ARTS, CREATIVITY AND MENTAL HEALTH INITIATIVE

Report on the findings of four arts therapies trial services 2003-2005

Mental Health Foundation

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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
The 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

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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 SeeMe[1] 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 that will support social inclusion and promote 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 by the National Programme, who have recently invested in the development of the Scottish

[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

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 is 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 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. The report outlines the potential for arts therapies to work within and alongside communities, to develop an accessible and meaningful service response. The report summarises 4 arts therapies trial service (and their evaluations), which 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 rational 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 and 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 user's, 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. Since that date, the project has broadened its sample frame to provide a larger perspective of the role of creativity in promoting both individual and social health.

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 two 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 rational 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 practice and to build a sense of professional identity issues together around 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.

1.4 Awareness Raising

During this period (2002-03), as well as attending regular meetings, leaders from each of the pilot sites were involved in raising awareness of the ACMI proposal and of the arts therapies, which, in Scotland, have scant recognition as a potential resource in mental health. Funding for the awareness days also had to be sought. This was a challenging task for the pilot leaders.

> *Trying to get people's ear in Skye and attending meetings locally or in Inverness and Edinburgh/Glasgow was often difficult, not least because of distances to travel and weather conditions! At times I felt very frustrated by the lack of progress. But things changed after the awareness day event held in March 2004. Further meetings and a presentation to the Area Children's Forum about ACMI put art and dramatherapy on the local map. (There was no previous awareness of either.) Both are now sought particularly in the education sector. There is still a way to go because there is no authorized funding as yet for regular employment of arts therapists. But it is a start. It has also been an opportunity for personal development.*
>
> Helen Scott-Danter, Dramatherapist and leader for the Skye pilot project

1.5 Awareness Day Events

The first awareness raising days were held in Argyll & Bute in September 2002. Funding for the days came from the Quality Improvement Group at the Argyll & Bute Hospital and Remote and Rural Areas Resources Initiative (RARARI). Two art therapists and a music therapist travelled to four different locations in Argyll, Oban, Lochgilphead, Campbeltown and Bowmore (Islay). Two venues were at hospitals, one a Community Education Centre and one a town hall. Average attendance at the events was 22 with participants coming mainly from Community Support services, but also a number of health, social work and education professionals attended. Presentations on the different therapies were held in the morning and the afternoons were devoted to experiential sessions so that participants could get a 'hands-on' feel of the therapies. A plenary session was held at the end of the day where there was enormous interest expressed by participants to form a working group in each locality which would take forward the arts therapies in the community.

The association of ACMI with a leading national organisation (Mental Health Foundation) lent credibility to the venture, which meant that stakeholders were willing to focus time and effort into the establishment of working groups, as well as providing funds for the event days. The event days in Argyll & Bute became the prototype for event days in the other pilot regions. Midlothian held an event day in March 2003, Glasgow East in September 2003 and Skye in March 2004. The event days not only raised awareness of the arts therapies but also became the start of an ongoing consultation process. In each of the regions, a steering (or working) group was formed which met regularly in order to discuss funding possibilities and continue the consultation process.

1.6 Development of Trial Services

The steering groups started from the premise that in order to find any mainstream funding for the delivery of an arts therapies service, it would be necessary to look for opportunities to influence funding bodies at regional level. Yet, to do so would also require funding. However, this was not a significant barrier as the amounts required were to be small scale and could be funded by existing grant schemes. The trial services were expected to fulfil a dual role. Firstly it was hoped that these services would add to the body of evidence of the benefits of arts therapies, in the second place they would form a consultation exercise involving both service users and providers. It was very clear to all involved that unless evidence was produced at a local level as to the benefits of the arts therapies and their potential role in community mental health, funding for a fuller service would not be forthcoming.

2 THE TRIAL SERVICES

2.0 Islay and Jura Art Therapy Service

2.1.0 Background to project

The joint population of Islay and Jura is just under 4,000. People are socially isolated and with limited public transport it can be difficult to get around. Until 2001, there was no local therapeutic provision for people with mental health problems. Individuals had either to travel to the hospital at Lochgilphead or receive a monthly appointment at the local hospital, or in the case of a small group of people who were experiencing serious mental health problems, a Community Psychiatric Nurse (CPN) would travel to Islay intermittently to visit. This situation has improved, with a resident CPN and a small counselling service has recently become available.

The funding for the two trial services held in Argyll & Bute was provided through underspend money that became available from Argyll & Bute Council.[6] In early 2003, the Argyll & Bute ACMI steering committee invited applications for the use of this funding from the four different localities visited during the awareness raising event days. Two projects were chosen, the first a twelve-week Art Therapy trial on Islay & Jura during the summer of 2003, and the second a 6-month Art Therapy attachment to the Community Mental Health Team (CMHT) based at the Argyll & Bute Hospital in Lochgilphead.

2.1.1 Aims and objectives

The aims of the trial service were to:

- pilot individual art therapy for adults with mild to moderate mental health problems referred from GP practices on Islay & Jura;
- pilot a 'Creative Solutions' group for young people who are socially isolated and suffering from mental health problems based on an art therapy approach.

The above aims were to be achieved by:

- setting up individual art therapy sessions at different locations on the two islands and group art therapy at Islay High School;
- evaluating the trial service with standardised evaluation forms given out to individuals before and on completion of therapy, and interviewing referrers and all participants post therapy.

[6] It is worth noting the recognised practice of making use of slippage money at the financial year-end. If a department does not make full use of its allocated funding during a financial year, there may be extra spending ('slippage') money available. If this money is not used up it will be clawed back by the central funding authorities. It is advisable to have project proposals ready prepared in case slippage funds become available.

2.1.2 Implementation

Referrals were made by the CPN (Islay and Jura) and the GP (Jura).[7] At an initial assessment interview, the art therapist explained that this was a trial service and would need to be evaluated. The evaluation would help determine the value of this added treatment option. It was made clear that compliance with evaluation was not a requirement for therapy. This explanation helped people understand the importance of the evaluation as well as the short-term nature of the treatment, thus allaying any false expectation of ongoing provision of art therapy. A total of 13 referrals were made, of whom seven individuals chose to take up therapy. All those who participated in the therapy sessions did so on the basis that they would be able to review their decision at the end of the third session and withdraw if they so wished. In this way, it was hoped to allay levels of anxiety about a new therapy and allow individuals to make a more informed choice on completion of their third session.

The short-term nature of the study made it necessary to limit referrals to those individuals who were considered to have moderate mental health problems. No participant was expected to be offered more than 10 weeks of therapy and care was taken to ensuring adequate support after closure of therapy.

Three different locations were used, a GP surgery, a room at the local hospital and a local Service Point. All these premises were provided free of charge. During the course of the trial service, the art therapist received regular supervision.

2.1.3 Results

In all eight individuals chose to participate in therapy, seven of whom completed the full therapy programme. All were female and ranged in age from 23 to 78 years old. 5 people did not attend assessment interviews. The General Health Questionnaire 28 (GHQ 28) was used for evaluation purposes. All respondents (4) showed signs of improvement in their general health. Semi-structured interviews were conducted by an independent counsellor with six individuals and in one case their carer. The interviews found that whilst all respondents had expressed some anxiety about engaging in art therapy, all were positive about the process once they had started meeting the therapist.

In the view of the independent counsellor who conducted the interviews:

"Crucially [the respondents] were unanimous in expressing the opinion that it helped them address longer standing underlying issues that underpinned many of the clients' overt problems such as depression in a way that was non-threatening through a medium other than speech." (McNeil and Wilson 2003)

The second aim, to pilot a young persons' group, was not achieved. Five out of the 6 young people who might have formed a group failed to appear for their assessment interview. This reflects what would appear to be an endemic island problem, namely that doing anything 'out of the ordinary', whether therapy or out-of-school activity, can be seen as yet another marker of difference.

2.1.4 Developments

Various interesting developments took place as a result of the trial service. Two individuals who lived close to one another decided to meet regularly in order to do artwork together. More than two years since, it is known that they still continue to do so.

The young persons' group became a reality when it was decided to take a different approach and run an intensive two-day workshop that would be facilitated jointly by a craftsperson and an art therapist. This proved successful when run on an occasional basis. On consultation,

7 This GP, Dr Beryl Hawker, was also the leader of the original Argyll & Bute ACMI pilot.

members wanted more of the same and to meet more regularly. In the autumn of 2004, the Islay Healthy Living Centre arranged for monthly 1-day workshops and weekly drop-in sessions but attendance was irregular and by the end of the year the group disbanded.[8] A new group was then formed with the craftsperson and art therapist working together again. This group was designed to help adults who are socially isolated and aimed to help them discover self-expression through creativity. The new group met fortnightly in the New Year (2006). Evaluation found that all participants had valued the experience of creative activity. The CPN sees co-working between artist/craftsperson and art therapist as a means of ensuring that individuals with potential mental health problems can be identified at an early stage and, in an ideal world, offered individual therapy or counselling as a preventive measure.

Art therapy is now seen as a welcome potential added treatment option. Lack of funding continues to be the main obstacle. Although some art therapy is funded, this is currently from 'non-recurring' revenues and is not secure in the longer term.

[8] This may show that this kind of group with fairly chaotic life-styles is more suited to short sharp bursts of intensive work, even residential. The CPN and Islay Healthy Living continue to look for solutions.

2.2 Mid-Argyll Community Mental Health Team Art Therapy

2.2.0 Background to the project

Argyll & Bute covers a geographical area of around 2,700 square miles and has a population of some 93,000. Individuals experiencing mental health problems encounter difficulties in accessing treatment or support owing to the scattered nature of the population, poor infrastructure and journeying time. In addition there is the stigma encountered within small communities regarding any suggestion that an individual may have a mental health problem. Mental Health services within Argyll & Bute are currently undergoing significant re-design. There is pressure to develop 'care and treatment' options as well as undertake wider mental health promotion activities. The arts therapies are seen to meet both these needs, especially with their potential to link into community arts activities. The art therapy attachment with the Community Mental Health Team (CMHT) was seen as a first step to exploring this process.

2.2.1 Aims and objectives

The Art Therapy attachment was set up to:

- pilot individual art therapy for adults with moderate mental health problems referred by members of the CMHT
- set up individual art therapy sessions at different locations as part of the outreach activities of the CMHT
- develop awareness and understanding of the benefits (or not) of art therapy as a treatment option for the CMHT
- evaluate the service with standardised evaluation forms to be given out before and on completion of therapy, and to interview referrers and all participants post therapy.

2.2.2 Implementation

The CMHT Art Therapy attachment was funded for 6 months from January 2003 to early July. Members of the team include a consultant psychiatrist, 3 CPNs, an occupational therapist and a mental health social worker. No members of the team had previously encountered or experienced art therapy.

The protocol for referrals, assessment and introductory sessions was as on Islay & Jura. Again it was explained to participants that evaluation would take place but again were not under obligation to comply. From a total of 13 referrals made to the trial service, 3 were found to be inappropriate, 3 more individuals discontinued following introductory sessions, which left a total of 7 participants who completed therapy. Of these 7 participants, 5 were referred from the CMHT and 2 from a local GP surgery. The average number of sessions attended by those who completed therapy was 13, the lowest number being 8 and the highest 20. For the duration of art therapy, participants were asked to discontinue treatment with their referrer.[9] There were three different locations used during the trial, two in Lochgilphead and one in Tarbert. During the course of the attachment the art therapist received regular professional supervision and attended the weekly CMHT meetings.

2.2.3 Results

Of the 7 individuals who completed therapy, 6 returned questionnaires. 1 individual, resident in a Care Home, chose not to complete.[10] 1 return was spoiled. 4/5 respondents showed improvement in their general health. The 2 whose distress levels had been highest at the outset showed significant improvement.

[9] To avoid difficulties which can arise when individuals receive 2 concurrent forms of treatment.
[10] She died in March 04.

Qualitative interviews were conducted 17 months after the close of therapy. Only 5 of those who completed therapy could be contacted, 4 were interviewed. All respondents had valued art therapy and were positive that it had helped them, especially with improvement to self-esteem and added meaning to their lives. One respondent feels that their life has been totally changed by the experience. This individual has completed a Higher Certificate in Art & Design, and is now studying for their Higher National Certificate. The other respondents all wished there was some kind of arts activity near enough in their locality. All would like to have the opportunity of more art therapy.

Members of the CMHT were all very positive about the input of art therapy and felt that it complemented and expanded the current team “menu” of treatment options. The team felt that they had an improved understanding of art therapy and could see its potential as an added treatment option, especially in the context of the new mental health legislation on social inclusion/development.

2.2.4 Developments

Art therapy is now seen as a welcome treatment option within the CMHT. However lack of funding remains an obstacle and until art therapy is included in mainstream budgeting, it can only be put in place intermittently. Non-recurring funds have been found to finance a 20-week art therapy project during 2006. These funds were found under the auspices of a new group that has been formed out of the original ACMI steering group. This is Creative Resources Argyll & Bute (CRAB). Currently CRAB is made up of members from four different localities in Mid-Argyll, Islay, Kintyre, Bute and Lochgilphead, with new members from other localities welcome. CRAB also forms a sub-group of the Psychological Therapies Management Committee based at the Argyll and Bute Hospital.

CRAB will also fund a 40-week art therapy project led by the Bute Healthy Living Initiative. Bute already has a well-developed community arts programme and the aim is to evaluate the experience of art therapy among users and providers and to explore the potential for creating a pathway between art therapy and community arts (or vice versa), thus expanding the choices for the service user.

2.3 Midlothian Art Therapy Services

2.3.0 Background to project

The Orchard Centre Service, a service that is part of *health in mind* a mental health charity, offers a wide-ranging 7-day service. This includes art therapy and open art groups for adults with mental health difficulties who live in Midlothian, which lies to the south of Edinburgh and is a mix of town and country. There is real commitment to service user consultation and involvement in the Orchard Centre. Over the past eight years a comprehensive art therapy service has been developed. More recently the Service assumed responsibility for Arts Action, an arts-in-health project.

Funding for four different trial services came from Community Development Small Grants Fund, Midlothian Council Strategic Services Division Small Projects Fund and Community Health Development Grants, with additional funding from *health in mind*. Securing funding required an enormous time commitment on the part of *health in mind* staff as well as representatives of the steering group.

2.3.1 Aims and objectives

The trial services aimed to offer:

- One-to-One Art Therapy to individuals for a 10 week period. To target those individuals who experience social isolation and associated depression and anxiety and to improve their social confidence and skills through a creative therapeutic approach.
- Group Art Therapy in three different locations and/or contexts targeting those individuals who experience social isolation and associated depression and anxiety, and to improve group members' confidence and social skills and with each group having 6-8 members.

2.3.2 Implementation

The initial awareness raising sessions where held where referrers met with the art therapists involved. These sessions aimed to provide information about art therapy and the criteria by which referrers could identify potential participants. Once the various individual and group sessions had been set up, potential participants were offered the opportunity to meet with the respective art therapist. In addition information packs were provided. It was explained that participants were taking part in a trial service and would be asked to complete questionnaires at the beginning and close of therapy, and that the evaluation would preserve anonymity.

Referrals to individual art therapy were drawn from Midlothian Nurse Counsellors. Referrals to the groups came from Midlothian Surestart (parents of children under 3 years), Orchard Centre (parents each with a child) and two different Midlothian young people's projects (14-24 years). A standard referral form was used. Individual art therapy was offered on a weekly 1-hour basis over 10 weeks, the Surestart group offered weekly 2-hour sessions over 10 weeks, the parent and child group 2-hour sessions over 6 weeks and the young people's group 5-hour sessions over 3 weeks. In all a total of twenty participants experienced art therapy.

2.3.3 Results

A private consultant was commissioned to do the evaluation of the trial services. The evaluation was developed with reference to other participating agencies in ACMI and the ACMI working hypothesis:

> *'Within a dedicated framework, which allows time for contemplation, the arts serve the function of externalising, intensifying and transforming life experiences and this*

> *results in improved psychological well-being as well as a greater sense of coherence and meaning in life.'* (Halliday and Wilson 2005)

A shorter version of the General Health Questionnaire (GHQ12) was used which covers items that relate to the respondents' health and behaviour over the past few weeks. Qualitative semi-structured interviews were carried out post therapy with most participants.

The GHQ12 showed that 90% of the study group (20) reported an improvement in their general health, a change that is statistically highly significant. Qualitative feedback showed that[11]:

> *Interviewees were overwhelmingly positive about their experience of one- to-one and group art therapy. Many of the participants emphasised the importance of choice and feeling in control of what they wanted to do during the therapy. There was repeated reference to feeling more confident (verified by the changes in pre-and post therapy GHQ confidence scores) and finding the experience relaxing. Identifying a means of relaxing is an extremely helpful skill.* (Glencorse 2005)

The interviews highlighted the fact that art therapy is especially useful in the way it helps express and deal with emotions, with some participants stating an intention to start painting or drawing in their own personal time.

2.3.4 Developments

Evidence from the trial service has helped to secure one-year of funding of art therapy from *Choose Life funds* (the Scottish Executive's anti-suicide strategy), which is managed locally and aims at supporting individuals whose difficulties threaten to overwhelm. This service is now underway and is being evaluated.

Art therapy and Arts Work continues to flourish at the Orchard Centre and recently a very successful exhibition was held at the Embassy Gallery in Edinburgh of service users' work done in the open art groups run at the centre. NHS Lothian met the costs for the exhibition.

[11] There were a total of 26 referrals. Actual participants were 20. GHQ results demonstrate that 90% of the study group i.e. those who experienced therapy, reported and increase in their general health

2.4 Dramatherapy Autistic Spectrum, Portree High School

2.4.0 Background to project

The Skye project aimed to reach vulnerable children at risk of social exclusion and their parents or carers. 20% of the population (9,500) on Skye are younger people aged 0-15. Covering an area of some 700 square miles, Skye suffers from a fragmented infrastructure and transportation problems. The Portree High School is one of two secondary schools with an attendance of 680 pupils. The Support for Learning Department caters for a range of needs including Autistic Spectrum Disorder (ASD). The incidence of ASD is unusually high in the Highland Region. Funding for a 24-week Dramatherapy trial service at Portree High School came from the Skye & Lochalsh Area Children's Service Forum, ACMI development funds, and Portree High School. The drama therapist resident on Skye was invited to take a one-hour weekly session at the high school with a group of 5 children with Autistic Spectrum Disorder starting in September 2004. A sixth member of the group had challenging behaviour although not ASD. 2 members dropped out at the end of the first term, both because they did not feel comfortable with the role-play. The trial service of 24 weeks began in September 2004 and ended in May 2005.

2.4.1 Aims and objectives

The aim of the trial service was to:

- initiate a trial service using dramatherapy with a group of autistic spectrum disorder children in the Support for Learning Department at Portree High School
- implement the trial service so that it meets the criteria of the Social Interaction programme currently being developed at Portree High School which is based on Strathclyde University's resource material for Developing Social Interaction and Understanding
- evaluate the impact of the dramatherapy intervention on the children's social interaction and perspective taking i.e. their capacity to empathise with others.

The objectives set out in some detail how the 24-week blocks would be divided between two terms with a group of five children. The first block would include a 3-week introductory period for meetings with all connected with the care of the children and end with 1 review session. There was also to be a suitable consultant invited to observe the group on an occasional basis. The last objective was to provide a means for the children to evaluate their own responses to the intervention and to evaluate the parents' or carer's assessment in the children's social competence.

The Head Teacher was on leave for much of the period during which the trial service took place. This meant that some of the objectives were not achieved, in particular the post-trial evaluation.

2.4.2 Implementation

During the first term there were 11 sessions, followed by 7 in the spring term and a further 6 in the summer. The decision to divide the sessions between three, not two terms was taken at a review session in the first term. By staggering the dramatherapy input, it was hoped to assess more exactly which factors were contributing to behavioural change. The average age of the group was 13 years. Parents of the children were consulted as well as the pupils themselves as to which particular aspects of behaviour they would want to see change. The parents wanted to see the children's social interaction improve. To this end, the dramatherapist developed the children's capacity to role-play, using familiar dramatherapy techniques such as imaging and story telling. The pupils wanted to become less excitable or less 'hyper' and the dramatherapist explored a particular imaging technique for dealing with this problem.

The dramatherapy sessions were held in the same classroom each week and followed a structure that included introductions, core activities and ending. The use of a journal that the children filled in at the end of each session helped them feel ownership of the process as well as make a suitable closing.

During the trial, the dramatherapist used a standard process-recording technique and completed certain observation scales and inventories. She also received regular supervision by telephone with an experienced drama and play therapist practising in Scotland. It had been hoped that the supervisor would come over to Skye and observe the group in action, however funds were not available for this.

2.4.3 Results

The dramatherapist has written up her experience of the trial service as a hermeneutic study into working conditions and practice. Using the methods described above, she has been able to determine that the intervention was of particular value in helping children improve their social interaction skills through role-play and story making. She believes that the 'safe space' created by a therapeutic approach helped the children 'contain' feelings of anxiety and tension, and their tendency to become 'hyper'. Using an imaging technique of a parachute to represent their 'hyper' state as it went up, she was able to help the pupils learn how to bring it down by counting and breathing slowly.

The principal teacher expressed the strong opinion that the dramatherapy intervention had helped the group. In particular, there was one pupil, the most socially isolated of the group, who for the first time in her 'social' history was able to voluntarily participate in activities. Likewise, the pupil's parent was impressed. Later (following the close of Dramatherapy) the teacher was able to refer back to techniques brought in during dramatherapy to help with behavioural difficulties in the classroom. Her main comment is as follows:

> *Dramatherapy is crucial in helping ASD pupils improve their communication and cooperation skills. Both parents and teachers are often forced to use a reward system to achieve cooperation. What dramatherapy did was achieve this cooperation on a voluntary basis. This is the kind of learning that lasts and carrys over into everyday life.*

2.4.4 Developments

As a result of the dramatherapy intervention, the dramatherapist has received a number of invitations to work in Skye. Recently the dramatherapist has worked on a one-to-one basis with pupils from 3 different Primary Schools from the Kyle & Lochalsh area, and is currently working alongside a community arts worker to enable adults with learning disabilities to set up their own theatre company *"Over the Bridge Learning Disabled Theatre Company"*. Although not dramatherapy, dramatherapy techniques and training inform this work. Investigation is ongoing to establish dramatherapy within a longer pilot service in a Highland Region school.

3 CONCLUSION

3.00 Quantitative results

Across three distinct areas of Scotland, the trials services engaged a total of 39 individuals. External evaluation was not carried out with the 4 individuals who did dramatherapy. The remaining 34 individuals completed either 1:1 or group art therapy that was externally evaluated. Using a pair-wised t-test the Midlothian general health results proved highly significant. Taken together, the two art therapy trial services for Argyll & Bute showed that 8/9 respondents showed improvement, and some significantly.

3.01 Qualitative results

Qualitative feedback from the 3 art therapy trials was overwhelmingly positive. Considering that these results were achieved within a 10 week time span in most cases, consideration should be given as to the potential of the arts therapies to meet the recovery agenda of the 2003 Mental Health Act (Scotland)'s which asks for innovative and more accessible interventions to be made available in the field of community mental health (see 3.06 below).

3.02 Non-uptake of therapy

The fact that 12/26 referrals in Argyll & Bute did not take up therapy should not be taken as a negative indicator of therapy itself. Instead it highlights the learning that needs to take place regarding the role and applications of art therapy. Where there is a scarcity of treatment options for mental health, there may be a temptation to refer individuals who may not be appropriate for this type of focussed intervention, as was the case with the young people on Islay. The system adopted in Argyll & Bute of allowing referrals the option of Introductory sessions before making their final choice clearly helped to establish better therapeutic suitability (see also 3.03 below).

3.03 Unique contribution of art therapy

Particular items singled out by interviewees as positive were increased confidence and self-esteem, as well as more control and added meaning in their lives. All had enjoyed the engagement in the art activity, and doing so surprised many. Negative responses tended to reflect uncertainty at the outset of therapy and difficulties experienced with the venues ('too large' 'too small'). In one case, the individual would have preferred group as opposed to individual art therapy. It would appear that the non-verbal nature of art therapy and the way it accesses emotions helps to accounts for a unique experience.

3.04 Use of mix quantitative and qualitative tools for evaluation

The mix of a short General Health Questionnaire (GHQ) together with semi-structured interviews proved adequate for the purposes of evaluating the trial services. GHQ 12 is recognised as being as reliable as GHQ 28, and being the shorter of the two, is easier for respondents to answer. The use of this shorter questionnaire appears to have satisfied the needs of potential funders in Midlothian, where a substantial grant was subsequently made to implement the Choose Life Art Therapy option. For the purposes of evaluating the arts therapies, which appear to have a unique contribution to make as a health resource, the use of qualitative semi-structured interviews would seem to be quite essential. The experience of the participant and the process within which they engage with the arts therapy, can be most usefully identified and understood through interviews. Good analysis of these interviews would help establish the particular factors that contribute to the reported value of the arts therapies.

3.05 Maintenance of improvement after therapy

Glencorse (2005) recommends in her report of the Midlothian trials that validation of art therapy intervention would improve with follow up questionnaires and interviews at, say, a three-month interval. However, the qualitative interviews for Mid-Argyll were conducted 17

months post therapy, which does give an indication that the art therapy input has been sustained. At this point some respondents stated that they wished for more art therapy. As one said, *'If you've had a problem it's not like it goes away completely. Personally I'd advocate more art therapy [from time to time].'* This seems a reasonable request and, provided that art therapy was centrally funded, could be met with refresher sessions.

3.06 Arts therapies links with community arts activities

A fair proportion of those who completed art therapy either continued to do artwork in their everyday lives or planned to do so, and one individual completed a Higher Certificate and has moved on to study for the Higher National Certificate, in their own words a life-transforming move. Glencorse (2005) observes that

> *'This transfer of skill bodes well for one of the ACMI objectives, namely: Explore the potential benefits of stronger links between arts therapies and community based arts, including those with a specific remit (arts-in-health).'*

This movement out of therapy into activity pioneers a pathway that helps meet the duties placed on Local Authorities under Section 26 of the Mental Health (Care and Treatment)(Scotland) Act 2003:

> *"to provide services designed to promote the well-being and social development of persons not in hospital who have or have had a mental disorder, or to secure the provision of such services for such persons."*

3.07 Other arts therapies

The trial services did not include two of the four arts therapies, music therapy or dance movement therapy. There remains a need to explore the benefits of these therapies in much the same way as developed in the ACMI pilot sites. Given that the sample frame provided a dramatherapy perspective as well as art therapy, some generalisation could usefully be made that similar results would apply across the arts therapies. The small group of ASD children completing dramatherapy were considered by the principal teacher for Learning Support to have benefited from the dramatherapy intervention especially in relation to their social interaction.

3.08 Need to promote awareness of the arts therapies

The preliminary ACMI awareness raising events clearly paid dividends in terms of developing understanding and a commitment to arts therapies. The reports for these events[12] showed tremendous interest from a high proportion of participants in the potential of the arts therapies. It would seem that arts therapists and arts therapy as a practice need to begin to consider where their practice best contributes and to develop an evidence base that can be used to make the case for higher and more sustainable levels of investment.

3.09 Value of working with a national body, such as The Mental Health Foundation

The association of arts therapies with the Mental Health Foundation proved immensely valuable in lending authority and influencing potential funding bodies, within each ACMI pilot site region. Health Promotion Services willingly funded Awareness Days, which led to the implementation of trial services. The association with the Mental Health Foundation supported arts therapy pilot sites to consider this additional source of funding and begin to explore the role that these therapies can play within a mental health improvement context.

3.10 Introductory activity prior to implementation and user/participant consultation

[12] These reports are available in an accompanying publication, 'Reports from the Four Arts Therapy Trial Services 2003-05' on request from the ACMI project manager at the Mental Health Foundation, 30 George Square Glasgow G2 1EG and from the Mental Health Foundation website at www.mentalhealth.org.uk

The Midlothian trial service was the most thorough. This pilot site took special care with ensuring that the trial service was properly in place, raising awareness with potential referrers and providing potential participants with the opportunity to meet with the practitioner art therapists. This tactic undoubtedly helped to allay anxiety and possible differences in expectations. The introductory sessions adopted in the art therapy trials in Argyll & Bute to some extent served the same purpose. This respect for the service user's need for experience before making a commitment to therapy helped provide participants with a sense of ownership and choice. Although this choice is there within the majority of services, making it explicit in this way appeared to prove helpful to participants. There were of course challenges in bringing a new treatment option into an existing service on a short-term basis, not least the extra pressure on team members' time. However the team were clear about the value of the therapy by the end of the trial service and it was stated that subject to funding there would be no major difficulties in incorporating art therapy as part of the CMHT way of working.

3.11 Consultation with users/participants

The trial services consulted with users/participants, both before and after therapy, to ensure that the participants' experience was central to the evidence gathered. Participation in any therapy, but especially the arts therapies due to their experiential nature, can cause anxiety. It is all the more crucial therefore that services are developed in partnership with participants in a way that is meaningful to them. The pilot project in Skye displayed this by asking the young people involved what they would like to see as an outcome for them. The overwhelmingly positive response to the experience of creativity within the context of the trial services points to a case for the arts therapies playing a supportive role in advocacy and promotion of service users' interests.

4 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

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Scottish Arts Therapies Forum

SATF exists to raise awareness of the Arts Therapies in Scotland and to represent the professions to the public, government and other bodies. Its members are art therapists, dramatherapists, music therapists and dance movement therapists practicing in Scotland. Full membership is open to any HPC registered practitioners and associate membership to anyone interested in its aims. Contact by email: SATF2000@aol.com

The British Association of Art Therapists (BAAT) is the professional organisation for art therapists in the United Kingdom.

BAAT was formed over forty years ago by artists and therapists innovating this then new approach to art and health. BAAT aims to develop the profession, to increase awareness of its benefits, and to provide a central point for information.BAAT now has around 1500 members nationally, with a strong network of regional groups. It publishes 'Inscape: The International Journal of Art Therapy', and regular Newsbriefings.

Much more information will be found at http://www.baat.org.uk, Local contacts can be found through the office: info@baat.org.uk , who also deal with general enquiries. 020 7686 4216 Fax: 020 7837 7945

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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