



Research Institute for Health and Social Change

Community Psychology Meets Participatory Arts: Well-being and creativity

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Introduction

This paper describes an action research project involving a team of community psychologists from Manchester Metropolitan University and a participatory, community based arts project for people with mental health problems - the Pathways project. As identified in Figure 1, it was anticipated that the link between participation in arts would have an indirect impact on mental well being and social inclusion. Previous work has found that arts impacts on mental health via: enhancing motivation, greater feelings of connectedness, a more positive outlook and reduced fear, isolation and anxiety (Angus, 2002; CAHHM, 2003; HDA, 1999; Huxley, 1997; Huxley and Thornicroft, 2003 ; Matarrasso, 1997; White, 2003, 2004). The evaluation was undertaken in the context of a programme of work we are engaged in, that seeks to contribute to an 'evidence base' for the arts and mental health work (Geddes, 2004).

Pathways Aims and Objectives

The aim of Pathways is to deliver participatory arts practice within communities in Manchester addressing issues of mental health and social inclusion (Chapman and Brown, 2004; Story and Brown, 2004). Here, artists work together with local people to find ways of overcoming emotional difficulties and daily stresses, enabling participants to express their individuality and share their personal journeys. The following three questions are central themes through which the aims of Pathways could be delivered:

- ◆ Who am I?
- ◆ What do I feel?
- ◆ Who are you?

The Pathways mission is:

- ◆ To explore avenues of creativity within the community and show how arts through creative activity can play an important role in mitigating against mental ill health.
- ◆ To improve the life outcomes for people with mental health problems.
- ◆ To engage people in creative activity that should enhance:
 - ◆ Skills and achievement
 - ◆ Self esteem
 - ◆ Employability
 - ◆ Social capital
 - ◆ Communication options
- ◆ To empower Pathways participants using art to identify and address concerns about their mental health.

We have been working with the project for about two years, and this report is linked to an evaluation stage over the last year.

The Research Objectives

For this evaluation, the research objectives are:

- To articulate the processes that artists were engaged in from the perspectives of both artists and participants;
- To examine some of the mechanisms and outputs of the artistic processes in terms of the extent to which they can be gauges of change over the duration of the project;
- To understand the mechanisms through which the artists relate with and work with the participants and the impact of these ways of working on both participants and artists (including, for example issues of playfulness, fun, trust).
- To identify changes in mental health and or social support and or participation and inclusion as a result of participating in the project;
- To identify the process and impact of the Exhibition on participants and artists in terms of well-being, identity (as an artist or someone who enjoys art, for example) and social inclusion
- To identify the relative strengths of different forms of data for evaluation of arts and mental health work;

The Evaluation Approach

It was agreed from the outset that the evaluation should focus on the Pathways project as a whole, within which individual projects were embedded, rather than on separate evaluations of the individual projects. Some key features underpinned the evaluation (see Paton, 1981 for more detail on creative evaluation). These include:

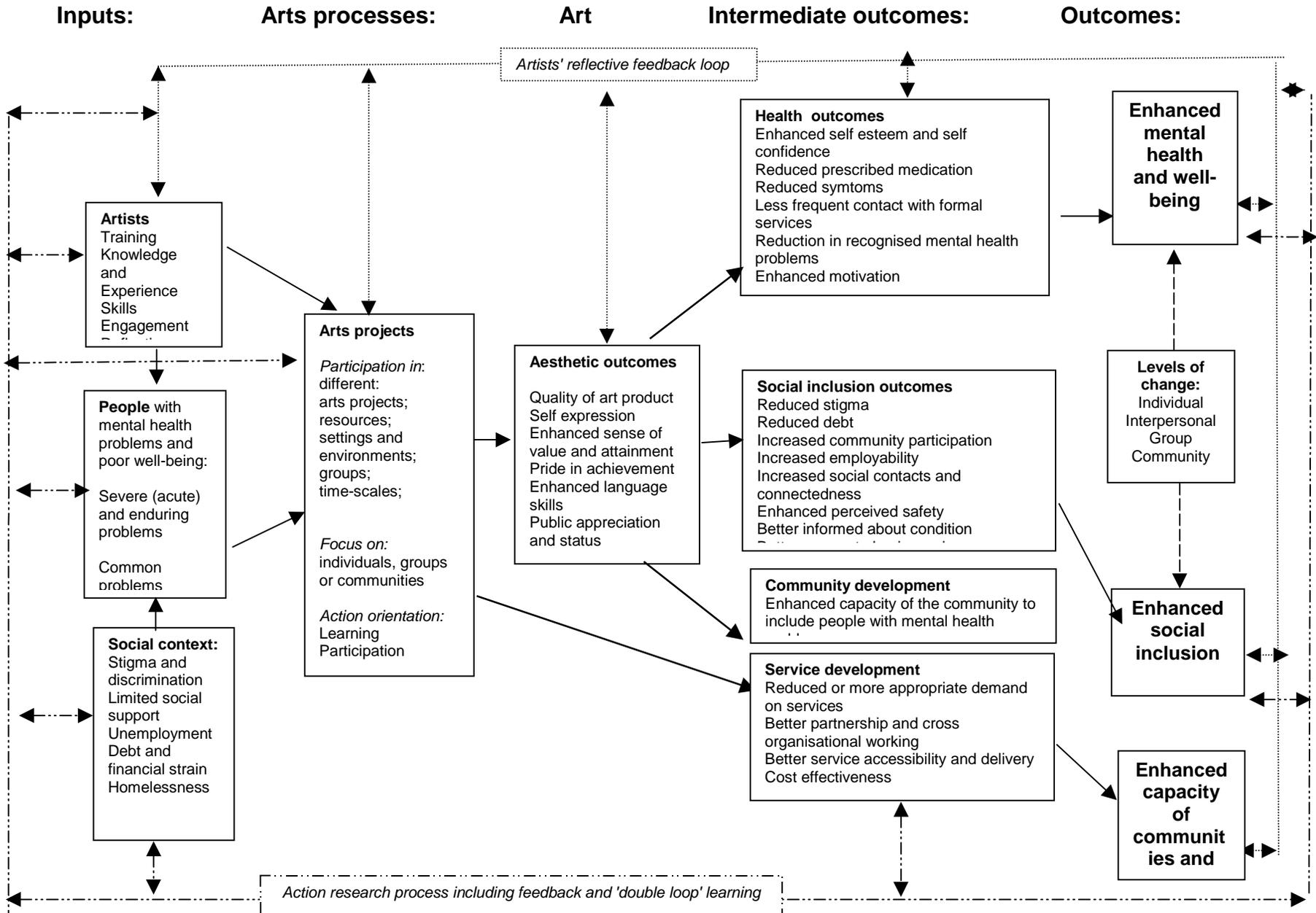
- Viewing evaluation as a process of refining theoretical ideas about the links between the different aspects of a change project with empirical data enabling us to describe not only what changes for whom and it what ways, but also how and why change has occurred.
- Using evaluation as a tool for project improvement, learning and change, that is at its most powerful when owned by project participants or stakeholders, and thus contributes to capacity building and both individual and organisational learning;
- Adopting a plural approach to methodology, drawing on and combining both quantitative and qualitative data as appropriate;
- Combining 'stakeholder' and 'organisational' perspectives in the evaluation. This puts the perspectives of, and impact on, the participants and other stakeholders at the core whilst also enabling exploration of projects' efficacy and impact on both the mental health and arts systems;

- Exploring the relationship between resources, outcomes, and the processes through which these outcomes were achieved, whilst also taking account of the different project contexts;
- Seeking to involve both artists and participants with mental health difficulties in the evaluation work of the project

Preliminary stage: Development of a model

Prior to the research commencing, one of the researchers participated in a Pathways project, and the team held informal discussions with artists, some participants and staff from LIME. From these activities, along with the knowledge of relevant previous studies and reviews, we produced a draft model (Figure 1) connecting the different features of arts in mental health projects. Participants with different mental health problems, artists, and the social context in which they are embedded, are combined with various arts activities. These lead to aesthetic products, and to intermediate outcomes for health, social inclusion, and community and service development. These, in turn, lead to individual, interpersonal, group or community levels of enhanced mental health and well-being and enhanced social inclusion. In addition, enhanced capacity of communities and services might be attained. Throughout, organised reflection by the artists, and gathering of information through an action research process by researchers enables continual, learning and project improvement. This model informed our starting point for a systematic evaluation (Midgley et al., 2002) which included inputs, processes, intermediate and final outcomes, and was characterised by reflection and feedback.

Figure 1. A model linking mental health, social inclusion/exclusion and participatory arts.



Venues and Projects

Pathways provides a wide variety of art forms in a range of community based venues targeting populations with very different emotional, personal and social needs. Typically, one or two artists work together in these community settings. A brief overview of the venues and projects that comprise The Pathways Project is given below:

(FAB): A regular weekly group of young and middle aged adults had been meeting for two years in a local community centre. These people experience a range of mental health problems including anxiety and depression, lack of confidence and low self-esteem, chronic shyness and difficulties in establishing meaningful social interaction. The art input to this group is highly varied ranging from visual arts to psychodrama and creative writing.

(ToL): ToL is a community centre facility based in a local church. The project developed with a small group of five people including adult referrals from mental health service providers and living in difficult social circumstances. This was the first of the Pathways projects to take place. The workshops involved painting, photography, drama, creative writing, visualization exercise, meditations and sculpture.

(NR): NR is a supported housing project for women in difficulty, providing a place to live for the women and their children, advice, advocacy and counseling. Pathways provided artistic input in a fortnightly workshop to the Nathan's Road project, working with highly vulnerable women aged between 19 and 32 years old. These women variously experienced unstable family lives, emotional problems, undertook self-harming behaviours and engaged in drug and alcohol addiction.

(AWAD): This group of African women (aged between 23 and 50 years old) comprised a diverse social group of professional as well as unemployed women who were making new lives for themselves, post divorce and family breakup. The Pathways Project provided writing workshops for this group who

(P): This drop in facility for young people provided the basis for The Pathways Project to run visual arts workshops. A series of three targeted workshops were held following some taster sessions. The young people attending these sessions were aged between 16 and 25 years old and many were experiencing social and personal problems at school and within their family context. The art work within this project involved primarily visual arts and culminated in the production of several polystyrene chess pieces for the large communal Powerhouse chess board.

(C): The Afro-Caribbean Care group (ACCG) arts workshops in creative writing were held every two weeks with elderly people aged over 55 years old. For these older men and (predominantly) women, the C resource centre provided day care and entertainment. Attendees tended to have mobility and health problems and some suffered from loneliness and isolation, living mostly alone at home in their local communities.

(YASP): Clients of YASP tended to have low levels of literacy, problems with confidence and self-esteem, as well as issues around self-harm and alcohol and drug addictions. Initially, a regular writing workshop was held in the YASP building each week for any young person using the centre (aged between 16 and 25 years old). After the first set of writing workshops, a series of photography workshops were scheduled for YASP. Poor attendance at these meant that they were cancelled after four weeks.

(NG School): Young people in school years 7 and 8 with emotional and behavioural problems (disruptive in class, withdrawn children, children who found it difficult to make friends) were selected by their staff learning mentor to attend visual arts workshops held in school time and on school grounds. The group worked

together with the artist in puppets making and produced the concept and materials for a 'Pathways Journey' game.

(Fo): The Fo is a supported housing facility for young people who can no longer live at home. Young people living in the facility may have alcohol or drug problems, may have previously been living in care or had experienced family problems. On application they are able to live in the facility for a period of two years, although many leave before then. Initially, in phase 2, a set of visual arts workshops were delivered in the Foyer and operated on a drop-in basis exclusively for Foyer residents. In Pathways phase 3, a second set of creative writing workshops were subsequently held in the Foyer with this young, a transitory population.

ZAP: This is a design and arts project working on a drop-in basis with people who have mental health issues, some having been referred through local mental health services. The Pathways project interlinks with the other art work going on at ZAP. Participants have usually completed an hour of painting before the Pathways creative writing input.

ZEST: An informal group in the Northern part of the City and based in a local church. The workshops are open to the local community and involve a range of different forms, primarily but not exclusively, the visual arts. Participants are mixed in age as well as mental health issues and social/family circumstances.

SO: The SO workshop took place with a small number of participants, some of whom were mental health referrals, others were friends of participants who attended other workshops located within the Studio One Venue. In terms of mental health issues, Studio One participants often had a history of mental health problems such as schizophrenia and depression and saw themselves as such. The workshops were organised around visual arts and music including, painting, drawing and modelling.

The Artists

Four core artists worked on the Pathways project during phases 2 and 3 and all had a wealth of experience in community and mental health arts projects, some being internationally renowned. These artists had worked with Pathways for between 2.5 years and 6 months. They described themselves as writers of poetry, prose and stories, photographers, story tellers and painters. These core artists were supported by five further artists who acted either as a secondary support worker, lead workshops, or filled in when needed. In general, the support artists were brought into the project by the core artists or the project manager to broaden the scope of art forms available within the workshops. They worked with a range of visual media including film and video, performance art, installation, animation and etching, painting and drawing. Many of these Pathways artists had experience of directing and managing art projects and some had gained postgraduate degrees. Of these artists, 8 were female and only one was male.

Evaluation Methods and Activities

Through initial discussion within the artists and project workers, a number of different methods for collecting information that would be useful to them and at the same time inform the evaluation were identified. Where possible, we used creative and innovative data collection methods, reflecting the nature of the projects being evaluated (Paton, 1981; Boyd et al., 2002). Because of practical issues and professional concerns, not all methods, identified in advance were used. Wherever possible, we used creative and innovative ways to collect data, and following Everitt and Hamilton (2002), we separated data collection from interpretation and making judgements about their meaning. Interpretation was made by groups of researchers and researchers and artists via meetings and a workshop.

The following are the main means of gaining information for the evaluation.

Interviews: Face to face interviews (Smith, 1995) as well as e-mail-interviews (Murray and Sixsmith, 1998) were undertaken. These were largely semi-structured, organised loosely around the key topics of art, mental health and social inclusion, the workshop sessions and the place of art in mental health service provision. Interviews were held with LIME artists and project participants, project managers, LIME staff and local artists interested in art for mental health. The interviews were transcribed and available for analysis in text. Interview schedules can be found in appendix 1. In total 37 interviews were conducted.

Reflexive Diaries: Artists were invited to keep reflective diaries during their projects and over the time of the evaluation. Researchers also kept detailed field notes, containing observations, thoughts and feelings as well as insights gained from data collection and analysis. Instructions for reflexive diaries can be found in appendix 2. In total 5 artists and 4 researcher diaries were collected.

Focus Groups: Focus group discussions (Tonkiss, 2004) were used to generate shared and social understandings of the aims of Pathways, art's relation to mental health and social inclusion and working practices. In addition, the successes and problems encountered when working with vulnerable groups and the progress of the Pathways projects was discussed. Three focus groups were held: artists and researchers; participants; as well as between artists and project managers. The discussions were audio recorded and transcribed.

Questionnaires: Feedback data was obtained via questionnaires from visitors to the exhibition. Although the use of standardised questionnaires to capture changes over time in participant mental health and issues of social exclusion/inclusion was discussed, these were felt to be inappropriate to the nature of the transient population and the drop-in context of many of the Pathways projects. However, ad-hoc questionnaire data was collected in evaluation of particular projects.

Participant observations: Perhaps the most useful form of data were participant observations made by the researchers and artists whilst participating in the sessions. This activity helped develop good channels of communication as well as mutual understanding, trust and openness. Data obtained from participation gave researchers first hand experience of the atmosphere of the sessions and how trust and rapport, as well as growth was achieved within the sessions. In total 25 two hour observations were conducted.

Private written accounts: Participants in workshops were given the opportunity to privately write about how they were feeling, pre and post sessions, and what they felt about art and how being engaged in the creative process impacted on the way they felt. Private written accounts placed in an envelope and collected at the end of sessions. The stimulus statements for these private accounts are detailed in appendix 5. Only 6 written accounts were collected.

Graffiti boards: Graffiti boards, with trigger questions to provoke comment were available for free expression of thoughts and feelings to be voiced by visitors to the exhibition. The graffiti boards were posted on the wall outside the exhibition room for exhibition visitors to comment on. In some workshops, graffiti boards were also used to elicit participants' feelings about the sessions and the link between feelings and the art process. The stimulus statements for the graffiti boards are detailed in appendix 5.

Snippets: As participants were working within the sessions, tape recordings were made, where possible and appropriate, of their thoughts and feelings about themselves and the work they were doing. 5 tape recordings of workshops were made and snippets of conversation of value to the evaluation were extracted.

Creative techniques: Where appropriate, through discussion with the artists, parts of the creative techniques and outputs of individual sessions were also used as data, bearing in mind the particular ethical issues that are raised in using material produced for one purpose for a different, evaluative one.

The Artistic product as evaluation: the various written and visual art produced through different workshops was analysed as the end product of particular artistic processes (Ali, 2004).

Attendance registers.

Ethical Issues

The project protocol was submitted to the Ethics Panel of the department of Psychology and Speech Pathology at MMU and approval obtained. The research was designed and conducted in accordance British Psychological Society ethical guidelines (2000). In particular, anonymity and privacy of participants were fully considered (pseudonyms are used in the text, or people are referred to by their job title or affiliation to the project (eg artist, manager etc), written informed consent (see appendix 7) was gained where possible, in cases where this was not possible, verbal consent was agreed, participants could withdraw from the research process up to the point of report writing and data has been stored securely. Ethical issues in data analysis and in publishing research have been and will be continuously addressed (Ali and Kelly, 2004).

The Evaluation Team

The evaluation team from the University was made up of (i) three researchers with experience of arts for health work, and of evaluating complex community and health - including mental health-projects in collaboration with those delivering and benefiting from the projects, and using a wide range of information collection and analysis methods; and (ii) three researchers with more limited experience of project evaluation, but with detailed experience of some of the methods of information collection and analysis. None of the University team would describe themselves as artists.

Participatory Data Analysis

Both qualitative and quantitative data was collected during the evaluation and a participatory data analysis format brought artists, participants and researchers perspectives to the interpretation of the evaluation data. Firstly, researchers and artists got together in a visioning workshop based on the principles of Appreciative Inquiry (Cooperrider, 1995). This helps to develop mutual understandings of the research-art collaborative process and focused on the issue of researching the relationship between art and mental health. Secondly, a data analysis workshop was held to explore the data and identify the emergent messages. This proved to be an extremely interesting exercise bringing very different ways of thinking about the data together and coming to some negotiated conclusions. Finally, preliminary analytical ideas were discussed with a small sample of four workshop Pathways participants, during interview sessions, considered some preliminary findings and in relation to this, were asked to comment on, expand and explore the relationship between art and mental health. Participants

The evaluation solicited the views of the main stakeholders in the LIME Pathways project. Perspectives of participants and artists will be reported here. Workshop participants from the ACCG, Powerhouse, Foyer, YASP and FAB took part in interviews on a voluntary basis. Interviews were conducted with current participants of a variety of ages (16-66 years old) and with different severity of mental health problems (including anxiety, depression, schizophrenia and stress). Some interviewees were casual (drop in) users of the workshops while others were established long term attendees. This created a diverse sample from which a range of different issues could emerge in exploration of the relationship between art and mental health.

In terms of the Pathways artists, those who were regularly employed on Pathways projects as well as those working more intermittently were included, alongside some of the artists that supported them.

Findings

Participation in art and its link with mental health.

For all participants, in one way or another, the experience was positive.

I felt less stressed and made me be more relaxed throughout the day (NR)

I feel so much better about myself now. And that's what pathways has done for me. And for my family, because we're all happier if I'm happier!

Furthermore, the experience was more positive than therapeutic encounters with professionals.

I have found it far more successful than going to psychiatrists and psychologists. It's a nice easy way of doing it, in terms of you don't feel as though you're being preached to, you're part of a group and it's fun. It hurts sometimes, it's painful and it's not easy (FAB)

Projects provided the opportunity for relationship building, contact with therapists and the development of social capital.

I've had some behavioural problems. ...being creative lets you say what you want. I've had therapy before, it doesn't do anything. Getting on with people is what you need. Right now I don't have too many friends but I might make some here (YASP).

Enjoyed getting to know people and it took my mind off all my problems (NR)

As nearly always, the building of social capital within a group, leads to the exclusion of outsiders to the group.

Researcher: What about other people, if they joined the group, would that be different for you?

Participant: It would be difficult because we've (FAB) been going for so long. It would be difficult for other people to join in, we know each others habits and stuff. It would be difficult.

Participation in arts helped with negative emotions and enabled participants to cope both with the everyday life stresses and mental health difficulties.

When I feel down I do something creative and after I feel better. You have to find something that helps if you're down. (ZAP)

I feel less worried and it's a change from the usual routine where I forget about bills etc. Felt more like life. (NR)

If it all gets too much, I can close the door on it. Not a real door. The one in my mind. I can close it and shut all what's going on out and just get into my own stuff, just get some paper out and away I go. (FAB)

In particular, participants linked the benefits to increased self confidence, which, in turn had a positive knock on effect.

It's the fact that it does a lot for my self-confidence. Self-confidence is the thing that it's dealt with more than anything, in that yeah I took photos, snaps the same as everyone else. ... And then you think with a little bit of thought and a little bit of confidence you can go out and do that with a photograph. What if you applied the same confidence to resolving a disagreement you might have Why not approach it in the same way, because you can do it. You can figure things out, you can sort through things, just go ahead and do it.

Self awareness understanding and acceptance were also gains derived from participation. Art gave insights into hidden personal resources:

Art makes me feel I have resources otherwise untapped (P, Z)

In addition, art gave participants a sense of purpose beyond a narrow, gender and domestic role.

I'm not just a crappy nagger/housework person- have a creative side. I felt like I was worthwhile. (NR)

Creative writing, in particular, contributed to self knowledge.

It might be a story but it's also me. I'm in there and I can look at myself and see me there, even just a little but, but me. I see me and I can write me and that's what helps to make things a bit clearer, more clear on who I really am. (F)

When I write I feel that I am transformed into another world. Writing to me is an art form where I use colour, smell taste and so much more. It is an adventure. I have to write since words accumulate in my mind. I have to write them down on paper as a means of release. It helped in my bereavement. (ZAP)

The link between feelings and writing was captured by this poem:

Feeling My Art

It feels good hearted
Fulfilling inside
Thinking about art
And when
My stomach floats
Nervously
Or simply
And more often
I am pushed
With enthusiasm.
But a lot
Of the time
There is the
Frustration,
The struggle to create
And develop.
But if several ideas
Generate
And one
Unexpectedly important
That may be something
To consider (ZAP)

Moving on into education or employment was one of the results for some participants of their involvement, due to the increased self confidence and reduced anxiety they felt..

I never would have had to confidence to go and get on a course, never, not without Pathways. I got so much confidence from that, I thought I could do anything! (FAB)

FAB: I think I've come out of my shell more and I've got confidence to go to college and try to get a job. I've just finished a health and social care course.. Now I'm thinking of doing a care assistant job.

Artists identified this as a major sources of satisfaction for them from the projects.

I can see people achieving and going on and getting jobs and going to college and all of that (Artist)

they've come off medication, they've stopped self-harming, urm, they've stopped smoking, stopped drinking urm, they've gone into training, they've gone and been radio presenters in Wythenshawe, they've gone into leading youth groups, work experience with me. It's, I've never seen anything like it ever

Researcher: So, it's life transforming?

Artist: It's completely

Project manager: You can see the confidence in them from last year

Artist: It is amazing

Discussion

Some of the participants in the projects were long time users of mental health services. Some continued to use these services but considered it was the art that helped them with cope more than the formal services.

Certainly, involvement in the Pathways projects had enhanced peoples motivation, gave them a sense of connection with others and a reason to go out of the house. This in turn reduced their isolation and anxiety. Some were able to confront their fears, depending how long they had been attending and what form of art form they had explored. Creative writing, photography, painting and sculpture were all identified as art processes through which fears could be addressed. Performance, sculpture, three dimensional work and installations, all led to confidence and self awareness as well as helped develop concentration and mental focusing

Artists though deep and hard about what the transformational processes were. Several artists considered that working at an unconscious level was important, not just for the usual reasons of emotional catharsis, but also because it was in the unconscious domains that troubles and traumas lay.

(A) factor I think is the shift from the verbal realm to the more symbolic realm, which reaches beyond words ... and this also applies to drama. Being able to express without words can be immensely empowering, poignant, cathartic. I think art helps us to connect to and to explore and to integrate the more preconscious and unconscious domains of our being – where a lot of suffering might have its roots in the first place? (Artist)

Both artists and researchers highlighted the importance placed within the projects of opportunities to meet with others on an equal basis and with unconditional positive regard, key to positive growth and development (Rogers, 1961).

Arts practice creates a sacred space and time in which trust and expression and unconditional regard are fostered and continually confirmed. (Artist)

It was the way in which the participants could discuss and write about issues that were in their lives in a non threatening, non judgmental, non therapeutic environment. Some participants had been through some type of psychiatric/psychological therapy and found the artistic process enabled them to access emotions and inner depths that talking did not allow for. (Artist)

Perhaps one of the key potential benefits of Pathways participation lay in the friendly and relaxed atmosphere of the workshops and the respectful relationships which developed between artists and participants, encouraging a sense of mutual cooperation, of caring, concern and reciprocity. Rarely did any participant deride the efforts of their workshop

colleagues. More often, people encouraged each other, not so much out of kindness, but because they felt the quality of work produced was very good (Field notes)

There is relatively little theoretical work that has attempted to link the positive experiences of participation in the arts with mental health in terms of personal and interpersonal growth and development. We are currently working on humanistic ways of linking different depths of experiences with enhanced well-being and the ability to reflect upon oneself and make higher order choices about health and life more generally. What we can say is that participants identify qualitative relationships, participation, acceptance, working non-verbally, having freedom to express from within and not just in response to others' questions as key aspects of the experience enabling their enhanced well-being. Long time mental health service users are able to contrast this with organised, linear, verbal expectations from within psychiatric and psychological services, where therapists remain distant and give nothing of themselves, strengthening participants' feeling of inferiority, and insignificance.

Our evaluation gave us additional information from different stakeholders in the projects, including from family members, managers, staff from collaborative projects and human service workers (see Sixsmith and Kagan, 2005).

What were the dilemmas?

These projects all took place within a loosely commissioned health system: one that seeks to establish evidence based practice. As one commissioner of health services said to the researchers:

You give me the evidence to prove that this kind of thing works and I can then know what it is that I am buying and whether I should be buying this rather than some other intervention for which I do have the evidence. (Public Health commissioner and advocate of Arts and Health)

We collected rich qualitative data from lots of different sources. This is not the kind of evidence that health commissioners want. They want measurable data in terms of mental health gains. One project (Huxley 1997) did use the General Health Questionnaire as an indicator, and was able to show that those who participated in arts projects had gained in measurable health. In this project, baseline mental (ill)health data had been collected and before and after comparisons could be made. Notwithstanding the general criticisms that could be raised against superficial type indicators of enhanced mental and general health like the GHQ it would have been impossible to use such a measure in the Pathways project for a number of reasons.

There was no clear referral route into the projects from mental health practitioners or family doctors, and thus no baseline measures available.

Not all projects were clearly advertised as being about mental health. Some were open to all in a locality to attend. Localities were chosen because of the high levels of local mental distress and associated problems.

Projects were short, 12 week sessions, and even if all participants attended each session, anticipated gains would be small. The clearest impact of the projects in terms of qualitative indicators of enhanced mental health and social inclusion were from those projects that had been going for some time and from those participants who attended more sessions. We have no information about those participants who dropped out of the projects and who did not engage with the arts process.

Perhaps most importantly was a clash of ideologies between artists (Matarrasso, 1996), evidence based ideas in formal health services (Roth and Fongay, 2004) and researchers. At times we felt as researchers that we translators of the evidence-based requirement of the health services to the artists, when we were, ourselves, highly critical of many of the positive assumptions of this approach. We do, however, think that there are positive reasons to evaluate and learn from participative processes, and we found ourselves in the position of having to convince the artists of the value of evaluation when they were highly suspicious of it.

For the artists, art is of and in itself valuable and enriching both individuals and communities. They were not used to thinking about evaluation as a tool for project improvement and learning, even though they were committed to their own growth and development through experience.

We held a number of participatory sessions where we explored our different perspectives and standpoints. The artists were highly resistant to evaluation, particularly participative evaluation. One summed up for the others:

Equal relationships between us, the artists and participants is central to this work. We do not want to be seen to put ourselves on a pedestal as evaluators and be saying 'look, we're better than you' (the participants).

Another said:

If we give out questionnaires then they'll think, 'Oh, this is just like the psychiatrist', so they'll stop coming because they think it's that and not the art.

This was difficult for us, as we had tried through out to put our commitment to participatory work at the fore and involve artists in all decision about how best to capture what happened to participants and how. In part the timing of the work made things even more difficult. Although we had been involved in an earlier evaluation of Pathways, we had not been part of the planning of this round of projects and were invited in once the projects had started. We felt as if we were always trying to catch up with what was going on and agree in a post hoc way how best to collect information.

Even though the artists did not want to get too involved themselves in the evaluation, they were, eventually, happy for members for the research team to participate as observers (as long as we did participate) in sessions, which gave us a lot of useful information.

An added difficulty for us was the gatekeeping role that artists adopted in relation to participants. They considered the relationship between themselves and their participants to be built on trust (as it

clearly was) and that any attempt to get information from participants early on in the process would put this relationship at risk. This may well have been the case, but without asking participants (as we would have preferred) we cannot know. It was only after we had got to know participants that we were able to involve them in information gathering, and at this points several expressed a desire to have been involved at an earlier stage! This meant that we were unable to get information at the start of each project, and had to rely on participants telling us about changes they had undergone. Even so, some of the creative work and researcher observations did give insights into changes that had occurred in addition to participants' and artists' accounts. We are now trying to involve some of the participants in planning next rounds of evaluations, in line with best practice (Simpson and House, 2002).

The mental health focus of the projects raised some conflicts within the research team and between the research team and the artists. In general the artists did not consider mental health to be central to the projects (although funding of them was specifically in relation to mental health). The artists did not consider themselves to be therapists, and tried hard to get away from labelling and reproducing stigma linked to mental ill health. Within the research team, some of us considered a non-mental health professional approach to be a good one, and others throughout it verged on negligence for the workers not to have mental health training. In the UK there are many different kinds of supports for people with mental health difficulties and most of the participants were also in contact with formal services. A different part of our evaluation identified the need for artists to have access to experienced supervisors with whom they could discuss emotional issues that arose for them in the work.

It was through participative workshops, and particularly researcher and artist involvement in an appreciative inquiry workshop that we addressed these dilemmas within our team and between researchers and artists. Unfortunately we were unable to involve some of the health commissioners in these activities, so there still remains a separation between discourses of art, health and evaluation. A central dilemmas we are left with, and that will probably be antithetical to the formal health stakeholders is, as one of the artists put it:

All art can have an impact on mental health but only if the focus is on the art itself and not on the mental well being. (Artist)

Conclusion

A number of positive aspects of arts for mental health have been identified. The Pathways project contributed to a number of different health and social inclusion outcomes that in turn contribute to enhanced wellbeing and participation. These projects did not address stigma reduction to any great extent nor relationships with formal services (See Figure 3).

Alongside the advantages of involvement in art, in terms of insight, self awareness and coping, go some hazards, in terms of insight, self awareness and frustrations, of creative work, (Figure 4) and the challenge to the arts for mental health movement is to maximise those advantages and minimise the hazards. And that a viable and valuable contribution to community renewal can be made (Camerson et al., 2003)..

Figure 3. Overview of the Pathways project and its impact

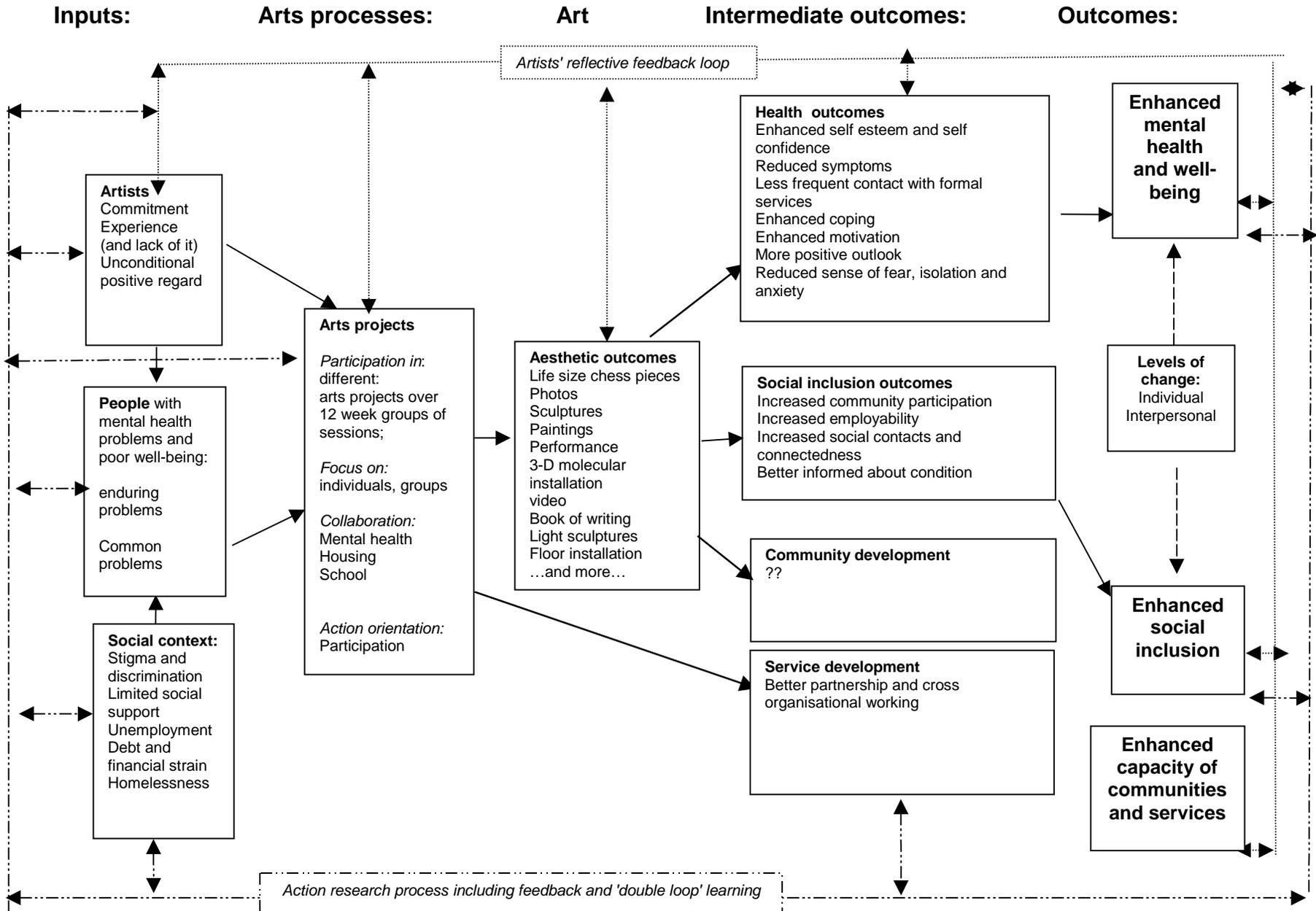


Figure 4: When I do art it makes me feel better or/and it does not make me feel better because...

When I do art I feel better because....	When I do art I do <i>not</i> feel better because....
<p>Insight and self-awareness:</p> <ul style="list-style-type: none"> • Brings out my true self • It's a life journey • I can be free • I am me when I am an artist • Makes me release inner secrets • Lets me reach deep beyond the surface • I can express myself better • I get to show others what I'm really thinking <p>Coping:</p> <ul style="list-style-type: none"> • Stops me thinking of anything else • Stops me thinking of things that stress me • Makes my confidence grow • Can escape from reality • Am at one with the activity • Makes me focused and gets my mind working • Keeps me sane. I can lose myself 	<p>Insight and self-awareness:</p> <ul style="list-style-type: none"> • Become self-conscious and nervous • Shows a weaker side of me • Reveals my dark side • Thinking or imagining something brings me up to reality • Can be too introspective • Makes me dwell too much on what is difficult for me <p>Frustrations:</p> <ul style="list-style-type: none"> • I can't always produce what I want • Can be challenging • Does not make me relaxed • Can be stressful, working to a deadline • It has to stop! • Can be tiresome

Strengthening these gains can enhance the impact of arts on mental health



There are risks in arts and mental health work in the potential for increasing these hazards and reducing their impact of arts on mental health

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