

Title

A Fuller Picture: Evaluating an Art Therapy Programme in a Multi-Disciplinary Mental Health Service

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ABSTRACT

Art therapy has a long history in mental health care but requires an enhanced evidence base in order to better identify its precise role in contemporary services. This paper describes an evaluation of an art therapy programme in an acute adult psychiatry admission unit in Ireland. A mixed method research design was used. Quantitative data were collected through a survey of 35 staff members and 11 service-users. Qualitative data included free-text comments collected in the survey and individual feedback from service-users. Both methods aimed to assess the role of art therapy as part of a multi-disciplinary mental health service. Thematic content analysis was employed to analyse qualitative data. Staff demonstrated overwhelming support for art therapy as one element within multi-disciplinary services available to patients in the acute psychiatry setting. Qualitative feedback associated art therapy with improvements in quality of life and individual support, and emphasised its role as a non-verbal intervention, especially useful for those who find talking therapy difficult. Creative self-expression is valued by staff and service-users as part of the recovery process. Recommendations arising from the research include continuing the art therapy service, expanding it to include rehabilitation patients, provision of information and education sessions to staff, and further research to identify other potential long-term effects. The low response of staff and small sample in this study, however, must be noted as limitations to these findings.

MAIN TEXT

INTRODUCTION

Art therapy is the use of painting, drawing or sculpture by an individual to further his or her physical, mental and emotional wellbeing. This takes place under the guidance of a professional trained in the use of art materials, psychological functioning, and therapeutic intervention.¹

Although the most recent renaissance of art therapy commenced in the 1940s, art has been used as a medium for communicating thoughts and ideas since the beginning of human history. By the middle of the twentieth century, many hospitals and mental health facilities had developed art therapy programmes.

The term ‘outsider art’ was coined by art critic Roger Cardinal in 1972 to describe art created outside the boundaries of official culture,² including art created by persons with mental disorders. A significant body of art work created by psychiatric hospital patients has been now collected and is increasingly the subject of academic and clinical study (e.g. the Collection D’Art Brut in Lausanne, Switzerland).

Despite these historical roots, the contemporary art therapy profession faces a major challenge in developing a robust evidence base to support its place in modern mental health services. In 2000, a review of ‘arts for health’ activity by the Health Development Agency in the United Kingdom (UK) suggested that arts participation might have health benefits such as increased self-esteem and self-determination,³ with some studies suggesting specific benefits for mental health, including fewer hospital re-admissions,⁴ lower levels of depression,⁵ and reduced rates of general practitioner consultation.⁶

A two-year study commissioned in 2005 by the UK Department for Culture, Media and Sport and Department of Health aimed to develop further the evidence base for arts participation in mental health. One hundred and two arts projects in England were surveyed showing a broad array of activity in the field but little organised assessment and few clinical trials.⁷ Another outcome study of 62 participants in the UK, however, concluded that arts and mental health projects were associated with improved

empowerment, mental health and social inclusion.⁸ Since then, a growing literature has demonstrated the potential value of various arts-based therapies in enhancing mental health settings and promoting mental health, although the need for further research is repeatedly noted.^{9-18.}

There is also growing evidence that participating in art projects helps people develop wider social networks, understand and deal better with mental health issues, and gain confidence and self-esteem.^{8,19} Despite this growing literature, however, much research work is still based on small-scale qualitative studies and where larger studies have been attempted, many have significant methodological weaknesses.²⁰ Moreover, while many studies indicate improvements in mental health outcomes, it is rare for studies to address other issues such as relapse prevention or the longer term benefits of creative arts interventions on mental health.²¹

Notwithstanding these matters, two UK government documents have recommended that the arts should be integrated into general healthcare settings and mental health care environments in particular, based on the cumulative wealth of qualitative data supporting their benefits.^{22,23}

Looking at the role of art therapy in mental health services, it appears that different psychiatric disorders might well present different challenges. One pragmatic, randomised control trial in the UK, for example, identified no definite benefit from group art therapy for people with schizophrenia, although this study was hampered by the facts that levels of attendance were low and the group setting might not have suited some people with schizophrenia.²⁴ Evaluations of art therapy programmes in mental health are few – notable examples include Feen-Calligan and Nevedal 2008²⁵ and Kaimal and Blank, 2015²⁶. The latter indicates that programme evaluations, such as this study, have the potential to help practitioners and planners to improve clinical and research practice in the absence of systematic studies of art therapy, as well as learning about patient perspectives. A more recent systematic review of the clinical and cost effectiveness of group art therapy for people with non-psychotic mental disorders found that art therapy was generally associated with positive effects and appeared cost-effective, but – as ever – further evidence was needed.²⁷

This is consistent with the broader literature over the past two decades: there is now strong evidence from myriad sources that art or music therapy is beneficial for people with depression or schizophrenia,^{12 28} despite the fact that most studies do not examine all possible benefits of engaging in music and arts; e.g. developing new skills, positive coping strategies, social opportunities, increased confidence and self-esteem, as well as enhanced employment opportunities and personal expression of thoughts and feelings.²⁹

This study focuses on an evaluation of an art therapy post in a mental health service in Ireland which was established in 2002 and continues today (2016) with the same art therapist. . The sole art therapist for the service is located in the acute inpatient and outpatient psychiatry service at Tallaght Hospital, Dublin. Art Therapy is employed within the service to offer patient a safe, creative environment within which to engage in a psychotherapeutic relationship using the medium of art. Individual and group art therapy sessions are offered and clinical staff refer service users to art therapy.

The Art therapy group in the acute psychiatry ward offers a creative, reflective space in which service users are individually introduced to art materials and given an opportunity to experiment with all materials present. The focus of this group is in developing confidence and self-expression in participants, encouraging them to play, mess with art materials, reflect or tell their story through art media. Participants are provided with as much support as they require, the emphasis is on freedom of expression rather than product completion. Many participants ask for materials to use outside session times and materials are made available in consultation with unit staff. The Art Therapist adapts her practice to accommodate the acute nature of participants' mental health, their mixed abilities, their previous experience of art/ if any and the brevity of their stay.

This paper presents both a data-based and reflective review of this service and offers a clinical perspective on the role of art therapy for mental health service users. The primary aim of this mixed methods study was to provide a pragmatic assessment of the role of art therapy as part of a busy, multi-disciplinary general adult psychiatry service.

METHOD

A mixed method design was adopted to assess the role of art therapy within the acute mental health service. An anonymous, quantitative survey of all staff members across the acute mental health service (n=148) was conducted between 1 March 2016 and 31 May 2016, using a questionnaire distributed in paper format. Eleven mental health service-users completed an anonymous survey after attending at least one art therapy group. All service users who participated in art therapy sessions were offered the opportunity to complete the survey between 1 March and 31 May and eleven service users opted to do so.

The survey was designed by the researchers, based on twelve years of experience conducting service evaluations of patient and staff involvement in hospital arts programmes. A suitable previously validated survey was not found for this study. For the staff survey, participants were recruited by email and requested to complete an online survey. All staff members working in the psychiatry clinical team were emailed and two reminder emails were also sent.

Survey users were approached following participation in a group or individual art therapy session between 1 March and 31 May and were given a paper survey and asked if they might consider completing it. Given the nature of their illnesses, service users were not prompted or reminded to complete it to avoid creating undue pressure or stress.

Qualitative comments were also collected in writing from mental health service users attending art therapy over a three-year period (2013-6). Thematic content analysis was used for qualitative data analysis. Ethical approval was obtained from the Tallaght Hospital/St James Hospital Research Ethics Committee.

All service users at the unit were offered the art therapy intervention with the following exclusion criteria: (1) Patients who are admitted that day or previous night are not invited to the group, nor if the patient is being closely observed by nursing staff at the time of the

group (2) Patients who are in seclusion or deemed to be very high risk to themselves, art therapist or fellow clients (3) Patients with a physical condition that is active or contagious e.g. MRSA, Radiation. Psychotic patients are not excluded from the programme.

The art therapy group programme is offered to all service users in the acute unit on a first come first served basis with a maximum of eight participants in any session. In the three month period of this study, there was an 81% attendance rate and 58% had a diagnosis of psychosis.

RESULTS

Staff survey and qualitative feedback

One hundred and forty-eight mental health team members were invited to participate in the online survey and 35 responded (24%). Of these, 35% were consultant psychiatrists, representing a response rate of 87.5% amongst consultants in the mental health team. All 35 responders agreed that 'art therapy [is] an important service for clients in a psychiatry service'. A strong majority (85.7%) had 'referred client/s to art therapy or had key client/s who attended the art therapy service'. The benefits of art therapy endorsed by mental health team members included 'positive activity' (100%), 'building confidence' (100%), 'offering a non-verbal therapy' (100%), offering 'opportunity for self-expression' (97%), 'processing specific issues in a therapeutic space' (94%), providing 'diversion, recreation' (91%), 'developing new skills' (88%) and 'reducing social isolation' (85%).

Thirty-three mental health team members responded to a question about the observed effects of art therapy on clients and 97% reported clients 'taking pride in their artwork'; 84% observed clients 'developing an interest in art outside of the art therapy session'; 66% reported clients 'engaging in art activities in the community'; and 88% reported clients 'showing their art work to others'.

Asked how the art therapy service could be improved, items endorsed by respondents included ‘more art therapy sessions available for clients’ (100%); ‘more information for staff about art therapy service’ (97%); ‘more individual art therapy sessions’ (88%); ‘more research and evidence of benefit of art therapy for clients’ (85%); ‘specific service for clients with certain diagnoses’ (81%); ‘more outpatient appointments’ (82%); ‘more inpatient appointments’ (74%); and ‘less group art therapy sessions available for clients’ (17%).

Twenty-three mental health team members responded to a question about how clients ‘used art therapy and what benefits did you observe?’ See Table 1 for staff comments.

Table 1: Staff comments on the observed benefits of art therapy for mental health service users

Art therapy promotes self-confidence, enjoyment, discovery of new or long forgotten talent.
Art therapy helps the client to express what they want to say and how they are feeling, and gives them a sense of achievement
The clients I see have speech, language and communication difficulties. One of the main benefits of art therapy is that it doesn't have to depend on language for expression/exploration of self. I have found this so helpful for people who ordinarily find it hard to put words on their experiences
A patient of mine used art therapy as a distraction technique, using it anytime they had the urge to self-harm, it was a rare occasion that this person got any relief from these thoughts, so to see them spend long hours removed from this negative thinking was great.
I saw improvement in health of a client with severe depression who explored his existing photography skills with the art therapist and improved significantly thereafter.

Overall, mental health team members who had experience of referring service users to art therapy overwhelmingly reported that art therapy was an important treatment in mental

health services. Key benefits identified included reducing social isolation, building confidence, providing a positive activity with opportunity for self-expression.

Service-user survey and qualitative feedback

Eleven (n=11) service-users completed an anonymous survey after attending at least one art therapy group or individual session. Seventy six (n=76) attended art therapy during the three month study period. Surveys were given to all participants during the period of this study but completion was completely voluntary. Literacy levels, concentration and current mental health state were all components in the ability to complete the survey.

Two service-users reported feeling ‘stressed’ before art therapy; none were ‘stressed’ afterwards. Four felt ‘shy’ beforehand; none did afterwards. Three were ‘relaxed’ beforehand; this increased to eight after the session. None were ‘confident’ beforehand; two were ‘confident’ afterwards. Nine out of 11 agreed that ‘art therapy was a positive activity’; ‘it was good to be in a group’; ‘it helped build my confidence’; ‘it helped me express myself’; and ‘it helped me develop new skills’. Eight agreed ‘it helped me look at problems in a new way’.

Asked if they would ‘like more or less [...] art therapy activities’, eight out of 11 service-users recommended more ‘art therapy (any type)’; more ‘group art therapy sessions’; and more ‘art therapy for specific issues’. Seven recommended more ‘information about art therapy’ and six recommended more ‘individual art therapy sessions’.

Service-users were asked what benefits they observed following attendance at art therapy sessions. See Table 2 for comments.

Table 2: Service-user comments on the benefits of art therapy following at least one art therapy session.

I liked the wide scope of possibilities in art therapy, I liked using the clay, I find it good, and I liked the feeling of it.

I feel the therapy in the talking and the drawing. It brings out things you're thinking, everyday things, and important things. Doing something, talking about things I wouldn't normally talk about, bringing things out into the open, getting to know myself through art.

I was delighted when I saw my own painting. The morning went very quickly, too quickly... I would like the sessions to be longer.'

Art has helped me to find a life purpose... Life purpose is important and something I want to cultivate as I leave hospital...the art helped me in this regard.

Art therapy is a very good environment to explore unknown abilities and untapped artistic potential. I liked being listened to and understood

There were four key recurring themes in service-users' responses to the survey:

- *A focus on the talents of service-users and an emphasis on restoring hope and enjoyment.*

Many service-users stated that one of the main reasons they attended art therapy was because they enjoyed it and/or found it relaxing. Molloy stresses the importance of fun and, in particular, the enjoyment and value of creative play with psychiatric patients.³⁰ He believes play allows them to lose some of their psychological stiffness and become involved in work that allows a spontaneous sense of fun to develop.

- *Personal expression.*

Being able to express oneself assists in building confidence. The process of expression (verbal or non-verbal) offered clients opportunity to begin communicating their stories to others. Through this communication, clients begin to make sense of their own situation.

- *A sense of achievement.*

Although the art therapist went to great lengths to explain that art therapy was not product-driven and that it wasn't necessary to be good at art to become involved, some service-users felt a great sense of achievement or renewed self-confidence when they completed something they were particularly happy with.

- *Flow.*

Service-users identified that time had gone faster when they were involved in the art-making process. This concept of time flying or seeming to go faster corresponds with Csikszentmihalyi's writings about 'flow', which is a subjective psychological state that occurs when one is totally involved in an activity.³¹ This optimum flow state that occurs often in the art process is considered the highest level of well-being. Elements of 'flow' include focusing attention on a clear goal, loss of self-consciousness, altered sense of time, and a sense that the activity in itself is rewarding. The emergence of this theme in our study is particularly positive given that mental health service-users commonly experience poor concentration, diminished interest and low motivation; experiences of 'flow' are especially valuable in this setting.

DISCUSSION

The rationale behind the first art therapy project in this acute mental health service was the belief that people with mental health problems needed to express themselves and often have difficulty doing so. In this study, both staff and service-users strongly supported the use of art therapy as part of a range of multi-disciplinary services available to patients in an acute psychiatry setting.

Myriad benefits were identified by staff, including reducing social isolation, building confidence, and providing a positive activity with opportunity for self-expression. Service-users appreciated the art therapy service's focus on their talents, emphasis on restoring hope and enjoyment, opportunities for personal expression, the sense of achievement, and the states of absorption or 'flow' it generated.

Recommendations from our study include extending the art therapy service for rehabilitation psychiatry patients, offering art therapy for specific issues or tailored to specific psychiatric disorders, and expanding the service more generally.

This research project has several strengths. It addresses an important issue that requires further and ongoing research: the role of art therapy in acute mental health services. This project also acknowledges and values the expertise of both service-users and mental health professionals. The positive perception of art therapy by both service-users and clinical staff adds weight to the argument that art therapy warrants serious

consideration as an additional mental health resource for this service-user group. The challenge ahead is not only one of resource allocation but also one of developing a service that reflects the complexity of service-users' needs, underpinned by an adequate evidence base to support continued provision of this service.

Limitations of the study include the lack of a control group, small sample size, and low response rate (24% among staff). It would also have been preferable to use a previously validated tool to evaluate the art therapy intervention. Clearly, larger studies and more randomised controlled trials are needed in this area. There is also the possibility of bias: staff and service-users who completed our surveys were likely those with a positive regard for art therapy. This is a common problem across this field.⁹ More generally, studies such as ours face a constant challenge obtaining negative evaluations: service-users often provide positive feedback or none at all, whilst staff who complete such surveys are likely to want to support the service and provide positive feedback. Service-user feedback can also be difficult to quantify as participants are invariably at different stages of recovery when completing the survey (e.g. anxious, depressed, elated). Survey fatigue may also have reduced the number of staff responses. Future research would benefit from more rigorous sample selection (among both staff and service-users), larger samples and data collection across multiple sites.

Despite these drawbacks, data from this study add to the existing literature identifying a role for art therapy in acute mental health settings. This is an area of considerable importance, not least because art therapy differs qualitatively from other forms of psychotherapy owing to its use of art which increases potential for communication in a unique and often non-verbal way. Bateman, Brown and Pedder advocate the use of art as an especially valuable tool for communicating in new ways with psychiatric patients, especially those who may be withdrawn, defensive or unused to talking about themselves or their feelings in a more traditional, linear or direct fashion.³²

This perspective is consistent with the high value accorded to art therapy by staff and service-users in our study, and further supports the argument that art therapy offers unique benefits and opportunities in contemporary mental health services.

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All three authors were substantively involved in the conception of the work, or the acquisition, analysis or interpretation of data; drafting the work and revising it critically for important intellectual content; and final approval of the version published. All agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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