

The effectiveness of participation in the arts or creative activities for adults who experience mental illness.

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Clinical Scenario

Creative activities and participation in the arts have been utilised by occupational therapists in the practice area of mental health since the origins of the profession and the use of these activities remains very common today (Griffiths, 2008). A number of benefits have been ascribed to participation in the arts or creative activities for clients who experience mental illness. However these benefits are often reported anecdotally and there is little published evidence to support the use of these activities (Hacking, Secker, Spandler, Kent, & Shenton, 2008).

Focused clinical question

The effectiveness of participation in the arts or creative activities for adults who experience mental illness.

Summary of Search, 'Best' Evidence' Appraised, and Key Findings

The clinical question was deliberately structured to be very broad but it was still challenging to find a range of research articles that addressed the topic. The background literature I read cited a lack of research in this area and this was confirmed during my search. A large number of articles were excluded because they utilised art or creative activities as a psychotherapeutic tool with clients. I found four research articles that were within the search parameters I set, one quantitative study and three qualitative studies.

Overall the articles I reviewed concluded that participation in arts and creative activities had a number of benefits for clients. These benefits included increases in; empowerment, self-esteem, self-confidence, and increased participation in the community.

Clinical Bottom Line (one sentence)

There is preliminary evidence to suggest that participation in community arts projects is of benefit to clients who experience mental illness in community settings however further research is needed to determine the relevance of the evidence to a New Zealand context.

Limitation of this CAT

This critical appraisal has been peer reviewed by one lecturer as part of an assignment for Otago Polytechnic, School of Occupational Therapy. The breadth of the review has also been limited by the assignment requirements (ie. 2 articles only were reviewed).

Search strategy

The following databases were searched in order to source literature relevant to the clinical question:

- CINAHL
- OTseeker
- Google Scholar
- ProQuest Medical Library
- University of Otago Library Catalogue

The keywords used in the search included:

- art*, OR "creative activit**"
- "mental health", OR "mental illness"
- "occupational therap**"

A manual search was then completed of the references of all relevant literature located in order to identify further research that may have been missed in the database search.

Inclusion and Exclusion Criteria

Inclusion Criteria

- Adult participants
- Articles available as full text or hardcopy within the Otago Polytechnic library and databases
- Participation in the arts or creative activities was the intervention focus

Exclusion Criteria

- Art used within the context of psychotherapy
- Literature reviews and opinion pieces
- Arts or creative activities used as an assessment or evaluation tool

Results of the Search:

Study design/ Methodology of Articles Retrieved	Level of Evidence See p. 15 Taylor (2007)	
Quantitative Single case design	4	Hacking, Secker, Spandler, Kent, & Shenton (2008)
Qualitative	5	Lloyd, Wong, & Petchkovsky, (2007)
Qualitative - Grounded Theory	5	Griffiths (2008)
Qualitative	5	Heenan (2006)

BEST EVIDENCE (no more than 100 words)

It was a requirement for the course that we choose articles that represented different types of evidence. Therefore I have chosen to review the only quantitative article I was able to locate that met my search criteria (Hacking, Secker, Spandler, Kent, & Shenton, 2008) and a qualitative article (Lloyd, Wong, & Petchkovsky, 2007) that is specifically from an occupational therapy perspective. Both pieces of research look at the effectiveness for clients of participation in community arts centres. It is hoped that by critiquing the articles together a meaningful picture of this service/intervention will develop.

Summary of Best Evidence

Article One: Hacking, S., Secker, J., Spandler, H., Kent, L., & Shenton, J. (2008).

1. Aim of the Study

The aim of the study was “to discover whether arts participation for people with mental health problems created changes, after 6 months, in outcomes relating to mental health, social inclusion and empowerment.” (Hacking, Secker, Spandler, Kent, & Shenton, 2008, p. 639)

Study Design: Quantitative – Single case design

Setting:

A range of community arts projects across England. The projects offered participation in a diverse range of arts media; most commonly drawing and painting, but also visual, tactile, musical and written creative activities. Detail on the specific projects regarding location and staffing and programming was not provided. The arts projects varied in their methods of accepting referrals, which included; self-referral, General Practitioner referral and referral from secondary services. They also varied in whether they were open for all community members or only people who experienced mental illness.

Participants:

The researchers aimed to recruit as many participants as possible within the time frame of the study and 51 community arts projects agreed to recruit participants. In the end only 22 projects were successful in recruiting participants. Recruitment was conducted by project workers at the arts projects who were instructed to offer the questionnaire to “all new participants with mental health needs over 18 years old” (Hacking et al, p. 641). A total of 88 participants were initially recruited and 62 participants completed the full study (initial questionnaire and the follow-up questionnaire at six-months).

Detailed demographic data was provided for the 62 participants who completed the full study. 71% were female and 29% male. 48% were over the age of 45 and 52% were between 16 and 44 years. 82% were from white British ethnicity, 40% of the participants were engaged in voluntary or paid work and 60% of the sample described depression as their main mental health problem.

Method:

Participants completed a questionnaire within four weeks of entering the arts programme. The questionnaire incorporated demographic data, and three outcome measures assessing areas of empowerment (Individual Empowerment Assessment – IEA; mental health (Clinical Outcomes in Routine Evaluation – CORE) and social inclusion (the researchers developed their own scale as none were available). The authors provided clear and detailed information about the reliability and validity of the measures.

The second questionnaire was completed by participants six months later. This incorporated the outcome measures, and other factors which may have influenced the results such as health status and positive impression of impact regarding arts participation.

No detailed information was provided about the intervention participants received in the intervening 6 months at any of the 22 arts projects.

Results

Paired t-tests were completed comparing the participants mean scores on the three outcome measures at first entry to the project with the scores six months later.

Statistically significant scores were recorded across all three outcome measures; empowerment ($P = 0.01$), mental health ($P = 0.03$), and social inclusion ($P = 0.01$).

Within the measure for empowerment two of the four subscales showed a statistically significant change; self-efficacy and positive outlook. The remaining two subscales self worth and mutual aid did not reach levels of statistical significance. Within the measure for mental health three of the four subscales showed statistically significant change; problems/symptoms, risk, and wellbeing. The authors note that while few participants had high risk scores at the start of the project they see the 29% reduction in the risk subscale as being of clinical importance as it relates to harm to self or others. The subscale of life functioning did not achieve statistical significance. Statistically significant results were achieved on all three subscales of the social inclusion measure including; social isolation, social relations and social acceptance.

The authors then went on to complete a mixed model repeated analysis of variance (ANOVA) “to compare subgroups, including age, gender, educational level, mental health and level of participation” (Hacking et al, p. 638) in the arts project.

“Participants with higher CORE scores, no new stress in their lives and positive impressions of the arts on their life benefited the most over all three measures” (Hacking et al., p. 638).

Original Authors’ Conclusions

Participation in community arts projects over a six-month period improved levels of empowerment in clients with mental health problems. Improvement in outcomes related to mental health and social inclusion was considered “promising but less secure” (Hacking et al., p. 647). Community arts participation was seen to be beneficial for those with either lower or higher mental health needs. Given these positive initial findings, the authors recommended future investment in large-scale controlled studies to develop more conclusive evidence. They also recommended further qualitative studies noting that no outcome measure has the ability to capture an “individual’s own self-defined aims and goals” (Hacking et al., p. 648).

2. Critical Appraisal:

Are the results valid?

The justification for the study was clearly outlined. The study was part of a larger two year project to develop the evidence base regarding arts participation and mental health. The authors note that while there is a general belief that participation in community arts projects is beneficial for people with mental health needs, to date no large scale outcome studies had been completed to support this belief.

Study protocols were approved by the London Multi-centre Ethics Committee and each site involved gave governance approval. The article did not state whether consent was obtained from participants. I also had some concerns that the sensitive nature of the material in the questionnaire, which included questions such as risk to self and others, may have been distressing to participants and it was not clear if project workers had been given training to deal with this.

There was the potential for recruitment bias project as project workers may have been more likely to pick people who they thought would respond favourably. The authors also suggest a representative sample may not have been obtained because the most of arts projects were open to the wider community and project workers had to offer the questionnaire to people they believed to have mental health problems. Some eligible participants declined to take part as they did not like the mental health

focus of the questionnaire. Drop outs were accounted for and compared for differences across a range of areas with those that remained in study. They noted no significant differences between the two groups.

No significant detail was provided about the intervention provided at the community arts projects. This makes it difficult to replicate or translate into another context.

What are the results?

The authors described in detail their statistical analyses of the data. The initial and six month outcome measures were analysed appropriately with paired t-tests. Within a single case study design the participant acts as their own control and it can be difficult to assess whether any changes that have occurred can be attributed to the intervention or may be due to a number of other factors (Taylor, 2007). The authors undertook to establish which changes could reasonably be attributed to the arts participation versus other factors by using an ANOVA analysis. The authors noted the methodological flaws in their study and were cautious in their conclusions.

How will the results help me work with my clients?

Although it is based in England the provision of detailed demographic data could enable therapists to compare their clients with the study participants. The lack of detail regarding intervention makes it difficult to apply the findings to other contexts. The outcome measures used in the study may be worthy of further development in a local context. The strongest finding in the study was for increased empowerment which can be seen as being essential to the recovery approach as it is applied in New Zealand. Two of the additional findings were that people with more significant mental health needs may see a greater improvement and that participation in the arts projects was seen to significantly reduce risk of harm to self or others. These findings would be worthy of follow up in further study.

Summary

This study broke new ground in presenting the findings of a large scale outcome measurement of the mental health benefits of participation in community arts initiatives involving 62 participants. The article could have benefited from providing further detail about intervention.

Title of Article Two: Lloyd, Wong, & Petchkovsky. (2007).

Aim of the Study

The aim of the study was “to explore the ways in which involvement in an Australian community arts programme contributed to the recovery process” (Lloyd, Wong, & Petchkovsky, 2007, p. 207).

Study Design: Qualitative

Setting Based in the Gold Coast in Australia the Girrebala community arts programme is facilitated by an artist-in-residence and an occupational therapist. Participation in the programme is open to community based clients who are registered with the local mental health service. The arts programme offers clients with serious mental illness the opportunity to learn a range of art techniques and develop their artistic talents “focusing on artistic competencies instead of disability” (Lloyd et al., p. 208). An important part of the arts programme is the yearly public arts exhibition.

Participants

The researchers set an upper limit of 8-10 participants in order to gain a detailed description of the phenomenon under study. Participation in the study was offered to clients who had been attending the arts programme for a year or more. A total of eight participants with an age range from 20-59 years who experienced a range of mental diagnoses chose to become involved in the study. Demographic data was provided about each participant including; diagnosis, age range, occupation, marital status, and whether they used medication and psychotherapy. Participants' gender was not stated.

Method

Individual semi-structured interviews were conducted with each participant by two researchers (an occupational therapist who was also the main researcher and a supervising consultant psychiatrist) The interviews were 50-90 minutes in duration, the time taken being dependent on the clients self-chosen level of self-disclosure. The interviews were tape and video recorded. During the interview clients were also given the option of discussing an artwork they had completed its relationship to their recovery. This was designed to capture data that could not be easily conveyed by verbal means. Both researchers individually completed field notes after each interview and discussed their observations and reflections.

Findings

The authors utilised a conceptual model of recovery developed by Jacobson and Greenley (2001) which included both intrinsic and environmental conditions for recovery. The intrinsic or internal conditions necessary for recovery were defined as hope, healing, empowerment and connection.

Five major themes and 15 subthemes were identified by the authors. The major themes were: expression, self-discovery, spirituality, empowerment and self-validation.

The clients in the study described arts participation positively as increasing their ability to function in a number of areas of daily life that may be impaired during a period of mental illness including; communication with others, developing successful coping strategies, goal setting and empowerment. Experiencing success in the arts made clients more able to take risks with confidence and increase their participation in the wider community including educational and vocational activities.

Original Authors' Conclusions

The creation of art and participation in the Girrebala arts programme facilitated a number of internal changes in the participants that can be linked to recovery. External supports to recovery and participation in the arts were found in the supportive relationships and the physical environment of the service.

2. Critical Appraisal:

Trustworthiness of the results:

Ethical issues were addressed by providing written information about the study to participants and obtaining their written consent. The participants were informed of their right to withdraw from the study at any time “and that their subsequent treatment would not be effected in any way” (Lloyd et al., p. 208).

The authors noted the possibility of recruitment bias as the first eight participants to agree may have been most enthusiastic about the service and therefore not a representative sample. The participants were recruited by discussion with the artist-in-residence who also may have chosen people who they knew would respond positively.

The authors clearly outlined their processes of research and the data analysis including a clear process for the development of themes. The final article included detailed quotes from participants to endorse each theme developed.

They used a wide range of methods of researcher and data triangulation to ensure trustworthiness of the results.

- Ensuring correct transcription by tape and video recording the interviews
- Reflexivity through both researchers completing field notes
- Discussion of observations and reflections following each interview
- Checking drafts with participants and colleagues

How will these results help me work with my clients?

A recovery approach underpins mental health service provision in New Zealand. It is therefore beneficial to have research that demonstrates how external and internal recovery was achieved through arts participation at the Girrebala arts centre. A number of the findings would be worth exploring in local research. The interview guide is included as an appendix this would be a useful starting point in order to complete local research into the role of community arts participation and recovery.

Summary

This article provided detailed descriptions of the subjective experiences of eight participants in the Girrebala community arts programme in Australia. Whilst the findings cannot be generalized to other settings, they are of value to occupational therapists seeking to understand the relationship between internal and external recovery and arts participation for mental health clients.

Implications for Practice, Education and Future Research

Based on my review it would appear there are promising indications for participation in community arts initiatives providing benefits for clients who experience mental illness. The studies would have direct relevance to therapists working in community mental health with community based clients and may be of limited use to therapists in inpatient settings. Whilst neither article offered clear guidance for future practice they offer a number of directions for future research. It would appear that this area is inherently subjective and challenging to measure but despite some methodological flaws both of the articles reviewed add to the developing evidence base in this area.

Client empowerment was a key outcome noted in both articles. Clients' achievement in one area of their lives, art-making, was seen to translate into a belief they could succeed in other areas. This has implications for occupational therapists wanting to facilitate clients' participation in occupations across all areas of their daily lives.

Both of the articles were from international contexts, England and Australia, and hence their applicability to New Zealand contexts may be limited. I was unable to locate any local studies on this topic and it is clear that future New Zealand research is needed. In a time when there is reduced funding for health initiatives it may also be prudent to study the cost effectiveness of arts interventions as compared to other occupational therapy interventions in community mental health.

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