Does prescribing participation in arts help to promote recovery for mental health clients?

Little is known about the benefits of arts on prescription for mental health clients. This study found it provided peer support and a sense of vocation.

**LITERATURE REVIEW**

While much research has explored the efficacy of professionally led arts groups (for example, Greaves and Farbus, 2006), there is little on the benefits of community arts, in spite of policy support (DH, 2007). The arts may be significant for promoting recovery and have been recognised in New Horizons (DH, 2010). Furthermore, the benefits of community arts to mental health are reported in a study (Anglia Ruskin/UCLan Research Team, 2007) commissioned by the government in response to the Social Exclusion Unit’s (2004) report. This study explored participatory arts and mental health work in England with people aged 16-65. Results showed significant improvements in empowerment, mental health and social inclusion. Improvements in empowerment and mental health were greater in those with “clinically significant” mental health problems at baseline and in those who had not reported a recent new stress in their lives at follow up than in the comparative groups. There was a significant decrease in the proportion of participants identified as frequent and regular service users, but there was no change in medication use or use of specific services, other than a decrease in overnight stays. While there were no differences in occupational or educational activity, one third thought their involvement had increased future employment and education opportunities.

The concept of social capital has been applied to community arts development. For example, in a community arts programme promoting mental health, Parr (2006) found that, for many, arts activities provided stability and contributed to social wellbeing in terms of forming and sustaining relationships with other participants. While research on the arts and community engagement might be in its infancy, research on the relationship between arts and health offers useful insights. Staricoff (2004) examined health and medical literature from 1990 to 2004 to explore the relationship of the arts to health and healthcare, and their influence on health. Although the review did not seek to be the definitive evidence base for arts in health interventions, it is the most comprehensive review of the literature, identifying many areas for exploration.

**PRACTICE POINTS**

- The closure of asylums and day services means the need for a “safe place” for some people should not be ignored.
- Arts activities alone are not necessarily curative. It is the significance of good therapeutic relationships that facilitates recovery.
- Facilitating social networks and friendships may be one of the most important things mental health nurses can do for clients.
- Mental health promotion should involve providing new opportunities for people to become less dependent on statutory services.

**INTRODUCTION**

Mental health nurses’ role has increasingly involved mental health promotion since the introduction of the National Service Framework for Mental Health (Department of Health, 1999).

In the subsequent decade, many and varied mental health promotion projects have been implemented in the UK. The principles of recovery have become enshrined in policy, including endorsement in the chief nursing officer’s review of mental health nursing (DH, 2006).

This article reports some of the research findings from interviews with six people on an arts on prescription programme. A full description of the programme can be found in Stickley and Duncan (2007). It focuses on community development by helping clients to work together as artists, for example, using studio spaces together. All participants use or have used mental health services.

**METHOD**

This study used narrative inquiry and participants were interviewed three times over one year.

**Results and discussion**

Participants clearly benefited, especially in terms of having a “safe place” to come to, and from making new friends and experiencing peer support. It also enabled some to access education and voluntary work.

**Conclusion**

Engaging with community-based arts activities may provide opportunities for clients to make friends, become more socially engaged and have a greater sense of belonging.

**KEYWORDS**

Mental Health | Recovery | Arts on Prescription
under represented communities as a whole and with disadvantaged and isolated people with severe and enduring mental health problems (Bates, 2002). The literature shows clearly that research on the arts and health – especially on arts on prescription programmes – is in its infancy.

AIM AND METHOD
This study aimed to explore the experiences of people who engaged with an arts on prescription programme.

A narrative inquiry was used, which provides a framework for exploring the way in which the “self” is influenced by social conditions, discourses and practices. This interpretive research approach places the text in the broader social context, and the person’s situation and environment are relevant to the understanding of the text (Bryman, 2001). It allows us to enhance understanding by exploring and conveying a full picture of a diverse and multifaceted reality.

The inquiry drew on in-depth interviews, conducted three times over one year, about specific aspects of participants’ lives.

The relevant ethics committee granted approval and full consent was obtained from participants before each interview. All names have been changed in this article.

RESULTS
This article presents a snapshot of some findings. A collective narrative is identified between participants, which draws together themes and similarities, summarised in three sections: asylum; voice; and vocation.

Asylum
The arts on prescription programme was described as providing a psychologically “safe place” in a number of narratives.

Participants saw staff as supportive, non-judgemental and accepting, and also viewed fellow participants as supportive. The programme was seen as a place where new friendships could be made – an oasis in a difficult world.

Experiences of school featured in most interviews, although this subject was not raised by the interviewer. Because of the absence of prompts about school, this was interpreted as a positive transference because participants had enjoyed art lessons at school.

Arts on prescription provided a form of institution, as activities were run on set days for set periods. Similarly, experts led the sessions in the same way in which teachers had led lessons in school.

Since staff were almost exclusively women (although there were male and female facilitators), arts on prescription may be seen as a safe mother figure that facilitates “family” type gatherings. Participants perceived it as a non-threatening place for social engagement and meaningful activity.

Voice
The word “voice” featured periodically throughout the findings and it also does in the narrative inquiry literature. Narrative research encourages people to find and express their voice.

There was a sense throughout the data collection period that people were keen to participate in the study partly because they saw it as an opportunity to support a project that depends on temporary funding. By giving positive reports, there might be a chance of further funding. Therefore, there is a sociopolitical motivation to get the message across that the project is working and is of value. Often participants confirmed such motivations before or after the recorder was switched on, creating a feeling of collusion.

Once recruitment was complete, it was noticeable that no one dropped out of the study. A number made positive comments about being involved.

The extent to which participants saw the interviews as an opportunity to voice their thoughts, feelings and beliefs cannot be measured. The notion of voice should not be understated in healthcare, especially in mental health where people’s voices may have been ignored (Hurwitz et al, 2004).

Vocation
For several participants, attendance had vocational connotations (see Box 1 for two case studies). For one, the programme and the drop-in sessions provided a focus for his daily life, without which there was a void. It enabled another to engage with various arts projects and secure voluntary work.

DISCUSSION
The arts on prescription group is changing and those who run it measure its success informally, not so much by continued membership but by people becoming less dependent on the group.

The most notable success story is Eve, who progressed to a foundation arts course to start a part time fine art degree. Rick progressed to part time voluntary work, while Gill added arts on prescription to her repertoire of interesting activities. Rupert,
Rick and Ray all benefited from attending and subsequently formed theatre groups. The programme offered opportunities to develop not just artistic skills but also social and vocational activities. It is through these social opportunities and a structure to support them that people may form new social and personal identities as artists.

Arts on prescription provided refuge (asylum) and meaningful activity for people who are socially disenfranchised. Those who continue with the programme are perhaps those who years ago would have found a strong sense of identity within an asylum. Recently, a national move has developed towards closing day centre provision in favour of more “socially inclusive” models. Only time will tell if British society has made a gain or loss for some of its most vulnerable people in the name of social inclusion.

Factors that compound the exclusion of people with mental health problems include the effects of mental health services and those working in them (Repper and Perkins, 2003). Admission to psychiatric wards may lead to roles other than that of “mental patient” being eroded. Lengthy and repeated admissions have been found to lead to diminished social networks and increased contact with professionals and fellow clients (Holmes-Eber and Riger, 1990).

Friendship helps people to develop and sustain personal and social identities. When this is reduced to the quasi-friendships of contact with healthcare professionals, people may accept their own identity in relation to statutory healthcare provision.

Sayce (2000) said that, by not thinking of clients in terms of citizens in the wider community, mental health practitioners condemn them to a marginalised role of outcast. In other words, by maintaining the worker/client relationship, statutory workers may inadvertently reinforce negative stereotypes and challenge the development of identities away from that of “service user”.

Social inclusion is much more than helping people to integrate into society; it is also about acknowledging the potentially damaging roles of the very people whose role it is to promote inclusion.

Social capital and inclusion
Parr (2006) suggested it is possible for people to attend closed art groups with other service users and feel improved self-esteem and benefit from peer support, but remain isolated from the wider community.

For participants, the bonding that people experienced with one another in the arts on prescription programme is significant. Genuine friendships were established and mutual peer support was apparent. Only further, longer term research will establish whether people have moved on to full-time education or employment.

Belonging
Deficits in a sense of belonging have been linked to problems in psychological and social functioning. There are surprisingly few mental health research studies on the psychosocial influences of a sense of belonging; a number of studies exist, mainly in relation to displaced people (for example, Prince and Prince, 2002).

Halpern (2005) identified “group density effect”, in which mental health may improve where people have a sense of belonging in a minority group. It has been argued this reduces hospital admissions for people with mental health problems (Halpern, 2005). Longitudinal research is needed as membership of a group limited to mental health service users may increase stigma (Sayce, 2000).

For some participants, the programme provided a sense of belonging that would otherwise have been seriously lacking.

CONCLUSION
Participants identified benefits, including:

- Increased social contact;
- Having a “safe place” to come to;
- A sense of belonging;
- Making new friends;
- Developing an identity as an artist;
- Opportunities for future education and work;
- Increased opportunities for intimate relationships;
- A non-threatening and non-judgemental environment.

Existing research illustrates how engagement with art activities may enable people with mental health problems to work towards recovery.

There is little evidence in the literature of nurses engaging with creative approaches to promote mental health. This study shows not only how mental health nurses may deliver creative ways to meet clients’ psychological and social needs but also provides a model for research.

While policies and practices move towards more socially inclusive models of working, clients’ complex needs for safety, belonging, friendship and identity should not be ignored. Community-based arts programmes may help to meet some of these needs.

REFERENCES


