

The Baring Foundation

ARTS AND CREATIVITY FOR PEOPLE WITH SEVERE MENTAL ILLNESS

A rapid realist review

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Norfolk and Suffolk
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Unmapped

Arts and creativity for people with severe mental illness: a rapid realist review

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About the authors

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We would especially like to thank the members of Art Angel in Dundee who contributed to the focus group we ran as part of this research. Their expertise and insight has been invaluable in the preparation of this report.

About the Baring Foundation

We are an independent foundation which protects and advances human rights and promotes inclusion. We believe in the role of a strong, independent civil society nationally and internationally. We use our resources to enable civil society to work with people facing discrimination and disadvantage and to act strategically to tackle the root causes of injustice and inequality.

Since 2020, the Foundation has focused its arts programme on creative opportunities for people with mental health problems.

The Baring Foundation would like to thank the authors for producing this report.

You can find out more about Unmapped at www.unmapped.space

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“ If I can switch on one different lamp... ”

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Executive summary

This review inquires into the role of participatory arts and creativity for people who live with severe mental illness (SMI). A rapid realist informed approach was taken to explore what works from the perspectives of people with SMI, artists and facilitators. This review was intended to be responsive to limited time and resources for knowledge development in an area which has been relatively neglected. The literature review and stakeholder consultation group at the centre of this review revealed that the arts and creativity have an important role for people with severe mental illness in generating outcomes of social connectedness, an identity beyond diagnosis, self belief and

compassion (for self and others). Long-term community arts projects are particularly valued by participants but even shorter term initiatives can be worthwhile. This review also revealed some of the difficulties experienced in maintaining community arts groups including conflicting expectations from participants and problems with funding. Finally, we identified gaps in knowledge, including a lack of understanding about the role of every day creativity for people with SMI and an absence in questioning how arts and creativity for everyone might be positively impacted by those with an SMI.

Introduction

WHY IS THIS REVIEW NEEDED?

Although there is a welcome increased interest in the role of the arts for people who live with common mental disorders including conditions such as anxiety, depression, and addictions (see for instance *Creatively Minded*, published by the Baring Foundation in 2020), less is understood about the role of the arts for those who live with severe mental illness (SMI). Whilst there are some art therapy interventions for people with SMI, particularly targeted at those within hospitals or other institutions, this group is under-represented in community creative and participatory arts projects.

The general flourishing of arts-based projects and groups for people with common mental disorders can be understood against the backdrop of a wide-spread agreement that non-pharmacological interventions can deliver beneficial health outcomes.¹ In addition, it is increasingly understood that solely biomedical approaches to the complexity of issues that people who live with mental illness confront, are limited. Moreover, finding a cure or even effective drug treatments for these conditions is proving elusive, the drugs that are available are often problematic, and the extent to which their effects are beneficial is contentious.² In the absence of appropriate pharmacological or medical interventions, improving the environment and social conditions in which people live is recognised as important and the arts have a role to play here.

This is connected with a prevalent assumption that the arts and creativity have a necessarily positive role to play in health and wellbeing. Nonetheless, there has been very little critical reflection or evaluation of this assumption, which is partly because the field is nascent (see Zeilig (2014) for an outline of role of arts in health).

IS THERE A LINK BETWEEN MENTAL ILLNESS AND CREATIVITY?

The growth in understanding about residual creative ability that pre-exists in people who live with mental illness has added to interest in researching and initiating arts projects for this group.³ Indeed, some argue that “individuals with bipolar disorder and schizophrenia” are overrepresented in creative professions⁴ and that mental illness might even release an innate creativity (see, for example, the work of Kay Redfield Jameson who lives with bipolar disorder herself). Whether or not creativity is augmented by mental illness (and at the present time there is scant research that is convincing on this issue), it is widely appreciated that there is a need to find meaningful and engaging programmes for people who live with mental illness. Furthermore, the arts world may benefit from understanding how to include the contributions of those who live with mental illness. Participatory art may provide unique access to the alternative emotional and creative worlds of people who live with an SMI and thus help us reappraise these conditions.

1 All Party Parliamentary Group on Arts and Health, 2017; Fancourt and Finn, 2019.

2 Moncrieff, 2013.

3 Degmecic, 2018, Gwinner et al, 2009.

4 Kyaga et al, 2011.

SOME DEFINITIONS

Severe mental illness (SMI)

Although definitions are contentious, people with severe mental illness are commonly understood to be frequently and chronically debilitated by mental illness. This might include people living with schizophrenia, bipolar disorder 1 & 2, schizoaffective disorders and psychosis.

Participatory art

Our focus in this review has been on the participatory arts, understood as ‘the creation of art by professional artists and non-professional artists’.⁵ With specific reference to this review, participatory arts refers to professional artists conducting creative or performing arts projects in community settings with people with severe mental illness. The purpose of these projects is often to promote health and wellbeing and is therefore therapeutic. However, it should be noted that in some cases, the use of the arts might also be primarily for aesthetic purposes. Clearly, the therapeutic and aesthetic objectives of a project may overlap and complement one another. This is distinct from the work of art therapists who typically work in, or in connection with, clinical settings (hospitals or hospices) and are usually health care professionals who work within clinical systems and aim to ameliorate specific conditions.⁶ In addition, therapists (whether these are dance/movement, music, drama, or art therapists) tend to focus on the treatment of mental distress. For therapists, the arts (whether these are music, painting, theatre) are used as tools to achieve measurable ends. Although this is a valuable approach, the focus of this review is on the arts as a possible means of engaging with people with SMI rather than ‘treating’ the distress.

Rapid Realist Review (RRR)

The following review is not intended to be either systematic or an academic research project. Rather, this is a practical, outcomes focused synthesis of the knowledge available. The review has been broadly guided by rapid realist review methods (RRR)⁷. In line with RRR approaches it was grounded in local context

and has involved engagement with a group of ‘knowledge users’ – in this case people with SMI who participate in a community arts project, ‘Art Angel’. Our objective has been to illuminate, in close collaboration with people with SMIs (including one of the authors who lives with bipolar 1 disorder), what works in terms of creativity and the arts and in what contexts.

Contexts, mechanisms and outcomes

To this end we were interested in looking at patterns in the research literature in terms of the way that **contexts** (including the types of participatory arts, the physical spaces and nature of the relationships that participants experienced) related to **outcomes** (that is, the outcomes that participants reported such as improved wellbeing and feeling more socially connected). We have purposely taken a broad lens in terms of what could constitute a context, defining it as any condition for possible change. We also explored potential **mechanisms** that may mediate the relationship between context and outcome. We define mechanisms as possible ‘active ingredients’ that enable context to bring about outcome.

We explored patterns in contexts, mechanisms and outcomes by first developing “if, then, because” statements (e.g. **IF** people experience equal, respectful relationships **THEN** they will feel more socially accepted, **BECAUSE** they feel valued – see Figure 1.) We then developed these into patterns of context, mechanism and outcome configurations (CMOCs) (see Figure 2).

For more detailed information about how we carried out the Rapid Realist Review, see Appendix 1.

OUR INTENTIONS

This review has sought to provide an overview of what is currently known about the ways in which arts projects and creativity affect the lives of those who live with an SMI. Consequently, our review has also indicated gaps in the knowledge base regarding creative opportunities for people living with severe, ongoing mental illnesses. We have identified several difficulties and challenges that people

⁵ Matarasso, *A Restless Art*, 2019.

⁶ Castora-Binkley et al., 2010.

⁷ Saul et al., 2013.

Figure 1: Context, mechanism, outcomes configurations (CMOCs) as “if, then, because” statements.

with an SMI and artists / workshop facilitators confront during community arts projects. We have aimed to provide an understanding of the landscape for people with SMIs who may want to engage in arts and creative activities, raise the awareness of arts organisations to the needs of those with SMIs, and give a sense of future directions for funding for the arts and mental health.

THE REVIEW TEAM

This work was undertaken by a transdisciplinary team with a range of expertise. The team included someone with lived experience of severe mental illness, clinicians, an artist and researchers. A transdisciplinary approach emphasises working across, between and beyond disciplines, and crucially with those with lived experience, to arrive at understandings that cannot be achieved through research using only the knowledge and methods from a single discipline or approach.⁸ The research was reviewed by Prof Victoria Tischler, who acted as a critical friend to the project. However, it has been a time-limited, small-scale project (taking place over a 19-day period with one focus group) and as such is neither representative or authoritative but rather represents an initial overview and basis for future investigation.

FOCUS GROUP

A focus group with three people with SMI who attended a participatory arts group, Art Angel, was convened to explore the review team’s findings. Following the focus group, the review team revisited and refined the findings⁹.

Art Angel, based in Dundee, have previously engaged in research and have a 20-year history of working with the arts as a means of supporting people with mental health problems to get better and to stay well. Moreover, they are a group who are run by people with mental health problems. Due to ill-health because of Covid-19, it proved difficult to ensure that we could talk with a range of participants from different areas and with diverse ethnic backgrounds.

⁸ Piaget, 1972; Nicolescu, 2002; Mobjörk, 2010; Toomey, 2015.

⁹ See Appendix 2 for focus group discussion guide

Findings from the literature

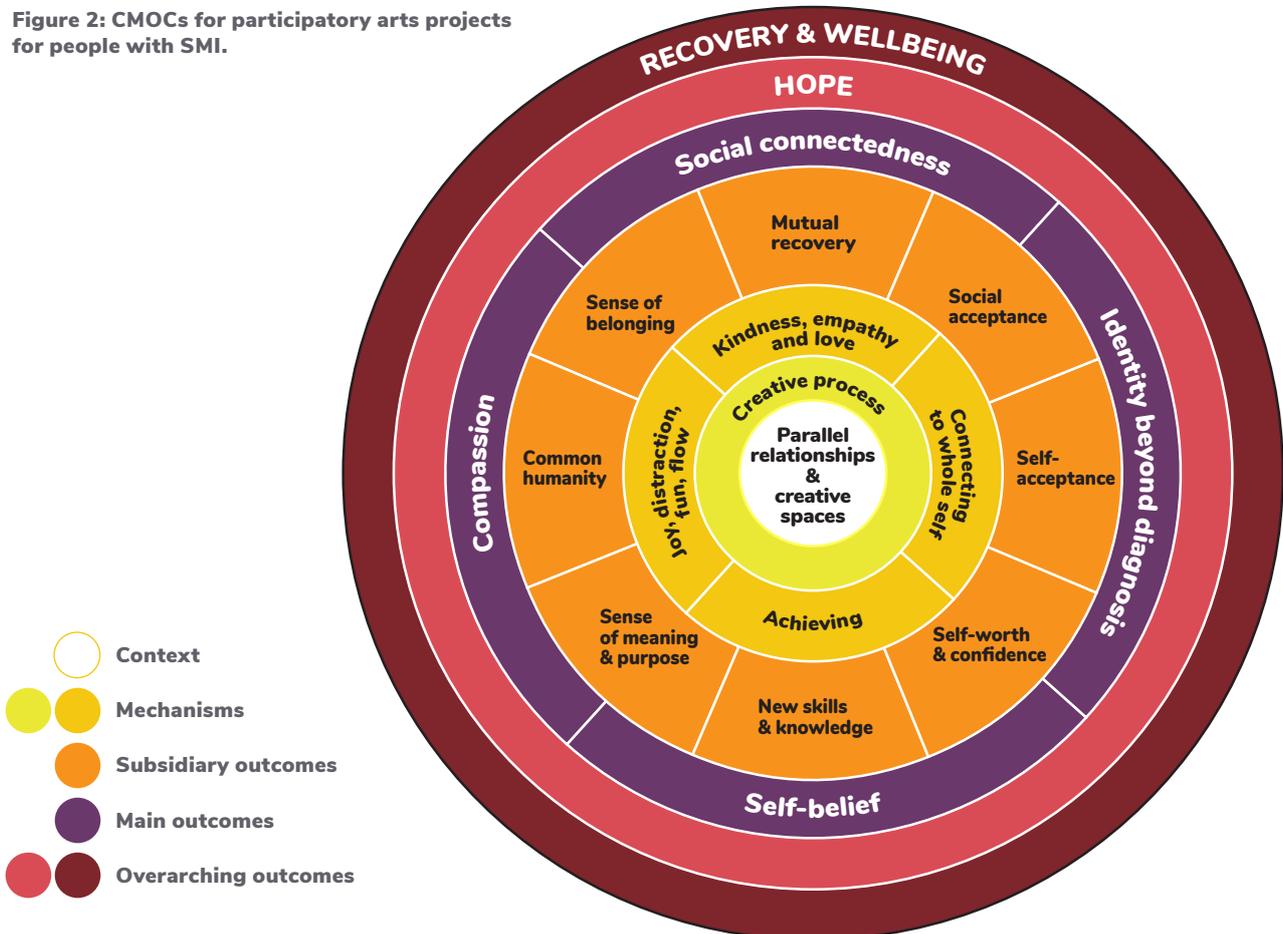
From our screening process, we found seven publications¹⁰ that were particularly useful in helping us to understand what works for people living with SMIs in relation to arts projects.

Four overarching Context, Mechanism, Outcome Configurations (CMOCs) were identified from the literature. The defined outcomes from these were:

1. Social connectedness
2. Identity beyond diagnosis
3. Self-belief
4. Compassion

Each of these contained overlapping outcome themes which are discussed below. There was much nuance in terms of context, but this was refined to two overarching themes on the Parallel and Valuing Nature of the Relationships, and Creative Spaces and Creativity. The mechanisms were themed to represent the ways that participation in the groups had an impact upon relationships with others, the self, mental health and the development of creative skills and knowledge. There was an overarching mechanism of Creative Process. These themes are discussed separately below; however, they overlap and interact in complex ways. (See Figure 2).

Figure 2: CMOCs for participatory arts projects for people with SMI.



¹⁰ Details of these publications can be found in Appendix 3 (Research papers).

The inner white circle represents context, the two yellow circles represent mechanisms, the inner orange circle represents the subsidiary outcomes underlying the overlapping purple circles that represent the main outcomes. Finally, the outer two circles represent overarching outcomes.

The colours chosen for this diagram are taken from the ancient practice of Alchemy, which attempts to transform 'base metals' into 'noble metals'. The various stages of the alchemic process are associated with different colours, with a progression from black (not used in this diagram), through white and yellow to purple and red.

Discussion of the themes

PARALLEL RELATIONSHIPS, CREATIVITY AND CREATIVE SPACES

Figure 2 represents the key contexts of Creative Spaces and Parallel Relationships at the centre. The context of Creative Spaces encompasses all key aspects of the 'space' that were identified from the literature: for instance the public nature of some of the spaces in the studies. Space is linked to inclusion and therefore to social connectedness and acceptance, as highlighted by one of the participants in the in Colbert et al study (2013):

"When you go to a gallery there are lots of other people who are there so you're almost included, this feeling, this sense of being included."

Creative Spaces also encompasses descriptions of spaces that feel safe, peaceful, and relaxing:

"...It's not like the outside world, you're very protected here."

Participant in the Stickley et al study, 2012.

This connects to a key theme identified from the literature about the importance of non-clinical spaces (that is, spaces that are separate from mental health or other clinical services). In the Sapouna et al (2016) study, one of the artist facilitators reflected:

"...[my role] is just to give the space for people to create their own stories."

This was also echoed in the focus group discussion where one of the participants reflected on differences between arts groups and hospital environments:

"if you're in a room with probably 10 other people who were talking about ward life and where to get alcohol and various methods of suicide, we realized that there was never going to work."

The conscious effort that goes into creating the right space was outlined by the same participant:

"Yeah, that we create a space where they can meet and see young people not be scared of raised voices or noises out in the streets."

Another focus group participant reflected on what worked about the creative spaces that were offered by the participatory arts project:

"The people mostly, the environment, it feels safe and the people that are here."

As identified in the quote above, the critical aspects of space intersected with the recognition of the importance of parallel relationships. This generates a sense of common humanity that ultimately, we are all 'in it together'. This was reflected upon in the focus group discussion:

"Like you know we talked about football and philosophy and everything you know [...] you can do that. That is here, but that's part of humanity anyway and it is alive and well and here as well [...] lots of people have hidden elements to them of of of knowledge and things like that, that are quite intriguing to get into. And yeah, and things like that. So, there's a lot of the whole wide world is in here as well."

This represents a striking contrast with the experience of relationships in clinical systems:

“... the nurses got involved as well ... just like us, they weren't like standing over there and just supervising, you know ... there was no difference between [us] I didn't feel like a client.”

Participant in the Sapouna et al study, 2016.

Similarly, this sense of equality resonated with the staff experience:

“we weren't separate, we're all human beings together.”

Participant in the Colbert et al study, 2013.

The construct of parallel relationships extends to the importance of reciprocity and mutuality between all people in the groups, be they service users, clinical/support staff, artists or facilitators.

Creativity, and the creative process, were implicit in the discussion of the impacts of participatory art in the literature reviewed. This encompassed engaging with other people's art and creating your own works, as remarked on in the focus group:

“But if you came here and somehow or other, you were able to be with people most of the time, you would find that people are most of the time making art. Just making art, their stuff.”

In the literature and our focus group, this creative process was related to feelings of joyfulness and fun:

“What have I enjoyed the most? Laughter, of course, the laughter. It's all about laughing, enjoying yourself.”

Participant in the Stickley et al study, 2012

This was echoed in the focus group:

“I think there's times when we're just people like in the writing groups. There's quite a bit of hilarity from time to time. Yeah, for things and and humour and and we're just people that are enjoying what we are doing”

The positive role of creative distraction was also highlighted in the literature:

“you don't have to consistently and constantly be consumed with your own inner world, you can be distracted nicely, don't have to be a bad reflection all the time”

Participant in the Colbert et al study, 2013.

The ability for art practice to distract individuals from troublesome thought processes is also connected with the notion of creative 'flow', as a participant in the study by Stickley et al (2012) indicates:

“I like the way you can just release and just drift away for a little while. Just drift away. And forget all your problems. I mean with like, releasing all the tension, all the negative thoughts in your mind.”

SOCIAL CONNECTEDNESS

Acceptance and belonging

The literature revealed that an important component of participatory arts group engagement is its ability to generate social connectedness, acceptance and a sense of belonging. This was also echoed in the focus group, where members repeatedly discussed the importance of connection with others.

“I think belonging is great word really, really, really. I have a lot of time from the word belonging, because, you know, a lot of the time, we've probably all had an experience of not belonging to anything.” ... “Yeah.”

Social Acceptance involves people feeling not only accepted by their peers, but also accepted (and valued) by the facilitators, clinical staff members (where they participate in such programmes), and able to access and feel at ease in public spaces. A participant in the Lawson et al (2014) study described being treated as a member of the public by the museum staff and artists:

“It was like ... stepping into their world and being welcomed in.”

The authors relate this to the ability to move beyond an identity as a person with mental illness. This connects with the importance of the context of Creative Spaces and Parallel Relationships (see above) as was identified by a participant in the Colbert et al (2013) study:

“..., a different type of relationship could occur in the gallery. This different relationship was one where we weren’t separate, we’re all human beings together”

Kindness, empathy and love

The role of empathy and kindness were evident in the literature and link closely to feelings of acceptance and belonging that an arts group can generate:

“it really dawned on me that how much human touch can make a difference, you know, just even within words... it’s that understanding, that empathy.”

Participant in the Colbert et al study, 2013.

Kindness, empathy and love were also identified as important by the focus group. In feeding back on an original draft of the CMOC one focus group participant reported:

“I don’t see the words fun or love.”

IDENTITY BEYOND DIAGNOSIS

The importance of consolidating an identity beyond mental illness arose repeatedly in the literature:

“I mean I don’t know what her diagnosis is and I don’t really need to know, erm, I just see her as a person and she’s an amazing person. We all saw me as a person and saw her as a person”.

Participant in the Colbert et al study, 2013.

Equally, this was emphasised at the very start of the focus group, in which one participant stressed the irrelevance of diagnosis in mental health and how Art Angel strives to go beyond these constructs.

Self-acceptance, self-worth, self-belief

Improved self-worth was recognised by an observer in the Saavedra et al (2018) study and is a key way in which an individual can begin to envisage themselves as people who are more than simply their diagnosis:

“[...] finding people paying attention (to users) is an improvement. They feel free and their social interactions improve as well as their wellbeing and self-esteem. Especially their self-esteem, because inevitably, if you draw a picture and people value and praise you and say how beautiful it looks, consequently that challenges you next week to do it better.”

This resonated with sentiments expressed by a participant in the Stickley (2012) study:

“. . . it was a little drawing of a tree and something else. But, that came out very well... somebody else liked it. Fell in love with it so I gave it to her.”

The focus group participants similarly expressed some of the ways in which the art group had positively affected their self-worth:

“I’ve said it took me a number of years at the writing, for example, to say that I like that piece of work that I wrote and I thought, did I really say that? So that’s what Art Angel does in time. It brings that sort of thing. It gives me confidence. My self-esteem back which I would have from time to time in my life, but which would get lost in the other places.”

In the focus group discussion when discussing identity, one participant commented;

“I suppose I’ve got more belief in myself [...] and the time when I’m looking back [...] my lifetime of all of these things is I’m seeing it with a different eye. I’m seeing things about myself with a different. Do you know what it’s like? I’ve tried to explain this. It’s like going into the same room but switching on a different lamp. And so everything in the room is still the same, but it’s just, uh, illuminated differently, and so it’s given me that. And if I can switch on one different lamp, it’s given me the ability to see things from a different aspect. If you like or with a different light. So I’m still the same. My history. Still the same like the way I am just now is still the same, but I can look at it from a different point of view, maybe and see it.”

This quote vividly illustrates the overlap between self-acceptance and self-belief. Self-belief relates to improvement in self-worth and confidence that arises from achieving creative outputs and the related development or consolidation of creative or artistic skills

and knowledge. Improved self-belief also overlaps with self-worth but recognises this extends to confidence in other areas of your life:

“... since I started coming here I started doing some voluntary work and now I’ve just been appointed, I just got a job ... I don’t think I could have done that without rebuilding my confidence enough to actually be able to go out and say ‘I’m here, I don’t have the experience in the job, but I can do it.’”

Participant in the Lawson et al study, 2014.

This clearly relates to feeling more confident:

“And it’s lovely to be able to do something that reminds you that actually you have some worth ... It’s given me confidence that there are things that I can still do.”

Participant in the Lawson et al study, 2014.

This resonated with the focus group discussion:

“It was hard for me with my issues and my problems now that see things that were not just black and white. So, coming here is like it’s like it’s showing me that I could be, I don’t have to be this this person that my brain says that I have to be, I could be something more something and I daren’t say better.”

ACHIEVING

The experience of making artistic outputs and developing associated skills is associated with a sense of achievement:

“I’ve been there and conquered a little bit.”

Participant in the Colbert et al study, 2013

This extends to improved sense of self-worth:

“... if you spend a long time doing something, then you get something nice from it, it does make you feel a little bit good because you know you’ve done it.”

Participant in the Stickley et al study, 2013

This is also fluently outlined by one of the focus group participants, who discussed her artistic achievements:

“this is the first time now I feel like I have control. Like a pilot in the aeroplane I have control, you know.”

In the literature, this was also found to be connected to a sense of hope:

“It’s actually given me a hope, there could be a future for me in something which- I-I didn’t realise I had, it was a corner that I turned and I realised, ‘God I have got something here which I can use’.”

Participant in the Lawson et al study, 2014.

SENSE OF MEANING AND PURPOSE

The ability for arts groups to instil a sense of meaning and purpose for participants was evident in the literature and illustrated by the focus group discussion, where a participant reflected on the importance of the participatory art programme in her week:

“when I came here I was really shut down and non-communicative but colour and some artwork sparked something and I was able to get a hold of something that I could come to and for a long time, and even now 10 years on, there’s maybe nothing much I do in a week, but on Tuesdays and Fridays I come to Art Angel and these are the days that I will focus on getting, you know, the earrings and so on and come to Art Angel and it’s giving you purpose.”

This in turn helped to give the participant an ongoing sense of identity as someone who is part of an arts group.

NEW SKILLS AND KNOWLEDGE

The development or consolidation of creative or artistic skills and knowledge was outlined as a practical outcome of arts groups that helped support participants’ identity.

“For me, it was an opportunity to do something that I was already doing and that I love doing and, but with some professional guidance in it. Which was the fabulous bit, was getting the teaching ...”

Participant in the Lawson et al study, 2014

It was acknowledged by the focus group that the confidence associated with the development of artistic (and other) skills not only impacts on identity but is also transferrable to other areas of life:

“So a lot of what Art Angel does is that, and we use art as this incredible flexible tool that might, doesn’t work for everyone, and it doesn’t work all the time. But like P3 said, that one occasion she was able to be comfortable with something that she had done, rather than thinking a bad person doesn’t do good things, so it’s it’s that and they’re transferable skills.”

COMPASSION

Compassion encompasses compassion for others and compassion for the self. A participant in the focus group identified that self-compassion and compassion for others are intimately linked.

“You know they say be kind to yourself [...] I think it starts by being kinder to other people [...] because you see other people here. They might be having a hard day. You don’t need to say anything to them. You don’t need to approach them you just see it at a distance and know [...] they might have a difficult time and so in some way you can recognise your own difficult time and maybe just be a bit kinder to yourself. I think the word compassion comes in here at some stage as well, but that’s that’s a big word to use and it’s a word that maybe makes you look at other people in your life with maybe a little bit more kindness as well.”

The word compassion comes from the Latin *com* – together, with and *pati* – to suffer, therefore, meaning ‘to suffer with’. This then intersects with Social Connectedness, indicating as it does being with others. The importance of recognition and sharing of suffering was identified in the focus group discussion:

“if I were to try and work with either X or Y on the basis of a diagnosis I would have been lost years ago, right? Because it’s so restrictive [...] it’s like OK, this person is this, but they have to be this, why are they not this? We would never have survived, been going 25 years

and it’s only because of us taking time to say OK, this is really, really hard. It’s really, really hard sometimes.”

According to Kristin Neff,¹¹ common humanity recognises that failure, mistakes and inadequacies are part of shared human experience, and understanding our common humanity is an important facet of compassion. This was reflected on by Colbert et al (2013):

“In the painting ‘Samson and Delilah’ by Anthony Van Dyck, one participant saw “terrible states of mind” greater than those he had experienced, which helped him accept that different states of mind could be part of human experience, rather than segregated as illness.”

This was discussed in the focus group:

“It’s helped me like grow up and form connections with people that are from all different walks of life that you would never meet otherwise, which is just the magical.”

HOPE, RECOVERY AND WELLBEING

Figure 2 depicts the outcomes of Hope, Personal Recovery and Wellbeing overarching the outcomes of Social Connectedness, Identity Beyond Diagnosis, Self-Belief and Compassion.

Hope

Hope was repeatedly identified throughout the literature. Engaging in art helped one participant to recognise that mental distress tends to wax and wane:

“if you go through a bad patch it doesn’t mean necessarily all your life is going to be coloured black from then on.”

Participant in the Colbert et al study, 2013.

Other involvement had a transformative impact on the way that the past was colouring their future:

“The drama group takes all the bricks off your shoulders because they are weighing you down, puts them behind you and you can look forward to the future...”

Participant in the Stickley et al study, 2013.

Recovery and Wellbeing

Recovery and Wellbeing are overarching themes that reflect a move towards living well with mental illness but recognise that, for many with SMI, this will be a lifelong effort. This is reflected in the underlying themes that recognise the importance of human connection, the impact on identity and self-worth, and the need for a compassionate outlook that recognises common suffering, moving towards living with hope and alongside mental illness. It also recognises the possibility of the different components of participatory arts groups to contribute to transformation and growth – that one might emerge from mental distress (if only temporarily) with a greater sense of hope, in life, in others and in oneself. The notion of a ‘bigger picture’ was captured by a participant in the Lawson et al (2014) study:

“I think part of this project has taught me is to look up or even to look down. Because ... up there is some wonderful architecture or ... it might be a huge painting ... Don’t just focus on this bit, there is something much wider going on around ... I think that that is beneficial to your mental health ... You can see the bigger picture ’cos you can actually drag that into your life and not just focus on yourself, you can look at what is going on for other people.”

Mutual recovery is a term that is explicitly used in the Saavedra et al (2018) paper. Saavedra et al describe mutual recovery as involving reciprocal relationships among multiple people and thus emphasising recovery as something that occurs ‘cross-community’, as opposed to on an individual basis. The construct of recovery can be a misleading term and is controversial in the context of people who live with severe mental illness for which there is no cure. However, it also reflects the possibility of living alongside waxing and waning serious mental health difficulties in a way that is manageable, meaningful and involves hope. Here, recovery is closer to healing and does not refer to the concept of ‘cure’. The nourishing and nurturing reciprocal relationships around shared (often unspoken) experiences of mental distress within an arts project can contribute to feeling held, understood and being part of something greater than yourself (this also overlaps with the theme Common Humanity)

“I think that watching other people moving along drags me along with it ...”

Participant in the Lawson et al study, 2014.

Difficulties and challenges for providers and practitioners

It is important to note that the arts do not represent a panacea for people with severe mental illness. In our focus group, the potential difficulty of finding meaning and purpose when life is impacted by mental illness was identified:

“It’s not going to be all the time, there are 70 or 100 bits to your day and some of them will be good bits and some of them are just awful, but it’s not, I’m just going to say for me it’s not realistic at my age, I’m going to have a happy life all the time. It’s just not gonna happen.”

In reviewing the publications, and in discussion with the focus group, a number of challenges and considerations emerged for those providing participatory art projects for people living with SMIs. These can be considered as contributing to our understanding of ‘what works, for whom, and in what circumstances’ by highlighting what can happen when the beneficial contexts and mechanisms are not fully in place.

Bone’s publication (2018) highlighted issues in the project she was evaluating. These were:

1. Distraction from purpose
2. Expectations
3. Balancing individual and group

DISTRACTION FROM PURPOSE

The project was ongoing, and therefore needed to secure sustained funding. This could mean that the skilled, professional artists who at the outset of a project were concentrating on supporting participants were having their focus pulled away by the need to secure future funding.

Successful projects often face the demand to ‘scale up’ their work, and this was also mentioned as a factor that could have a detrimental effect, again with skilled

professional artists being required to meet this demand, for example by providing training and mentoring for new projects, at the expense of supporting the project participants with their artistic skills.

EXPECTATIONS

In this project, it became problematic for one of the participants that their expectations of what a project is able to offer could not be met. This included the level of material support available as well as the capacity professional artists had to support skill development for individuals. It is therefore important that these issues are explained and negotiated clearly in advance.

It was also mentioned in the same paper that one of the participants felt that the expectations being encouraged by the project leaders – that participants could become professional artists – was not realistic, and this was felt to be patronising.

BALANCING INDIVIDUAL AND GROUP

In her publication, Bone also identifies the potential negative impact upon participants when projects are unable (or unwilling) to accommodate and support participants who want to work differently from the rest of the group, for example in different, separate spaces. This tension between individual and group is also highlighted by a participant in the Colbert et al study, with the benefits of membership of a group seeming to be quite finely balanced against individual boundaries:

“I don’t want social inclusion to invade my privacy.”

A number of the publications we reviewed identified the following additional challenges:

1. The end of the project
2. Terminology and attitudes towards the art produced
3. People 'dropping out'

THE END OF THE PROJECT

There can be a risk to the wellbeing of participants as projects come to an end, with people fearing that they might be returned to 'a world of anxiety, decreased confidence and isolation'.¹² While many participatory arts projects may run with the intention of acting as a 'springboard' into further self-led recovery and activity, participants may not be able to achieve this, and in fact the ending of a project may have a significant detrimental impact upon wellbeing.

The members of Art Angel who contributed to the focus group spoke of their long-term and ongoing involvement with the group as being of crucial importance. It was noted that their membership of the group was a constant in their lives, giving them a context within which to experience artistic development as well as support and solidarity:

"I've said it took me a number of years at the writing, for example, to say that I like that piece of work that I wrote and I thought, did I really say that?"

"Been going 25 years and it's only because of us taking time to say OK, this is really, really hard. It's really really hard sometimes."

TERMINOLOGY AND ATTITUDES TOWARDS THE ART PRODUCED

There can be a danger of reinforcing the stigma or 'otherness' of people living with SMI by referring to the art works that they create as 'outsider art', or 'art therapy'. As Dalglish¹³ points out in her article, this categorisation through language can reveal and perpetuate an attitude that views people living with SMI as separate from others.

PEOPLE 'DROPPING OUT'

It can be difficult for projects to understand why some people choose not to continue with their participation, as people may not want to give a full explanation of why they do not wish to continue. The focus group members also spoke of this:

"There are people who come here and they don't come back...I think it's 80% but it's 20% who never come back and so they're disappointed people in some way. So that that's a great difficulty of coming here saying most people manage it, most people get over it, but not everybody, yeah?"

This clearly represents a challenge that exists for people organising projects in understanding how projects can evolve to serve more people. It also highlights the fact that participatory arts projects probably do not work for everyone.

¹² Tomlinson, 2018.

¹³ Dalglish, 2017.

Discussion and concluding thoughts

This rapid realist review informed project aimed to understand participatory arts programmes for people with a severe mental illness. The findings emphasised the value of such programmes and started to illuminate the interaction between both physical and interpersonal (relational) contexts and the outcomes (or impacts of arts participation) people have described.

The contexts, mechanisms, and outcomes we have identified indicate ‘what works’ for people living with SMIs. In particular, there is an emphasis on being together with others in creative, rather than clinical spaces and being able to connect with other people who have an understanding of living with severe mental illness. There is recognition that each person, and therefore each person’s creativity, is of equal value. Therefore, the arts activities are not just things for people to ‘join in with’; professional artists use their skills to support people to make their own work, or work is co-created. It is important that there are not any expected outcomes, and that people are able to discover any outcomes for themselves. As a result, there is an innate flexibility to a community arts project which allows diverse individuals to participate, in the knowledge that it can’t work for everyone all the time. This is eloquently captured by one of the members of our focus group:

“We use art as this incredible flexible tool that doesn’t work for everyone, and it doesn’t work all the time.”

The relevance of creativity and creative engagement was clear from both the literature reviewed and the focus group. Despite growing indications that creativity is important for the wellbeing of people living with severe mental illness, it is less well understood how creativity might be conceptualised, and supported in this population, and how this understanding

could influence research and practice. Although there is a longstanding trope of the mad artist or creative genius (e.g., Csikszentmihalyi, 1997; King Humphry, 2010) there is much less understanding about the role of creativity for people with severe mental illness on a day to day basis or how people living with an SMI might contribute usefully to creative endeavours (theatre, orchestras, dance, visual arts).

The fundamental importance of hope for people living with an SMI and the ability for engagement with the arts to offer this, has emerged both from our literature review and was central to the focus group. A sense of hopefulness overlaps in obvious ways with increased confidence, self-worth and wellbeing and may be especially nurtured by engagement with creativity. However, this is not to suggest that the arts are a simple remedy for the ongoing distress and difficulties that people with severe mental illness confront on a daily basis. Rather that they offer an alternative space, another way of being, possibilities and another perspective which are so often lacking in other contexts. As so eloquently described by a participant in the focus group:

“And so, everything in the room is still the same, but it’s just, illuminated differently, and so it’s given me that. And if I can switch on one different lamp, it’s given me the ability to see things from a different aspect. If you like or with a different light. So I’m still the same. My history. Still the same like the way I am just now is still the same, but I can look at it from a different point of view, maybe and see it. And I think in some ways I’ve learned to be much more.”

This insight does not fit comfortably with the kinds of aims that might normally be associated with a participatory arts project, where funding is often dependent upon a clear set of aims and objectives that can be monitored and evaluated.

And yet it deftly summarises the transformative potential of arts for people who live with severe mental illness.

The review highlighted the importance of 'creative' spaces (often art galleries and museums) that are non-clinical (not affiliated with mental health services) and integrated within society and communities (that is, public spaces). Such spaces led to feelings of social acceptance and identities not limited by diagnosis or mental health. Creativity or the creative process, including tutelage or access to skilled artists and facilitators, enabled the development of art-based skills and knowledge improving confidence and self-worth via a sense of achievement.

The importance of interpersonal context was repeatedly found throughout the literature and this theme was consolidated by feedback from the consultation group. Parallel relationships (that is, interpersonal interactions characterised by respect, positive regard, mutuality and reciprocity) were integral to outcomes relating to social connectedness but also contributed to identity, self belief and compassion. The outcome of compassion encompassed both outcomes relating to social connectedness and identity. Compassion runs both ways (towards the self and others). It also recognises the reality of human suffering and the importance of recognising that suffering is part of the human condition (common humanity). This theme was repeatedly found in conjunction with connecting to other people's art.

All outcomes contributed to hope, personal recovery and wellbeing. Though our findings recognised that SMI waxes and wanes and the participatory arts may contribute towards increased hope, recovery and wellbeing – this is likely to constitute ways to live better alongside mental illness. However, longer-term participation in the arts may also contribute to transformation and growth.

LIMITATIONS OF THIS REVIEW

This review took place within a constrained time-frame (19 days) and with limited resources. As mentioned elsewhere, it is neither representative or authoritative but instead is designed to offer a snapshot of the current landscape and also to indicate what is not known. As only a single focus group took place with three participants there is a potential for bias. However, the review represents an initial overview that could be developed with subsequent research.

Future directions: recommendations

- The literature and our focus group demonstrated the importance of spaces which are not clinical, such as: museums, art galleries, concert hall or theatres. These could also be bespoke centres, such as Art Angel. How can public spaces ensure that they are welcoming rather than intimidating for people with SMIs?
- Arts projects are effective if they are led or co-led by people with an SMI.
- How can people with a severe mental illness contribute meaningfully to the participatory arts (theatre, music, dance, visual art etc.)? This is a question that is not asked clearly enough; rather the focus tends to be on how the arts or art groups can include people with an SMI. It would be interesting to turn this on its head.
- What about everyday creativity for people with an SMI? People with an SMI are not necessarily 'mad geniuses' – how can we widen the understanding of creativity to include people with an SMI?
- Arts projects that are long term can support people in a myriad of ways which are also practical – in terms of providing ongoing creative stimulus and structure. However, shorter-term projects are also valuable – some access to the arts is better than nothing!
- Arts projects have an ability to bolster self-confidence and improve self-worth for people with an SMI that extends beyond the longevity of the project itself.
- There is a particular value to creating with other people who have a deep understanding about living with a severe mental illness. This can be healing.
- Further research: there is need for full development of a programme theory regarding arts and creativity and those with SMI.

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Appendices

Appendix 1: Rapid realist review

A rapid realist review approach was adopted as an effective method for elucidating the connection between policy and practice. We have extrapolated from the existing qualitative literature on the perspectives and experiences of people with a severe mental illness who participated in a participatory arts groups, in order to make recommendations about arts and creativity for people living with severe mental illness. As noted by Saul et al (2013), a realist review attempts to develop an understanding of what works for whom and in what contexts and thus to generate practical knowledge about what is most likely to work and how to implement this. 'Rapid Realist Review' methodology (RRR) has been developed as a tool for applying a realist approach to a knowledge synthesis process and producing a product that is useful to policy makers in responding to time-sensitive and/or emerging issues where there is limited time and resources (Saul et al, 2013). The involvement of those with lived experience is of great importance to realist research for providing input throughout the research process, as well as for being able to use the insights from the study to improve outcomes (Ahmed et al, 2021) and consequently we have involved people with SMI in this review.

In line with rapid realist reviews, pragmatic decisions were made to ensure research activities could be completed to time. These decisions included:

- maximising specificity of search strategies;
- clear inclusion/exclusion criteria;
- study selection that prioritises the most useful key papers for theorising (e.g. those with 'thick' descriptions of participatory arts groups and participants);
- agreement between reviewers when 'enough' evidence had contributed to the programme theory.

The Rapid Realist Review was conducted between September and December 2021. Reporting has followed RAMESES publication standards (Wong et al, 2013).

Identifying key concepts

Initial scoping searches were conducted in Google Scholar and supplemented by knowledge from within the review team to identify evidence and key concepts. This knowledge was used to refine the focus of the review, to begin to identify what were thought to be the key concepts related to the research question which, in turn, informed the development of the search strategy.

Searches

Our search strategy developed in consultation with two librarians, one specialising in arts and the other mental health. Separate meetings with these librarians identified relevant subject specific databases and search terms and were guided by Tomlinson et al (2018).

Pilot searches of five databases utilised two search strings representing i) mental health terms and, ii) arts terms. These were conducted on 21st July 2021, resulting in 189,728 identified records. As such, the search strategy was revisited. Further consultation with a librarian refined arts terms and led to the development of a third search string based on outcomes. These outcome terms, related to experience and wellbeing, were informed by Tomlinson et al (2018). A review of these search results revealed a high proportion were not relevant to our research aim. Further tailoring aimed to increase the specificity of search results by incorporating the term 'NOT' in order to reduce returns of studies related to therapy, gaming, and physical health conditions. The updated search returned 2,771 documents and reduced capture of papers not relevant to this review topic (see Box 1).

Box 1: Search strategy

Dates of searches: 6th September 2021, rerun 9th November 2021

Searches were conducted on Healthcare Databases Advanced Search (HDAS; Health Education England & NICE, 2020).

Databases: Embase, MEDLINE, PsychINFO, and CINAHL

Search string: (psychiatric OR “mental health” OR “mental illness*” OR “mental disorder*” OR schizo* OR bipolar) AND (creativity OR art OR music OR drama OR photography OR Writing) AND (experience OR engagement OR participation OR inclusion OR involvement OR co-production OR co-design OR collaboration OR cocreation & “quality of life” OR self-esteem OR loneliness OR “life satisfaction” OR happiness OR worthwhileness) NOT (Therapy OR counselling OR dementia OR Alzheimer’s OR Diabetes OR Cancer OR Arthritis OR “Heart Disease” OR Gam*)

Filters: A ten-year limit for period of publication was applied dated from, 2011 to 2021*.

English language only.

* Participatory arts not widely recognised until 2011

Inclusion and exclusion criteria

Our inclusion criteria was necessarily limited. Although realist reviews will often incorporate evidence to related concepts and theories, the timeframe for this rapid realist review restricted our exploration of the literature to only that which pertained to our core focus. As such, studies were only included if they met all of the follow criteria:

- reported findings related to any type of participatory arts groups;
- included adults with severe mental illness;
- groups were led by professional artists;
- groups were held in shared, community spaces.

Studies were excluded if they:

- focused on the use of arts as therapy, counselling or games;
- the study population included people under 16, people with a dementia or people primarily with a physical health condition;
- reported the use of participatory arts in clinical environments such as hospitals, mental health wards or outpatient and community clinics;
- were led by therapists or members of the public not identified as professional artists.

Screening and study selection

In line with rapid realist review, we applied a purposive approach to the selection of studies which drew on reviewers’ knowledge expertise and judgements about the relevance of evidence (Wong et al, 2013). Realist methods for evidence synthesis seek to include enough evidence to build and refine theories rather than to provide a complete account of all available evidence.

Search results were screened by title to identify key papers. Full-texts of potentially relevant studies were read and discussed between three reviewers (CH, JW, HZ) to prioritise papers most likely to make a substantial contribution to the programme theory. Lateral search techniques (exploring reference lists and forward citations) were employed for key papers.

Study selection was iterative, with additional studies incorporated into the review to test assumptions and developing theories. To minimise bias, we conducted a targeted search of the evidence that might offer alternative explanations for outcomes that could test out tentative explanations. Our refined theories were compared with data from the focus group (see below).

Quality assessment

Quality was assessed via the realist understanding that evidence demonstrates relevance and rigour for theory development. Judgements of rigour were made by reviewers based on the trustworthiness and plausibility of the data.

Analysis and synthesis

Three reviewers (CH, JW, HZ) critically engaged with the content of six papers, identifying and extracting data to use for theory building. Data were first used to produce if... then... because statements, which set out each reviewer's understanding of the causal factors linked to particular outcomes. Data were mapped to these statements in tables, coded as context, mechanism or outcome, and debated amongst the team. Challenges to interpretations were considered and either reconciled through further deliberation or tested from additional evidence.

Following consolidation of the statements, a number of tentative theories, set out as context-mechanism-outcome configurations (CMOCs), were generated that explained why and how participatory arts 'worked' for people with severe mental illness. This included consideration of relevant theory relating to wellbeing and personal recovery. Further testing against evidence of instances when participatory arts 'did not work' was used to refine understanding what it was about the circumstances that had led to negative experiences. Throughout the analysis, refinements to understanding and programme theories were discussed between the review team using virtual platforms and visual illustrations were created to represent the developing CMOCs.

Ethical considerations and consent

Participants in the focus group were people who self-identified as living with severe mental illness and came forward voluntarily to contribute the expertise of their lived experience to the research. All participants were given detailed written information about the review. They were informed in advance about the aims and objectives and agreed that the session could be recorded. All participants had capacity to give informed consent, and all gave this consent in line with the Mental Capacity Act 2015. Participants were assured of confidentiality, and that data gathered during the focus group would be promptly destroyed once analysis was complete. All quotations from this focus group that are included in this report have been anonymised.

The ethics committee at the Royal Academy of Music gave approval for this study on 1st November 2021. The Royal Academy of Music Ethics Policy Governing Research Involving Human Participants and Personal Data (2020), and the British Psychological Society Code of Human Research Ethics (2014) were followed throughout the research.

Appendix 2: Focus group discussion guide

Introduction HZ

Researchers introduce themselves and ask participants to do the same.

Stress ethics, that participants can leave at any point.

Outline briefly the focus of this project – our interest in the role of the arts for people with more long-term and chronic mental health conditions, some of what the literature has indicated (themes of social connection, wellbeing, identity etc) and some of the gaps, the ‘messy’ areas that we are interested in.

Arts group HZ

Please can you all describe the arts group that you attend, what is it? How often does it meet? Where does it meet? What do you most like about it? Anything you dislike or think could be done better? Anything else you can think of?

Identity MH

Has the group affected how you see yourself and how you relate to yourself? If so, can you say something about this?

Social connection CH

Are there a mix of people with and without mental illness in your arts group? Please could you say something about how you experience this?

Do you feel part of the group? If so, WHY?

If you don't feel part of the group – WHY not?

Space HZ

Where does this group happen?

Does this space affect the group and if so, WHY?

Difficulties MH

Have you experienced any difficulties with the Art Angel group? In terms of access, inclusion etc. If so, why?

We are also curious about if it makes you feel as if you are separate from others in a negative way?

Have there been people who have not continued with the group? Do you have a sense of why they decided to leave?

Creativity CH

Is creativity important to you, if so, why?

How do you think the group affects your creativity? / Why do you choose to explore your creativity as part of a group, rather than on your own?

Does it matter to you that the focus of the group is on creativity?

Hope HZ

How has the group helped you to think about your future?

Appendix 3: Research papers

Author	Year	Location	Participatory art	Population	Method	Findings/ conclusions
Saavedra et al <i>Recovery and Creative Practices in people with Severe Mental Illness: Evaluating Well-Being and Social Inclusion</i>	2018	Contemporary Arts Centre of Andalusia, Seville, Spain	Activities and workshops that took place within a museum of contemporary art.	31 people, SMI (schizophrenia, bipolar, PD). 10 females, 21 males, mean age 45.	Mixed method. Observer rating, Warwick-Edinburgh Mental Well-Being Scale (WEMWEBS), Social Inclusion Questionnaire	Significant increase in wellbeing and social inclusion. Supported by qualitative (observational) findings.
Lawson et al <i>'It's like having a day of freedom, a day off from being ill': Exploring the experiences of people living with mental health problems who attend a community-based arts project, using interpretative phenomenological analysis</i>	2014	Lightbox Museum, Surrey, U.K.	Art skills workshops and gallery visits, culminating in a public exhibition.	8 people who self-identified as living with long-term mental health problems, median age 45 (aged 39-65). Most described living with anxiety and/or depression. 2 reported schizophrenia, 2 OCD.	Semi-structured interviews. Interpretive Phenomenological Analysis (IPA)	A highly valued experience, increase in self-worth and confidence, positive influence of a group setting, forming an identity beyond mental illness, acquisition of creative skills, experiencing focus and structure, identification of negative features of the project.
Sapouna <i>Beyond Diagnosis: the transformative potential of the arts in mental health recovery</i>	2012	Cork, Ireland	Two music workshops and one animation workshop.	Acute inpatient care, day care, community mental health services. Unclear whether participants were living with SMI but types of services would indicate severe and enduring.	Observations, semi-structured interviews	Changing attitudes in service provision. Art as part of a partnership approach. Art as empowerment rather than therapy. Devolution of professional power.
Sapouna and Pamer <i>The transformative potential of the arts in mental health recovery – an Irish research project</i>	2014	Cork, Ireland	Two music workshops and one animation workshop (as above).	35 project participants had diverse experiences of mental health services, ranging from long term in-patient engagement and receipt of intense support to first admissions and a minimum level of support at a community level.		
Stickley & Hui <i>Arts In-Reach: taking 'bricks off shoulders' in adult mental health inpatient care</i>	2012	UK	Arts in-reach programme on MH in-patient wards, including: drama, music, props and costume, knitting, jewellery making, glass painting, collage and a large selection of drawing and painting with a variety of materials.	11 participants who had participated in an in-patient arts in-reach programme.	Thematic analysis of interviews	The art workshops enabled people to express the powerlessness and boredom they felt as patients. The workshops alleviated this boredom, and also provided a sense of meaningful activity, social connection and self-expression. An opportunity to talk about something other than their illness, and the possibility to think about the future with a sense of hope.

Author	Year	Location	Participatory art	Population	Method	Findings/ conclusions
Tomlinson <i>Visual Art and Mental Health, A systematic review of the subjective wellbeing outcomes of engaging with visual arts for adults ("working-age", 15-64 years) with diagnosed mental health conditions</i>	2018	UK, includes studies from Australia, Sweden, USA	Visual art viewing and making, including photography, textiles, painting, mosaic-making, drawing, painting, sewing, collaging, printing, ceramics, and design practices.	Various	Systematic review	Engagement with visual arts can support forms of re-engagement with other people in a local culture and community. Visual arts activities, of various kinds, can reduce depression and social isolation. Interventions are most effective when located in safe but non-stigmatising settings, facilitated by empathetic teams of practitioners/researchers.
Bone <i>Art and Mental Health Recovery: Evaluating the Impact of a Community-Based Participatory Arts Program Through Artist Voices</i>	2018	Winnipeg, Canada	Visual art workshops supported by professional artists, culminating in a public exhibition.	Self-identifying, no formal diagnosis of SMI required.	Qualitative, case study methodology	Distraction from mental illness, relationship building, positive shifts in identity, some positive changes in physical and mental health. Challenges in relation to expectations, availability of the programme.
Colbert et al <i>The art-gallery as a resource for recovery for people who have experienced psychosis</i>	2013	UK	Participants were invited to 4 weekly two and a half hour sessions at Dulwich Picture Gallery. The study aimed to provide an opportunity for individuals with a diagnosis of psychosis to explore the meaning of their life experiences through reflecting upon paintings.	12 participants: 4 had a diagnosis of schizophrenia, one of bipolar disorder, one of schizoaffective disorder, and one of both bipolar and schizoaffective disorder (diagnoses had been made by the service).	Qualitative: narrative analysis	The arts activities were supportive of the recovery process: opportunity for alternative personal narratives, enhanced sense of achievement, distraction from symptoms, physicality of art making in itself soothing; enabling social interaction, bonding, friendship, empathy.

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