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‘Wow, it’s at the University!’ *Experiences of people with mental illness of an educational arts programme*

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ABSTRACT

This study gathered the experiences and perceptions of participants of a university-based programme of free arts education for people who use mental health services, known as Converge. Seventy per cent of the authors have lived experience of mental health difficulties and attend Converge courses. A Participatory Action Research approach was taken, using Photo Elicitation to facilitate interviews with relatively new Converge participants. An inductive thematic analysis of the data identified four themes: *establishing community; purpose; student not patient; and accessing valued, inclusive spaces*. These reflected findings in the existing literature about the mental health benefits of the arts and factors important to the process of recovery. A major finding was the clear indication that locating courses in socially valued and inclusive venues is of very high importance to participants, and that this seems to amplify benefits they experience from attending. This suggests that forming partnerships between socially valued spaces and mental health services is worth energetically pursuing.

KEY WORDS

Arts and mental health

Participatory Action Research

Photo Elicitation

Educational opportunities

University environment

Socially valued locations

INTRODUCTION

This study aimed to gather the experiences of participants of a university-based programme of educational opportunities in the arts for people using mental health services in York (UK) known as Converge. The present study sought to explore in an accessible and meaningful

way what Converge means to its participants. A collaborative Participatory Action Research approach was felt to be most appropriate because of the composition of our research team: 70 per cent of the authors have lived experience of mental health difficulties. As a team, we concur with Fals Borda's (1995) call to not: 'Monopolise your knowledge nor impose arrogantly your techniques but respect and combine your skills with the knowledge of the researched or grassroots communities, taking them as full partners and co-researchers'. We chose a Photo Elicitation interview method because of its accessibility and its ability to facilitate communication.

'Converge' is a partnership between York St John University and local mental health services: a convergence of interests aiming to make a difference to the lives of both mental health service users and members of the University community, to challenge the fear and exclusion that surrounds mental illness (Rowe 2015). Converge offers high quality educational opportunities to mental health service users aged over 18 years. Thirty courses, including theatre, music, dance, art, creative writing and sport are taught by university students and staff, and take place on the University campus, and in museums, art galleries and theatres in York. It provides education, not therapy, and participants are referred to as 'Converge students' (the term used hereafter in this article), not 'service users' or 'patients'. The local NHS Trust funds 'The Discovery Hub,' which offers personalised support to enable students to engage in Converge activities. About 120 students complete courses each year. The Converge Evaluation and Research Team (CERT, established 2017) who conducted the present research, are a group of Converge students trained in research methods by university academics, and conduct research into and evaluations of mental health and community projects.

There is a well-established consensus that creative expression can play an important role in recovery from mental distress (Twardzicki 2008; Van Lith, Fenner & Schofield 2010; Holland 2015). Arts based activities including theatre, music, creative writing, painting, sculpture, filming and photography have a high degree of acceptability among mental health service users (Van Lith, Schofield and Fenner 2013; Van Lith, Fenner & Schofield 2010). Various studies have tried to identify the benefits of arts participation, Van Lith (2014) explains: 'Art making provide[s] a spiritual aspect to the recovery process... [Art] acts as a vessel by which personal meanings could be made... [and] the development of... identification beyond having a mental illness.'

Hacking et al. (2008) argues participation in art helps people with mental health difficulties widen their social networks; understand and deal with their mental health better;

feel empowered; and gain confidence. Similarly, Heenan (2006) and Thompson & Chatterjee (2014) argue this acts as a catalyst for improving self-esteem and reintegrating participants into their communities. Participation in arts projects can help deliver the actions of the Five Ways to Wellbeing: 'connect', 'be active', 'take notice', 'keep learning' and 'give', which are thought to make you happier and more positive (New Economics Foundation 2011).

Case studies described by Secker et al. (2007) identified six key themes within the mental health benefits of arts projects: *connecting with others; time out; self-expression; connecting with abilities; rebuilding identities; and expanding horizons*. These themes will be used here to organize an exploration of the evidence around the benefits of arts projects.

EXPLORING THE EVIDENCE

Connecting with others

Secker et al. (2007) and Spandler et al. (2007) found considerable evidence that arts projects enabled participants to connect with each other. They describe the shared experience of mental illness as a 'common bond', as such, arts projects can be considered to offer informal peer support. The peer support approach assumes people with similar experiences can better relate to one another and can consequently provide more authentic empathy and validation (Repper & Carter 2011). Social contact and mutual support are highly valued by participants (Makin and Gask 2011), and there is evidence of improved social skills and increased confidence in relating to others among arts participants (Secker et al. 2007). Van Lith, Fenner & Schofield, (2010) include 'social connectedness' and 'social engagement' as key areas of benefit from arts participation; Van Lith (2015) further highlights social relationships and social identity as important factors.

Time out and self-expression

Self-discovery and self-expression are important outcomes (Van Lith 2015; Makin and Gask 2011). Participants told Secker et al. (2007) that arts projects provide space away from the pressure in their lives, alleviating distress and enabling better coping. Absorption in art prevents boredom and anguish; provides a means to re-channel emotions; externalise rather than internalise feelings; and express states of mind. For some participants, the focus and concentration on art reduced the distressing impact of voices and visions and reducing self-harm (Secker et al. 2007).

Connecting with abilities

Makin and Gask (2011) reported arts participation might facilitate connection with latent abilities the artist did not know they had. Their participants described feeling empowered to challenge self-beliefs they had about being 'useless' or 'incapable'.

Rebuilding identity

Among people with severe mental health difficulties, a belief that their illness is an integral, dominant part of their identity is common. Both Secker et al. (2007) and Spandler et al. (2007) describe how arts participation allows the discovery or rebuilding of an identity beyond that of a mental health patient; similarly, Van Lith, Fenner & Schofield (2010) explain how arts participation can lead to increased self-esteem, confidence and empowerment. Spandler et al. report how arts involvement made participants feel valuable and worthwhile, and enabled them to form a new artistic identity. Sharing work with others changes how their community views them – as someone with artistic talent, not a 'mental health patient' (Spandler et al. 2007).

Expanding horizons

Art can provide a source of motivation, purpose and direction, as one participant put it 'it's an ignition, a spark' (Spandler et al. 2007). It gives a reason to get up in the morning, something to focus on, and a structure to the day (Makin and Gask 2011). Participants view gaining new interests and learning practical and constructive skills as highly important: they felt they were doing something useful and moving forwards in their lives (Makin and Gask 2011). Secker et al. (2007) describe how arts projects expanded participants' aspirations, offering a stepping stone to other activities such as education, voluntary work, and paid employment.

PERSPECTIVES ON 'RECOVERY'

It is often strongly argued that participation in art facilitates 'recovery' from mental health difficulties (Van Lith, Schofield and Fenner 2013). Often cited in the mental health recovery literature, Anthony (1993) defines recovery from mental illness as: 'the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness' (527).

Within the theoretical descriptions of the process of recovery, there are similarities,

particularly finding meaningful activity and having hope for the future. The models of Andresen, Oades and Caputi (2003) and Turner-Crowson and Wallcraft (2002) share four comparable components: 'finding and maintaining hope'; 'establishing a positive identity'; 'building a meaningful life'; and 'taking responsibility for, and control of, their recovery'. Turner-Crowson and Wallcraft (2002) further add 'connecting with other people and the community' to their CHIME (connectedness, hope, identity, meaning and empowerment) framework. These recovery components align Secker et al.'s (2007) themes of the mental health benefits of arts projects: connecting with others; time out; self-expression; connecting with abilities; rebuilding identities; and expanding horizons.

PARTICIPATORY ACTION RESEARCH

Participatory Action Research (PAR) is a living and emergent approach which facilitates a collaboration between people whose lives are affected by the issues being investigated, in designing, undertaking and disseminating the research. PAR follows a cycle of planning, action, reflection and evaluation. In PAR, people are invited as co-researchers to inquire into their own lives and work (Pain et al. 2012). The research then evolves over time as those involved explore and deepen their understanding of the issues being studied (Whitmore 1994). The philosophy underpinning PAR aims to ground experimental inquiry in social history and experience and use this to influence socially just change (Reason and Bradbury 2008). As our research team comprises people who have lived experience of mental ill health, and a desire to improve the lives of Converge participants, we decided a PAR approach would be the most appropriate way of investigating the experiences of Converge students.

PHOTO ELICITATION INTERVIEWS

Photo Elicitation refers to the use of photographs to facilitate communication in research interviews. These images can be taken by the participants themselves or be a selection chosen by the researcher from some other source. Usually, participants are shown a selection of images and invited to select ones they feel are pertinent to the question they are asked.

Photographs can be a powerful tool: Harper (2002) argues that they 'mine deeper into different parts of human consciousness than do words alone' (22-23). Similarly, Copes et al. (2018) states that such emotional, multi-layered responses cannot be tapped into when relying on traditional interview methods. In his seminal work, Collier (1957) reported that interviews using photographs were longer and more comprehensive, improving memory and reducing

fatigue. Fanning (2011) observes that, compared to typical interviews, Photo Elicitation slows down the interview process, allowing the participant time to examine topics they would not normally contemplate. Van Auken, Frisvoll and Stewart (2010) suggest four primary advantages to using Photo Elicitation interviews over traditional interviews. Firstly, it provides tangible stimuli to prompt the flow of conversation; secondly, it produces richer, more detailed, information; thirdly, it reduces power differences between researcher and interviewee; and finally, it can stimulate engagement in their community.

Photo Elicitation has previously been used as a methodology in PAR. Vigus and Kara (2017) reported using Photo Elicitation gave participants the opportunity to influence the research process, particularly data collection, more fully than traditional methods. Photo Elicitation may be more effective at engaging and involving hard-to-reach participants as it is considered less threatening and more interesting than other research tools (Klitzing 2004). These features made this methodology attractive to us, as we anticipated that due to their mental health difficulties, some Converge students might be intimidated by and struggle to express themselves in a traditional interview. After piloting two different versions of Photo Elicitation among CERT members, one in which we took photos to answer the question 'what does Converge mean to you?' and one in which we used pre-existing photographs, a group decision was taken to use the latter version for this exploratory work. This was because CERT members felt taking your own photos could place undue burden on participants and feel stressful, as well as being more time consuming.

METHOD

PARTICIPANTS

Ten current Converge students, seven female and three male, were interviewed for this study (approximately 10 per cent of active Converge students). As an educational opportunity at a university, rather than therapy, we never ask Converge students to disclose any details about their mental health condition. Figure one shows that nine of the ten students were members of Converge for under two years (one was three years). This time-limit was to allow for participants to talk meaningfully about their experiences, but also to remember how it was when they first joined. Figure 1 shows demographic information comparing our interviewees with Converge students as a whole. Although our sample group is not a statistical representation of Converge students, we argue that it is close enough to provide useful information about the project as a whole.

MATERIALS

Most images came from web-based resources of royalty-free photographs, including Creative Commons, Everystockphoto and the Wellcome Trust. These were supplemented by photographs taken by CERT members to create a pool of 116 photos. When piloting the method, a collective decision was taken to reduce this number slightly as it was felt this was too many and potentially overwhelming. To achieve the final selection of 96 photos, CERT members collectively went through each image, rejecting some for being too similar to others in the pool, or for being too 'obvious' (e.g. a man holding a 'sad face' picture over his face). As a group we made a judgement that the final pool of photographs gave a sufficient choice to express a broad range of experiences of Converge. However, there was no specific criteria for selecting pictures. The final selection is shown in figure 2. We are aware that by choosing the photographs before the interviews, we restricted the potential range of responses from our interviewees. However, in future work, we plan to provide opportunities for respondents to create their own images through photography or art.

Insert Figures 1 and 2 around here

Caption: Figure 1: (Top) age distribution in years; (middle) gender distribution by per cent; (bottom) interviewee time at Converge

Caption: Figure 2: Photographs shown to participants

PROCEDURE

Once approved by the York St John University Ethics Committee, all Converge students of two years or under were emailed details of the study. Interested students were invited to an informal information session, where six participants were recruited. A further four participants were recruited by another email and from flyers handed out in classes. All participants signed an informed consent form and were made aware that they could withdraw at any point. The interviews took place in university classrooms and each participant was interviewed by two researchers from a pool of ten CERT members. Nine interviews were audio-recorded and transcribed. One participant requested written notes only were taken.

The interviews began by inviting the participant to examine the images, which were spread out on a table in front of them. If the participant wanted, the researchers waited outside while they made their decision. They were asked to select one image that reflected

what they valued or liked about Converge (referred to as ‘positive’), and one that reflected what they found problematic or challenging (‘negative’). Participants themselves reported whether the image they had chosen represented something positive or negative about their experiences. Our initial interviews indicated that some participants wanted to choose more than one image, so we adapted our instructions to accommodate this. The participants’ choice of photographs formed the basis of the semi-structured interview, which began by asking the interviewee which photograph they’d like to talk about, and the question ‘can you tell us why you chose this image?’ While there was a list of prompts to use if needed (see table 1), the interviews were led by participant responses, so did not follow a rigid schedule. Interviewers were able to use their own experience of being a Converge student to help guide the interview.

<i>Can you tell us why you chose this image?</i>
• What made you choose this photo?
• How does it make you feel?
• Do you link this image to your experience of Converge?
• Do you see yourself in this picture (and if so – how and where)?
• Is the (<i>e.g. colour/softness/darkness</i>) of the image meaningful to you?

Table 1: Interview prompts

The data were analysed using inductive thematic analysis, in that we aimed not to impose our preconceptions about the subject area onto the analysis and instead let the data ‘speak for itself’ (Frith & Gleeson, 2004). Collectively, the researchers carried out the analysis according to the six stages established by Braun and Clarke (2006). This involved listening to the audio recordings and reading the transcripts together in a group, then working together to generate initial codes (for example ‘feeling safe’). We then looked for themes that captured something important about the data in relation to our research questions. Further group discussions progressively resolved the data into four overarching themes, which we named: *establishing community; purpose; student not patient; and, accessing valued, inclusive spaces.*

RESULTS

Participants chose between two and nine images each, shown in table 2. Across participants,

a total of thirty-one 'positive' and ten 'negative' images were chosen. Participants indicated whether the image they had chosen reflected something positive or negative about their experience. Three participants chose only positive images. The most frequently chosen images are shown in Figure 3.

Insert table 2 somewhere here:

Caption: Table 2: Participants image choices

Four main themes were extracted from the interviews. These were *establishing community; purpose; student not patient; and, accessing valued, inclusive spaces.*

ESTABLISHING COMMUNITY: 'IT'S LOTS OF PEOPLE CONNECTING... NO MATTER HOW WEAK OR STRONG THEY ARE'

In our ten interviews there were frequent references to what people variously called 'community', a 'team' (both mentioned seven times) or 'family' (mentioned six times). For example, 'it feels like being part of a family' (participant [p]2); '[the choir] made me feel so welcome... part of a team' (p4). It is perhaps no surprise half of the interviewees chose the image showing hands coming together. Explaining this choice, one student said:

The one [I like] most of all is the one with the hands all joined together... it's lots of people connecting.... no matter how or what their standard is, how near the circle they are, how weak or strong they are... it's all inclusive (p5).

Insert Figure 3 around here

Caption: **Figure 3: Frequently chosen photographs** (*hands chosen 5 times; woman with outstretched arms 3 times; remaining images chosen twice*)

There seem to be three interlinking subthemes within the experience of community. Firstly, students feel a sense of belonging: 'It's nice to be a part [of something]' (p7). Secondly, there was considerable discussion around inclusiveness – that people with different abilities are embraced: 'because I have Asperger syndrome... I had no idea if I was going to make any friends... [at Converge] I have the biggest team I could think of' (p2). Thirdly, this creates a sense of security, and there were 12 mentions of feeling safe: 'it's a welcoming community where I've got the confidence to speak in a group, which I could never do before... A safe

space where people are supportive of each other' (p4).

These comments around belonging, inclusiveness and safety are often linked to doing something collectively ('singing', 'doing drama' or 'filming').

However, some interviewees were also aware when these characteristics were not present, as one described the art course: 'you feel like there are [a few students] going ahead of the rest of the class, leaving some of the pack behind' (p5). Or for another student: 'everyone feels familiar with each other and I'm just on the outside of it... I feel like... maybe other people are getting more out of it and feeling happier [than me]' (p9).

PURPOSE: 'IT MAKES ME FEEL LIKE I AM CONTRIBUTING TO THE COMMUNITY'...

Having purposeful and engaging activities to do was another key theme. Comments such as, 'I wanted to get out of the rut I was in' (p10) were common. Frequently, students contrasted Converge with what their life was like when they were unwell:

[My nurse] gave me this daily planner, as in depression you sink into a cycle of not doing stuff and not feeling motivated, but there was never really stuff [for me] to do, so it [the diary] never really worked... Now I've got so much stuff in my diary, there's loads of things I could do! (p4).

Many students described how Converge offered opportunities to contribute to their community, especially through voluntary work: 'The Discovery Hub linking me to volunteering makes me feel like I am contributing to my community' (p1), and 'Converge has opened up possibilities to me... it's given me opportunities to volunteer... I just want to come back and keep discovering!' (p6).

Several students explained how since joining Converge, they have both re-discovered old skills and been motivated to learn new ones: 'I wanted to connect with people and redevelop skills I had lost... Just by being around people doing normal stuff' (p8).

However, not all feedback was so enthusiastic. Some students reported their experience of beginning a Converge course was difficult: 'when I first started [Converge], it wasn't growth, it was survival... enduring the longest two hours of my life ... I hated it' (p3) and 'joining in pushes you out of your comfort zone' (p1).

Students often picked photos that allowed them to use metaphors relating to the natural world to explain this phenomenon of personal growth. For example: 'the bonsai tree

in somebody's hand, helping them grow within themselves' (p5) and 'the green [in the picture they chose] goes with Spring... [Converge is] a new beginning' (p3).

STUDENT, NOT PATIENT: 'MY MENTAL HEALTH DOESN'T DEFINE ME'.

Several interviewees spoke of moving away from an identity dominated by their mental health to embracing the identity of student. This metamorphosis was described as 'being able to not feel dissimilar to others just because of mental health issues' (p6). This change was felt to improve confidence and independence:

If I wasn't a student I don't know if I would have the confidence to go to [university events]... [as] someone who struggles to go into a shop or café, [at first] I couldn't use the [university] facilities...but now I can sit [in the café] with a cup of tea (p3).

Converge membership created an atmosphere where members were able to reframe the impact their mental health problem has on their sense of identity: 'Although it [mental health] is a big part of me, it doesn't define me. I can leave that bag outside. I consciously do not talk about it here' (p8); '[Converge] breaks down the invisible walls of mental health' (p3). Another student described how 'you come from a very dark place... but when you come to Converge you find a light'' (p1).

Other comments suggested that some students recognized changes in themselves. One described having 'a light bulb moment... I realised I was capable of doing something positive. It helped my mood and how I felt about myself' (p7). Another student chose the picture of a woman who they felt, 'seems to be realising a sense of freedom...and she is smiling... I know on occasion when I have left class here, I have been smiling' (p3).

Another student described a shift in their behaviour they attribute to attending Converge: '[before Converge] I could come across as intimidating... [now if] I have frustrations about something, I can go away and think about it... before I would have been confrontational, [now] I walk away' (p8).

ACCESSING VALUED, INCLUSIVE SPACES: 'WOW IT'S AT THE UNIVERSITY!'

The importance of Converge's university setting was an interesting and unexpected theme. Interviewees spoke about aspects of the physical space itself, commenting on the 'nice grounds' (p1), enjoying being 'in a building with young people' (p3), and that 'it's welcoming, nice and tidy and light' (p2). The non-clinical setting was appreciated: 'it doesn't

feel like a mental health centre, which is good' (p10); and 'when you hear it's linked to a university... it's "wow it's at the University!"' (p7). Being able to access not just university buildings and facilities, but other prestigious York institutions, is highly valued: '[Discovery Hub] courses are in the library and art gallery. It does make a difference... it is better to have it somewhere you're not constantly reminded... that you're there because you're ill' (p4).

Converge students spoke about finding the University space 'nurturing' (p6), 'uplifting and empowering' (p3) and 'safe' (p8):

I see the University and I feel safe... As soon as I step foot into it ... [I] don't need to pull the drawbridges up. I'm usually hyper vigilant, hyper aroused. Here I can shed that, I can have a coffee in peace and quiet... It's like the biggest safe niche in my life (p8).

The importance of being in a 'busy', 'uplifting' space was emphasised by what some (but not all) students reported as a downside of Converge – that some courses run in the evening. As one interviewee said of her choice of a stark monochrome photograph: '[This] is just me juggling day class and night class, me getting tired. Black and white just says tired. Evenings I have no energy' (p7).

In summary, four key themes emerged from the interviews: Converge seems to have established a community where students can connect with one another; given its students a purpose in their lives; facilitated the process of metamorphosing from being a mental health patient into a university student; and the opportunity for its students to access socially valued, inclusive spaces.

DISCUSSION

This study explored the experiences and perceptions of Converge students using a Participatory Action Research (PAR) methodology. Inductive thematic analysis of the interview transcripts led to the identification of four themes: *Establishing community; purpose; student, not patient; and accessing valued, inclusive spaces.*

There is a substantial amount of evidence that participation in arts projects is beneficial for people with mental health problems. Therefore, it is perhaps unsurprising how closely our findings seem to reflect that of Secker et al. (2007) who explored the mental health benefits of arts projects. Their theme *connecting with others* arguably aligns with our *establishing community*; their *rebuilding identities* with our *student not patient*, and arguably *self-expression, connecting with abilities, rebuilding identities and expanding horizons* cover

much of the content contained in our theme *purpose*.

In addition, our findings reproduce those of Hacking et al. (2008), who highlighted that participation in arts projects helps people with mental health problems widen their social networks; understand and manage their mental health better; feel empowered in their life; and gain in self-confidence. Similarly, our interviews also echo Heenan's (2006) finding that art can provide a catalyst for reintegrating people into their community, reflected in our theme *'accessing socially valued places'*.

Although we did not explicitly intend to look at the process of 'recovery' from mental health problems, our findings resonate with the recovery literature. For example, our themes can be seen through the CHIME framework of Turner-Crowsen and Wallcraft (2003): *connectedness* reflects our theme *establishing community*; *hope* is part of *purpose*; *identity* is seen in *student not patient*; finally, *meaning* and *empowerment* are covered by our theme *purpose*.

However, what the current literature does not seem to address is our finding that physical location plays such a crucial role in Converge students' positive experiences of engaging in arts education. Many interviewees spoke about valuing their experience of coming to the University, art gallery, museums, York Minster and the Theatre Royal for Converge activities. They contrasted these prestigious venues with their experiences of where they received their mental healthcare from, which seems to provoke within them a strong sense of 'otherness' and a pervasive social stigma.

The stigmatization of mental health facilities began with the asylums of the 1800s. Parr (2011) describes how these hospitals served to 'separate socially those designated as 'mad' from mainstream society'. She argues: 'The spatial separateness [of asylums] contributed to the dark iconography... [with] these looming and distant buildings becoming stigmatised places of containment.' In the late 20th century, the large asylums closed and 'Community Care' became the dominant model. However, Parr argues the new community mental health centres frequently remain spaces of spatial exclusion from society, with complex issues revolving around processes of 'othering' and 'social insignificance'.

This 'othering' and 'insignificance' of mental health service users is clearly apparent in work by Chrysikou (2018), who explored the social visibility of mental health facilities in Camden and Islington, London (UK), using photography. She found that, when compared to physical healthcare buildings, mental healthcare buildings looked more anonymous, invisible, and hidden. Entrances were unsheltered (physical hospitals typically had canopies), and there seemed to be what she describes as 'a fear of transparency' with less glass, darker colours,

and obvious barriers to opening windows and doors. Mental health buildings seemed to have plainer façades, less artwork, and were more likely to have been victim to graffiti and other vandalism.

To put this into the context of York, where Converge is situated, until its sudden closure in 2017, most mental health care was delivered from Bootham Park Hospital. Opening in 1777, Bootham retained the stigma often attached to old asylums as places of fear and otherness. Some outpatient services in York were delivered from converted houses which were poorly maintained with awkward dingy rooms, and were unpopular with service users, carers and staff. Recently, efforts have been made to modernize services: community teams have relocated to newer buildings, a state-of-the-art inpatient facility is being built, and a large Mental Health Resource Centre was developed in an out-of-town location. Reactions from users have been mixed: this facility has attracted criticism for its corporate feel, including a glass screen around the reception desk, which could be described as perpetuating an 'othering' stigma. It is also arguable that the site continues an isolation from the community in its physical distance from where service users live.

Interestingly, *accessing valued, inclusive spaces* seems to have synergy with the *student not patient* theme. The University location reinforces the Converge participant's identity as a student who is learning. At a university, students can create work they are proud of, and which is valued by the community. This finding suggests that greater consideration should be given to locating educational courses for mental health service users in socially valued locations, such as colleges and libraries, rather than in mental health facilities.

The fact that many participants chose the same photographs was also interesting. As mentioned in the method section, we removed some photographs from our selection for being too obvious or leading – for example, a man holding a 'sad face'. Whether this is problematic or not is debatable. Leaving obvious pictures in might be helpful for the interviewee, as it makes it easier to choose an image which clearly reflects what they want to express; however, that might cause them to think about the images less when they are choosing them, so we might miss potentially more creative and thoughtful responses to the material.

The low number of negative images chosen needs to be considered. It is possible this could be because students had such good experiences that they struggled to find things to criticize. However, it could be a consequence of the instructions they were given when choosing the images, or even that the range of images they were shown failed to resonate with any things they dislike about Converge.

The use of a Participatory Action Research (PAR) approach in this study was very

successful, achieving high acceptability among both interviewees and researchers. We hoped that knowing the researchers were Converge students themselves would put the interviewees at ease and led to fuller answers. However, it is worth considering whether this made interviewees less likely to report unfavourable things about Converge; perhaps an explanation for the low number of negative images chosen.

The Photo Elicitation methodology also appeared to be a useful way of encouraging interviewees to expand their answers, which we believe made the interview data much richer.

This study has several limitations. Our sample size was small and there is a risk that the self-selection of interviewees meant we recruited only those students with a more positive experience of Converge, missing those who find it less beneficial. In addition, the interviews were led by a number of different researchers, which may have led to inconsistency in how they were conducted. Furthermore, we are aware the use of pre-chosen images may have restricted, led, or in some way manipulated participants' responses.

As PAR is a living and emergent process, following a cycle of planning, action, reflection and evaluation, we make some suggestions for future cycles of research we hope to explore. Firstly, we could consider asking participants to take their own photographs or create their own artwork and compare these with the findings from this investigation. Alternatively, we could use the present findings to create a questionnaire to capture the experiences of a wider sample of students.

Secondly, the students interviewed here had only been involved in Converge for a short time – some students have been members for up to ten years. Future research could compare new students with those involved for many years, exploring how students' experiences evolve over time. We could consider a cohort study of new Converge students as they progress. Although perhaps more difficult, we could also explore why Converge students drop out or stop attending. Another avenue of research could be whether particular courses have different benefits and challenges due to the nature of the activity and the mix of participants. For example, perhaps singing in a choir is easier to settle into and make friends at than a painting class; or maybe a painting class may lead to greater feelings of inadequacy when comparing one's own performance to other students. Finally, the experiences and attitudes of wider university students and staff involved in Converge could be explored.

IMPLICATIONS

This research has broad implications. It confidently adds to the evidence that educational opportunities in the arts are popular among people with mental health difficulties; and that

this participation leads to changes in enjoyment of life, sense of purpose and identity, and that this has a beneficial impact on mental health. This would suggest that educational arts provision should be more widely available to mental health service users.

Our investigation confirmed many of the findings of past research into arts and mental health, and the literature exploring mental health recovery. Importantly, however, this study builds on this evidence by demonstrating very clearly that the extent to which location of the course is socially valued and inclusive is a very important component of how participants experience it. This suggests that linking provision of educational arts activities for mental health service users to institutions of high social value, such as universities and colleges, libraries, museums and art galleries, will amplify the benefit participants experience. Forming partnerships between universities and mental health services can be very beneficial for both parties and is worth energetically pursuing.

REFERENCES

- Andresen, R., Oades, L. and Caputi, P. (2003), 'The experience of recovery from schizophrenia: Towards an empirically validated stage model', *Australian and New Zealand Journal of Psychiatry*, 37:5, pp. 586-94.
- Anthony, W. (1993), 'Recovery from mental illness: The guiding vision of the mental health service system in the 1990s', *Psychosocial Rehabilitation Journal*, 16:4, pp. 11-23.
- Braun, V. and Clarke, V. (2006), 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3:2, pp. 77-101.
- Chrysikou, E. (2018), 'The social invisibility of mental health facilities: Raising awareness on social exclusion in urban environments through artwork', London: UCL.
- Collier, J. (1957), 'Photography and anthropology: A report on two experiments', *American Anthropologist*, 59:5, pp. 843-59.
- Copes, H., Tchoula, W., Brookman, F., and Ragland, J. (2018), 'Photo-elicitation interviews with vulnerable populations: Practical and ethical considerations', *Deviant Behavior*, 39:4, pp. 475-94.
- Fals Borda, O. (1995), 'Research for social justice: Some North-South convergences', *Plenary Address at the Southern Sociological Society Meeting*, Atlanta, USA, 8 April.
- Fanning, S. (2011), 'Visual methodologies: Photo-elicitation in the university classroom', *10th European Conference on Research Methodology for Business and Management Studies*, Caen, France, 20-21 June.
- Frith, H., & Gleeson, K. (2004), *Clothing and embodiment: Men managing body image and*

- appearance. *Psychology of Men and Masculinity*, 5:1, pp. 40-48.
- Hacking, S., Secker, J., Spandler, H., Kent, L., and Shenton, J. (2008), 'Evaluating the impact of participatory art projects for people with mental health needs,' *Health and Social Care in the Community*, 16:6, pp. 638-48.
- Harper, D. (2002), 'Talking about pictures: A case for photo elicitation', *Visual Studies*, 17:1, pp. 13-26.
- Heenan, D. (2006), 'Art as therapy: An effective way of promoting positive mental health?', *Disability and Society*, 21:2, pp. 179-91.
- Holland, S. (2015), 'Community arts, creativity and positive mental health and well-being: A case study of the support to recovery art gallery', *Journal of Applied Arts & Health*, 6:3, pp. 257-68.
- Klitzing, S.W. (2004), 'Women living in a homeless shelter: Stress, coping and leisure', *Journal of Leisure Research*, 36:4, pp. 483-513.
- Makin, S. and Gask, L. (2011), "'Getting back to normal": The added value of an art-based programme in promoting "recovery" for common mental health problems', *Chronic Illness*, 8:1, pp. 64-75.
- New Economics Foundation, (NEF) (2011), *Five Ways to Wellbeing: New Applications New Ways of Thinking*, London: NEF.
- Reason, P. and Bradbury, H. (2008), *The SAGE Handbook of Action Research: Participative Inquiry and Practice*, London: SAGE.
- Pain, R. Whitman, G., Milledge, D & Lune Rivers Trust (2012), *Participatory Action Research Toolkit: An Introduction to Using PAR as an Approach to Learning, Research and Action*, Durham University/RELU/Lune Rivers Trust. Available at: <https://www.dur.ac.uk/resources/beacon/PARtoolkit.pdf>
- Parr, H. (2011), *Mental Health and Social Space: Towards Inclusionary Geographies*, Oxford: Blackwell Publishing.
- Repper, J. and Carter, T. (2011), 'A review of the literature on peer support in mental health services', *Journal of Mental Health*, 20:4, pp. 392-411.
- Rowe, N., (2015), 'Creating a healing campus: A partnership between a University and a provider of mental health services', in B. Cozza and P. Beinger (eds), *University Partnerships for Community and School System Development: Innovations in Higher Education Teaching and Learning (volume 5)*, Bingley: Emerald Publishing.
- Secker, J., Hacking, S., Spandler, H., Kent, L., and Shenton, J. (2007), 'Mental health, social inclusion and arts: Developing the evidence base', Department of Health report,

<http://clouk.uclan.ac.uk/3846/>. Accessed 6 November 2018.

- Spandler, H., Secker, J., Kent, L., Hacking, S. and Shenton, J. (2007), 'Catching life: The contribution of arts initiatives to recovery approaches in mental health,' *Journal of Psychiatric and Mental Health Nursing*, 14:8, pp. 791-99.
- Thompson L., & Chatterjee, H. (2014), 'Assessing well-being outcomes for arts and heritage activities: Development of a museum well-being measures toolkit', *Journal of Applied Arts & Health*, 5:1, pp. 29-50.
- Turner-Crowson, J. and Wallcraft, J. (2002), 'The recovery vision for mental health research: A British perspective', *Psychiatric Rehabilitation Journal*, 25:3, pp. 245-54.
- Twardzicki, M. (2008), 'Challenging stigma around mental illness and promoting social inclusion using the performing arts', *The Journal of the Royal Society for the Promotion of Health*, 128:2, pp. 68-72.
- Van Auken, P.M., Frisvoll, J., and Stewart, .I. (2010), 'Visualising community: Using participant-driven photo-elicitation for research and application', *Local Environment*, 15:4, pp. 373-88.
- Van Lith, T. (2015), 'Art making as a mental health recovery tool for change and coping', *Art Therapy*, 32:1, pp. 5-12.
- Van Lith, T. (2014), "'Painting to find my spirit": Art making as the vehicle to find meaning and connection in the mental health recovery process', *Journal of Spirituality in Mental Health*, 16:1, pp. 19-36.
- Van Lith, T., Fenner, P. & Schofield, M. (2010), 'The lived experience of art making as a companion to the mental health recovery process', *Disability and Rehabilitation*, 33:8, pp. 652-60.
- Van Lith, T., Schofield, MJ., and Fenner, P. (2013), 'Identifying the evidence base for art-based practices and their potential benefit for mental health recovery: A critical review', *Disability and Rehabilitation*, 35:16, pp. 1309-323.
- Vigus, K. and Kara, H. (2017), 'Participants' productive disruption of a community photo-elicitation project: Improvised methodologies in practice', *International Journal of Social Research Methodology*, 20:5, pp. 513-23.
- Whitmore, E. (1994), 'To tell the truth: Working with oppressed groups in participatory approaches to inquiry' in Reason, P. (ed.) *Participation in Human Inquiry*, London: Sage, pp. 82-98.

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