respite for carers, volunteer and mentor programs, individual service packages and programs that foster healthy living, creative expression and participation in employment (Mind, 2008). Prahran Mission currently operates 18 programs across four key areas including day rehabilitation, home-based outreach support, retail services and employment and training. Each of these programs were invited to participate, consequently a total of 64 questionnaires were emailed out.

3.1.3 Audit Instrument

A pilot audit activity was undertaken in 2007, which highlighted the multifaceted and variable nature of these programs across the two organisations, and the need for a detailed and comprehensive audit questionnaire. Consequently, in 2008, a more comprehensive audit was undertaken across all programs within the two organisations. We adopted a previously designed questionnaire titled ‘Demonstrating the benefits of arts participation: Mental health and social inclusion’, designed by the APU/UCLAN Research team (2005). It was initially designed in order to map participatory arts and mental health activities for people aged 16-65 within England and to ascertain what forms of evaluation of the arts projects were currently being utilised. We amended this questionnaire to focus on the variety of arts modalities the programs were using, including their intended outcomes. The topics covered in the questionnaire included: the types of program and age group for each activity, the types of arts forms used, the model of participation adopted, intended outcomes, number of participants, gender balance, their frequency and length of participation, and any additional information. We also inquired for potential participation of art facilitators and consumers from each of these audited programs in later interviews. A copy of the audit questionnaire is contained in Appendix B.

3.1.4 Procedure

The questionnaire was circulated by email to program managers. A letter was emailed together with the questionnaire to explain the purpose of the research project and mapping exercise, together with the researchers’ contact details for any queries.
Program managers were asked to return the questionnaire within three weeks. Reminders for non-submitted questionnaires followed as well as by telephone; this proved valuable in almost doubling the response rate. In a few cases the questionnaire was completed over the phone. Due to spirited encouragement from the both organisations, a 100% response rate was gained. As questionnaires were returned all data, including additional written comments, were entered on a database to facilitate analysis.

Thirty-five out of the 64 responses received (55%) reported having arts-based activities currently running within their program. However, many of the program managers who were not currently running an arts-based activity replied that they had either recently had to end their arts-based program or would like to run one in the future. The main reasons for not having an arts-based program were: lack of resources or lack of time to write grant applications for relatively short-term funding. Thus, it is important to be aware that the results of the mapping exercise showed a picture of a particular moment in time and are not an accurate reflection of individual program activities over time.

3.2 Responses from Mind Australia

As can be seen in Table 3.1, 23 programs (50%) ran an arts-based activity. At the time of survey Mind Australia operated within five regions of Victoria: Northern and Gippsland, Southern, Eastern, Western, and Rural. The arts-based programs were found to be spread over the five regions.

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of Arts-Based Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern &amp; Gippsland</td>
<td>6</td>
</tr>
<tr>
<td>Southern</td>
<td>5</td>
</tr>
<tr>
<td>Eastern</td>
<td>3</td>
</tr>
<tr>
<td>Western</td>
<td>6</td>
</tr>
<tr>
<td>Rural</td>
<td>2</td>
</tr>
<tr>
<td>Other - Art escape camp</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>
3.2.1 Most Common Modalities of Arts-Based Activities

As Figure 3.1 illustrates, among programs offering arts-based activities the most common modality identified was fine art which included painting, drawing, and sculpture. ‘Fine arts’ activities were offered by 70% of arts-based programs. ‘Decorative design and handicraft’ (including ceramics, textiles and mosaics) came second, with 44% of programs offering this modality. ‘Performance arts’ (including drama, dance, and music) and ‘Digital based art’ (including photography and animation) were both offered in 26% of arts-based programs. ‘Creative writing’ (including story writing and poetry) was offered in 17% of arts-based programs and 9% of programs offered ‘Other’ types of arts-based activities.

![Figure 3.1 Modalities of arts-based activities](image)

3.2.2 Most Common Models of Participation

Arts-based programs varied considerably in the style of participation and leadership of activities. Program managers were asked to identify which of seven models of participation their activity represented. These included:

- **Instruction/education**: an artist, instructor or someone in a similar role directs or educates project participants.
- **Collaboration on given project**: project participants work together on a project decided by an artist, instructor or someone in a given role.
- **Collaboration decided by participants**: project participants cooperate to decide on a project and work together on it.
- **Creation of events**: professional artists work with a project group to create a festival, pageant or other event.
- **Guidance**: project participants motivate themselves to produce their own art works, with guidance where necessary.
• Individually in a group: participants to work as an individual alongside others in a group.
• Individually with a facilitator: participants work individually with a facilitator.

Program managers were also given the option to explain how their project worked if none of the seven participation options fitted their model of participation. No program manager described a different model of participation. However, many ticked multiple participation styles, adding that they would incorporate different models to suit individual client needs. The results illustrated in Figure 3.2 show that the most common model of participation was ‘Creation of events’ (43%) - this was commonly answered with another model of participation, such as ‘Individually with a facilitator’, and in the context of working towards an art exhibition. The next most common forms of participation were ‘Individually with a facilitator’ and ‘Instruction and education’ (both 39%). Other forms of participation included ‘Guidance’ (35%), ‘Individually in a group’ (30%), ‘Collaboration decided by participants’ (26%) and ‘Collaboration on a given project’ (22%).
3.2.3 Participant and Staff Involvement

As shown in Figure 3.3, the gender balance of consumers who participated in arts-based activities appeared to be quite equal.

![Figure 3.3 Gender balance of consumers who participated](image)

Comparing the number of consumers who attended the arts-based activities with the number of consumers in the service overall proved difficult. The approximate estimate was 52%. However, arts-based activities often had limited spaces or may have had an open-door policy, enabling participants to come and go as they pleased, making it difficult to gauge exact numbers of participation.

On average an arts-based activity was found to run weekly for approximately two hours. However, there was also an annual art exhibition open to all consumers within the organisation and two art retreats held for approximately four days each.

The expertise of the different staff facilitating these programs was diverse and ranged from: experience in arts making, practising artist, community artist, arts teacher, to arts therapist. Most facilitators adhered to more than one role or area of expertise and also used different titles depending on the program model. For example, many facilitators were trained arts therapists however, most did not use that title in the program. Although they may have embraced the theory of art therapy, they tended to adopt more of a skill-development model in their work.

The level of participation by consumers involved in planning and implementing arts-based activities was varied. Over two-thirds of the programs (74%) had participants involved in the planning and implementing of the arts-based activity on some level. As illustrated in Figure 3.4, participation of consumers was highest for ‘Project design’ (61%), and then for ‘Involvement in the project overview and evaluation’ (52%), followed by ‘Project management’ (30%).
However, 30% of programs reported that consumers were involved in all three aspects, whilst 17% of programs reported consumer involvement in two aspects (‘Project design’ and ‘Project overview and evaluation’) and 26% in only Project design.

![Bar chart showing consumer involvement in arts-based activity](image)

**Figure 3.4 Consumers involvement in organising the arts-based activity**

### 3.2.4 Additional Comments from Programs

Program managers were asked if they would like to provide more information about their arts-based activity. A wide variety of responses was received. Their feedback is included in Table 3.2.
Table 3.2 Feedback from Mind Australia programs on their arts-based activity

<table>
<thead>
<tr>
<th>Feedback</th>
</tr>
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<tbody>
<tr>
<td>‘(The facilitator) offers a small range of set activities ranging from painting and drawing, basic sculpture exercises – like colour mixing, drawing techniques and encourage clients to design/brain storm their own projects. If they require assistance (the facilitator) will assist, but will encourage young people’s own creativity to flow.’</td>
</tr>
<tr>
<td>‘Our consumers have complex problems and their attention span is often subject to periods of unwellness, however, it is important to enable the participants to cite what they like and how they would like to do things. We operate along a module basis. Having constructed the agenda according to their tastes, we might conduct this group process for a period of four weeks, review it, modify it, and proceed or let it fallow for awhile and then re-engage again if interest becomes strong again.’</td>
</tr>
<tr>
<td>‘Initially clients are asked to write down some of art ideas that they would like to do during the program.’</td>
</tr>
<tr>
<td>‘Informal group and only runs when participants want to be involved in an arts-based activity.’</td>
</tr>
<tr>
<td>‘Offer residents at a youth mental health program the opportunity to create art, which they would not otherwise attempt due to health barriers associated with having a mental illness and social isolation.’</td>
</tr>
<tr>
<td>‘It is a client-focused activity whereby individuals bring their own material and experience to develop a portfolio of their own songs. Our future goal, depending on funding, is to rent a music studio and create a CD.’</td>
</tr>
<tr>
<td>‘Art has for a long time been part of our culture, and has included exhibitions in mainstream galleries. In January of this year we held an “art retreat” where over a period of several days the participants enjoyed a program of “self expression” and great food.’</td>
</tr>
<tr>
<td>‘The whole program uses an arts-based practice model to underpin practice. This model encompasses the following core concepts: Access, opportunity, engagement, choice, meaningful activity, learning and skill development, practice, goals, community capacity, contribution and social inclusion.’</td>
</tr>
<tr>
<td>‘The music group has been running for some time, and is exploring recording a CD at present, and also exposure to a variety of other mediums and styles with after hours / weekend visits to music venues / events.’</td>
</tr>
<tr>
<td>‘Art / craft activities have changed this semester due to having an art therapy student, so a group will be run weekly with this focus. The normal weekly art/craft group is being re-focussed as a skills development slot, with an ‘anything goes’ free art / craft slot on one afternoon a fortnight.’</td>
</tr>
<tr>
<td>‘The activity was primarily scrap booking and card making, the participants enjoyed designing and making an assortment of items, some of which they kept, others were given as presents and others sold.’</td>
</tr>
<tr>
<td>‘Two professional artists attended the group holiday and facilitated the art work that the consumers produced. Also they visited a gallery and collected items from the surrounding area to incorporate in their artwork.’</td>
</tr>
<tr>
<td>‘There is limited opportunity for clients to access affordable arts-based organisations in this regional area either as an ongoing commitment/ self-development or to just experience. This (program) has had a long established art program and invited us to join them for a four-day art camp in preparation for their annual exhibition. The clients of this service attended planning meetings and contributed to the daily running of the camp. All returned asking when the next one would be and also had suggestions for the next camp. Feedback from one client who was primarily a cartoonist/ painter and took his digital camera has now invested in a professional camera and enrolled in a TAFE digital imaging course.’</td>
</tr>
</tbody>
</table>
3.3 Responses from Prahran Mission

Within Prahran Mission there were three programs that offered arts-based activities resulting in 12 arts-based activities (10 from one large program called ‘Second Story’). These included:

- **Second Story** - ‘delivers a range of programs that develop social, living and creative skills to assist consumers who experience mental illnesses’.
- **Open House and Mingles Drop-In Centres** - ‘provides a communal space open to people over the age of 18’.
- **The Stables Art Studio** - ‘provides an extension to people’s creative recovery and provides a bridge between Second Story and the commercial art world’. (Prahran Mission, 2008).

### 3.3.1 Most Common Modalities of Arts-Based Activities

As Figure 3.5 illustrates, among programs offering arts-based activities, the most common modality identified was fine art which included painting, drawing, and sculpture. ‘Fine arts’ were offered by 69% of programs that offered arts-based activities. ‘Decorative design and handicraft’ (including ceramics, textiles and mosaics) was next most frequent, with 62% of arts-based programs offering this modality. ‘Performance arts’ (including drama, dance, and music) was third, offered by 23% of arts-based programs and 8% of arts-based programs offered ‘Other’ types of arts-based activities. The two other modalities: ‘Digital based art’ (including photography and animation) and ‘Creative writing’ (including story writing and poetry) were not currently running, although ‘Creative writing groups’ have run in the past and ‘Digital based art’ were currently used by artists within Prahran Mission through individual art making.

![Figure 3.5 Modalities of arts-based activities](image)
3.3.2 Most Common Models of Participation

Arts-based programs varied considerably in the style of participation and leadership of activities. Program managers were asked to identify which of seven models of participation their arts-based activity represented. These included:

- **Instruction/education**: an artist, instructor or someone in a similar role directs or educates project participants.
- **Collaboration on given project**: project participants work together on a project decided by an artist, instructor or someone in a given role.
- **Collaboration decided by participants**: project participants cooperate to decide on a project and work together on it.
- **Creation of events**: professional artists work with a project group to create a festival, pageant or other event.
- **Guidance**: project participants motivate themselves to produce their own art works, with guidance where necessary.
- **Individually in a group**: participants to work as an individual alongside others in a group.
- **Individually with a facilitator**: participants work individually with a facilitator.

Program managers were also given the option to explain how their project worked if none of the seven participation options fitted their model of participation. No service described a different model of participation. However, many ticked multiple participation styles, adding they would incorporate different models to suit individual client needs. The results illustrated in Figure 3.6 show that the most common model of participation was ‘Guidance’ (54%). The next most common forms were ‘Instruction/education’ (38%) followed by ‘Collaboration decided by participants’ (23%). In equal fourth at 15%, came ‘Collaboration on a given project’ and ‘Individually with a facilitator’. In equal fifth at 8%, came ‘Creation of events’ and ‘Individually in a group’.
3.3.3 Participant and Staff Involvement

As shown in Figure 3.7 the gender balance of consumers, who participated in arts-based activities, was skewed towards females.

Figure 3.6 Models of participation that best describe how the arts-based activity works

Figure 3.7 Gender balance of consumers who participated
The exact number of consumers who attended the arts-based activities compared to the number of consumers in the service overall proved difficult to ascertain. It was also difficult to gather an overall figure of the number of consumers who attended the arts-based activities compared to the number of consumers in the service overall. In ‘Second Story’ approximately 55% of consumers attended an arts-based activity. This was a very rough estimate as the facilitators reported that approximately 14-16 consumers enrolled per group, but on average 8.5 actually attended. Also, consumers would often attend more than one group at a time. The ‘Stables Studio’ had 31 spaces for artists with a waiting list to fill any vacancies. ‘Open House’ had approximately 8 consumers attend their group each week, out of a pool of approximately 20. Participation rates were also very approximate because additional consumers could also be observing, participating at times and the level of participation was at consumers’ discretion. There were approximately 100 consumers who attended ‘Open House’ each week.

On average an arts-based activity was found to run weekly for approximately two hours. However, there was also an annual art exhibition open to all consumers within the program. The ‘Stables Studio’ program provided access to consumers from 9am-5pm Monday to Friday.

The expertise of the different staff facilitating these organisations was diverse and ranged from: experience in arts making, practising artist, community artist, arts teacher, to arts therapist. Most facilitators adhered to more than one role or area of expertise, and also used different titles depending on the program model. For example, many facilitators were trained arts therapists, however, most did not use that title in the program. Although they may have embraced the theory of art therapy, in their work they tended to adopt a skill-development model.

The level of participation by consumers involved in planning and implementing arts-based activities was varied. Approximately two thirds of the programs (69%) currently have participants involved in the planning and implementing of the arts-based activity on some level. As illustrated in Figure 3.8, participation of consumers was highest for ‘Project design’ (69%), and then for ‘Involvement in the project overview and evaluation’ (52%), followed by ‘Project management’ (8%). However, no programs reported that consumers were involved in all three aspects, whilst 46% of programs reported consumer involvement in two aspects (‘Project design’ and ‘Project overview and evaluation’) and 23% in only ‘Project design’.
Figure 3.8 Consumers involvement in organising the arts-based activity

3.3.4 Additional Comments from Programs

Program managers were asked if they would like to provide more information about their arts-based activity. A wide variety of responses was received. Their feedback is included in Table 3.3.
**Table 3.3 Feedback from Prahran Mission programs on their arts-based activity**

<table>
<thead>
<tr>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘It’s important participants have opportunities to be creative and express themselves with fabric. I think there is more room for craft-based activities so we can reach people who aren’t drawn to traditional ‘arts’ yet can express themselves creatively through craft.’</td>
</tr>
<tr>
<td>‘Interactive drawing therapy uses drawing to access emotions.’</td>
</tr>
<tr>
<td>‘Arts groups are well-planned and there are many examples of handouts on our shared server available for review.’</td>
</tr>
<tr>
<td>‘Often it seems to be the process of art-making which is more meaningful to people than the completed art piece. It is very common to hear people discussing how working with clay helps them feel calm, or how much they enjoy the atmosphere in the art room.’</td>
</tr>
<tr>
<td>‘Theatre exercises are done during group, juggling, exercises to build self-confidence, performance was done at finish in front of audience.’</td>
</tr>
<tr>
<td>‘The artists have the opportunity to exhibit in our gallery (at no extra cost) and the artists each have a key to their studio space (if private space) and front door. The artists also have access to the library/computers so that the program is actually a resource/gallery/studio community.’</td>
</tr>
<tr>
<td>‘The Tuesday Music Group is just an informal jam session, to anyone who comes along, all are welcome to get involved, to listen, to watch, to play, or sing, to laugh or dance, whatever the capacity, whatever the level of involvement, it’s all good. From a theoretical standpoint, I would say that it is structured to create an atmosphere of inclusion/acceptance and group cohesion. It is structured loosely in order to be flexible and responsive to the individuals involved and provides opportunities for all present to lead or follow. Its location and regularity is a key feature of its success, and provides a context for understanding the subtlety of some of the flow on effects of this art-based activity. Music and rhythm can be powerful devices to attract and hold people’s attention, affect mood, spark emotions and memories and generally impact on the senses, it’s also a bit of fun. Music can act as a vehicle for movement and change, people move about, they gather in a circle, they conspire to create, something happens, some jump in, others wait. The act of expression, and creation is the thing that they do, the benefits of the doing are the flow-on effects on their personality, mood, sense of self, transferable narrative of success. The facilitator’s role is flexible, and each participant is given opportunities to contribute their ideas. The group plays songs, chooses from a pool of potential songs or bring in their own material to play with the group. The group also breaks into spontaneous percussion at times. Conversation flows in the breaks, moods and energy levels fluctuate. Occasionally someone will want to play their own original material. Each week the group is a bit different. Outcomes include:</td>
</tr>
<tr>
<td>- Feelings of value through positive creative activity;</td>
</tr>
<tr>
<td>- Participation in a social setting;</td>
</tr>
<tr>
<td>- Risk taking, pushing boundaries;</td>
</tr>
<tr>
<td>- Communication skills and taking turns; and</td>
</tr>
<tr>
<td>- Creating a dynamic shift in the Open House environment, people like music, it’s entertaining for the other people in the space.’</td>
</tr>
</tbody>
</table>
3.4 Intended Outcomes of Arts-Based Activities Across Both Organisations

Respondents were asked to identify the intended outcomes of their arts-based programs. The question asked them to rank each of 15 options by number in order to gather a detailed understanding of the most important perceived outcomes. However, program managers responded to this question in a varied manner and most did not rank the options provided. Thus, it was decided to present the top three perceived outcomes. Eight out of 35, or 23% of the questionnaires, were omitted from the results because questions were answered with an X rather than numbered, or more than one answer was answered with the same number.

As can be seen in Table 3.4., ‘Improved self worth, confidence, self-esteem’ was rated as the most important outcome by 88%, with ‘Increased social contact with other people with mental health needs’ and ‘Personal growth, self-awareness and transformation’ as the equal second most acknowledged outcomes (50%). ‘Improved quality of life’ (38%) was rated as the third important factor. ‘Increased artistic skills’ was rated equal fourth with ‘Increased involvement with the local community’ (19%). Other popular outcomes included: ‘Reduced symptoms of mental illness’ (12%), ‘Other’ (Learning different ways of communicating’ and ‘Meaningful activity’) (8%) and ‘Reduced use of secondary mental health organisations’ (4%).

The other six intended outcomes not included in the top three were still regarded as important. These included: ‘Improved access to mental health organisations’, ‘Reduced use of medication’, ‘Reduced use of primary care organisations for mental health problems’, ‘Reduced stigma and discrimination’, ‘Increased opportunities for employment’ and ‘Increased opportunities for education or training’. These outcomes were often regarded by respondents as either: an outcome to aim towards, resulting only after a significant amount time of participating in the arts-based activity, or could only be concluded upon reflection.
### Table 3.4 Intended outcomes of arts-based activities

<table>
<thead>
<tr>
<th>What outcomes do projects intend their work to have?</th>
<th>% Rated item in top 3 outcomes</th>
<th>% Rated this item as a top 3 intended outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>N= 26</td>
<td>most important</td>
<td>2nd most</td>
</tr>
<tr>
<td>Improved self worth, confidence, self-esteem</td>
<td>73.08%</td>
<td>11.54%</td>
</tr>
<tr>
<td>Improved access to mental health organisations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced symptoms of mental illness</td>
<td>11.54%</td>
<td></td>
</tr>
<tr>
<td>Improved quality of life</td>
<td>26.92%</td>
<td>11.54%</td>
</tr>
<tr>
<td>Reduced use of medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced use of primary care organisations for mental health problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced use of secondary mental health organisations</td>
<td>3.85%</td>
<td></td>
</tr>
<tr>
<td>Increased social contact with other people with mental health needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased involvement with the local community</td>
<td>7.69%</td>
<td>3.85%</td>
</tr>
<tr>
<td>Reduced stigma and discrimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal growth, self awareness and transformation</td>
<td>7.69%</td>
<td>26.92%</td>
</tr>
<tr>
<td>Increased artistic skills</td>
<td>3.85%</td>
<td>3.85%</td>
</tr>
<tr>
<td>Increased opportunities for employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased opportunities for education or training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other outcomes: ‘Learning different ways of communicating’ and ‘Meaningful activity’.</td>
<td>7.69%</td>
<td></td>
</tr>
</tbody>
</table>
3.5 Summary

Conducting the audit of arts-based practices within both Mind Australia and Prahran Mission enabled a broad understanding of current arts-based practices. Some key similarities were identified between the organisations. For example, ‘Fine art’ followed by ‘Decorative design’ were found to be the most common modalities used within the arts-based programs, and thus became the main focus of our project. Between the two organisations a variety of models of participation was identified as most common ranging across the spectrum, and most program managers ticked more than one. This was significant, as it shows there is a variety of options for consumers and flexibility is needed around consumer needs. This was also reflected in the facilitators’ background. Facilitators were typically trained in a range of areas to be skilled in art making as well as mental health recovery.

Most programs encompass a variety of these approaches whilst others have a particular adherence to one approach. For example, art therapy is embraced by some program managers and rejected by others. Debate regarding the definitions of each of these art making approaches continues within the two organisations as well as in the research field (Allen, 2008; Kapitan, 2008; Ulman, 2001; Vick & Sexton-Radek, 2008). Especially within the two organisations these varied approaches are not necessarily discretely delivered programs, but provide a range of methods that can be adapted and applied according to perceived client needs and staff and client skills and training. This report aims to bring together research related to the different approaches on art and recovery adapted within these organisations.

The audit also revealed the popularity of arts-based practices within the two organisations. Approximately half of consumers who have access to an arts-based program across the two organisations were found to be participating on some level. This is significant when put into the context of general levels of participation in the mental health system. Creating voluntary mental health strategies that are attractive and consumers are motivated to attend, has proven difficult in the past.

Both organisations had participants involved in the planning and implementing of the arts-based activity on some level. The majority of program managers identified that consumers were involved in ‘Project design’ and ‘Project overview and evaluation’. However, few were involved in ‘Project management’ and in all three areas. Further investigation may be needed to explore how to implement practices involving full consumer participation.
Identifying the intended outcomes of these arts-based programs revealed the main purpose of implementing these practices. They also revealed key areas for further investigation on the relationship between art making and mental health recovery. The most common outcomes included:

- Improved self worth, confidence, self-esteem;
- Increased social contact with other people with mental health needs;
- Personal growth, self-awareness and transformation;
- Improved quality of life;
- Increased artistic skills;
- Increased involvement with the local community;
- Reduced symptoms of mental illness;
- Other: (‘Learning different ways of communicating’ and ‘Meaningful activity’); and
- Reduced use of secondary mental health organisations.
Chapter 4: Method for Staff and Consumer Interviews

4.1 Aims

This study was interested in gaining a detailed understanding of the relationship between art making and mental health recovery through lived experience accounts of staff and consumers from two psychosocial rehabilitation organisations.

4.2 Methodological Approach for the Staff and Consumer Interviews

The methodology used for the consumer and staff perspectives was informed by humanistic phenomenological and recovery-oriented philosophies. The approach values consumers and facilitators as expert informants of their unique culture who can teach us about their circumstances in order to develop a rich basis for understanding their experience (Hein & Austin, 2001; Moss, 1989; Spinelli, 1989; Willis, 2001). The use of this framework is in keeping with the call for new directions in evidence-based practice research that allows for practice-based evidence built on a recovery philosophy (Anthony, Rogers, & Farkas, 2003).

Our methodological approach embraced the call for ‘humanising the person’ in mental health and valuing in-depth felt experiences to provide us with genuine insights into this phenomenon (Biley & Galvin, 2007; Spaniol, 1998, 2005; Spaniol & Bluebird, 2002). As Spaniol (2000) suggested, the mental health recovery model is about a shift in attitude from the ‘one size fits all approach’ to understanding subjective accounts that not only teach us about the recovery journey but also empowers consumers to direct the treatment priorities in mental health.

The two interview studies of the staff and consumer perspectives used a qualitative open-ended phenomenological interview method to elicit the conceptualisations, experiences and reflections of the facilitators and consumers about the role of art making in mental health recovery within the psychosocial rehabilitation sector (Smith & Osborn, 2003). By interviewing art facilitators who worked with the consumers it was hoped that their insights would at times be close to and, at other times complementary with, the experiences of the clients with whom they worked. However, they may have the benefit of being articulated from a meta-perspective and may provide a more coherent and reflective account (Whitley, Gingerich, Lutz, & Mueser, 2009). It was hoped that this would complement insights from client reports and bridge the gap between the inter-subjective lived experience investigated by previous accounts (Heenan, 2006; Lloyd et al., 2007; Spandler et al., 2007).
4.3 Setting

The study was conducted in collaboration with Prahran Mission and Mind Australia, two of the largest psychosocial rehabilitation organisations in Victoria, Australia. In response to client needs for more client-oriented and supportive rehabilitation methods, Prahran Mission and Mind have developed innovative and varied recovery models characterised by principles such as: (i) creating a supportive and accepting environment; (ii) fostering relationships; (iii) nurturing individuals to redefine their sense of self and (iv) offering rehabilitation and creative activities to develop skills and assistance to individuals to function in their environment.

The programs operated by these organisations are designed to assist adults to understand and manage their mental illness, develop positive relationships and develop skills that would enable them to lead an independent adult lifestyle within a safe and supportive residential or day program environment. The average length that consumers engage in these organisations is two years.

4.4 Participants

The research was carried out following a purposive sampling strategy. In the audit survey, program managers were asked if they would be interested to take part in an interview about their experiences in art making. This assisted in gauging the level of interest for the study (see Appendix C). The majority of respondents who had an arts-based activity within their program agreed to participate in the study, and if they didn’t agree, it was based on not having an adequate number of participants to interview within their program. The project committee members collectively decided on the six programs within the two organisations. To capture diversity within the organisations, a rural program, a youth program, and at least two residential programs were selected.

Once the program managers and facilitators agreed to participate in the study, they were asked to choose three consumer participants from their program who were actively engaged in art making and interested to take part in the interview process. In order to be eligible to participate, consumers had to consider themselves to be in recovery from severe mental illness, and to be coping satisfactorily with their lives at the present. A total of eighteen mental health consumers were interviewed (three from each of six programs). There were six males and twelve females. Their level of interest and experience in art making was diverse ranging from:

- No interest in art before onset of diagnosis,
- Introduced to art-making through participating in the service,
- A conscious decision to participate in the service because of the art-based focus,
- An extensive history of creating art individually,
- Developing a serious interest in art making,
- Regularly creating and exhibiting art works,
- Attending art courses to pursue an artistic career.
All participants had chronic and severe levels of mental health issues, including depression, anxiety, borderline personality disorder, schizophrenia, post-traumatic stress disorder and drug and alcohol abuse. However, the participants’ diagnoses were not specifically identified in the study, but only discussed if the participant mentioned it during the interview.

The facilitators who took part in the study were six experienced female art facilitators who worked in six different art-based programs from the two organisations. Their backgrounds varied from fine art training, artist career, community artist, art education to art therapy training. One participant held a team leader position, two participants were psychosocial support workers, two participants were specifically art facilitators and one participant was employed as an art therapist. Two participants had previously been consumers within the two organisations. They all had experience in the variety of approaches along the practice continuum. The sample size was chosen in keeping with the focus of developing rich in-depth accounts of lived experience, whilst still maintaining a broad and widespread overview of the phenomenon.

4.5 Data Collection

The interviews took place in the art studio settings of six different programs, as this was deemed to be a comfortable and a familiar space for the participants. The average length of each interview was between 45 and 90 minutes.

All of the interviews were tape recorded and transcribed. Ethical procedures had been approved by the La Trobe University Human Research Ethics Committee and by the participating organisations. Participants were given the opportunity to ask questions prior to the interview, were assured of anonymity, their right to withdraw from the study and of secure keeping of all data. Pseudonyms have been used to protect their identities.

The consumers were invited to bring any of their art work that had significance, and this was used as a focus for discussion. The interviews were open ended, their purpose being to elicit perceptions, experiences and meaning making processes of the experience of art making and its relationship to mental health recovery. Each interview was structured accordingly to encourage an emergence of each participant’s narrative.

The staff interviews were designed to direct the participant towards their experience as a facilitator without predefining the content of interaction. The focus of questions was based on the relationship between art-based activities and mental health recovery. Prompts and exploratory questions were asked in a conversational manner to further elaborate on potentially rich aspects of their responses.
4.6 Data Analysis

The data were analysed using an interpretative phenomenological approach in order to uncover central and common themes from participants’ accounts, as well as to highlight individual differences. This approach was not prescriptive, but rather broadly followed guidelines set out by expert researchers in this methodology (Eatough, Smith, & Shaw, 2008; Smith & Dunworth, 2003; Smith, Jarman, & Osborn, 1999; Smith & Osborn, 2003). The researchers endeavoured to maintain an unbiased stand, allowing the themes to emerge. Each transcribed interview was read several times and a table was developed to track the analysis process. A new column in the table was added for each reading of the data, noting key phrases. Each immersion involved a reduction process to distil key concepts. Specific phrases were retained, keeping a participant’s original words as close as possible to the original.

These key concepts were titled ‘participants’ key concepts’ and were compared across each data set to identify ‘themes’. It was decided that recurring key concepts or those with similar meanings from two or more participants would be sufficient to identify a theme. This process moved between inductive and deductive positions; as the data were analysed more thoroughly, theoretical connections developed. Once the themes were analysed overarching themes were identified following a similar, systematic process. At every stage of the process, data were referenced in a manner that allowed findings to be traced back to the original source in transcripts through a coding system.

Finally, tables were produced that showed the overarching themes, themes and participant’s key concepts (as seen in Chapters 5 and 6). These tables are the outcome of a detailed and rigorous process where the researcher has moved back and forth between the various analytic stages ensuring that the integrity of what the participant said has been preserved as far as possible. In order to check the trustworthiness of this process an independent audit was conducted, where two other research authors tracked the analytic journey from the raw data through to the end table (Eatough et al., 2008; Lincoln & Guba, 1985; Smith, 1996).

The analytic process was conducted until the data had reached a ‘saturated’ point where the data had been completely analysed and interpretations and theoretical underpinnings had developed into a comprehensive conceptualisation. A framework, in the form of diagrams, was developed in order to articulate a comprehensive understanding of each concept.

To incorporate a participatory focus of this study, as well as strengthen the validity of the research, a number of additional steps were taken (Lincoln, 1995). Participants were provided with a draft of the results section to confirm and approve their quotes and pseudonyms (Elliot, Fischer, & Rennie, 1999). Project committee members thoroughly reviewed the results sections to not only ensure the trustworthiness of the analysis process, but also to verify the credibility or the accuracy in the data (Lincoln & Guba, 1985). The transferability of the results was confirmed through committee members and the researchers relating the concepts to established findings in the field of inquiry (Lincoln & Guba, 1985). This also assisted in developing the conceptual framework to explain the dynamic and interrelated concepts involved in art making and its relationship to mental health recovery.
Chapter 5: Staff Interviews on the Relationship Between Art Making and Mental Health Recovery

5.1 Introduction

Through the process of immersion during data analysis, twelve themes emerged that were grouped into the following three overarching themes:

- **Process** - the art making process brings self-knowledge, growth and development.
- **Milieu** - qualities of the milieu promote self-empowerment and active engagement.
- **Facilitator** - the beliefs, attitudes and approaches of the facilitator influence and support recovery.

The twelve themes within these three domains are outlined in the next section. The themes are explained through the use of supportive quotes. Tables are included throughout this section to capture the deductive process that resulted in the overarching themes.

The following diagram (Figure 5.1) illustrates the unification of the overarching themes. The level of awareness works along a continuum from inward-looking towards outward-looking, which embraces the diverse perspectives of the facilitators. These overarching themes are also seen to work as a unified whole, rather than in a linear or hierarchical manner.

![Figure 5.1 Staff perspectives of the relationship between art making and mental health recovery](image)
5.2 The Art Making Process Brings Self-Knowledge, Growth and Development

Encompassed within the overarching theme ‘The art making process brings self-knowledge, growth and development’ were the following four themes (as can be seen in Table 5.1):

- The creative state brings a new focus through a sense of respite and serenity, which allows issues to be mapped out and resolved.
- Self-knowledge is enhanced as a meaningful relationship develops through which parts of the self are portrayed and recognised.
- Highly personalised form is given to imagination and emotions through the image, which enables the maker to feel ownership.
- Viewing one’s image promotes pride, empowerment and reward and becomes a source of encouragement and inspiration from others.

The creative state brings a new focus through a sense of respite and serenity, which allows issues to be mapped out and resolved. For the facilitators art making with their clients involved a process of problem solving issues in a way that was positive and meaningful. As one facilitator reflected on a client’s experience:

He was sorting out thoughts and putting them into the rightful place... it assisted him in getting a little bit of space to sit back... to get a bit of an overview. It allowed him to separate from thoughts and to allow a process of decision making. (Louise)

The facilitators also noted how, for many clients, art making seemed to be a necessity because of the need to release and resolve issues. Some facilitators found it worked as a calming strategy when their clients were stressed.

Everyone who goes through a trauma seems to automatically go to create something because it’s their way of resolving things. The trauma is reaching out, trying to figure things out, it’s desperate to. (Simone)

She further explained that in art making the maker goes,

Through all those phases where it’s all mess and frustration and you kind of get welled up with all these horrible feelings of, ‘It’s not working’. But then if you keep going and you resolve it, then that’s when that feeling of, ‘Ahhh, I did it, I made it happen’. It’s getting people to work through their pain, til they get the sense of completion. (Simone)

The facilitators thought that the resolution may come from the completion of the art work itself, or through talking about the image or even by throwing the image in the bin. It depended on the client and type of emotions involved. The important part of resolution appeared to be the feeling of satisfaction and release it created.
… all the tightness goes out of your body, it’s just, you’ve just recognised something. And I think that’s what happens and I think that does transfer into relationships with people. (Simone)

The art making process had many beneficial elements in reducing mental health symptoms. For example, Sandra explained that it is a form of:

Meditation... it’s a really powerful aid to recovery. To be able to sit with things that are really distressing, it’s worth more than any medication. It’s not just the effect, it is that the person is doing it themselves; they have power over what’s happening to them… It allowed you to switch off from your thoughts and allowed respite from voices. (Sandra)

The facilitators also explained that it was much more than that, it was about being connected to something greater, beyond one’s perceived limitations; as Louise termed it ‘connecting with your art connects you with something greater, a spiritual element’.

Self-knowledge is enhanced as a meaningful relationship develops through which parts of the self are portrayed and recognised. The process of developing a relationship with the image was seen as comparable to knowing the self. Louise explained that ‘self reflection occurs immediately in art making’ and ‘you are not on your own, it’s like a co-pilot. The facilitators agreed that there is always some element of the self in the art. As Sandra explained, art offers ‘something that’s real, something that witnesses, it almost records your thoughts’.

The facilitators found that self-reflection was very important in the recovery process, as it assisted in the transformation and growth of an individual. Simone added that the ‘more insight and self-reflection you can have, the easier it becomes to not need the organisations so much. You feel that you can manage without going into hospital. You feel that you can get through things by yourself’. In reflecting on their role as facilitator they explained that a lot of the change process occurs unconsciously for the client but, as Louise added, ‘you’re aware of your thoughts in a different way and I don’t know, I know that’s partly neurological’.

A common notion that the facilitators identified was that the image involved a sharing of the maker’s essence of themselves. For their clients to be able to convert abstract thoughts and emotions into imagery was paramount to gaining a feeling of being heard and understood. As Pauline explained; ‘a picture tells a thousand words and a thousand words tells one picture’. She further added how it provided a different form of communication; it allowed people to speak in ‘more abstract terms, like in a fourth dimension, like a narrative therapy’.

Highly personalised form is given to imagination and emotions through the image, which enables the maker to feel ownership. The image was found to hold difficult emotions. It provided a means of externalising and objectifying aspects of the self that were difficult to face or contain. Sandra reflected that during an art making session, one client had said:
It was too much to deal with today but I’m going to put it in the box and when I’m ready to, I’ll deal with it then …, and I don’t have to worry because I know it’s there but it’s not with me… it was about being able to get some of those things out and have them somewhere safe. (Sandra)

Some of the experiences that the facilitators talked about were life changing for the clients. Simone explained in describing a client’s experiences:

She really found herself in art, without a doubt. She actually began to carve, this is someone who actually used to cut themselves, who used knives to carve into balsa wood, and create these really beautiful sculptures out of balsa wood, and she stopped cutting… and not in hospital nearly so much… She would say it’s through the art. (Simone)

The facilitators also explained that some of what clients needed to express seemed to be ‘beyond words’. Louise explained ‘people draw an image and then think back and just cry. So on a feeling level I think it can have a huge impact but I’m not sure how they would be able to put that into words’ and Sandra explained, ‘talk…only skims the surface, we don’t really get down.’

One facilitator gave an account of a powerful experience where the client created her ‘other’:

Over a period of weeks she kept doing these drawings and in the discussions in the group she began to realise that the demon was actually herself… This happened pretty quickly…that’s something that can take years just of talking. (Simone)

Simone also explained that by having the images in a solid form the client could:

Take a bit of time out to really process it for herself and get used to the idea that she was the monster too. But in a sense she was becoming more whole, she was accepting that, ‘Hey you know, this demon, that’s me that’s doing that’. (Simone)

Gabrielle noted the importance of having a vehicle to contain difficult issues or feelings for her clients; ‘it’s theirs and no one can take that away from them’. She later added; ‘You know like when you have a baby, that’s yours. I remember thinking ‘oh that’s from me’. So when you draw or when you do something, no one else can do it, it’s uniquely you.’ She also explained how for people with mental health issues they believe they don’t exist, they are nothing, but art making provides them with a way of existing that is theirs.

Viewing one’s image promotes pride, empowerment and reward and becomes a source of encouragement and inspiration from others. Having the opportunity to exhibit one’s work was, for many of the facilitators, part of the recognition and validation process so important in their client’s recovery. The facilitators spoke of observing the positive and encouraging atmosphere on an exhibition opening night, which had affirming benefits for their clients.
The making and sharing of an image offered the opportunity to connect with others in a way that was a new and constructive focus beyond one’s mental health issues. For example, a few facilitators recalled experiences of how an art exhibition enabled the rebuilding of broken friendships or family relationships.

Gabrielle emphasised the rewards for the client when their art work is exhibited:

> It’s like the highlight of their year… for an artist to see, who has no recognition, really in our culture or society, to see their work on a real gallery wall, … they are just astonished at themselves and so proud of themselves and that carries, it is limitless to what that actually stirs up in a person’s body and mind and soul, so to in their artwork which they hold so dearly to themselves. (Gabrielle)

Exhibiting also provided a vehicle for the facilitators themselves to feel a sense of inspiration and encouragement. As Louise recalled; ‘the pride that people take when they see their paintings on the wall. It’s the best day of their year and they’ve had a shitty year and everything’s been going crap, to see staff at that night and there’s tears in their eyes, thinking this is why I do this’.

**Table 5.1 The art making process brings self-knowledge, growth and development**

<table>
<thead>
<tr>
<th>Overarching Themes</th>
<th>Themes</th>
<th>Participants’ Key Concepts</th>
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| The art making process brings self-knowledge, growth and development. | The creative state brings a new focus through a sense of respite and serenity, which allows issues to be mapped out and resolved. | • Mapping out thoughts to sort through and make decisions can create something beautiful and meaningful.  
• Working through all the frustrations to get the ‘ahh’ feeling when everything comes together.  
• Teaches us how to live in the present moment, gives respite and provides meditation.  
• The art making process takes on a positive light; it is calming, distracts and develops a new focus beyond the illness. |
| Self-knowledge is enhanced as a meaningful relationship develops through which parts of the self are portrayed and recognised. | | • It becomes a guide, like a co-pilot, which offers a relationship with the image.  
• Connecting with art involves a process of knowing the self.  
• Finding the essence of oneself through learning and sharing your story through another dimension.  
• Converting the abstract and disorganised into imagery enables one’s voice to be heard and acknowledged. |
| Highly personalised form is given to imagination and emotions through the image, which enables the maker to feel ownership. | | • The art holds difficult emotions like a container.  
• Gives form and shape to underlying emotions, a deeper process than talking.  
• The image is sacred and unique to the maker, as the process involves going into one’s own world.  
• The creator has complete control over the process and creation. |
Viewing one’s image promotes pride, empowerment and reward and becomes a source of encouragement and inspiration from others.

- Exhibiting art works allows individuals to be recognised, understood, and an opportunity to be proud of their achievements.
- Exhibiting is affirming as it provides encouragement from others.
- The image enables the recalling of a memory, which involved a developing sense of pride and ownership.
- Seeing the client’s sense of pride when they view their image is inspiring for the facilitator.
- The rewards of attempting a difficult task, achieving and seeing it celebrated by others.

5.3 Qualities of the Milieu Promote Self-Empowerment and Active Engagement

The overarching theme of ‘Qualities of the milieu promote self-empowerment and active engagement’ was made up of three themes (as can be seen in Table 5.2):

- Engaging in art making generates an energy which brings passion and meaning into life. Achieving and learning creates confidence and lightness about things.
- The making and sharing of art with a group creates meaningful relationships, which are encouraging, inspiring and supportive.
- The art studio provides a non-judgmental space that invites exploration and experimentation in an atmosphere of trust and respect.

Engaging in art making generates an energy which brings passion and meaning into life. Achieving and learning creates confidence and lightness about things. The facilitators noted a significant change in the energy that art making brought to their clients’ lives, particularly for those who were previously unmotivated. Learning a new skill ‘can get people motivated again, and that’s a great job preparation skill to have’ Simone explained. Louise stated that the ‘room filled with art works gives a boost… confidence… (it’s an) affirming experience’.

The ability for art to generate a ‘lightness about things… reverence about things’, and the building of resilience and humour was also important from Louise’s perspective. She further added that through art making one can ‘establish a sense of freedom and spontaneity…playfulness, openness and daring to make mistakes and humour and curiosity and all sorts of elements that actually give you confidence’. Sandra noted how clients leave ‘feeling fuller and more enriched from a very positive experience’ and the facilitators all noted how fantastic it is for them when their clients have anticipation for what’s next.
The making and sharing of art with a group creates meaningful relationships, which are encouraging, inspiring and supportive. Art making within a group setting allowed for the development of friendships for people who have difficulties with social interactions. They noticed the bonds that developed were closer than in other groups such as cooking or talking.

I think it’s real, art is real, it’s an easy way for people to connect with each other, because they might not feel comfortable about talking to each other, but they can talk to each other through the art. (Louise)

Pauline also explained:

It is so supportive, like the people in that room get on as a group better than any group participation, here everybody looks after everybody, and is concerned about their welfare, if they are having a good day, a bad day, and you only have to say ‘nope, I’m not having a good day’ and everyone goes ‘fine’; and people are just left alone to do what they want to do. (Pauline)

Group members were also viewed as helpful in building each others’ confidence and, as Sandra explained, in one group:

There was a lot of camaraderie, there was a lot of good feeling and people would encourage each other and look at each other’s work and say, ‘Wow, that’s great, I wish I could do that. (Sandra)

Pauline reflected on how a new client had come into her group that morning and noted a difference in presentation after the group, even though the client was not actually making art.

She was still a part of this whole process in here, she was still catching the excitement of everybody and so she sat here and had conversations and had a look at everyone’s work... She was really interested in what people were doing, she looked like a different person when she left and that is just by being in the atmosphere. (Pauline)

The group was not only seen as a way to provide inspiration, motivation and friendships but also encouragement. By providing group tasks where clients had to help one another facilitators noticed how through interacting and being able to support one another it pushed their own limits and boundaries. Additionally as Gabrielle reflected; ‘it is an environment where they could learn from each other, and talk to each other rather than me, this really helps to empower them’.

The art studio provides a non-judgmental space that invites exploration and experimentation in an atmosphere of trust and respect. Having an atmosphere of trust and safety for the facilitators was intrinsic in providing clients with the opportunity to ‘experiment and have time to explore the space as “scientist”’ as Louise explained. Sandra also noted this, adding that they are ‘whole-heartedly encouraged to make a
mess, and to take risks and to try new things and experiment… they walk out that
door feeling that it was something positive’. She also added:

More people talk to me about feeling safe here than I’ve heard them
talk about that in other contexts. So it’s not necessarily the physical
space here, I think it’s more about being trusted, being respected,
being able to be themselves and not having to worry about being
themselves. (Sandra)

Pauline recalled:

We could talk about how mad we were and how insane we were, this is the
best place to talk about it, because everything is acceptable in the art space,
nothing is wrong, there is no good, no bad. There’s nothing that is wrong,
that shouldn’t be here. (Pauline)

These qualities were seen as providing a sense of containment that was conducive to
enabling the creative ‘flow’. Their role as a facilitator was also to help people feel
comfortable through the provision of a welcoming and accepting space but, as Simone
explained, also to ‘make sure that there’s a social environment within the group, make
sure that everyone is treating each other with respect…often people are coming here
for social reasons, because they’re isolated’.

The studio was also a place where clients could feel a sense of ownership and
responsibility. As Pauline referred to it as; ‘where they can claim their own spot’, but
at the same time noted how respectful they were of the space, by keeping it clean and
tidy.

Table 5.2 Qualities of the milieu promote self-empowerment and active engagement

<table>
<thead>
<tr>
<th>Overarching Themes</th>
<th>Themes</th>
<th>Participants’ Key Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualities of the milieu promote self-empowerment</td>
<td>Engaging in art making generates an energy which brings passion and meaning into life. Achieving and learning creates confidence and lightness about things.</td>
<td>• Developing a lightness and reverence towards life.</td>
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<tr>
<td>and active engagement.</td>
<td></td>
<td>• Initially achieving small tasks gives motivation, confidence and affirmation.</td>
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<td></td>
<td></td>
<td>• Becoming engaged in art making brings meaning and passion in life.</td>
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<td></td>
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<td>• Having opportunities to create in an approachable way generates energy; an inner stirring.</td>
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<td></td>
<td>The making and sharing of art with a group creates meaningful relationships, which are encouraging, inspiring and supportive.</td>
<td>• The image helps connect with others and build deeper relationships within the group.</td>
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<td></td>
<td></td>
<td>• Group members provide encouragement and support that inspires and motivates one another.</td>
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<td></td>
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<td>• The group atmosphere enhances mood and arouses interest.</td>
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<td></td>
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<td>• The group environment enables members to learn from and teach one another.</td>
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<td></td>
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<td>• It has a community-like atmosphere where participants</td>
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</tbody>
</table>
The art studio provides a non-judgmental space that invites exploration and experimentation in an atmosphere of trust and respect.

- A space permissible to experimentation and exploration so as to overcome their fears and self-judgment.
- A space to feel comfortable, trusted and respected.
- An enjoyable and fun experience from being in the studio.
- A space to make art involves providing a sense of security, containment and respect.
- The provision of a relaxing environment where one can enjoy each others company and be open to creating.

### 5.4 The Beliefs, Attitudes and Approaches of the Facilitator

Influence and Support Recovery

The overarching theme of influence of the beliefs, attitudes and approaches of the facilitator was made up of five themes (as can be seen in Table 5.3):

- The facilitator acts as a witness to the client’s process of becoming whole again as they look beyond the illness to see their courage, intelligence and pride.
- Acknowledgment of the artist by being client-driven and standing back to allow the self discovery process to unfold.
- Guidance and support are provided through a relationship of trust and connectedness.
- Shifting client self-judgement by providing opportunities to take risks, reframe and enhance the sense of self.
- The facilitator offers opportunities for skill development and guidance in art making.

_The facilitator acts as a witness to the client’s process of becoming whole again as they look beyond the illness to see their courage, intelligence and pride._ For the facilitators, being a witness to the client’s process of becoming whole again involved looking beyond the illness and seeing their courage, intelligence and pride. Seeing the clients’ creative potential was seen as important in order to help overcome the clients’ perceived fear, judgment and low levels of confidence of their creative abilities. Facilitators saw that their purpose as a facilitator was to believe in the client’s pursuit to develop meaning in their lives through art.

We hold onto people’s hope for them and then when they’re ready to take it themselves, that’s when they’re ready to move on …We don’t see people as being sick. We see ourselves as working with people
who have been through a really traumatic experience… it’s about coming and saying, look you can be a whole person again.  (Simone)

One facilitator used the following metaphor to explain her view of client experience:

There’s this amazing weed out there that’s growing out of the metal. That’s like the people who come here, they’re surviving against the odds, and it’s blooming and it’s amazing. Everyone pays respect to the weed…I’ve seen these people start to make progress with their recovery, it takes a lot of strength from them to get them through and I don’t feel that’s always recognised. (Sandra)

Learning to be creative was seen as much more than learning about different skills and techniques through art; it also provided clients with an inner strength. As one facilitator explained:

Anyone with a mental illness, has to be creative, even if they say no I’m not creative, but they have to be creative in order to survive, their everyday…How to force yourself to get out of bed, how to force yourself to eat something, how to trick yourself into doing something that you don’t want to do. And so their whole life is around creativity. (Pauline)

Art making also allowed a different type of relationship, beyond those typical in the mental health sector, which involved seeing the person beyond their illness. As Gabrielle explained; ‘in my work you go straight to the person, you see the person you don’t see all that other stuff. So that is what I think happens when you work with people in the creative process. You see them, you see the purity; it’s a pure thing’.

**Acknowledgment of the artist by being client-driven and standing back to allow the self discovery process to unfold.** For the facilitators, having respect for the artist involved having a hands-off approach in order to support self-development and discovery. This also meant being aware of client needs and providing subtle guidance when requested, but reassuring them to direct this process.

As Gabrielle reflected on an experience working with a client:

I would leave her as long as she doesn’t need me… because while she is being driven herself, it doesn’t seem to be appropriate to interfere in their process at that stage…you don’t sort of come in and impose, you have to wait and see who they are and what the person is.. it’s their journey, you go with them on their journey, in a gentle way. (Gabrielle)

Another component to this theme was the individual approach needed in order to work with the client. Deborah explained the popularity of her art group was due to not being ‘restrictive’ and avoiding ‘becoming cookie cutter, which is not an acknowledgement of them as young adults and no longer school students’.
Guidance and support are provided through a relationship of trust and connectedness. Gabrielle emphasised the relationship with her clients as being part of the creative journey.

As she explained:

It’s not all isolated, it’s a whole thing. So when you are working with someone, to me is, it’s really important the relationship that you form with them, the trust in each other, and through the creative process at the different stages of it and it’s not just the process it’s not just the beginning and end.

(Gabrielle)

Making a connection with the client through art making was seen as unique and offering an honesty through ‘equanimity’ as Pauline explained. She emphasised the importance of this type of relationship in the mental health field:

People are moving out, moving away, going to, you know, other areas and so as soon as you get your trust in someone they are gone. As soon as you start relating to someone, openly and honestly, and trusting them, you know, they are usually going to another area. But here, you know what you are going to do, you know what you are going to get.

(Pauline)

The rapport with clients also enabled a feeling of trust; through this clients could challenge themselves further through their art. For example, one facilitator reflected on a relationship with her client:

He has been doing that kind of work, for eons, which is absolutely fine, but no-one has ever said to him ‘ok just how about if we just go up a level... so I waited for a day when he was well and I approached him and then put that to him, and he was just ‘thank you thank you, this is great having someone that’s taught me how to do it better, how to go further.

(Pauline)

Shifting client self-judgement by providing opportunities to take risks, reframe and enhance the sense of self. The facilitators emphasised how many clients initially attended their groups with a lot of fear and judgment about their art ability. Simone noted that the clients had often been criticised harshly for their artistic skills in the past or ‘they’ve often led a life that’s not been very creative and haven’t been given opportunities to be creative, quite appalling childhoods …where the atmosphere in the house was not conducive to being creative’.

One facilitator explained:

I think it is our role to start creating new memories, so that they have got something else when they go on. So its not just coming here, and okay your two years is up, here is your housing and on your way, there has got to be something we can give them the to take with them, tangible, spiritual, whichever way you want to look at it.

(Deborah)
Giving them opportunities to take risks was also a way that facilitators saw to help overcome their fears.

Sometimes it’s hard to tell people at the start, ‘we are going to throw our artwork out at the end of the day’, just as a way of taking the pressure off… just to let people relax, and when they start to relax it becomes a different experience. (Sandra)

_The facilitator offers opportunities for skill development and guidance in art making._ The facilitators also saw their role as providing guidance, technical advice and skill development in the art, particularly when clients did not have much experience. For Louise this also meant ‘guiding them to closely look at elements in their work’ and ‘educating clients to appreciate, understand become enlightened about who they are and what they can achieve’.

Pauline explained how she has tried to recreate the space to be like her university experience:

All the products were there, all the materials were in front of you, they weren’t hidden away in the cupboard or anything like that. So you could just, walk around and if you didn’t feel like doing what you had to do then you could pick up something else and do it. (Pauline)

Deborah explained the value of having an art group that provides opportunities and possible direction:

I think they have lived in a sort of cocoon, around the medical system… and you can’t say would you like to do a course in the community because they don’t know what is out there... I don’t know everything that is out there either, so my theory is you just put a whole lot of things in front and something will just spark, and you will go ‘oh I have something to go with now’. (Deborah)
Table 5.3 The beliefs, attitudes and approaches of the facilitator influence and support recovery

<table>
<thead>
<tr>
<th>Overarching Themes</th>
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<th>Participants’ Key Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>The beliefs, attitudes and approaches of the facilitator influence and support recovery.</td>
<td>The facilitator acts as a witness to the client’s process of becoming whole again as they look beyond the illness to see their courage, intelligence and pride.</td>
<td>• Seeing their creative potential.</td>
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<td></td>
<td>Acknowledgment of the artist by being client-driven and standing back to allow the self discovery process to unfold.</td>
<td>• Holding their hope with them.</td>
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<td></td>
<td>Guidance and support are provided through a relationship of trust and connectedness.</td>
<td>• Acknowledging their courage and intelligence.</td>
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<td></td>
<td>Shifting client self-judgement by providing opportunities to take risks, reframe and enhance the sense of self.</td>
<td>• Looking beyond the illness and believing they can be whole again.</td>
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<td></td>
<td>The facilitator offers opportunities for skill development and guidance in art making.</td>
<td>• Learning to be creative in order to survive the world.</td>
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<td>• Art allows you to work directly with the person, seeing them in their purest form.</td>
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<td>I am very respectful of the artist, which means having a hands off approach to allow for their own self development and discovery.</td>
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<td>The art process is client-driven, and I work with their requests by using subtle guidance and support.</td>
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<td>Acknowledging they can make their own decisions, being open to where they are at.</td>
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<td>Initially developing a connection and then providing suggestions and ideas about how to go forwards.</td>
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<td></td>
<td>The connection with the artist is important in providing trust in guiding them to move forward.</td>
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<td>Art making provides the development of a close relationship by sharing own experiences and being on an equal level.</td>
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<td>The importance of building a connection with them to support them through their journey.</td>
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<td>Challenging their own limited thinking by giving them opportunities and trying to help them gain confidence in taking risks.</td>
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<td>Repairing judgments about art ability and providing an opportunity to tap into your creative source.</td>
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<td>Giving them the opportunity to reframe old lives and have meaningful experiences to take with them.</td>
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<td>Invitational approach that is accommodating and includes options and possible direction.</td>
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<td></td>
<td>Available for skill development and guidance in their art.</td>
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<td></td>
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<td>Giving opportunities and choice through providing a variety of materials.</td>
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5.5 Discussion

This study of art facilitators working in the psychosocial rehabilitation sector provided an in-depth exploration of the perceived relationship between art making and recovery from mental illness through the experiences of six expert informants. The facilitators emphasised that they saw themselves as witnesses and companions in their clients’ mental health journey. They were very aware of not wanting to speak on behalf of their clients, as they valued the art making experience as unique and individual. Nevertheless, they held a wealth of accumulated practice wisdom and experience that provided a rich insight into the research subject.

The art facilitators came from a variety of backgrounds within the field and had different levels of experience. Their various perspectives incorporated: previous experience as consumers, extensive artistic experiences and professional qualifications in: art education, fine arts and art therapy. This resulted in varied perspectives providing a rich and multi-dimensional understanding that spawned the diversity of approaches of the entire art making continuum.

Consistent among the facilitators was a recovery-focused humanistic attitude and an intentional commitment to incorporate these approaches into all levels of engagement with their clients. For example, a common thread throughout all the interviews was the facilitators’ role as a witness and supporter rather than directing or controlling the recovery process.

Facilitators provided guidance with skill development as well as choice and opportunities through use of a wide variety of materials. But it was the development of a trusting, open and supportive relationship with the client that was seen as vital, similarly to Odell-Miller et al. (2006). Seeing the clients’ potential to develop a sense of wholeness and assist in shifting their judgmental attitude about self by providing opportunities to develop, take risks and reframe the self were also valued as important roles of a facilitator. This is not only in accordance with previous findings (Allen, 1995, 2008; Higgins & Newrith, 1999; Tate & Longo, 2002; Waller, 1991), but emphasises Spaniol’s (2003), fundamental components of the facilitator role with art in mental health settings. She highlighted the importance of deeply human relationships between facilitator and clients as a model for other relationships as well as the therapist’s belief that the client will recover. Similarly, Spaniol and Bluebird’s (2002) findings specified authenticity, mutuality and collaboration as key ingredients to a supportive and inspiring relationship.

Two out of the six facilitators who were interviewed were previously consumers and during their interviews they particularly highlighted the importance of breaking down barriers with their clients. They noted the power and control they had felt as a consumer and how art was able to create a level field. This experience resonated in the consumer perspectives and in accordance with Spaniol and Bluebird (2002) who stressed that language and authority was often used to divide, whereas art making provided a sense of connection. This is a unique perspective in the mental health sector, one which can counter the power-imbalance and usual focus on symptom management.
An important quality of the art making process was that it provided a meditative like state and respite from mental health symptoms. Through release and working through of issues, it enabled a journey of self-growth and development. Similarly to Kilroy et al. (2007) and Argyle and Bolton (2005), this outlet to express and explore personal issues assisted in clients gaining a sense of ownership and empowerment.

Particularly highlighted in the findings was that the completed image was also seen as providing a range of opportunities for the client. This ranged from self-reflection and a sense of achievement to encouragement and inspiration from others. There was strong agreement among facilitators that the clients needed to have choice and opportunities for what they could do with their image - whether this was to exhibit or to throw it away. As discussed earlier, the facilitators focused on what they had seen directly and thus did not explore what the art making experience was like after a client moves on from the group or when a client makes art on their own.
Chapter 6: Consumer Interviews on the Relationship Between Art Making and Mental Health Recovery

6.1 Introduction

This chapter presents findings in relation to understanding consumers’ experiences of art making and its benefits to their mental health recovery. There are three sections to this chapter:

- Qualities conducive to the art making context.
- How the art making process benefits mental health recovery.
- How the image benefits mental health recovery.

6.2 Qualities Conducive to the Art Making Context

As can be seen in Table 6.1, three overarching themes were identified including important qualities of the:

- Setting - feelings of belonging, security and encouragement are provided by the setting.
- Facilitator - the facilitator guides yet provides freedom and support to assist in expanding one’s potential.
- Group - there is a sense of connectedness within the group by providing acceptance, encouragement and socialisation.

The themes were identified following a thematic analysis of the participants’ key concepts with a service-delivery emphasis.

Table 6.1 Qualities conducive to the art making context

<table>
<thead>
<tr>
<th>Overarching themes</th>
<th>Themes</th>
<th>Participants’ Key Concepts</th>
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</table>
| Feelings of belonging, security and encouragement are provided by the setting | The setting provides feelings of belongingness, safety and peace; where clients can be themselves without judgement. It provides encouragement, stimulation, and it is a place to rely on when needed. | • I feel a sense of safety, peace and can just create in the space without any pressure.  
• It is an environment where I can feel motivated and stimulated.  
• It has assisted me with my social development; as it is a trusting environment where people can be themselves.  
• A place to belong without judgment.  
• A safe and encouraging environment.  
• A place that I can rely on when I need it.  
• Important to feel comfortable in the art space, it allows me to create. |
| The facilitator guides yet provides freedom and support to assist in expanding one’s potential | The facilitator provides guidance with skill development, yet is flexible to individual needs. He/She offers choice and freedom, as well as opportunities with materials to expand one’s potential. The facilitator supports and encourages clients through their recovery journey by providing a sense of trust, openness and support. | • Facilitator provides some guidance but also gives freedom.  
• I can relate to the facilitator which makes me feel comfortable.  
• The facilitator provides structure yet freedom and flexibility.  
• Makes me feel free to express and use my creative outlet in my own way.  
• I need to be allowed to have flexibility, a sense of openness and trust with the facilitator.  
• The facilitator gives us options and provides choice.  
• The facilitator provides assistance with skill development.  
• Facilitator offers opportunities to expand.  
• I prefer that the facilitator allows us freedom and openness in the space and with the materials in order to feel relaxed and comfortable.  
• Facilitator provides support and encouragement through the struggles, challenges and triumphs.  
• Having a wide range of materials to choose from, the cost of materials is expensive. |
|---|---|---|
| There is a sense of connectedness within the group by providing acceptance, encouragement and socialisation | The group provides acceptance, understanding, and inspiration through their use of art to bring meaning into their lives. The group also provides opportunities to socialise, develop interpersonal skills, as well as gain feedback to develop ideas. There is a sense of camaraderie within the group, which is energising and brings a sense of connectedness. | • I have finally found a group that understands and is sympathetic to me.  
• They take my mind away from the sadness in my life.  
• They have helped me to realise that I am not that different.  
• I feel accepted and can relate to their stories, which makes me feel connected.  
• We are bringing meaning to our lives after a life of being misunderstood.  
• It is inspiring to be part of a group that is using their talents and skills to grow.  
• I use other members in the group for feedback and for guidance in developing my creations.  
• The group assisted in acknowledging and confronting my illness.  
• I feel accepted; I’ve been so demoralised and have often felt like an outcast.  
• The group provides motivation and reason to keep coming.  
• The group has assisted in developing interpersonal skills.  
• The art group helped me make friends and overcome isolation.  
• Important for me to meet new people and to socialise to overcome my loneliness.  
• The sense of camaraderie within the group is energising and breaks up the monotony of everyday life. |
Consumers identified four overarching themes of the art making process that were seen to facilitate mental health recovery. These included:

- Participation - participating to create a life of balance and wellness.
- Absorption - absorption in the creative process enables a sense of wholeness and perspective.
- Release - releasing tensions and becoming empowered.
- Challenge - experiencing challenges and rewards create a will to achieve and keep developing.

This is demonstrated below in Figure 6.1. Each of the four overarching themes incorporated a number of themes that will be elaborated upon in the following section.
6.3.1 Participating to Create a Life of Balance and Wellness

The overarching theme of ‘Participating to create a life of balance and wellness’ consisted of the following three consumer themes (as can be seen in Table 6.2):

- In art making I become an active participant in taking charge and transforming my life.
- 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.
- My art work provides me with a sense of agency; it’s a driving force in the journey of becoming well.

In art making I become an active participant in taking charge and transforming my life. The participants spoke about how they could take an active role in transforming themselves in their own way and at their own pace through art making. As Thomas explained,

I’m not just doing nothing, I am actually creating something… It is something I can do, like in the wheelchair, you are just dragging your backside around, and I don’t have any family to help me or nothing, it is so hard. (Thomas)

It was not only that the participants could take a hands-on role, but as Elizabeth recalled when she first started art making:

I think it plays a huge part because of like triggering those good happy feelings, and being able to do something as well and knowing I am capable of doing it… I couldn’t wait, I was ecstatic about starting in ceramics and really getting my hands into it and you know I already had all these plans… I really was inspired and motivated. (Elizabeth)

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. Art making was seen as much more than an activity where participants could feel productive. It provided a reason ‘to get out of bed’. The majority of the participants spoke about experiences of being previously unmotivated and not having much to look forward to in their lives. For Isabel the art making group provided a ‘routine’ and filled the gap of working, which she had to stop due to her mental health issues, as well as keeping her life balanced.

Paul explained:

Before coming here I was considerably depressed but (coming to the art group) meant my mental health was feeling the better for it… and I don’t do much of it at home, so (program name) is fairly intrinsically important in maintaining some level of artistic productivity. (Paul)
My art work provides me with a sense of agency; it’s a driving force in the journey of becoming well. As the participants explained, art making was more than just another activity that they discovered; it was something they could rely on when they were unwell. The participants spoke of how art making played out this significant role in different ways. Doug explained that when he is unwell, art making is ‘driving him’; he has a continuous need to draw. ‘It’s like running a race… it’s like a madness, running a race, you just go on doing it whether it will be a good run or bad run’.

Laura explained how art making was vital in getting herself well. However, she frequently struggled with staff allowing her to use art whilst in hospital and would be continuously explaining to them ‘art is way to my recovery, I need it for my journey’. Laura added:

Nothing works as well as art…when I am unwell I can’t do much cooking or gardening, but I can sit back and do a weird picture… it is just so helpful but it is hard to place why, its like a PRN, instead of having an extra tablet, you do a bit of art and you get more better. (Laura)

Table 6.2 Participating to create a life of balance and wellness

<table>
<thead>
<tr>
<th>Overarching themes</th>
<th>Themes</th>
<th>Participants’ Key Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating to create a life of balance and wellness</td>
<td>In art making I become an active participant in taking charge and transforming my life.</td>
<td>• The best way to learn is hands on and to be an active participant in my learning.</td>
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<td></td>
<td></td>
<td>• Taking charge and actively working on changing destructive parts of myself.</td>
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<td></td>
<td>• I am limited because of my issues, but art making is one of the few things I can achieve as it allows me to take charge.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>• It is intrinsically important to be constantly productive and motivated, through art making, for me to maintain equilibrium.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Art making is deemed constructive and makes me feel purposeful. It gets me into a routine of doing something and gives me a reason to get out of bed in the morning.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• My art assists in steadying myself and keeping balanced.</td>
</tr>
<tr>
<td></td>
<td>My art work provides me with a sense of agency; it’s a driving force in the journey of becoming well.</td>
<td>• It’s important for me to keep creating when I’m unwell; it’s my driving force and keeps me motivated.</td>
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<td></td>
<td></td>
<td>• Being able to strive in art drives me.</td>
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<td></td>
<td></td>
<td>• Art making plays a vital role in my life, it gets me through when I am unwell.</td>
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</tbody>
</table>
6.3.2 Absorption in the Creative Process Enables a Sense of Wholeness and Perspective

The overarching theme of ‘Absorption of the creative process enables a sense of wholeness and perspective’ consisted of the following four themes (as can be seen in Table 6.3):

- Being completely absorbed in the art making process, where ideas can evolve and become tangible, provides gratification.
- Being in a meditational and mindful state through art making brings awareness, relaxation, perspective, focus and inspiration.
- Art making turns the fragmented or imagined into something whole and complete.
- Art making is crucial in taking me away from my ongoing issues, it completely engulfs me, rather than the persistence of the illness.

**Being completely absorbed in the art making process, where ideas can evolve and become tangible, provides gratification.** Art making involved a deep investment in being immersed in the process. It was referred to as something the participants strived to attain because it gave intrinsic rewards. As Paul explained:

> I am just wanting to experience the process, it’s not so much about outcome, I mean outcome can be quite nice, especially if it comes out nicely… all I know is I tend to enjoy doing it and that’s justifiable enough for me to continue doing it. That there is some sort of benefit in my life personally. (Paul)

Many other participants spoke about how being absorbed in the process and persisting with the evolution of ideas was rewarding. As Moira explained, for her, art making involves ‘experiencing the highs and lows of putting things together, and if things didn’t work out, then they didn’t work out’.

Fleur explained the important elements of what the creative process meant for her:

> The word obsessional is coming to mind…. I think one thing that’s really nice is that sense of shut up… like 12 hours can just go by (click) you go into the dark room and then it is like you come out and go ‘where has the day gone’, you have been in there for hours… and it is not about my ankle hurting or do you like me, or all that usual crap… The way I experience it is like there is this massive opening and there is some sort of universal surge power thing going through you, and it just like a state of bliss or something. (Fleur)

Although the majority of the participants referred to the benefits of being in the creative state in some way, one participant spoke about not wanting to be absorbed by the process. Rita explained:
I don’t think it’s healthy to let something consume you that much. As much as the romantic side of me thinks that would be fantastic I don’t think I would like to be completely consumed by something like that… Sure it’s better than to be in bed or something, but then you think, ‘What happens after that’?

(Rita)

*Being in a meditational and mindful state through art making brings awareness, relaxation, perspective, focus and inspiration.* The art making process enabled a sense of inspiration, groundedness and relaxation. As Doug explained, being in this state meant ‘suddenly ideas flow like a torrent, they just keep flowing’. For some participants the process sometimes brought a feeling of ‘dissociation’ from the rest of the world and at other times ‘heightened awareness’ of one’s environment. The participants explained how being in the creative state assisted in redeveloping the self through having a new focus. For Elizabeth this was a similar process to mindfulness where she became: ‘in the moment, even though all these things were going on around me, I was just able to concentrate on my breathing… it allowed me to really be objective and to not run with my emotions’. Reflecting on the benefits of this process Elizabeth explained, ‘I felt really relaxed, and at peace and, a sense of achievement. You know, that ‘Yeah I’ve nearly got it done’. Other participants agreed with these benefits of being in this state of mindfulness where they could have a new perspective and become aware of life issues in a new way.

*Art making turns the fragmented or imagined into something whole and complete.* The process involved turning ideas and thoughts into form and as Morris described it: ‘creating something fantastical from nothing’. Paul referred to this as ‘putting pieces of a puzzle together’ and explained this through his use of mosaics:

I like the idea of creating an image, which is very much fragmented. You break it down to its smallest increments, or in a sense its pixels, that you put all these pieces together, and in a sense they individually amount to very little, but the whole picture in the end is a whole different thing. (Paul)

For many participants, as they were creating an image, there was a parallel process of problem solving of issues through a similar rebuilding process.

*Art making is crucial in taking me away from my ongoing issues, it completely engulfs me, rather than the persistence of the illness.* Art making had valuable benefits in being a distraction from one’s ongoing mental health issues and enabling time away from the illness. As Christine explained ‘I end up going absolutely nutty, I can’t survive without it to be honest with you… because it keeps your mind off your anxiety and your problems’. Paul explained:

I sort of try just to shut down my mind from the frenetic internal dialogue that continues to go on at times. Sometimes I just can’t stop thinking, so what do I do? I grab some clay and I just play around with it and see if something comes out of it. You know I’m not trying to be Picasso or any of his contemporaries. (Paul)
An interesting example of this theme was Morris’s experience of using art making to help assist with his chronic insomnia and have a ‘holiday’ from his ongoing mental health issues. He explained; ‘the time just passes quickly, when I am wrapped into the creative process, it doesn’t seem like all night awake’. He added:

It is a complete distraction because it completely engulfs me, the artwork or the creative process will completely engulf me and take me away from the problems that might me plaguing me at the time, the niggling mental illness that is chronic, it is always there’. (Morris)

Table 6.3 Absorption in the creative process enables a sense of wholeness and perspective

<table>
<thead>
<tr>
<th>Overarching themes</th>
<th>Themes</th>
<th>Participants’ Key Concepts</th>
</tr>
</thead>
</table>
| Absorption in the creative process enables a sense of wholeness and perspective | Being completely absorbed in the art making process, where ideas can evolve and become tangible, provides gratification. | • The value in the experience of making for itself. The enjoyment from doing or making is a reward.  
• Difficulties in getting into ‘the moment’; where ideas naturally evolve and click into place.  
• Deep investment in complex fantasy and physicality of using art materials to create a satisfying outcome.  
• Immersion in the art process involves being in a total state of absorption.  
• Overcoming the initial daunting phase of starting and allowing the creation to slowly evolve.  
• The experience of the highs and lows of being in the process without emphasis on the end product.  
• Awareness of the level of absorption into the process occurs upon reflection. |
| Being in a meditational and mindful state through art making brings awareness, relaxation, perspective, focus and inspiration. | Being in a meditational state through art can offer awareness and/or separation from myself.  
Being in the moment and in a mindful state assists me in being peaceful, centred and not run by my emotions.  
Being in a meditational state through art provides calmness and focus.  
I create to feel relaxed and grounded.  
Ideas flow when I become relaxed.  
Getting involved in what you are doing and being infinite with your emotions is relaxing.  
Creative ideas just flow like a torrent when I am relaxed.  
Relaxing is essential to me and becomes even more so when I am unwell. |
| Art making turns the fragmented or imagined into something whole and complete. | Creating something fantastical out of nothing.  
Working through a state of a fragmented existence to create something whole and complete.  
It’s like putting pieces of a puzzle together. |
| Art making is crucial in taking me away from my ongoing issues, it completely engulfs me, | Using art making to shut down my mind from the frenetic dialogue and constant thinking.  
It completely engulfs me and takes me away from my chronic issues. It is like a holiday where I don’t have to worry. |
The Role of Art Making in Mental Health Recovery

| rather than the persistence of the illness. | It takes my mind off my issues. |
| I need art to keep myself from going nutty; it takes my mind off from my problems. |

6.3.3 Releasing Tensions and Becoming Empowered

The overarching theme of ‘Releasing tensions and becoming empowered’ consisted of two themes (as can be seen in Table 6.4):

- Providing a vehicle to release and letting go of built up tensions.
- Developing the self to become resourceful, empowered and aware.

Providing a vehicle to release and letting go of built up tensions. The art making process provided a way to release stress that was unique and participant directed. Isabel referred to this as ‘a sense of holding onto something and then letting go’. This was critical for participants who expressed feeling disenfranchised and imprisoned by the illness, the system and the stigma from society.

Many participants spoke of experiences of how they found art making due to their strong desire for an outlet. These experiences were often in hospital or secure settings, where there was an art room and patients could come in and create as they pleased. For example Michelle experienced having difficulties in expressing herself: ‘the only time I really kinda do art is if I am in a depressed mood, like especially when I am stuck in hospital, or really down and I just want to get things out.’ Michelle spoke of examples where staff had interfered with this by analysing the anger content in her images and judging this as a sign that she might become aggressive. Art making served as a release for her, which allowed her to get things out and move on in her own way.

Moira had always considered herself to be creative, but really ‘found’ art after a traumatic incident. She explained:

Just getting a couple pieces of butcher paper, getting some paints, and just being able to basically what I would call scribble… just to put them (thoughts and feelings) onto paper really, and then I’d just burn it or rip it up, and a lot of my stuff was symbolic of how I was at the time and I found that if I burnt it, the flames were the light, that have gone through this crappy patch and that the light is still there and I can get through this and it is just a matter of taking baby steps and moving through it. (Moira)

Developing the self to become resourceful, empowered and aware. Art making was seen as a process where one could become more empowered and insightful. As Paul explained art making went beyond the ‘superficial’ and ‘material’ aspects of being human and focused on exploring the ‘essence of what it is to be human’.
For Elizabeth the process of making pottery was ‘self soothing’ and about ‘getting back to me’. She also added:

It’s about getting your self-esteem back and confidence in yourself, so you’re not co-dependent. So you don’t fall in the trap of people taking advantage of you or you manipulating people to get your own way because of a sense of helplessness. So it’s growing to be more resourceful within yourself.

(Elizabeth)

Julia agreed with this by explaining; ‘we become more aware of our own thought processes as we’re doing the art. So we get more self-awareness’. She adds ‘it’s sorta like it’s my free time, I can sit there and express myself either intellectually or emotionally or both.’

Table 6.4 Releasing tensions and becoming empowered

<table>
<thead>
<tr>
<th>Overarching themes</th>
<th>Themes</th>
<th>Participants’ Key Concepts</th>
</tr>
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</table>
| Releasing tensions and becoming empowered | Providing a vehicle to release and letting go of built up tensions. | - Releases built up energy and tension.  
- I became involved in art because I needed a creative outlet.  
- Art making gives me an outlet, a way of letting go.  
- A vehicle to let stuff out without necessarily having to discuss it.  
- A method to release and allow issues to rupture, whilst still feeling secure.  
- Art works as a stress release, where I can work through experiences of trauma and let go.  
- Letting out my emotions in my own way; revealing the physical and emotional sides of wanting to explode. |
| | Developing the self to become resourceful, empowered and aware. | - Art is self-soothing and about getting back to me in order to become self-resourceful and empowered.  
- Art making goes beyond the superficial and explores what it is to be human.  
- Searching for meaning and understanding about myself.  
- Solving my dilemmas by representing parts of myself and discovering who I am.  
- Gaining more self awareness by expressing my thoughts and feelings.  
- Art plays an essential part in opening us up to rising above ourselves. |
6.3.4 Experiencing Challenges and Rewards Creates a Will to Achieve and Keep Developing

The overarching theme of ‘Experiencing challenges and rewards creates a will to achieve and keep developing’ consisted of three themes (as can be seen in Table 6.5):

- Challenging but fulfilling experiences occur through experimenting. It leads to discoveries and can create outcomes exceeding my expectations.
- Learning that things do not always go as planned and gaining experience from recreating and starting again.
- Art making is fundamental to bringing me joy, pleasure and a sense of fun.

Challenging but fulfilling experiences occur through experimenting. It leads to discoveries and can create outcomes exceeding my expectations. Experimenting through art was seen as enabling one to grow and move forward. However, this was at times uncomfortable, as it often involved feeling like a novice again. Isabel explained, ‘at the moment I’m experimenting with mosaics and it looks like a three year old has done it, so it’s more of a test piece than anything else. But I’m trying to work out what is achievable and what can I do.’ The participants also explained that challenging themselves through experimenting formed the basis for trying new things in life. Isabel added, ‘if you don’t experiment you just get stuck in a rut and that’s not good for anyone.’

Experimenting for Moira was a way to let go of control and she referred to the experience as:

Exhilarating and a mix of stepping outside of your comfort zone and being open to different possibilities…I don’t have any preconceived ideas about how it is supposed to be, I just love bringing different colours together and seeing how they mix. (Moira)

Learning that things do not always go as planned and gaining experience from recreating and starting again. The act of creating was seen as full of unexpected successes as well as disappointments, but this was part of the process of discovery and gaining experience. Elizabeth explained that after a life of feeling ‘hopeless’, ‘out of control’ and ‘afraid to try new things’ she found pottery helped overcome these feelings and put life into perspective, which allowed for an acceptance of issues. For example, when the pottery broke in the kiln at first she felt a sense of ‘rejection’ but then was able to learn that ‘its part of creating, and the great thing is oh it didn’t work out but you can create it again’. Veronica concurred that when a piece did not turn out as planned; ‘I thought, well I need to make something out of this, or reconstruct it, because it is part of a series and I can’t just stop, so I had to kind of give it that rebirth if you like’.
Art making is fundamental to bringing me joy, pleasure and a sense of fun. The majority of the participants spoke about how art making is enjoyable, fun and how unusual it is to find something in their life that not only benefits them personally but can also put a smile on their face. The participants spoke of how the sense of pleasure derived from art making was distinctive compared to other techniques or strategies that they had tried to assist their mental health.

Table 6.5 Experiencing challenges and rewards creates a will to achieve and keep developing

<table>
<thead>
<tr>
<th>Overarching themes</th>
<th>Themes</th>
<th>Participants’ Key Concepts</th>
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</thead>
<tbody>
<tr>
<td>Experiencing challenges and rewards creates a will to</td>
<td>Challenging but fulfilling experiences occur through experimenting. It</td>
<td>• Trying new ideas leads to accidental discoveries.</td>
</tr>
<tr>
<td>achieve and keep developing</td>
<td>leads to discoveries and can create outcomes exceeding my expectations.</td>
<td>• I experiment with my art in order to work out what is achievable and so I don’t get stuck in a rut.</td>
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<tr>
<td></td>
<td></td>
<td>• Trying new ideas involves being open and stepping outside of your comfort zone.</td>
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<td>• I surprise myself when I attempt something new; it exceeds my own expectations.</td>
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<td></td>
<td></td>
<td>• Having no preconceived ideas and just experimenting can be liberating.</td>
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<td>• Enjoys surprising self by going beyond intention.</td>
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<td>• I have challenging but extremely rewarding experiences by allowing myself to try new things.</td>
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<td></td>
<td></td>
<td>• Trying something new allows me to let go of my urge to control and have a freeing experience.</td>
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<td></td>
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<td>• The potential of uniting the creative and technical aspects in art stimulates and challenges me.</td>
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<tr>
<td>Learning that things do not always go as planned and</td>
<td>Being attached to a creation that doesn’t work out can be rejecting and disappointing. But I put it into perspective of the trauma that I have faced, it is still an achievement and I can always start again.</td>
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<tr>
<td>gaining experience from recreating and starting again.</td>
<td></td>
<td>• Learning to accept things not always working out as planned, but knowing I have had many successes and art pieces can always be reconstructed.</td>
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<tr>
<td>Art making is fundamental to bringing me joy, pleasure</td>
<td>Being immersed in art making is enjoyable.</td>
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<tr>
<td>and a sense of fun.</td>
<td></td>
<td>• Ultimately art making is an enjoyable activity and that is all that matters to me.</td>
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<td></td>
<td></td>
<td>• I have fun in messing around, which encourages me to challenge myself further.</td>
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<td></td>
<td>• When I make art in a group we can have a laugh together when there is tension and enjoy being together.</td>
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<td></td>
<td></td>
<td>• Art making is fun, enjoyable even though at times it is also frustrating.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Art making is fun and rewarding.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• I enjoy making art, I see it being an intrinsic part of my life.</td>
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6.4 How the Image Benefits Mental Health Recovery

This next section looks at two different aspects of the experience of working with the image: the reciprocal relationship between investment of the individual and the image, and what the image gives back to the individual. There are four overarching themes within this model:

- **Insight** - the image gives insights about emotions, feelings and wellness.
- **Communication** - communicating and reflecting on intimate and personal meanings gives a sense of validation.
- **Connection** - gaining motivation, encouragement and a connection with others.
- **Reward** - the image represents personal gains and achievements.

This is demonstrated below in Figure 6.2. Each of these four overarching themes incorporated a number of themes that will be explained in the following section.

**The reciprocal relationship between the individual and the image**

![Diagram showing the reciprocal relationship between the individual and the image with themes of insight, communication, connection, and reward]

**How the image gives back to the individual**

Figure 6.2 How the image benefits mental health recovery
6.4.1 The Reciprocal Relationship Between the Individual and the Image: The Image Gives Insights About Emotions, Feelings and Wellness

The overarching theme ‘The image gives insights about emotions, feelings and wellness’ consisted of two themes (as can be seen in Table 6.6):

- My art portrays my present state and provides a vehicle to express my struggles and offers insights.
- The tender, emotional and true parts of me can be expressed in the image.

My art portrays my present state and provides a vehicle to express my struggles and offers insights. The image was seen as an invaluable source of knowledge about the self. Powerful and personal experiences were evoked when consumers spoke about how the art work demonstrated their recovery journey. They reported that in a way the image often ‘spoke back’ to them about their level of wellness and the issues they have faced through having a mental illness. For Stephen his images were particularly important in gaining insight about his level of wellness, as explained ‘if I do a picture of yellow, to me is a sign of sickness’, for him this meant ‘going to ground’. He added ‘I want to be more green, my eyes are green’, green also meant being ‘balanced’ and acknowledging his ‘suffering from the past and that (he) is a good person’. Stephen later explained ‘purple is a cardinal colour to me, like red and purple are my main, my best colours,’ they reminded him ‘yes I have loved and I have lived and I will go on’, it is the part of him that is ‘sacred’.

Nevertheless, gaining insights from an image was not a straightforward or clear process and as Stephen discussed it’s a ‘building process’, and a ‘journey of being able to see something in that’.

Laura was able to use the insights gained from her image as a way for her support workers and psychiatrist to understand her current issues. When Laura felt that she was struggling she would use this knowledge with staff to her assist her in becoming well again.

For some of the participants the image expressed their feelings of being in the system. For example, Michelle expressed how she felt frustrated at being in a confined space in hospital. She talked about an experience of being in a ‘big brother’ type situation where there were always ‘nurses watching you’. The picture depicted the nurses as robots, without emotions and, as she explained, ‘you’ll ask them a question and they give you a one word answer or something and it’s like, it’s so boring, lets communicate and talk about stuff’.

Isabel shared a similar experience by explaining:

I can only ever really draw faceless pictures and over time I’ve managed to draw hair and eyes and faces but its only because I’ve been recovering a bit more... when I started off, the faceless people had a lot of meaning to me and I think, it was about being in the system, there were so many different people who were sort of a part of me but yet I don’t know them so I was always coming across people I didn’t know. (Isabel)
Other participants spoke of the fear of being over-medicated as a result of communicating and sharing one’s issues, symptoms and/or psychoses. They explained how it felt like a punishment or at times a loss of trust. However, they felt art making provided a way to represent these feelings as well as to begin letting people into the ‘pain and confusion’, as Veronica explains in reference to an image:

There is tape over the mouth, because if you try to speak they call you crazy, and they will medicate you more, so you have got to kind of shut up and then it’s just the pain of holding it in…the feeling of that suppression with the medication and other things that they do, to try and calm you down and sedate you, it is kind of like ‘oh my god, maybe I should just shut up’. (Veronica).

The tender, emotional and true parts of me can be expressed in the image: The image enabled a vehicle to express the vulnerable parts of the self and to contain these in a meaningful and honest way. For example, Julia explained how she could ‘draw out some of my experiences that have been too traumatic and personal to talk about’. Isabel added ‘there are times when I do a piece and I look at it and I think ‘oh’ and I express myself and its such a raw piece of art work that it almost takes my breath away’. Also for Isabel, by looking and reflecting back on these images, the meanings have changed over time and she has been able to continuously learn about herself through them.

Table 6.6 The image gives insights about emotions, feelings and wellness

<table>
<thead>
<tr>
<th>Overarching themes</th>
<th>Themes</th>
<th>Participants’ Key Concepts</th>
</tr>
</thead>
</table>
| The image gives insights about emotions, feelings and wellness | My art portrays my present state and provides a vehicle to express my struggles and offers insights. | • My art gives me signs of where I am at; this includes insights about my wellness and reminders about parts of myself that have assisted in my journey.  
• My art depicts how I was feeling: confined, frustrated and alone.  
• My art depicts my recovery journey: being caught in the system, feeling anonymous with no sense of knowing myself.  
• My art helped me to: express what it is really like to be unwell, provides insights and a voice for what it is like to be a patient.  
• The art provides a descriptive form of where I am at. It also gives awareness to those who are helping me. |
| The tender, emotional and true parts of me can be expressed in the image | I translate an idea into my own version, where parts of me come through in the picture.  
Exploration of feelings in a way that resonates and is true to me.  
The image has a direct relationship to my feelings and depicts the progression of coming out of the despair.  
Bringing out my emotional and deeper side of self in a constructive and safe way.  
It’s a direct link to my emotions and represents the emotional headspace I am in.  
Expressing raw emotions and vulnerable parts of myself. |
6.4.2 The Reciprocal Relationship Between the Individual and the Image: Communicating and Reflecting on Intimate and Personal Meanings Gives a Sense of Validation

The overarching theme of ‘Communicating and reflecting on intimate and personal meanings gives a sense of validation’ consisted of two themes (as can be seen in Table 6.7):

- Reflection of meaningful experiences and fantasies of another life, captured through imagery.
- The image is a reflection and validation of how I communicate my understandings and experiences of the world.

Reflection of meaningful experiences and fantasies of another life, captured through imagery: For the participants the image provided a way to express and reflect on where they would like to be in their life, and particularly what this might look like if they didn’t have a mental illness. For example, Rhonda primarily painted pictures of the children and family she would like to have. Michelle would often draw pictures of nature when in hospital; ‘I wanted to get out of there, I wanted to go and climb mountains and do kayaking and canoeing’.

The image is a reflection and validation of how I communicate my understandings and experiences of the world: The participants spoke about using art to share and gain understanding of the way that they see their worlds. Participants could express concepts, curiosities, ideas and issues through imagery, and in turn the image would speak back, creating feelings of validation and recognition. For the participants this also enabled the viewer of the image to see the world through the participant’s eyes.

Communicating through the image allowed for multi-dimensional and open-ended types of expression. Fleur also explained how art making enabled her to respond to a significant experience or thought; ‘I am really curious about work that communicates directly... getting the work to speak for itself’. She added; ‘I get to speak in my work in a way that I don’t feel I can, or haven’t been able to successfully in my life with people, in my relationships’.
Table 6.7 Communicating and reflecting on intimate and personal meanings gives a sense of validation

<table>
<thead>
<tr>
<th>Overarching themes</th>
<th>Themes</th>
<th>Participants’ Key Concepts</th>
</tr>
</thead>
</table>
| Communicating and reflecting on intimate and personal meanings gives a sense of validation | Reflection of meaningful experiences and fantasies of another life, captured through imagery. | • Capturing where I would prefer to be; to have a better life and to be free rather than incarcerated.  
• Depicting what I wish I could have, that I could have a different life.  
• Having the opportunity to reflect on significant memories and companions that might otherwise be suppressed.  
• Reflecting on a significant moment in time through imagery. |
| The image is a reflection and validation of how I communicate my understandings and experiences of the world. | • Conveys my understandings of the real world as well as enabling me to express my fantastical world.  
• Sharing what I think needs to be told through my own unique style.  
• Communicating meaningful experiences and messages through imagery.  
• To convey messages, observations, curiosities and interests that I can see in my mind.  
• The unique way that I see the world is portrayed through my art.  
• I use my art as a social commentary to communicate articulately and vividly without having to clarify.  
• Letting the art speak for itself: communicating profound experiences gives me a sense of validation. |

6.4.3 How the Image Gives Back to the Individual: Gaining Motivation, Encouragement and a Connection with Others

The overarching theme of ‘Gaining motivation, encouragement and a connection with others’ consisted of three themes (as can be seen in Table 6.8):

- Through exhibiting I gain encouragement from others, which strengthens my self-worth and esteem.
- The work I create comes from me, through which I can communicate and connect with others.
- Art making is a way I can move beyond the stigma of my illness, contribute and be acknowledged by society.

*Through exhibiting I gain encouragement from others, which strengthens my self-worth and esteem.* Exhibiting was seen as a valuable opportunity for family and friends to encourage and celebrate participants’ achievements. As Morris explained ‘my family have been really encouraging to do more art since I sold that picture’. Many participants had previously been self-conscious of their art and received harsh criticism about their abilities. Isabel reflected on earlier negative feedback: ‘people have always given me such good feedback (through exhibiting) so I guess I have been
able to see her voice as being the lone voice, rather than perhaps being the voice of all voices’. For Isabel hearing others’ feedback has also been a way to move on. It had ‘been very encouraging but also by telling me how I can expand a little or how to do something a little bit differently or why don’t you try this technique and so forth so it’s been good’.

As Christine reflected on her experience of participating in an art exhibition:

I found it terrific. I found it was really nice to work towards something and it was a real highlight in a year full of non-highlights and so full of low lights it was nice to do something. It was like ‘look what I have done’. (Christine)

For Isabel, both exhibiting and selling her artwork has been validating. Nevertheless, she discussed her concerns that those who attended the exhibitions were coming because they felt ‘sympathy’ as opposed to ‘empathy’ about people with mental health issues. She explained ‘there’s something about these exhibitions, sometimes I wonder, is someone buying this because they feel sorry for someone or is it because they really like it?’ She later reflected ‘I think I’d like to know that if I sell something that I’ve sold it on my own merit, not because someone’s gone, ‘oh, I feel sorry for that person’ or whatever’.

The work I create comes from me, through which I can communicate and connect with others. Art enabled a connection with people on a level other than mental health issues. Thomas used his creations as presents that he could give to people, as a way to thank those who have helped him. As Claudia expressed, exhibiting but particularly selling her work; ‘makes me think of the work as something separate from myself that has a value’. Rhonda emphasised the benefits of selling further by adding ‘I love selling my work because it means somebody is enjoying my work in their house’.

The concept of being able to communicate significant experiences was enhanced further through exhibiting. As Veronica explained; ‘I had a message I wanted to put out and something I wanted to say, and if at the very least my experiences could contribute to helping people understand it, then it gives it some sort of meaning and relevance’. Veronica later added; ‘I was standing by people at the opening... and these two women came up and one said, ‘oh that is hideous’ and I thought well that was exactly my point’.

Art making is a way I can move beyond the stigma of my illness, contribute and be acknowledged by society. Some participants felt quite strongly about being judged and stigmatised by their mental health issues. As Morris expressed in his art work; ‘judge not what we are, but what we do, which is in reference to mentally ill artists. You don’t judge an artist by being mentally ill’. As Christine explained; ‘it’s good to do something that is acceptable to society too I guess. It’s something I guess, that isn’t stigmatised… It’s kind of like, when people ask what do you do I often will say, well I’m an artist. So it’s also been a bit of a face-saver at times’.
Table 6.8 Gaining motivation, encouragement and a connection with others

<table>
<thead>
<tr>
<th>Overarching themes</th>
<th>Themes</th>
<th>Participants’ Key Concepts</th>
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</table>
| Gaining motivation, encouragement and a connection with others | Through exhibiting I gain encouragement from others, which strengthens my self-worth and esteem. | • Exhibiting my accomplishments provides a way for my family to encourage me. Making money from selling my art is also appealing.  
• Exhibiting is stimulating and encouraging, it helps overcomes past personal criticisms by hearing feedback from the public.  
• Hearing others’ feedback is inspiring and validating as long as it is genuine and sincere.  
• Positive encouragement about my art generates positive encouragement about myself.  
• Exhibiting is an exhilarating and motivating experience providing opportunities for others to be proud of my achievements. |
| The work I create comes from me, through which I can communicate and connect with others. |                                                                                     | • Exhibiting my art connects me with others.  
• Sharing something of mine with others is an honouring experience.  
• My art work is something that I can give to people to contribute and show my appreciation.  
• Connecting and enlightening others by communicating significant messages.  
• The work I create is something from me but is also separate to me that has value, I give this onto others to appreciate.  
• Selling my work means that what I have created is being enjoyed in someone’s house. |
| Art making is a way I can move beyond the stigma of my illness, contribute and be acknowledged by society. |                                                                                     | • Art making makes me feel productive and contributes to society.  
• Being an artist is not only socially acceptable but enables me to contribute to society.  
• I want to be critiqued by my art, not by my mental health issues. |

6.4.4 How the Image Gives Back to the Individual: The Image Represents Personal Gains and Achievements

The overarching theme of ‘The image represents personal gains and achievements’ consisted of three themes (as can be seen in Table 6.9):

- The image provides tangible evidence of my progress, success and helps me believe that I can achieve.
- The personally meaningful experience of achieving and accomplishing in art making.
- Having goals through art makes me feel proud, provides me with motivation and a sense of satisfaction when completed.
The image provides tangible evidence of my progress, success and helps me believe that I can achieve. The image represented an achievement and something to be proud of, like a trophy of one’s accomplishments. As Stephen explained ‘if I have a good day and I am doing my painting and I see myself making progress or I’m happy with what I have done and I can put it down and I can sleep tight, you know.’ Elizabeth referred to these feelings as similar to childhood experiences in pottery class; ‘that was the only class I think I got an A for that I really did do well. So I think it brings up that achievement that sense of ‘yeah you can do it, you are good at…it’s a gift, its something you can work on’.

The personally meaningful experience of achieving and accomplishing in art making. The level of meaning and attachment to the image varied across participants. Where, for some exhibiting was important, for others their artwork was too personal to share. These participants saw the process and the investment of the self into the image as the biggest reward. As Paul explained:

There is a slightly fulfilling feeling to see a piece of work up there amongst other people’s work and just to know that people can view it and make their own opinion or judgments of it. Whether good or bad doesn’t matter to me, people say they like my work, that’s nice. If they don’t, it doesn’t affect me much either way but for me I enjoy doing it and that’s all that matters I guess. (Paul)

Rita expressed the most important aspects of art making were:

‘Being able to think to myself that I have done something that your friends don’t know about or your family don’t know about so you kind of feel like its something a bit special, like it boasts your ego or your confidence’. She later added ‘well its sort of like proof that you have improved in some way... that you are able to begin something and finish it in a way. Like it’s a task and you have completed that task. And the proof is the painting or the pot. But it’s not about showing someone that, it more about just knowing that I have done that, that I have the strength to complete the task’. (Rita)

Having goals through art makes me feel proud, provides me with motivation and a sense of satisfaction when completed. The feeling of completing an image provided rewards for Christine: ‘there’s always satisfaction when I finish something. It’s something to be proud of and it’s something to feel I’ve accomplished’. As Thomas exclaimed: ‘that’s my picture on that wall’; it gives me an amazing sense of achievement’. 
There were also personal rewards as a consequence of participating in an art exhibition. As Veronica reflected on her experience of involvement:

That was really important to me... because it was like I had a full time job towards the end, it was like everyday there was something else to contribute and there was not only my art work I was trying to prepare for it... but putting the catalogue together, arranging everyone’s work so it was all in, and typing up a database so all the stuff went in. It gave me the experience of working again without the commitment, which after nearly two years of being out of work was really, really good. (Veronica)

Table 6.9 The image represents personal gains and achievements

<table>
<thead>
<tr>
<th>Overarching themes</th>
<th>Themes</th>
<th>Participants’ Key Concepts</th>
</tr>
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</table>
| The image represents personal gains and achievements | The image provides tangible evidence of my progress, success and helps me believe that I can achieve. | • To visually see my progress is affirming.  
• It provides a sense of triumph, like in childhood when there was a reward for reaching a milestone.  
• The image is proof of my accomplishment, that I can achieve, but more than that it is my own unique success. |
|                    | The personally meaningful experience of achieving and accomplishing in art making. | • I see art as invaluable and providing personal gains that are more worthwhile than others’ opinions.  
• My art is personally meaningful so my creations stay on my wall.  
• My art is more about the personal experience and having a personal attachment than exhibiting or sharing with others.  
• I am not ready to share my art work with others. |
|                    | Having goals through art makes me feel proud, provides me with motivation and a sense of satisfaction when completed. | • I feel satisfaction in completing projects I can be proud of; it is a real sense of achievement.  
• Art making is something I can do. To exhibit and see my achievements on the wall is a goal and selling my work would be inspiring.  
• Being involved in an exhibition offers opportunities to contribute, commit to something and have a goal to work towards.  
• Working towards an exhibition is hard work but the rewards of it all coming together and selling makes me dedicated to my art.  
• Exhibiting builds my confidence and gives me motivation. |
6.5 Discussion

By inquiring into consumers’ experiences of art making we were provided with rich understandings of its benefits to mental health recovery. By eliciting stories and in-depth experiences from consumers, the significant role that art making plays in mental health recovery can be more fully recognised. The use of an open-ended interview structure and opportunity to discuss art works allowed for the sharing of personally meaningful experiences that other measures such as survey or questionnaire methods may have restricted.

The following section is divided up by key areas of benefit, in reference to the mental health recovery literature. These include: insight, self-esteem and confidence; empowerment; social connectedness and social engagement; context; and moving on. As well as discussing the consumers’ findings in relation to the literature, they have also been compared with the staff findings. This was conducted to identify similarities and differences between staff observations and consumer experiences of the perceived relationship between art making and mental health recovery.

6.5.1 Insight, Self-esteem and Confidence

Art making was found to develop and enhance the self in a holistic way. In accordance with the recovery literature and staff and consumer perspectives this was not a linear process, but rather an ongoing journey involving constant challenges and struggles, as well as triumphs (Anthony, 1993; Corrigan et al., 1999; Deegan, 1988, 2001; Leete, 1989). The discovery of art making was for many consumers, a life altering experience that precipitated a new perspective and awakening in one’s life. As researchers Davidson et al. (2006) and Rickwood (2006) previously highlighted, incorporating an activity that involved play, pleasure and positive life-events contributed to positive outcomes of mental illness that were restorative and assisted in rebuilding a sense of agency to combat the illness.

Previous research was found to highlight internal and external changes to self in broad terms (Lloyd et al., 2007; Heenan, 2006; Howells & Zelnik, 2009; Stickley et al., 2007). Nevertheless, this current research was able to identify specific qualities in art making that assisted in rebuilding one’s sense of self. Consumers spoke about developing resourcefulness and resolution through connecting with the self during art making and gaining wisdom through self-reflection. Getting in touch with oneself by accessing feelings, being able to release and process emotions, assisted in developing clarity and perspective. This enabled problem solving and, importantly, self-insight.

Consumers valued art making as playing a vital role in their journey of recovery. For example, consumers used phrases such as: ‘I can’t survive without it’, ‘I need it to get me well again’ and it worked as a ‘PRN’. They identified that art making accompanied them along different stages of their recovery. They also explained how they used art as an outlet and distraction of ongoing symptoms. This is in accordance with previous research that emphasises the importance of having respite from the illness as well as developing a source that renews hope and commitment to life by imbuing a sense of meaning and purpose into one’s life - although research to date has
underestimated the level of importance that art making plays in consumers’ lives (Davidson et al., 2006; Rickwood, 2006).

Art making was found to serve as a form of meditation that strengthened and restored the self. Similarly with Kilroy et al. (2007), Argyle and Bolton (2005) and the facilitators’ responses, consumers spoke about the pleasure of being absorbed in the art making process, which involved a spiritual connectedness and higher growth towards one’s full potential.

### 6.5.2 Empowerment

Art making involved consumers taking an active role in their mental health recovery journey. It encouraged routine, stimulation and motivation as well as continuous learning and expanding of skills. This meant participating and challenging oneself to transform parts of the self. This is a challenge that cannot be underemphasised, taking into account consumer activist Deegan’s (1988, 2001) assertions, as it involved acknowledging and confronting issues that had previously been denied or ignored.

Additionally, art provided a means by which one could continuously grow from, but on one’s own terms, which promoted autonomy. This became apparent in the consumers’ perspectives, which were rich and varied, but similar in the significant and meaningful role that art played in their lives. Art was found to hold a ‘sacred’ position, which meant for some participants not sharing the content of their image and even the image itself with others. The facilitators’ perspectives strongly respected this through their individual and client-focused approach. Research in this area is growing in the art therapy field, but is still limited in highlighting the importance of ownership (Allen, 2008; Kapitan, 2008; Vick & Sexton-Radek, 2008).

A dominant theme in the consumers’ perspectives was that it was not necessarily the symptoms of the illness that caused the loss of self-respect and self-esteem, but the isolation and stigma from society. The consumers spoke about how art making provided a voice that communicated one’s perceptions, values and beliefs. This not only clarified their values, but provided validation of issues and a way to contribute to society. As Ornstein (2006) emphasised, transforming personal experiences into an art expression has a confirming and supportive effect, resulting in a feeling of being understood. Additionally, as previous research has identified, investing personal meanings through imagery not only fulfils our desire to confirm a socially shared worldview but also creates a tangible memory of ourselves (Dissanyake, 1992, 1995; Feldman et al., 1994).

### 6.5.3 Social Connectedness and Social Engagement

Art making was found to benefit social connectedness in a multifaceted way that enhances findings from previous studies (Griffiths, 2008; Heenan, 2006; Spaniol, 2001; Stickley et al., 2007); a community developed from the art group, where participants could share and gain wisdoms from one another. The making and sharing of an image served as a catalyst to develop relationships through sharing experienced sensations as opposed to literal experiences, and in a much less threatening way than talking. Thus, consumers were not focusing on their mental health issues as a means to develop friendship, but rather the shared interest of a strengths-based and
meaningful activity. This is in accordance with Parr (2006) and Ridgway (2001), who emphasised developing social relationships beyond the identity of the ‘mentally ill person’.

Creating opportunities such as arts-based programs to combat social exclusion has been a primary concern for many studies in the mental health field (APU/UCLAN, 2005, Secker et al., 2007; Moriarty, 2002; Smith, 2003; White & Angus, 2003). This current study identified that it was not only the social interaction between art group members and the facilitators, but art making provided opportunities to share with the broader community. Exhibiting and selling art work provided connections and opportunities to receive encouragement and support from family, friends and mental health professionals.

For many consumers, making and exhibiting art also served as a way to combat stigma from society. The artist identity provided respect and a sense of integrity from others as well as signifying that the illness is only one small part of a person (Onken et al., 2007; Smith, 2000).

6.5.4 Context

The primary focus of this study was investigating art making within psychosocial rehabilitation services, and thus did not specifically explore art making on one’s own. However, a common theme that resonated between both staff and consumers’ perspectives was the importance of having a space that invited exploration and experimentation in an atmosphere of trust and respect. Feeling a sense of belonging and being part of a non-judgemental atmosphere, that the art-based services were able to provide, was for many consumers a long-awaited discovery. Previous studies agreed with this finding; it is not the art alone that supports mental health recovery, it is how the program is delivered, the program environment (Everitt & Hamilton, 2003; Heenan, 2006; Howells & Zelnik, 2009; Lloyd et al., 2007). Interestingly, the art-based programs were generally run on a small budget and organised and managed in an informal way. The art studios were often quite disordered and messy places that were generally developed out of unused rooms, such as a shed. Nevertheless, participants spoke of the art studio as being their ‘safe haven’ and where they could ‘lose themselves’ (Higgins & Newrith, 1999, Waller, 1991).

6.5.5 Moving On

A prevalent issue discussed by both consumers and staff was how to sustain the creative drive and maintain the sense of wholeness that art making provided. The participants had mixed opinions in this area that were determined by their level of meaning towards art making and where they were in their recovery journey. This resulted in different ways that art making could potentially play a role; from getting the courage and confidence to try new things, towards becoming an artist.

The consumers that were transitioning into the exiting phase of the program spoke about the feelings of ambivalence about leaving. For many they spoke of worrying about becoming ‘institutionalised’ if they stayed in the program too long, and wanting to begin a new life with their renewed identity. However, at the same time the
consumers had built close bonds with other consumers and staff within the service, as well as feeling a sense of belonging and acceptance.

Research in the area of transitioning out from mental health services is scarce, or has only briefly highlighted this issue (Parr, 2006). However, as consumers generally participate in the program for approximately two years and then move onto either other mental health services, community services or completely leave all services, this is an area that needs further investigation. More particularly, such research should look at bridging interventions that encourage and inspire one to further develop their art making in the broader community.

6.5.6 Summary

Consumers regarded art making as an activity that they used to change or transform themselves in some way, as opposed to being a passive recipient of services. Using art making as a vehicle to take control empowered consumers, resulting in feeling stronger, more confident and more capable of driving their journey of recovery.

Through understanding the lived experience of art making and its relationship to mental health recovery, a model was developed to incorporate the core components. This model highlights that through the art making process one can: participate, become absorbed, release issues and feel challenged. By investing the self into the image one can gain insights and communicate issues. The image itself can serve as means to connect with others as well as work as an individual achievement.

As can be seen in the following diagram (Figure 6.3), combining the themes derived from the consumer perspectives creates an overall picture. This picture displays the interchangeable and malleable nature of the process and the image involved in art making.
Figure 6.3 The overall relationship between the art making process, the image and mental health recovery
Chapter 7: Conceptual Framework

7.1 Developing a Conceptual Framework of the Relationship between Art Making and Recovery

An examination of past research in the literature review chapter, the audit, as well as our own staff and consumer findings, led to the development of a conceptual framework for understanding the relationship between art making experiences within psychosocial rehabilitation organisations and recovery from mental illness. This conceptual model was based on three assumptions that have been widely supported in the literature (Kelly & Gamble, 2005; Lloyd et al., 2007; Onken et al., 2007; Spaniol, 2005; US National Consensus Statement on Mental Health Recovery, 2004) and consistent with the philosophies of these two psychosocial rehabilitation organisations. First, recovery is viewed as a non-linear holistic process, initially involving awareness and commitment, to work towards change and transformation. Secondly, the model respects the salience of the consumers’ lived experience, a core feature of recovery models. The third assumption underpinning this model is that there is value in all types of art making within the practice continuum. Consistent with the principles of the recovery framework it is important to find a place for diverse art making approaches to allow consumers choice and challenge.

7.1.1 Explanation of Conceptual Framework

Figure 7.1 presents our tentative conceptual model to describe the multidimensional relationship between art making and recovery within psychosocial rehabilitation organisations. The model is to be read from the inner circle named ‘renewed sense of self’ and moves outwards through a more multidimensional conceptualisation of self (the middle level circle) towards a place of greater engagement and connection through the art-based program (outer circle). Each element of the model in Figure 7.1 is described in more detail in Table 7.1.

The core element, ‘renewed sense of self’, represents the inner self where recovery is nurtured and where gradual transformation takes place. This concept is often referred to in the literature as ‘redefining self’ and involves a process of re-conceptualising mental illness as simply one aspect of a multi-dimensional identity rather than assuming a primary social role as a ‘mental patient’ (Davidson et al., 2005). This renewal process was highlighted in our consumers’ experiences, where they described the process of recovery from mental health issues as involving a substantial reconstruction and redefinition of one’s identity.

At the same time, the recovery process led to a more differentiated sense of self, depicted by the eight elements presented in the middle layer of Figure 7.1. As explained in Table 7.1 the self developed greater capacity through eight different elements of self including: emotional exploration and expression, participation and learning, enhancement of thought processes, movement beyond an illness identity, new perspective and awakening, spiritual growth, political voice and expression, and development of interpersonal relationships. These aspects of the model concur with
Bonney and Stickley’s (2008) literature review that depicted identity development as a dominant theme for service users and an ongoing process through which one develops and grows.

The outer circle of Figure 7.1 incorporates elements of the art making context that were seen to enhance the positive impact of art making activities in the process of mental health recovery. As explained in Table 7.1 there were five beneficial elements of the art making context including: a place to belong, facilitator provision of guidance and learning, facilitator as witness and companion, the group providing inspirations, and opportunities to become part of a broader community.

The programs were seen by staff and consumers as providing an accepting place of belonging where they could be themselves and not be judged or criticised. The art facilitator was seen as someone who provided guidance, learning and an opportunity for experimentation within this supportive environment. The facilitator played an important role as a witness and companion to the consumer in the process of art making and its link with recovery, a finding supported in our review of the literature. Another consistent finding is that consumers highly valued the support and social connectedness provided by staff and peers in the positive enriching environments typical of an art studio (Brooker et al. 2006, Heenan, 2006; Howells & Zelnik, 2009; Lloyd et al., 2007). Being heard, respected and having someone who believes in them are crucial elements in enhancing consumers’ confidence and self-esteem (Deegan, 1988, 2001; Leete, 1989).

Although some of these benefits could be seen to apply to a range of psychosocial rehabilitation activities, art making was understood to activate a unique energy, passion and sense of involvement among consumers in these programs, as well as opportunities to expand into the community through the socially acceptable and valued role of the ‘artist’. The programs benefited from having events to celebrate achievements in a physical form, such as art exhibitions and displays.

Figure 7.1 also illustrates a movement beyond the psychosocial rehabilitation program out into the wider community. The down arrow titled ‘Future pathways to sustain wholeness’, suggests that art making within psychosocial rehabilitation provides four possible paths that a person may take after participating in art making through these programs. As explained in Table 7.1 these included: encouraging further challenges, adopting a creative approach to everyday life, utilising art as a partner in recovery, and becoming a practising artist. These future pathways are dependent upon individual desires and aspirations, and assume that organisations already guide people towards their future goals.

Feedback from anecdotal accounts and previous research suggests that more work could be done to provide clear directions once people leave these programs. This would assist in smooth transitions towards independence in the community - a potentially vulnerable phase.
Figure 7.1 Conceptual framework of the relationship between individual mental health recovery, art making, and the art making context
Table 7.1 Conceptual framework of the relationship between individual mental health recovery, art making, and art making context

<table>
<thead>
<tr>
<th>Elements of Art Making and the Self</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Renewed Sense of Self</strong></td>
<td>An enhanced identity is formed through the incorporation of these eight elements of the self, where the ‘illness identity’ is reduced to one small aspect of the self. This view encourages the development of a new focus and direction through confidence, achievement, a sense of pride, self-esteem, self-worth and dignity.</td>
</tr>
<tr>
<td><strong>Emotional Exploration and Expression</strong></td>
<td>Resourcefulness and resolution occur through self-connection and gaining personal meaning through one’s experiences. Art making serves as a vehicle to be in touch with one’s feelings as well as the release and processing of emotions.</td>
</tr>
<tr>
<td><strong>Participation and Learning</strong></td>
<td>Balance is maintained through art making’s ability to encourage active participation, routine, stimulation and motivation. Through continuous skill development in art making a person can take new risks and challenges. These qualities can also restore or repair a positive self-image.</td>
</tr>
<tr>
<td><strong>Enhancement of Thought Processes</strong></td>
<td>Art making can enable a person to problem solve and make decisions by creating form from feelings and ideas as well as creating distance from issues. It is the combination of the processes of making art, as well as reflection through the image that enables insight, growth and confidence.</td>
</tr>
<tr>
<td><strong>Movement Beyond an Illness Identity</strong></td>
<td>Art making assists in moving beyond an illness identity by specifically addressing symptoms and creating a new focus in one’s life. Art making addresses symptoms through its ability to work as a distraction and an outlet. Art can portray insights and awareness to one’s level of wellness. It can serve as a driving force or play a vital role through the journey of becoming well again.</td>
</tr>
<tr>
<td><strong>New Perspective and Awakening</strong></td>
<td>The incorporation of art making’s qualities into everyday life involves being creative in how one thinks, feels and acts. Art making brings a new awareness and meaning to life enabling a broader and more flexible outlook.</td>
</tr>
<tr>
<td><strong>Spiritual Growth</strong></td>
<td>Art making can: strengthen, renew, replenish or nourish one’s faith, energy and/or soul. Through being in the state of ‘flow’ (absorption in the art making process) one can achieve personal growth and work towards fuller potential.</td>
</tr>
<tr>
<td><strong>Political Voice and Social Expression</strong></td>
<td>Art making provides a voice through communicating one’s perceptions, values and beliefs. This assists in overcoming stigma and helps to educate the public. It also allows for a clarification of values, validation of issues and a contribution to society.</td>
</tr>
<tr>
<td><strong>Development of Interpersonal Relationships</strong></td>
<td>Through the sharing and creating of an image, a person can develop interpersonal relationships in a less threatening way than talking. The image enables an enriched relationship based on the sharing of experienced sensations as opposed to literal experiences.</td>
</tr>
</tbody>
</table>
### Beneficial Elements of the Art Making Context

<table>
<thead>
<tr>
<th>A Place to Belong</th>
<th>The art-making studio provides a non-judgemental space that invites exploration and experimentation in an atmosphere of trust and respect.</th>
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</thead>
<tbody>
<tr>
<td><strong>Facilitator</strong></td>
<td><strong>Provision of Guidance and Learning</strong></td>
</tr>
<tr>
<td></td>
<td>The facilitator provides assistance through guidance with skill development yet with the freedom to explore and discover according to the client’s discretion. A wide variety of materials are provided to enable choice and opportunities.</td>
</tr>
<tr>
<td><strong>Facilitator as Witness and Companion</strong></td>
<td>The facilitator has a trusting, open and supportive relationship with the client. They see the potential in the client’s ability to develop a sense of wholeness and assist in shifting their judgemental attitude about self by providing opportunities to enhance, take risks and reframe the self.</td>
</tr>
<tr>
<td><strong>The Group Providing Inspiration</strong></td>
<td>A community develops that is strengths-focused, where sharing and meaning is gained.</td>
</tr>
<tr>
<td><strong>Opportunities to Become Part of the Broader Community</strong></td>
<td>Being able to exhibit and sell artwork provides a sense of achievement as well as opportunities to connect with others in a strengths-based way, such as: receiving encouragement and support from family, friends and mental health professionals.</td>
</tr>
</tbody>
</table>

### Future Pathways to Sustain Wholeness

<table>
<thead>
<tr>
<th>Encouraging Further Challenges</th>
<th>Art making offers a sense of achievement and independence as well as the courage and confidence to try new things, such as: finding work, attending a course or travelling overseas.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopting a Creative Approach to Everyday Life</td>
<td>Art making provides the skills to be imaginative, inspired, resourceful and innovative as to how one approaches life issues. This includes: being able to dress, act, think, speak and solve issues in newfound ways.</td>
</tr>
<tr>
<td>Utilising Art as a Partner in Recovery</td>
<td>Art making plays a vital role in maintaining wellness by being a vehicle to express, distract, release and develop self-knowledge. It works as a constant and personal technique, as well as offers opportunities for social connectedness through sharing with group members and facilitators.</td>
</tr>
<tr>
<td>Becoming a Practising Artist</td>
<td>Art making can become a professional career through developing one’s skill levels and expertise to where the focus is on exhibiting and selling artworks.</td>
</tr>
</tbody>
</table>
7.1.2 Summary

The conceptual framework was derived from the key findings identified in this research report. It aims to capture the holistic and non-linear qualities of both art making and mental health recovery. Mental health recovery is seen as a process that involves transforming the fragmented self into a whole, renewed sense of self. Art making can assist this process through developing and working to enhance eight different elements of the self. These include:

- Emotional exploration and expression.
- Participation and learning.
- Enhancement of thought processes.
- Movement beyond an illness identity.
- New perspective and awakening.
- Spiritual growth.
- Political voice and social expression.
- Development of interpersonal relationships.

The art making context also provided beneficial elements to renewing sense of self through five key areas involving:

- A place to belong.
- Facilitator provision of guidance and learning.
- Facilitator as witness and companion.
- The group providing inspiration.
- Opportunities to become part of the broader community.

The conceptual model also focused on future pathways that would assist consumers to sustain wholeness, as well as to better integrate into the wider community. This is dependent on individual desires and aspirations and assumes that organisations already guide people towards their future goals. Four possible pathways include:

- Encouraging further challenges.
- Adopting a creative approach to everyday life.
- Utilising art as a partner in recovery.
- Becoming a practising artist.

The following and final chapter of this report, ‘Recommendations and future research’, will explore how the findings to date can be used to enhance current art-based practices within psychosocial rehabilitation services as well as directions for future research to better understand the processes and outcomes of the role of art making in mental health recovery.
Chapter 8: Recommendations and Future Research

8.1 Recommendations

The following recommendations have been derived from the study findings. They point to the need for more concerted action to facilitate consumer access to and participation in a range of art-based programs to support consumers in their recovery. The recommendations are grouped around consumer-oriented issues, service delivery programs, workforce development and stakeholders. Future research areas are also explored later in this chapter.

8.1.1 Consumers

The consumers identified art making as a valuable activity that enabled them to engage in their recovery process and which was often transformative. This was seen as a welcome alternative to previous experiences of the mental health system in which they placed in the role of being a passive recipient of services. Art making allowed consumers to take control and empowered them resulting in them feeling stronger, more confident and more capable of driving their journey of recovery. This claim should be seriously considered in the current restructuring of mental health services, and a key principle of the new mental health policy is to align services with consumers’ values and outcomes.

Listening to consumer needs. In regards to types of art making, consumers valued a diversity of art-based approaches and practices, with no specific adherence to one approach. It is recommended that services provide varied art making opportunities to cater to the diverse range of consumers and changes in consumer needs over time. Providing a range of art-based programs will also empower consumers to develop their personal preferences and an individual style.

Supporting consumer participation. It is recommended that services develop more integrated opportunities for consumer participation in art making programs by incorporating these into their individualised mental health plans.

8.1.2 Service Delivery

Integrating art making into individual mental health plans. Mental health professionals working with clients who use art making as part of their recovery need to be informed about the benefits of art making in order to play a supportive role. This enables consumers to integrate the use of art making into their individual mental health plans. Respect and encouragement is required for consumers who have found art making a vital and empowering resource in their recovery.

Adapting to changing needs in mental health recovery. Art facilitators need to be aware of the range of benefits for their clients and have the knowledge and experience to adapt to different stages of the recovery process. This may involve providing a certain level of structure for some clients, and taking a non-directive approach for others. Being able to provide constant opportunities where consumers can be appropriately challenged is important. This again is based on individual need,
but a subtle level of guidance by the facilitator is required in order to assist in maintaining a constant momentum.

**Planning community transition.** Further opportunities could be developed within the art-based program that encourages consumers to develop realistic strategies to move into the broader community. This includes a need to provide transition programs to help the adjustment of transitioning into the community as a supported and planned process. This is in line with the recent emergence of the mental health recovery framework being implemented in these organisations that encourages consumers to move into more independent lifestyles.

**Establishing a conducive creative environment.** Specific physical areas for art making need to be allocated, with sufficient space, away from distractions. Qualities of the milieu found to provide important benefits to mental health recovery could be incorporated into current art-based programs. For example, the atmosphere of the art studio is important in enhancing a creative mood, being open to experimentation and developing a sense of trust and security. How this environment is developed is at the discretion of the individual facilitator to create a welcoming and relaxing space, but requires the full support of the wider organisational structure.

**Incorporating goals and opportunities into art-based programs.** Art-based programs need to embrace opportunities that lead to community access and build confidence through activities such as consumer-based art exhibitions. Exhibiting and selling art works was highlighted as providing encouragement from others, as well as helping consumers to develop a personal sense of achievement. This may not necessarily be through an organisation-run exhibition, as community and self-initiated exhibitions should also be encouraged and supported.

**Promoting artist-development.** Consumers identified a need to have the opportunity to develop and enhance their skills, particularly if they had participated for an extensive period. Pathways for consumers who want to further their art skills and establish themselves as artists should be developed. This could involve: consumers organising artist appraisals where they each have the opportunity to discuss art works; workshops with professional artists about a particular modality; artist-in-residence programs where partnerships form with professional galleries giving broader opportunities; peer-support mentorship programs; and more opportunities for consumers who have trained in art to become facilitators.

### 8.1.3 Workforce Development

**Training and professional development.** Art facilitators need to have ongoing training in both art making to ensure a sound knowledge of the art practice continuum, and mental health recovery to have an up to date knowledge of current mental health practices. Opportunities need to be made within the organisations to enable art facilitators, as well as the staff team, to be continuously updated about art-based practices and how they can be implemented in their service delivery.
Supervision. Evidence showed the need for art facilitators to be able to work along different areas of the art practice continuum according to client need and direction. Although this approach was found to be highly beneficial for the clients, it was at times psychologically and physically challenging for the facilitator. Appropriate support measures need to be adopted in order to prevent fatigue and burn-out, similar to other specialised mental health professionals.

Team building. It is important that the role of the art facilitator within the mental health service is well articulated. Art facilitators reported often working alone and being unsure whether the staff team understood their role. General training and team building workshops on the benefits of art making for other mental health professionals would not only raise awareness, but also enable a more effective referral process where consumers could be appropriately referred (including self-referral) to an art-based program. This would also encourage communication between art facilitators and their staff team about relevant occurrences in the art making sessions.

8.1.4 Stakeholders

Integrating art making practices into mental health services. It is recommended that stakeholders such as government bodies, policy makers and service providers develop policies and funding streams to better integrate art making practices more comprehensively into mental health services, consistent with international trends such as in the UK. This would also meet key reform areas highlighted in the Victorian Mental Health Reform Strategy 2009-2019. For instance:

- **Develop work practices and cultures in mental health services that support high quality, effective, consumer-focused and carer-inclusive care (Reform Area 7: 7.2):** Art-based practices should be more widely incorporated into mainstream mental health services, as well as in more community-based psychosocial rehabilitation services as part of a holistic and consumer-oriented treatment approach. Art-based programs should also be offered for carers where there is a demonstrated need.

- **Deliver targeted mental health support for particular groups of highly vulnerable young people (Reform Area 2: Goal 2.3):** Art-based programs should be incorporated into mental health organisations to address early intervention and prevention for young people. Art-based programs targeting the most vulnerable and difficult to engage youth should be offered as an alternative to other conventional approaches in mental health services.

- **Support participation of people with mental health problems in the workforce and other aspects of community life (Reform Area 5: Goal 5.3):** Community-based art making programs can assist in addressing consumer needs for transitioning into the community and workforce. Promoting opportunities for mental health consumers to exhibit their art works within broad health and community venues would provide a means of supporting their participation in meaningful work.
Sourcing continuous funding. Better sources of continuous funding are needed to sustain art-based activities and to develop new programs in services where none are currently provided. Secure ongoing funding would allow for better planning and development of services and art making programs and the building of expertise in the facilitation of these programs. It would also allow for more cross-fertilisation across programs, as staff would be freed from the continual need to source grants.

Funding for art-based programs should incorporate adequate remuneration for facilitators to cover planning and preparation time, implementation of programs, support for consumers throughout, as well as for organising and running exhibitions. Sufficient funds also need to be allocated for a broad range of art materials to extend the skill base and expressivity of consumers.

8.2 Areas for Future Research

This study went a step further than previous studies by using multiple research methods and also exploring a more in-depth account of consumer and staff experiences and views. In keeping with the call from state and national mental health strategies to incorporate accountability measures into mental health funding, future research is needed in the following key areas to enhance our understandings and enable us to evaluate methods for best practice.

8.2.1 Further Collaboration with Consumers

Studies using a participatory inquiry approach with an ongoing collaborative consultation process with consumers would enable us to further incorporate the recovery framework by taking into account consumers’ identified areas of importance. This would require developing mutual relationships between researchers and consumers whereby consumers participate on many levels throughout the research process.

8.2.2 Evaluation of Art Making Outcomes to Mental Health Recovery

Evaluation studies are needed that investigate mental health outcomes for consumers who participate in an art-based activity; for example, exploring the specific benefits of art making and its impact on mental health through standardised questionnaires routinely conducted pre-test, six months, twelve months and longer term follow-up. This would also allow researchers to monitor change over time and map the different roles of art making in mental health recovery.

Further exploration into the value of structured versus unstructured arts-based activities would help to inform the provision of a range of arts-based approaches. Research exploring the impact of context in art making activities (art-based programs compared to individual art making) would allow us to specifically address the value of context to not only art making but also mental health recovery generally.
Another key research area is to evaluate the relative benefits of art making specifically, compared with other types of activities that support mental health recovery. This is an area of study that would need to be conducted on a large scale with considerable funding through controlled trials. There are also complex issues involved to ensure the research would not be impeding consumers’ normal lifestyles and their access to mental health supports. With these types of studies we need to be aware of not ‘bureaucratising’ art making. The key challenge for developing and evaluating approaches to art making and their impact on recovery is to ensure that the creative, individualised and unique nature of art making is preserved.

8.2.3 Developing Innovative Methods to Study the Role of Art Making in Mental Health Recovery

Innovative approaches are needed to overcome the multiple challenges in conducting rigorous research in this area. Research is needed that embraces quantitative and qualitative methods in novel ways, as well as incorporating a consumer framework. A wider diversity of consumers should be included in future research to be inclusive of individual and cultural differences.

Creating methods that motivate consumers to participate and provide them with skills and resources is of high benefit, but can be difficult to develop. One approach that we are pursuing is to explore the experience of mental health consumers who participate in an online gallery with digital story-telling of their art making process. It is proposed to investigate the way in which online website resources can help to engage consumers in their recovery and assist in reaching out to those who are isolated and/or live in rural communities. It would also develop their skills in the use of computer technology. Consumers could regularly fill out online questionnaires providing a rich database that would track their recovery, as well as raise the profile of their artworks. The internet is so far an untapped resource in this area and has the potential to promote skill development, provide motivation and promote social connectedness on a much wider scale.

8.2.4 Exploring the Health Economics of Art Making

There is a need for a health economic evaluation of the role of art making in mental health recovery. For example, studies are needed to explore whether participation in an art-based program leads to a reduction in hospitalisations or less dependence on mental health services. Research is also needed to evaluate whether long-term attendance in an art program assists in developing career opportunities and improving quality of life and social connections. It is acknowledged that there are many methodological challenges in undertaking such research, but novel approaches are required.

8.2.5 Applying the Conceptual Model

At a more immediate level, the conceptual model developed in the current report might apply to the development of appropriate art making programs for specific high risk populations in mental health rehabilitation. For example, there is a great need for innovative methods to engage children and adolescents, people with culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait islanders, rural and
remote communities, and forensic populations. This would enable us to start widening the field of the perceived uses of art making to a diverse range of mental health populations and to start understanding the specific needs and interests of particular backgrounds. Embracing diversity has a high value in the recovery movement philosophy and is important in assisting researchers and service planners to better understand mental health recovery and the needs of diverse client groups.

8.3 Conclusions

This report has described the complexity and multifaceted relationship between art making and mental health recovery, using a variety of lenses to understand the issues. It has also described the growing body of evidence suggesting that art making is valued by consumers and art facilitators as an important health promoting agent in consumers’ mental health recovery. The recommendations in this chapter highlight the need for more action in order to increase mental health consumers’ access to a variety of art making programs, to establish sustainable funding streams, and to ensure that staff and services are able to provide high quality services. Areas for future research have also been outlined in order to build a more extensive research base to enable us to better understand the process and outcomes of art making in mental health recovery, and evaluate innovative models for understanding the relationship between art making and recovery and extending its reach to minority and hard-to-reach populations.
References


APPENDIX A - Newsletter
At the forum we presented two sets of their art making. We were talking about what they thought of themes first by making images and staff interviews. Participants were discussing their art work. We repeated this process in response to the consumer themes with responses to the consumer themes with the creative process within the recovery framework.

In September this year we held our second consumer forum at Edith Pardy House, Mind, where we discussed what consumers have been telling us about their experiences and how staff think about this process. We were interested to gain feedback and further information from consumers about their art making.

At the forum we presented two sets of themes, firstly from those consumers’ experiences and after that from the staff interviews. Participants were invited to respond to the consumers themes first by making images and talking about what they thought of those themes and their art work. We repeated this process in response to the themes from interviews with staff. In small groups participants discussed their images and responses. This newsletter reflects a snapshot of some of these images and comments created that afternoon. The first images and comments presented here reflect responses to the consumer themes with art works and comments made in response to staff themes following that. 

Responses to Consumer Themes

These themes evoked many responses about consumers’ experience of making art and what it means for them. The following gives a brief overview of how art is a very personal and meaningful activity for consumers.

In a dark space walking in a room full of light. Others have also come from a dark space but you don’t need to explain where you have come from. In the absence of judgement there is diversity.

Veronica.

Without judgement is important to me, not to be criticised, but to feel free.

Gumby.

Want to write PRIVATE on it, art is very personal. Scared to talk about it in case it destroys the magic, the gift. Art makes me feel safe, it keeps my sanity. It keeps me going. Always trying to inspire myself. I sometimes leave early because I want to have something to come back to. Feel like saying: ‘I’d die without my art’.

Fleur.

Art is my main way of expressing the political side of things, expressing strong feelings about the world. Art is about self-respect and getting my point across.

James.
Art making =
Brainstorming
Journey from ugly to beauty
Recovery, independence
Expression into ideas
Learn about great artists, and not so great
Making art just quietly, but also shouting.

Bindi.

Responses to Staff Themes
The response to the staff themes were varied: some found them more analytic and less emotive, while other expressed amazement that staff expressed such a deep understanding of the consumer experience.
The themes evoked rich responses and discussion, which are shown below and over the page.

Trying to draw something that is living and evolving. Anticipation and going back to piece and going ‘Wow’ I hadn’t realised that I had done this. As you’re doing it you don’t know what it is about, but coming back to it realised what it is about. Coming back and adding to it.

Bindi.

Art is about the opportunity to resolve things, progress and make sense of the jumble around. Raw to start with, increases in weight to more intellectual and gets more complicated. Trying to pull it altogether.

Kate.

The eye represents insight. When I go into it it’s clearer, the work mirrors back to me where I was at. It lives on and I can attribute meaning over time. I can look at something I did six years ago and say that was where I was at, but I’m at a different space now.

Megs.

Don’t always know what I’m going to do – go with the flow. The image is ‘ugly contemporary’. An ugliness I wanted to get out. Weird shapes – logically they don’t make sense. When completed it looks all right, I shocked myself. I use the medium as a tool to get things out of the system. A route to my feelings-art as an extension of hand to mind.

Chrissy.

No linear narrative in group dynamics and formation. Colours are translucent like glass. Openness and transparency. So much unknown in the process.

Mr. D. Hirst.

Art making =
Brainstorming
Journey from ugly to beauty
Recovery, independence
Expression into ideas
Learn about great artists, and not so great
Making art just quietly, but also shouting.

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The response to the staff themes were varied: some found them more analytic and less emotive, while other expressed amazement that staff expressed such a deep understanding of the consumer experience.
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Bindi.

A fractured container with many horizons and no true path, multi layered and still growing. Like an onion peeling back the layers.

Mr. D. Hirst.
The Role of Art Making in Mental Health Recovery

The Wizard of Oz as an analogy. Courage (Lion), intelligence (Scarecrow), pride (Tin man) and support (Dorothy) on a journey of finding yourself and developing strength again. On the road to overcoming depression, darkness, evil, the illness (Witch) and the black dog (Toto).

Veronica.

Summary of the Day:
Art making:
* Creates a space where I can make meaning.
* Helps me process a range of my experiences.
* Connects me with other people.
* Enables me to have a voice and make a political statement.

Fleur.

Expected to feel defensive in regards to what workers have to say. Painful issues coming into system and suffering shame as a client. My picture represents the issue of equality.

Art is the only place where I can express my complexities. Art more than any other method enables me to express the deepest parts of me. It is a conversation with the work that is deeply satisfying and deeply freeing.

Fleur.

Expected to feel defensive in regards to what workers have to say. Painful issues coming into system and suffering shame as a client. My picture represents the issue of equality.

Becoming whole again and coming out of the black. Problem solving through art.

Gumby.

My own time, my own space. The studio is important and needs to have plenty of materials and room to be creative.

BaPoo.

I focused on the ideas of becoming whole again and working on fragmentation through the act of drawing. If you join the dots at the end you have something that you have produced. It gives you a sense of achievement, a sense of self and sense of the whole.

Megs.

I focused on the ideas of becoming whole again and working on fragmentation through the act of drawing. If you join the dots at the end you have something that you have produced. It gives you a sense of achievement, a sense of self and sense of the whole.

Megs.

To contact us:
Quinn Pawson, CEO Prahran Mission, 9692 9500
Malcolm Morgan, Services Director Mind, 9455 7900
Theresa Van Lith, LTU, 9479 2567
Margot Schofield, LTU, 9479 3702
Patricia Fenner, LTU, 9479 1759

Chrissy.

James.
APPENDIX B - Audit questionnaire
Dear Program Manager,

A project conducted through funding from the Department of Human Services, is currently being undertaken to explore the relationship between creativity and recovery in psychosocial rehabilitation services, specifically Prahran Mission and Mind. The project aims to develop a conceptual model to explain the role of creativity and arts-based practices in supporting and facilitating mental health recovery. It is expected to be completed in April 2009.

My role is a research officer on behalf of the Creativity and the arts in mental health recovery committee, a joint initiative between Prahran Mission, Mind and La Trobe University. As part of this project we aim to map current and recent (last 12 months) arts-based activities in Mind Victoria and Prahran Mission. This is in order to gain an understanding of the broad range of current arts-based practices currently being used in Mind Victoria.

If you have more than one arts-based activity currently running in your program (i.e. an art group and a music group etc.) feel free to fill this form out separately for each one. This should take approximately ten minutes to complete.

The information you provide will be treated in confidence and names or private information will not be used in the final report.

If you don’t have any arts-based practices currently operating in your program please tick no and email this form back for our records.

We really appreciate you taking the time to complete this form to give as much information as possible. Please email this back by 4th July to the following address: T.VanLith@latrobe.edu.au. For any queries feel free to contact me via email or by phone on Wednesday or Friday on: 9479 2567.

Kind regards

Theresa Van Lith
Audit Questionnaire

1. Name and Region of Program:

2. Manager and contact details of Program:

3. Have you run an arts-based activity (e.g. fine art, decorative design and handicraft, performance arts, digital based art or creative writing) in your program in the last twelve months?

   Yes □  No □

4. Is your program? Tick which applies

   Adult □
   Youth □
   Residential □
   Day Program □
   Outreach □
   Other? □ Please explain ____________________

5. Facilitator details:

   Name-

   What capacities does this person bring to their facilitation role (e.g. practising artist, art teacher etc.)?

6. What modality is your arts-based activity? Tick which applies

   1. Fine Art (i.e. painting, drawing, sculpture) □
   2. Decorative design and handicraft (i.e. ceramics, textiles and mosaics) □
   3. Performance arts (i.e. drama, dance, music) □
   4. Digital based art (i.e. photography, animation) □
   5. Creative writing (i.e. story writing, poetry) □
   6. Other □

   If there is more than one modality used or if it does not fit in any of the categories please give specific details?

7. Which of these models of participation best describe how your arts-based activity works?

   1. □ An artist, instructor or someone in a similar role directs or educates project participants
   2. □ Participants work together on a project decided by an artist, instructor or someone in a similar role
   3. □ Participants cooperate to decide on a project and work on it together
   4. □ Professional artists work with a project group on a particular festival, pageant or event
   5. □ Participants motivate themselves to produce their own art works, with guidance where necessary
   6. □ Participants to work as an individual alongside others in a group
   7. □ Participants work individually with a facilitator

   None of the above, please tell us how your project works? Or other comments?
8. What outcomes do you intend your arts-based activity to have for the consumers involved? (Please rank which ones are most important, 1 = most important and so on)

- Improved self worth, confidence, self-esteem
- Improved access to mental health services
- Reduced symptoms of mental illness
- Improved quality of life
- Reduced use of medication
- Reduced use of primary care services for mental health problems
- Reduced use of secondary mental health services
- Increased social contact with other people with mental health needs
- Increased involvement with the local community
- Reduced stigma and discrimination
- Personal growth, self awareness and transformation
- Increased artistic skills
- Increased opportunities for employment
- Increased opportunities for education or training

Other outcomes please specify -

9. How are consumers involved in the organising of the arts-based activity? (tick as many as apply)

1. Project design □
2. Project management □
3. Project overview and evaluation □

10. On average, what percentage terms is the gender balance of the consumer who participate?

<table>
<thead>
<tr>
<th>Male</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>%</td>
</tr>
</tbody>
</table>

11. On average how many participants in the arts-based activity each week?

12. If your activity is not run on a weekly basis how often and how many people participate during that period?

13. How many consumers are there in your program overall?

14. On average how many hours would the arts-based activity run in a week?

15. Please tell us anything else that about your arts-based activity? The more detail the more we can understand what you do.

16. Would the arts-based activity facilitator and three consumers who participate in the activity like to contribute further to this study by participating in interviews on their experience of the activity in relation to the recovery process?
APPENDIX C - Consent for interviews
The Role of Art Making in Mental Health Recovery

CREATIVITY AND THE ARTS IN MENTAL HEALTH RECOVERY

Information and Consent Form

Prahran Mission and Mind in conjunction with La Trobe University Department of Counselling and Psychological Health have collaborated to research the relationship between creativity and the arts in mental health recovery. The project is now in its second phase having received a Mental Health Research Fellowship from the DHS this year. At this stage the project aims to develop a conceptual model to explain the role of creative and arts-based practices in supporting and facilitating mental health recovery, derived from a thorough review of existing research and theory, a mapping of current (last 12 months) arts-based activities within the two organisations, and in-depth qualitative data of the experience of arts and recovery from consumers and staff from the two organisations. This conceptual model will help inform future policy and program development within the sector and serve as a catalyst for future rigorous evaluation studies.

The interviews will involve three volunteer consumers separately interviewed from six art-based programs. A staff member from each program will also be interviewed. That is, three consumers and one staff member from six different art-based programs across the two organisations will be interviewed (Please note some of these interviews have already been done in the first phase of the study).

The interview will run for approximately one hour and will be conducted at the participant’s program. The focus of the interview questions will be structured loosely around how the art-based activity has assisted with the recovery process. Participants will also be given the option to use art-based methods during the interview whereby they can reflect on their experience of how creativity has assisted in the recovery process by drawing or painting this account. An interview participant may also like to bring an art work or works to the interview to help them describe their experience and process. All interviews will be tape-recorded and transcribed for analysis.
Once the researcher has analysed the findings (in the form of presenting themes) they will then be verified by going back to each individual. This is not only to check for their trustworthiness but also acknowledges on whose behalf the researcher is writing.

Whether you choose to participate or not in an interview you are assured of the best possible care, support and respect within Mind or Prahran Mission. Staff members will not be prejudiced in any form by participation, or not, in this project.

All interview material will be pseudonym protected and if you choose to participate you hold the right to withdraw from this project at any time. Interview participants may request a copy of the data collected from interview at any time. Please note however that full anonymity may be difficult to attain given the small community of possible participants in our project.

This Information and Consent Form is being forwarded, through program managers, to consumers and staff of Prahran Mission and Mind who we feel may have an interest in being involved in this study because of their involvement in arts activities.

We believe that a study of this kind will support us all to understand better the impact of practice in the arts on mental health recovery.

If you would like to discuss being involved in an interview or ask any questions with one of the research team please call either Patricia Fenner on 94791759 or Theresa van Lith on 94792567 or 96929500, or consumers may wish to contact your key worker regarding further involvement in this study. This project will conclude in April 2009.

If you have any complaints or queries that the investigator has not been able to answer to your satisfaction, you may contact the Secretary, Human Ethics committee, research and graduate Studies Office, La Trobe University, Victoria, 3086, (ph: 03 9479 1443, e-mail: humanethics@latrobe.edu.au).
CREATIVITY, THE ARTS AND ART THERAPY IN MENTAL HEALTH RECOVERY

Participant Consent Form

I have received information regarding the planning project into creativity, the arts and art therapy in mental health recovery. I have read and understood the participant information sheet and consent form and any questions I have asked have been answered to my satisfaction. I agree to participate in the project, realising that I may withdraw at any time. I agree that research data provided by me or with my permission during the project may be included in a thesis, presented at conferences and published in journals on the condition that neither my name nor any other identifying information is used.

I agree to participate to both an interview and give feedback on the analysed themes. I am aware data collected during interview is available to me upon request.

Name (Block letters please).................................................................

Signature of participant........................................Date............... 

Contact details..................................................................................
CREATIVITY, THE ARTS AND ART THERAPY IN MENTAL HEALTH RECOVERY

Withdrawal Form

You have the right to withdraw from active participation in this project at anytime and, further, to demand that data arising from your participation are not used in the research project provided that this right is exercised within four weeks of the completion of your participation in the project.

Please sign this form and forward to the address below, or notify Patricia Fenner 9479 1759, if you wish to withdraw your consent for your data to be used in this research study.

I wish to withdrawn my consent for my data to be used in the above study.

Name ........................................................................................................

Signature ..............................................................................................

Date .......................................................................................................  

Please forward to:
Patricia Fenner, School of Public Health, LaTrobe University, Victoria 3086.