

ARTS, CREATIVITY AND MENTAL HEALTH INITIATIVE

**Executive summary of the findings of four
arts therapies trial services 2003-2005**

Mental Health Foundation



ACKNOWLEDGEMENTS

This report, written by Cathy Wilson, Consultant to the Mental Health Foundation and Isabella Goldie, Head of Scotland for the Mental Health Foundation, is based on the findings of four arts therapies trial services that took place in Scotland during 2003-2005. The report was commissioned by the Mental Health Foundation, and was edited by Isabella Goldie, Iain Ryrie Research Programme Director at the Foundation, and Fatima Uygun ACMI Project Manager.

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Front Cover Image

A painting by one of the patients who participated in art therapy. On reflection, she felt it represented her completion of therapy and held out the promise of a new beginning. We thank her for allowing us to use this reproduction.

FOREWORD

The Mental Health Foundation has long had an interest in the different, but related, practices of arts therapies and arts in health projects. The importance of creative and valued activity to mental health is well documented. Most of us can think of occasions when participation in creative activity has improved and sustained our mental well being. I have experienced this both on a personal level, and as an occasional carer for someone with a severe mental health problem who found arts participation the most helpful service he is offered within his community. I suspect these experiences are all grounded in the essential “human-ness” of creativity and art, which Ellen Dissanayake has eloquently described.

Unfortunately, the evidence base for arts therapies and for arts-in-health activities is not as good as it should be and needs to be. There are a number of blocks to participation and implementation despite good reasons for thinking that the art therapies have a valid therapeutic role and that arts in health projects can improve the resilience of individuals and communities. It is important that we do not fall into the trap of an either/or approach to the therapeutic and mental health promotion functions of arts based interventions.

This report presents the results of a small but significant piece of research and development across Scotland. Whilst the sample sizes are small the findings are very rich and suggest a number of ways in which we can push this important agenda forwards.

Dr Andrew McCulloch
Chief Executive
Mental Health Foundation

ENDORSEMENT

The arts can be joyful, celebratory, and energising. Through them we see the world, our communities, and ourselves differently. They can also be one of our deepest consolations, vessels that contain and transform suffering. The approaches of the arts therapies and the arts in health are colours within this spectrum.

This report is a convincing and sometimes moving testimony to the ways that ordinary people “were positive that art therapy had helped them, especially with improvement to self esteem and added meaning to their lives”, that a life could be “totally changed by the experience”. That dramatherapy achieves “the kind of learning that lasts and carries over into everyday life”.

The question for arts therapies and the arts-in-health is: what works for whom, when, and why? This report helps point the way to some answers.

What underlies both practices is the way each taps into the creative resources of the individual. They both can help the individual adapt to new circumstances. It is this process of successful adaptation which is healing:

Health designates a process of adaptation ... It designates the ability to adapt to changing environments, to growing up and aging, to healing when damaged, to suffering, to the peaceful expectation of death. Health embraces the future as well, and therefore includes anguish and the inner resources to live with it.

(Ivan Illich 1976)

The most robust finding in psychological therapies research is that what really helps is the therapeutic relationship. (Holmes 2002). It is human to need one another's help, human to offer it, but there are teachable skills involved in doing so.

What we need are palettes and mosaics of opportunities, services and resources, a 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.

I very much hope that this report will become part of the literature which informs continuing dialogue and research. When do we need the added support of skilled psychotherapy, and when might it be the companionship and achievement of a studio environment? The work of ACMI is a heartening indication that we are moving towards seeing the arts' contribution to mental health in these terms, where the right question will be 'what do you need' rather than 'what have you got'.

Malcolm Learmonth
Arts and Health Lead British Association of Art Therapists

1 THE CONTEXT

1.0 Service and Policy Context

Mental health problems affect large numbers in Scottish society, with 1 in 4 individuals directly affected and many more individuals offering support as formal or informal carers. Despite this statistic, and the impact on society as a whole, many of the traditional service responses have not focused on community support but on specialised hospital based service provision. These services have sought to offer medical explanations and interventions for highly complex individual experiences, with solutions seen to lie, not within the individual themselves, but with trained professionals. Although over recent years, there has been a move towards providing community based services, often these do little to consider individuals within the context of their lives and services offered do not consider the strengths and potential of the service user. As a result mental health services have been viewed by communities as 'specialised' and separate and people who have experienced mental health problems as different. The resulting negative public attitudes have been well documented and have significantly contributed to mental health service users experiencing high levels of social exclusion and discrimination.

To move forward mental health services now need to meet the challenges of developing new approaches which enable people to remain connected to their communities, and make the transition out of services back into their lives following periods of hospitalisation. To be successful, this new development agenda needs to fully understand the barriers to social inclusion experienced by service users and build on the work of the SeeMe¹ campaign in tackling stigma and discrimination both nationally and locally. This will mean developing services that are not only community based but are also seen as a valuable resource by communities.

The recent emergence internationally of the consumer movement and the concept of service user/consumer leadership has reinforced the need to take a different approach to service provision and to work alongside service users to create services which work best for them. Many service users are beginning to expect more from services and to lead the way on recommending developments that support them to retain ownership of their experiences and their recovery.

The impact that this has had on policy development can be seen on a number of levels, the new Mental Health (Care and Treatment)(Scotland) Act 2003, is an example of service users, carers and committed campaigners working to influence the development of legislation which is underpinned by the principles of human rights. It looks outward beyond the scope of the points in an individual's life when they may need 'Care and Treatment', to the wider role for services of supporting social inclusion and promoting recovery.

This legislative reform has provided the opportunity now for mental health service users to expect services which 'promote well-being and social development, and which include the provision of social, cultural and recreational activities'.²

This legislation has been reflective of an increased acceptance at policy level of the need to develop holistic approaches and has demonstrated the move towards considering mental health in health improvement terms. The Scottish Executive through its National Programme for Improving Mental Health and Well-being, has provided strong incentives and strategic leadership in this move towards investing in a mental health improvement agenda. It has highlighted the need to invest in services and approaches which act in an anticipatory way, reducing the number of people requiring support from more specialised mental health services. The role which the arts can play in moving this agenda forward has been highlighted

¹ The 'See Me' campaign was launched in October 2002 to challenge stigma and discrimination around mental ill-health in Scotland. The campaign is run by an alliance of five Scottish mental health organisations and is funded by Scottish Executive as a key component of its National Programme to Improve Mental Health and Wellbeing

² Mental Health (Care and Treatment) (Scotland) Act, 2003

by the National Programme, who have recently invested in the development of the Scottish Arts Council's ArtFull Initiative, and have outlined the following commitments to the development of Arts based services:

- *Support stronger, safer communities by contributing to improved community mental health and well being, social capital and social inclusion, as well as supporting the role of the arts, culture and sport in improving mental health and well being.*
- *Raise the profile of the arts, culture and sport (physical activity) in the contributions they make to increasing awareness of mental health issues and supporting peoples recovery*³

The arts therapies could well fulfil a bridging function in the new agenda for change. Service users across the trial services outlined within this report, acknowledged the way that they experienced the service as accessible, helpful to expressing and understanding underlying emotional issues, and above all as returning control and power to themselves as individuals. From the providers' perspective, the arts therapies offer a safe and contained way of exploring mental health problems with practitioners who are especially trained for that purpose (see 1.2 below). The inbuilt expressive element of the arts therapies aims to introduce or re-introduce individuals to their own creative impulse, and this in turn can offer hope and opportunity for the re-integration of the individual within their respective communities. The scope for this role of arts therapies in promoting social inclusion, increases where these services have the vision to link with a wider range of arts programmes, such as those which the Scottish Arts Council's ArtFull Initiative are currently supporting through their peer support network. This report aims to highlight findings of 4 trial services which took the approach of developing innovative ways to imbed their work within the community and in some instances to play an integral part in the journey of participants through to mainstream activity.

"It's a process of realising that you can actually make a difference, and that feeling is really powerful and much, much more powerful than any drug you can take."

Service User from Edinburgh GP Practice in Williamson, 2000 Independent Audit

³ Henderson. G. Journal of Public Health, March 2005.

1.1 Background

This summary report aims to highlight the arts therapies as a holistic approach to mental health service provision, which builds on the inherent strengths of individuals and acknowledges their inner resources. An important component of the report is to outline the potential for arts therapies to work within and alongside communities, to develop an accessible and meaningful service response. Included in the report is the key findings of the 4 arts therapies trial services who participated within the project. These trial services came about as a result of a proposal commissioned by the Mental Health Foundation working in association with the Scottish Arts Therapies Forum, Centre for Arts and Humanities in Health and Medicine and others. This proposal became known as the Arts Creativity and Mental Health Initiative (ACMI). It set out to develop a rationale that would explain the health benefits of participation in the arts, whether in therapy, in community arts activities, or for leisure.⁴ It also advocated the development of an evidence base for both the arts therapies and arts-in-health. Preparation of the proposal for this work was informed by an initial literature review and discussions with a range of key individuals, such as those indicated in the acknowledgement section at the front of this report.

The impetus for the Arts Therapies, Creativity and Mental Health Initiative came from a successful earlier independent audit, funded by Lothian NHS Health and the Mental Health Foundation. This audit was carried out during October 1998 to September 2000. Although this initial audit was limited in size, it did highlight the benefits of Arts Therapies, experienced by service users, who felt that they had made significant improvements in their lives as a result. (Turnbull & O'May 2002, Wilson 2002).

These findings reinforce the results from two reports published by the Mental Health Foundation, "Knowing Our Own Minds" and "Strategies for Living" (Faulkner 1997, 2000), which highlighted the views of service users, who welcomed greater choice in treatment options, including access to alternative and complementary therapies and creative activities, such as art.

In 2004, ACMI was awarded 3 years' Development funding by the Scottish Executive under its National Programme for Improving Mental Health and Wellbeing.

1.2 The Arts Therapies and Arts-in-Health

There are two distinct practices involving the arts and mental health. The first are the arts therapies, the second are arts-in-health, also known as community arts for health. Arts therapist practitioners usually have an arts background in whichever of the four arts therapies disciplines, art, dance movement, drama or music. They have completed a post-graduate training, usually 2 years in length, which involves an understanding of human development and ways of working creatively with emotional and psychological distress. Arts therapists are registered with the Health Professions Council.⁵ Their practice focuses on the client's artwork (be it art, dance, drama, or music) as a channel for exploring personal issues and the development of therapeutic understanding. They often combine their arts therapies practice with their own active arts practice. Arts-in-health practitioners are first and foremost practising artists coming from a wide variety of training and background. They may work directly with service users, offering them an opportunity to experience and explore their own creativity in a variety of media, or may be independently commissioned to do work that sets out to enhance the environment and community. Many who have experienced such projects comment on the added value that participating in a creative project brings to their lives. More and more projects involving arts-in-health practitioners require them to work with service users who have mental health problems. There is an understanding that to do so, some extra training is required and there are a number of short courses already on offer throughout the UK. The distinctions between the two practices can sometimes appear to blur, but this is usually for

⁴ For discussion of the rationale and hypothesis based on the work of Ellen Dissanayake, see Halliday & Wilson, 2005

⁵ The credentials of all practitioners can be checked on the HPC website.

lack of opportunity to explore respective practice and the need to establish a clear professional identity based on respective strengths, skills and recognised limitations. Where service users are in the fortunate position of having both practices on offer, they are well able to see the differences and decide for themselves which practice is the more appropriate for their current needs. In time one would expect an intelligent mental health strategy to encompass both ends of the spectrum, and allow the service user freedom of choice.

1.3 Selection of ACMI Pilot Sites

In the autumn of 2001 five pilot sites were selected for inclusion in ACMI. These were:

- Argyll & Bute
- East Fife
- Glasgow (*later Glasgow East*)
- Midlothian
- Skye & Lochalsh (*later Skye*)

The selected pilot sites represented a demographic cross-section of scattered rural, to town and country mix, to urban populations across Scotland. They also represented the full range of the arts therapies, art, dance & movement, drama and music. In October 2002, the leader for Lochalsh withdrew from ACMI, and in April 2003 the leader for East Fife withdrew, each owing to new commitments.

From early December, 2002 through until October 2003, leaders from each of the pilot sites took an active part in developing and refining the ACMI proposal. Two-monthly meetings were held at the offices of the Mental Health Foundation in Glasgow with teleconference facilities to allow the more distant members to share in discussion. A national ACMI Advisory Group was set up in March 2003 with representatives from the Mental Health Foundation, the Scottish Arts Therapies Forum, Centre for Arts and Humanities in Health and Medicine (CAHHM) as well as the Pilot Sites. The advisory group explored best practice, theoretical and research issues, and communication issues between the constituent parts of ACMI and establishing dialogue between arts therapies and arts-in-health.

KEY FINDINGS

- Overall participants experienced significant improvement in their mental health and social functioning and in particular highlighted improved self esteem, communication skills and social interaction.
- The success of the therapy was dependant on participants engaging fully with the process and being provided with sufficient information to enable them to choice to participate or not. The services found that although participants initially expressed some anxiety about engaging in art therapy, all were positive about the process once they had started meeting the therapist and were provided with time to discuss and consider an approach, which was essentially new to them.
- Participants highlighted that the art therapy provided a non-threatening and accessible medium, which enabled them to address underlying issues, which may have been more difficult to explore through more traditional forms of communication.
- Services found that stigma prevented some individuals from engaging with services, in particular young people and people from small rural and island communities. Services worked best when embedded within mainstream community activities or universal settings, such as schools.
- Services found that they had a potential role to play in supporting the social inclusion of participants, as an unanticipated benefit of the therapy was that a number of participants involved moved onto mainstream activities following trial service.
- Participants found that exposure to the arts introduced or reintroduced them to their own creative impulses and wanted further opportunities to access arts based services and mainstream arts activities.
- The trial services which provided group activity found that there were social benefits with participants wanting 'more of the same' and to have opportunities to continue to meet, on a more regular basis.
- Existing mental health services, such as Community Mental Health Teams and other services such as the school setting, valued the work of the trial services and welcomed the potential for an added treatment/support options. The opportunities for sharing learning across disciplines were also seen as a benefit of arts therapy services being located alongside existing teams.
- The awareness raising events provided a useful way of engaging and informing other services, potential participants and communities to ensure that services developed alongside community need and were seen an a meaningful addition to existing service provision.

RECOMMENDATIONS

1. The profile of arts therapies as a community mental health service should be raised, with particular regard to its role in working alongside other arts based disciplines such as arts-in-health, to provide a range and choice of arts based support within a mental health and wellbeing context.

Stakeholders:

The Scottish Arts Therapies Forum
The British Association of Art Therapists
British Association of Dramatherapists
Association of Professional Music Therapists
Dance Movement Therapy Association
Nordoff Robbins Music Therapy

2. Arts therapies training should aim to include wider aspects of Scottish policy, service and practice context, which would enable arts therapists to understand regional and national mental health environment and support them to network more effectively with other services.

Stakeholders:

Arts Therapy Colleges

3. Research funding bodies should co-ordinate their strategies and increase the grants available to explore the role of arts therapies in promoting mental health and wellbeing.

Stakeholders:

Scottish Executive
National programme for Improving Mental Health and Well-being
Scottish Arts Council
Grant making trusts

4. Methodology for evaluating the arts therapies within a social inclusion, health improvement and recovery context should be developed. This should include investigation of research tools that are accepted by health, social work and education authorities.

Stakeholders:

Scottish Arts Therapies Research Network
Mental health research community

5. Community based approaches to arts therapies should be developed, through formal professional training and ongoing practice development forums.

Stakeholders:

Scottish Arts Therapies Forum

6. Funding should be provided to support the development of community based approaches to arts therapies, which support social inclusion, health improvement and recovery agendas.

Stakeholders:

Scottish Executive
National Programme for Improving Mental Health and Well-being
NHS Health Scotland
NHS Health Boards
Community Health and Care Partnerships
Local Authorities
Communities Scotland

7. Arts based approaches to promoting social inclusion, health improvement and recovery within a mental health context, such as Arts Therapies should be recognised, supported and developed. These approaches should be considered as having the potential to provide innovative, person centred solutions to often complex psychological issues and challenges, exacerbated by social exclusion, discrimination and stigma.

Stakeholders:

Scottish Executive
National Programme for Improving Mental Health and Well-being
NHS Health Scotland
NHS Health Boards
Local Authorities
Communities Scotland

8. Service users can now expect Local Authorities (LA) to provide services which promote wellbeing and social development (Mental Health Act Section 26) and should now make demands on LA's to provide arts based services when and where they would be considered beneficial

Stakeholders:
Local Service User Groups
National Service User Groups-Voices of Experience (VOX)

9. Grant making bodies should consider the value of supporting local arts based health promotion activities as a way of influencing regional and national policy

Stakeholders:
Scottish Executive

10. Art therapists should seek partnerships with service user groups on the basis that they can advocate areas of mutual interest

Stakeholders:
Local Service User Groups
National Service User Groups-Voices of Experience (VOX)
The Scottish Arts Therapies Forum
The British Association of Art Therapists
British Association of Dramatherapists
Association of Professional Music Therapists
Dance Movement Therapy Association
Nordoff Robbins Music Therapy

Mental Health Foundation

About the Mental Health Foundation

Founded in 1949, the Mental Health Foundation is the leading UK charity working in mental health and learning disabilities.

We are unique in the way we work. We bring together teams that undertake research, develop services, design training, influence policy, and raise public awareness within one organisation. We are keen to tackle difficult issues and try different approaches, many of them led by service users themselves. We use our findings to promote survival, recovery and prevention. We do this by working with statutory and voluntary organisations, from GP practices to primary schools. We enable them to provide better help for people with mental health problems or learning disabilities, and to promote mental well-being.

We also work to influence policy, including Government at the highest levels. And we use our knowledge to raise awareness and to help tackle the stigma attached to mental illness and learning disabilities. We reach millions of people every year through our media work, information booklets and online services.

If you would like to find out more about our work, please contact us.

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