

# CREATIVE RECOVERY: ART FOR MENTAL HEALTH'S SAKE

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## **Summary:**

**Objective:** This paper describes the background to, implementation of and evaluation challenges associated with an innovative, arts-based, wellbeing and mental health recovery project in a remote Indigenous setting.

**Results:** Creative Recovery is a community-based arts initiative for Indigenous people with mental health problems. It has been rolled out as a pilot project in a remote Cape York community and is aimed at promoting wellbeing and recovery. The theoretical basis for the initiative is modelled on ideas of the role that social capital plays in improving mental health. This involves both the beneficial impact community participation and the social cohesion it creates can have, not only on an individual's mental health, but also on the social and emotional wellbeing of the communities they are part.

Such initiatives have already been adopted as an integral part of mental health promotion in countries such as the UK, and in other Australian states such as Victoria and Western Australia. The following paper will locate Creative Recovery in the current field of mental health promotion theory and Indigenous social and emotional wellbeing, and will discuss some of the evidence for and challenges inherent in adopting such initiatives.

**Key words:** arts, mental health promotion, Indigenous, Aboriginal, social capital.

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The beneficial relationship between art and health has been acknowledged for many years - indeed centuries - arguably more on the strength of anecdotal and individual experience than from any demonstrable evidence base. However, recently researchers have begun to conceptualize and seek evidence for the benefits that arts in health projects can bring. In part, the issue with the lack of a substantive evidence base relates to the inherent problems in evaluating such projects.

Regardless, the role of art and health in contributing to improvements in various aspects of Government priorities such as education, community cohesiveness and development, social behaviour, wellbeing, the delivery of health education and crime prevention, is increasingly acknowledged<sup>1</sup>. There have been several reviews of the literature exploring these connections, with the Arts and Health Working Group<sup>2</sup> in the UK concluding that: “arts and health are, and should be firmly recognized as being, integral to health, healthcare provision and healthcare environments” (p. 3).

As Daykin and colleagues note,<sup>3</sup> there are three primary areas in which art has made a contribution to health:

1. community arts and health;
2. art therapy;
3. arts in health care settings (healing atmospheres/therapeutic environments and arts interventions, e.g. murals on hospital walls).

It is in the first of these areas which the project discussed in this paper - Creative Recovery - and other community-based participatory art projects with a mental health promotion agenda are located.

The growing evidence of the beneficial relationship between arts and health has been incorporated into both the health and mental promotion policy approaches of countries such as the UK, as well as in some states of Australia including Victoria and Western Australia. In the UK, there have been significant policy shifts to incorporate arts into health.<sup>4</sup> In 2007, the Department of Health and Arts Council of England<sup>5</sup> published a prospectus which arose from a joint review of national evidence. The steering group from this review concluded that:

- arts and health are, and should be firmly recognized as being integral to health, healthcare provision and healthcare environments, including supporting staff;
- arts and health initiatives are delivering real and measurable benefits across a wide range of priority areas for health, and contribute to wider government initiatives;
- there is a wealth of good practice and a substantial evidence base.

## **ARTS, HEALTH PROMOTION AND SOCIAL CAPITAL**

There is emerging evidence that arts in health projects promote wellbeing. This occurs not only through the intrinsic activity of making art itself, but also in broader ways such as the development of social capital and by supporting social inclusion. However, social capital and social inclusion/exclusion are contested concepts. The evolving constructs of each term have been placed within the context of the history of social investigation which relates to significant, key debates about poverty, health and culture.<sup>6</sup>

Social capital has been investigated within diverse fields such as political science, economics and social science. The evidence gleaned from this research has demonstrated that social capital is linked with economic development, the effectiveness of human service systems and community development.<sup>7</sup> However, the conceptualization of social capital itself has been contested, and its utility in contexts such as Indigenous Australia challenged.<sup>8</sup> Regardless, despite debates over definitional constructs, there is a growing consensus that social capital captures a concept that facilitates collective action and can promote social and economic growth and development by complementing other forms of capital. Robert Putnam's conceptualization of social capital<sup>9</sup> reflects this approach and includes community participation and the social cohesion which this subsequently creates. As Whiteford et al. state on the basis of their review of the literature: "social capital can enhance mental health and reduce the impact of mental illness" (p. 76). Furthermore, they go on to argue that mental health promotion can potentially build social capital with outcomes at both the societal and community levels.

Hence, it is postulated that at the community level, mental health promotion can create links between health and social capital. These links can then affect behaviour and service provision by promoting the psychological attributes of individuals and strengthening the relationships between individuals.

Raising levels of community participation and hence social cohesion has therefore become an important part of mental health promotion strategy. As Berry argues, this may be especially important for rural and remote communities where high levels of disadvantage are common and access to services is limited.<sup>10</sup>

## **THE REMOTE INDIGENOUS HEALTH CONTEXT**

Wilkinson and Marmot have outlined the major impact which poverty, relative deprivation and social exclusion have on health and premature death.<sup>11</sup> Indeed, on the basis of his extensive research into health and social status, Marmot has concluded that autonomy and full social participation are so important that their lack leads to deterioration in health.<sup>12</sup> Wilkinson and Marmot further note that the chances of living in poverty are loaded heavily against some social groups.<sup>13</sup>

For Australian remote Indigenous communities it is well known that all of these adverse, social determinants of health are current and that, furthermore, social and health indicators are worst in settings (such as the Queensland community in which Creative Recovery is located), which have histories of isolation, concentration and draconian state controls.<sup>14</sup>

The statistics showing the morbidity and mortality rates for physical and mental health in comparison to non-Indigenous populations - notwithstanding the inadequacies involved in collection - starkly illustrate the problems that persist in Indigenous communities. These rates, however, are not just higher when compared with non-Indigenous populations, but also by comparison with Indigenous populations in other similar settings around the world.<sup>15</sup>  
<sup>16</sup> <sup>17</sup> Furthermore, there has been a clear failure to improve entrenched, chronic health problems using a medicalized, compartmentalized, service-orientated approach.<sup>18</sup>

This failure has arisen from neglecting to consider the context of severe disadvantage which these communities are functioning within. Therefore, social justice issues must necessarily be addressed in order to make an impact on chronic, endemic problems and improve overall wellbeing.<sup>19</sup> Haswell-Elkins et al. also make the point that the needs of Indigenous people must be addressed in a culturally and contextually appropriate way.<sup>20</sup> There has been some progress in re-conceptualizing definitions of mental health from an Indigenous perspective, which acknowledges a holistic approach and necessarily includes culture and spirituality, as well as self determination.

## **ARTS IN HEALTH PROGRAMS IN AUSTRALIA**

There are now numerous examples of arts and health programs in Australia.<sup>21</sup> For instance, in Western Australia a project called Disseminate, which is a Disability in the Arts Disadvantage in the Arts Australia (DADAA) initiative, is currently underway that aims to promote applied research and cultural community development practice on issues in arts and disability.

Disseminate specifically focuses on evaluating the efficacy of arts-based projects and community cultural development practices as means of improving the health and wellbeing of people with disabilities and from disadvantaged backgrounds.

Similarly, in 1999, the Victorian Health Promotion Foundation (VicHealth) developed its Mental Health Promotion Plan 1999-2002, establishing a framework with a focus on three determinants of mental health: social connectedness, valuing diversity and economic participation. The Community Arts Participation Scheme was one of a number of schemes established under this plan. The Scheme launched in 1999 is a major pillar of VicHealth's Arts for Health Program. This Scheme marked a move away from investment in the arts through sponsorships with a health message toward a more integrated and involved partnership with arts and community organizations. This partnership aims to increase participation and access for disadvantaged groups while contributing to the building of community.

## **ART, MENTAL HEALTH AND REMOTE INDIGENOUS COMMUNITIES**

Art potentially plays a powerful role in addressing some of the social determinants of health that Indigenous people living with mental health illness experience. Art centres in remote Indigenous communities are often the only source of income, as well as providing an important expression of the continuing strength of Indigenous culture.<sup>22</sup> Individuals living in

remote communities with mental health problems have a double burden of disadvantage as they often face social exclusion within their own communities which are themselves suffering from severe social and economic disadvantage.<sup>23</sup> Given the limited economic opportunities within these communities, an arts-based project may provide not only social benefits and meaningful activity, but potential economic benefits.

This is in line with the Backing Indigenous Art Strategy funded by Arts Queensland which aims to support a sustainable arts industry in these communities. Other projects have also demonstrated that it may be one way of engaging people who might not otherwise seek help. In addition, there is some evidence to suggest that community arts projects can improve mental health literacy and the capacity of the community as a whole.

### *Creative Recovery*

Creative Recovery was originally conceived as an idea more than 10 years ago as a joint partnership between Disability Services Queensland and Queensland Health. At this time it was unsuccessful in garnering financial support. In conjunction with an increasing awareness of the beneficial role of arts in health, there has been a growing recognition that despite dramatically increased clinical services to remote Indigenous communities there has been no corresponding impact on social and emotional wellbeing.<sup>24</sup> It has subsequently been easier - although still not straightforward despite the increasing supportive evidence - in attracting funding for such non-clinical, mental health promotion projects. The pilot site for the project in Cape York has been selected because it has a successful, well-functioning art centre which will assist the development of the project. It is a partnership between various stakeholders from both the community and external service providers including Queensland Health, the Centre for Rural & Remote Mental Health Queensland, Arts Queensland, Access Arts (the peak body working with artists, cultural workers and their communities across Queensland with an emphasis on those communities, groups and individuals who experience disability and disadvantage), the Royal Flying Doctor Service, Disability Services Queensland, the community health action team, the community development team and the local arts centre.

The model for Creative Recovery was developed after community consultation and involves weekly workshops for individuals with mental problems at the local arts centre. It is envisaged that situating the project in the centre will eventually translate into regular access to the arts centre outside of the designated workshop time. A community-based position will be created to facilitate this and will be aimed at building local expertise and community capacity. Lessons from this first phase of the project will inform adaptation and extension to other communities in Cape York. Proposed outcomes will be across the spectrum of health, social inclusion and social capital and relate to economic participation and meaningful engagement, enhancing skills, and reducing stigmatization. The overarching purpose of Creative Recovery can therefore be described as follows:

- to promote recovery of people with mental health needs by engagement in a creative process supported by the community arts centre and facilitated by a designated support position;

- to improve quality of life and health outcomes for people with mental health needs by building on capacity and wellbeing;
- to improve social inclusion of people with mental health needs, reduce stigma and foster mental health literacy in the project communities;
- to build on talent, skills and creativity of people with severe mental health needs to provide a sense of belonging within the community of artists and to enable a greater degree of economic independence;
- to evaluate the project by developing measures of engagement, connectedness and empowerment, and add to the existing body of evidence on best practice in using art in health.

It is hypothesized that achievement of the project purpose should contribute to the following benefits:

(1) Individual:

- Improved functioning of consumers and contribution to their recovery by engaging them in meaningful activity and supporting interpersonal connectedness.
- Therapeutic benefits to individual participants with severe mental illness by facilitating creative expression.
- Social, educational and economic benefits for participants within a community health framework.

(2) Community:

- Reduction in stigma and improvements in mental health literacy for the community.
- Improvements in social cohesion for the community as a whole.

## THE EVALUATION CHALLENGE

At the time of writing the evaluation framework for *Creative Recovery* is being finalized. Getting this right is crucial for a number of reasons:

- To promote the project and ensure sustainability there is a need to demonstrate outcomes. One of the major criticisms of research into the social impacts of arts in health projects is their lack of sustainability and hence a corresponding inability to be able to demonstrate longitudinal or meaningful outcomes.
- The lack robust approaches to evaluation of arts in health projects needs to be addressed through the development and validation of an evaluation tool which could be utilized by other similar projects.

- The evaluation of proposed outcomes could also contribute to the validation of various measures of social capital and empowerment, as well as to the body of evidence for arts in mental health projects.

The evaluation will be undertaken using the ethical framework for research in Aboriginal and Torres Strait Islander communities.<sup>25</sup> An action research framework will be utilized so that the community and participants guide outcomes and will draw on three domains of information: quantitative, qualitative and performative (being the arts outcomes of this project and a digital record of process outcomes). Across these domains, outcomes will be identified for the individual, their family/carers, and across the wider community in terms of social inclusion, representation, improvements in mental health literacy and reductions in stigmatizing attitudes.

## CONCLUSION

*Creative Recovery* is very much a work in progress. If attempts to improve social and emotional wellbeing among the most vulnerable groups in remote Indigenous communities are serious, then there is a clear need to invest in long-term, sustainable approaches that seek to address the social determinants of health, decrease social exclusion and increase social capital. There is a critical need to 'think outside the box' and move away from medicalized, service-based solutions.<sup>26</sup> Despite inevitable ethical concerns regarding mental health promotion in the absence of improved social circumstances, and practical concerns regarding its feasibility without social justice for Indigenous Australians, there remains a need to start modestly.<sup>27</sup> Part of the ethical approach is ensuring that the process is emphasized as much as the outcomes. Such projects need to be carefully evaluated according to Indigenous protocol and with practical engagement of Indigenous people.

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