University of Nottingham
UK | CHINA | MALAYSIA

Creative Practice as Mutual Recovery

Research Programme Final Report

April 2018

Paul Crawford, Susan Hogan, Mike Wilson, Aaron Williamon, Nick Manning, Brian Brown & Lydia Lewis

Contents

Executive Summary

This report brings together the key findings from a major programme of research funded by the Arts and Humanities Research Council UK, entitled: Creative Practice as Mutual Recovery: Connecting Communities for Mental Health and Well-being. The award ran from 2013 to 2018.

What were the most significant achievements from the award?

The Creative Practice as Mutual Recovery (CPMR) programme, proved influential for policy and practice development relevant to social and cultural aspects of mental health and well-being. Using methods and skills from science, social science and arts and humanities, its chief findings were that diverse and shared creative practices can: a) help people recover mental health and well-being together—'mutual recovery'; and b) increase social connectedness within and between groups for people with experience of mental difficulties, informal or family carers and health, social care, education and arts practitioners. The programme attracted several prestigious awards and nominations, including the 2016 Arts and Health Award from the Royal Society for Public Health.

There were multiple, high profile and diverse impacts that resulted from the programme's activities in the UK and overseas, delivering accessible creative products available to the public in films, plays, fiction, events, symposia, websites and exhibitions.

Importantly, the CPMR programme attracted multiple positive comments from both the public and project participants. These comments are made available in the final showcase report in association with Mental Health Foundation, UK.

To date, the CPMR programme has directly informed: training courses for medics, psychiatrists, medical students, midwives, Health Visitors, therapists, teachers in adult community education/schools/high schools; the work of community care and health care organisations at a regional and national level. It has also led to ongoing arts initiatives in community centres.

To what extent were the award objectives met?

Expectations and key objectives have been met and exceeded with the programme's successful completion of the 10 core projects funded by the award and an additional 4 projects developed over five years including extending the international platform in the US and China to include Spain.

The CPMR programme found compelling and substantial quantitative and qualitative evidence for the benefits of diverse shared creative practices in generating 'mutual recovery' of mental health and well-being both within and between different groups of people in different social and professional roles.

Chief benefits for participants included: (1) enhanced connectivity, (2) improved mental health and well-being. However, we did find that: whilst benefiting many participants, clay modelling did not suit everybody; in the adult community education context, some arts participants preferred either to work alone or without an explicit focus on improving well-being; the extent to which online storytelling can promote mutuality remains uncertain; professional roles sometimes limited or acted as a barrier to their participation in shared creative practice; people with serious mental health issues may struggle to remain engaged without direct mental health professional support.

How might the findings be taken forward and by whom?

The programme's findings have been comprehensively published in peer-reviewed publications in relevant journals, books, conferences, exhibitions and workshops with a linked archive at www.healthhumanities.org. The programme has driven new and evolving research with more than £3m additional funding. The programme contributes ongoing non-academic community and clinical initiatives for advancing mental health and well-being. The final digital showcase report from the Mental Health Foundation will be completed in April 2018 and circulated to all relevant stakeholders in academic and non-academic contexts. Importantly, this will be made available to Government and policymakers in health, social care, education, arts and culture as well as UK Research and Innovation, and through established links with Institute of Mental Health, partner NHS Trusts, Institute of Psychiatry, NIHR, Department of Health, NIH/OppNet (US), our international platform in US, China, Spain and health ministries in Africa, the Middle East, Eastern Europe and Asia. The report will also be disseminated via the AHRC-funded International Health Humanities Network and targeted media through Bulletin (previously Academic Bulletin). Core researchers from the programme has been affiliated with the Institute of Mental Health and Health Humanities Research Priority Area at the University of Nottingham to advance further collaborations.

Professor Paul Crawford

Principal Investigator

University of Nottingham

Introduction

This highly collaborative study aims to examine how creative practice in the arts and humanities can promote the kinds of connectedness and reciprocity that support 'mutual recovery' in terms of mental health and well-being. The idea of 'mutual recovery' extends out of the increasingly influential notion of 'recovery' in mental health care which refers to the possibility of achieving a meaningful and more resilient life irrespective of mental health 'symptoms' or disabilities. Typically, however, recovery-based initiatives tend to focus exclusively on people identified as having mental health needs (service users) and overlook how hard-pressed informal carers and health, social care and education personnel may also need to 'recover' or be 'recovered' in terms of their own mental health and well-being. Our central hypothesis is that creative practice could be a powerful tool for bringing together a range of social actors and communities of practice in the field of mental health, encompassing a diversity of people with mental health needs, informal carers and health, social care and education personnel, to establish and connect communities in a mutual or reciprocal fashion to enhance mental health and well-being. Such an approach is congruent with a 'new wave of mutuality' marked by 'renewed interest in co-operation' (Murray, 2012).

This five-year study will add a new dimension to the current health humanities projects supported by the AHRC. Its substantive arts and humanities led programme of work packages extend to a social sciences evaluative layer that seeks to advance transformative impacts in policy, provision and practice. Acting as a 'beacon', it will link researchers in the arts and humanities, social and health sciences and third and statutory sector organisations supporting people with mental health needs, in order to build capacity for the generation of the forms of social and cultural connectedness that are known to facilitate mental health recovery (Tew, 2013). Consistent with the Connected Communities ethos, central themes in this research are the contribution of shared community values and participation to this mutual recovery agenda and the ways in which self-reliance and resilience can be 'co-produced' to support mental health and well-being in community settings. Hence, this ambitious, multidisciplinary research programme will address the AHRC Connected Communities vision through establishing new connections between academic and partner communities in order to enhance participation, prosperity, sustainability, and health & well-being.

Research Questions

Our overall research question is: **What is the nature, effect and value of creative practice as mutual recovery in advancing connected communities for mental health and well-being?** This will be answered in four major themes and an overall synthesis (see attached timetable summary), addressing the following subsidiary questions:

R1 What definitions, concepts and utility can apply to the term mutual recovery? (Theme 1)

R2 What is the genealogical and theoretical ground for mutual recovery in advancing connected communities for mental health and well-being? (Theme 1)

R3 What are the impacts and indicators of mutual recovery through creative practice? (Theme 2)

R4 How can occupational stress and trauma be interrogated and better understood through creative practice as mutual recovery? (Theme 2)

R5 What are the benefits, disbenefits, promoting factors or barriers to mutual recovery at the level of the individual and community? (Theme 2)

R6 In what ways do people with mental health needs, informal carers and health, social care and education personnel consider creative practice as connecting communities? (Themes 2 & 3)

R7 What are the opportunities or barriers to mutual recovery that may be created by: (a) different discursive contexts (adult learning; community arts); (b) the settings in which activity takes place and who is involved? (Theme 3)

R8 What are the key process elements that need to be facilitated by creative practices if they are going to support mutual recovery and how may these vary according to social factors? (Theme 3)

R9 How do discursive contexts, settings and process elements interact and how does this contribute to positive or negative outcomes in terms of social and cultural connectedness and well-being? (Theme 3)

R10 What is more or less effective in promoting 'bonding' and/or 'bridging' social relationships for mutual recovery? (Theme 3)

R11 What are the positive and negative impacts for different stakeholders and contexts (including adult learning and mental health services) of promoting mutual recovery through creative practice in community settings? (Theme 3)

R12 What are the cross-cultural or international dimensions of creative practice as mutual recovery? (Themes 2, 3 and 4)

R13 What shared language, if any, is emerging around notions of recovery and mutual recovery in this context? (Themes 2, 3 and 4)

R14 How might creative practice work as a research tool to address these questions? (Theme 2 and Overall Synthesis)

R15 How can digital media be used as both a repository of creative practices for mutual recovery and a mechanism for facilitating connectedness in this context? (Theme 2 and Overall Synthesis)

R16 How can the combined findings from work packages in Themes 1, 2, 3 and 4 advance social practices in mutual recovery through creative practice and inform strategy and policy for health and social care services, community learning and community arts? (Overall Synthesis)

R17 What new opportunities can be identified in Themes 2, 3 and 4 for advancing interdisciplinary research involving arts and humanities researchers and the impact of this research? (Overall Synthesis)

Research Context

In the face of a continuing and growing burden of mental distress, or illness, the second greatest financial and social burden after cardiovascular disease (WHO, 2005), a new paradigm for mental health care is appearing in many countries, which places the idea of 'recovery' in the foreground. Modelled on the US civil rights movement, and with its UK beginnings in the mental health service user and psychiatric survivor movement, recovery locates the difficulties of those experiencing distress in their social contexts, privileges the views of those who suffer, stresses the cultivation of resilience, and challenges the authority and expertise of traditional providers. This context means that 'recovery' is a contested concept in the field of mental health, with a key debate being whether it should remain a grassroots movement rather than something that is professionally controlled and administered. But either way, what we are seeing is the emergence of a new set of institutions, practices, identities, and discourses of 'recovery'.

Importantly, the notion of recovering a more resilient life and cultivating positive social and cultural connections for mental health and well-being through mutual practices and relationships is something that has implications beyond people with mental health conditions or challenges, or experiencing mental health crises; this focus on mutuality, or reciprocity, means that the processes of recovery could have benefits for others involved. This could include those with more general well-being needs, informal carers and health, social care and education personnel (who are often themselves subject to high stress, mental health problems and burnout). Viewing recovery in this reciprocal way opens up new possibilities for examining how recovery for mental health and well-being could occur through shared practice within and across these groups or communities, and how creative practice may assist such a mutual process. This relational ontology of recovery is important since it counters currently individualised conceptions of recovery within services and policy, instead seeing it as based around interactional processes, identities and social relationships. Mutual recovery is therefore a very useful term because it instigates a more fully social and deeper understanding of mental health recovery processes, encompasses diverse actors in the field of mental health, and attends to the need to track signs of well-being and improvement across this field.

Typically, divisions tend to exist between those with mental health needs, informal carers and health, social care and education personnel. What is rarely explored is how these groups can be brought

together in and through the co-production of creative capital or resources in areas such as visual arts, music, dance, drama, stories/narratives, histories, philosophies and the like, in order to forge stronger connections that can support mental health and well-being recovery and advance shared understanding. In community settings where helpers can be left isolated or facing a heavy burden or an increasingly demanding, production-line healthcare system (Crawford & Brown, 2011; Crawford et al., 2011), where threat looms large, and compassion fatigue is becoming all too common (Crawford, 2011; Gilbert, 2009; Rothschild, 2006), there are mounting concerns about the mental health and well-being of informal carers (e.g. Pinquart & Sörensen, 2003) and health, social care and education personnel (e.g. Edwards et al., 2000; Rudow, 1999) alongside people with mental health difficulties. In other words, the notion of a clear separation in terms of mental health and well-being between people with mental health needs, informal carers, and health, social care and education personnel has become blurred. It is time to extend beyond a reductive focus on recovery of particular patient groups and conditions and investigate ways that informal carers and health, social care and education personnel can also be supported to develop well-being and resilience.

In summary, this research proposal presents a timely move to bring together diverse academic and community partners to share insights, approaches, methods and analytic tools in order to mobilise the concept and develop creative practice as mutual recovery to better connect communities for mental health and well-being. It marks a radical shift in vision in approaches to mental health that could transform how people with mental health difficulties, informal carers, health, social care and education personnel work together and take new opportunities to build egalitarian, appreciative and substantively connected communities – resilient communities of mutual hope, compassion and solidarity.

Background

The biggest change in mental health care, the de-institutionalisation and closure of the large mental hospitals, once heralded as a humane and technical revolution, has had a rather mixed result. Concerns remain about how much this has contributed to improved mental health of society, with reports of increased social isolation and social exclusion, and higher rates of imprisonment. One outcome is that community care has been judged by some government ministers as a failure. Together these challenges and responses have undermined service user trust in professional care and contributed to a growing public scepticism about the effectiveness of mental health services, together with a decline in the perceived capacity of therapists to identify and manage risks or create resilience, and tensions between law and mental health care (Bentall, 2009).

The size of the problem facing society is clear, with a growing burden of mental illness (Wittchen, 2011). Mental illness accounts for 19.5% of all disability-adjusted life-years (DALYs), 40% of chronic illness and is the second greatest financial and social burden after cardiovascular disease. Suicide is second only to traffic accidents as the cause of death among those aged 15–35 years in Europe (WHO, 2005). 75% of prisoners in the UK have a diagnosable mental illness, with rates of psychosis in excess

of 20 times the national average. Mental health problems account for 35–45% of absenteeism from work, at a cost to Europe of €136.3 billion in 2007 (ECNP, 2009). Overall costs of mental illness in the UK have grown from £77.4 billion in 2003, to £105.2 billion in 2009 (CMH, 2010). The response from the biomedical research community has been a renewed emphasis on biomedical and neuroscience innovation, but with little confidence of success. The MRC (2010) strategic report on mental health research notes "low research capacity coupled to the perception that the research questions in this field have been relatively intractable".

The crisis in mental health care is fertile ground for innovation, and the recovery movement has grown rapidly and vocally to fill the gap as part of a growing interest in self-help and a reaction to the perceived weaknesses of public mental healthcare (Beresford, et al., 2010; Davidson et al., 2010; Repper & Perkins, 2003). Alongside this has arisen the growing influence of consumerism, the civil and disability rights movements and, in the mental health arena, the rising power of the survivor movement. These have all asserted the rights of people with disabilities to live full lives, to have access to employment, education and full citizenship; in short, they have the right to support so that they can recover their lives – even if their mental health problems cannot be eradicated. This 'recovery' approach has now spread throughout the world (US, NZ, Aus, UK), and is under serious discussion in Europe (WHO, 2005). It is central to recent policy in the UK (DH, 2011), and is supported by professional, third sector and activist movements (Shepherd, Boardman & Slade, 2008; Boardman & Shepherd, 2009). There is a recognition of the need to redesign services to encourage resilience (Amering & Schmolke, 2009), and to address the difficulties expressed by service users themselves who stress that social context, such as housing, work, friendships and public attitudes are the key source of their difficulties. There is enormous energy behind this new 'recovery' approach, not dissimilar to that which transformed HIV/AIDS and physical disability issues in the past: policy papers, articles, conferences are flourishing.

This project seeks to interrogate the often reductive definitions of 'community' that have prevailed in the literature and in policy discourse so far, and develop an empirically-grounded analysis of communities which is both more embracing and which enables recognition of the different roles people might play in creative practice and in possibly achieving mutual recovery. The project does not assume that 'community' is an uncontested term or that members of a particular community enjoy solidarity around a set of agreed concerns and priorities. Instead it embraces community as a problematic, sometimes dysfunctional and potentially disruptive space where assumptions may be challenged and new propositions emerge. The use of multiple creative practices as a core methodology within this project is recognition of these very understandings and will lead to fresh insights and emergent new creative practices within the field of mutual recovery, thus leading to a better understanding of health communities and potential benefits for all stakeholders.

This programme marks a critical reframing of recovery in terms of the possibilities for connection between key communities in the field of mental health practice, including community arts, adult community learning, service user/survivor and carer groups and organizations, and mental health

workers in health and social care services. The programme will also promote connections between these communities and communities of scholars in arts and humanities and social and health sciences. The disciplinary mix and variety of community partners will broaden the range and application of the research and deepen the synthesis of findings. The programme also advances new challenges to a policy and research funding focus upon a narrow biomedical model, despite limited evidence for the effectiveness of pharmaceutical, genetic, neuroscientific and psychologically based interventions (Bentall, 2009) and damning reports (not least Ombudsman, CQC) that highlight unsatisfactory or non-compassionate 'care'. The poor yield from these biomedical approaches in mental health and deterioration in care environments in mental health services (and elsewhere in the NHS) creates an unprecedented opportunity to re-think responses to mental distress and well-being through the arts and humanities. We will take up this challenge through the careful and sustained investigation of approaches based centrally on a conception of social aetiology and the novel use of powerful social technologies, drawing on creative practice. In so doing we will promote a new era of 'mutual recovery' in the field of mental health that has the potential to transform service provision and practice.

Creative Practice

Arts and expressive therapies are well-established in mental health services and creative practice has documented potential for having a unique role to play in advancing mutual recovery in this context. Research has already demonstrated the importance of arts for 'recovery orientated mental health services' (Spandler et al.., 2007), how they provide ways of breaking down social barriers, of expressing and understanding experiences and emotions, and of helping to rebuild identities and communities (Devlin, 2009; Secker et al., 2007; Brown & Kandirikirira, 2007). They can help to create the kind of 'compassionate' spaces (Spandler & Stickley, 2011), characterized by mutuality, trust, shared understanding and recognition (Lewis, 2012a) so needed for mental health recovery (Tew, 2013).

The social connections involved in mutual recovery include the generation of trust, networks and relationships, while cultural connections include shared understandings, experiences and ideas – or learning. In the field of mental health, social and cultural connections and community belonging, generation or development can arise from opportunities for breaking silences in a supportive environment on socially taboo topics (e.g. domestic violence, substance misuse) which surround distress (see Lewis, 2012a). The connections achieved in these 'compassionate spaces' may then provide a springboard into other collective or 'community oriented' activities.

Adult community learning (ACL) programmes and community arts projects that aim to promote mental well-being are examples of such spaces (Lewis, 2012a, 2012b; Spandler et al., 2007), while, as indicated above, the discursive context of arts and humanities practice may be particularly effective in facilitating mental health recovery. However, this 'targeted' ACL and arts provision may be more successful at developing 'bonding' social capital between those with common distress experiences than social connections that 'bridge out' to the wider community (Lewis, 2012a, 2012b; Spandler et al.,

2007). The use of arts and educational provision for therapeutic aims may also impact on its ability to deliver on its primary creative or pedagogical purpose (Ecclestone, 2004). Thus, there is a pressing need to investigate the parameters of mutual recovery through creative practice across different settings and discursive contexts so as to tease out what mechanisms work for whom in what contexts (and what may also be barriers, inhibitors or perceived disbenefits).

Research Design and Methodologies

We intend: (a) to explore the ways in which creative practice can promote mutual recovery for mental health and well-being through enhancing the connections and social resources of those with mental health needs alongside informal carers and health, social care and education personnel; and (b) to contribute to new policy formation, configuration of services and practices for advancing mental health and well-being. This project will innovate and develop new knowledge in the area by:

(i) Investigating the genealogy, theories and conceptualisation of creative practice as mutual recovery, the nature, shape and form of communities and how they are thought of and how they might be connected for mental health and well-being;

(ii) Measuring and analysing synthetically the benefits or disbenefits of a range of shared creative practices that involve a culturally diverse participation of people with mental health needs, informal carers, and health, social care and education personnel;

(iii) Investigating community learning and community arts in promoting creative practice as mutual recovery in giving form to communities and enhancing the connections within and between communities for mental health and well-being;

(iv) Interrogating the contested concept of 'community' and gaining fresh understanding as to what this might mean specifically for 'recovery communities';

(v) Exploring some of the international dimensions to the notion of creative practice as mutual recovery;

(vi) Developing a digital resource and archive of community connections, good practices, innovations and artefacts, including narrative and other data arising from the work package investigations for mutual recovery through creative practice.

Work programme

A central concern in our proposed work programme is to synthesise not just the findings that are generated in individual work packages, but the literature, questions, methods, data and analyses. The work will bridge four interrelated themes that lead to an overall synthetic analysis and disseminations. The work packages are sequenced so that earlier findings will be a substantial part of the basis for the development of later work packages. By using the same methodology across different settings and discursive contexts of Theme 3 work packages, we will be able tease out what mechanisms work for whom in what contexts (and what may also be barriers, inhibitors or disbenefits). As a corrective to the somewhat apolitical conception of recovery that dominate services (see Hopper, 2007), the study will

consider social distinctions and inequalities such as gender, ethnicity, social class and age as integral to an understanding of the phenomenon as mutual, or relational.

Deliverables

We will deliver evidence about the ways in which people may or may not forge connected communities in the context of mutual recovery for mental health and well-being through creative practice; conceptual and methodological innovation; a new interdisciplinary, arts, humanities and social science of mutual recovery, built out of existing and novel conceptualisation; the base for international perspectives in this field; and a platform upon which others can base their work in relation to a wider range of long term conditions.

Although each individual work package is analysed and reported on independently, we will synthesise the findings of all work packages to provide an overarching analysis of creative practice as mutual recovery, and the challenges and consequences of reorienting mental health and well-being towards a socially driven framework of connected communities. This will be done through the elaboration of concepts and theory, systematic comparison of findings based on narrative data and measurements of social inclusion, social networks, quality of life and mental health and well-being, and the development of a range of policy options.

In particular the study will seek to establish principles and practices for making mutual recovery a reality, with a robust evidence base.

Individual Themes and Work Packages

Theme 1: The Nature of Mutual Recovery

Purpose: This theme will afford a critical baseline of how the notions of 'recovery' and 'mutual recovery' are formulated in particular communities and assist in engaging with and managing sometimes conflicting and strongly embedded, professional and community cultures. This feeds in to themes 3, 4 and overall synthesis.

WP 1: 'Genealogy and Theories of Mutual Recovery' will identify the genealogy of the idea of mutual recovery in mental health, with a focus on the contribution of creative activity, and trace the relationship of the recovery movement to the rise of the user movement and others in radical psychiatry. It will also analyse how notions of community and mutual recovery are understood within biomedicine in relation to specific mental health disorders (antisocial personality disorder, depression, schizophrenia), and how mutual recovery is being (re)framed in organic as well as psychosocial terms and is changing how we conceptualise individuals and communities. Methods: Qualitative library based research and interviews.

Theme 2: Creative Practice as Mutual Recovery

Purpose: This theme investigates applied arts and humanities and measures the impact and value of a range of creative activities to advance mutual recovery and secure more connected communities for mental health and well-being. This feeds into theme 3 and overall synthesis.

The substantively arts and humanities led work packages in this theme will involve: (1) developing and delivering shared creative practices involving between 30-50 participants in each of 4 work packages (2.1, 2.2, 2.3, 2.4) (120-200 in total). Recruited participants will be diverse in terms of age, gender, class and ethnicity and include a range of social actors and communities of practice in the mental health field; (2) collecting a range of data relevant to the four individual applied arts and humanities work packages and subsidiary research questions; (3) applying and analysing: (a) standardised pre- and post-creative practice measures of social inclusion (Secker et al., 2009), social networks (PARTNER Tool, 2011), well-being (WEMBWS - Tennant et al., 2007) and quality of life (York SF12) across all Theme 2 work packages, and an assessment of individual project level outcomes (a focus group & Mental Well-being Impact Assessment (MWIA), Cooke et al., 2011). This will enable both assessment of creative practice effectiveness and a critical interrogation of the appropriateness of the measures for mutual recovery research. These will be applied to service-users or people with mental health needs, informal carers and health, social care and education personnel dependent upon the inclusion profile of specific WPs, (b) between 15-20 post-creative practice semi-structured narrative interviews in each work package (60-80 in total). The interview schedule will explore understandings and perceptions of creative practice as mutual recovery, the benefits or disbenefits of the shared creative approach, and the experience of connectedness and 'community'.

WP 2.1: 'The Birth Project' will investigate the role arts and humanities engagement might play in pre and antenatal care, and provision, especially where trauma, especially post-traumatic stress disorder (PTSD) and secondary traumatic stress disorder (STSD), is being translated into bodily symptoms. It will use the arts to: interrogate maternal birth discourses, obstetrician and midwife experience and post-natal depression; the project will explore to what extent iatrogenic problems are implicated in post-natal distress; it will also determine whether mutual recovery is possible through engagement through the arts and the form this might take in bringing together different constituencies. Methods: Mixed, combining visual arts/visual anthropology (Hogan, 2012) with participant mothers, birth partners, obstetricians and midwives; case study using practical documentary film in conjunction with other art-making techniques; standardised pre- and post-creative practice questionnaires; an assessment of project level outcomes; and narrative interviews (see introduction to Theme 2 above).

WP 2.2: 'Making Music for Mental Health' will explore three interconnected issues: (1) the extent to which music learning and performing provides a forum for mutual recovery among adult mental health service users, their carers, and musicians, (2) the characteristics of mutual recovery through music learning and performing, and (3) the underlying mechanisms of such mutual recovery. The work

package has at its core two 20-week programmes of creative music learning and performing, facilitated by professional and student musicians and open to adult mental health service users and their carers. Methods: Mixed, combining: observation; standardised pre- and post-creative practice questionnaires; an assessment of project level outcomes; and narrative interviews (see introduction to Theme 2 above).

WP 2.3: 'People Talking: Digital Dialogues for Mutual Recovery' will develop for the first time a digital storytelling programme with a number of groups of mental health service users and health and social care personnel, to explore the value of digital storytelling as a process and practice within 'mutual recovery'. Three separate groups are proposed: two in Cornwall; one in Wales. Methods: mixed, combining the application of the Cowbird model for digital storytelling; pre- and post-activity narrative interviews; an assessment of project level outcomes (see introduction to Theme 2 above).

WP 2.4: 'Clay Transformations' will investigate to what extent creative clay therapy can provide a medium for 'mutual recovery' among adult mental health service users, carers, artists and health and social care personnel. We will compare lone and group sculpting within and between these communities, determine particular features of 'mutual recovery' through clay sculpting as a shared creative enterprise, identify benefits and disbenefits of the shared activity and develop a visual archive of clay works. Methods: Mixed, combining: field study; comparative case studies; standardised pre- and post-creative practice questionnaires; an assessment of project level outcomes; and narrative interviews (see introduction to Theme 2 above).

Theme 3: Connecting Communities for Mutual Recovery

Purpose: This theme is subdivided into 3A, which examines the particular deliveries of adult community learning and community arts that have the potential to advance creative practice as mutual recovery and 3B, which: (a) compares participant narratives on creative practice as mutual recovery from data in themes 2 and 3; (b) achieves a synthetic analysis of all standardised individual outcome measures obtained in themes 2 and 3. The theme is founded on theme 1 and theme 2 data and feeds into the synthesis of findings. The standardised pre- and post-individual creative practice measures, an assessment of project level outcomes and semi-structured narrative interviews applied in 3A will match Theme 2 work packages.

3A: WP 3.1: 'Mutuality, Wellbeing and Mental Health Recovery Project' will examine the ways in which creative practice and mutuality within community settings can help to achieve emancipatory or empowering discourses, spaces and opportunities which support mental health recovery. It will do this through conceptual work, exploratory studies in existing deliveries of community adult learning and community arts. Methods: Mixed, combining: documentary analysis; ethnographic observation; participant diaries; standardised pre- and post-creative practice questionnaires; an assessment of project level outcomes; and narrative interviews (as in introduction to 2 above).

3B: WP 3.2: 'Mutual Recovery in Media and Policy Project' will investigate how the language used in interview narratives across Themes 2 and 3 offer a synthetic perspective on mutual recovery across different creative practice modes. Methods: Corpus-based discourse analysis.

WP 3.3: 'Synthetic Analysis of Measures' will conduct statistical analyses comparing pre- and post-measures across our targeted creative practices, including MWBA from 2 and 3A. Methods: Mixed, combining: multiple analyses including Social Network Analysis (SNA); repeated measures model analysis under Generalised Linear Model (GLM) framework, with multilevel models considered whenever appropriate; Structural Equation Models (SEM); and Bayesian approach in mixed model analysis.

Theme 4: International Perspectives on Creative Practice as Mutual Recovery—US and China

Purpose: This theme incorporates an initial scoping of international perspectives on creative practice as mutual recovery, beginning with two strategically important and influential regions: US and China. Funded by the University of Nottingham, it will contribute to Theme 1 and feed into overall synthesis of findings.

WP 4.1: 'Musical Jamming' will conduct: an initial review and scoping of research and practices relevant to mutuality and (a) visual and performing arts and (b) literature and narrative; an investigation of musical jamming and mutual recovery. Methods: workshops, literature review, pilot study.

WP 4.2: 'Mutual Recovery for Older Adults Experiencing Depression' will provide an initial review and scoping of research and practices relevant to (a) visual and performing arts and (b) literature and narrative. Methods: workshops and literature review.

Overall Synthesis

Purpose: The overall synthesis will critically interrogate all the findings from individual work packages across themes 1, 2, 3, 4 and develop additional routes to dissemination and policy impact.

WP 5: 'Synthesis of All Theme Outputs and Final Report' will cohere findings and insights across the teams of researchers into creative practice as research tools across work packages of themes 2 and 3; derive strategies based on the findings of Themes 1, 2, 3 and 4 for advancing connected communities between people with mental health needs, informal carers and health, social care and education personnel by adopting a mutual recovery through creative practice approach and inform national policy. It will also consider how the overall study advances interdisciplinary research and the impact of arts and humanities scholarship. Methods: synthetic, critical and thematic review, theory and strategy development, archive, national seminars and showcase.

Findings

This programme, proved highly catalytic in generating four additional work projects in the creative fields of yoga, capoeira, comedy and art gallery workshops, not funded within or anticipated in the scope of the original submission.

Overall, the programme found compelling and substantial quantitative and qualitative evidence for both intra- and inter-group mutual recovery of mental health and well-being from a range of shared creative practices. Benefits included: (1) enhanced connectivity; (2) improved mental health and well-being. A small number of disbenefits were identified for some of the project modalities or approaches.

The key findings from the original and additional projects are set out below in four themes: (1) The nature of mutual recovery; (2) creative practice as mutual recovery; (3) connecting communities for mutual recovery; and (4) international perspectives on creative practice as mutual recovery. The findings from all the completed projects were published in peer-reviewed journal papers and/or books and books chapters (see Publications). A PhD project on creative practice as mutual recovery in a forensic mental health setting in ongoing with completion expected later in 2018.

A final multimodal, digital report that showcases findings and impacts will be presented by the Mental Health Foundation in April 2018.

Theme 1: The Nature of Mutual Recovery

WP 1: Genealogy and Theories of Mutual Recovery

Co-Investigators and Leads: Professor Brian Brown, De Montfort University; Professor Nick Manning, King's College, London

Conceptual and methodological insights that enlivened the academic literature and contributed to the overall success of the programme were developed, including:

- A critical account of the origins of the notion of recovery.
- A critical purchase on the notion of mutual recovery and how notions of community and mutual recovery are understood within mental health care in relation to specific mental health problems as well as distress and unhappiness more generally.
- Determination of how the tension between individualised accounts of mutuality and institutional and political factors might be resolved.
- New theory on how the concept of mutuality underlies many theories and models in health care yet fails to engage with critical thinking which emphasises the inequalities of power in health care situations.

- Recommendations for how mutuality and social capital can be enhanced in a variety of ways and may improve client and practitioner outcomes via training, educational and organisational design, and initiatives involving patients and service users, as well as practitioners and service leaders.
- People working together and contributing to shared goals in civil society offers a more fully social recovery that enables independence and enhancement of pubic goods.

Key evidence: Brown (2015, 2016, In press) Brown & Manning (2017)

Theme 2: Creative Practice as Mutual Recovery

WP 2.1: The Birth Project

Co-Investigator and Project Lead: Professor Susan Hogan, University of Derby

Project Team: McCloskey, P., Phillips, K., Baker, C., Cornish, S., Watts, L. and Gibson, D.

Mutual recovery among mothers and health professionals related to childbirth experiences was explored through creative practices and found that:

- Art elicitation workshops can increase participants' awareness and understanding of their birth experiences.
- It is less the actual intervention itself in childbirth, rather the quality of the engagement between health professionals and the birthing mother which is of crucial importance to mother's birth experiences and sense of well-being.
- Image-making and reflection can validate difficult birth experiences and mediate stress.
- Supportive art group experiences can help mothers in the transition to new motherhood.
- Supportive art group experiences increase confidence and self-esteem.
- The overall experience of being in the groups greatly enhanced the women's sense of well-being.
- Birth professionals found the arts useful as an analytic tool for helping them to think about their practice.
- Birth professionals found engaging in supportive art group experiences allowed them to reflect 'holistically'.
- The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) showed highly noteworthy improvements in pre-and post-intervention assessments.

Key evidence: Hogan (2015); Hogan (2016a, 2016b); Hogan (2017); Hogan et al. (2015); Hogan (In press); Hogan et al. (2017)

WP 2.2: Making Music for Mental Health

Co-Investigator and Project Lead: Professor Aaron Williamon, Royal College of Music

Project Team: Ascenso, S., Fancourt, D., Perkins, R. and Atkins, L.

The Making Music for Mental Health Project examined how group drumming can facilitate mental health recovery among adults with experience of mental and emotional distress based on a series of drumming interventions led by professional and student musicians. The study found that:

- Compared with control activities, 10 weeks of group drumming led to significant improvements in measures of anxiety (by 20%), depression (by 38%), social resilience (by 23%), and well-being (by 16%). These findings were maintained at 3 months' follow-up, with drumming seen to facilitate positive emotions, increased agency, a sense of accomplishment, task engagement, enhanced self-awareness, and social connections.
- The mechanisms behind recovery were identified as: artistic, due to the communicative and rhythmic nature of drumming; social, due to the accepting, safe, and connecting nature of the group; and educational, due to the inclusive and free learning environment expedited by expert musical facilitators.
- In addition, analyses of immune function (derived from saliva samples taken as part of the research) showed that drumming was also associated with a shift away from an inflammatory immune profile, a finding that is comparable with results from studies involving anti-depressant medication and psychotherapies.

Key evidence: Fancourt & Williamon (2016); Fancourt et al. (2016a, 2016b); Perkins et al. (2016)

WP 2.3: Digital Dialogues for Mutual Recovery

Co-Investigator and Project Lead: Professor Mike Wilson, Loughborough University

Project Team: Bleakley, A., Allard, J., McKay, J., Lewis, K., Helledd Jones, L. and Liguori, A.

The Digital Dialogues Project created an online, safe space for stories to be shared between health service providers (in this case General Practitioners and Psychiatrists), health service users (people with 'low-level' mental illness), and their informal carers (usually a spouse or other close relative, although in one case, one service user nominated her cat as her 'carer'. The project found that:

- Importantly, the research design intervention was feasible, such that doctors, patients and carers met in dyads or triads thus challenging conventional structural power relationships
- That the doctors were able to shift roles from professional to 'democratic citizen' and to deal with the changes in power relationship

- Digital stories offer a medium for personal confession and catharsis, as well as a medium for the development of resilience, mutuality, recovery and discovery.
- There was no evidence of stories changing noticeably in content or style for any one participant over time, probably due to a tailing off effect within the project.
- Stories in a personal-confessional genre dominated the kinds of stories told. Such stories were often cathartic, related to childhood memories or previous events, although this may be a contamination effect of the initial workshop digital story illustration which favoured the personal-confessional genre.
- Doctors as well as service users produced confessional stories, exposing vulnerabilities. This goes against the grain of the professional distance or veneer typical of medicine, but not necessarily typical of psychiatry. This is an important finding but it may be, however, that the sample is biased in favour of doctors who are professionals but also show their humanity.
- There was some, but scant, evidence of mutuality or community building from stories or responses to them within the online platform which suggests that the online medium is not effective in facilitating mutuality, or it could suggest that there was not enough input to the platform to create the possibility of dynamic exchange.
- Carers recruited to the project remained silent, forming an 'absent presence'. Not even the cat offered a story.

Key evidence: Wilson (2017); Allard et al. (In press)

WP 2.4: Clay Transformations

Project Lead: Associate Professor Gary Winship, University of Nottingham

Project Team: Argyle, E., Bywater, S., Jon, S., Pick, J., Duncan, K., Mattias, O., Dalby, D., Barker, A., MacDonald, K. and Avery, S.

The Clay Transformations Project was conducted in four phases and found that shared participation in clay modelling:

- Works as a neutral medium for aiding and facilitating communication skills.
- Can advance group cohesion and peer exchange.
- Is a forceful medium because it offers a 3-dimensional expression, something more than 2D forms of expression.
- Emphasises imagination and voice as participants become immersed in the process of playing with clay.
- Has 'therapeutic grab and mash' property that encourages potential catharsis.

- Is able to engage people who are other increasingly absorbed by techno-virtual cultures.
- Revitalises down-to-earth sensory mutuality and creative psychosocial interpersonal relations.
- Has a positive effect on reducing social inhibition compared to maths and drawing, but no more effective than playing with Lego.
- Had some effective qualities in terms of bringing about an experience of task immersion.
- Offers a trans-linguistic medium for effective peer exchange.
- Improves social and psychological well-being, not least in SDQ and pro-social rating scores.
- Reduces the mutual gaze of therapist and client.
- May benefit participants with serious mental health difficulties when supported by mental health professionals.
- May not be suitable for all people, having qualities of coldness and muddiness that evoke both a range of negative emotions whilst also offering a transformative medium for exchange.

Key evidence: Argyle (2015); Argyle & Winship (2015); Clarke et al. (2016); Winship (2016)

WP 2.5: Comedy and Mutual Recovery (additional project)

Project Lead: Associate Professor Gary Winship, University of Nottingham

Researcher: Baker, A.

The Comedy and Mutual Recovery Project comprised a pilot programme which took the form of a stand-up comedy workshop for ten participants in mental health recovery and found:

- Three positive outcome measures: psychological well-being, self-esteem and self-efficacy.
- Successful recovery might be characterized by a smaller social network, with stronger mutual bonds.

Key evidence: Baker & Winship (2016)

WP 2.6: Capoeira for Self and Society (additional project)

Project Lead: Assistant Professor Mel Jordan, University of Nottingham

Researchers: Wright, E. J., Purser, A., Grundy, A., Joyes, E., Wright, N. and Manning, N.

The Capoeira for Self and Society Project set out to consider how this Brazilian martial art, game and dance form might facilitate connectedness amongst newly-recruited persons in an unfamiliar social setting, plus any other ramifications of involvement (e.g. mental health implications). Observations of 13 free classes and interviews conducted with two participant groupings (capoeira students and capoeira course leaders) and found that:

- Themes of self, identity, escapism, multiparty endeavour, community, temporality, enjoyment, health, transcending boundaries, and society are evidenced.
- Capoeira is theorised in a fresh manner that highlights capoeira as an enjoyable and supportive group endeavour which includes elements of social play, self-development, community-building, and benefits for self that transcend the boundaries of the class.

Key evidence: Jordan (2018)

WP 2.7: Yoga in Children's Homes (additional project)

Project Lead: Associate Professor Elvira Pérez Vallejos, University of Nottingham

Researchers: Crepaz-Keay, D., Ball, M., Haslam-Jones, E. and Pickard, D.

The Yoga in Children's Homes Project comprised a feasibility study of mutual recovery through the creative practice of kundalina yoga with children in care (CIC), youth practitioners and management. The study found that:

- Participants experienced the practice as meaningful, benefiting individually (e.g. feeling more relaxed) and socially (e.g. feeling more open and positive).
- 'Togetherness' is a factor that promotes well-being.
- Embodied practices are more suitable for children and young people who may find talking therapies challenging.
- Ethics for accessing children and young people's narratives online is a requirement to promote trust in the digital environment.

Key evidence: Perez et al. (2016a, 2016b); Perez et al. (2018)

Theme 3: Connecting Communities for Mutual Recovery

3A: WP 3.1: Mutuality, Well-being and Mental Health Recovery Project

Co-Investigator and Project Lead: Dr Lydia Lewis, University of Wolverhampton

Project Team: Ecclestone, K., Spandler, H., Tew, J., Wallcraft, J., White, C., Croft, H. and Devaney, T.

The Mutuality, Well-being and Mental Health Recovery Project explored the roles of creative arts adult community learning (ACL) and participatory arts initiatives and found that they can:

- Facilitate social participation and relationship-building, shared or communal achievement and enjoyment which are important to well-being for a range of people involved, including participants,

volunteers and practitioners, not least across a range of circumstances associated with reduced social roles (e.g. retirement, long-term health issues).

- Buffer loneliness among for those who had become isolated due to mental health issues or had restricted opportunities for social participation due to other long-term health problems, caring responsibilities or older age – something especially emphasised in the targeted settings.
- Develop creativity and agency as interrelated processes. These processes were found to be relational with creative capabilities and agency often enhanced through taking part in creative spaces with others.
- Help participants to deal with difficult, oppressive or restrictive circumstances, including dealing with health issues and services, domestic abuse and informal caring responsibilities.
- Expand capabilities for creativity and personal development for everybody involved.
- Help break down social barriers or organisational hierarchies, thereby allowing for connection beyond these, developing mutual acceptance, trust and authenticity through this shared practice.
- Be limited by professional values and boundaries and organisational responsibilities.
- Incur tensions between personal needs for social or creative distancing versus working or being alone.
- Be valued in the mental health settings for promoting everyday conversation but generate discomfort when there are expressions of mental distress, with participants sometimes feeling they did not have the resources to help others.
- Generate feelings of being 'lifted' by the creative social environments but also, conversely, produce negative emotional states which can be 'mirroring' for others.
- Encounter challenges in balancing inclusivity with maintaining a conducive working environment for everybody (for example if someone is very depressed, unresponsive or inconsiderate to others or being disruptive).
- Be challenging for some women when creative groups are mixed yet also productive in considering gender inequalities through art work.
- Bring some tensions between creative and therapeutic goals, for example in relation to self-directed practice compared to direct teaching input and the desirability of 'pressure' and competition (which commonly feature in educational environments but were often considered unhelpful to mental health and well-being).
- When focused explicitly on well-being, risk overshadowing educational objectives and potentially disengage adult learners.

Key evidence: Devaney (2015); Lewis (2014); Lewis & Spandler (2018); Lewis et al. (2016a, 2016b, 2016c); Martikke (2014); Martikke et al. (2015)

3B: WP 3.2: Mutual Recovery in Media and Policy Project

Project Lead: Associate Professor Nelya Koteyko, Queen Mary University of London

Researcher: Atanasova, D.

The Mutual Recovery in Media and Policy Project investigated the language of mental health recovery and mutual recovery in both media and policy texts. It found that in relation to media representation:

- There was little systematic research on recovery messages in the media.
- Recovery messages predominate in UK news content on mental health and arts participation, but the potential of creative practice to advance a mutual model of recovery is as yet underdeveloped.
- Service users were identified as the prime beneficiaries of arts initiatives and arts participation was conceptualised as a way to bring people with mental health issues together.
- Fully fledged mutuality remains elusive, as the focus within the analysed news coverage was on the segregated recovery of service users through arts participation.

The project found that in relation to policy representation:

- Policy documents on mental health have been the subject of little scholarly scrutiny.
- Recovery was rarely defined within the analysed policy documents and some conceptualisations of recovery were metaphorical; identify themes of recovery such as 'arts participation and recovery', 'stigma and recovery', 'recovery as an assessment criterion for mental health service funding'.
- Contrary to the identification of most documents as the outcome of cooperative work, the voice of people with mental health problems was seldom incorporated directly (e.g. via direct quotation) in contrast to the voice of other actors.

Key evidence: Atanasova et al. (In press)

WP 3.3: Synthetic analysis of measures

Project Lead: Professor Aaron Williamon, Royal College of Music

We proposed carrying out statistical analyses comparing pre- and post-measures across our targeted creative practices. To facilitate this, we incorporated standardised health and social interaction outcome measures into each WP, including the Warwick Edinburgh Mental Well-being Scale and Connor-Davidson Resilience Scale. As demonstrated in our portfolio of publications, these standardised measures have typically shown clear and significant pre-/post-changes (see e.g. Fancourt et al.., 2016).

However, we opted not to run the originally planned synthetic analyses across WPs, as artistic practices were delivered over different timescales, with different sized cohorts and with different levels of social interaction within each artistic activity.

When designing and implementing creative practices, we opted to prioritise artistic content over and above statistical design, enabling the research team to explore the effects of each practice with rigour and depth. As a result, we have seen wide ranging of effects of the creative practices, as articulated throughout the findings of each WP and particularly in our articles reporting qualitative research (see e.g. Perkins et al.., 2016).

We believe that there is still scope for such synthetic analyses in future research, with targeted comparisons made across creative practices, as long as timescales, cohort size and social interaction can be controlled without compromising the creative experience.

Theme 4: International Perspectives on Creative Practice as Mutual Recovery

WP 4.1: Musical Jamming

Project Lead: Professor Eugene Beresin, Harvard Medical School, Massachusetts General Hospital

Project Team: Callahan, K. and Schlozman, S.

The Musical Jamming Project scoped the potential for Creative Practice as Mutual Recovery in the US context and conducted a pilot study of musical jamming involving mental health clinicians and patients with very severe psychiatric illnesses.

The scoping and literature review found that:

- The concept of 'mutual recovery' is as yet extremely rare in United States health care.
- Professionalism in the United States is specifically defined as providing care absent of a bidirectional paradigm.
- The benefits of Mutual Recovery as described in work from the United Kingdom and other nations would be of great benefit to health care in the United States.

The pilot study of musical jamming found that:

- Clinicians and patients felt measurably better about their work together.
- Clinicians and patients enjoyed both clinical work as well as the work spent creating music.
- Clinicians and patients experienced significant rejuvenation.

Key evidence: Callahan et al. (2017); Callahan et al. (In press)

WP 4.2: Mutual Recovery for Older Adults Experiencing Depression

Project Lead: Associate Professor Junming Dai, Fudan University

Project Team: Fu, H., Gao, J., Wang, C., Hua, Y., Qian, W., Liu, J. and Wu, L.

The Mutual Recovery for Older Adults Experiencing Depression Project investigated the potential benefits of engaging in the creative practices of sharing stories and music in Fudong community, Shanghai, China. The study found this approach contributed to an improvement in symptoms of depression, sleep quality and psychological well-being in older community-dwelling adults with depressive symptoms.

Key evidence: Chao et al. (2017)

WP 4.3: Creative Art Gallery Workshops (additional project)

Project Lead: Associate Professor Javier Saavedra-Macías, University of Seville

Project Team: Arias-Sánchez, S., Murvartian, L., Galván, B., Vallecillo, N. and Luisa Galán, M.

The Creative Art Gallery Workshops Project led by Seville University and held at the Contemporary Art Centre of Andalusia (CAAC), Spain, engaged both healthcare professionals and people with Severe Mental Disorders (SMI) to assess the impact of creative workshop participation on their psychological well-being, social connectivity and subjective experience and found:

- A significant increase in psychological well-being and social acceptance after workshop participation.
- The creative activity made it possible for mental health service users and professional carers to participate in diverse social practices far removed from clinical settings and to help them increase the quantity and quality of their social contacts.

Key evidence: Saavedra-Macías et al. (2016); Saavedra-Macías et al. (2017a, 2017b)

WP 5: Synthesis of All Theme Outputs and Final Report

In this stage, we developed our emergent relationship with Mental Health Foundation as a key partner for narrative synthesis and dissemination of findings to multiple audiences with a mental health practice and policy focus. The individual projects were narrated in a multimodal style, combining video reports, images and text and collating and presenting key findings across the work packages, providing a summary account of impacts and deriving a set of recommendations for advancing connected communities between people with mental health needs, informal carers and health, social care and education personnel by adopting a mutual recovery through creative practice approach and inform national policy. Both benefits and disbenefits of such an approach, as evidenced in the programme findings, were included. This synthesis will be published with Mental Health Foundation in April 2018.

Conclusions and Recommendations

Creative arts initiatives can be an effective way of meeting growing calls for a shift of emphasis in mental health services provision towards social perspectives, a community development approach and of enhancing relationships and social support in the context of the well-being agenda. An adequate grasp of mutuality and social relationships is also important in addressing recent policy initiatives around loneliness.

Two key benefits of the diverse set of shared creative practices in this programme of research were identified in the findings. First, they can help people recover mental health and well-being together – 'mutual recovery.' Second, they can increase social connectedness within and between not just groups of people with experience of mental health issues, but also informal or family carers and health, social care, education and arts practitioners.

Both targeted and mainstream creative arts initiatives have a role in supporting mental health and well-being. There is also an important place for women-centred creative arts provision which facilitates the development of peer learning and support systems.

To achieve mutual benefits for practitioners and other participants from shared creative arts in Adult Community Learning (ACL) and mental health participatory arts settings, practitioners and volunteers need to be supported to negotiate the challenges involved. In these settings, it is also important to recognise the resources within user groups which can support educational and mental health and well-being objectives. However, staff facilitation remains important.

The importance of relationships and social support to well-being and recovery means that continuity and stability of provision of creative arts ACL and participatory arts initiatives is necessary for maintaining outcomes in these domains.

The contribution of creative arts to recovery was particularly well presented in local media. However, the concept of mutual recovery between different groups remains elusive, with news coverage focusing on the recovery of service users through arts participation where they recover 'together', but together with other service users, not alongside practitioners and family carers. It is hoped that in future the media will capture and represent more of the growing number of creative initiatives that bring together all these groups.

Contrary to the identification of most policy documents on recovery as the outcome of cooperative work, the voice of people with mental health issues was seldom incorporated directly.

We did find some instances where a creative practice either did not suit some individuals, did not clearly promote 'mutual recovery' or became difficult to engage with. We learned that: while benefiting many participants, clay modelling did not suit everybody due to its qualities of coldness and muddiness;

creative arts community initiatives often need to achieve a balance between self-directed and collective practice/learning, and 'mutuality' should not be expected or forced upon participants; it is often better for well-being aims to remain implicit in ACL settings; the extent to which online storytelling can promote mutuality or connectivity remains uncertain; professional roles and organisational responsibilities sometimes limited or acted as a barrier to practitioners participating in shared creative practice; people with serious mental health issues may struggle to remain engaged without direct mental health professional support.

We would recommend that health, social care, education and arts organisations consider: promoting more shared creative practices to benefit the mental health and well-being of all communities that they serve, including practitioners and family carers; and developing strategies for how 'mutual recovery' opportunities can be maximised to enhance their environments in feasible and innovative ways. In addition, we would encourage professionals in these organisations to consider the benefits of engaging in shared creative practices with their peers, other professionals and non-professionals, not least people with experience of mental health difficulties and their family carers.

Further research is required on how other kinds of creative practice not investigated in this study might promote 'mutual recovery' of mental health and well-being. This will address not only the challenge of connected communities, but also enable us to consider a variety of related policy challenges concerned with well-being and social relationships. The need to enhance social capital, promote active citizenship and the amelioration of loneliness can all be addressed via these kinds of activities, so we anticipate a lively role for the health humanities in years to come.

Acknowledgements

We are grateful to the Arts and Humanities Research Council for funding this programme of research: 'Creative Practice as Mutual Recovery: Connecting Communities for Mental Health and Well-being' (Grant numbers: AH/K003364/1; AH/J011630/1). We would also like to thank our project partners, supporting organisations and many individuals who have offered their advice and encouragement. In particular, we are grateful to: Dr David Crepaz-Keay, Tony Devaney and Debbie Butler for their guidance on Patient and Public Involvement; to Ruth Simmonds for supporting the digital showcase report; and Professor Tess Jones (University of Denver), Professor Niels Buus (University of Sydney) and Professor Andrea Charise (University of Toronto) for being such helpful and critical friends on the Advisory Board. We are also very grateful to Jamie Crawford for editing this report. Finally, we would like to thank the large number of people who took part in the various projects and all those who agreed to have their art work appear in this digital presentation. We hope that you continue to benefit from being part of creative communities who recover mental health and well-being together.

Project Partners

Non-Academic

AIMS (Association for Improvements in Midwifery Services)

D.R.E.A.M.

Derbyshire Healthcare NHS Foundation Trust

Eventus

FAISEM

Fiesta Flamenco

Mental Health Foundation

National Service Users Network

Nottingham City Council

Nottingham Contemporary

Nottinghamshire Healthcare NHS Trust

OppNet, National Institutes of Health, US

Science Museum Group

Sheffield Vision

Sure Search Mental Health Network

Workers' Educational Association

Yoga Nova

Academic

Centre for Mental Health, UK

De Montfort University, UK

University of Derby, UK

Fudan University, China

Harvard University, US

Institute of Mental Health, UK

Institute of Psychiatry, UK

King's College London, UK

Loughborough University, UK

Queen Mary University London, UK

Royal College of Music, UK

University of Birmingham, UK

University of Denver, US

University of Nottingham, UK

University of Seville, Spain

University of Sheffield, UK

University of Sydney, Australia

University of Toronto, Canada

University of Wolverhampton, UK

References to Works Cited

Amering, M. & Schmolke, M. 2009. *Recovery in Mental Health*. Oxford: Wiley-Blackwell.

Allard, J., Bleakley, A. & Wilson, M. In press. Digital storytelling. In: Bleakley, A. ed. *Handbook of Medical Humanities*. London: Routledge.

Atanasova, D., Koteyko, N., Brown, B. & Crawford, P. In press. Representations of mental health and arts participation in the national and local British press, 2007–2015. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*. DOI:10.1177/1363459317708823.

Argyle, E. 2015. A potter's day: Clay transformations, *Ceramic Review*, March issue, 272, p. 79.

Argyle, E. & Winship, G. 2015. Creative practice in a group setting, *Mental Health and Social Inclusion*, 19(3), pp. 141–147.

Baker, A. & Winship, G. 2016. Recovery is no laughing matter – or is it? *Mental Health & Social Inclusion*, 20(3), pp. 167–173.

Bentall, R. 2009. *Doctoring the Mind: Why Psychiatric Treatments Fail*. London: Penguin.

Beresford, P., Nettle, M. & Perring, R. 2010. *Towards a Social Model of Madness and Distress? Exploring What Service Users Say*. York: Joseph Rowntree Foundation.

Boardman, J & Shepherd, G. 2009. *Implementing Recovery*. London: Sainsbury Centre for Mental Health.

Brown, B. 2015. Towards a critical understanding of mutuality in mental health care: Relationships, power and social capital, *Journal of Psychiatric and Mental Health Nursing,* 22(10), pp. 829–835.

Brown, B. 2016. Mutuality in health care: Review, concept analysis and ways forward, *Journal of Clinical Nursing*, 25(9-10), pp. 1464–1475.

Brown, B. In press. Digital health humanities. In: Adolphs, S. & Knight, D. eds. *Routledge Handbook of English Language and Digital Humanities*. London: Routledge.

Brown, W. & Kandirikirira, N. 2007. Recovering Mental Health in Scotland. Report on Narrative Investigation of Mental Health Recovery. Glasgow: Scottish Recovery Network.

Callahan, K, Schlozman, S. & Beresin, E. In press. Creative arts therapies and mutual recovery treatment in the United States: A review of the literature, *Psychiatric Services*.

Callahan, K., Schlozman, S., Beresin, E. & Crawford, P. 2017. The use of music in mutual recovery: A qualitative pilot study, *Journal of Applied Arts and Health*, 8(1), pp. 103–114.

Chao, W., Yujie, H., Hua, F., Longfeng, C., Wen, Q., Junyang, L., Crawford, P. & Junming, D. 2017. Effects of a mutual recovery intervention on mental health in depressed community-dwelling adults: A cluster randomised trial, *BMC Public Health,* 17(4). ISSN 1471-2458.

Clarke, S., Winship, G., Manning, N. & Clarke, J. 2017. Therapeutic communities. In: Chambers, M. ed. *Psychiatric and Mental Health Nursing: The Craft of Caring.* 3rd edition. London: Sage, pp.631–640.

CMH (Centre for Mental Health). 2010. The Economic and Social Costs of Mental Health Problems in 2009/10. London: CMH.

Cooke, A., Friedli, L., Coggins, T., Edmonds, N., Michaelson, J., O'Hara, K., Snowden, L., Stansfield, J., Steuer, N. & Scott-Samuel, A. 2011. *MWIA: A Toolkit for Wellbeing*. 3rd ed. London: National MWIA Collaborative.

Crawford, P. 2011. NHS failures in care for the elderly demand prompt remedies. Letter to the Editor. *The Times*, Friday October 14, p. 35.

Crawford, P., Lewis, L., Brown, B. & Manning, N. 2013. Creative practice as mutual recovery in mental health, *Mental Health Review Journal,* 18(2), pp. 44–64.

Crawford, P. 2015. Creative practice as mutual recovery. In: Crawford, P., Brown, B., Baker, C., Tischler, V. & Abrams, B. eds. *Health Humanities*. Palgrave: London, pp. 136–152.

Crawford, P. In press. Incomprehensibility and mutual recovery. In: Shaughnessy, N. & Barnard, P. eds. *Performing Psychologies: Imagination, Creativity and Dramas of the Mind*. London: Bloomsbury Methuen.

Crawford, P. & Brown, B. 2011. Fast healthcare: Brief communication, traps and opportunities, *Patient Education & Counselling*, 82, pp. 3–10.

Crawford, P., Gilbert, P., Gilbert, J. & Gale, C. 2011. The language of compassion, *Taiwan International ESP Journal*, 3(1), pp. 1–16.

Crawford, P. & Hallawell, B. 2011. Where is the love? *Learning Disabilities Practice*, 14(6), p. 9.

Crawford, P., Lewis, L., Brown, B. & Manning, N. 2013. Creative practice as mutual recovery in mental health, *Mental Health Review Journal*, 18(2), pp. 44–64.

Davidson, L., Rakfeldt, J. & Strauss, J. 2010. The Roots of the Recovery Movement in Psychiatry. Chichester: Wiley-Blackwell.

Devaney, T. 2015. *Mental health and Government policy: Critical responses to Government reforms* [Online]. Nottingham: IMH Blog. Available at: https://imhblog.wordpress.com/2015/11/27/tonydavaney-mental-health-and-neoliberal-policy-critical-responses-to-government-reforms/.

Devlin, P. 2009. *Restoring the Balance: The Effect of Arts Participation on Wellbeing & Health*. Newcastle-upon-Tyne: Voluntary Arts England. Available at: http://www.artsforhealth.org/resources/VAE_Restoring_the_Balance.pdf.

DH (UK Department of Health). 2011. *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*. Gateway Ref 14679. London: Department of Health.

Ecclestone, K. 2004. Learning or therapy? The demoralisation of education, *British Journal of Educational Studies,* 57(3), 127–141.

ECNP (European College of Neuropsychopharmacology). 2009. *22nd Congress*, 12 Sept 2009, Istanbul.

Edwards, D., Burnard, P., Coyle, D., Fothergill, A. & Hannigan, B. 2000. Stress and burnout in community mental health nursing: A review of the literature, *Journal of Psychiatric and Mental Health Nursing*, 7, pp. 7–14.

Fancourt, D., Perkins R., Ascenso, S., Atkins, L., Kilfeather,S., Carvalho, L.A., Steptoe, A. & Williamon, A. 2016a. Group drumming modulates cytokine response in mental health service users: A preliminary study, *Psychotherapy and Psychosomatics*, 85, pp. 53–55.

Fancourt, D., Perkins, R., Ascenso, S., Carvalho, L.A., Steptoe, A. & Williamon, A. 2016b. Effects of group drumming interventions on anxiety, depression, social resilience and inflammatory immune response among mental health service users, *PLoS ONE*, 11, pp. 1–16.

Fancourt, D. & Williamon, A. 2016. Attending a concert reduces glucocorticoids, progesterone and the cortisol/DHEA ratio, *Public Health*, 132, 101–104.

Gilbert, P. 2009. *The Compassionate Mind*. London: Constable.

Hogan, S. 2015. Mothers make art: Using participatory art to explore the transition to motherhood, *Journal of Applied Arts & Health*, 6(1), pp. 23–32.

Hogan, S. 2016a. The tyranny of expectations of post-natal delight: Gendering happiness, *Journal of Gender Studies*. Special Issue: Gendering Happiness. DOI:10.1080/09589236.2016.1223617.

Hogan S. 2016b. Working across disciplines: Using visual methods in participatory frameworks. In: S. Pink, Fors, V. & O'Dell, T. eds. *Theoretical Scholarship and Applied Practice*. London: Berghahn, pp. 142–166.

Hogan, S. 2017. Community-based arts, health and well-being in Britain. In: Stickley, T. ed. *Arts Health & Well-being: A Theoretical Enquiry*. Newcastle upon Tyne: Cambridge Scholars Publishing, pp. 219–235.

Hogan, S. In press. The birth project: Mothers & birth professionals make art. In: Hogan, S. ed. *Gender Issues in International Arts Therapies Research*. Oxon: Routledge.

Hogan, S. & Pink, S. 2012. Visualising interior worlds: Interdisciplinary routes to knowing. In: Pink, S. ed. *Advances in Visual Methodology*. London: Sage, pp.230–248.

Hogan, S., Baker, C., Cornish, S., McCloskey, P. & Watts, L. 2015. Birth shock: Exploring pregnancy, birth and the transition to motherhood using participatory arts. In: Burton, N. ed. *Natal Signs: Representations of Pregnancy, Childbirth and Parenthood*. Canada: Demeter Press, pp. 272–269.

Hogan, S., Sheffield, D. & Woodward, A. 2017. The value of art therapy in antenatal and postnatal care: A brief literature review, *International Journal of Art Therapy* (IJAT, formerly Inscape), 22(4), pp. 169–179.

Hopper, K. 2007. Rethinking social recovery in schizophrenia: What a capabilities approach might offer, *Social Science and Medicine,* 65, pp. 868–79.

Jordan, M., Wright, E. J., Purser, A., Grundy, A., Joyes, E., Wright, N., Crawford, P. & Manning, N. 2018. Capoeira for beginners: Self-benefit for, and community action by, new capoeiristas, Sport, *Education, & Society*, pp.1-14. DOI:10.1080/13573322.2018.1441145.

Lewis, L. 2014. *Mutuality in the research encounter: some reflections on the ethico-politics of conducting interviews*. Contribution to the Creative Practice as Mutual Recovery Seminar Series, Methodologies, University of Nottingham, June. Available: www.wlv.ac.uk/connectedcommunities.

Lewis, L. and Spandler, H. 2018. Forging identity, community and social solidarity through shared creative practice in a mental health participatory arts setting. Poster presentation to the British Sociological Association Annual Conference, *Identity, Community and Social Solidarity,* Northumbria University, 10–12th April.

Lewis, L., Ecclestone, K., Spandler, H. and Tew, J. 2016a. *Mutuality, Wellbeing and Mental Health Recovery: Exploring the roles of creative arts adult community learning and participatory arts initiatives. Research Briefing (short version).* University of Wolverhampton. Available: www.wlv.ac.uk/connectedcommunities.

Lewis, L., Spandler, H., Tew, J., Ecclestone, K. and Croft, H. 2016b. *Mutuality, Wellbeing and Mental Health Recovery: Exploring the roles of creative arts adult community learning and participatory arts initiatives. Final Research Report.* University of Wolverhampton. Available from Lydia Lewis: lydia.lewis@wlv.ac.uk. Summary report also available.

Lewis, L., Tew, J., Ecclestone, K. and Spandler, H. 2016c. *Mutuality, Wellbeing and Mental Health Recovery: Exploring the roles of creative arts adult community learning and participatory arts initiatives.*

Research Briefing (longer version). University of Wolverhampton. Available: www.wlv.ac.uk/connectedcommunities.

Martikke, S. 2014. *Mutual Recovery through Creative Connection*. National Co-ordinating Centre for Public Engagement Public Engagement Case Study [Online]. Available at: https://www.publicengagement.ac.uk/case-studies/mutual-recovery-through-creative-connection.

Martikke, S., Church, A. & Hart, A. 2015. *Greater than the sum of its parts: What works in sustaining community-university partnerships*. GMCVO, pp. 106-7. Available at: https://www.gmcvo.org.uk/greater-sum-its-parts-what-works-sustaining-community-university-partnerships.

MRC (Medical Research Council). 2010. *Review of Mental Health Research*. London: MRC.

Murray, R. 2012. *The New Wave of Mutuality: Social Innovation and Public Service Reform*. London: Policy Network.

PARTNER Tool**.** 2011. PARTNER Programme to analyze, record and track networks to enhance relationships. www.partnertool.net/.

Pérez, E., Ball, M., Brown, P., Crepaz-Keay, D., Haslam-Jones, E. & Crawford, P. 2016a. Kundalini Yoga as mutual recovery: A feasibility study including children in care and their carers, *Journal of Children's Services*, 11(4), pp. 1–22.

Pérez, E., Henckert, D. & Churchill, D. 2016b. Video Interactive Guidance (VIG): A reflective pedagogical tool for enhancing learning goals and compassion in the context of clinical communication skills education. In: Peterkin, A. & Brett-MacLean, P. eds. *Keeping Reflection Fresh*. Kent, OH: Kent State Press (Literature and Medicine series), pp. 360–362.

Pérez Vallejos, E., Haslam-Jones, E. & Pickard, D. 2018. Creative practices as mutual recovery: Flamenco-yoga, *Papales de Trabajo sobre Cultura, Educacion y Desarollo Humano*, 14(3), pp. 80–89.

Perkins, R., Ascenso, S., Atkins, L., Fancourt, D. & Williamon, A. 2016. Making music for mental health: How group drumming mediates recovery, *Psychology of Well-Being*, 6(11), pp. 1–17.

Pinquart, M. & Sörensen, S. 2003. Differences between caregivers and noncaregivers in psychological health and physical health: A meta-analysis, *Psychology and Aging*, 18(2), pp. 250–267.

Preisig, M., Salvador-Carulla, L., Simon, R. & Steinhausenet, H-C. 2011. The size and burden of mental disorders and other disorders of the brain in Europe 2010, *European Neuropsychopharmacology*, 21, pp. 655–679.

Repper, J. & Perkins, R. 2003. *Social Inclusion and Recovery.* Oxford: Bailliere Tindall.

Rothschild, B. 2006. *Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma*. New York: W. W. Norton & Co.

Rudow, B. 1999. Stress and burnout in the teaching profession: European studies, issues and research perspectives. In: Huberman, A.M. ed. *Understanding and Preventing Teacher Burnout: A Sourcebook of International Research and Practice*. Cambridge: CUP, pp. 38–58.

Saavedra, J., Pérez, E., Crawford, P., y Arias, S. 2017a. Recovery and creative practices in people with severe mental illness: Evaluating well-being and social inclusion, *Disability and Rehabilitation,* 40(8).

Saavedra, J., Arias, S., Crawford, P. & Pérez, E. 2017b. Impact of creative workshops for people with severe mental illness: Art as a means of recovery, *Arts and Health.* DOI: 10.1080/17533015.2017.1381130.

Saavedra-Macías, J., Arias-Sánchez, S., de la Cruz, E., Galán, M.L., Galván, B., Murvartian, L. & Vallecillo. N. 2016. La recuperación mutua en personas con trastornos psicológicos o diversidad funcional a través de la práctica creativa [Mutual recovery in people with psychological disorders or functional diversity through creative practice], *Arte, Individuo y Sociedad*, 28, pp. 339–354.

Secker, J., Hacking, S., Spandler, H., Kent, L. & Shenton, J. 2007. *Mental Health, Social Inclusion and Arts: Developing the Evidence Base. Final Report*. Department of Health, UClan and Anglia Ruskin University.

Secker. J., Hacking. S., Kent, L., Shenton, J. & Spandler, H. 2009. Development of a measure of social inclusion for arts and mental health project participants, *Journal of Mental Health,* 18(1), pp. 65–72.

Shepherd, G., Boardman, J., & Slade, M. 2008. *Making Recovery a Reality.* London: SCMH (Sainsbury Centre for Mental Health).

Spandler, H. & Stickley, T. 2011. No hope without compassion: The importance of compassion in recovery-focused mental health services, *Journal of Mental Health*, 20(6), pp. 555–566.

Spandler, H. Secker, J. Kent, L. Hacking, S. & Shenton, J. 2007. Catching life: The contribution of arts initiatives to 'recovery' approaches in mental health, *Journal of Psychiatric and Mental Health Nursing* 14(8), pp. 791–799.

Tew, J. 2013. Recovery capital: What enables a sustainable recovery from mental health difficulties? *European Journal of Social Work*, 16(3), pp.369–374. DOI:10.1080/13691457.2012.687713.

WHO (World Health Organisation). 2005. *Mental Health: Facing the Challenges, Building Solutions*. Copenhagen: World Health Organization, Europe.

Wilson, M. 2018. Some thoughts on storytelling, science and dealing with a post-truth world, *Storytelling, Self and Society*, 12(2), Fall.

Winship, G. 2016. A meta-recovery framework: Positioning the 'New Recovery' movement and other recovery approaches, *Journal of Psychiatric & Mental Health Nursing*, 23, pp. 66–73.

Wittchen, H.U., Jacobi, F., Rehm, J., Gustavsson, A., Svensson, M., Jönsson, B., Olesen, J., Allgulander, C., Alonso, J., Faravelli, C., Fratiglioni, L., Jennum, P., Lieb, R., Maercker, A., van Os, J., Preisig, M., Salvador-Carulla, L., Simon, R. & Steinhausenet, H-C. 2011. The size and burden of mental disorders and other disorders of the brain in Europe 2010, *European Neuropsychopharmacology*, 21, pp. 655–679.

Arts & Humanities Research Council