ART THOU WELL?

TOWARDS CREATIVE DEVOLUTION OF MENTAL HEALTH IN GREATER MANCHESTER

Dr Katherine Taylor, Clinical Psychologist
Fellowship Report, 2018
Acknowledgements and Thanks

I would like to thank the Winston Churchill Memorial Trust, for selecting this project for funding, and me as a Fellow. Undertaking the Fellowship journey has been an extraordinary pleasure, often challenging, and always a great privilege. I hope to be a worthy ambassador for this unique and special enterprise.

I wish to thank each person and organisation who offered their time and insight. In particular Clive Parkinson, for his inspiring vision and leadership in the field of arts and health, generous spirit, and support; Kirsi Lajunen (Arts Promotion Manager), and Johanna Vuolasto (Special Adviser and the leader of the development program of Use of Art in well-being and inclusion), for making my Finland trip not only possible but comprehensive and enjoyable; Professor Linda Siegal, Director at the Pratt Institute’s Art Therapy Program, for your encouragement; and Professor Sheri Johnson from Berkley’s Psychology Department for her long-standing mentorship and collaboration.¹

I must also thank my family, and dear friends, for their faith, patience, and support. My partner Michael Pritchard must be thanked for the same, and for his invaluable editorial work.

¹ Appendix 1 is an itinerary of organisations who generously gave their time and insights, for which I am hugely grateful. Those with hyperlinks will take you to available blogs to unpack; more will follow throughout 2018 as I continue to consider and share my experiences and findings.
About the Author

I am now employed as a senior clinical psychologist in NHS Children’s services. Prior to the Fellowship, I was a Research Associate at Arts for Health at Manchester Metropolitan University where I enjoyed three years working on the Dementia and Imagination research programme. I have worked in several university psychology research departments including the Spectrum Centre for Mental Health Research at Lancaster University, notable for its service user involvement. I have published research on the links between the arts and mental health, creativity and bipolar disorder, and the arts and dementia, and shared this work in a variety of forums and with diverse audiences.

My research went in these directions after being diagnosed with bipolar disorder at 19. I was told that I would “never achieve” and a psychiatrist attempted to prepare me for a life of illness and medication. I was already studying psychology and found the clinical literature highly depressing, yet there were plenty of positive stories in the ‘grey’ literature, which did not focus solely on symptoms – nor assume they are all negative – but provided a much broader and more hopeful range of outcomes. In my research and work with the voluntary sector (The Bipolar Organisation) I easily found alternative perspectives, gradually discovering that it was common for people to utilise the arts, music, and other creative activities to manage mood – something rarely acknowledged in clinical services.

I developed the Fellowship application from my post as Research Associate within Arts for Health. Established in 1987, Arts for Health is the UK’s longest running arts and health research centre, and its Director Clive Parkinson is a forerunner in the UK’s arts and health movement. Following the establishment of wider arts and health networks in Greater Manchester, I felt excited by the opportunities for Greater Manchester and the UK, sensing a wave cresting after 30 years of arts and health research and lobbying.

Contact Details

Email: communikatt@gmail.com | katherine.taylor@lancashirecare.nhs.uk
Tel: +44 787 107 3388
Twitter: @communikatt
Blog: artthouwell.com

2 The Arts for Health began in 1977 as Hospital Arts; www.artsforhealth.org; See also Clive’s new book, Critical Care.
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EXECUTIVE SUMMARY

Introduction

This report, written in the context of the Devolution deal of 2014, explores the myriad roles the arts could, and do, play in the service of mental health in Greater Manchester (GM). GM is the UK’s first city region to have made the arts and culture integral to its health strategy. This report comprises a comparative study of practices in Finland and the USA, using a psychological perspective. Practical examples are presented, followed by Insights into how they apply to GM.

Aims of Research:
- To apply the models explored to the context of GM Devolution
- To consider the potential impacts of arts-based treatment options
- To understand how arts-based interventions link to the Care Quality Commission’s (CQC) Standards of Care

Chapter 1: Finland

Practice Models: (1) Clinical Arts Interventions and (2) Wellness Centres

Major Findings:
- Support for the arts and culture in health and social care at structural levels is necessary
- Social capacity and community cohesion can be built through arts and culture
- Play is essential to learning and development and can be promoted through art and creativity
- The arts can help mitigate inequalities
- The arts can support workforce mental health
- Personal development using the arts can support peer models and cascade recovery
- The arts can reduce the need to use medication, e.g. in post-natal depression or dementia
- The arts can aid prevention and sustainability in healthcare delivery

Chapter 2: New York City

Practice Models: (1) Open Studio and Galleries and (2) Arts in Prisons

Major Findings:
- Public facing studio galleries improve awareness and inclusivity
- Developing arts skills can be a bridge to employment as well as support general recovery
- The arts can educate and challenge stigma
- Artists are valuable in spreading public health messages and changing the culture
- Cultural engagement fosters prosocial behaviours and supports learning and problem-solving
- Good quality artistic and clinical leadership, and materials are vital

Chapter 3: California

Research Examples: (1) Creativity and Mental Health Problems are Linked by Common Psychological Traits and (2) The Science of Awe and Empathy

Major Findings:
- The links between creativity and mental health can deliver more positive messages
- The arts can help combat the nocebo effect
- The arts and culture can produce positive and socially useful emotions, awe and empathy
- Creative approaches can support innovation and workforce change in a Devolution context
- The service user and staff experience can be improved using a broad range of options provided by the arts

Conclusion

Major findings:
- There are roles for the arts and culture from birth to death, and from the individual to societal
- The arts are versatile and offer multiple points of access, improving engagement
- The effects of the arts can both alleviate negative symptoms and increase positive characteristics
- The effects of the arts apply to healthy individuals and those with minor ailments, and can support wellbeing even in serious illness or prison contexts
- Medication use can undermine some important components of recovery, for instance, agency, self-esteem, and control
- The arts do not carry risks in terms of side-effects, contraindications, or toxicity
- The arts broaden the available repertoire of strategies and programmes and increase patient choice
- The arts are effective but also meet CQC Standards of Patient Experience and Patient Safety
Recommendations

The Mental Health Commission asserts that the arts may assist recovery through the “discovery of personal resourcefulness, meaning and growth, within and beyond the limits imposed by ‘mental illness’”

Recommendations are structured using the five Key Messages from the GM Mental Health Plan:

1. We will better connect public services, communities and individuals to improve mental wellbeing and life chances
2. We will secure key gains in access to a good range of mental health services
3. We will eliminate the current fragmentation of services and improve the experience of service users through the system
4. We will use our Partnership to agree the standards which underpin the quality of care provision and have agreed, measurable and defined outcomes
5. We will seek to improve public attitudes and behaviour towards people with mental health problems and reduce the amount of stigma and discrimination that people with mental health problems report in their personal relationships, their social lives, at work and also in their treatment within the services

They include:

- Support culture and the arts for mental health at the structural level
- Tackle stigma using the links between arts and mental health
- Increase everyday awareness of the links between culture and wellbeing
- Recommend a minimum weekly intake of the arts
- Catalyse active citizenship using empathy and awe
- Acknowledge that creativity is problem-solving and use it to aid integration
- Support staff wellbeing with creative sessions
- Support the arts via Social Prescribing to increase patient choice and engagement
- Use Arts on Prescription to provide recovery-focused services
- Improve patient experience via creative approaches
- Collaborate with existing arts organisations
- Develop criteria about what good practice looks like
- Invest in high quality training across sectors
- Use the arts to support moves towards community and public facing services
- Increase patient safety by offering mental health arts interventions instead of medication
INTRODUCTION

Greater Manchester Devolution of Health and Social Care

In Greater Manchester (GM) 2014, a Devolution deal was signed devolving central powers to the Greater Manchester Combined Authority (GMCA) and included help to merge health and social care budgets. GM has a £6 billion total annual health and social care budget for a diverse population of 2.8 million, spread across 493 square miles, and consisting of ten boroughs. The region has some of the worst health outcomes in the UK. More than two thirds of early deaths in GM are caused by behaviours that could be changed, while nearly 25% of the GM population have a mental health or wellbeing issue which can affect everything from health to employment, parenting, and housing. To improve this, a priority is to swiftly and radically transform the ways in which services are delivered and used.

To tackle poor health outcomes, health behaviours, and mental health, the Plan focuses on delivering change in two critical areas:

1. Creating a new health and care system
2. Reaching a ‘new deal’ with the public

GM Plan Merges Health and Social Care

The changes will lead to a reduction in the divisions between Health Services and Social Care Services, and greater collaboration between sectors. This move recognises that the current split is artificial and inefficient; it aims to reduce duplication of service delivery, improving care continuity. The GM Health and Social Care (GMHSC) system will be better and more closely aligned with wider networks around education, skills, work and housing – including third sector and more informal services – to spend budgets effectively.

GM Councils state “People and Place” will drive these changes, targeting the way people manage their own health through greater engagement with community services. GM Public Health officials declare services will be increasingly responsive to what people want; their expertise will shape the ways monies are spent, creating a system which helps people stay independent and takes better care of those who are unwell.

The five-year plan aims to support changing attitudes and establish new relationships between public services, citizens, communities and businesses, bringing about “bold and radical” changes. GM is a national pilot area for Arts Council England (ACE), Heritage Lottery

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3 Bolton, Bury, Oldham, Rochdale, Stockport, Tameside, Trafford, Wigan, and cities Manchester and Salford
Fund (HLF), and Historic England’s innovative Great Place scheme. Great Place is designed to put arts, culture, and heritage at the heart of successful communities across England. In October 2017 the new GMCA Culture and Social Impact Fund was launched, which is set to benefit residents across Greater Manchester by funding not-for-profit and voluntary organisations. The plan aims to use these initiatives – and others – to ensure success.

**GM’s Mental Health Strategy**

Nationally, mental health problems account for around half of all illness in people under 65 and are the largest single cause of disability in the UK (Knapp, McDaid & Parsonage, 2011). Within GM, the number of people using mental health services is elevated compared to the general population. At the forefront of the changes across GMHSC is a commitment to prevention. The strategy seeks to address disconnection and loneliness, increase community resilience, and mitigate against the well-known adverse effects of inequality. In other words, it will prioritise the social determinants of health.

In 2010, Michael Marmot’s ‘Fair Society, Healthy Lives: The Marmot Review’ highlighted the significant influence of social inequalities on health outcomes. The degree to which people are able to participate in their community and exercise control over their own lives, provides a “critical contribution to psychosocial well-being and health.” Marmot concluded that the mind is the “gateway” through which the social experience affects the body, health, and wellbeing. The GM Devolution Plan rightly recognises that health inequalities might lead to, but are not caused by, mental health problems. Instead, such problems can be traced to systemic inequalities which include unequal access to learning, development, education, and opportunity. For instance, a child from a deprived area hears, on average, 20,000 words fewer than their middle-class counterpart, compromising their linguistic development, which predicts IQ, which ultimately predicts success (Hart & Risely, 2001).

GM is the UK’s first city region with a directly elected mayor to have made the arts and culture integral to its health strategy. Evidence shows that engagement in the arts and creative activities can help mitigate the effects of social inequalities. GM’s Plan “positions the strong relationship between arts and individual and community health as one of the key foundations of building sustainable and resilient communities.” This report aims to test this claim against

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4. [https://www.greatermanchester-ca.gov.uk/news/article/125/greater_manchester_secures_15m_for_transformative_arts_and_heritage_projects](https://www.greatermanchester-ca.gov.uk/news/article/125/greater_manchester_secures_15m_for_transformative_arts_and_heritage_projects)
7. With 3871 per 100,000 using mental health services, compared to the national average of 2331 per 100,000.
9. Therapeutic use of the arts is defined as the use of arts-based activities with the aim of improving individual or community well-being and healthcare (Arts Council England, 2007). This does not mean art therapy, which is a regulated profession.
examples in countries where this kind of policy is well-underway and ask what lessons we can bring home.

**Arts and Mental Health – The Current Context**

In a range of settings and across conditions, the arts and cultural participation have been shown to exert protective effects on health (Storicoff, 2015; Stuckey & Nobel, 2010) and there is a wide application within a broad field which has flourished in recent years (Fancourt, 2017; All Party Parliamentary Group, 2017).

Around 20% of GP visits in the UK are due to psychosocial, not medical, reasons. Among these reasons is loneliness, which is a significant risk factor for poor health outcomes (Smith, 2018). **Public Health England** published guidance on community-based approaches to wellbeing in February 2018.\(^\text{10}\) There exists a large body of research on the ‘social tonic’ of the arts in health services (White, 2009). Matarasso (1997), in a large-scale, co-operative study with thousands of contributors found that involvement in the arts significantly improves quality of life. The arts have been shown to both alleviate symptoms and increase positive characteristics such as resilience and self-esteem; their use is beneficial in curative and preventative capacities throughout the lifespan.

> “If health is about adaptation, understanding and acceptance, then the arts may be more potent than anything medicine has to offer. Spend (slightly) less on health and more on the arts.”

Richard Smith, Editor of British Medical Journal

**How Did This Journey Happen?**

In 2016, Clive Parkinson and I, at Arts for Health at Manchester Metropolitan University (MMU), hosted Finland’s unique team of Government Arts Promotion Managers. Finland have had artists in Government for 40 years, and the impact of culture on the promotion of well-being is recognised at the political, administrative, and structural levels. Finland’s success in education, crime, and social policy represents key learning opportunities for other nations. Their visiting team, led by Johanna Vuolasto, sought practice examples around Greater Manchester and participated in a day-long seminar for 80 people in the field. This week-long knowledge exchange provided fertile ground for the preparation of a Finnish research journey. And, as luck would have it, the visit introduced me to Kirsi Lajunen, whose formidable organisational skills made her my ideal ‘tour manager’.

Further inspiration for my research came in October 2016 when I presented my work at the Pratt Institute in New York during the Art of Mentalizing conference. Delegates were mainly Art Therapists and the programme included professionally facilitated workshops inviting first-hand experience of the therapeutic processes of Art Therapy. Despite having experiences of delivering, researching, and receiving psychotherapy, it was this experiential knowledge of how the arts can enhance therapeutic processes that made me wonder for the first time, genuinely, why would anyone attempt therapeutic interventions *without* the tool of the arts? The conference provided additional collaborations and contacts, thus a New York research journey was born. In a delightful coincidence, the night before I flew to New York for the aforementioned conference, I attended a departmental talk at MMU comparing two ‘mystical cities’ sharing a history of radical thought – Manchester and New York. My fate of forging new links between them was sealed. The *Winston Churchill Memorial Trust* provided the perfect method to further apply these experiences, and the perfect ambassador for the cause: Churchill himself.

> “If it weren’t for painting, I would not live; I couldn’t bear the extra strain of things.”
>  
>  
> *Winston Churchill, Painting as Pastime* (1948)

8
My approach

During the Fellowship, I gathered invaluable information through observing practices and conducting interviews at over 40 organisations involving 300 people. I participated in a series of meetings and seminars to both present work happening in the UK and learn from local practice. In this report I select some of these experiences to examine how arts-based support and intervention, in diverse settings, can be successfully provided. I then clarify why this is important to efforts to improve mental health. You are invited to unpack things further in my companion blog (links provided throughout the report), at www.artthouwell.com.

Chapter 1: Scheduled by the Arts Promotion Managers of Central Government from May to June 2017, I visited 20 organisations in 5 cities across Finland, from Helsinki in the south and central cities Tampere and Jyväskylä, to the far north to Lapland and the Arctic Circle.

While the successes of Finland provide us with pioneering examples, its defining features include its small, sparse population, low ethnic diversity, high taxes, and a values-based approach to societal management. The Finnish national spirit is stoic, pragmatic, and respectful. The creation of social conscience, aided by, for example, a needs-based approach to social and behavioural difficulties, provokes a challenge to the outmoded systems embedded in the UK. The population of 5 million is comparable to GM’s 2.8 million. However, whereas Finland has a fairly uniform society, GM has one of the UK’s most diverse populations.

Chapter 2: In contrast to Finland, then, we have Manhattan, New York. Population: 5 million; make-up: the world. The dense and diverse population of Manhattan and the four boroughs of New York City pose unique challenges to healthcare services. In 2016 the Mayor’s Office published THRIVE NYC: A Roadmap to Mental Wellbeing for All. This document provides a useful framework to help explore the problem-solving strategies of two different but comparable cities. I travelled to New York in November 2017 and engaged with 20 more organisations.

Chapter 3: I ended my journey at Berkeley’s Psychology Department, California. There I worked with the clinical psychology team to help synthesise my experiences, considering the psychology behind the links between mental health and the arts.
Introduction and Background to Finland’s Policies

My Fellowship programme was organised by Kirsi Lajunen, Government Arts Promotion Manager and Johanna Vuolasto, Leader of TAIKE: Arts Promotion Centre, to provide insight into how art and culture is facilitated by Government initiatives, tour some of Finland’s best examples, and highlight implications for research, practice, and policy. In this section I present the background to Finland’s policy and two practice examples, before considering the application of the lessons to GM in the Insights section.

Finland is a large, sparsely-populated country with extremes of climate. The country has a turbulent history, but since the post-war period has prioritised social development.¹¹ Finland’s health, education, and social systems now rank highly on global indices and in March 2018 was announced the happiest nation in a UN report.¹² Their social policies are values-led, resulting in a society more transparent, just, and prosperous than many neighbouring EU countries. Literacy is a strong tradition and access to education is democratised. Finland imprison only 72 people per 100,000 compared to the UK’s 145 per 100,000. Still, mental health problems, suicide, and substance abuse represent serious threats for public health. About one quarter of Finns experience psychological symptoms and it is estimated that 7% of adults live with depression, anxiety, and alcohol-related conditions.¹³ There is a strong Finnish tradition of coping alone, and the fear of stigma also inhibits help-seeking.

¹¹ Finland: A Country Study www.countrystudies.us/finland
¹³ Stakes: Atlas of Mental Health - Statistics from Finland
To address these challenges, the Finns have taken pragmatic and “nimble” (Parkkonen, 2017) steps that target prevention and early intervention. Suicide rates have fallen by 40% in fifteen years and continue to do so, yet they remain among the highest in the world. A transition from hospital-based to community-based mental health care has occurred. Ten years ago the online therapeutic intervention Mental Health Hub was established in response to fragmented mental health services. It is now used by all hospital districts. Further steps include a redirection of mental health funding towards early years. The Finnish Association for Mental Health (MIELI) lobbied Government until mental health education featured in school curricula. This body leads prominent lobbying on mental health issues. Johannes Parkkonen, Project Coordinator (above), told me how he brought the concept of Scottish Mental Health Arts and Film Festival (now in its 10th year) to Finland, where a Mental Health Week initiative is held every May. Their work has seen the Government adopt legislation that recognises the impact of culture on the promotion of well-being and mental health.

Background at the Ministries

On the first and last days of my trip to Finland I participated in meetings at the Ministry of Education and Culture and the Ministry of Social Affairs and Health. These Ministries have each collaborated with the Arts Promotion Centre Finland since 2011. The links between the arts and wellbeing are well-established, particularly among Nordic countries (Gordon-Nesbitt, 2015; Konlaan, Bygren, & Johansson, 2000). Finland acted on the evidence that the arts are useful tools and implemented a cross-sector Government Key Project, Art and Culture for Wellbeing. This strategy aims to strengthen social inclusion at the individual, communal, and societal level. The explicit focus is on “the arts and culture for wellbeing” and not health and social care; this gives a broader definition, suggesting the arts can help everybody. The project (2010-15) has been followed by a second Key Project (2015-18), the

14 Read more: Nimble Finland: Slot Machine Fund Supports Mental Health
17 The curriculum in explicitly named as mental health and wellbeing, is taught to all children, and covers emotional regulation. A game, ‘The Elevator of Emotions’, is freely available to help social and emotional development.
aims of which are to expand the current **Percent for Art** scheme used in construction.\(^{19}\) The purpose is to ensure arts-based services are “a permanent part of social welfare and healthcare structures and the monitoring of well-being.”

**How Did the Arts and Health Make it to Government Policy?**

To realise the potential of arts and culture initiatives, public and professional perceptions of the links between them were addressed. Remarkably, for more than 40 years, Finland has had 40 Governmental Arts Promotion Managers, whose task is to ensure all citizens have access to the arts and culture. Their starting point for this was **Article 27 of the Human Rights Act (1948)**: “Everyone has the right to freely participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.”

An organisation committed to this declaration is **TAIKE Central** in Jyväskylä, where Kimmo Suortamo, Planning Officer, emphasised the need for repetition when bringing novel changes to new audiences. One route towards this is the use of **Hospital Clowns**. Research demonstrates strong links between their presence and rapid healing times, reducing stress, lengths of hospital stays, and medication use.\(^{20}\) This now well-established practice has helped create the associations needed for the population to accept creative approaches to protect mental health. Kimmo explained that the change happened through a determined campaign which entered the imaginations of public officials, specifically moving away from art on walls, towards increasing participatory arts.

\(^{19}\) [http://minedu.fi/en/expansion-of-the-percent-for-art-scheme](http://minedu.fi/en/expansion-of-the-percent-for-art-scheme); Percent for Art was pioneered in Philadelphia in 1959 and requires all new project developers to spend one percent of their budget on arts and cultural commissions.  

\(^{20}\) Read more: [You Don’t have Hospital Clowns? You Can’t Be Serious!](http://minedu.fi/en/expansion-of-the-percent-for-art-scheme)
PRACTICE MODEL (1): CLINICAL ARTS INTERVENTIONS

Baby Dance Hour

One question facing GMHSC is how to provide efficient and accessible mental healthcare services in sustainable, community-based, and recovery-focussed ways. Symptoms associated with depression – like other mental health problems – are social indicators and have social solutions.

A good example can be found in Jyvaskyla at the Dance Centre of Central Finland. Here, mothers bring their children to dance sessions, which are observed by older adults with dementia in their standard residential care facilities. This group thus targets the wellbeing of new mums, their babies, and the elderly.

Why a Baby Dance Hour?

In developed countries, poor maternal mental health is experienced by one in five new mums and is among the World Health Organisation’s Millennium Development Goals. Perinatal mental health problems are not only problematic for mothers but can also compromise parent-infant bonding, adversely affecting all aspects of the development of their children (Anderson, Shinn, Fullilove et al., 2003). This period offers a critical opportunity for GMHSC services to act. Accordingly, a redirection of 60% of funding towards childhood will be made in recognition of the importance of the early years, but the money must be well-spent.

One way of tackling maternal mental health is to improve the social connectedness of new mums, as isolation and loneliness are chief threats to wellbeing. Reducing isolation across the life-course is a priority for Public Health England, primarily because successfully tackling

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21 Read more: Dementia and Dancing Babies
social isolation reduces the burden on health and social care services. The provision of community groups that facilitate connection among mothers, their babies, and the wider community will help to combat isolation associated with this period.

Another group of people who are vulnerable to the effects of loneliness are the elderly. Users of interventions designed to target isolation and loneliness report a desire for greater flexibility and adaptation of services to suit their preferences (Windle, Francis & Coomber, 2011). Arts-based interventions, as versatile, non-medicalising services, offer a suitable, accessible, and enjoyable option.

**What Happens at Baby Dance Hour?**

The **Dance Centre of Central Finland** gathers women, babies, elderly residents, and staff to participate in or observe an African dance session, led by a professional dance teacher and supported by care staff. Mothers pay for ten weeks of participation, which is organised by the equivalent of an Activities or Arts Co-ordinator employed by the public sector. Mothers are encouraged to play, sing, and dance with their children in the presence of people with dementia.

I asked the Lead Nurse how she selects which 12 residents will attend the session and her answer surprised me. Due to the effects seen among residents during this session, she explained, the team invite those people who are typically the most agitated and difficult to manage. During the entire session, I discerned no agitation, just a calm, mesmerising atmosphere wherein everybody engaged.

The dance teacher told me she was grateful for the opportunity to share her dance expertise and contribute to the wellbeing of local mothers and babies who, in turn, were happy they could contribute to the wellbeing of community elders. I observed babies and toddlers explore the room, approaching anyone and everyone without discrimination. The children did not see the dementia or impairment and I sensed a deep connection across age groups. Evident here was an important feature of participatory arts-based interventions: everybody has a role. As such, distinctions based on ability become less clear. This practice example shows how clinical environments, where power imbalance and illness roles are often emphasised, can organise themselves more inclusively, significantly reducing ‘excess disability.’

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23 Excess disability occurs when carers overcompensate for, or expect higher levels of, impairment, thus disabling the person more.
INSIGHT 1: ARTS CONNECT

- Arts-based practices offer unique tools to enhance community models
- Creativity and the arts can support staff wellbeing and increase care quality

Given that feeling lonely is as harmful as smoking 15 cigarettes per day (Holt, Smith & Layton, 2010), community approaches, where people self-care and care for one another, are paramount. Social benefits are commonly attributed to arts groups where shared activities and goals encourage genuine links between people and communities (Argyle & Winship, 2015). Artistic and cultural participation offer powerful communicative tools ideal for the diversity of GM where more non-verbal ways of relating information and forming bonds are needed. In this way, the arts can be operationalised by health and social care services to support system-wide changes.

In line with legislation and efforts to improve diversity and inclusion, arts-based activities can include people in different capacities to help incorporate greater diversity and complexity. They can help shape culturally appropriate interventions and accessible, co-produced services that respond to local need. Such inclusive approaches speak directly to GM’s ideas to optimise “People and Places” for greater wellbeing for all. However, the evidence is clear that the arts as a sector suffers from marked class divisions (O’Brien & Oakley, 2018; Berger, 1972) and this must be tackled.

Staff sickness absences and stress levels represent significant problems for the NHS. Research has shown that participatory creative practices in clinical services can help care for workforce mental health, and that staff also report indirect benefits from sessions directed at the service users they are supporting. Engaging in the humanities can reduce burnout among medical students (Mangione, 2018).

In investigating predictors of health outcomes, studies identify that the therapeutic relationship is the critical influence (e.g. Martin et al, 2000). Empathy is vital for therapeutic relationships, and many social care sector initiatives aspire to develop it in their training (see Hojat 2009 for ten approaches for enhancing empathy). Creativity opens minds to new ways of learning, fostering empathy and improving relationships and care delivery. In these ways, arts-based sessions can positively affect the critical issue of workforce wellbeing and impact on care quality.
INSIGHT 2: ARTS SESSIONS CAN REDUCE MEDICATION USE

- The difficulties associated with medication use do not apply to arts interventions
- Recovery and prevention are best targeted using non-pharmacological routes

GM has identified the need to reduce psychotropic medications in mental healthcare. This is possible but there remains a need for bold moves toward viable and desired alternatives.

Meta-analyses demonstrate some limited effectiveness of psychiatric drugs; broadly, they are useful to around a third of people. They are very expensive and must be taken consistently and continuously for their action to be effective. Harmful and undesired side-effects are problematic and lead to additional medications to address them. Furthermore, medication use can be toxic: long-term use is associated with increased mortality and poor physical outcomes. Healthcare providers, international organisations such as the UN, and groups representing patients, all call for alternatives to medication. Echoing this is the fact that ‘adherence’ to psychiatric medication is actually very poor: a lot of people do not want to take them (McHugh et al., 2013). Approximately 40% of people taking ‘antipsychotics’ discontinue within the first year, and 75% within two years (Perkins, 1999; Nose, 2003). Qualitative research illustrates that many people regulate emotions by engaging in the arts: they can soothe, distract, and carry expressive and communicative properties, allowing people to explore their needs (e.g. Makin & Gask, 2012; Heenan, 2006). The issue of toxicity and side-effects do not apply to the use of arts-based interventions, and their use puts less additional associated strain on the system.

My observations, and those of the care staff at Baby Dance Hour, are supported by research identifying strong positive associations between similar community approaches. Singing groups for women with post-natal depression offer clinically significant improvements and benefit the quality of their bonding with their babies (Fancourt, 2018). Important here too is patient preference, given that new mothers may not wish to use antidepressant medication when breast-feeding. Moreover, the experience of being medicalised after becoming a parent can further highlight feelings of isolation and failure. Instead, arts-based sessions improve both depressive symptoms and the attachment between infants and carers, which has life-long effects on mental health.24

With regards to dementia, the NICE Guidelines include the need for person-centred care, involvement of others including family members, and reduction in medication use (NICE).25

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24 The evidence extends throughout childhood with research on the impact of the arts and music-based interventions indicating positive effects on a variety of skills, suggesting the potential to support the development and education of children. For example, meta-analysis shows music instruction helps children to learn to read (Standley, 2008).

Age UK make specific recommendations for mental health in older age which include reading and listening to or playing music. Stimulating and connecting activities can promote healthy aging, helping reduce the need for medication. Manchester is already leading the way as an Age Friendly City and with groups such as Dementia Utd and the Fabulous Forgetful Friends.

PRACTICE MODEL (2): WELLNESS CENTRES

Lapinlahti Lähde and Trombi (Culture Club)

On the southern coast of Helsinki, Lapinlahti Lähde Wellness Centre, once a mental asylum, provides us with another example of how creative community services can address Finland’s mental health needs.

Why Build a Wellness Centre?

Nearly two-thirds of people with a known mental disorder never seek help from a health professional (World Health Organisation). Stigma, discrimination, misunderstandings about mental health, and neglect prevent care and treatment from reaching people with psychological problems. Governments are being urged to move away from large mental institutions and towards community health care, integrating mental health care into primary health care and the general health care system (WHO, 2007). Historically, UK health services have approached mental health problems using the disease model. This is criticised for oversimplifying complex issues, failing to adequately acknowledge the critical role of socio-political factors on the

development and continuation of peoples’ mental health problems, and overprescribing medications.\(^\text{27}\)

There is increasing evidence for the efficacy of non-medical strategies to protect and improve mental health and well-being (Department of Health, 2014), and ongoing concern that the benefits of psychopharmacological approaches are overstated (Moncrief, 2013; Kinderman, 2014). In recent times, important steps have been made towards recovery models (Slade, 2009, Stickley & Wright, 2011) which equip professionals and the public with more nuanced understandings of mental health problems, and developing services that validate the experience of anyone seeking help.\(^\text{28}\) Exemplifying recovery and formulation-based approaches to mental health problems is the Open Dialogue approach, which has operated in Finland for over 30 years.\(^\text{29}\) Such approaches seek to understand and address complex human problems and promote change. Similarly, psychology services aim to reach coherent psychological explanations called formulations.\(^\text{30}\) Wellness centres give space for these alternative strategies to flourish.

\(^{27}\) The debates surrounding how we understand and treat poor mental health are ongoing. The UK (and USA) is currently seeing a resurgence in interest in the effects of Adverse Childhood Experiences (ACEs) and in trauma-informed working. See the recently published Power Threat Meaning Framework from the British Psychological Society for an alternative to the diagnostic model (Johnstone & Boyle, 2018).

\(^{28}\) E.g. ‘Understanding Bipolar Disorder: Why Some People Experience Extreme Moods and What Can Help’ (Jones et al); ‘Understanding Psychosis and Schizophrenia’ (Cooke et al., 2014).

\(^{29}\) See Open Dialogue, starting with the Maastrict movement and the Hearing Voices Network. In general, diagnostic terms (such as depression or schizophrenia) are useful only as descriptive terms to indicate what sort of problems a person is experiencing. They do not – and cannot – explain why a person is depressed, or why they are hearing voices, for example.

\(^{30}\) Formulations aim to identify how problems develop and are maintained, and what factors enable or limit change, and are guided by a hypothesis that behaviours are often a manifestation of our will to meet our needs. Formulation work is collaborative and considers multiple contexts, draws on psychological evidence and theory, and is designed to be used to plan appropriate interventions.
What happens in Lapinlahti?

Lapinlahti Wellness Centre has repurposed an old asylum as a creative space for the public, and a haven for people experiencing mental health difficulties. A multitude of services are provided for and accessed by everyone, thereby implicitly mixing wellbeing for all with mental health services. I was shown around a café, a lecture hall (in use for a seminar about the arts and dementia), offices wherein family therapy and other talking therapies take place, massage rooms, baking classes, music groups, writing groups, an allotment, and exhibition space. The entire site is purposefully infused with art, creativity, and colour to avoid an institutionalised feel. It is strewn throughout with curiosities; a drum kit in the corridor, plants and shoots growing on every windowsill, projected films on the large wall spaces, and chairs, rugs, pianos and chess sets. The building itself is painted yellow. This format lends itself cleverly to securing some of the fundamentals to mental health recovery via the environment itself: a hugely important cue (Daykin, 2010).

At Lapinlahti I was able to interview Katja Liuksdiala, Director, who described the community effort to re-open the hospital site for its current use. In 2015, 100,000 bulbs were planted in the grounds, and the following spring 1500 people encircled the site holding hands, in a show of need to the local authority. The site was granted two years of funding to deliver community-based services and is now open six days a week. Katja explained how Lapinlahti is similar to the well-established work of Clubhouse International, an example of which I had visited the day before at Trombi (Culture Club), one of over 300 Clubhouses internationally. The Leaders at Clubhouse Internationals are commonly people who have themselves recovered from ill states of mind and trained as Peer Leaders, emphasising the relevance of skills-development and confidence-building in recovering mental health. Clubhouses feature a “Diagnosis Free Zone” where people’s interests are used to encourage engagement in arts-based activities. This ‘rebadging’ enables ‘patients’ to avoid stigmatising diagnosis that inhibit and disabled. “I am proud of my band”, said one man who plays in a punk band originating from there, before setting up the Open Mic session for the afternoon, to which I saw at least seven members contribute.
INSIGHT 1: ARTS ENABLE

- Arts-led sessions are failure free and build achievement and pride
- True recovery in a skills-based manner saves the system a lot of money

That art-making and viewing can be designed to be mostly failure-free is particularly important in the contexts of depression, dementia, and other mental health challenges. With arts-based interventions, the only prerequisite is that you ‘have a go’. People report that as result of having a go in a safe and supportive environment, their confidence is improved, and that this can be “a stepping stone” to a range of other activities (Makin & Gask, 2012, p. 72) and “a bridge for moving into the community and allowing the community in” (Howells & Zelnik, 2009, p. 220).

Increasingly, it is recognised that the arts in all forms offer people activities that can equip them with sensations and skills that can protect and promote their wellbeing. For example, positive reinforcement, reward, expression and connection, achievement and pride all become possible (Bandura, 1977). The activities on offer at places like Trombi (Culture Club) and Clubhouses feature creativity because they are designed to both reduce negative emotions and empower people. Sometimes the aim of such a focus can be to offer hope and agency and prepare people to re-enter the employment market.31

Inclusive and wide-ranging community healthcare provision can counter some of the problems associated with mental difficulties, as well as the difficulties themselves. Visible and aesthetic

31 At Fountain House, Manhattan (the founding Clubhouse), I was impressed to see the range of well-known companies who offered apprenticeships to Fountain House members. Often the ‘stepping stone’ that prepared people for work-based training was their participation in the arts.
services encourage normalisation and inclusivity, protecting against the development of mental health problems, and promoting help-seeking, early intervention, and engagement.

Social Prescribing – meaning nonmedical treatment options – has shown promising results where Clinical Commissioning Groups (CCGS) have made alternative prescriptions – such as poetry, gardening, arts and dance classes – available to GPs. In one year, Gloucestershire saw a 27% fall in A&E use and a 25% reduction in GP appointments following the implementation of Social Prescribing. Updated results from this prospective longitudinal follow-up of almost 1300 people using mental health services across seven years found significant increases in participant wellbeing following an 8- or 10-week arts intervention (Crone et al., 2018). Services that incorporate creativity stimulate problem-solving, skill-development, and human connection, which all help to support recovery in destigmatising ways (Livingston & Boyd, 2010).

**INSIGHT 2: PEER MODELS CASCADE RECOVERY**

- Peer models contain real-world expertise and are often better received by service users
- Peer support is often identified as the missing link

Peer support is powerful: personal experience is highly respected and convincing. Within peer models power dynamics are essentially non-existent. This means people can fulfil a meaningful role and avoid becoming disempowered as a passive recipient of treatment, which is a risk in a psychiatric system. In addition, people who have themselves recovered are highly effective in using their own experience to promote the recovery of others (Rose, 2003; Slade, 2009).

The selected Practice Examples from Finland demonstrate that use of the arts can go beyond individual recovery to consider issues of sustainability. The arts give a voice and re-enable people towards recovering a role for themselves and to contributing to community in prosocial ways. People who feel this way are more likely to take responsibility for their own health.

Fundamentally, the value of arts-based interventions is their potential to trigger a set of processes vital to true recovery. When people get well, or recover in a community-based, skills-based manner, it saves the system a lot of money, and the effects may continue long after the intervention is complete – unlike the effects of medications – further economising services.
ADDITIONAL PRACTICES IN FINLAND

The Elevator of Emotions
Game for children to support their social and emotional development

Symbol Notes
Designed to help people who cannot read music play along using symbols to denote chords
www.figurenotes.com

Hope from Literature and Film Festivals (founded in Scotland by Johannes Parkonen)
https://www.mhfestival.com/

Nefele Mental Health Festival (Europe-wide)  https://www.firstfortnight.ie/nefele-project/

Lapland City Band, Rovaniemi
A four-piece of professional musicians who may be booked by any care organisation, salaried by local council32  https://fi-fi.facebook.com/kunnanpojatrovaniemi/

Kaapeli Culture Factory, Helsinki
This five-hectare site is a member of the Trans Europe Halles network and is the daily workplace for over 700 professionals in every field of art and creative business. Artists’ rents are subsidised by businesspeople
http://www.yss.fi/yks2010-3_krivy.pdf

PiiPoo, Tampere
Inclusive cultural services for all, cultural activities for disabled people and people who need help in some field in their life.
http://www.kulttuuripiipoo.fi/content/fi/1/20106/In%20English.html

Oma Polku (My Path), Tampere
Young people with learning disabilities are trained in arts and media, including photography, film-making, and radio production, and have a role in local news reporting
http://www.omapolku.fi

Taikusydän, ‘Heart of Arts’, Turku
Research centre for the arts and wellbeing. Liisa Laitinen is the Project Planner, Turku University of Applied Sciences and the Finland Representative for the Arts Health Early Career Researchers Network

32 Read more: Music and Health: Lapland’s ‘City Band’ Salaried by Local Government
CHAPTER 2 – NEW YORK
Introduction and Background to NYC’s policies

In the US, I had no ‘insider’ tour manager. Being a vast, state-divided and populous country, I could not infiltrate Government or City administrations, nor expand my research nationally, as was possible in Finland. Still, I visited more than 20 individuals and organisations across New York City at health and social care practices, including hospitals, prisons, and third sector organisations; arts and cultural institutions; and psychology research departments. The structure of this chapter will follow that of the first, beginning with the background to NYC’s policy and two practice examples, before considering the application of the lessons to GM.

Manhattan, where most of my research took place, has a population of 1.6 million within its 33 square miles. The total population of New York City is 19 million, spread among five boroughs over 319 square miles. Manhattan is similar to Helsinki’s peninsula with both lands occupying a similar area and shape, and both surrounded by water. However, the comparisons end there. New York is one of the most densely populated and ethnically diverse cities in the world: it is a vast and intensely urbanised place. The region has seen extensive policy-led changes following a period of high crime levels, deprivation, and disorder. Social problems remain prevalent, homelessness is high, and the incarceration rates of the US and NYC (which are the highest in the world at 650 per 100,000) speak of deep social troubles and Governmental mismanagement. Healthcare access is complex – and often impossible – for America’s residents. One in five New Yorkers experience a mental health disorder in a given year, yet over 41% of adult New Yorkers with a serious mental illness said they did not receive or were delayed getting treatment in the last year. Close to 40% of homeless people have a mental health problem, and among the prison population this figure is over half.

How Cross-sector Programmes Help NYC Thrive

In 2016 the culmination of previous attempts to improve the city’s wellbeing were channelled into THRIVE NYC: A Roadmap to Mental Health for All and the two-year update is now available. THRIVE NYC seeks to implement changes using six key principles:

1. Change the Culture
2. Act Early
3. Close Treatment Gaps
4. Partner with Communities
5. Use Better Data

33 Manhattan, Brooklyn, Queens, The Bronx and Staten Island.
6. Strengthen Government Ability to Lead

To Change the Culture, the core of the $850 million initiative provides training for 250,000 New Yorkers in Mental Health First Aid. A public awareness campaign called “Today I Thrive”, consisting of TV, newspaper, subway posters and social media outreach in 11 languages, declares that mental health is “everybody’s business” and aims to convince New Yorkers that seeking help is a sign of strength.

In order to Act Early, maternal mental health is a priority. With regard to early years development, New York, like Finland, will have mental health services in all schools. In addition, the arts and culture are specifically mentioned as a route towards success.

“The investments we are making here won’t just help our students explore music, dance and the arts. They will help these children grow in a way that helps them succeed in school and in life.”

NYC Mayor Bill de Blasio

There are parts of New York where people are reluctant to access services, and who also may be unaware they need or can access help. To Close Treatment Gaps, there is a free, web-based Learning Center to help communities and community leaders address their group’s wellbeing, and to navigate services.

Within the drive to Partner with Communities, mental health services are being integrated into existing programmes, particularly in low-income areas. THRIVE states: “By embracing the wisdom and strength of communities, we can collaborate to create effective and culturally competent solutions.” Moreover, there is a shift in focus from punishment to public health. An increase in genuine collaboration between all sectors is driving the joined-up thinking and changes required to address the population’s mental health needs.

Use Data Better is a route to better matching needs. This accountability is crucial and underscores a fundamental matter: Government has a responsibility to lead.

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How are New Yorkers Monitoring Their Attempts to Address Mental Health?

There are numerous ways New York is tackling the aforementioned problems. I started my trip by visiting New York University Langone Health (NYULH): Department of Child and Adolescent Psychiatry.36 Professor Kimberly Hoagwood, Vice Chair for research and Director of the IDEAS Research Center (below), explained why the department have become innovative leaders in mental health. Their approach stands out with its aim to educate the public about child and adolescent mental health, attend to the social determinants of health, and reduce the stigma associated with social and emotional difficulties. Rapid understanding and implementation of research findings is built on a strong and unusual collaborative arrangement with New York State’s Office of Mental Health. The IDEAS Center conducts pragmatic and focused studies of immediate relevance to state policy-makers, and Professor Hoagwood is in the room with commissioners to guide decision-making based on research findings.

An aim of the IDEAS Research Center is to share professional knowledge among communities and promote well-led peer models to shape and deliver services. Parents engage in educational programmes and are equipped with a broad understanding of managing behavioural and emotional difficulties in their children. Parent advocates are employed as members of the research team to ground the studies in the realities facing parents, they also share their understanding with their peers. The team conduct research on how well education and interventions are received by the communities. Where attrition rates are high (in one instance, 50%), instead of concluding that the programme does not work, the team investigate, and with a targeted approach identify and address contributing factors to reduce the drop-out rate to less than 10%.

36 Read more: Creating Healthy Communities: Unusual Collaborations From New York University
PRACTICE MODEL (3): PUBLIC STUDIOS AND GALLERIES

In Manhattan I observed how community arts-based services can address mental health needs, while simultaneously raising awareness and challenging stigma. I spent a day at the original Clubhouse International (host of Culture Club ‘Trombi’ in Chapter 1). Established in 1948, Fountain House opens its doors to 350 New Yorkers every day and has 1300 members at any one time. In 2014 the organisation was awarded the Hilton Humanitarian Prize for their work, dedicated to supporting recovery through offering engagement in a range of skills development, education, socialising, and some impressive employment programmes. Members are also offered a range of arts activities to support skills development and improve confidence. Fountain House reports significant impacts which compare favourably to State-provided traditional mental health care, indicated by impressive statistics available on their website:

New Yorkers with Mental Illness have an average

50% Re-hospitalization rate with each 2-week hospital stay costing
$28,000

For Fountain House members that rate is only

10% and for the cost of one hospital stay they get

- One year of Housing
- Community Support Services
- Employment Opportunities
- Education Opportunities
- Socialization Opportunities

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37 Read more: Churchill Was a Painter Too: Mental Health and the Arts in New York City
Fountain House has a public gallery, centrally located on 9th Avenue in Chelsea. **Fountain House Gallery** exhibits the artwork of Fountain House members curated through partnerships with professional curators from the city’s prominent cultural institutions. People can browse and buy, creating a community-based, visible, and business-like arrangement for sharing the skills of the artists at Fountain House (below right). Similar examples I visited include the **Carter Burden Center for Aging**, “vanguards of the creative aging movement,” and **LAND (League Artists Natural Design)** studio and gallery for artists with developmental disabilities.

**Why Public Studio and Galleries?**

People with developmental and learning disabilities face exclusion from ordinary public life and commonly experience additional mental health problems. There are concerns that many people with learning disabilities in GM are living in residential care unnecessarily. The gap between need and service provision also negatively impacts on their families who report high levels of carer stress; a significant consideration for mental health services. Community-based and public-facing services can build on the motivations and resources of families, offering them support, peace of mind, and shared activities, and at the same time support their family members’ needs. The studio at LAND welcomes visitors and celebrates the differences apparent in the artists’ work, offering a route toward visibility, skill-development, occupation, and potentially a means to make a living.

**What Happens at LAND?**

LAND studio is a non-profit ‘day habilitation’ programme that teaches life-skills to adults with developmental or learning disabilities, using creative practices to produce artwork. Today, 16 patients attend daily and are named as artists: this is their occupation. Matthew Murphy, who was asked to name and co-found Brooklyn’s first art-based day habilitation studio and gallery.

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38 Read more: [The Future Has LANDED at DUMBO, Brooklyn](https://www.dumby.org/)
in 2003, told me that their work acts as the means through which artists are “habilitated”, and is also marketed to the community “in a vibrant and inclusive manner.” The studio opens to the public every day and I went to meet the artists and view their creativity in action. I was shown highly accomplished and unique comic-strips, paintings, and ceramic work. Some artists are prolific, making many remarkably original artworks per month, while others focus on repeating small products such as pin-badges. Anyone can view and buy the artworks (they sell well) and launches are also held. This approach has reaped numerous rewards: exhibitions in galleries worldwide, orders from the Whitney Museum, a major Manhattan gallery, and a popular Instagram account with over 50,000 followers. I recognised the aspiration to make services fit the individual, exploring their skills and individuality, rather than fitting the person into the service. The role of arts as a vehicle towards improving life-skills, a tool for communication, and as a means of meaningful occupation, is bright and clear at LAND.

Later that week I attended a book launch by LAND artist Kenya Handley, below. There I met Alex Mandl, who is the Head of Operations for the New York State Home-based Living Team, and responsible for solving complex and delicate issues facing healthcare services. Alex posed a pertinent question: “Once people have health difficulties, or anxieties, or are homebound, how do we recharge them?” His answer was partly but strongly: via the arts.

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39 Instagram account: landgallery.
40 Above photographs of work by: Raquel Albarren (left) ‘Toe Cups’; Michael Pellew (centre) ‘Rock n Roll Heaven’; Dean Millien (right) title unknown.
Kenya Handley’s *Tasty Reggae*

Kenya Handley, pictured above at his book launch at *Printed Matters* in Manhattan’s Chelsea district, has attended ‘Day Hab’ at LAND in Brooklyn for 15 years. His work focuses on his two passions: reggae music and West Indian cuisine. Through his colourful drawings, Kenya has created a cultural artefact presenting a unique and vibrant documentation of reggae musicians. Kenya is just one of 16 people whose work is exhibited and sold worldwide.

**INSIGHT 1: THE ARTS CAN CHANGE THE CULTURE**

- Arts and artists can effectively challenge stigma
- Arts and cultural figures have a direct route to the public to spread health messages

Substantial evidence from around the world demonstrates shifts in attitudes following exhibitions that consider, or display work by, people with mental health problems (e.g. Koh & Shrimpton, 1999). Public exhibitions can increase awareness and visibility, simultaneously combating misunderstanding and stigma. This practice example, and countless others like it in New York, demonstrate how an aspirational model can turn difference and disability into things to be celebrated and even marketed.
The THRIVE initiative indicates the depth and breadth of the changes identified in New York. The document outlines a systems-wide transformation in which all are responsible for mental health, from teachers to firefighters to community leaders. For this to be successful, multidisciplinary understandings of complex, contextualised routes to difficulties (and their solutions) are required, and it is here that the arts can play an important further role in public health. Behaviour change may be targeted using artistic interventions, or it may be fostered through community efforts. I learned of a memorable example of this mid-Fellowship at the Bristol Arts, Culture and Wellbeing conference. In Sierra Leone, during the Ebola crisis, the population lost faith in their Government and ignored advice to curb the spread of disease. Overnight, two hip-hop artists penned the hit ‘Ebola’s In Town’, and the outbreak was halted. This is something New York is getting better at: making health messages relevant and appropriately packaged, so that the population listens and relates. New York is achieving this partly through the arts as a tool to infuse positive mental health messages across all sectors and into mainstream culture.

**INSIGHT 2: QUALITY MATTERS**

- Quality arts and clinical leadership and materials are vital
- High quality partnerships with local business and cultural organisations is desirable

When integrating the arts into clinical services, good quality materials, and artistic and clinical leadership are vital. A clear vision and intention is also needed. Firstly, skilfully getting to know participants and their interests is central to producing meaningful work and building skills and confidence. LAND is an example of a stimulating and ethical approach to upholding a person’s individuality where disability compromises their community participation. Moreover, this service delivery ranks the artists’ abilities higher than their disability, allowing them to maximise their quality of life.

Secondly, quality arts can help celebrate diversity and foster ambition. For the people engaged in Fountain House and LAND, the opportunity to exhibit in gallery spaces and museums is highly motivating. Meaningful occupation and purpose within the community are vital ingredients in a person’s true recovery, and to contribute to society is to preserve wellbeing.

Lastly, such services should aspire to boldly enter and partner with the local economy and community. Management of exhibitions and marketing of the work can be achieved by partnering with professional curators and galleries; the overwhelming message is aim high! Mental health services might helpfully ask not just what we might do for service users, but also what they might do for their communities.

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41 Read more: [Bristol’s Health, Culture & Wellbeing Conference 2017: Some Highlights](#)
PRACTICE MODEL (4) – ARTS IN PRISONS

Rikers Island Prison Complex and GOSO (Getting Out Staying Out)

The Literacy for Incarcerated Teens (LIT) programme is the only non-profit organisation of its kind working to end illiteracy among New York’s incarcerated young people. LIT provides us with an example of how skills-based and arts-based services can help mitigate even the starkest inequalities to move people towards reimagining their lives. Among the prison population of the US, half experience mental health problems. Where gender is considered, 73% of incarcerated females have mental health problems. Many describe prisons in America as huge mental health facilities. Prior to my trip to New York, I realised it was unethical to present a story or report on mental health which failed to consider the links to prison populations. Moreover, there exists a large body of work on the role of the arts with prisoners (Meekums, 2011).

Why Is Thinking About Prison a Key to Mental Health?

Many of the families who come into contact with justice services experience problems that are better suited to psychological and mental health services. Sir Peter Fahy, former Chief Constable of GM, described mental health as “the number one issue” for most frontline police officers. Social issues, poverty, substance misuse, executive functioning difficulties (impulsivity and difficulties with organisation), family breakdown, and little hope, all predict and cultivate criminal behaviours. Compounding this, prison sentences disrupt the attachments within a family and lead to problems that cross generations.

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The THRIVE programme includes a shift in focus from punishment to public health, a recognition of the ineffectiveness of punishment on positive social change and preventing re-offending.

**What Happens When LIT Goes into Rikers Island?**

*Rikers Island Prison Complex* is New York’s most famous - or infamous - jail housing 10,000 people. It is named after the island on the East River between Queens and the mainland Bronx, on which it sits. I visited Rikers Island with writer Gigi Blanchard.43 Gigi is part of the LIT team, and has her own program, *The Kite*, which facilitates literacy groups in prisons and is affiliated to publications such as *The Kite Zine* and *The Beat Within*.44

**Rosie’s: Teen Girls on Lockdown**

Gigi is from St. Louis and, having done time as a juvenile herself, identifies strongly with the young people in Rikers. Now, Gigi is a writer, activist, and teacher, and it is hard to convey the extent to which her experiences add potency to her work.

For me, the journey to Rikers was the most harrowing part and one which gave me an insight into the realities facing families whose relatives are held there. The bus rides there are long, disjointed, and due to deteriorating roads, boneshaking. We were taking LIT to Rosie’s Unit, where all the girls are aged just 17. Despite working with children and adolescents myself, I was not prepared for the shock of their youth. We had just one hour with each side of the unit, and it was clear that these girls adore Gigi – and the opportunity for expression she provides.

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43 Read more: [Rikers Island Prison Complex: Literacy for Incarcerated Youth](#)

44 The Kite Zine: [http://www.thekitezine.org](http://www.thekitezine.org); The Beat Within: [http://www.thebeatwithin.org](http://www.thebeatwithin.org)
Black Out Poetry: Helping to Articulate Trauma and Find a Voice

Providing they were willing, the literature and arts activity Gigi chose was accessible to all. Each girl was invited to decorate a page by selecting words and then drawing around them. The ever-common fear of drawing was overcome by sharing examples found on artists’ blogs (above and below). 45

45 Images sourced from Austin Kleon’s blog.
The process of identifying words that resonate provided a means and language for the girls, and officers, to share feelings and experiences that are often difficult to discuss, or even articulate. The activity led an officer to disclose personal information about their interests at home. Subsequently, I saw the girls looking at them with surprise, then at each other, like there was a new person in the room. The activity fostered emotional communication, as provocative words are invariably the ones people chose, with the page offering a safe space. When the officers suggested that making mistakes does not matter - it is what you do afterwards that counts - talk turned to mistakes that occur off the page.

Elsewhere in NYC the impact of engaging with youth in the criminal justice system using the arts is dramatically demonstrated by GOSO: Getting Out Staying Out. GOSO is a highly successful programme to reduce recidivism and secure employment for young men out of prison which includes theatre, spoken word, and music programmes. GOSO has worked with over 3,000 young men over 15 years and their recidivism rates are one-fifth of the city average. The teams are so successful, the City funds 50% of their programme. I wonder how much GOSO saves the City?

**INSIGHT 1: PLAY NOT PRISON**

- Play facilitates pro-social behaviours and learning throughout the lifespan
- Emphasising play is nurturing and sets an example of respecting others

New York and America face a prison crisis. Where America imprisons 724 per 100,000 citizens, Finland has just 52 per 100,000 in prison. At 145 per 100,000, the imprisonment rate of England and Wales is around the average worldwide. In comparing Finland and America, the rate of imprisonment and consideration of an opposite force – play – can help reveal and conceptualise political, social, moral, and psychological aspects of public health directives.

In stark contrast to the US, the impact of play and creativity on social governance and collective behaviour is considered throughout Finnish society. In Finland (and in other nations which achieve top educational and wellbeing outcomes), children do not begin formal schooling until aged seven. Early learning occurs through unstructured play, led by the child’s own interests. Where problems arise in schools, adults explore why a child is having difficulties and respond supportively, in line with formulation-driven interventions. This emphasis on play does not end with childhood. The average annual leave in Finland is around six weeks. For several weeks during the summer everyone is on holiday, and there are ten annual public holidays. Culturally, there are clear demarcations between work and homelife.

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46 Read more: [GOSO? Getting Out and Staying Out: Speaks for Itself](#)
Useful in summarising some of my findings is a model used with families in Psychology Services, known as the Parenting Pyramid (The Arbinger Company, 1998). Where families are in crisis, with entrenched problematic behaviours, the model outlines the most effective and proportionate ways to change behaviour. As leaders, GM Mental Health Partnership must seek to occupy a space somewhat similar to a parenting role.

The lowest level of the pyramid is the largest and represents Play. As we have considered, the realm of imagination, experimentation, and story-telling is crucial to emotional and cognitive learning, providing suitable conditions for children (and adults) to problem-solve and learn pro-social behaviours such as rules and turn-taking. The next most important level or approach is Praise (or encouragement), used to reinforce behaviours, and boost self-esteem and motivation. Next is the clear and consistent outline and use of Boundaries. Limit-setting is vital to a child’s ability to manage behaviour, its absence creates uncertainty and anxiety, leading to conflict. The penultimate level of the pyramid to use less proportionately is Ignore. Ignore is used to avoid reinforcing behaviours, because even negative attention can be rewarding. Lastly is Consequences, or punishment, to be used sparingly for the greatest and most effective results.

The Finns are a transparent, pragmatic and reliable nation, their boundaries are clear, and the population held accountable – in proportional ways. Even their speeding fines are means-tested. This results in a sense of fairness and social conscience, which is reflected in the behaviour of Finland’s citizens. In contrast, the US sends people to jail for months without conviction, leaving the prison system open to accusations of racial discrimination and highly unethical practices. Where Finland has succeeded, they have approached problems by promoting play. Childhood and family are culturally protected. They also place great importance on nature, with the Government recommending 15 minutes of outdoor activity per
day. The next step is to make recommended weekly intakes of the arts, (just like vegetables, sunlight, exercise, and sleep) of two hours per week, following evidence of a dose-response effect (Davies, 2016).

INSIGHT 2: ARTS CAN BOOST THE HUMAN SPIRIT TO RESTORE RESILIENCE

- Following adversity, human resilience tends to return to previous levels
- The arts contain uniting, healing, and civilising forces

On my last day in New York I attended a lecture by Dr Joseph Schuman at The New York Society for Ethical Culture (NYSEC): ‘The Triumph of Human Spirit.’ The arts, said Dr Schuman, put us in touch with our emotions (of all kinds) and with other people, and in these ways, can help us overcome even the most tragic of human experiences. Here, the term ‘human spirit’ refers to the common human response to adversity. Following illness or catastrophe, people typically return to a ‘baseline’ level of wellbeing remarkably quickly, usually within 6 to 12 months. In fact, not only do people usually restore their previous level of subjective wellbeing, evidence of post-adversity growth is also reported. This resilience and ability to ‘bounce back’ depends on factors far wider than symptoms and medical prognoses.

Dr Schuman’s address serves as a crucial reminder that being able to express vulnerability is as important as strength, and fundamental to mental health services. Dr Schuman spoke of how the triumph of human spirit is found in tragedy, not success, and the arts allow us to reflect on this. While life can be good and even bountiful, to always attempt to find the silver lining is naïve. This is an important lesson for mental health services. We can use the arts to prepare people for life’s real tragedies. Why do we seek to avoid and medicalise anxiety, instead of facing it as a normal and unavoidable part of life? It is critical that people are able to express negative emotions as well as positive ones. This is perhaps why, in America, arts for veterans has attracted the most public understanding and support – people can more easily understand that military traumas may need to be processed in ways beyond language alone (see Nanda 2010 for a review). Where is it we find the triumph of human spirit? asked Dr Schuman. It is in persistence, doggedness, and resilience. It was these qualities I encountered when I met the girls at Rikers Island Prison.

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47 Based on evidence from 700 participants in Australia that the impacts of engagement are dose-responsive at this level (Davies, 2016).
ADDITIONAL PRACTICES IN NEW YORK

Robert Galinsky
A youth coach who also works with LIT and Rikers Island. His sold-out show ‘The Bench’ is a call-to-action show about an issue highly relevant to mental health: homelessness.

City Kids Foundation
A theatre company who have been at the forefront of positive youth development for 30 years. Founded by Laurie Meadoff in 1985, tens of thousands of diverse young people have accessed training through innovative programming and projects.
https://www.citykids.com

Carnegie Hall Lullabies Project
The Lullaby Project pairs new mothers with professional artists to write and sing personal lullabies for their babies, supporting maternal health, aiding child development, and strengthening the bond between parent and child.
https://www.carnegiehall.org/Education/Social-Impact/Lullaby-Project

NYC Arts in Healthcare Group
https://www.nycartsinhealthcare.com/

Dr Baptiste Barbot, Psychology Department, Pace University
Research on the development of creativity, identity formation, juvenile delinquency.
https://www.researchgate.net/profile/Baptiste_Barbort

New York Mental Health Film Festival
https://filmfreeway.com/NYCMentalHealthFilmFestival
CHAPTER 3 – CALIFORNIA
Background at Psychology Research Department, Berkeley, California

Berkeley was the final Fellowship destination. The Psychology Department is an award-winning faculty which conducts a wide variety of ground-breaking research. The Director of Clinical Training, Professor Sheri Johnson, and her team (below) focus on bipolar disorders (e.g. Johnson et al. 2012; Johnson et al. 2010) and her research, exploring the positives of bipolar disorder and its links with creativity, has overlapped with some of my own (e.g. Lobban, Taylor & Jones, 2014; Taylor, Fletcher & Lobban, 2015). I first met Sheri at a Spectrum Centre conference in 2009, thus bringing me back to the beginning of my journey.

When I invited Sheri to share her wish for her work, she named the reduction of stigma through better understanding. This is where a lot of my thinking converges with some chief aims for GM. Sheri’s work takes us into the final section of my report, where we will further consider the links between creativity, culture, and wellbeing. In this section are two Research Examples followed by Insights.

RESEARCH EXAMPLE (1): CREATIVITY AND MENTAL HEALTH PROBLEMS SHARE COMMON PSYCHOLOGICAL TRAITS

Creativity is notoriously difficult to define and measure. Debates surround what creativity is, yet some consensus suggests it consists of creative thought and creative output. Researchers attempt to measure creativity in either or both domains. Although research is ongoing,
psychology can tell us that creative people share certain cognitive and temperamental characteristics due to their original ways of thinking. For example, they have ambitious or unusual styles of thinking, tend towards risk-taking, and commonly share personality traits such as openness (Ma, 2009). People high in openness are cognitively flexible and have a tendency to make new connections and ideas. Creativity, then, is a form of problem-solving.

Artists and creative people also tend to score highly on the personality trait of agreeableness. Being highly agreeable means a person tends toward greater empathy, compassion, and altruism – all of which are invaluable, particularly in health services. Artists, creative people such as entrepreneurs and innovators, and people with mental health problems tend to be cognitively quite similar and will naturally work well together.

**Why Is Creativity Research Relevant to The Study of Mental Health?**

The links between creativity and mental health problems have long attracted academic and public interest (see Johnson, 2010 for a review). There are strong cultural links between artists and ‘madness’, and research has identified characteristics common both to highly creative people and people who have received mental health diagnoses. As well as openness and agreeableness, these traits include extraversion, impulsivity, divergent thinking, and high levels of motivation (Ma, 2009). Available research indicates that mental health difficulties are overrepresented among artists and their families (Kyaga et al. 2011; Jamison, 1995).

Let us consider that mental health difficulties commonly arise as a response to stress and trauma. In terms of formulation and understanding mental health problems, people who are seemingly mentally ill can also be said to have developed some creative strategies to deal with their experiences. For example, voice-hearing can be understood as a creative – albeit unorthodox – way of dealing with trauma, and obsessive-compulsive behaviours often develop as a means of regaining control after a distressing event. Through the lens of formulation, mental health difficulties are of course problematic, but they are less like ‘illness’ and more like ‘coping’ than commonly understood.

**INSIGHT 1: CREATIVITY SUPPORTS INNOVATION AND CHANGE**

Firstly, artists push boundaries; they find and deliver meaning. They are great at experimenting and solving problems. Artistic collaboration is therefore key for GM as a means of improving integration and developing innovative solutions to the region’s healthcare challenges. Promoting collective creativity within the Health and Social Care Workforce would help introduce play and flexible thinking, encouraging teams to actively problem solve. Moreover, creative approaches can help ensure ideas are shared with others, where artistic activities

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provide a safe space to test out new ideas. Managers and leaders face a need to understand how to support their staff to think outside the box and engage with diverse ideas, whether they prove successful or not. Developing such a culture and supporting the necessary innovation could be encouraged using artistic initiatives and artist-supported sessions.

**INSIGHT 2: THE ARTS CAN COMBAT THE NOCEBO EFFECT**

It is well-documented that receiving a mental health diagnosis is associated with stigma and shame. Shame adversely affects psychological wellbeing and significantly inhibits help-seeking (Corrigan, 2004). It also produces hopelessness. Hopelessness and low self-esteem are the most accurate predictors of poor outcomes, including suicide, and this applies trans-diagnostically (Barrowclough, 2003). As such, they should be primary targets of mental health support. Despite a high proportion of people who recover completely, current systems continue to attach unnecessarily negative diagnoses to people when their symptoms first emerge, negatively affecting self-perception and their ability to envisage recovery.

Consider the placebo effect (Požgain, Požgain & Degmečić, 2007): thinking that something is good for you means it is good for you. The effect applies to everybody and is effective even if we know it is a placebo. But equally relevant to recovery-focused services is an opposite, lesser known phenomenon: the nocebo effect (Benedetti, 2007). This effect describes how believing something is bad for you makes it so, due to the impact of negative expectations. This phenomenon, like the self-fulfilling prophecy, is powerfully influential on behaviour and health outcomes. It is something we would do well to avoid.

One way to combat the nocebo effect would be to highlight artists who have themselves experienced mental health difficulties. Because disempowerment and loss of identity following diagnosis is well-recognised (Rose & Thornicroft, 2010), involving these artists in care pathways may help prevent people over-identifying with their diagnosis. In fact, researchers have identified that some people feel that being associated with cultural figures who have experienced mental health difficulties, can negate the effects of shame and self-stigma (Anzules, et al., 2007). The links between ‘madness’ and the arts therefore carry the potential to improve the perception of people with mental health difficulties.

The canon of artists, authors, and musicians, who have experienced mental health difficulties, represent an inspiring and normalising population with which to identify. Overly medical models of mental health are outdated, excessively negative, and in direct conflict with recovery models (e.g. Deegan, 1997; Slade, Adams, & O'Hagan, 2012).

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49 After the first-episode of psychosis, for example, we know that a third recover completely, a third experience some further issues but regain previous levels of functioning, while only a third will develop chronic and significant problems.
RESEARCH EXAMPLE (2):
THE SCIENCE OF AWE AND EMPATHY

Research on different groups, including school children, has shown that one way to increase levels of empathy is to engage people in the arts (Kalliopuska, 1990). People who read literary novels display increased levels of empathy and theory of mind, being more able to imagine another’s perspective (Kidd, 2013). The impact of arts-led education has also been extensively studied in relation to medical students (see Batt-Rawden, 2013, for a review) and researchers find that the arts increase their empathy and ability to relate to a whole person and not just the disease (Shapiro, 2006). Human civilisation is largely founded on stories and cultural expression. The arts are uniquely human and contain all sorts of truths science cannot hope to model or measure. To create resilient communities, their hearts should be pumped with arts-based understanding. This is particularly true in culturally diverse regions like GM, where differing cultures and perspectives must be respected.

In 2015, researchers at Berkeley completed an unprecedented three-year research project on the science of awe. The project’s findings suggest that awe has profound psychological, social, and physical health benefits. Researchers have linked increases in empathy, compassion, inspiration, and prosocial behaviours (such as honesty and acts of kindness) to situations which induced awe.

Awe is thus an emotion of which public health officials should take note. With respect to the urban environments common in GM, the arts and culture offer one way to induce awe in the absence of freely and easily accessible natural environments.

INSIGHT 1: THE ARTS CAN IMPROVE UNDERSTANDING OF MENTAL HEALTH

The arts-as-education is an old and effective concept (Dewey, 1934). The arts have been widely used in health education in the UK and internationally. Evidence from around the world has shown that art exhibitions on a given theme (such as mental health or dementia) promote better understanding and empathy, improve attitudes, and decrease stigma (e.g. Quinn et al., 2010). A new Master’s course at the Queen Mary University of London (MSc Creative Arts and Mental Health) critically explores the ways in which mental health experiences are represented in the arts and popular culture, and their potential to advance understanding of the nuances of people’s experiences. Mental health is best understood in a person-centred, narrative way, and

50 Where a person senses something great, much greater than themselves, which allows a transcendental experience beyond their own personhood.
best addressed using collaborative formulations to reach agreed care plans. Clinical services may usefully draw on creative resources to aid assessment, formulation, and intervention.

In my research exploring creativity among people diagnosed with bipolar disorder, people reported that creativity was a valued feature of their moods, but that this view was discouraged in clinical services because of entrenched beliefs that any positive aspect of a condition must be extraneous to it. I certainly encountered this in the US, where stigma is much more prevalent. To counter this, the ‘rebadging’ of mental health posited in the GM Health Care Plan could be aided by paying attention to some of the benefits associated with mental health diagnoses (see Galvez-Florez, Thommi, & Ghaemi, 2010, and Taylor, Fletcher & Lobban, 2015).

**INSIGHT 2: IMPROVE SERVICES USING THE ARTS**

Research is clear that the arts can reduce stress, anxiety, depression, and help resolve trauma (e.g. Bell and Robins, 2007). In general, artistic expression provides a more positive and proactive outlet for difficult emotions which can reduce problem behaviours and the need for medication. The arts can make people feel good and the power of this should not be underestimated. Improving engagement and adherence are additional compelling arguments.

I have found that the common response to the role of art – making and viewing – on wellbeing tends to be that the arts are relaxing, engaging, and soothing (e.g. Makin & Gask, 2012). The literature indicates multiple further benefits for people with mental health problems (Leckey, 2011; Van Lith 2014 for reviews). As we have seen, the arts can build skill acquisition and self-esteem, improve quality of life (Hacking et al., 2006), prevent re-admission to psychiatric hospitals (White, 2004), and offer occupation and achievement for people using inpatient services (Stickley & Hui, 2012). A big problem on inpatient mental health units – namely, boredom – could be improved via the arts, as could the high levels of smoking in these contexts.

The arts can both alleviate negative symptoms and increase positive characteristics, and are beneficial in both preventative and curative capacities throughout the lifespan. Significant is their unique capacity to draw on multiple senses and areas of interest; they are accessible and malleable tools (Stuckey & Nobel, 2010). The arts can lift our mood, highlight our strengths, connect, enable, and inspire us, subsequently promoting health and healing. Their applications are vast, assorted, and nuanced. They can be tailored to individual preferences, allowing for different abilities and aspirations. Ultimately, they provide idiosyncratic routes toward self-realisation and healing processes.
CONCLUSION

My Fellowship findings are applied to Greater Manchester’s Mental Health Plan following Devolution, which involves increased collaborations between services, and with wider networks including the third sector. The resulting Partnership requires “bold and radical” changes to swiftly address some of the worst health outcomes in the country. Councils propose that “People and Place” will drive the changes alongside a “new deal” with the public. Chief targets include prevention, early intervention, community resources, healthy behaviours, and encouraging greater independence among GM’s residents.

It was impossible to attend to all 40 Fellowship destinations. This report presented choice examples from Finland, where policy and practice have led to a surge in arts-based interventions, and New York, where services exemplified the dynamism needed to serve diverse urban environments. New York also provided a telling contrast in terms of values and politics that can illuminate how not to manage mental health in public health strategies. Psychology and research implications were considered in a final stop at Berkeley, California.

In Finland, my tour was managed directly by Government Arts Development Officers and I visited the most effective examples to follow from their Key Project. At Jyväskylä’s Baby Dance Hour, I witnessed how new mothers supported the care of elders while bonding with their babies and saw how staff benefited from these tranquil sessions. At Lapinlahti, I sensed the rousing effects of inclusive, hopeful, and peer-led mental health community services and understood how arts activities can boost resilience and self-esteem. Aspects of the context and environment are considered here as ways to actively reduce shame. Finland recognises the intrinsic value of culture and has developed policies that foster wellbeing, such as community cohesion, immersion in nature, and play. This has wider implications for societal management and wellbeing. Because play and experimentation are natural facets of artistic endeavour, yet are seen as ungovernable, including these as prime policy initiatives foregrounds the novel ways Finland has sought to improve mental health. They are also crucial elements in facilitating problem solving, making Finland’s approach beneficial for its society’s future.

New York City’s urban environment and diverse population enabled me to consider how lessons from Finland might be adapted to address the needs of GM. The THRIVE NYC document collates public health thinking about improving mental health and highlights the need for cross-sector, city-wide education and training. The public studio and galleries at LAND and Fountain House were selected for their clear vision and aspirational approach to inner-city day care. These recovery-focused models effectively steer service users towards occupation and skill development – equipping individuals for success in the city – while simultaneously influencing public perceptions of people with mental health and learning.
disabilities. At GOSO and LIT, the use of arts-based interventions with people imprisoned, or at risk of contact with the criminal justice system, revealed how creative approaches can help redirect people away from crime toward better connections with their communities.

Chapter 3 from Berkeley explored the psychology of creativity and its implications. This helped us further understand why artists and creative types should be fundamental to efforts to innovate and suggested new roles for artists in healthcare. The links between creativity and mental health could be valuable tools for mental health services and their presence could promote more positive messages and combat stigma. Furthermore, there are clear roles for the arts in improving understanding and mental health service delivery.

As a clinician, I would like to bring back my findings to the Care Quality Commission (CQC) Standards that govern clinical practice and commissioning in the UK. Care Quality Inspectors ask the five key questions: is the service safe, effective, caring, responsive and well-led? My research has made clearer the ways in which each of these can be supported by embedding the arts into mental health care provision.

Firstly, one finding that robustly supports the use of the arts, is their range of associated approaches and thus the potential to improve patient choice and engagement. They comprise an almost unlimited selection of versatile tools, with multiple access points, and the space to explore individual preferences, stories, and skills. A key lesson for GM is to broaden the available repertoire of strategies and programmes that help connect, engage, and collaborate with the region. (CQC Standards: Responsiveness, Well-led).

A second robust feature of arts-based strategies concerns their methods of action. Importantly for healing processes, the arts can engage multiple senses at once. Unlike medications, the effects of cultural engagement target an underlying sense of well-being. In bypassing the need for specificity, they enable the mind and body to tolerate and respond to stress, inequality, and adversity. What do we target when choosing to prescribe medicines for mental health? Is it helpful to target negative symptoms if we fail to emphasise the development of resilience and other facets of good mental health? (CQC Standards: Responsiveness, Effectiveness).

Thirdly, is the need to cultivate purpose and mastery as key predictors of mental health. Practising any art improves concentration and skill. How can people achieve mastery, or even a sense of agency, through relinquishing their own care to a pill? Participatory arts lead to shared goals and a sense of achievement which, in turn, leads to agency, purpose, and meaning\(^51\). Furthermore, the arts contain and convey emotion. This capacity for potent affect

\(^51\) Frome in Somerset is a powerful example of the role of community in advancing the wellbeing of a population. Similarly, residents from Liverpool’s poverty-stricken and multi-ethnic area of Toxteth offer another recent example of the drastic changes that can be propelled by community groups if they are granted access to resources, following their application to become a Community Land Trust (CLT).
increases empathy, and strengthens emotional links between families, preserving their ability to care for another. (CQC Standards: Caring, Well-led).

Fourthly, the evidence supporting arts interventions indicates that they have profound psychological effects across individual, community, and societal levels. However, because the arts sector is not financially or politically equipped to seriously rival medical research, it is vulnerable to claims that the evidence base is weak or even “anecdotal”. This, as we have seen, is false. The problem, then, is that the knowledge is spread across numerous areas of study, creating an interconnected web that must be considered as a linked and nuanced whole to be used effectively. If we fail to apply the necessary critical thinking and synthesis to this complex array of evidence, we risk depriving ourselves of the arts’ proven benefits. (CQC Standard: Effectiveness).

Lastly, psychiatric medications can be harmful and often go against patient preference. While medications show clinical effectiveness for around a third of patients, long-term use is risky, and entails damaging ‘side-effects’. Their toxicity is unquestionable: antipsychotics are strongly linked to obesity, heart disease, and premature death. Unsurprisingly, in no studies of the arts have they been found toxic or harmful. The cost of the two options are comparable; but the medication route incurs long-lasting expenditure for deleterious consequences. The arts are not just enjoyable, they are soothing, relaxing, engaging, interesting, expressive, and unifying. Marmot summed it up perfectly: the mind is a gateway. In the words of a campaign from TAIKE, creativity is “superfood for the mind”. (CQC Standard: Safe).
RECOMMENDATIONS

My recommendations are presented under the five Key Messages of Greater Manchester’s Mental Health Plan, in red.

1. **We will better connect public services, communities and individuals** to improve mental wellbeing and life chances.

   Catalyse active citizenship by promoting empathy and awe using the arts

   Acknowledge that creativity is problem-solving and explicitly use it to aid integration

   Develop peer-led models and prioritise user expertise

   Support staff wellbeing

   Close gaps: seek to address diversity and inclusivity through the arts

   Provide free (and subsidised) spaces for artist practitioners

2. **We will secure key gains in access to a good range of mental health services.**

   Achieve that range with the already vast range within the arts

   Develop culturally sensitive interventions using the arts

   Minimise the medicalisation of distress wherever possible

   Incorporate the arts and artists into mental health understanding

   Make Arts on Prescription increasingly available

   Collaborate with The Live Well: Make Art (part of Great Places) and their Finishing Taskforce which aims to begin commissioning in 2018

3. **We will eliminate the current fragmentation of services and improve the experience of service users through the system.**

   Improve patient experience via bespoke creative approaches

   Collaborate with existing arts organisations and scale up good practice
Collaborate with business to provide materials for arts-based practices in public services

Consider approaching philanthropic individuals or enterprises to contribute materials for the delivery of creative approaches

Ensure those responsible for NHS New Models of Care and Sustainability and Transformation Partnerships collaborate with arts and cultural organisations

4. We will use our Partnership to agree the standards which underpin the quality of care provision and have agreed, measurable and defined outcomes.

Develop roles for individuals to take responsibility for increasing the recognition and use of the arts in healthcare services

Lead on demonstrating the role of arts and culture in Community Based Approaches

Recommend a minimum weekly cultural engagement

Increase everyday understanding around the impact of the arts

Employ Artists in Residence to embed creative values into care settings

Develop criteria about what good practice looks like

Encourage researchers to join the international network of arts health researchers https://www.artshealthecrn.com

Give arts organisations support to conduct high quality research; match to research departments

Without losing sight of vital subjective reports, identify some clear outcomes such as medication use, GP appointments, and sickness absences among workforces

Use available toolkits e.g. the Cultural First Aid Kit developed by the Whitworth Art Gallery

Invest in high quality training across sectors

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Gain crucial support from medical and clinical services

5. We will seek to **improve public attitudes** and behaviour towards people with mental health problems and reduce the amount of **stigma and discrimination** that people with mental health problems report in their personal relationships, their social lives, at work and also in their treatment within the services.

Tackle stigma and promote more positive messages using the links between arts and mental health

Make spaces to which people actually want to come

Seek to address boredom, stress, and smoking in inpatient settings by offering activating and absorbing arts sessions

Ensure the process of creative engagement is emphasised as much as the outcome

Increase patient safety by offering mental health arts interventions instead of medication

Commission arts-based services and increase the availability of Arts on Prescription

Identify a forerunner for cultural shift; it could be music for dementia

From the Culture and Social Impact Fund seek collaborations with the Nefele project, a European festival for mental life enhancement\(^53\)

\(^53\) [www.nefeleproject.eu](http://www.nefeleproject.eu)
APPENDIX 1 - DISSEMINATION

Dissemination already taken place:

August 2017: Dementia and Imagination: Making Connections Through Contemporary Art, open evening and exhibition (one-month at Dukes Theatre Lancaster). Presented some findings and clinical materials, including a Q&A on the role of the arts in fostering mental health for older adults and people with dementia. 60 people including local councillors and researchers attended.

October 2017: mid-Fellowship I presented in Brussels to the EU Specialist Group on Social Inclusion. There we discussed the role of the arts and culture in fostering social inclusion.

June 2018: Great Places, at a Live Well: Make Art event in Manchester, presentation of findings at the first meeting following the successful bid for £5m funding.

June 2018: NHS Greater Manchester Clinical Commissioning Group for Mental Health and plan to attend future network meetings.

Dissemination to Take Place:

My collaboration with Taikusydan (Heart of Arts) Research Centre in Turku, Finland, will continue and be written into a paper for the journal Arts and Health: Theory, Research and Practice in summer 2018.

I will make this Fellowship report available to all local authorities currently commissioning mental health services in England.

The All Party Parliamentary Group for Arts, Health and Wellbeing

The National Alliance for Culture Health and Wellbeing

The Manchester Institute for Arts, Health and Social Change

Arts for Health blog via Clive Parkinson, Director of Arts for Health at MMU

My blog which I have continued throughout the Fellowship arthouwell.com and my Twitter account

As a current employee of Lancashire Care NHS Foundation Trust, I have been invited to share this with the Wellbeing team of the LCFT.
Conversations have happened with tutors on a new Masters course at the Queen Mary University of London (MSc Creative Arts and Mental Health) and there is potential to teach on this course.

In June 2018 I will present this work to the Lancashire Rotary Club members (of which Churchill was a member).

Sharing via the International Arts Health Early Career Researchers Network
1000 members worldwide; my role is North West Link – events planned

**CNWL Arts** – Dominic Havsteen-Franklin and team

Lancaster University – Psychology Dept.

**Spectrum Centre for Mental Health Research** – Professors Steven Jones and Fiona Lobban (ex-colleagues)

**Manchester University** – Psychology Dept.
APPENDIX 2 – ADDITIONAL INFORMATION

Itinerary

FINLAND

Why Finland Features in the Fellowship: Day 1 from Helsinki
Ministry of Education and Culture, Helsinki
Dance Centre of Central Finland, Jyväskylä | Dementia and Dancing Babies
Clubhouse International, Jyväskylä | Culture Club: “Diagnosis Free Zone” in Jyväskyla
TAIKE, Jyväskylä | Modelling Social Change: Arts Promotion Centre, Finland
The Finnish Association for Mental Health MIELI, Helsinki | Nimble Finland: Slot Machine Fund Supports Mental Health
Taikusydän, ‘Heart of Arts’, Turku
Korjaamo Culture Factory, Helsinki, Women Working in Cultural Sectors
Kaapeli Culture Factory, Helsinki
Lapinlahde Wellness Centre, Helsinki
Pipoo, Tampere
OmaPolku, Tampere
Presentation and open meeting at Tampere Public Library
You Don’t Have Hospital Clowns? You Can’t Be Serious!
Faculty of Art and Design, University of Lapland, Rovaniemi
Music & Health: Lapland’s ‘City Band’ Salaried by Local Government
Jaap Kleevering, Artists in Residence in care homes, Kittila
Ministry of Health and Education, Helsinki

BRUSSELS

Presentation to EU Social Inclusion Group | The Arts Can Foster Healthy Nations: EU Social Inclusion Meeting in Brussels

NEW YORK

Ysanne Spevack, artist
Eric Anthamattan, philosopher & lecturer
Fountain House & Fountain House Gallery | Churchill Was a Painter Too: Mental Health and the Arts in New York City
Professor Kimberley Hoagwood, NYU | Creating Healthy Communities: New York
University Langone Health’s Department of Child and Adolescent Psychiatry
Carter Burden Network
Arts for Health MMU (in NYC on sabbatical)
LAND studio and gallery (League Education and Treatment Centre), DUMBO| The Future Has LANDED: Locating the Artist Before the Outsider
Dr Andrew Rosetti, Mount Sinai Beth Israel Hospital; President of the NYC Arts in Healthcare Group
Alex Mandl, Head of Operations, Home-based Living
New York Society for Ethical Culture
Taking Parties into Prisons at New York’s Society for Ethical Culture: TeleVisiting for Incarcerated Parents
Carnegie Hall Lullabies Project
Rikers Island: Literacy for Incarcerated Teens with Gigi Blanchard
Dr Baptiste Barbot, Psychology Department, Pace University
GOSO: Getting Out Staying Out, Harlem
The Whitney Museum, Chelsea

SAN FRANCISCO

Professor Sheri Johnson and team, Berkeley, University of California Psychology Department

Images

Cover image: Public art at Kaapeli Cable Factory, Helsinki.

Chapter 2 Cover Image: installation at Lapinlahti Lähde by Ia Ensterä "Minä en veljeksiä koskaan hylkää" - ‘I will never abandon the brothers’

Following images: the well-wishes collection; full album available on blog.


NYC THRIVE: A Roadmap to Mental Health for All, Mayor’s Office.

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White, M. (2009), Arts Developments in Community Health: A Social Tonic


**Resources**

Arts for Health MMU
Creative & Credible

What Works for Wellbeing Centre: https://whatworkswellbeing.org/

Arts Health ECRN: www.artshealthECRN.org

CNWL Arts in Health: https://www.cnwl.nhs.uk/cnwl-arts-health/

LAHF Arts & Health

Created Out of Mind, Welcome Trust Residency

The Adamson Collection, Wellcome Trust

Arts for Health archive, Wellcome Library


NYC Cultural Programme

NYC THRIVE: A Roadmap to Mental Health for All