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## Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review

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**Purpose:** Art-based practices show promise as a beneficial solution for mental health services because they are in line with the whole person recovery framework currently being adopted, and have high acceptability with consumers. Nevertheless, incorporation of art-based approaches into mental health services has been impeded by claims of an insufficient evidence-base and ongoing debates about the most suitable research practices. This article addresses this gap in the literature by critically reviewing current research on the benefits of art-based practices in mental health rehabilitation settings. **Method:** A critical review of previous research was conducted identifying all quantitative, qualitative and mixed method studies that addressed art making and adult mental illness. Then a deductive/theoretical thematic analysis was conducted using Lal's framework for conceptualising mental health recovery. **Results:** The identified areas where art-based practices were of key benefit included psychological and social recovery, particularly in the areas of self-discovery, self-expression, relationships and social identity. These findings in conjunction with the identified benefits to clinical, occupational and contextual recovery indicate that art-based practices play a substantial role in mental health recovery. To add weight to these claims, future research endeavours need to integrate the suggested recommendations detailed in this review. **Conclusion:** Recommendations are made to improve the quality of future research, including the need for well-designed mixed-method studies that integrate qualitative and quantitative research, whilst keeping in mind the values of mental health recovery, would further validate this current evidence-base.

**Keywords:** Mental health recovery, art making, art-based practices, review, mental health services, art therapy

### Introduction

There is a pressing need to identify innovative approaches in mental health care, as conventional approaches alone struggle

### Implications for Rehabilitation

- The review indicated that art-based practices are of high benefit to psychological and social recovery particularly in the areas of self-discovery, self-expression, relationships and social identity.
- These findings in conjunction with the identified benefits to clinical, occupational and contextual recovery indicate that art-based practices play a substantial role to mental health recovery.
- Mixed-method studies that integrate qualitative and quantitative research, whilst keeping in mind the values of mental health recovery, would further validate this current evidence-base.

to address the increasing prevalence and severity of mental illness in the community [1–5]. Recently in Australia, it was estimated that one in five Australians aged between 16 and 85 years experienced one or more of the common mental disorders in the last 12 months, and 45% of the respondents had experienced a mental disorder in their lifetime [6].

In return, mental health services have begun to reorient their practices to encompass the mental health of entire populations over the life course and work toward strengthening overall health potential [7,8]. This is in accordance with the World Health Organization (WHO) who outlined five action areas in the Ottawa Charter for Health Promotion [9]: building healthy public policy, creating supportive environments, strengthening communities, developing personal skills and re-orienting health services to take a promotion and prevention approach.

The notion of mental health recovery embraces the whole person approach driven by the WHO. The term “recovery” focuses on the journey towards wellness through overcoming obstacles and finding ways to lead fulfilling and

contributing lives [10]. Consumer accounts and the findings from several longitudinal studies perceive recovery as an ongoing process of improvement and enhancement across multiple areas of the self, as opposed to the complete remission of symptoms [11–21].

Principles of mental health recovery have recently been incorporated into most Westernised mental health systems [1,2,22–24]. In particular, the use of conceptual frameworks, that encapsulate the multiple components of recovery, have been seen as providing clear guidelines and structure to what is otherwise a very ambiguous term [25,26]. For example, one prominent conceptual framework noted that fundamental components of mental health recovery were: renewing hope and commitment, redefining self, incorporating illness, being involved in meaningful activities, overcoming stigma, assuming control, becoming empowered and exercising citizenship, managing symptoms, and being supported by others [27]. More recently, Lal [28] proposed a broader model of mental health recovery comprising the following six dimensions: clinical, personal/psychological, self-care, social, occupational and environmental/contextual.

Art-based practices have attracted increasing interest in mental health settings as they offer a person-centred and recovery-oriented approach that embraces emotional, social and spiritual needs alongside the clinical [29]. Furthermore, they have high acceptability with consumers. Art making in community settings can enhance overall general health through strengthening self-esteem and self-worth, contribute to a feeling of being valued, facilitate development of interpersonal relationships, and widen social networks [30–32]. Typically, art-based practices in mental health settings include a wide range of approaches, such as: Individual art making, studio art making, art making with emphasis on skill development and mastery, program facilitated and structured art groups, individual art making with a healing purpose, and art psychotherapy [33].

Nevertheless, funding for and incorporation of the arts into mental health practices has been impeded by the claim that there is a lack of a solid evidence-base [34–36]. The ongoing debate about the most suitable research approaches for examining the role of the arts in healthcare services has also meant that knowledge around the benefits remains elusive within the wider public domain [37]. Reviewers of previous research in the field noted the inappropriate use of survey instruments as well as a heavy reliance on selective case studies, anecdotal accounts and small sample sizes [38,39]. They also noted that previous studies had unclear aims and lack of distinction identifying the process itself from the resultant impact [38–43]. Additionally, they argued that much of the research has come from short-term projects with limited resources and research skills, resulting in a lack of confidence in evaluation outcomes [38–41,44].

In response to requests for more rigorous research in the field, a recent study evaluated the clinical and cost effectiveness of group art therapy for people with schizophrenia using a three-arm, parallel group, pragmatic, randomised control trial design [45]. However, recruitment for randomised control trials (RCTs) in mental health services was complex

and difficult with critical ramifications for the validity of the study. Mental health staff in the study setting reported numerous concerns, which included: being unconvinced of the benefits of evidence-based practice, regarding RCTs as distanced from the real world, considering the use of a control groups and double-blinded studies as against the person-centred values and ethics of recovery, and regarding art therapy as not particularly helpful in addressing specific prioritised needs, such as housing or financial problems [46]. Consequently, the staff acted as gatekeepers to their clients and researchers had difficulties in accessing eligible research participants.

The claims by previous studies of a lack of a solid evidence-base and the retention difficulties impacting the findings of the recent RCT study [45] substantiate a need to review the current evidence-base, as well as determine the most appropriate research questions and methods for this area of inquiry. Previous reviews have identified very few studies and been overly restrictive, so there is currently a limited contribution to understanding art-based practices in mental health recovery. For example, a relevant Cochrane review included only two randomised control trials involving people who had schizophrenia [47]. Their conclusion that the benefits and/or harms of art therapy remain unclear is weak since it relates to a limited subset of mental health clients using a specific research approach.

Recently, D'Archer, and Kaplan [48] reviewed the effectiveness of art therapy with clinical and nonclinical populations by investigating the findings of thirty-five quantitative studies conducted between 1999 and 2007. However, their claim that art therapy is effective in treating a variety of symptoms, age groups, and disorders does not detail exactly for whom, when, or how art therapy was of benefit. Nor did they provide useful conclusions about the most appropriate methodological frameworks. Other recent reviews have been more inclusive of both quantitative and qualitative research [49,50]. However, rather than a critical examination of how art-based practices assist mental health recovery, these reviews have focused on the benefits of creative practices to general health and make a broad commentary about research practices.

This critical review will examine the existing research that explores art-based practices and the potential benefits for recovery among adults with mental illness. The review has a specific focus on visual art-based practices, since at this early stage it seems pertinent to reduce the heterogeneity within 'creative arts' in general, and distinguish the specific qualities of one broad creative arts practice being utilised by mental health services. This review is inclusive of all visual art-based-practices (such as painting or clay work) as there is insufficient evidence to support privileging one type of practice over the other. The review is also inclusive of quantitative, qualitative and mixed method studies, since qualitative and mixed methods, in particular, have much to offer in this area of inquiry, yet have not received adequate attention in previous reviews. Furthermore, qualitative research is more compatible with the values of mental health recovery. By investigating all methodological approaches this review aims to create a solid understanding of art-based practices and their contribution

to mental health recovery. It also aims to identify potentially fruitful areas for future research.

## Method

### Literature search

Evidence was drawn from studies published in the English language between 1987 and 2011, a period in which the most rigorous research was conducted. A systematic search was conducted using the following computer databases: ProQuest, PsycINFO, CINAHL, Informaworld, EMBASE, AMED, OVID MEDLINE, as well as the university library catalogue. Terms were created and grouped into three categories including: (i) art therapy, arts psychotherapy or creative arts therapy, multi-modal therapy, art making, art-based practices, studio art, open studio; (ii) mental illness or mental health, schizophrenia, patient, consumer, client, social functioning, quality of life, psychiatric organisations, program\* or intervention\*, recovery or rehab\*; (iii) evaluat\* or assess\$, measure\$, empiric\$, methodol\$, case stud\$, research outcomes, evidence, clinical trial, meta-analysis. Each term was combined with another from one of the other two categories, until every combination had been searched. The following search terms: art/s and mental health recovery, art making and mental illness, arts and social inclusion were also used to search on Google Scholar. The reference lists from articles were also reviewed for further relevant studies.

### Selection and review process

During the selection process we identified a number of articles that referred to general terms such as creative or arts practices, and which investigated marginalised groups of people where mental illness was assumed but unspecified. To be consistent, we only selected studies that specified visual arts-based practices and adults diagnosed with chronic mental illness. Additionally, we only included refereed articles in this process.

Articles were first organised by qualitative, quantitative or mixed research methods. Qualitative studies were examined for suitability by two researchers who completed a research analysis form to determine the quality of data collection and analysis methods [51]. Quantitative studies were also examined by the two researchers for assessment of the design, methods and validity of the findings. The mixed method studies were scrutinised in the same way by combining both examination methods. These standardised procedures resulted in a total of twenty-three articles: thirteen qualitative studies, four quantitative studies and six mixed methods studies.

The articles were then scrutinised and information was recorded under the following headings: aims, theoretical frameworks, core concepts, design-methods, setting and sample, nature of data and measures, analytic methods, key findings, and strengths and limitations. This information was further summarised in Tables I–III, for qualitative, quantitative and mixed method studies, respectively.

### Analysis

The analysis process for the identified studies was guided by the aim of identifying how art-based practices contributed to

mental health recovery. The recovery process is inclusive of a broad range of concepts that are used together to define this construct. Therefore, Lal's mental health recovery model was adopted to assist in framing the analytical process. Lal [28] identified six dimensions of recovery including:

- Clinical: Remission or reduction of symptoms;
- Personal/Psychological: Hope, empowerment, meaningful activity, personal responsibility agency/self-determination, transformation, spirituality, coping;
- Self-Care: Meaningful participation in basic and instrumental self care activities (symptom management, cooking, transportation, financial management);
- Social: Meaningful participation in social relationships and roles, social activities;
- Occupational: Meaningful participation in employment, education, leisure or other related activities;
- Environmental/Contextual: Accommodation and support in the individual's physical, political, social, and economic environment.

Using this framework as a guide, a deductive/theoretical thematic analysis [52] was conducted. The twenty-three identified articles were scrutinised to draw out meanings in relation to the six recovery dimensions. Procedurally, this involved reading through each article again, underlining and making notes in the right-hand margin of any phrases that seemed to be relevant to the specified recovery dimensions. Extracts were copied and grouped in terms of the dimensions being analysed. The contents in each dimension were then scrutinised to identify concepts that related to each dimension and their prevalence. This enabled the researchers to identify which dimension of recovery, and related concepts, were most benefited by art-based practices (see Table IV).

Five out of the six dimensions have been identified in our analysis. Self-care did not directly appear in the research but could easily be subsumed within the other five categories. For reasons of simplicity, the dimension personal/psychological is referred as 'psychological', and environmental/contextual as 'contextual'.

### Findings

A total of twenty-three studies were identified that met the criteria including thirteen qualitative, four quantitative and six mixed methods studies, as can be seen in Tables I–III, respectively. The following section will detail the benefits and limitations of each these methods and their specific contributions to understanding how art-based practices support mental health recovery.

### Qualitative studies

As can be seen in Table I, it was found that although the broad aims between studies were similar, the design and methods varied considerably. The specific art-based practice and the art facilitator's professional role seemed to encourage a leaning towards using particular methods for the inquiry. For example, the two articles that explored how art therapy

Table I. Methodological characteristics of qualitative research on the role of art-based practices in mental health recovery.

Study	Sample & Setting	Design-Methods	Key Findings
Engle (1997)	<ul style="list-style-type: none"> <li>N = 1. College student in her mid-20s with a complex range of issues including dissociative disorder.</li> <li>Therapist/researcher office – location unclear.</li> </ul>	<ul style="list-style-type: none"> <li>Single case study.</li> <li>Individual art therapy over seven months, client directed sessions with therapist input when needed.</li> <li>Minimal discussion about artwork with client as often in dissociated state whilst art making.</li> <li>Limitations: Framework for method not clear. Minimal detail about the therapy. Analysis not well documented.</li> </ul>	<ul style="list-style-type: none"> <li>The process assisted in: validating for client that the trauma had occurred, acceptance of severe internal conflict and recollection of various identities.</li> </ul>
Griffiths (2008)	<ul style="list-style-type: none"> <li>N = 5 practitioners &amp; N = 8 clients.</li> <li>Recruitment of 5 Occupational therapists (OT) through phase 1 of study (cross-sectional descriptive survey). 4 creative activity groups from which OT's selected potential clients for study. Location unclear</li> </ul>	<ul style="list-style-type: none"> <li>In-depth grounded theory study of creative activity groups using: observations, semi-structured interviews and 1 focus group.</li> <li>Limitations: minimal detail about types of creative activities used. Homogenous sample accessed through a snowballing strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Creative activities have particular utility for choice and through various levels of engagement this may lead to occupational gains such as: improving ability to structure time, providing purpose and restoring the balance between work and leisure.</li> <li>Creative activity groups offer opportunities for friendship, affirmation and support.</li> </ul>
Heenan (2006)	<ul style="list-style-type: none"> <li>N = 25. 12 women participated in in-depth interviews, and another 13 women in focus groups (consumers).</li> <li>Unclear if some participants excluded as numbers do not add up.</li> <li>Art therapy program part of a community-based mental health organisation in Northern Ireland.</li> </ul>	<ul style="list-style-type: none"> <li>Case-study of art program using in-depth interviews and focus groups with consumers to explore perceived value of art-as-therapy program. Thematic analysis to derive themes.</li> <li>Unclear at what stage data gathered.</li> </ul>	<ul style="list-style-type: none"> <li>Program was found to provide a safe place through feeling a sense security, and freedom to address and explore personal issues.</li> <li>Participants reported improvement in self-confidence &amp; communication with others.</li> <li>They also noted a sense of independence and ability to participate in other social activities through participation in art program.</li> </ul>
Howells & Zelnik (2009)	<ul style="list-style-type: none"> <li>N = 20, 10 identified having a mental health diagnosis and 10 reported having no mental health diagnosis.</li> <li>Arts studio following a psychosocial rehabilitation clubhouse model.</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative content analysis within a participatory framework. Semi-structured interviews conducted at entrance and exit periods of the involvement in the arts studio over 1 year period.</li> </ul>	<ul style="list-style-type: none"> <li>Art making acted as scaffolding on which participants could build new identities and roles.</li> <li>Through engagement in a mutually meaningful activity (arts), a community of artists developed.</li> </ul>
Lloyd, Wong & Petchkovsky (2007)	<ul style="list-style-type: none"> <li>N = 8. Mental health service consumers. Gender &amp; length of psychiatric history not provided.</li> <li>Community mental health art program, Queensland, Australia.</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative semi-structured interviews of consumers in a mental health arts program conducted by artist-in-residence and occupational therapist over 10 week blocks, aimed to explore various media &amp; techniques; annual art exhibition; profiling of artists with judges, awards; sale of art work.</li> </ul>	<ul style="list-style-type: none"> <li>Art was seen as a method for expression and self-discovery.</li> <li>Art making helped to facilitate internal changes of recovery, such as capacity building.</li> <li>Supportive relationships and the physical environment were significant in providing safety and the opportunity to take risks.</li> </ul>
Parr (2006)	<ul style="list-style-type: none"> <li>N = 35 artists.</li> <li>2 city-wide mental health and arts projects in central Glasgow (The Trongate Studios) and Dundee (Art Angel).</li> <li>More detail needed on participants' backgrounds.</li> </ul>	<ul style="list-style-type: none"> <li>Interviews with staff and artists, as well as substantial ethnographic engagement.</li> <li>Little detail on data collection.</li> </ul>	<ul style="list-style-type: none"> <li>Art program facilitated senses of belonging, inclusion and 'insiderness'.</li> <li>Understanding psychological place provided insights into the current societal relationships between artists with mental illness and 'insider' and 'outsider' positions.</li> </ul>
Spaniol (2001)	<ul style="list-style-type: none"> <li>N = 9. Artists who were participating in art exhibition for artists with mental illness.</li> <li>Setting and how samples were selected unclear.</li> </ul>	<ul style="list-style-type: none"> <li>Phenomenological approach, open-ended interviews.</li> <li>Limited detail provided on data collection and analysis.</li> </ul>	<ul style="list-style-type: none"> <li>Artists highlighted their creative development and processes, and art making's healing potential.</li> <li>Disrupted notion of art being linked with pathology.</li> <li>Art making served as enhancing social, psychological, and formal function (higher order cognition).</li> </ul>

(Continued)

Table I. (Continued).

Study	Sample & Setting	Design-Methods	Key Findings
Spandler, Secker, Kent, Hacking, & Shenton (2007)	<ul style="list-style-type: none"> <li>Qualitative Study- N = 34 arts project participants recruited from 6 diverse arts and mental health projects within the United Kingdom.</li> </ul>	<ul style="list-style-type: none"> <li>Questions focused on participants' expectation of their project, what they saw as benefits, how they thought any benefits had come about and specifically whether participation in arts (rather than other activities) was important in achieving them.</li> <li>Thematic analysis conducted, but approach used unclear</li> </ul>	<ul style="list-style-type: none"> <li>The fostering of hope, creating a sense of meaning and purpose, developing new coping mechanisms and rebuilding identities were the significant outcomes, yet are hard to standardize and measure.</li> </ul>
Stacey & Stickley (2010)	<ul style="list-style-type: none"> <li>N = 18 participated in the creative arts research workshops. N = 11 were interviewed.</li> <li>Participants all had involvement in mental health services. Interviews were conducted at either at their home or researcher's office.</li> </ul>	<ul style="list-style-type: none"> <li>Involved the implementation of arts based workshops and in-depth individual follow-up interviews.</li> </ul>	<ul style="list-style-type: none"> <li>Art holds varying levels of importance depending on how they define art in relation to a person's life and the interplay between the extrinsic and intrinsic factors that influence their creativity.</li> <li>Therapeutic benefits include: expression, communication of reality to audience and potential to build relationships with people who share a similar interest.</li> </ul>
Stickley (2010)	<ul style="list-style-type: none"> <li>N = 11 mental health service users selected from 2 art-based community mental health programs.</li> </ul>	<ul style="list-style-type: none"> <li>Narrative approach.</li> <li>Participants were interviewed 3 times over an 18-month period.</li> </ul>	<ul style="list-style-type: none"> <li>Through individual narratives participants revealed how art making and the program enhanced identity development, formation, and change.</li> </ul>
Stickley, Hui, Morgan & Bertram (2007)	<ul style="list-style-type: none"> <li>N = 11 mental health service users who attended arts workshop days were invited to participate.</li> <li>Setting unclear and little detail on participants' backgrounds.</li> </ul>	<ul style="list-style-type: none"> <li>In-depth open-ended interviews. A narrative discourse analysis approach used.</li> </ul>	<ul style="list-style-type: none"> <li>Participatory arts provided a sense of achievement, distraction and self-expression.</li> <li>It enhanced self-worth by providing opportunities for developing a social role, sense of contribution and artist identity.</li> </ul>
Van Lith, Fenner & Schofield (2009)	<ul style="list-style-type: none"> <li>N = 3 art facilitators from community mental health services.</li> <li>Varied art programs from 2 psychosocial rehabilitation services, Victoria, Australia.</li> </ul>	<ul style="list-style-type: none"> <li>In-depth open-ended phenomenological interviews.</li> </ul>	<ul style="list-style-type: none"> <li>The facilitator provided active witnessing, opportunities for learning and permissible space for experimentation.</li> <li>The process of persisting with the image created satisfaction, transcendence and enhanced self-knowing.</li> <li>Art making generated passion and created 'real' relationships with others.</li> </ul>
Van Lith, Fenner, & Schofield (2011)	<ul style="list-style-type: none"> <li>N = 18 consumer participants with a wide variety of ongoing mental health issues who attended art-based programs.</li> <li>Varied art programs from 2 psychosocial rehabilitation services, Victoria, Australia.</li> </ul>	<ul style="list-style-type: none"> <li>In-depth open-ended phenomenological interviews.</li> </ul>	<ul style="list-style-type: none"> <li>Art making process enabled: active participation and involvement in the recovery process, a source for absorption, release of tensions, and ongoing challenges and rewards that created a will to achieve and keep developing.</li> <li>Through the individual developing a relationship with the image, it provided insight about emotions, feelings and wellness. It also as served as a vehicle to communicate and reflect on intimate and personal meanings, which gave a sense of validation.</li> <li>The image gave back to the individual by enabling a source of motivation and connection with others, as well as providing a representation of personal gains and achievements.</li> </ul>

assisted clients with mental illness adopted an in-depth case study approach [53,54]. Griffiths [55] an occupational therapist, explored the way art making can facilitate occupational gains. Parr [56] a human geographer, used an ethnographic approach to understand whether an art-based practice with adults with chronic illness facilitated senses of belonging,

inclusion and insidership in ways that disrupt notions of both outsider art and art therapy.

The majority of the qualitative studies focused on consumer accounts of how participation in art-based programs in community mental health service settings contributed to their recovery process [57–64]. Van Lith et al. [65] explored

this topic from the perspective of the art facilitators who were observers and supporters of the recovery process.

Three studies focused on tracking participants' involvement in the program by interviewing them numerous times to explore recovery as an ongoing process [57,61,62]. They also saw this as important in exploring and documenting changes as a result of participation in a community arts studio. By comparison, four studies investigated how consumers had tailored art making to suit their recovery needs [59,60,63,64]. These studies used an individual approach where it was assumed participants' early experiences of art making were influential as well as individual preferences in how they engaged with art. Although not a dominant aspect of these studies, the participants' quotes revealed that consumers had often engaged in a variety of art-based practices (such as individual art making, open studio, or art therapy),

or would frequently switch between varied art-based practices. Therefore, it appeared that it was not participation in one art-based program alone that contributed to their recovery; it was the ongoing engagement with a broad range of art-based practices. Furthermore, the studies that provided the most detailed findings adopted narrative, grounded-theory, ethnographic or phenomenological approaches with an emphasis on eliciting in-depth responses through using case studies or an in-depth interview process.

### Quantitative studies

As seen in Table II, two of four quantitative studies adopted a randomised control design [66,67], and two studies adopted a single subject design with no control [68,69]. Three out the four studies had difficulties in retaining participants, resulting in underpowered results. This was particularly apparent for

Table II. Methodological characteristics of quantitative research on the role of art-based practices in mental health recovery.

Study	Sample & Setting	Design-Methods	Nature of Data / Measures	Key Findings
Green, Wehling, & Talsky (1987)	<ul style="list-style-type: none"> <li>N = 28. (60% completed program. Original sample N = 47). Final groups: 11 experiment, 8 dropouts, 9 controls).</li> <li>Community-based clinic for people with a range of long-term mental illness. Limitations: Unclear how p's were randomised to 2 groups.</li> <li>Single blinded study participants may have told raters which intervention they were using.</li> </ul>	<ul style="list-style-type: none"> <li>Blind randomised control trial.</li> <li>Art therapy as an adjunct to usual supportive care versus standard care alone.</li> <li>10 Art therapy sessions over 20 weeks.</li> <li>Pre-test, post-test following intervention with 9-month follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>7 Validated Progress Evaluation scales (measuring: psychosocial functioning; family interaction; occupation; getting along with others; feelings &amp; moods; use of free time; problems; and attitude towards self)</li> <li>Rosenberg's Self Esteem Scale. Scales were completed by therapists and patients before and after for both experimental and control.</li> <li>Satisfaction with art therapy (intervention group only). Limitations: Satisfaction questionnaire was not a standardised tool.</li> </ul>	<ul style="list-style-type: none"> <li>Art therapy group, compared with dropouts and controls, showed significant improvement in: Getting Along with Others and Attitude Toward Self, but non-significant improvement in Self-Esteem.</li> <li>9-month post-test showed maintenance of intervention effects.</li> <li>Limitations: Small sample size led to underpowered study. 40% attrition with higher attrition from control group. No means or standard deviations reported.</li> </ul>
Hacking, Secker, Spandler, Kent, & Shenton (2008)	<ul style="list-style-type: none"> <li>Outcomes Study- N = 62 completed the questionnaires.</li> <li>Participants were recruited through 22 arts and mental health projects carried out from a national evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>Participants completed 3 standardised questionnaires soon after joining their arts program (base-line) and six month later (follow-up).</li> </ul>	<ul style="list-style-type: none"> <li>Standardised questionnaires included: Empowerment measure; the Clinical Outcomes in Routine Evaluation (CORE) measure; Social inclusion measure.</li> </ul>	<ul style="list-style-type: none"> <li>Results showed significant improvements in empowerment (P = 0.01), mental health (P = 0.03) and social inclusion (P = 0.01).</li> <li>Participants with higher CORE scores, no new stress in their lives and positive impressions of the impact of arts on their life benefited most over all three measures.</li> <li>Positive impressions of the impact of arts were significantly associated with improvement on all three measures, but the largest effect was for empowerment (P = 0.002) rather than mental health or social inclusion.</li> </ul>

(Continued)

Table II. (Continued).

Study	Sample & Setting	Design-Methods	Nature of Data / Measures	Key Finding=s
Körlin, Nybäck, & Goldberg, (2000)	<ul style="list-style-type: none"> <li>N = 43. (Original sample: N = 58, 88% completed program).</li> <li>Psychiatric hospital ward: (40 outpatients, 18 inpatients).</li> </ul>	<ul style="list-style-type: none"> <li>4-week inpatient intervention program.</li> <li>Structured creative arts group program included: body awareness; receptive music therapy using Bonney method of guided imagery and music; supportive art therapy; occupational therapy; and verbal group therapy.</li> <li>No control group.</li> <li>Pre-test, post-test following intervention with 6-month follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>3 outcomes measured: Symptoms checklist (SCL-90), Inventory of Interpersonal Problems (IIP), Sense of Coherence Scale (SOC). Administered immediately before and after the 4 week treatment period and six months after discharge.</li> <li>Global rating of change derived from outpatient therapist, group leaders and unit staff ratings made 6 weeks after discharge.</li> <li>Demographic, diagnostic and other independent variables such as medication and number of previous hospitalisations and outpatient visits collected from clinical records.</li> </ul>	<ul style="list-style-type: none"> <li>Significant improvements on 7 of 10 SCL-90 scales, total IIP scores and Exploitable and Overly Expressive subscales, and total SOC scores and subscales- Comprehensibility and Meaningfulness.</li> <li>Therapist ratings showed greater introspective ability and increased capacity to work with internal issues after creative arts group, and increased capacity to handle relationships.</li> <li>Clinical subgroup differences: Patients with trauma versus no trauma had significantly better outcomes. Patients with an eating disorder had sig. better results in SCL-90 than patients without and strong tendencies in the same direction are seen in IIP and SOC. Patients with abuse or suicidality tended to do better than those without these conditions in total scores and most subscales.</li> <li>Limitations: No control group used. Unclear how representative sample is of chronic psychiatric population. Design problems make it difficult to link outcomes to creative treatment methods. Multiple creative arts methods make it difficult to know specific effects.</li> </ul>
Richardson, Jones, Evans, Stevens, & Rowe (2007)	<ul style="list-style-type: none"> <li>N = 90 (20% of original sample: N = 452). 43 AT group, 47 standard care group. 44% (N = 40) of recruited sample completed 6-month follow-up.</li> <li>Setting: Community mental health service. Participants with chronic schizophrenia of at least two years duration with active contact from community mental health teams.</li> </ul>	<ul style="list-style-type: none"> <li>Pragmatic randomised control trial conforming to CONSORT2 standards.</li> <li>Standard psychiatric care &amp; 12 art therapy Sessions (minimum clinical requirement).</li> <li>Art therapy consisted of brief group therapy of one and half hours. Conducted according to guidelines set by Waller (1993).</li> <li>Pre-test, 2-week post-test and 6-month follow-up design.</li> </ul>	<ul style="list-style-type: none"> <li>Socio-demographic, clinical and health care utilisation information.</li> <li>Health of the Nation Outcomes Scale (HONOS) rated in collaboration with the primary &amp; secondary clinical contacts.</li> <li>Brief Psychiatric Rating Scale (BPRS) for observer rated symptoms.</li> <li>Social Functioning Scale (SFS).</li> <li>Inventory of Interpersonal Problems (IIP-32).</li> <li>Scale for Assessment of Negative Symptoms (SANS).</li> <li>Lancashire Quality of Life Profile (PercQoL);</li> <li>Brief Symptom Inventory (BSI).</li> </ul>	<ul style="list-style-type: none"> <li>SANS (negative symptoms) yielded a significant incremental benefit for art therapy group out of 7 measures.</li> <li>Control group deteriorated further at 6 month post-treatment whereas art therapy group showed slight improvement.</li> <li>Limitations: 12 sessions intervention may be underpowered for severe chronic schizophrenia. Interpretation of significant finding difficult due to lack of significant results on other social functioning measures and baseline group data.</li> </ul>



the study by Richardson et al. [67] where only 40 out of the original sample of 452 participants completed the study.

Although the two randomised control studies had comparable aims, design and sample they used very different measures. The earlier study by Green et al. [66] used seven validated progress evaluation scales, the Rosenberg Self Esteem Scale and a

non-standardised Satisfaction with Art Therapy questionnaire. Richardson et al. [67] used socio-demographic, clinical and health care utilisation information as well as seven validated progress evaluation measures. These included: The Health of the Nation Outcomes Scale, Brief Psychiatric Rating Scale, Social Functioning Scale, Inventory of Interpersonal Problems, Scale

Table III. Methodological characteristics of mixed method research on the role of art-based practices in mental health recovery.

Study	Sample&Setting	Design-Methods	Nature of Data/Measures	Key Findings
Franks & Whitaker (2007)	<ul style="list-style-type: none"> <li>N = 5.</li> <li>Joint pilot project between the Art Therapy Department and Psychotherapy Department.</li> <li>All participants had diagnosis of personality disorder.</li> <li>Small sample size meant limited statistical power.</li> </ul>	<ul style="list-style-type: none"> <li>Participants attended both group art psychotherapy and individual psychotherapy sessions over 9 months.</li> <li>Measures administered pre-therapy (T1), end of program, post-therapy (T2) and 8 months follow-up (T3).</li> <li>Unclear how description of therapy sessions were recorded and analysed.</li> </ul>	<ul style="list-style-type: none"> <li>Observational notes.</li> <li>Standardised measures: CORE-OM (Clinical Outcome and Routine Evaluation Outcome Measure), and BSI (Brief Symptom Inventory).</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in both BSI and CORE-OM (from pre to post-therapy). Scores taken at T2 shows a statistically significant change in mean scores for PSDI (Positive Symptom Distress Index-A measure of intensity of symptoms/distress as derived from the scoring of BSI).</li> <li>Researchers concluded that the image provided pictorial content of participant's internal states, which allowed 'mentalising' experiments with visual perceptions of themselves and others to occur.</li> </ul>
Greenwood, Leach, Lucock, & Noble (2007)	<ul style="list-style-type: none"> <li>N = 1. 32 year old woman presenting with complex range of issues.</li> <li>Specialist adult psychotherapy team.</li> </ul>	<ul style="list-style-type: none"> <li>Single case study, individual weekly art therapy sessions over 6-year period (233 sessions).</li> <li>Routine outcome measures before and after therapy with 3 year follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM), (CORE-SF) short form of CORE-OM and Beck Depression Inventory (BDI). Artwork and therapists session notes were also examined.</li> <li>Theoretical framework for sessions unclear.</li> </ul>	<ul style="list-style-type: none"> <li>Substantial reduction before and after therapy, 6-month follow-up, 1-year follow-up, 2- year follow-up, and at 3-year follow-up for both CORE-OM and BDI.</li> <li>Developmental phases: <ul style="list-style-type: none"> <li>Phase 1: Art for art's sake.</li> <li>Phase 2: Illustrative- how client felt, very descriptive of psychological state.</li> <li>Phase 3: Journey- final phase identified by client, journey of evolving and changing during engagement with art materials.</li> <li>Phase 4: Realism- artwork containing environment of herself or her family.</li> <li>Phase 5: 3D.</li> </ul> </li> <li>No art - client preferred to engage with therapist in conversation.</li> </ul>
Koziel (2007)	<ul style="list-style-type: none"> <li>Part 1- N = 39 consumers + 14 of their family and health care providers.</li> <li>Part 2- N = 16 consumers.</li> <li>Participants were recruited through Workman Arts community mental health organisation in Canada.</li> </ul>	<ul style="list-style-type: none"> <li>Retrospective and prospective analysis of outcomes.</li> <li>Part 1: retrospective outcomes from participants, their family and health care providers.</li> <li>Part 2: prospective changes in quality of life and mental health associated with participation in a 6-week art training program were assessed pre and post test.</li> </ul>	<ul style="list-style-type: none"> <li>The World Health Organisation Quality of Life Assessment (WHOQOL-Bref.), WA-QOL, and 2 open ended statement questions.</li> <li>Limitations- Ethical consent unclear, minimal description of design methods and discussion, and no detail on type of arts training program as treatment modality.</li> </ul>	<ul style="list-style-type: none"> <li>Participants reported great enhancements in overall quality of life, self esteem, confidence and an appreciation for artistic and social opportunities.</li> <li>However, the WHOQOL failed to detect prospective changes in quality of life.</li> </ul>

(Continued)

Table III. (Continued).

Study	Sample & Setting	Design-Methods	Nature of Data/Measures	Key Findings
Odell-Miller, Hughes, & Westacott (2006)	<ul style="list-style-type: none"> <li>N = 25 (10 experiment, 15 control). (Original sample N = 45).</li> <li>Arts Therapies Dept.</li> <li>Patients referred from adult psychiatric organisations to arts therapies.</li> <li>Minimal detail on participants' background and recruitment and setting.</li> </ul>	<ul style="list-style-type: none"> <li>RCT + Qualitative interviews at end of 6 month arts therapies treatment.</li> <li>Arts media included art, music and dance; both individual and group formats.</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative interview data.</li> <li>Questionnaires: Clinical Outcomes in Routine Evaluations (CORE), Life Skills Profile (LSP), Hospital Anxiety and Depression Scale (HAD), Personal Questionnaire Rapid Scaling Technique (PQRST).</li> </ul>	<ul style="list-style-type: none"> <li>Individuals reported benefits to confidence and self-esteem. These were dependent on: rapport with therapist; use of the medium and the impact of prior experiences of the medium.</li> <li>Group impact provided social learning and a renewed social identity.</li> <li>All measures were insignificant, concluding that the sample size was too small.</li> </ul>
Secker, Spandler, Hacking, Kent, & Shenton, (2007a)	<ul style="list-style-type: none"> <li>Qualitative Study- N = 34 arts project participants recruited from 6 diverse arts and mental health projects.</li> <li>Outcomes Study- N = 62 completed the questionnaires.</li> <li>Participants were recruited through 22 arts and mental health projects carried out from a national evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>Multiple case studies on arts projects using structured interviews with participants.</li> <li>Thematic content analysis from participants' accounts on the impact of arts participation on recovery.</li> <li>Participants completed 3 standardised questionnaires soon after joining their arts program (baseline) and 6 month later (follow-up).</li> </ul>	<ul style="list-style-type: none"> <li>Questions focused on participants' expectation of their project, what they saw as benefits, how they thought any benefits had come about and specifically whether participation in arts (rather than other activities) was important in achieving them.</li> <li>Standardised questionnaires included: Empowerment measure; the Clinical Outcomes in Routine Evaluation (CORE) measure; Social inclusion measure.</li> </ul>	<ul style="list-style-type: none"> <li>Connecting with creative abilities helped to reverse an enduring sense of hopelessness, despair and futility about the future.</li> <li>Arts participation was reported to enhance a positive outlook, provide social engagement opportunities, develop new coping mechanisms and rebuild identities.</li> <li>Statistically significant results on all 3 measures after follow up.</li> <li>No differences found in the extent of improvement related to participants' age, gender, ethnicity or type of mental health problems.</li> <li>Improvements on the empowerment and CORE measures were greater for participants identified by the CORE as having 'clinically significant' mental health problems when they first joined the project and those who reported no recent new stress in their lives at follow-up.</li> <li>The largest effect found was for empowerment.</li> </ul>
Secker, Spandler, Hacking, Kent, & Shenton (2007b)	<ul style="list-style-type: none"> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>Article focused on the findings from the empowerment measure. Mean scores improved significantly on the empowerment measure as a whole, and on individual scales measuring self-efficacy and positive outlook.</li> <li>Positive impact ratings were the better predictor of improvement on the empowerment measure than medication and new stress variables.</li> <li>Case studies revealed five important processes related to scales in empowerment measure: Getting motivated, expressing self, connecting with abilities, rebuilding identities and expanding horizons.</li> </ul>

Table IV. Prevalence of research in relation to recovery dimensions.

Recovery dimensions	Related concepts	Prevalence			Total
		Qualitative studies	Quantitative studies	Mixed-method studies	
Clinical	• Conflicted internal state and fragmented self-image	■			1
	• Negative symptoms		■		1
	• Intensity of symptoms		■	■	2
Total					4
Psychological	• Self-esteem	■		■■■	4
	• Attitude toward self		■		1
	• Self-discovery	■■■■	■	■■■■	10
	• Empowerment	■■	■	■■	5
	• Self-expression	■■		■■■■	6
	• Rebuilding of identity	■■■■■			5
	• Self-validation	■■■			3
	• Motivation	■■■		■■	5
	• Sense of purpose	■■		■■	4
	• Focus and cognition	■■■		■	4
	Total				47
Self-Care				0	
Total				0	
Social	• Social skills	■	■	■■	4
	• Developing relationships	■■■■	■■		6
	• Social wellbeing	■■■		■	4
	• Acceptance	■■■■		■	5
	• Social identity	■■■■■		■	6
Total				25	
Occupational	• Planning and organisation skills	■■			2
	• Specific task and performance skills	■			1
	• Artist identity	■■			2
	• Sense of legitimacy	■■			2
	• Contribution to society	■■■■			4
Total				11	
Contextual	• Psychological safe place	■■■■			4
	• Supportive environment	■■			2
	• Art facilitator attributes	■■		■	3
Total				9	

for Assessment of Negative Symptoms, Lancashire Quality of Life Profile, and Brief Symptom Inventory.

By comparison, one single-subject design collected three outcome measures: The Symptom Checklist-90, Inventory of Interpersonal Problems and Sense of Coherence Scale [68]. Körlin et al. [68] also incorporated: the global rating of change derived from the outpatient therapist, group leaders' and unit staffs' ratings 6 weeks after discharge; demographic and diagnostic data, as well as data on other independent variables such as medication, number of previous hospitalisations and outpatient visits. Although there was no control group and a wide range of creative practices implemented, this study had a well-described theoretical framework and intervention description. However, there were also some limitations to these findings. It was unclear how representative the sample was of a chronic psychiatric population and multiple creative arts methods made it difficult to assess specific effects as a result of each approach.

The study by Hacking et al. [68], as a result of using the standardised questionnaires that clearly indicated which

aspects they were measuring made sound arguments about the benefits of art making. Additionally, the studies by Korlin et al. [69], Hacking et al. [68], and Richardson et al. [67] all indicated that choosing standardised scales, which may be inclusive of symptoms but focus on participant goals, is the approach most conducive to understanding the benefits of art making in the recovery process.

#### Mixed-method studies

The six mixed method studies identified were able to provide some answers that were lacking in single method studies, by inquiring into both the processes and outcomes of engagement in art-based practices as well as measuring the changes associated (see Table III). However, each of these studies approached this in different ways, again depending on the art-based practice, professional approach, and methodological framework of the study. The two studies exploring the contribution of art psychotherapy to personal growth in mental illness used small sample sizes and in-depth approaches over

a trajectory of 9 months [70], and 6 years [71]. Comparable to the qualitative studies that adopted a similar approach, this resulted in a comprehensive understanding of the personal knowledge that art making elicited. In particular, the study by Greenwood et al. [71] showed a solid mixed-method framework for future research by demonstrating how case notes, artworks, and outcomes measures can provide complementary findings to the same area of inquiry, in turn, making a more robust and dynamic contribution to understanding the benefits of art making to the recovery process.

The most comprehensive studies were by the APU/UCLAN team in England, which conducted the qualitative [59] and quantitative [68] studies previously reviewed, as well as the report of their findings as two mixed method studies [74,75]. This national research study had a much larger research agenda and budget than all of the other studies included in this review. They also had a clear theoretical framework, detailed data collection and analysis, and well reported findings. The qualitative component adopted a case study approach assessing how six art and mental health projects facilitated key elements of recovery through interviewing thirty-four participants. Questions focused on participants' expectation of their project, what they saw as benefits, how they thought any benefits had come about and specifically whether participation in art (rather than other activities) was important in achieving them.

The outcomes study used three standardised questionnaires, including: an Empowerment Measure, Clinical Outcomes in Routine Evaluation (CORE), and a Social Inclusion Measure. This enabled more focus on the specific areas of recovery being measured and enabled clear comparisons of outcomes by age, gender, ethnicity or type of mental health problems.

### Research findings in relation to the recovery dimensions

The twenty-three studies were analysed further by identifying how their findings related to Lal's [28] six recovery dimensions. As can be seen in Table IV, recovery concepts were identified and their prevalence in each of the qualitative, quantitative and mixed methods studies was mapped. This resulted in determining which recovery dimensions the findings of these studies were particularly prevalent in.

### Art-based practices and their benefits for clinical recovery

As evident in Table IV, four studies were identified that addressed clinical recovery. This included: one qualitative study [53], two quantitative studies [67,69] and one mixed methods study [70]. Clinical recovery concepts that were identified comprised of conflicted internal state and fragmented self-image, negative symptoms and intensity of symptoms.

These four studies addressed different mental health client populations and used different approaches to assess clinical recovery and symptom reduction. All followed an art psychotherapeutic orientation. Through a single case study with a young woman who had dissociative disorder, art psychotherapy was found to improve conflicted internal states, distorted body image and fragmented self-image [53]. Using a randomised control trial, interactive art therapy as an

adjunctive treatment was found to reduce negative symptoms for clients with schizophrenia [67].

Art psychotherapy groups were found to reduce the intensity of symptoms in two different studies [69,70]. For example, art making was reported, by clients, practitioners and objective measures, to reduce symptoms of personality disorders [70]. The researchers concluded that the image provided pictorial content of clients' internal states, which allowed 'mentalising' experiments with visual perceptions of self and others to occur, and in turn produced a reduction in the intensity of distress. Using a single trial study to explore outcomes of a structured creative arts group program for psychiatric patients, and investigate which subgroups of patients benefited most from creative treatment modalities, Körlin et al.[69] found reduction in symptoms for participants with trauma, eating disorders, abuse and suicidality.

### Art-based practices and their benefits for psychological recovery

Psychological recovery was the key outcome noted in the majority of articles, with 19 out of the 23 articles addressing this in some way. This consisted of eleven qualitative studies [53,54,57–65], two quantitative studies [66,69], and six mixed methods studies [70–75].

As seen in Table IV, art-based practices benefited psychological recovery through improved: self-esteem, self-discovery, empowerment, self-expression, rebuilding of identity, self-validation, motivation, sense of purpose, and focus and cognition. Many studies addressed more than one of these concepts, dependent on whether the study used a qualitative method (where topics were elicited) or quantitative orientation (where pre-determined constructs were measured).

Four studies found that involvement in art-based practices improved self-esteem and confidence [54,72,73,75]. A randomised control study found that although there were no significant improvements on the self-esteem measure, significant improvements were found using the Attitude toward Self Scale [66]. Self-esteem is an internal feeling while attitude towards self relates to conscious positive or negative perceptions of self and therefore may be more malleable. Unless questions are asked that differentiate the two, it is unclear whether a person's feeling toward his or herself has improved or the belief in their abilities strengthened. This finding demonstrates how important it is to be clear about the constructs being investigated and how they are measured.

The concepts of empowerment, self-expression, self-validation, motivation, sense of purpose, and focus and cognition were easier to identify since participants compared their current state with previous times in their life. The outcome of empowerment related to an increase in independence and capacity building, which resulted from participation in a strengths-focused practice that encouraged a sense of ownership over their art making [54,58,68,74,75]. The concept of self-expression related to the opportunity provided by the art making process to release tensions and unresolved feelings [58,59,71,73–75]. Self-validation occurred as a result of self-expression through the communication of intimate and personal meanings to the art facilitator and art group members [58,61,64].

Motivation was seen to develop through engaging in art-based activities, but how it was acquired depended on consumer needs and desires. Individual accounts recalled experiences of gaining inspiration and hope, feeling challenged and being rewarded by both the art facilitator and art group members [59,63,64,74,75]. On the other hand, having a sense of purpose was directly related to participation in an art-based practice and developed from having a focus beyond having a mental illness [59,63,74,75].

The focus and cognition concept related to the development of higher order thinking through being absorbed in the art making process. This in turn provided a distraction and time out from symptoms, particularly valuable for those who were usually unable to focus on the present moment [60,63,64,74].

Self-discovery through art making was identified in 50% of the articles that related to psychological recovery; therefore it was identified as a fundamental process. It was found to relate to the development of an open-minded perspective, which in turn enabled the connecting of abilities, capacity for introspection, expansion of possibilities, and capacity to work with insights into emotions and feelings [53,58,59,64,65,69–71,74,75].

Rebuilding of identity was primarily related to the process of personal growth and transformation. For example, participants referred to experiences where they were able to develop a part of themselves in positive ways [57,61–63,65]. This occurred through both the public and private dimensions of identity, that is, through the development of an artist identity, as well as through a renewed perspective of self in the world and in relationship with others. Participants did not report that this had a direct impact on recovery, but it provided a mechanism for broader benefits and enhanced the capacity for changes in their life to occur.

#### ***Art-based practices and their benefits for social recovery***

Social recovery was the second most dominant dimension and was identified as a specific finding in 16 out of 23 articles. This included eleven qualitative articles [54–57,59–65], three quantitative articles [66,68,69] and two mixed methods articles [73,74].

As seen in Table IV, art-based practices were found to provide benefits to social recovery through five related concepts. These were seen as providing self-enhancement through two primary methods: interpersonal development and social inclusion. Interpersonal development occurred through the building of social skills and developing relationships. Social skills related to the ability to interact with others and understand social norms, which developed through engagement in art-based groups [63,66,73,74]. The building of relationships also occurred through engagement with others in art-based groups, and it was illustrated when social skills were enhanced through processes such as: supporting others, learning and gaining wisdom from others, camaraderie building and trying to maintain friendships. These processes all provided opportunities for interpersonal development [55,61,64–66,69].

Social inclusion was enhanced through a sense of social wellbeing, acceptance and social identity afforded through participation in art-based practices. Social wellbeing was regarded as a process of overcoming isolation and loneliness through engagement with others in a group setting [54,57,62,74]. Responses of the art facilitator and group members towards the participant often elicited a sense of acceptance, feelings of belonging and universality, as well as a sense of overcoming stigma and discriminatory beliefs [56,57,62,63,74]. The development of a social identity beyond having a mental illness often occurred through exhibiting and promoting themselves as an artist. When participants referred to themselves in this way it characterised a major positive shift in their recovery journey [57,60,62–64,73].

#### ***Art-based practices and their benefits for occupational recovery***

Five qualitative articles out of the 23 articles identified a theme related to the role of art making as a meaningful activity leading towards occupational recovery [55,57,60,63,64]. There were five related concepts that assisted in occupational recovery, as evident in Table IV. The development of two concepts; planning and organisational skills, and specific task and performance skills were of particular utility for employment. Work-like qualities that were embedded in these art-based practices, such as: structuring time, setting and achieving goals, planning ahead and attentiveness to the art practitioners' instructions were reported by participants as being transferable to occupational settings. Participants reported that engaging in art-based practices, particularly when there was a desired final product increased their planning and organisation skills [55,64]. It was also necessary to develop specific task and performance skills to achieve the desired outcome [55].

The concept of artist identity involved establishing a community identity. Through family support, mentorship and artistic development, participants reported that they could see themselves become professional artists [57,60]. Although this alone did not assist in the recovery process for an individual, the establishment of a professional identity brought about a sense of legitimacy through connecting with others about his or her artistic achievements [57,64], and a sense of contributing to society [57,60,62,64]. This latter concept was the most prominent concept in occupational recovery.

#### ***Art-based practices and their benefits for contextual recovery***

Contextual recovery refers to environmental qualities that support individual recovery. Art-based practices and their benefits to contextual recovery were identified in six articles. This included five qualitative articles [54,56,59,64,65] and one mixed-methods article [73].

As can be seen in Table IV, there were three concepts that related to contextual recovery. The practice setting was found to provide psychological and physical attributes, which included the provision of a psychological safe place and a supportive environment. A psychological safe place was the most dominant concept in contextual recovery and was

characterised by feelings of security, peace, hope, freedom and a sense of being an insider [54,56,59,64]. A supportive environment in the identified studies was described by participants as being a physically unthreatening environment where they were surrounded by encouraging group members [59,65].

The role and attributes of the art facilitator were valued for providing ongoing support for the personal recovery process. Important qualities of the art facilitators included their expertise, experiences, capacity for rapport building and empathy [64,65,73]. Of particular relevance here is the study of art therapists' perspectives of art making's relationship to mental health recovery. The art facilitators saw their role as providing guidance and structure, yet freedom and flexibility in order to ensure that participants felt a sense of choice and autonomy to express and create in their own way [65].

## Discussion

This review of 23 studies (13 qualitative, four quantitative and six mixed method articles) to investigate the benefits of art-based practices for mental health recovery, critically assessed them using Lal's [28] model of recovery. This model allowed us to identify the existing evidence base in support of art-based practices contributing to six recovery dimensions. As seen in Table IV, the most prevalent recovery dimension was psychological recovery, followed by social recovery. The evidence suggests that psychological recovery has been most strongly supported in terms of constructs such as self-discovery followed by self-expression. Social recovery was most strongly supported by the constructs of developing relationships and social identity.

A number of tentative conclusions can be drawn from these findings. Self-discovery was found to assist essential qualities that enhance a sense of self. In particular, it provided the connecting of abilities, capacity for introspection, expansion of possibilities, and capacity to work with insights into emotions and feelings [53,58,59,64,65,69–71,74,75]. On the other hand, the benefits of self-expression were far more tangible and clearly evident, as the art making enabled the release of tensions and unresolved feelings [58,59,64,71,73–75].

Relationship building through engagement in art-based groups enabled the potential for interpersonal development. The opportunities for this were numerous, including supporting others, learning and gaining wisdom from others, camaraderie building and maintaining friendships [55,59,61,64–66,69]. Although many social groups would provide similar benefits, when combined with the development of a renewed social identity, art-based programs can be seen as having extensive and unique benefits. For example, the opportunity to exhibit as artists characterised a major positive shift in viewing themselves beyond their mental illness [57,60,62–64,73].

## Implications for future research

The mixed method research provided the most comprehensive understanding in this area of inquiry. Outcome studies that accompanied in-depth qualitative studies were able to

provide substantial evidence for the benefit of art-based practices for mental health recovery and provide some insight into the mechanisms underpinning improvements. For example, Greenwood et al. study used art works created in art therapy sessions, therapists' clinical notes and standardised measures gathered routinely over a 6-year period [71]. After experiencing a number of mental health problems over many years, the client had ceased taking antidepressant medication and improvement was maintained 3 years after the art therapy. Although it cannot be claimed that it was art therapy alone that provided these benefits, in comparison to the little relief gained from previous attempts of other treatments, this is a substantial improvement.

The studies by the APU/UCLAN team [59,68,74,75] provided sound claims for their significant findings as a result of using a comprehensive methodological framework. Nevertheless, further mixed method research is needed that incorporates the mental health recovery framework, as well as a longitudinal design to better understand its trajectory and the varied uses of art-based practices throughout the recovery process. A wider diversity of consumers is also needed who are at various stages in their recovery to adequately explore when and for whom art-based practices may have most benefit.

Although the evidence reviewed here presents a promising view of the contributions of art-based practices for mental health recovery, there are certain methodological limitations that need to be addressed in future research. For instance, the concepts under investigation in the quantitative studies were not always consistent in their definitions. Terms such as 'self-esteem' and 'attitude toward self' need to be clarified further in future research so it is clear what is being measured. Additionally, it was not always clear what type of art-based practice was being investigated or if specific guidelines for practice were being followed. Future clarification of the art-based practices would enable an understanding of the specific mechanisms of the art-based practices that were contributing to mental health recovery. For example, art-based practices that emphasise the art making process may have a different outcome from those that emphasise gaining insights from art works, or where exhibiting art works is the focus.

Assessment of the identified qualitative research revealed a need for future researchers to adopt standards to critically appraise and guide their methodological framework and design. For example, a critical appraisal guide for qualitative research, such as the one developed by Daly et al. [76] might help qualitative researchers to present their methodology in a more robust manner and to identify the strengths, limitations and level of trustworthiness for a qualitative study.

Poor retention of participants was a common limitation in the identified randomised control trials [45,46,66,67]. This weakness impacted on the strength of the findings and subsequent ability to make a strong argument from their claims. Although randomised control trials are regarded as the 'gold standard' in research, they are not in line with the values of mental health recovery, which creates ongoing ethical dilemmas. Therefore, innovative and inclusive methods are needed that are compatible with a recovery framework but also assist mental health stakeholders, staff and consumers to feel of value and relevance.

## Conclusion

This review investigated the evidence-base for art-based practices and their potential benefit for mental health recovery. The synthesis provided by this review indicates that art-based practices are of high benefit to psychological and social recovery particularly in the areas of self-discovery, self-expression, relationships and social identity. These findings, in conjunction with the identified benefits to clinical, occupational and contextual recovery, indicate that art-based practices may play a substantial role. To add weight to these claims, future research endeavours need to integrate the suggested recommendations detailed in this review. In particular, mixed-method studies that integrate qualitative and quantitative research, whilst keeping in mind the values of mental health recovery, would further validate this current evidence-base.

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