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

Abstract

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. Data was collected through the annual evaluation of the Scottish Mental Health Arts Festival where respondents self-assessed the impact of the art on themselves through Likert scales. Descriptive analysis shows that including the voices and stories of people with lived experience is rated highest at increasing knowledge and positively changing perceptions. Additionally, Q&A's/discussions rated highly at increasing knowledge and a focus on recovery rated highly for helping people to think differently about their own mental health. The intended behaviour change showed that making the audience feel inspired to change something or feel empowered to challenge stigma and discrimination, was influenced most by positively changing their perceptions of people with mental health problems. Social contact was therefore highlighted by the audience as the strongest method to reduce stigma through the arts.

Introduction

Current evidence on how the arts can challenge mental health stigma covers a variety of different types of art including performing arts, gallery collections, art festivals, theatre shows and a community orchestra. The key considerations from this evidence that will be looked at in more detail are: the creation of art; where art is displayed; the audience for anti-stigma art; pre and post art event; and the impact on audience members.

Creation of Art

Most commonly the research talks to the fact that art created to challenge stigma needs to be produced collaboratively with or by people with lived experience of a mental health problem and that this needs to be a meaningful involvement (Twardzicki 2008; Koh and

Ahrimpton 2014; Knifton et al. 2009; Rodgers 2017). This is a social contact approach to challenging stigma where someone with lived experience tells their story to challenge stigmatising attitudes held by someone who has not had the same experience. The arts festival found that art focused on the narrative of the person who has experienced mental health problems were better at tackling stigma (Quinn et al. 2011).

The literature outlines a number of things to consider when creating art about a mental health experience. It should show a full and fair representation of the experience (Koh and Shrimpton 2014). Show positive representations of people with mental health problems and positive themes as these can be more effective in gaining positive reactions from the audience and breaking down stigma, although they argue that this 'safe' programming may lose interest from audiences over time (Knifton et al. 2009; Quinn et al. 2011). The 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). There is some evidence that art focused on a person's recovery can help reduce stigma (Quinn et al 2011; Michalak et al 2014). This is different to the creation of art as part of a person's recovery from mental health problems (Twardzicki 2008; Aldam et al. 2017; Rodgers 2017). Lamb (2009) describes the process as beneficial to individual's mental health, but the art produced as a weapon against stigma and therefore beneficial to society.

The literature also highlights a few things to avoid when creating art to challenge mental health stigma. Avoid despair depictions of mental health which reinforce stereotypes (Koh and Shrimpton 2014). Avoid images of violence and unpredictability without clear contextualisation (Quinn et al 2011). This potentially exists in tension with the principle of focusing on the narrative of the person, which may have negative parts to the story. For that reason, clear contextualisation is very important. Art based generally on mental health education does not necessarily reduce stigma, a focus on individual's stories is more effective (Knifton 2009; Quinn et al 2011).

Considering all these aspects in the creation of art to challenge mental health stigma, the literature also highlights the importance in ensuring that the art produced is of 'high quality artistic production', although this is not defined and could be very subjective (Quinn et al 2011; Aldam et al. 2017). The impact on the artist is mentioned as they are potentially having very complex conversations on mental health and there may be a need for these conversations to be supported (Aldam et al. 2017).

Where Art is Displayed

All these papers talk about where art is displayed to challenge stigma with a strong focus on the fact that it should be community based to engage with that community and integrate the artwork into their wider community (Lamb 2009; Twardzicki 2008; Quinn et al. 2011; Aldam et al. 2017; Knifton et al. 2009; Rodgers 2017). Artwork should be displayed within the community setting that the art is looking to influence. Examples from the literature are in hospitals and travelling art to reach rural communities. There is commentary on the importance of this art being displayed in

mainstream public services and as part of social movements (Lamb 2009; Aldam et al. 2017). These suggestions can potentially increase access to such art which is discussed in the next section. 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). The medium used for the art may influence and facilitate dissemination (Michalak et al. 2014). Similar to new social movements, anti-stigma art should be focused on challenging social spheres of society or a microsphere in the community. The orchestra gives an example of how they have done this.

"Their own portable 'microsphere' is facilitated by performing in varied locations, such as schools, shopping centres, hospitals, prisons and airports, alongside more conventional venues.'. There is a verbal request at the start for the environment to be a 'stigma-free zone' and permission for everyone to be as free as they want. People can ask questions without judgement." (Rodgers 2017)

Audience for Anti-Stigma Message

There is an understanding that any type of anti-stigma activity only

attracts people who are already interested and knowledgeable about mental health and therefore already have positive attitudes towards mental health. A few papers talk about art having 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). In this approach people would not need to go to the art, but the art would be in places they usually spend time, as in the example from the orchestra. This approach has not been evaluated although one study does note the positive impact of art on staff with lived experience (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). Finally, when interacting with the audience there should be recognition that the audience/everyone has mental health (Aldam et al. 2017). This may be different for art that is focused on mental illnesses but it is used to help change the narrative around mental health, a message that See Me promotes widely.

Pre and Post Art Event

There was a lot of consideration in the literature on aspects around the artwork which could further help to reduce mental health stigma and discrimination. This section looks at different methods people have used before and after the art event.

Educational materials and signposting resources were cited as one of the most common approaches (Lamb 2009; Rodgers 2017; Twardzicki 2008). This was displayed as text based information beside the artwork, as hand-outs or incorporated into the programme. Specifically, in the gallery context there were information boards for the artworks which include the mental health problem in the artist's biography section (Koh and Shrimpton 2014). One study went as far as providing a mental health awareness session with the group that were creating the artwork (Twardzicki 2008).

Discussions around the artwork are also talked about in the literature through arranging panels or Q&A sessions (Knifton et al. 2009; Michalak et al. 2014). These can be used to contextualise the artwork

and the discussions between the audience and people with lived experience can support parity of esteem between mental and physical health (Knifton et al. 2009).

Impact of Art on the Audience
Many papers reported an increased understanding of mental health problems from audience members (Twardzicki 2008; Michalak et al. 2014; Koh and Shrimpton 2014). Two papers noted this increase as well as an increase in sympathetic understanding of the distress and the ability of people with mental health problems, from an audience of high school students, psychology and health and social care students (Koh and Shrimpton 2014; Twardzicki 2008). The Scottish Mental Health Arts Festival also reported a positive impact on the audience being more optimistic about recovery (Quinn et al. 2011). An increase in knowledge about recovery was identified in a study which specifically challenged stigma associated with bipolar disorder, this had a positive impact on increasing healthcare provider's (the audience) knowledge of bipolar disorder and they appreciated the unique learning opportunity (Michalak et al. 2014).

One paper suggests that one-off interventions seem ineffective and that toolkits could be developed to support long-term change, they did this by filming the live performance so that it could be viewed more than once and shared more widely (Michalak et al. 2014). This is consistent with what we know about social contact activities to reduce stigma and discrimination.

Methodology

This research was focused on testing the methods identified in the literature that had been used to reduce mental health stigma through art. These were: engaging in the event; lived experience voices and stories; a focus on recovery; post event discussion/Q&A; and availability of educational or signposting materials. We wanted to identify which of these methods work in challenging the three components of stigma (knowledge attitudes and behaviours) and therefore, their potential to reduce the stigma held by audience members. The artwork being viewed was displayed through the Scottish Mental Health Arts Festival (SMHAF) and presented to audience members

through a digital online delivery in 2020 (https://www.mhfestival.com/). The questions used for this research were embedded into the evaluation survey for the festival which was open to anyone who had attended a SMHAF event in 2020. One of the aims of SMHAF is to use the arts as a platform to challenge negative perceptions and tackle the stigma associated with mental health, therefore we could uphold that the art in this festival was created for the purposes needed for this research.

Findings

The breakdown of respondents to the survey were by age: 21-29 – 5%; 30-39 – 21%; 40-49 – 33%; 50-59 – 28%; 60 or older – 14%. By gender: female 63%; male 33%; other 4%. By lived experience of mental health problems: yes 79%; no 16%; prefer not to say 4%. Responses to the See Me questions in the survey are in table one. For this research we have only looked at respondents that answered agree or strongly agree to any of the three statements in table one. The findings are broken down into the three components of stigma: knowledge; attitudes; and behaviours.

Knowledge
When asked 'has SMHAF improved your knowledge and awareness of mental health', 58% of people agreed

Table 1: Summary Responses to See Me Questions (n=43)
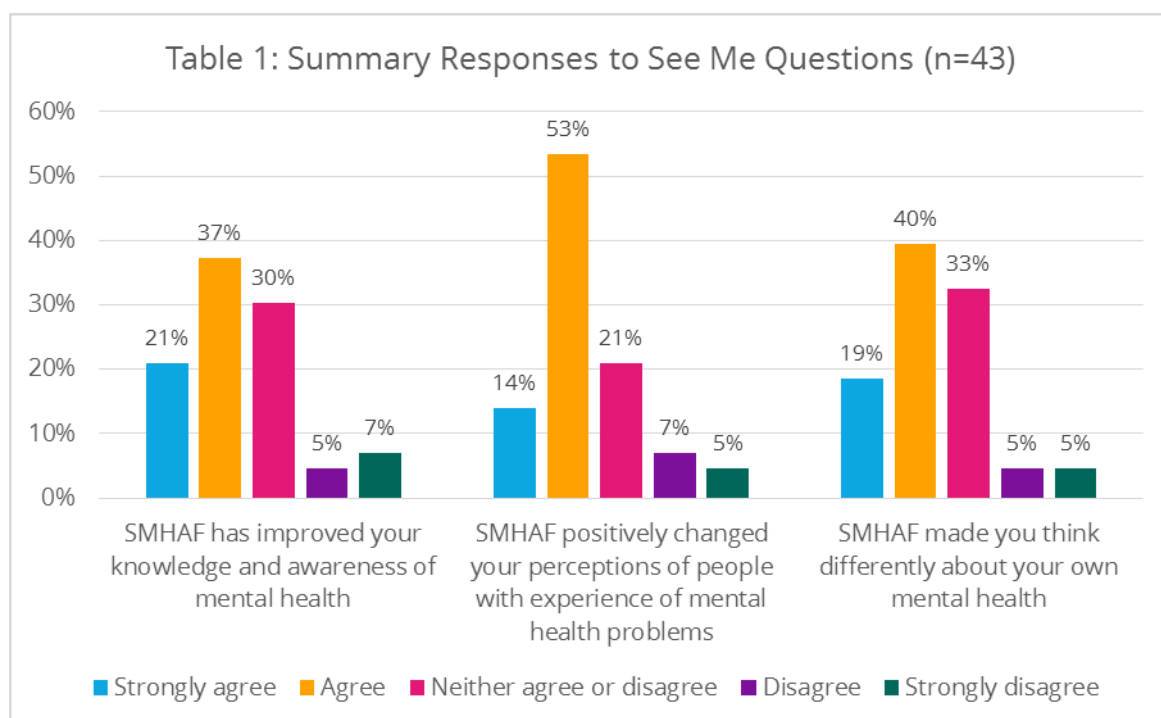
or strongly agreed. Looking at the methods that respondents said helped with this increase in knowledge (table two), 64% of people said that it was from engaging in the event, 48% said from lived experience voices and stories and 36% said from post event discussions or Q&A's.
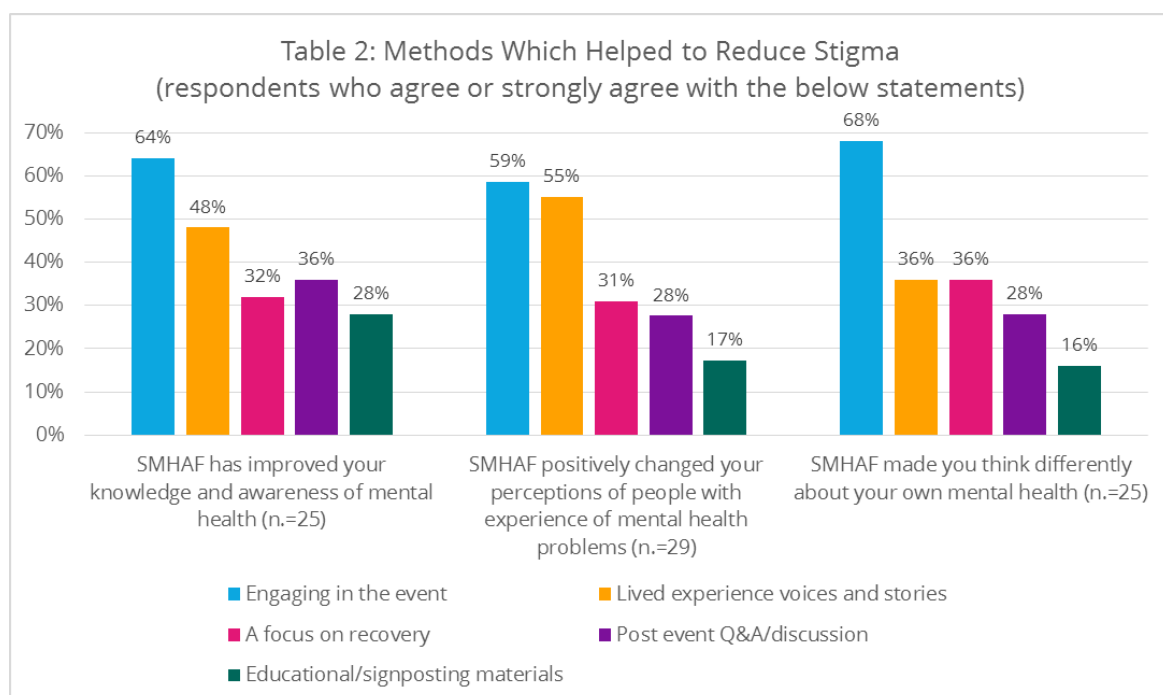
Attitudes
The survey asked about attitudes towards people with mental health problems (societal stigma) and attitudes towards their own mental health (self-stigma).
When asked 'has SMHAF positively changed your perceptions of people with experience of mental health problems', 67% of people agreed or strongly agreed. Looking at the methods that respondents said helped to positively change their perceptions (table two), 59% of people said it was from engaging in the event, 55% said from the lived experience voices and stories and 31% said from a focus on recovery.

When asked 'has SMHAF made you think differently about your own mental health', 59% of people agreed or strongly agreed. Looking at the methods that respondents said helped them to think differently about their own mental health, 68% of people said it was from engaging in the event, 36% said from the lived experience voices and stories and equally 36% said from a focus on

Table 2: Methods Which Helped to Reduce Stigma
(respondents who agree or strongly agree with the below statements)

Legend:
- Engaging in the event
- Lived experience voices and stories
- A focus on recovery
- Post event Q&A/discussion
- Educational/signposting materials

SMHAF has improved your knowledge and awareness of mental health (n.=25): 64%, 48%, 32%, 36%, 28%

SMHAF positively changed your perceptions of people with experience of mental health problems (n.=29): 59%, 55%, 31%, 28%, 17%

SMHAF made you think differently about your own mental health (n.=25): 68%, 36%, 36%, 28%, 16%

recovery.

Behaviours

In terms of behaviours towards mental health the survey asked questions about respondents intended behaviour change. This was asked at two different levels of change, the first about personally changing something in your life and the second if respondents felt empowered to challenge stigma and discrimination. Respondents who agreed or strongly agreed to the behaviour questions were cross analysed with the respondents who agreed or strongly agreed with the knowledge and attitudes questions. These findings are shown in table three.

When asked 'has SMHFA inspired you to do or change something', of the people who agreed or strongly agreed with this statement: 76% of people also agreed or strongly agreed that SMHFA had improved their knowledge and awareness of mental health; 80% of people also agreed or strongly agreed that SMHFA had positively changed their perception of people with experience of a mental health problem; and 72% of people also agreed or strongly agreed that SMHFA had made them think differently about their own mental health.

Table 3: Intended Behaviour Change (respondents who agreed or strongly agree to both questions)
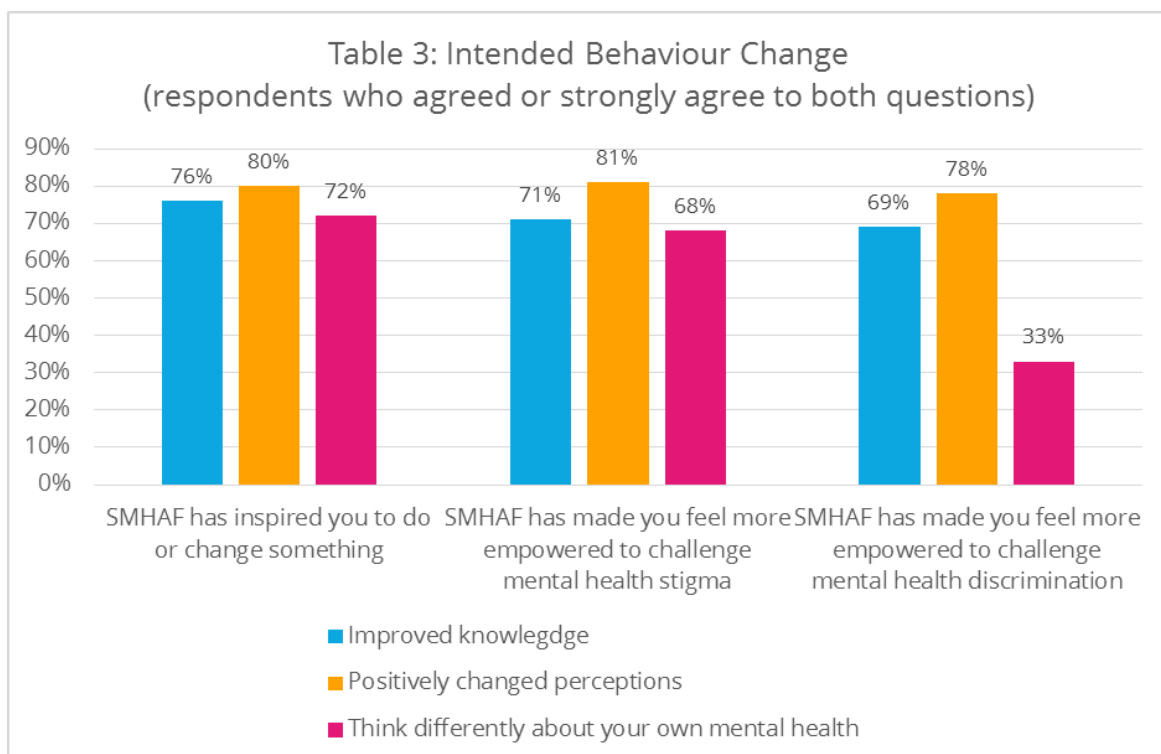
When asked 'has SMHFA made you feel more empowered to challenge mental health stigma', of the people who agreed or strongly agreed with this statement: 71% of people also agreed or strongly agreed that SMHFA had improved their knowledge and awareness of mental health; 81% of people also agreed or strongly agreed that SMHFA had positively changed their perception of people with experience of a mental health problem; and 68% of people also agreed or strongly agreed that SMHFA had made them think differently about their own mental health.

When asked 'has SMHFA made you feel more empowered to challenge mental health discrimination', of the people who agreed or strongly agreed with this statement: 69% of people also agreed or strongly agreed that SMHFA had improved their knowledge and awareness of mental health; 78% of people also agreed or strongly agreed that SMHFA had positively changed their perception of people with experience of a mental health problem; and 33% of people also agreed or strongly agreed that SMHFA had made them think

differently about their own mental health.

Discussion

The most frequent responses for the methods used to reduce stigma, identified from the literature review, were similar for increasing knowledge and changing perceptions. Engaging in the event had the most frequent responses for everything, this covered the action of the participant viewing the artwork. The second most popular was the voices and stories from people with lived experience but this was strongest in helping to positively change perceptions of people with mental health problems. Lived experience was level with a focus on recovery for helping people to think differently about their own mental health. Finally, Q&A/discussions were also important in improving knowledge and awareness.

The results for intended behaviour change showed that the frequency of responses for positively changing perceptions was highest across all three of the intended behaviour change questions. Improving knowledge and thinking differently

about your own mental health also had a high frequency of responses in people who said they would change something or felt empowered to challenge stigma. In challenging discrimination, thinking differently about your own mental health was much lower than the other categories and much lower than what was seen in the questions for changing something or challenging stigma.

Overall the findings show that although there is some variation in which methods help to challenge the three components of stigma, social contact theory (lived experience voices and stories in the artwork and changing the audience's perceptions of people with lived experience of mental health problems) consistently had the highest frequency of responses across all three of the components of stigma.

The audience responses for this research were not as wide reaching as we had hoped. The majority of respondents were aged between 30-59, largely female and mostly people with their own experience of mental health problems. It is therefore suggested that other delivery methods of art in different communities in Scotland are looked at closer for further research.

Limitations

The studies in the literature review had different audiences and looked at different art forms. This study has taken a general approach to art and audience but it is not known if approaches may work differently in different art forms or for specific mental health problems. The limitations of this research are that not all of the art shown incorporated all of the methods, therefore this may have affected the frequency of responses. However, audience members were able to attend multiple events and pick all methods that applied.

For more information about this report contact:
Clare McArthur
Monitoring & Research Officer at See Me clare.mcarthur@seemescotland.org

References

Aldam, G., Dickie, R., Knifton, L., & Davidson , L. (2017). Lessons from a national mental health arts festival.

American Journal of Psychiatric Rehabilitation, 20(3), 298-310. https://doi.org/10.1080/15487768.2017.1338069

Knifton, L., Quinn, N., Inglis, G., & Byrne, P. J. (2009). Ethical issues in a national mental health arts and film festival. *Journal of Ethics in Mental Health*, 4(2), 1-5. https://pureportal.strath.ac.uk/en/publications/ethical-issues-in-a-national-mental-health-arts-and-film-festival-2

Koh, E., and Shrimpton, B. (2014). Art promoting mental health literacy and a positive attitude towards people with experience of mental illness. *The International journal of social psychiatry*, *60*(2), 169–174. https://doi.org/10.1177/0020764013476655

Lamb, J. (2009). Creating Change: Using the Arts to Help Stop the Stigma of Mental Illness and Foster Social Integration. *Journal of Holistic Nursing,* 27(1), 57-65. https://doi.org/10.1177%2F0898010108323011

Michalak, E. E., Livingston, J. D., Maxwell, V., Hole, R., Hawke, L. D., & Parikh, S. V. (2014). Using theatre to address mental illness stigma: a knowledge translation study in bipolar disorder. *International journal of bipolar disorders*, *2*, 1. https://doi.org/10.1186/2194-7511-2-1

Quinn, N., Shulman, A., Knifton, L., and Byrne, P. (2011). The impact of a national mental health arts and film festival on stigma and recovery. *Acta psychiatrica Scandinavica*, *123*(1), 71–81. https://doi.org/10.1111/j.1600-0447.2010.01573.x

Rodgers, D. (2017). Community music as a vehicle for tackling mental health related stigma. *London Review of Economics,* 15(3), 474-487. https://doi.org/10.18546/LRE.15.3.10

Twardzicki, M. (2008). Challenging stigma around mental illness and promoting social inclusion using the performing arts. *The Journal of the Royal Society for the Promotion of Health*, *128*(2), 68–72. https://doi.org/10.1177/1466424007087804