

Cultural Value

Arts and Mental Health: Creative Collisions and Critical Conversations

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Arts & Humanities
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Background

Executive Summary

The *Creative Collisions and Critical Conversations* Workshop provided an opportunity for a much needed vibrant exchange between professionals working at the interface between the arts and mental health in a 'creative collision' to identify ways delivering of arts/mental health interventions with energy and creativity. It was designed to develop a shared sense of purpose and the recognition that arts practice not only improves 'patient management' but also make a valuable contribution to the education and training of health practitioners. Attending experts included professionals from gallery education and curation, smaller third sectors arts organisations, professionals from health and social care, and health and evaluative research. The Workshop took as its starting point *Creative Families* an innovative multi-agency partnership between the arts education arm of a contemporary art gallery (South London Gallery) and the South London and Maudsley's Parental Mental Health Team. The tensions identified by the evaluation of this 'early intervention' were shared in order to illustrate the contrasting framing of 'cultural value' apparent in this collaboration. Uniquely, this interdisciplinary partnership combines a participative process evaluation led by the centre for Urban and Community Research, and a clinical assessment led by the Institute of Psychiatry. These contrasting methodologies for identifying the projects 'value' across both art and (mental) health contexts were shared in order to provoke interdisciplinary discussion. Examples of creative and professional practice, which intervene into the field of mental health, provided starting points for thinking about the cultural values that are enacted, reproduced and sometimes challenged by these approaches. The Workshop examined the policy drivers behind these arts/mental health collaborations, and the epistemological and methodological systems of value, which account for them for a variety of audiences.

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Introduction

The *Creative Collisions and Critical Conversations* Workshop facilitated a cross disciplinary exchange by sharing approaches to identifying and measuring the economic, cultural, social and symbolic value of arts participation with regard to mental health. The participants critically reflected on the diverse requirements of the evaluative frameworks and methodological approaches employed by these sectors. The invited expert participants ranged from those commissioning, researching, curating and delivering informal and user-led mental health arts support and research interventions and more formal primary and secondary care service provision for those experiencing mental health problems. The Workshop brought together approaches to combining art and mental health which include; conventional arts therapies which apply psychodynamic approaches; participatory arts as arts-in-health services which focus on the personal development of individuals and their families; service-user led community arts projects which apply community development and social inclusion approaches to support individuals, who have experienced mental health problems to connect with their communities. They also include artistic responses to mental health and psychiatric settings both historic and contemporary, artist responses to their own mental distress. The Workshop was organised in the knowledge that the process of making these interventions meaningful to funders and policymakers brings the risk of overlooking the specific cultural significance and fragile experience of taking part in these collaborative interdisciplinary interventions.

Identifying the Policy Drivers

The Workshop examined the policy drivers for the current initiatives which provide opportunities for participatory art, in the health and social care sector, and the informal and third sector and 'user-led' arts groups. The current climate of fiscal and cultural austerity is a push factor in two ways. Firstly austerity means that arts organisations, always necessarily opportunistic for funding, facing significant cuts look to see new trends that may inform project delivery. Arts organisations, due to the history of UK cultural policy, necessarily adapt practices and programmes and seek new collaborators in order to gain public funding. Simultaneously, the health sector, also facing substantial cuts, and adapting to new financial models, are seeking newer, experimental yet cost-effective solutions to improving public health. Simultaneously, intense changes to the socio-economic landscape and the consequent increase in social inequalities in the UK are placing significant demand on mental health services and social security or 'welfare' provision as insecurity, poverty and disadvantage impacts adversely on

peoples' mental well being, their access to services and the quality of services available to them (see Bell 2013).

Specific external policy drivers identified in this area include the Coalition Government's policies regarding happiness and well-being, arising out of the apparent contradiction whereby an increase in GDP does not correspond with an increase in reports of well-being. (Tomlinson and Kelly 2013). Policies which aim to improve of access to and the effectiveness of mental health services such as '*No Health Without Mental Health*' (DoH, 2011) foregrounds improving mental health as a priority for public health, and the population's overall 'well being. This comes with associated targeted outcomes and priorities for action. The well-being policy agenda broadens definitions of mental health beyond diagnosis of a mental illness, and recognises that well-being is impacted upon by experiences of where we live, what we do, our levels of health, our relationships, our financial security, education and skills, and the quality of the natural environment. Therefore it is appropriate to target interventions towards a wide range of needs. This opens up opportunities for new partnerships, a cross-Governmental and integrated approach and a broad range of interventions with agencies outside of the health sector integrated into strategic service development plans.

Together these factors represent a significant impetus from both the arts and health sectors, for partnership work and the co-delivery of services, often with museum and gallery education departments as well as emerging 'Arts on Prescription' models of service provision. Arts and mental health collaborations support many of the declared NHS outcomes, including improving the effectiveness of care and quality of patient and 'user' experience. However, they are developing in a complex and evolving local, regional and national strategic landscapes, which mean that partners from each sector do not necessarily understand one another's ways of working and sectorial cultures. Much of this work is driven by 'Champions' in each sector who are skilled enough and willing to 'ride both horses'.

Identifying the cultural value of arts and mental health interventions raises difficult questions of value and sectorial values. The bureaucratic necessities facing the experts represented in the Workshop reflect these contrasting sectorial and disciplinary 'drivers'; to free up creativity or hospital beds; to provide alternatives to other pharmaceutical interventions; to nurture the collective energies of professionals and service users, to create interstitial social spaces in health and care provision, to provide a space of creative and critical reflection and 'user voice'. The partnerships that were discussed highlighted the fragile realities of institutions involved in these new collaborations, which bring new risks, and new understandings of risk. This risk may be for an institution or

persons representing the institution, as arts and mental health collaborations often take practitioners from both sectors out of their 'comfort zones' and familiar ways of working with 'users' or participants.

The Workshop reflected on current participatory arts practice to examine the tensions raised by, and opportunities offered through, collaborative mental health and participatory arts interventions for a range of stakeholders. These collaborations represent challenges for an arts and mental health tradition which has used arts performative and critical potential of the arts to critique the diagnosis, positioning and production of service users. Some reservations were expressed regarding the current participatory turn and the extent to which this was a new manifestation of an earlier policy-driven agenda of 'user involvement' and 'user engagement', itself criticized as a form of institutional incorporation and co-option of its potential critics couched in terms of 'voice' and 'influence'.

Examples were shared of artistic and curatorial approaches that work at the boundary between mental health settings and art institutions interrogating how 'madness' is located and identified. The *Anxiety Festival's* curatorial approach uses with the motif of 'anxiety', to work with an everyday experience of mental disturbance shared by all, not just those with a diagnosis. Drawing on the histories of art, modernism and mental health, interrogating anxiety provides an entry point for conversations with public health professionals, about diverse mental experiences, and art outside of clinical settings. While an established tradition of informal and service user-led 'bottom up' mental health initiatives exist, the current fiscal and policy climate may represent a shift away from bottom-up politicized 'user' and 'survivor' initiated recovery and advocacy arts initiatives and towards more risk adverse, strategic initiatives. These collaborations exist at the confluence between art and medicine. Concerns were expressed regarding the risk that art becomes a mode of treatment, potentially losing its critical potential. Examples were shared of artists working aesthetically with instruments and experiences of diagnosis, and sustained collaborative work that crosses the boundary between art produced by service users and artists were shared.

Scrutinising the tensions that arose in the Creative Families project drew attention to the micro-politics of collaborative interventions. These included tensions arising over understandings of 'safety and risk' where an emphasis on 'safeguarding' and 'containment' at times stands in contrast with a desire to allow affective intersubjective encounters, characteristic of much socially-engaged art practice. There were also tensions between an artistic commitment to egalitarian co-production and the collective elaboration of meaning through creativity and an emphasis on boundaries

between a professional team and participants or 'service users'. Tensions also exist around how the between how the capacity and vulnerability of participants is understood, and between desire for a replicable structured project model versus the evolution of delivery in a more open and adaptive way. Finally, tensions between participants desire to share the artwork and experience of taking part and the need for maintaining confidentiality and anonymity of 'users'. Although these 'collisions' and 'collaborations' provided valuable opportunities for learning and dialogue, they nevertheless point to contrasting sectorial practice.

Lost in translation? Evidence, Art and Mental Health

The evaluation of arts interventions and participation has been criticised from a number of perspectives. This includes its tendency towards advocacy, its over-simplistic models of causality, its associations with instrumentality, its inadequate language for conveying the significance of the art and aesthetics. These shortcomings were discussed extensively. The experience of methodological approaches to identifying and evidencing impact of those attending the Workshop were diverse. Arts and mental health interventions sit at a crossroads of contrasting cultural values and epistemological frameworks that overlook, albeit in different ways, the value of art and participation. Partners are often required to evaluate their work on the basis of criteria set by funders. Despite these relatively low levels of funding, rigorous monitoring arrangements are often put in place to ensure that arts and mental health participatory arts projects delivered by third sector arts are accountable to funders. The pressures on smaller organisations to meet these monitoring requirements are considerable, often disproportionate and burdensome. Consequently, rather than offering an opportunity for reflective learning evaluation frequently becomes a tokenistic exercise for many smaller arts organisations. Evaluative research is often used to present a celebratory image of positive benefits and impacts in line with a variety of pre-determined externally imposed indicators of success. Consequently evaluation becomes an exercise in evidence, advocacy and box ticking. The predominance of evaluative frameworks which foreground well-being and mental capital as concepts to frame these encounters may make it easier to conceptualise and evidence the individual impact of collective participation in art activities. These are often framed in terms that make sense to medical professionals: clinical outcomes, measured through standardised health and well-being measures and clinical outcome assessment scales. However, these individualised scales and measures obfuscate the relationship between individual well-being and the social and creative processes that characterise participatory arts.

Rather than framing this as merely a 'collision' between the epistemological and methodological binaries of science/facts/rationality versus art/stories/experience, the space of translation between 'art' and 'research' was scrutinised as a site where value is made through the 'social life of methods' (Law et al 2013). From this perspective evaluative methodologies are sites where the values of individual social actors and institutional cultural values congeal. These social (research) practices in themselves enact and sustain cultural value through multiple and selective practices which constitute the 'objects' of research they are concerned with. Hence, debates over evaluative methodologies are debates over systems of status, value and the significance of knowledge within research communities and outcomes of the governance of research, its organisation and division of labour as well as regarding the politics of intellectual property and publishing. These institutional processes are obfuscated in the tidy production of research paper's, reports and 'findings'.

Arts participation has also been valued through 'Big Data' approaches to cultural economics. This approach measures the value of culture for national 'happiness' attaches a monetary value to different types of cultural activity such as 'participation' or 'being part of an audience' (Fujiwara 2013, 2014). This is indicative of the DCMS and Arts Council England's interest in the usefulness of big data sets in exploring cultural value (see Oman 2013). This approach rests on finding a statistical correlation between arts and culture (museums in this instance) and levels of happiness. It reflects the government's 'happiness agenda', which has meant that reports of subjective levels of happiness are available in large national data sets. (arising out of a growing disillusionment with economic growth as a basis for happiness). This is arguably not a robust case for causality and impact, but rather evidence of correlation (Jensen 2014). However, this methodology offers an alternative to qualitative evaluative arts research which is unconvincing to policy makers and dismissed as 'storytelling' and 'advocacy'. This Big Data approach, which calculates the value of cultural participation through the proxy measure of its monetary equivalent, is a paradigm, which sits uncomfortably with arts and mental health work. Arts and culture are economically valued like any other 'service' for their market performance and economic value to the state rather than their contribution to public and social services. In this approach the cultural politics of access to art and culture, social inequality and exclusion are lost in merely 'variables' in this equation. Moreover, this narrow measurement of market performance does not easily translate back into understanding the significance of arts participation for well-being. Instead this excess is converted back into market value. There exists an uneasy fit between a market model of the efficacy of arts and mental illness interventions and a well-being agenda

which implies that a wide range of interconnected needs are appropriate targets for intervention. The value, evaluation and measurement of well-being are matters that continue to be unresolved. There remains a strong case for the development of research approaches that enable researchers to being able to make comparative judgements across these seemingly incommensurable registers (Kaszynska 2013).

From Impact to Affect

In the field of art criticism, the ethical, relational and political aspects of participatory encounters have generated a significant body of critical debate. The significance of socially-engaged art practice, for many engaged in this field, lies in the political, aesthetic and ethical nature of the encounters it produces. In Kester's (2004) schema, these dialogical moments of significant interaction between two or more people, *are* the art work. However, often the objects or images that document that process can be mistaken for the art, thereby overlooking the relationality of the art itself (See Bishop 2006, Doherty 2004, Kester 2004 for further discussion). In socially-engaged art practice specifically concerned with mental health work, these intersubjective encounters, moments of exchange and interaction can be particularly fragile, ephemeral and fleeting. These are experiences, which are easily lost in translation when they are translated through unsophisticated or inappropriate impact measures. The participative paradigm of socially-engaged art practice presents challenges to the critical and evaluative frameworks of the art world. It challenges aesthetic criteria of value as it often does not necessarily produce an art object per se (which generates economic value) often only an affective and somatic encounter, between those who were present. This kind of work is frequently dismissed by the elitism of the art world as 'outsider' 'community' or 'service user' art, which is seen as insufficiently avant garde, or of aesthetic merit. It is worth noting that examples were given of artist service users whose work addresses the experience of mental health and traversed the borders between galleries and mental health settings. Examples were also given of a 'residency' model of artist working in mental health settings as an approach for engaging with the cultural values of both mental health institutions and the public programming of art institutions. Examples were given of curatorial approaches to art and mental health that interrogate how mental illness is located and identified.

Rather than working from a model of art therapy, these artists are working with the challenge of reflecting on their own emotional and mental states, the sectorial settings they are placed in and the mental states of others through

their own work. As pointed out by Sally Tallant discussing the Serpentine's *Hearing Voices, Seeing Things* project, artists are "equipped with a vocabulary and language that can help articulate the most challenging of realities...Language underpins communication, so finding something to say is perhaps key to liberating subjectivity, especially for those who have difficulties with language". (Tallant in Smith 2006) In participatory practice, artists have a "crucial role" in making, drawing, painting, writing, working with text, shaping materials, playing and performing. These are all expressive modalities of communication and production and the translation of often difficult feelings for participants. Artists share their capacity for imagination, expressive language and vocabulary in these contexts. Consequently, arts practitioners in the Workshop discussed hearing very different accounts of participants' lives and their mental well-being to those presented to mental health professionals present in some arts/health collaborations. Furthermore, creating an open and welcoming, non-structured or loosely structured space of acceptance, acknowledgment and tolerance of vulnerability characterised many projects in this area. The documentation and critical reception and evaluation of these projects can pass over the situated, affective and somatic significance of these moments of encounter. The 'artfulness' of these interventions, found in the relational, affective space they create, is lost in the epistemological orthodoxies of clinical and quantitative research methodologies. Instead these are reduced to merely instruments or 'good practice' employed to achieve outcomes. Simultaneously, there is a tendency to disqualify aspects of these processes that are often processes of knowledge making in themselves. While 'inventive', 'visual' and arts based research is a growing field in sociological research (Back and Puwar 2013, Lury and Wakeford 2012) this heterogeneous terrain of art practice, as research tends to defy straightforward methodological explication. Examples shared here included the use of participatory photography with service-users to researching experiences of a psychiatric ward (in this instance visual research in Psychiatric words). Photography was both objective evidence, of the conditions of the ward, and the a starting point to discuss the experience a psychiatric ward as an affective space.

The range of art forms and scope of intervention represented in the *Creative Collaborations and Critical Conversations* Workshop raised questions of the scope of evidence-based science and the extent to which it can be aligned with the kinds of affective and embodied knowledge that animate art practice? The imposition of external, funder-generated measures of success can instrumentally reduce the potential for developing the agency of service users and the value of these encounters from their perspective. The expert participants expressed considerable ambivalence regarding the appropriateness of quantitative well-being measures and clinical outcome tools that were

being imposed on art-based mental health interventions. At the same time clinical practitioners pointed out that from their perspective there is a clear need for evidence of impactful interventions. Clinicians are in an uncomfortable position of wanting to be supportive and empowering of service users whilst aware of the risks they present to themselves and others.

The Value of Participation

Examples of research which employed ethnographic, visual and participatory research methods, drew attention to the deeply affective, somatic and relational characteristic of art and mental health interventions. It was recognised that the intersubjective significance of this work is 'lost in translation' when the cultural values of public health collide with the cultural values of the art world. Both cultural economics and clinical outcome measures are insufficient to make sense of the significant characteristics and effects of socially-engaged and participatory arts. The relational experience of collaboration, co- production, the experience of immersion, and the associated improvements to participants mental well-being are negated and under-valued in evaluative criteria which seek to find quantitative measures of individual impact and clinically proven improvements. Furthermore, the narrative and aesthetics forms through which these experiences are communicated do not easily lend themselves to quantifiable measures. Both econometrics and clinical measures stand in contrast to a strong tradition of participatory and socially-engaged art which encourages active 'reflective individuals and engaged citizens' *through* the process of participation and the dialogue afforded by such interventions. These "conversation pieces" emerge around matters that stir responses. Examples were given of matters that are often simultaneously intangible intersubjective matters (being a mother who is struggling with parenthood) and material circumstances (living in a small space and isolated from one's support networks). The dialogical process characterized by participatory art has the capacity to activate a shared attachment to what matters (both issue and materiality), the development of empathy, the capacity to interact with others different from oneself, and to come together even when there is disagreement about the 'issues and things' these processes thereby provide the opportunity for shared reflection (and, at times, action).

Measures of well-being that recognise the significance of relationships and social capital such as feeling part of a community, feeling a sense of social justice, having someone to rely on, satisfaction with family life, having friends, *do* have some affordances for understanding the value of participatory art in improving mental health. However, evaluation studies of arts and mental health interventions have tended to

demonstrate physiological and mental health benefits whilst neglecting the potential of the arts to help to shape people's world view, influencing their choices, autonomy and social and engagement in civil society. Furthermore individualised measures of impact overlook the meaning and significance of participation in a collective space of critique and reflection itself as an encouragement of 'reflective individuals and engaged citizens'. This is particularly the case with collaborative art that encourages co-authorship and on-going consent and negotiation.

Interdisciplinary Evaluation

The scope of interdisciplinary evaluative research, which reflected the hybrid nature of these collaborations was explored. Questions of scale, and measurement were considered. The potential of combining and triangulating qualitative and quantitative evaluative research, developing instruments, tools and techniques which might place the story alongside the statistic, were explored for their potential for the development of sustainable art and mental health interventions and context and audience appropriate approaches to evaluation. A participatory evaluation methodology which ensures that the 'beneficiaries' of participatory/socially-engaged art play a significant part in the design, implementation and analysis of the evaluation process itself offers a means of producing evaluative research which more accurately reflected the ethos of participation and collaboration and the significance of a project to participants (Rooke 2008).

Examples of collaborative and critical evaluation were shared which foregrounded a mixed-method approach including participant observation, facilitated reflection with the delivery team regularly throughout project delivery, semi-structured interviews with partners and participants as well as regular reporting and public facing events. The principles at work here ensured that evaluation provided an opportunity for learning and reflection, that evaluation did not detract from the delivery of the project and the time available to participants to get involved in the creative activities that they came for. It was proposed that evaluation should employ a critical framework which is honest to an organisation and its funders (whilst acknowledging that although this comes with risks) and that evaluation needs protected, paid and planned time whilst remaining appropriate to a project. This reflective process of 'holding up a mirror' to the creative process has resonances with participatory processes that are flexible and adaptive. It also holds potential value for smaller arts organisations surviving on revenue funding, as it provides a rare opportunity for reflection

and the development of promising practice, thereby informing the organisation's own longer term development.

The Workshop succeeded in providing a space where the competing sectoral requirements of a critical, appropriate and robust evaluative methodology could be discussed. While the demand for an evidence base which meets the demands of policy makers and funders is necessary, there is a clear danger that the nuances of participatory and socially engaged practice can be 'lost in translation' through this drive for empirical evidence that rests ultimately on statistical evidence. Incorporating the evaluation of this participatory process by imposing the orthodoxies of 'clinical outcomes' is contradictory as it is incongruous with the ethos and aesthetics of this practice. Such an approach risks co-opting a distinct effective and the critical framework it has developed through. The development of an approach to research and evaluation, which could emerge out of an imaginative interdisciplinary dialogue, may provide a way forward from what appear to be incommensurable starting points.

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www.peckhamplatform.com/whats-on/exhibitions/money-distribution-machine-and-other-useful-contraptions

www.thevacuumcleaner.co.uk/mentalthoughts

A report by the RSPH Working Group on Arts, Health and Wellbeing, providing an overview of the arts and health field.
www.rsph.org.uk/en/policy-and-projects/reports-and-publications.cfm

