Arts & Mental Health: 
Enhancing mental healthcare environments

The qualitative study investigates the subjective impact of arts on patients and staff in mental healthcare settings and identifies some limitations and challenges in its use.

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This paper reports on qualitative research on the impact of visual arts in a UK mental healthcare setting. Arts were found to support healing environments through modernisation: enhancing valued features and diminishing negative aspects. Most importantly, the arts created opportunities for service users and staff to assert control and affirm non-stigmatised identities.

Arts invoke complex issues of control, identity and stake, and a key challenge for hospital arts projects is balancing ‘prestige’ with ‘authenticity.’ While consensus may be difficult to achieve, the study points towards the high value stakeholders place on arts in these settings.

Background
There is a growing recognition of the value and contribution of arts to enhancing healthcare environments. Research has identified many impacts of arts within healthcare environments. Systematic reviews have identified therapeutic outcomes from clinical trials of arts in mental healthcare. Arts projects also seek to enhance wellbeing, contributing to quality of life and satisfaction with care. But research is needed in order to understand the subjective impacts of arts in healthcare settings. Further, there is a need to understand process issues, such as user involvement and the working practices of staff that can help or hinder projects.

Research frameworks for examining social and subjective impacts of arts are less well developed than those for evaluating clinical evidence. Rigorous qualitative research can provide rich descriptions of experiences and perspectives and can help to develop concepts and frameworks that assist understanding of the arts in diverse healthcare contexts. This paper reports on a qualitative study of a three-year arts project that sought to enhance patient and staff experiences of mental healthcare environments.

Research has sought to identify the characteristics of healing arts, drawing attention to the importance of nature, as well as design features such as a view from a window. Beyond this, responses to artworks may be diverse. While arts projects are generally liked by patients and staff, reactions to particular pieces can be complex and unpredictable, with some early evidence that responses in mental healthcare may be more polarised than in other settings. To what extent do factors external to the artwork mediate its effects on patients and staff in particular contexts? Is it possible to explain responses to artworks with reference to the intrinsic characteristics of artworks themselves?

Sociologists suggest that responses to artworks such as music are to some extent contingent, influenced by context and experience as well as issues power and stake. This partly explains why consensus about what kinds of artworks should be included in healthcare settings is difficult to achieve and that such efforts need to be underpinned by situated understandings of the roles and perceptions of actors and stakeholders in these settings.

One issue that can mediate responses is control, with lack of patient control identified as an enduring feature of healthcare environments. Involving service users and staff in the development of projects is recognised as good practice. A second issue is that of identity. In this context, identity is not perceived as a fixed, predetermined category but something that is relatively fluid.
Mental Health programme is described as “…the largest and most systematic quality improvement effort anywhere in the world... This has brought great benefits to patients as redesigned services and new ways of working have led to better quality, quicker access and improved outcomes.”

The documents suggest that the arts project was designed to fulfil this agenda, improving healthcare environments to maximise positive outcomes and reduce the negative impacts and costs associated with poor design.

A second discourse is that of ‘participation’, described as “…empowering both individuals and communities so that they can play a greater role in shaping health and social care services.”

Patient and public involvement has been a policy thrust in the UK since the 1990s. The Moving On project was designed to involve service users at a number of levels.

These discourses shaped the project, sometimes creating vision and at other times...
introducing difficulties. For example, notions of ‘modernisation’ and ‘participation’ were sometimes in tension; this played itself out as a conflict between ‘prestige’ and ‘authenticity’. One group of stakeholders – those favouring ‘service user art’ – voiced frustration at what was seen as a privileging of ‘professional art’ by modernisation discourse with its emphasis on longevity, quality, status, investment and value for money. Tensions arose around specific decisions – for example, the selection of artists. These tensions affected the artists who were challenged to produce high-quality ‘prestigious’ artworks, at the same time as engaging service users in the artistic process.

Interviews and focus groups
The main themes emerging from the analysis of the interview and focus group data are presented here. The data are discussed in relation to three headings: benefits of arts, limits of arts and service user participation.

The benefits of arts
The analysis identified four levels at which arts were seen as contributing positively to the environment, creating benefits for service users and staff. The first of these was supporting modern, well-designed environments. The arts project was designed to support a recent move from old, deteriorating buildings to new modern facilities. The artworks were perceived as adding brightness, ambience, space and identity, and creating an ‘up to date’ feel: “Yea, its lovely. I mean it’s quite unusual. I think all the sculptures and artwork around the place are unusual but it just gives a feel of being a bit more modern and a bit more up to date… I quite like it.” (Stakeholder 05)

The new environments were seen by some service users as offering more privacy than the old ones:

R: Well I think it’s fantastic … there just comes a time when you’ve got to chill out. And if you can’t chill out in your room and you’ve got to be on the ward all day, it’s very, very discomforting at times.
I: So you’ve got more access to your bedroom here?
R: Yea, and I think that’s an important part. (Service user 21)

Another concern was maintenance. While some staff voiced concern about particular commissions that were not working properly a few months after installation, in general, this aspect of the project was viewed as successful:

R: tree of light (………….) moving wildly with the very strong winds that we’ve just had and it took on another dimension.
I: Really? I haven’t seen it moving, when I’ve seen it.
R: It’s wild, you know. It really moves wonderfully and it’s obviously very robust. (Stakeholder 01)

In summary, the notion of ‘fitness for purpose’ can be used to encapsulate these responses to the physical environment: “I think it’s very fit for the purpose. I think it’s a fairly attractive … I hope… it’s shaking down… and it’s settling down and being of benefit to everybody.” (Service user 13)

Arts also seemed to contribute to subjective assessment of the environment by enhancing its valued features. One such feature is nature. Many service users placed a high value on nature, reminiscing about encounters with animals and wildlife that took place in the old environments:

I: And what do you think of the actual buildings?
R: Yes. I: The woods.
R: The woods. There’s woods sort of all the way round isn’t there? And what is it about the woods that appeals to you?
R: Squirrels and…
I: Oh really?
R: Yes.
I: So you get to see the squirrels?
R: Yeah, they run all over.
I: Wow, are there any other animals that you see?
R: Deer. (Service user 07)

Some of these garden and outdoor areas had been lost in the transition to new facilities, where the gardens were more enclosed. Careful landscaping was identified as mitigating this loss of nature. Successful artworks, sometimes made with materials that evoked the old environments, also worked to create a sense of ‘nature’ in the new environments.

Left and right: Oval ceramic wall piece in Adult Acute Unit at Callington Road Hospital (photos: Paul Highnam)
“Oh with seating as well….it looks like, well, all natural wood or whatever but I think that’s……it looks great, kind of handmade, hand done, a bit more effort put into it rather than a sort of real institution look. It’s a bit more sort of home-grown as it were.”
(Stakeholder 06)

The arts also seemed to minimise negative aspects of the environment such as institutionalisation and stigma. Institutional internal environments were described as ‘dull’, ‘boring’, ‘uninspiring’ and ‘prison-like’. Institutional environments were seen as those that seemed to facilitate staff work and clinical practices rather than support patients. There was a general sense that the artworks contributed a reduced sense of institutionalisation in the new environments.

“So I think they will look beautiful, actually, and I think they will take that sort of stark, slightly clinical building edge off completely, really.” (Service user 13)

Some staff spoke passionately about the power that art has to change the atmosphere of a space:
“I think its nice if you go into any place and … there is a picture or there are pictures arranged on the wall, it immediately brings life, it brings colour, it brings perspective, it brings depth, it brings something to look at and dream and imagine around. They can evoke feelings, emotions. It can evoke memories, which is why sometimes images are important. You don’t want unhappy memories; it can bring pleasure and to thinking that much art, much, much art is very beautiful and beauty in itself can bring pleasure.” (Staff member 10)

One of the aims of Moving On was to reduce the stigma associated with mental health and mental healthcare environments. The following comment by a stakeholder shows how the artworks were perceived as helping to challenge stigma: “It creates a very, very different atmosphere. You go to secure services and your first impression is this amazing depth of blue glazing; your first impression is not a big fence and that it’s a secure unit. Or you go to say xxx and your first impression is the blue-sky fence. It’s very different and it challenges what you think about mental health; it’s good.”
(Stakeholder 05)

Finally, the arts were seen as enhancing the environment by providing opportunities for service users and staff. While the new environments offered less access to open outdoor spaces than the old settings, their design did successfully create opportunities for relaxation, peace and tranquility:
R: I suppose it’s sort of… gives you more of a wellbeing… that’s basically it really.
I: How would you say that piece… that sculpture there… has an effect on your wellbeing?
R: It’s tranquil… peaceful… apart from the traffic.
(Service user 11)

Successful artworks also provided interest and stimulation in otherwise dull indoor environments dominated by TV. As well as relaxation, many of the artworks encouraged reflection and interest. Some service users related strongly to particular pieces:
I: Right. Sounds like this one’s had the most impact on you?
R: Yes, because I could relate to it. Really Relate to it.
I: That’s interesting. What do you mean, how can you relate to it?
R: I thought if I had the opportunity, if I was to do anything like that, it would have been something abstract, along those lines.
(Service user 02)

For these respondents, the artworks seemed to provide a resource for the articulation of personal identity. Hence they seemed to enjoy speaking about the arts – not as ‘patients’, but as ‘critics’, ‘experts’ and ‘artists’.

Limits of art
Some limits of art also emerged from the data. The research identified several levels at which the role of art may be limited or constrained. Artworks could not in themselves easily address structural challenges or mitigate background noise. Some participants reacted negatively to particular pieces. However, there was no overall consensus about suitable or unsuitable characteristics of artworks. For some staff, the introduction of the artworks may have reduced their sense of control over the environment. They seemed to reassert control by adding what were described as ‘homely’ touches.

The issue of control also emerged in
service users’ accounts. A small group of service users who rallied behind the notion of ‘service user art’ were critical of some of the professional commissions. Control issues also mediated everyday access to the opportunities afforded by the artworks, since this was contingent upon day to day management practices that shaped behaviour in the new environments.

It was difficult to attribute these limitations to the specific characteristics of the artworks; rather, they seemed to be a function of environment and the behaviour of stakeholders.

**Service user participation**

Participation ranged on a continuum from service users’ engagement in arts processes through to their involvement at the strategic level of decision making. Participation in arts processes was almost universally rewarding, even for those service users who were critical of some aspects of the project. Service users enjoyed many aspects of this, such as having the opportunity to work with professional artists, collaborating successfully with others and having a visible influence on the shaping of the aesthetic environment. The artists were skilled in this area and many service users felt that their own contributions had really made a difference:

R: Well, she said: “These are the designs I thought of.” So she put them on the table and she said: “Just help yourselves and I’ll give you pens and you can draw round them or about them, or cross them out and do your own design.”

I: So you could amend them?
R: Yes, that’s right. And that was really good. She said, “so this is of common consent... yes... We’re working in these parameters,” which was really wonderful, you know, because instead of you doing your own thing she really integrated everything.

(Service user 22)

Engagement at the strategic level of decision-making engendered mixed responses from service users. One challenge was the relatively formal, professionalised culture of meetings and discussions:

“... her exact words were, ‘we need a service user that’s brave enough to speak up at these meetings’, and they are very official and they can be intimidating, and there were quite a few times I felt intimidated with the directors, you know, and even though I appreciate architecture, I can’t understand the technical conversations about what went on.” (Service user 05)

The tension between ‘prestige’ and ‘authenticity’ identified in the documentary analysis also emerged strongly in the accounts. Some service users described themselves as being continually ‘overruled’ by staff in decision-making processes. In focus group discussions, issues of artistic identity emerged even more strongly, reinforced by peer support.

Ultimately, this tension between ‘prestige’ and ‘authenticity’ influenced subjective responses to the artworks: “… patients’ art work was missing… I just feel that the quality of the people that come and use the service was missing from those areas. So I guess for people who don’t have, or don’t feel they have, a connection to art, perhaps it feels a bit alienating that there are big, expensive things here that were commissioned or happened as part of the new build and they don’t feel that they have been part of that process, whereas with service users’ work,
forces including aesthetics, control, identities are influenced by a complex interplay of that responses to artworks in these settings healthcare. Hence, the research suggests healthcare settings, particularly in mental memories. That might evoke negative associations and the avoidance of specific references shape to create non-institutional imagery; nature and locality; the use of colour, light and characteristics of successful artworks in and questioning whether particular challenges of management and maintenance.

The research has identified some important limitations and challenges for the implementation of the arts in healthcare. Hence, the introduction of artworks is not sufficient to overcome some functional issues and visual arts cannot easily compensate for qualities of the aural environment that service users and staff find difficult.

Further; day-to-day management practices can mean that the potential benefits of arts are not always realised. Finally, the introduction of artworks can also be seen as problematic by some staff who may not welcome being faced with additional challenges of management and maintenance.

The research sheds light on some key questions, exploring diverse responses and questioning whether particular characteristics of successful artworks in healthcare settings can be identified.

The study finds support for specific aesthetic qualities, including; references to nature and locality; the use of colour, light and shape to create non-institutional imagery; and the avoidance of specific references that might evoke negative associations and memories.

Beyond this, the study also highlights the contingency of responses to artworks in healthcare settings, particularly in mental healthcare. Hence, the research suggests that responses to artworks in these settings are influenced by a complex interplay of forces including aesthetics, control, identities and power relationships.

The issue of control seems particularly important. Service users and staff who experienced a sense of control during the project’s implementation were generally supportive of the artworks, regardless of their characteristics, sometimes accepting some quite ‘abstract’ pieces.

A sense of diminished control seemed to influence criticisms – not just of the individual artworks but also of the arts strategy itself. Service users had fewer opportunities than staff to assert day-to-day control, their access to the artworks and the environments being controlled by staff through operational and management practices and clinical priorities.

These micro-level tensions and experiences of control were to some extent supported by macro-level tensions. Hence, discourses such as ‘modernisation’ and ‘participation,’ while sometimes at odds, pitching quality, prestige, longevity against processes and experiences of consultation and empowerment.

A related issue is that of identity. Participation in arts processes (and research) seemed to give service users access to a range of identities beyond that of ‘patient’, including ‘critic’, ‘artist’ and ‘expert’. In focus groups, service users supported each other; not just to express opinions but also to show their own artwork to the group. It was when these diverse identities were invoked that service users spoke most passionately about the arts, revealing the strong sense of stake that participants can invest in art.

While this study is of a specific case, the setting has similarities with other mental health settings, and the methods included analysis of relatively large samples selected to reflect a cross-section of participants. Hence, the issues raised here may well be applicable to similar projects elsewhere. The study suggests that arts projects need to address both aesthetic and political concerns if they are to be successful. As well as the quality of artworks, experiences of control and the impact of participation on the roles and identities of staff and service users are key elements to consider in the planning of arts interventions.

Tensions between ‘prestige’ and ‘authenticity’ may be embedded in the broader context and therefore difficult to eliminate at the local level. Hence, consensus about arts in mental healthcare may be difficult to achieve.

However, the study demonstrates the wide-ranging benefits of arts, suggesting that policy makers and practitioners may need to be prepared to accept and accommodate diverse views in order to realise these benefits for the majority of service users and staff. At the same time, arts initiatives need to include genuine opportunities for participation if they are to be successful in enhancing mental healthcare environments.

Silk artwork with beading and embroidery made by service users and staff at workshops led by textile artist June Heap, in the new day centre of the Older Adult Unit at Callington Road Hospital (photo: Paul Highnam)
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References

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Tree of Light by Kate Munro, Fromeside Clinic Medium Secure Mental Health Unit (photo: Nigel Noyes)

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