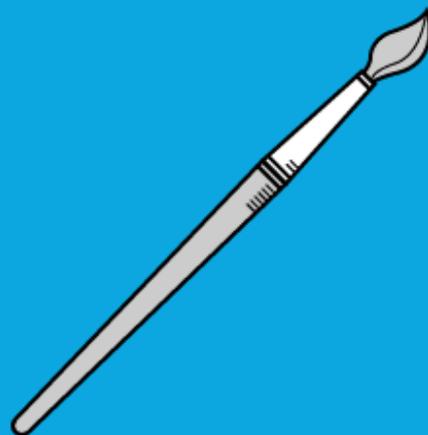


# Using the arts to challenge mental health stigma and the impact on the audience

## Key Finding Briefing Paper

The arts can be used to challenge stigmatising attitudes and behaviours associated with mental health. This paper explores the different methods used through the arts to reduce mental health stigma and what components of stigma (knowledge, attitudes and behaviours) they are helping to challenge. The highlights are identified here from the literature and primary research. A full version of the research report can be found on the See Me website.

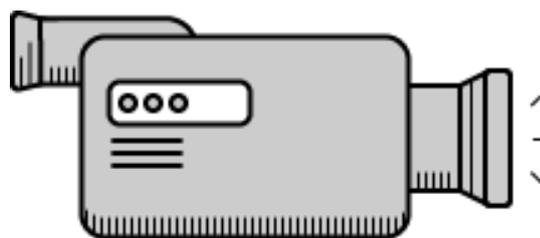
The evidence review covers literature from a variety of different types of art including performing arts, gallery collections, arts festivals, theatre shows and a community orchestra. The research key findings are from a analysis of primary data collected through the annual evaluation of the Scottish Mental Health Arts Festival. The audience self-assessed the impact of the art on themselves and which methods, identified through the literature, had helped to: improved their knowledge and awareness of mental health; positively changed their perception of people with mental health problems; made them think differently about their own mental health; and intended behaviour change.



## Evidence Review: Key Themes

### Creation of Art

- Art created to challenge stigma needs to be produced collaboratively with or by people with lived experience of a mental health problem and focus on the narrative of their story. Art based generally on mental health education does not necessarily reduce stigma (Twardzicki 2008; Koh and Ahrimpton 2014; Knifton et al. 2009; Rodgers 2017; Quinn et al 2011).
- Positive representations of people with mental health problems and positive themes can be more effective in gaining positive reactions from the audience and breaking down stigma, although it's argued that this 'safe' programming may lose interest from audiences over time (Knifton et al. 2009; Quinn et al. 2011).
- Art should be able to convey complex messages with social and personal meaning, creating a shared meaning with audiences by engaging them on an emotional level (Quinn et al. 2011; Michalak et al. 2014).
- Art focused on a person's recovery can help reduce stigma (Quinn et al 2011; Michalak et al 2014).
- Avoid despair depictions of mental health which reinforce stereotypes, and images of violence and unpredictability without clear contextualisation (Koh and Shrimpton 2014; Quinn et al 2011).



## Where Art is Displayed and the Audience

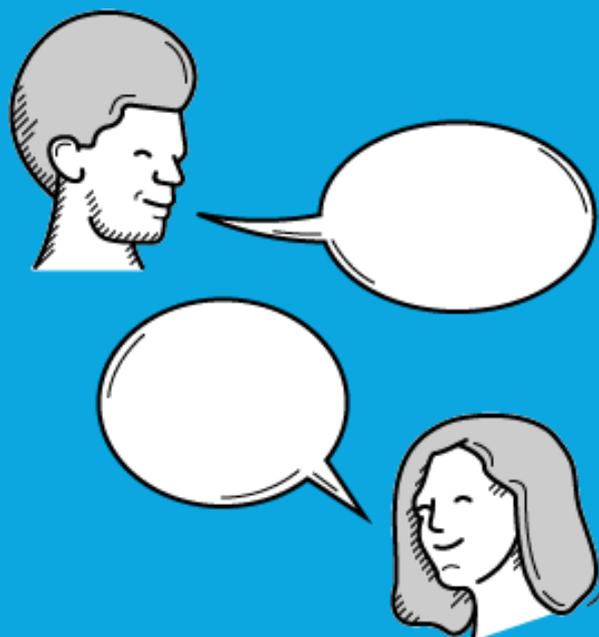
- Artwork should be displayed within the community setting that it is looking to influence. Anti-stigma art should be focused on challenging social spheres of society or a microsphere in the community (Rodgers 2017).
- Important for the art to be displayed in mainstream public services and as part of social movements . Art has the potential to reach beyond the normal groups that engage by displaying art in public places and public services rather than galleries or mental health specific events (Lamb 2009; Quinn et al. 2011; Aldam et al. 2017).
- To increase public access to anti stigma art, it should be open access and either free or low cost (Quinn et al. 2011; Aldam et al. 2017).
- Engagement in art is lower from older people, people on lower incomes and people from ethnic minority groups (Aldam et al. 2017).

## Activities around the Art Showing

- Educational materials and signposting resources were the most common approaches used (Lamb 2009; Rodgers 2017; Twardzicki 2008).
- Providing mental health awareness sessions with groups creating the artwork (Twardzicki 2008).
- Discussions around the artwork through arranging panels or Q&A sessions which can be used to contextualise the artwork (Knifton et al. 2009; Michalak et al. 2014).

## Impact of Art on the Audience

- Increased understanding of mental health problems from audience members (Twardzicki 2008; Michalak et al. 2014; Koh and Shrimpton 2014).
- An increase in sympathetic understanding of the distress and the ability of people with mental health problems (Koh and Shrimpton 2014; Twardzicki 2008).
- Positive impact on the audience being more optimistic about recovery and an increase in knowledge about recovery (Quinn et al. 2011).
- Appreciated the unique learning opportunity through art (Michalak et al. 2014).
- One-off interventions seem ineffective, but toolkits could be developed to support long-term change (Michalak et al. 2014).



## Research: Key Findings

- Art which included the voices and stories of people with lived experience had the highest response rate of respondents agreeing or strongly agreeing that this had helped to improve their knowledge and awareness of mental health (48%) and helped to positively change their perceptions of people with mental health problems (55%).
- Q&A's/discussions around the art also rated highly by respondents to help improve their knowledge and awareness (36%).
- Art with a focus on recovery rated highly for helping people to think differently about their own mental health (36%).
- The provision of educational or signposting materials was rated lowest across all questions but highest at improving knowledge and awareness (28%)
- Respondents that agreed or strongly agreed to the intended behaviour change questions most frequently agreed or strongly agree that the art had positively changed their perceptions towards people with a mental health problem (inspired you to do or change something (80%); more empowered to challenge mental health stigma (81%) / mental health discrimination (78%).
- Overall, social contact theory (when conversations happen between those who experience mental health problems and those who do not) was therefore highlighted by audience members as the strongest method to improve the three components of stigma through the arts.



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