Exploring Patient Perceptions Regarding the Therapeutic Use of Art in Mental Health Recovery

Jillian M. Thomas RN, BScN, CPMHN(C), MPN(c)

Student # [redacted]

Brandon University

Faculty of Health Studies

Master of Psychiatric Nursing

Thesis Advisor: Dr. Jane Karpa RPN, PhD

Karpaj@brandonu.ca

Thesis Committee Members:

Professor Debra Dusome RN, MA, Ex.AT,

Dr. Kendra Rieger RN, PhD

Abstract

The advantages and potential use for creative therapies in healthcare are innumerable and clearly established in both the literature and consumer accounts. Therapeutic art practices have clearly demonstrated benefits to health and well-being through relaxation, improved stress management and coping, social inclusion, recovery, personal growth, self-expression and the potential for alleviating distressing physical, emotional, and psychological symptoms. Despite strong support for the use of art therapy in healthcare by many professionals and members of the public, there has been much criticism of the intervention due to claims of insufficient evidence-base and debates regarding research practices. There is also a distinct research gap in which service users are rarely consulted regarding their perspectives on the use of art-based interventions in their own mental healthcare. The purpose of this research was to explore how psychiatric patients experience the use of therapeutic art in their psychiatric treatment, and their perception of its impact on their own mental health recovery. Focusing on the experience of art therapy from the viewpoint of adult psychiatric patients allowed the researcher an insider view to a better understanding of perceived benefits of participating creative therapies. Using Interpretive Description methods, and informed by the Recovery Oriented Model of Care, the researcher gained key insights on how current techniques and patient experiences benefit clients and their communities including improved communication, self-regulation, and enhanced intrapersonal and interpersonal relationships. Gaining insight from clients directly has resulted in enhanced understanding, awareness and possible actionable interventions for clinical, educational and community settings to enrich future practice, contributing unique and unheard participant perspectives noticeably scarce in the current literature on the subject.

Acknowledgements

"A man who works with his hands is a laborer; a man who works with his hands and his brain is a craftsman; but a man who works with his hands and his brain and his heart is an artist."
Unknown

I have always wanted to make a positive impact on the lives of others and was inspired to become involved in art and healthcare at an early age. I truly believe creativity and community service has greatly enriched my life and has inadvertently helped me to maintain my own health and wellness. When choosing my thesis topic, I wanted to focus my study on a combination of my passions: art, education, and nursing. My goal was to learn about how the use of arts-based therapies impact recovery to expand its use in wider practice, in hopes to help others in their artistic and holistic health paths, while offering a small contribution to related literature. As this study was my first experience as a lead investigator, all aspects of the process were brand new and a rich learning opportunity for me…from the initial literature review to drafting my study, navigating ethics approvals, recruitment, interviews, analysis, and everything that comes with this type of project, I have learned that collaboration is essential! I am so fortunate to have so many supportive people around me, whether it be faculty mentors, fellow students, colleagues, family and friends (or 'friends of friends') willing to help! While It feels like an impossible task to acknowledge all of the people who supported me throughout this project, there are several people that have been instrumental in helping me to achieve this challenging and rewarding goal:

First and foremost, my husband; Clayton. Thank you for everything you do and have done for me. I am lucky to have you in my life. Your love and support mean the world to me. I love you!

My thesis advisor/mentor; Jane, for generously sharing your valuable time, knowledge, and guidance with me throughout every step of this program. I couldn't have done it without you!

My thesis committee members; Kendra and Debra, for your thoughtful suggestions, helpful resources, and constructive feedback. Your unique insights are greatly appreciated, thank you!

Brandon University, Faculty, Staff, my fellow classmates, and the entire campus community for making me feel so welcome during my time in the program. Your hospitality is unmatched!

Hospital Staff and Leadership at my worksite, past and present, especially Central and Support Services, Clinical Nurse Educators, Nursing, and Allied Health and Patient Experience.

My family and friends, for their love and encouragement, especially my parents who engrained in me the value of education and hard work, and who endured many sacrifices and challenges to provide as many opportunities as possible for my sisters and I.

Last but not least, my sincerest appreciation to the eleven participants who agreed to take part in this study. Being able to meet and discuss your most personal experiences with art and your recovery journey have been an immensely meaningful, inspirational, and humbling experience.

"Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation as any painter's or sculptor's work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living, the temple of God's spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts."
-Florence Nightingale

"The more I think it over, the more I feel that there is nothing more truly artistic than to love people." *-Vincent Van Gogh*

Table of Contents

Chapter 1: Introduction

There is much acclaim by healthcare professionals and the public to support the use of complementary therapies, such as art and expressive art therapy, to promote holistic health (Farokhi, 2011; Hoenders et al., 2011; Kessler et al., 2001; Kuhlman, 2002; Schulz et al., 2018; Sharma et al., 2013; Simon et al., 2004; Unutzer et al., 2000; Van Lith, 2016; Van Lith et al., 2011). Art therapy (AT) is a form of psychotherapy related to the process of making images within the context of a psychotherapeutic relationship and has been effectively utilized for treatment of patients and service users with a broad spectrum of physical and psychiatric disorders (Korlin et al., 2000; Richardson et al., 2007; Wright et al., 2017). AT "involves painting, clay work, and other creative visual art-making…as a form of non-verbal expression, in conjunction with other modes of communication within a therapeutic relationship in an appropriate therapeutic setting" (Scope et al., 2017, p. 26) typically facilitated by a trained art therapist. Art therapy is a specific type of treatment that falls under the umbrella terms "art therapies" or "creative therapies" which also includes music and drama therapy. Expressive art therapy is a newer form of art therapy that uses various modalities such as music, poetry, painting, among others, and supports the belief that artistic expression itself has healing powers (Hanevik et al., 2013)

The term "art-based therapies", "art-based treatments" or "therapeutic use of art" will be used to describe the aforementioned therapies inclusively. The intent of this study was to explore participants' perceptions of the impact of engaging in therapeutic art groups using a wide range of structured and unstructured visual arts approaches (such as drawing and painting with various media) that could be adapted and applied to treatment according to perceived needs, training, and experience to promote mental health recovery.

AT has demonstrated the capacity to contribute to one's wellbeing and quality of life (Sandak et al., 2015). Despite numerous affirmations from various sources supporting the use of art-based therapies as an effective treatment for a variety of diverse needs (Korlin et al. 2000; Wright et al., 2017), the non-pharmacologic and psychosocial effects are not well understood (Sandak et al., 2015). As patients and other healthcare consumers are increasingly turning to non-traditional adjunct therapies for relief of diverse symptoms when not adequately treated by conventional means, a need for additional comprehensive and rigorous qualitative research on complementary therapies such as art practices used in healthcare is essential (Feldman, et al., 2014; Murray, et al.,2017).

Research Problem

There is a wealth of information available on the topic of art-based treatments in mental health care, and advantages of art therapy as a treatment modality are well documented in professional literature (Saunders et al., 2000). However, the acceptance and application of art-based therapies in mental health services has been hindered by debates related to relevant research practices and claims of inadequate evidence (Feldman, et al., 2014; Hanevik et al., 2013; Murray, et al., 2017; Van Lith, 2016; Van Lith et al., 2013). Despite a growing amount of research indicating the usefulness of creative therapies for a broad spectrum of psychiatric disorders (Körlin et al., 2000), almost all academic articles regarding AT indicate the need for additional comprehensive and rigorous research in the field to quantify therapeutic value. Furthermore, very few studies are available examining the impact of art-based interventions on mental health recovery from a patient's perspective. Despite this scarcity of literature from patients' viewpoints, it has been acknowledged that promoting the use of art-based interventions

in mental health treatment could produce positive implications for individual participants' mental health recovery, in addition to unit, family, facility/organizational, and professional contexts.

Purpose

The purpose of this research was to explore how psychiatric patients experience the use of therapeutic art in their psychiatric treatment, and their perception of its impact on their own mental health recovery. This Interpretive Description research study aimed to address the research question: "What are the experiences and perceptions of psychiatric patients engaging in arts-based treatment for mental health recovery?" with the intention of identifying and enhancing current and future opportunities to support and maintain optimal mental health. Following all ethical guidelines to ensure respect and protection of participants' human rights, this study explored the experiences and perceptions of adult psychiatric patients who have participated in art therapy, expressive art therapy, or a comparable intervention, as a treatment modality. Using Interpretive Description methodology, the researcher asked adult mental health service users to describe the impact of art-based interventions on their own mental health recovery.

Asking service users how engaging in art-based practices has impacted their mental health recovery from their own point of view gives a rarely consulted and often vulnerable group of individuals a voice, and an opportunity to have say in their own treatment (Van Lith et al., 2011). Client ability to express their views and preferences on art-based treatment may facilitate better recognition, insight and understanding of population needs by healthcare professionals, resulting in enhanced programming and responsiveness (Lloyd et al, 2007; Scope et al., 2017).

Cultivating more responsive, empathetic, and engaged healthcare professionals has many benefits including improved ability to develop stronger therapeutic alliances and collaboration with clients, families, and inter-professionally, leading to increased job and service satisfaction

for service providers and service users, respectively (Scope et al., 2017). Findings from this study may inspire mental health professionals to recognize the importance of developing and facilitating creativity in their own practices, which may result in the development of enriched educational and professional resources necessary to deliver high quality mental health care.

Enhanced resources will likely result in more effective assessment, application, management, and evaluation of alternative complimentary and integrative healthcare practices culminating in more efficient and effective treatment options and personalized strategies which support ongoing holistic health (Scope et al., 2017). “Future strategies within mental health services could further integrate these aspects of art making into their practices, which could help to enhance the discovery of meaning, purpose and hope during the recovery process” in the lives of many service-users (Van Lith 2014, p. 19).

Recovery Oriented Care (ROC) Conceptual Framework

Art-based practices show promise as a beneficial solution for mental health services because they are in line with the Recovery Framework currently adopted in psychiatric practice and experiencing high consumer acceptability. Research is increasingly exploring the role of participation in meaningful activities in the promotion of mental health recovery (Van Lith et al., 2011). The term “recovery” focuses on the challenging process of personal growth; the journey towards wellness through over-coming obstacles such as symptoms, disability, and the stigma of mental illness, and finding ways to lead a fulfilling and contributing life (Deegan, 1988; Van Lith, 2016; Van Lith et al., 2011; Van Lith et al., 2012).

People with lived mental health experience have found recovery to be a subjective and individualized process (Lloyd et al., 2007). Recovery is a fluid practice of continual change in which individuals strive to improve their health and wellness, live a self-directed life, and reach

their full potential. Recovery is an ongoing and dynamic process that is unique to the individual's strengths, culture, gender, personal qualities, and experiences which can encompass prevention, intervention, treatment, harm reduction, monitoring, and long-term recovery maintenance. There is no one pathway to recovery that works for all; recovery is highly personalized (CCSA, 2017, SAMSHA; Concurrent Capable Education Session Sept 25, 2020). Unlike the biomedical definition of recovery, mental health recovery is not a predictable or medically mediated prognosis, rather an emergence of an evolved identity through self-discovery (Deegan, 2001; Lloyd et al., 2007;).

The Mental Health Commission of Canada (MHCC) describes recovery as a shift in perception from patients being passive recipients of care to patients actively engaging in their own health care journey (2009). Embracing the "whole person approach" driven by the World Health Organization (2001), ROC "provides a focus for re-orienting the design and delivery of mental health programs, services and supports, …to define the role of the system: to facilitate the ability of people living with mental illness to deal actively with the limits imposed by their conditions (Canadian Senate, Section 3.2.1, 2006). The shift towards ROC has highlighted the need for effective and diverse treatment modalities for service-users and their supports to ensure holistic, person-focused care to meet the needs of individuals and families experiencing mental illness (Anthony, 1993). Through engagement and empowerment, patients are enabled and encouraged to draw on personal, family, community and cultural strengths sustained through services, supports and treatments to achieve their full potential and regain a more meaningful life (MHCC, 2009).

By incorporating the ten core components underpinning the Recovery Model; holistic, self-direction, individualized and person-centered care, empowerment, non-linear, strengths-

based, peer support, respect, responsibility, and hope into all interactions with participants including the group sessions, interview questions, and overall interview experience (which informed data analysis), the intended outcome of this study was to inspire collaboration between service users and service providers to develop strategic guidance for interdisciplinary healthcare teams; to facilitate optimal support to patients with mental health disorders, and empower service users to actively engage in their recovery journey of hope, healing and connection.

Conclusion

The recognition of the therapeutic value of creative practice has been accompanied by the emergence of the Recovery model, recovery-oriented practice, and the notion of mutual recovery, which extends the concept of recovery beyond an individualized focus. Greater awareness and utilization of recovery principles in healthcare suggest that mental health treatments should address a wider social context and extended which include integrative treatment options, such as art-based interventions, to maximize psychosocial rehabilitation and support optimal well-being.

Chapter 2: Literature Review

A literature search on the use of art-based interventions for therapeutic purposes in mental health was completed using several academic search engines including CINAHL, PubMed, PsychINFO and various University and the Provincial Health Services library resources with no year limit criteria. Search terms used in the literature review included a combination of the following terms in Boolean searches: art therapy, expressive arts, mental health, adult psychiatry, recovery-oriented care, nursing, creative therapies, therapeutic art, and person-centered care sources. A combination of qualitative and quantitative research studies were reviewed and analyzed to explore the concept of how therapeutic art interventions are utilized in traditional and contemporary mental health nursing practices throughout North America and internationally. The literature reviewed was deemed to be of high quality, including a combination of several systematic reviews (Maujean et al., 2014; Scope et al., 2017; Uttley et al., 2015; Van Lith, 2016) and original/primary studies published in reputable journals and academic websites. For example, Maujean et al. (2014) examined current knowledge about art therapy efficacy based on findings of eight randomized control trials conducted in adult populations with high standards of rigor. All but one study suggested short and/or long-term benefits from the use of art therapy for diverse populations. Maujean et al. (2014) described great need for more high quality research and identified specific areas for focus including specific measures for assessment of outcomes, follow up assessments and larger numbers. Similarly, Uttley et al. (2015) used comprehensive literature searches to conduct a systematic review including 11 randomized control trials (533 patients total) to examine the potential of art therapy as a more acceptable treatment, in comparison to talking therapies, for clients experiencing non-psychotic mental illness to systematically appraise clinical and cost-effective evidence for related

treatment. Uttley et al. (2015) found Art therapy was associated with significant positive changes in mental health symptoms in over half of the studies included, which demonstrated cost-effectiveness for the intervention and highlighted the need for more research on the subject due to lacking comparative information. Van Lith's (2016) systematic review was conducted to develop the bridge between therapist knowledge and practice in supporting people with mental illness. The author reviewed 30 studies conducted between 1994-2014 related to various art therapy approaches, grouped into diagnostic terms to identify areas of research that needed advancement. Focus areas centered around detailed therapeutic approaches to enhance practice and transferability, including evaluative components or critiques of applied perspectives by therapists and inclusion of client perspectives to address relationship between own expectations and perceived success of art therapies. Overall, the main themes which emerged from literature include traditional and integrative therapies in psychiatry and mental health, the use of art-based therapies in healthcare to promote therapeutic environments and recovery, including service-user/service-provider perspectives.

Traditional Treatment Methods in Psychiatry and Mental Health

The early scientific explanation of mental illness and addiction was a result of disease or damage to the brain or hereditary defect as an element of the emerging medical model. People with mental illness were jailed, cared for within the family home, or by religious groups, leading to the development of larger asylums (Scott, 2014). Until the latter half of the 20th century, people with mental illness in North America were generally institutionalized, isolated from the general population with forced treatments focused on hygiene promotion, and inhumane, invasive, and often harmful methods of investigation and treatment.

Expectations for care and treatment conditions have greatly improved since the introduction of the Mental Health Act and various advances in governmental, and societal

attitudes regarding mental health promotion as distinct-from the treatment of mental illness, on the premise that mental health is more than the absence of mental illness (Canadian Centre for Substance Abuse, 2009; Health Canada, 2002; Mental Health Commission of Canada, 2009, 2012; Ministry of Health Services/Ministry of Children and Family Development, 2010; Standing Senate Committee on Social Affairs, Science and Technology, 2006; Substance Abuse and Mental Health Services Administration Co-Occurring Center for Excellence, 2007; Scott, 2014). Currently, there are many types of treatment available for people diagnosed with psychiatric or mental health disorders.

Some of the traditional forms of treatment include psychotherapy (Cognitive Behavioral Therapy (CBT), Exposure Therapy, Dialectical Behavior Therapy (DBT), etc.), use of medication (antipsychotics, antidepressants, mood stabilizers, tranquilizers, stimulants etc.), inpatient hospitalization and/or outpatient/community clinics (group therapy, peer support, case management, etc.) and/or additional treatment options such as Electro-Convulsive Therapy (ECT), among others. Newer treatments such as Repetitive Transcranial Magnetic Stimulation (rTMS), and Eye Movement Desensitization and Reprocessing (EMDR), have more recently emerged and are steadily gaining popularity and success among users (Sharma, et al., 2013). However, many clinicians acknowledged that a significant amount of clientele find limited success with traditional psychopharmacological and verbal psychotherapeutic regimens typically used in psychiatric care, noting inadequate supportive psychotherapy and only partially effective medication treatment (Korlin et al., 2000).

As a result, many facilities have worked diligently to reduce stigma around mental illness, to decrease barriers, and increase awareness of addiction and mental health treatment options by enhancing accessibility and diversity of programming to meet the complex needs of

the population. Examples of the evolving system include the abolishment of asylum-type institutions for a more holistic and person-centered focus on recovery (Anthony, 1993), acknowledgment and improvement of outdated systems related to the treatment of multicultural and indigenous populations, integration of concurrent disorders treatment, forensic and/or corrections populations, development of initiatives specializing in youth and family services, and increased recognition of multidimensional human needs such as appropriate vocational, housing and recreational supports, using evidence-based, and trauma-informed care approaches (LeCharrois, 2012; LeCharrois, 2013). This monumental shift has highlighted a need for diverse, effective, person-centered treatment modalities by skilled interdisciplinary teams in therapeutic settings to ensure holistic, consumer-focused recovery-oriented care is accessible to all.

Complementary/Integrative Treatment Methods in Psychiatry and Mental Health

There is much acclaim by healthcare professionals and the public to support the use of complementary therapies in promoting both physical and mental health (Farokhi, 2011; Hoenders et al., 2011; Kessler, et al., 2001; Kuhlman, 2002; Oliveira et al., 2022; Schulz et al., 2018; Sharma et al., 2013; Shukla et al., 2022; Simon et al., 2004; Unutzer et al., 2000; Van Lith, 2016; Van Lith et al., 2011). Healthcare consumers are increasingly turning to non-traditional therapies for relief of symptoms when not adequately treated by conventional means in psychiatry and mental health. Healthcare professionals use a variety of approaches to treat people experiencing mental illness. Several common non-conventional treatment methods are used in the treatment of psychiatric and medical diagnoses such as animal-assisted therapy, light therapy, play therapy, and other complementary and integrative therapies including hypnotherapy, yoga, prayer, naturopathy, and creative expression through various mediums such as art, music, drama, and dance (Farokhi, 2011; Oliveira et al., 2022; Ritter et al., 2012).

Arts-based Treatment Methods in Healthcare

While art has been present as a means to express, communicate, and heal for thousands of years, art therapy was only formalized in the mid-20th century as a form of "expressive therapy" through the combination of traditional psychotherapeutic theories and techniques and aspects of the creative process (Farokhi, 2011; Oliveira et al., 2022). "Since our earliest recorded history, art has…served as a means of reparation, rehabilitation, and transformation and has been used to restore physical, psychological, and spiritual well-being" for diverse populations (Malchiodi, 1998, p. ix). The advantages and potential use for creative therapies in healthcare and mental health recovery have been clearly established in the literature and by numerous positive consumer accounts. AT has autonomously demonstrated favourable applications in healthcare (Körlin et al., 2000), proving beneficial to people of diverse backgrounds, age ranges and health conditions by alleviating a wide range of symptoms and inducing positive therapeutic and psychosocial effects (Oliveira et al., 2022; Sandak et al. 2015; Shukla et al., 2022;). Demonstrating extreme versatility, AT is effective in individual, group, couple, and family therapy-in short-term and long-term applications (Oliveira et al., 2022; Richardson et al., 2007).

Since its inception, AT has been utilized to reduce pain, stress, and relieve symptoms associated with medical diagnoses such as, but not limited to, Cancer (Bar-Sela et al., 2007; Nainis et al., 2006; Scope et al., 2017), Dementia and Alzheimer's disease (Sandak et al., 2015; Shukla et al., 2022), and Acquired Immunodeficiency Syndrome (AIDS) (Murray et al., 2014). The benefits of the use of arts are also manifested in psycho-physiological measurements such as reduction of cortisol levels and blood pressure (Sandak et al., 2015). Numerous areas of healthcare have used arts-based treatment methods to assist clients including community health, palliative/end of life care, and mental health, among others, to improve holistic (physical, mental,

spiritual, emotional) health and wellbeing (Lloyd et al, 2007; Oliveira et al., 2022; Scope et al., 2017; Shukla et al., 2022;).

Art therapy and other therapeutic creative practices have clearly demonstrated numerous benefits to one's general health and wellbeing such as improved relationships with others, better understanding of self and own illness/challenges, relaxation, improved stress management and coping, distraction, social inclusion, empowerment and personal recovery, encouraging personal growth and self-expression alongside the potential for alleviating distressing physical, emotional and psychological symptoms (Lloyd et al, 2007; Oliveira et al., 2022; Scope et al., 2017; Shukla et al., 2022). AT has shown significant value in treating many psychiatric conditions and substance use/concurrent disorders (Hanevik et al., 2013; Oliveira et al., 2022; Scope et al., 2017; Shukla et al., 2022; Wright et al., 2017) and can also assist individuals to work through difficult emotions associated with related diagnoses (Körlin et al., 2000; Oliveira et al., 2022; Wright et al., 2017). The use of art as therapy implies that the creative process can be a means of reconciling emotional conflicts and fostering self-awareness and personal growth (Hanevik et al., 2013; Lloyd et al, 2007; Oliveira et al., 2022; Saunders & Saunders, 2000; Scope et al., 2017; Shukla et al., 2022).

Arts-based Treatment Methods in Psychiatry and Mental Health

AT was originally developed in adult psychiatric in-patient units and was designed for use with people who could not engage in traditional verbal psychotherapy (Bar-Sela et al., 2007; Körlin et al., 2000; Nainis et al., 2006; Sela et al., 2007), using visual arts such as a form of communication (Blomdahl et al., 2016; Malchiodi, 1998; Shukla et al., 2022), a mechanism for self-discovery and self-expression, to explore feelings and as a method to facilitate healing, growth and catharsis (Hanevik et al., 2013; Lloyd et al, 2007; Oliveira et al., 2022; Rowe et al.,

2017; Saunders et al., 2000; Scope et al., 2017). Art therapy falls into 2 main categories: The first view involving the inherent healing properties of therapeutic art making, or “art as therapy”. The second view is the idea that art can be used as a means of symbolic communication, or “art psychotherapy”, emphasizing the products (i.e.: drawings, paintings etc.). Both art as therapy and art psychotherapy can be used together, as making art can be a healing process as well as a mechanism for communication (Farokhi, 2011; Oliveira et al., 2022; Shukla et al., 2022). In many cases, AT is the “modality of choice for helping children, and adults, who find it difficult to verbalize their feelings and to acknowledge them to themselves because of their age, developmental level, lack of trust, fear of acknowledging the unknown, or mental illness” (Saunders et al., 2000, p.100). AT is often preferred by patients who are uncomfortable with conventional psychotherapy, struggle with verbal expression, have lower levels of education, or who may not have fluency in the primarily spoken language (Scope et al., 2017).

Historically, creative arts and non-verbal psychotherapy methods were only introduced as an alternative or a compliment to conventional therapies but have since demonstrated merit in treating a myriad of mental health diagnoses and neurological disorders in a wide array of clinical and community settings (Körlin et el., 2000). AT has shown significant value in treating psychiatric conditions such as depression (Blomdahl et al., 2016; Gussak, 2004, Rowe et al., 2017; Sandak et al., 2015; Scope et al., 2017; Shukla et al., 2022; Wright et al., 2017), autism spectrum (Scope et al., 2017), anxiety (Rowe et al., 2017; Wright et al., 2017), acute psychosis (Hanevik et al., 2013; Montag et al., 2014; Wright et al., 2017), schizophrenia (Gussak, 2004; Hanevik et al., 2013; Sandak et al., 2015; Shukla et al., 2022), eating disorders (Körlin et al., 2000; Scope et al., 2017), dementia (Scope et al., 2017), obsessive compulsive disorder (OCD)(Wright et al., 2017), learning disabilities (Scope et al., 2017), personality disorders

(Scope et al., 2017), post-traumatic stress disorder (PTSD) (Murray et al., 2017; Rowe et al., 2017; Scope et al., 2017), and substance use/concurrent disorders (Scope et al., 2017; Wright et al., 2017).

AT uses the modality of art media to help clients express their thoughts, feelings and experiences and has been shown to assist individuals in working through difficult emotions associated with medical and psychiatric diagnoses such as sadness, sense of loss, fear, anger, hopelessness and self-harm and suicidality (Körlin et al., 2000; Oliveira et al., 2022; Shukla et al., 2022; Wright et al., 2017). For people with psychiatric disorders, these emotions may be related to illness, hospitalizations, relationships, or other concerns not easily articulated using verbal communication (Korlin et al., 2000; Nainis et al., 2006). AT and other integrative therapies are often preferred by patients uncomfortable with conventional psychotherapy, especially those who struggle with verbal expression due to fewer cultural and language barriers (Rowe et al., 2017; Scope et al., 2017). Several studies have found AT particularly effective for patients diagnosed with mental illness and depression (Gunnarsson et al., 2009; Maujean et al., 2014), which is particularly significant because people with these disorders often describe feeling as though they cannot always clearly communicate their perspectives to professionals for fear of stigma, being judged or labeled by their diagnosis, or the nature of the diagnosis (Scope et al., 2017). The use of art as therapy implies that the creative process can be a means of both reconciling emotional conflicts and of fostering self-awareness and personal growth (Hanevik et al., 2013; Oliveira et al., 2022; Saunders & Saunders, 2000).

Art-based Treatments to Promote Therapeutic Environments and Recovery

Many recent studies suggest participation in the arts supports recovery and positively benefits people with mental health difficulties through increased levels of empowerment; it also

has the potential to positively impact mental health and social inclusion by improving overall quality of life and relationships for individuals and groups experiencing mental health concerns (Lloyd et al, 2007; Scope et al., 2017). Related literature on the subject identifies several key areas where art-based practices are beneficial including substantial roles in psychological, social and mental health recovery through opportunities for self-discovery, increased self-esteem and identity formation, self-expression, validation and motivation, clarity related to a sense of purpose, increased focus, improved cognitive functioning and enriched relationships in addition to benefits to clinical, occupational and contextual recovery (Hanevik et al., 2013; Hacking et al., 2008; Lloyd et al., 2007; Oliveira et al., 2022; Scope et al., 2017; Van Lith, 2016; Van Lith et al., 2012).

There is also support for the aesthetics of art in clinical environments in addition to the therapeutic benefits of art-based interventions in treatment of mental illness. Research indicates that murals may deter elopements, lower anxiety for patients who are easily confused or disoriented, and have a calming effect on staff (Kennedy, 2019). Units with colorful art and focal points make hospitals safer, feel more inviting, increase comfort, promote healing and a higher quality of life, foster positive moods and a sense of well-being, improving patient and staff experiences (Kennedy, 2019). Studies have shown that visual art like murals have positive effects on client and staff well-being and demonstrate positive health outcomes such as potential for decreased length of stay in hospital and increased pain tolerance. Inclusion of visually appealing environments, including artwork inspire a spirit of caring and compassion while brightening up a space that can often be bleak (Kennedy, 2019).

Art-based treatments can be useful in helping patients and their support systems in numerous contexts including, but not limited to, increasing self-awareness, improving coping

abilities related to illness symptoms, and fostering resilience through adaptation to stressful or traumatic experiences (Nainis et al., 2006). Art-based treatments are further enhanced when offered in a trusting, safe environment that allows individuals to acknowledge and express strong emotions and a supportive focus on non-verbal communication through creative processes (Saunders et al., 2000; Shukla et al., 2022). Clients and their staff/support networks respond well to such environmental enhancements which may decrease clients' use of more invasive or costly services, increase visual stimuli/mental distraction leading to lowered distress levels and potential need for acute levels of supervision, while fostering deeper cultural and/or spiritual awareness or appreciation (Ballantyne, 2019; Gomez, 2019; Hanevik et al., 2013; Lloyd et al, 2007; Scope et al., 2017), encouraging more opportunities for interpersonal interaction**.**

Arts-based Practitioner Perspectives

Practitioners of art-based or expressive psychotherapy use the art-making process to improve social, mental, and emotional functioning and increase feelings of wellbeing by utilizing the creative process to encourage personal growth and alleviation of symptoms of mental illness in clients; yet substantial variations exist regarding appropriate evaluation tools and methods leading to practice ambiguity and lowered practitioner confidence (Rowe et al., 2017). Most psychiatry-focused participatory art projects claim improvements in confidence, self-esteem, social participation, and mental health outcomes, though such claims have rarely been subjected to robust research (Hacking et al., 2008). Still, AT is a relatively inexpensive intervention, entailing the therapist’s time and cost of art supplies, that may have long lasting positive effects by teaching individuals’ long-term techniques and self-efficacy. The aforementioned skills and attributes noted above can be transferred into daily living to improve wellbeing, self-affirmation, and to support changes in routines with minimal risks to the participant (Blomdahl et al. 2016).

Many healthcare providers consider arts-based activities to be a valuable clinical intervention based on the belief that the creative process involved in the making of art is healing and life enhancing (Nainis et al., 2006).

As consumers express greater interest in integrative therapies and share positive experiences related to the therapeutic use of arts in healthcare, interventions such as art therapy will likely be perceived as having value in providing opportunities for healing, self-discovery, or formation of a new identity, and used with greater frequency and acceptance in wider communities (Lloyd et al., 2007; Nainis et al., 2006). Further research in AT and mental health recovery will facilitate a better understanding and recognition of population needs for those services including, identification of educational and professional resources, and improvements to assessment, intervention, management, and evaluation of integrative healthcare practices in recovery-oriented care.

Arts-based Service User Perspectives

Research indicates that art therapy contributes to recovery from mental illness. Studies show therapeutic art practices enhance personal growth, self-expression, transformation and wellness, increases perceived control and sense of self, promotes personal change, reduces stress, allows for greater ability to transcend troubling circumstances or distressing emotions, improves one's ability to meet demands in daily life and problem-solve, while strengthening the individual's boundaries and ability to recover from traumatic experiences, including relief of pain or other physical symptoms (Blomdahl et al., 2016; Malchiodi, 1998).

Despite the large amount of literature written about diverse treatment options for people experiencing addiction and mental illness, there is scarce attention paid to the firsthand experiences of people with lived psychiatric experience who engage in arts-based interventions

compared to those without access to similar programming and even less so from a recovery-oriented care perspective. Common themes from limited articles focused on first person psychiatric service-users experiences with art-based treatments included findings that engaging in creative therapies may benefit individuals in improving their understanding of themselves and their disorder(s) (Hanevik et al., 2013; Lloyd et al., 2007; Scope et al., 2017; Van Lith, 2014; Van Lith, 2016), managing symptoms or perceiving increased control over illness (Hanevik et al., 2013; Lloyd et al., 2007; Van Lith et al., 2011), experiencing enhanced relationships with others and greater self-confidence, facilitating distraction, personal achievement, self-expression, relaxation and empowerment (Lloyd et al., 2007; Oliveira et al., 2022; Scope et al., 2017; Van Lith, 2014; Van Lith, 2016; Van Lith et al., 2011) towards recovery.

Conclusion

Today, AT is considered "a form of psychotherapy where the process of making images plays a central role in the context of the psychotherapeutic relationship…[and] has been widely applied to the treatment of patients and service users with a range of health problems and across all spectra of severity" (Richardson et al., 2007, p. 483). The limited amount of available and credible information related to firsthand experiences of people with mental health challenges who participate in art-based therapeutic programs is a noticeable gap in the literature on the subject. The investigation of this topic from the perspective of psychiatric clients using arts-based therapies in treatment is necessary for ensuring service-user satisfaction via effective programming and for the development of future services and education that are essential for facilitating recovery-oriented care while supporting the recovery process. This study will add to the current body of literature on the effectiveness of integrative therapies and provide support for initiatives looking to implement holistic, recovery-oriented care.

Chapter 3: Research Design

Qualitative research methods are ideal for capturing participants' perspectives on specific experiences or phenomena due to opportunity to explore rich and dynamic dialogues. There are various approaches to qualitative research methods and techniques available to researchers.

Interpretive Description: A Qualitative Research Methodology

Interpretive description (ID) is a qualitative research method developed from a need to better understand clinical knowledge and applied practices in nursing and other disciplines (Thorne, 2016). Interpretive description has been applied to several areas within healthcare as an inductive analytic approach to create ways of better understanding clinical phenomena and yield clinical applications (Thorne et al., 2004; Thorne, 2016).

Historical Contexts

Early ID publications by Sally Thorne, recognized as the founder of ID, described the possibility of an alternative approach to conventional methods influenced by established methods used in social sciences such as ethnography, grounded theory, and phenomenology, to lend credibility and structure (Thorne, 2016; Thorne et al., 1997). ID arose from "the necessity to find a way to do the kind of applied qualitative research that could generate the kinds of understandings of complex experiential clinical phenomena that would be optimally relevant and useful to the practice of nursing and other professional disciplines concerned with questions "from the field" (Thorne, 2016, p 31).

Relevance in Nursing Practice and Research

ID is a methodology developed and adapted with the intention of answering real world research questions for practical use in diverse clinical and educational environments. The professional discipline of nursing is well suited for ID research due to practical application of

knowledge to the resolution of human health and illness problems within society (Thorne, 2016; Thorne et al., 1997). As the focus of nursing expands, particularly in the field of mental health nursing, research must move beyond theoretical information to include real world applications in practice to meet the multifaceted needs of a diverse population by diverse practitioners with varied training, education, and experience (Thorne et al., 1997).

The use of Interpretive Description is appropriate for the goals and rationale of researching socially constructed elements of human experience (Thorne, 2016). ID has proven to be a credible and legitimate methodology for nursing research and integration into care due to its solution-focused approach and ability to address diverse clinical issues in a relevant and flexible manner. In ID, it is fundamental that clinician researchers' motivation for research is the application of findings to real and complex situations involving human beings with challenging health problems to improve overall quality of life (Thorne, 2016). ID methodology is focused on solving everyday problems of individual patient experiences as opposed to larger population generalizations, and therefore extremely well suited to clinical problems requiring person-centered solutions such as non-traditional approaches to psychiatric treatment.

Methodology Selection

The ID methodology was selected by the writer to better understand how qualitative research can aid in production of knowledge, to gain a deeper consideration of phenomena and increase engagement with data analysis beyond basic description of client perspectives regarding the use of arts-based treatment in mental health recovery (Teodoro et al., 2018; Thorne, 2016). The ability to use non-traditional methodologies in research to provide and capture unique individual and group expressions of the impact of arts-based treatment on recovery was helpful to the writer. Equally valuable-was ID's allowance for interesting and non-traditional

dissemination of study findings, and study subject matter that would be appealing to broad academic and public audiences such as the incorporation of artistic renderings, media, technology, and community engagement (Thorne, 2016), capturing interest, imagination, and inspiration for future therapeutic practices. Considering AT has not traditionally been thought to hold significant therapeutic value, likely due to the biomedical focus of disease, the writer determined an ID method especially powerful to demonstrate the merits of AT in healthcare, increasing the richness of evidence through patient self-reports, building credibility indicators through continuous planning and adaption parallel to many clinical practice applications (Thorne, 2016). Study findings have provided an opportunity for rarely studied firsthand insights into arts-based mental health programming from the perspective of service users and will inform future program development, implementation, and evaluation of art-based practices in addiction and mental health services in alignment with the foundational concepts of Interpretive Description (Thorne, 2016).

Research Design

This study used Interpretive Description methodology with analytic procedures of thematic analysis to explore the impact of engaging in art-based treatments on recovery from the perspective of patients with lived addiction and mental illness experience. The study took place at a Psychiatric Hospital located in a western Canadian province where the investigator is a Clinical Nurse Educator and graduate student focused on the experiences of clients attending therapeutic art-based groups. A purposive sampling strategy selected individuals for participation based on personal experience with art-based therapies and a desire to share related knowledge (Streubert et al., 2011).

Prior to the Covid-19 pandemic, clients from various units across the site could attend a supervised drop-in mixed-media visual arts and crafts group facilitated by a Recreation Therapist twice a week for up to 2 hours per session, post-referral from their Doctor/Psychiatrist. Like many therapeutic groups, these sessions were designed to serve many purposes such as facilitation of a safe and supportive environment to learn and practice various skills and self-expression, develop positive stress management and coping skills, and allow for time away from the unit to initiate and engage in social and recreational activities, among many other goals and opportunities. Each session, a pre-designed step-by-step project was available for individuals who wanted to complete a structured project, with or without support from staff. Alternatively, participants could also decide to customize their project or complete a project of their choice using a wide range of supplied arts and crafts materials, with or without staff support. Due to restrictions throughout the pandemic related to required social distancing and compliance with wearing Personal Protective Equipment (PPE), the group had been limited to individual unit participation, as opposed to multiple unit participants across the site.

The Researcher's Positionality and Role

Qualitative research is a collaborative production of knowledge between researcher and participant (Karnieli-Miller et al., 2009) and each contributor's unique personal, and professional experiences are valued in guiding the research process (Lopez et al., 2004). The researcher is a Registered Nurse with a Bachelor of Science Degree in Nursing, and currently a graduate student candidate in Brandon University's Master of Psychiatric Nursing program. As a neophyte researcher wanting to contribute to nursing knowledge and motivated to make a difference to individuals challenged with mental illness, an in-depth qualitative exploration of the perceived impact of participatory art therapy on recovery in adult mental health service-users at a local

psychiatric hospital using Interpretive Description (ID) methods was proposed. The research study was conducted as part of the educational requirements of a thesis for degree completion and intended for dissemination through various presentations and publications. The researcher is certified in Psychiatric and Mental Health Nursing through the Canadian Nurses Association (CNA). Areas of current practice include acute mental health care and education with previous experience in post-secondary nurse education in both Registered Psychiatric Nursing and Registered Nursing programs, community mental health nursing, child and adolescent mental health, forensic psychiatry and corrections, general medicine, and occupational health and safety. The researcher's nursing practice is trauma-informed and recovery-oriented. The researcher recognizes potential biases related to personal opinions and past experiences that may impact interactions with others or practices related to arts-based research and treatment of mental health challenges. The researcher acknowledges subjective beliefs supporting the use of arts-based practices in addiction and mental health treatment which may impact interpretation and analysis of participant responses. The researcher utilized several reflexivity exercises including field notes, journaling, and regular discussions with thesis committee members to maintain awareness and ensure sensitivity to individual participant experiences.

The researcher has no associated conflicts of interest to declare. While the researcher is an employee of the hospital this study took place, there is no undue influence or potential power imbalance relationship between the researcher and participants as the researcher is not a provider of direct patient care and instead, supports staff educational needs. All participants were receiving treatment for mental health concerns including but not limited to depression, anxiety, schizophrenia, bipolar disorder, substance use, among others. However, absolutely no demographic or diagnostic information was collected nor used in findings summary,

dissemination or for future publications due to ethical and confidentiality concerns related to the population, and only discussed if participants chose to mention their diagnosis in the interview. This rationale followed mental health recovery principles that require one to look beyond an individual's diagnosis to focus on personal growth and other dimensions (Anthony, 1993; Deegan, 1988; Deegan, 1996; Van Lith, 2014; Van Lith, 2016). The researcher sought and successfully obtained ethical approval of the study from Brandon University and the Provincial Health Services prior to participant recruitment and utilized the Provincial Project Ethics Community Consensus Initiative guideline, formerly the Provincial Research Ethics Community Consensus Initiative, for quality improvement and evaluation projects to minimize and mitigate any real or perceived threat or risk to participants.

Inclusion and Exclusion Criteria

To have been eligible for participation in the study, participants must have been at least 18 years of age, able to understand and speak English fluently, and receiving services at the psychiatric hospital (inpatient or outpatient services). Participants were required to have previously attended one or more art-based therapy sessions at the hospital, be willing to engage in the associated interview process, and have been determined medically and mentally stable (i.e.: no recent or current psychotic episodes, no suicidal ideation or recent self-harm), having capacity to make their own informed decisions about engaging in the group and study process. This criterion was indicated through privileges granted by the most responsible healthcare provider such as individual Psychiatrist/Physician and associated treatment teams.

Recruitment

Direct recruitment occurred through posters and multiple presentations by the primary researcher to various therapeutic arts groups explaining the study, the nature of participation and

related requirements and contact information (Appendices A and B). Additionally, electronic posters advertising research participation opportunities were circulated to program and unit managers for distribution amongst interdisciplinary staff for referrals. Hard copy versions were also posted in the art room and commonly used patient areas on the units and throughout the hospital to solicit interest from patient self-referrals. Information addressed on posters included the purpose of the study, criteria and time requirements for participation, participant ability to withdraw from study prior to the start of data analysis without penalty or explanation, and the primary researcher's contact information. The poster also emphasized confidentiality of client information, the voluntary nature of the study and assurance to participants that no impact would be had on treatment during hospitalization for choosing or declining to partake in the study. The likelihood of a confidentiality breech was actively minimized by the researcher limiting access of information to other individuals through conducting and transcribing interviews independently. Additionally, had a breach of privacy occurred, the information in question would not put the participant(s) at a risk of legal liability, nor damage to financial standing, employability, personal reputation etc. and complied with the Provincial Freedom of Information and Protection of Privacy Act (FOIPP) and Health Information Act (HIA).

Participant Selection

Eleven research participants were recruited through multiple approaches including posters inviting participation distributed around the psychiatric hospital, purposive sampling through direct recruitment via presentations delivered by the researcher to clinical, recreation and rehabilitation services, and snowball sampling through additional peer referral, to reach the goal of interviewing five to twelve participants. Potential participants were not offered an honorarium to participate. Each participant was invited to engage in an individual interview of approximately

30-60 minutes, which was audio-recorded, transcribed verbatim and analyzed for central themes and sub-themes by the primary researcher.

Data Generation and Treatment

The experiences of participants in the study were accessed using semi-structured interviews and observations, which occurred in a private room close to the therapy area for protection of patient privacy and familiarity of environment at a time convenient for participant schedule. Alternatively, telephone/zoom interview options were also offered to participants based on personal preference and in compliance with Covid-19 related restrictions associated with minimizing physical contact. Nine participants opted for in-person interviews, and two participants preferred telephone interviews due to scheduling convenience. Interview questions, as outlined in Appendix D, were open-ended and responsive based on participant responses. Data generation was collected via participation in one interview with each participant to gain a description of the participant's experiences with arts-based treatments for mental health for ten of the eleven participants. One participant requested the interview to be completed over two separate calls on different days due to personal schedule preference, which was accommodated by the researcher.

The researcher/interviewer demonstrated flexibility and skill in conducting eleven approximately 30-60 minute conversational interviews (based on participants' ability/comfort levels) and adapted questions as necessary in response to participant accounts, to promote authenticity and limit biases or preconceptions. As per suggested ID techniques described in a literature search on the subject, the use of semi-structured interviews via a series of pre-determined, open-ended questions served as a conversation guide to assist participants to describe their experience with therapeutic art sessions without influencing or leading discussions

(Streubert et al., 2011). A goal of interviewing five to twelve participants had been set by the investigator in advance of participant recruitment based on comparable existing studies on the subject, as determining saturation of findings seemed impossible due to the infinite subjective responses by participants. The size of the sample was considered sufficient when new informants revealed "no new findings and meanings from all previous narratives become redundant" (Crist et al., 2003, p. 203) or "when the researcher no longer receives information that adds to the theory that has been developed" (Malterud et al., 2015, p. 6). Five additional dimensions that will have a mutual impact on this study's sample size relate to the concept of "Information Power" and include continuously evaluating the study aim, sample specificity, use of established theory, quality of dialogue and analysis strategy throughout the research process (Malterud et al., 2015) to support data redundancy, as opposed to saturation alone. Volunteer participants were recruited throughout the study duration and occurred simultaneously with data collection and analysis.

Participant identities remained anonymous, and each interview was assigned a numeric code for identification purposes. The writer kept a journal of field notes and obtained informed consent from interested participants prior to conducting semi-structured individual interviews, which were audio recorded for verbatim transcription, organization, and analysis. Participants were informed that the study findings may be disseminated via various scientific journals, presentations, thesis dissertations or other publications and were agreeable to same.

Data Analysis

The process of data analysis in interpretive description involves several steps to increase the likelihood of a credible study and fruition of clinically relevant findings. Data was analyzed following the ID process proposed by Sally Thorne, the founder of ID (Teodoro et al., 2018; Thorne, 2016). The researcher used subjective interpretation of the data, through coding and

organization of content to identify and make sense of patterns, notice trends, categorize data, assign meaning, and consider borrowed techniques, to capture analytic insights and shape practice with useful applications that are relevant in healthcare and education (Thorne, 2016). The researcher completed the following steps:

Step One: Carefully read and reviewed literature, field notes and transcribed participant interviews.

Step Two: Re-read and organized data for immersion. Analyzed individual interview transcripts separately while noting common themes and experiences among participants using a combination of Word and Excel documents.

Step Three: Identified meaningful quotes/themes and organize into condensed sub themes.

Step Four: Reviewed and summarized material to cross reference information with initial literature and participant interviews to confirm understanding and accuracy.

Step Five: Revisited material to deepen understanding and ensure researcher comprehends content. Considered any misinterpretations or biases and explored same with thesis committee members for transparency and potential missed patterns or concepts.

Transforming patterns into findings through envisioning possibilities, confirming biases, expanding associations, testing relationships, capitalizing on outliers, and engaging constructive criticism or limitations focusing on other elements that required attention and consultation at this stage (Thorne, 2016). The researcher sought guidance from the thesis advisor and committee members regarding these considerations, as well as advice and feedback related to data quality, rigor and avoiding predictable hazards in ID methodology such as premature closure, misinterpretation of data or over inscription of self (Thorne, 2016).

To ensure high quality data, the researcher reviewed and applied The Framework of Quality Criteria to maintain integrity and trustworthiness commonly used in qualitative research (Guba & Lincoln, 1994; Lincoln & Guba, 1985). Trustworthiness, or rigor, of a study refers to confidence in data, interpretation and methods used to ensure quality of a study and focus on the following five areas: Credibility, Dependability, Confirmability, Transferability and Authenticity (Guba & Lincoln, 1994; Lincoln & Guba, 1985; Polit & Beck, 2012; Polit & Beck, 2014).

In this study, credibility was promoted through meticulous transcription of interviews to demonstrate accuracy of participant responses, and exercises with reflexive journaling and field notes for frequent examination of potential misunderstandings or biases.

Dependability in this study was maintained through ensuring standardized information sharing through verbal explanations and printed materials to participants for stability of conditions and environment. The researcher kept an audit trail of process logs through reflexive journaling and field notes to track decision-making and rationale regarding interviews with participants and conversations with thesis committee members. Observations of the participants' non-verbal body language, speech inflections or overall expressions was recorded throughout the interviews when possible and included in field notes/journaling exercises. Additional information referenced from field notes throughout the analysis phase included researcher observations and response to individual interview content and location, reflections on roles, interaction style, areas for improvement for future interviews, and personal thoughts and potential ideas for data interpretation. Interviews and observations were analyzed concurrently during ongoing participant recruitment (Crist et al., 2003). Tracking data, regular self-reflection exercises and conversations with thesis advisors promoted confirmability within the study by

promoting neutrality, awareness and minimization of potential biases for a consistent approach to participant interviews.

The researcher demonstrated transferability and authenticity by providing information and recommendations that could be useful to other settings and service areas for a variety of settings and populations by providing rich and detailed descriptions using a transparent approach with data analysis while ensuring confidentiality to participants.

Inductive, as opposed to deductive analysis, is the technique supported by ID and the researcher used several strategies to achieve appropriate analysis by avoiding complex or premature coding systems and focusing on theoretical or epistemological aspects for coherent data collection and analysis to support the study. The researcher maintained ongoing immersion with information gathered from the participant interviews and focused efforts towards deeper understanding through repeated synthesizing, theorizing, and re-contextualizing of data over sorting and coding, requiring endurance and attention to detail. The researcher consciously attempted to increase awareness of potential biases and assumptions that may have affected the way in which data was collected or analyzed. Strategies the researcher employed to assist in reflexivity included regular communication with the thesis advisor and committee members, as well as keeping a reflective journal. The purpose of regular journaling was to assist the researcher in intentionally enhancing self-awareness by frequent reflection, interpretation and documentation of field notes including descriptions of methods, thoughts, feelings, and actions during the research process to ensure rigor and transparency (Thorne et al., 1997).

Ethical Considerations

The study posed little to no harm to the participants involved as discussions related to individual experiences with arts-based treatments are considered to cause no increase in potential

risk than participants encounter in everyday life. However, the complex nature of qualitative research and potential of past traumas, unresolved emotional conflict, or negative memories to resurface presented ethical concerns that required careful consideration in the research design to ensure ethical principles were upheld for the protection of participants (Scope et al., 2017; Streubert et al., 2011). The researcher obtained a certificate for completing "Tri-Council Policy statement: Ethical conduct of Research involving Humans Course on Research Ethics" (TCPS 2: CORE) (Appendix F). Research ethics approval was obtained from Brandon University Research Ethics Committee (BUREC) and the Provincial Health Services prior to commencement of the study to ensure the protection of vulnerable populations' confidentiality and rights, with the intention of minimizing potential for harm. The researcher also provided a comprehensive list of support and crisis prevention resources which was distributed to each participant, should any individual(s) require assistance with distressing circumstances that may have arisen from participating in the study (Appendix E). The resource was intended to supplement the 24-hour access to services provided by interdisciplinary staff caring for participants over the course of hospitalization, in addition to everyone's personal and community networks.

Informed consent was obtained prior to each interview and reviewed throughout the research process. Participants were informed of the aim and purpose of the study, that participation was voluntary, and they could withdraw from the study prior to data analysis without giving an explanation. Please refer to Appendix C, consent form. No participants chose to withdraw from the study. To protect the privacy and confidentiality of participants, the primary researcher was the only person aware of participant identities. Only first names were used during the audio-recorded interviews. Participant names were removed from transcribed interviews and replaced with numeric identities or <name>. All identifying information in

participant responses was removed by the primary researcher in the transcripts and dissemination of findings or publications. All hard copy or electronic files were securely stored in a locked cabinet and/or password-protected devices and will be destroyed following the study completion (Streubert et al., 2011). Non-identifying data was shared with the researcher's thesis advisor and committee members. The primary researcher will delete all electronic files and destroy any hard copies of same, after five years has elapsed post thesis defence.

Conclusion

There are many kinds of Qualitative research methods available for researchers in healthcare. Interpretive Description methodology is ideal for use in mental healthcare studies as one of the methods strengths is capturing participants' perspectives from specific clinical or life experiences through dynamic dialogue between service users and service providers from a research lens to improve clinical applications (Thorne et al., 2004; Thorne, 2016).

Chapter 4: Findings

The purpose of this research was to explore how psychiatric patients experience the use of therapeutic art in their psychiatric treatment, and their perception of its impact on their own mental health recovery. Participants were asked about their experience with arts-based therapies in treatment and responded with insightful commentary related to the impact of creative practice on their mental health recovery.

Description of Participant Characteristics

Eleven participants indicated interest and completed an interview for the study. Despite intentional omission of demographic information collection for confidentiality purposes, participants were observed to have a wide range in age, ethnicity, gender, and background. All participants stated they began using creative outlets in childhood. Most participants noted being introduced to art by a family member prior to attending formalized schooling. Many participants described early art experience as simple arts and crafts projects, progressing on to classes in school and increasingly complex projects into adulthood. A minority of participants went on to study art and/or design in a formalized post-secondary program, sharing they aspired to employment in related fields. Participants described diversity in artistic mediums and techniques such as photography, painting, coloring, drawing, sculpture, digital art, woodworking, textiles, and various multimedia crafts. All participants were engaged in some form of art, ranging from daily to sporadic practice. All participants shared they had one or more art projects in progress for recreational and/or therapeutic purposes. Every participant believed art was beneficial to their overall health and wellbeing. All interviewees shared they found the most merit in actively creating art but believed opportunities for passive participation via observing others create, viewing art displays, or reflection and discussion on art history and interpretation were also

beneficial. Each participant emphasized the relevance of arts-based treatments in recovery related to addiction and mental health treatment, programming, and rehabilitation. All participants intended on using creative outlets post discharge and saw themselves engaging in some form of artistic expression for the remainder of their lives.

Themes

Three themes emerged from the data: Enhanced connection with self through artistic practices (Intrapersonal), including holistic health and wellbeing elements such as mental, physical, emotional and spiritual/cultural components, Enhanced connection with others through artistic practices (Interpersonal) or social health, and Enhanced connection with environment through artistic practices, such as physical and psychosocial settings.

Theme	**Sub theme(s):**
Theme 1: Enhanced Connection with Self Through Artistic Practices (Intrapersonal)	1: Holistic Health and Wellbeing 1.a: Mental Health 1.b: Physical Health 1.c: Emotional Health 1.d: Spiritual/Cultural Health
Theme 2: Enhanced Connection with Others Through Artistic Practices (Interpersonal)	2: Relationships 2.a: Social Health
Theme 3: Enhanced Connection with Environment Through Artistic Practices (Setting)	3: Setting 3.a: Physical Setting 3.b: Psychosocial Setting

Enhanced Connection with Self Through Artistic Practices (Intrapersonal)

The first theme relates to the impact of arts-based therapies on mental health recovery and the experience of an enhanced connection with self. Also known as an intrapersonal relationship, this theme refers to the participants' ability to be self-aware, set and work towards goals, and maintain effective coping skills. Study participants described how art helped them to become reacquainted with themselves on a deeper level. Participants shared that being creative

was an enjoyable and therapeutic activity which promoted holistic wellbeing, increased awareness, confidence, and self-esteem which facilitated a 'healthier version of themselves' and promoted progress in their recovery. Engaging in arts-based therapies allowed meaningful opportunities for self-reflection, enabling self-acceptance and understanding from others around mental health challenges. Recovery using art allowed participants to 'see themselves differently' promoting introspection, emotional regulation, and increased resilience. Participants noted an improved ability to consider goals/treatment options, which resulted in advanced motivation, independence, enhanced functioning and life satisfaction.

Holistic Health and Wellbeing

The sub theme of holistic health arose from the participants' beliefs that art and creative expression were considered beneficial to one or more areas of their mental, physical, emotional or spiritual/cultural wellbeing. Participants said that art is attached to their sense of wholeness and overall health because art provides them with something 'positive and life giving'. Participants mentioned that being creative allowed them to recognize potential talents, focus on their strengths while working on deficits, and fostered personal growth which cultivated self-confidence and a deeper appreciation of 'self'. One individual stated making art helped them to, *"see the potential I have inside. I have a chance to not just be constantly [focused on the] bad side of my personality but see that I can actually do something [positive]. I can improve myself ... That's what makes me feel better…to see [a] strong side of me".* Another participant said, *"[Making art] is reinforcing this idea that I am capable of doing things that I previously wasn't capable of. The best part is learning how to make something that you completely had no idea you could."* When asked about the effect art has on their life, another person commented, *"Getting some self-esteem or pride out of what has been created. Self-worth, in a sense. I think that's very*

rewarding too, when you see your artwork come to life." Participants described a sense of fulfillment ranging from satisfaction of making art and development of their own style to immense personal growth and evolving other areas of their personality and lifestyle. One interviewee said, *"I do feel proud… I feel confident…I feel a lot better."* Another participant elaborated, "*As we start to get further into our practice and develop better pieces, [we have] far more personal and meaningful achievements that can bring self-value because when you're proud of your own work, then it doesn't matter what other people think. It's like a form of self-love, a form of self-esteem that's … really important for people. I think everyone needs to have some sort of creative practice that's valuable for them."* Another participant noted, *"[Art has] impacted my mental health in that it's a hobby I can do, that I know how to do …and I know I am good at. I'm confident in what I can create … [It] is constantly around … I can always come back to doing art. I know that I can express myself that way."* For some interviewees, art and creative expression were considered a necessity to living their best lives. One participant shared, *"Art is medicine… medicine that I need. [If] I don't have that … something dies in me."* Another reflected, *"I was fully hospitalized for months. We went to different types of therapy, but I would say the only thing that took me out of this [poor health] was art therapy." Art is absolute medicine for me and is going to help a lot of people... I really believe it's something positive and life giving …nutrients to your mind, your heart and soul."* The sub theme of holistic health and wellbeing can be further broken down into the individuals mental, physical, emotional, and spiritual/cultural health.

Mental Health

This subtheme refers to the participants' descriptions of the cognitive aspects of their health which included talking about their overall functioning of the brain, or their ability to think,

comprehend and communicate information, solve problems, and recall information. The participants articulated that art helped them with achieving a better state of mental health and wellness through improving self-expression and awareness, communication skills, and an enhanced ability to perceive and interact with the world around them. One individual stated that creating art, *"helped me in my own psychology and my relationship with people"*. Another participant shared, *"[Art] can promote wellness. It has kept me sane. It improves my mental health 100%."* When asked to describe the connection between making art and mental wellness one person said, *"Art is mental health for me … [It has] helped me to pause, breathe, release stress, and bring a sense of completion of something, while inspiring me to move onward.* Another offered, "*If you want your mental health to improve…you need to be strengthening your brain and mind. Just like going for walks, working out, eating healthy [improves one's physical health] … It's just as important to strengthen the brain. If you imagine working out so that your body is [physically] strong…you can work out your brain to also be [mentally] strong."* Participants noted parallels between artistic skillsets and activities of daily living, which changed the way they thought, felt, or responded to various life situations. Several participants explained the use of art therapies allowed them to further develop their mental capacity through improved brain health and neurodevelopmental functioning. One interviewee shared, *"You feel healthier because you participated in a creative project … It helps! It changes … the chemistry in your mind. It can increase serotonin and dopamine and endorphins … [which help with] skill building and … how to be healthy, use different parts your brain and develops you into a more well-rounded person with diverse knowledge, experiences, skills, and abilities"*. Participants described the use of art not only improved their mental wellness and ability to think more broadly, but also interrupted or decreased their mental illness, negative thoughts and/or

perceptions of themselves. One participant said, *"[Creating art is] something that's not verbal. It turns off the narrative part of your brain. I think a lot of the issues with mental health, especially [for] people who are in depressive states is …the narrative in their head is stuck in this negative loop. If making art is something that's getting you out of the [negative] narrative … it's positive."* This participant shared they experienced noticeable changes in their thought patterns and felt beneficial effects of making art immediately. They elaborated, *"Art lets you come [to]… your own conclusions…It helps you learn. It helps you make sense of your own self and the way you interpret things … your mental processes. I believe …art practices like learning spatial awareness and color differentiation also expand the way you're able to comprehend the world around you."* In addition to the benefit of better brain health and enhanced mental processes, participants noted increased interest and the ability to learn and retain information were helpful by-products of arts-based therapies. An individual with English as a second language described their perception that illustrating diagrams in school assisted her to learn and more deeply understand complex concepts by visualization, increasing her ability to retain and recall content.

Several interviewees explained they built resilience from working up the courage to 'try again' after failed attempts or dissatisfaction with artwork that would have previously been abandoned. The concept of perseverance, whether it be artistically or otherwise, can be applied to other aspects of life including improving one's overall health, interpersonal relationships and independence. One person noted, *"[Before becoming involved in art] I didn't really have any aspirations in terms of an outward life… just kind of go to work, buy junk food, and play video games. I think having something that's challenging, that's difficult to learn, is so important. It is just like lifting a weight. You aren't going to gain any muscle if you only lift ten pound weights. You eventually have to increase the intensity, increase the difficulty. I think giving yourself a*

healthy challenge, a healthy amount of resistance, and [a manageable level of] negativity is important to develop yourself into a more resilient person for your future."

The majority of the study participants communicated a connection between engaging in arts-based therapies and experiencing an increased ability for self-reflection, a stronger sense of self-identity, and understanding. One interviewee stated that art is a *"great pathway to learning and sharpening yourself as a person"* which fosters a *"deeper connection with your inner self."* Others highlighted a heightened sense of self-satisfaction or acceptance of self, including their mental health-related challenges. One participant explained, *"I'm finding my real personality… I feel at peace with who I am."* Many participants commented that making art assisted them in self-discovery which led to increased ability to lead more 'grounded' and 'authentic' lives. Participants shared engaging in arts-based therapies was helpful for developing self-awareness which led to an increased ability and desire to connect with others. One person shared, *"Whatever I learned [from art group], it's an immediate thing… it brings some results, whether it be socially or [in] whatever way. Every time I go to an art thing, I'm always learning something about myself that is new, or about others, which with the other therapies … isn't that way."* Another person described immense pressure they had put on themselves prior to coming to terms with their diagnoses or practicing art regularly, sharing *"I no longer go chasing after something in a needy way. I feel more grounded … this is really who I am. I think I developed an external personality [previously to please others] … that 'sort of" worked, but truth being said, I think I feel more like I know myself when I'm doing art quietly in a room alone with some music."* Developing one's voice and unique style were concepts many participants found beneficial because of engaging in creative practices. Numerous interviewees verbalized experiencing feelings of enhanced communication and empowerment from expressing their

thoughts and feelings through artwork and discussed the benefits of keeping track of their personal and artistic progression through methods such as journaling, sketchbooks, electronic or photographic albums of their work. Several interviewees mentioned these tools were helpful in recording additional thoughts, feelings, interpretations, art ideas, and reference materials for inspiration and organizational purposes. Many participants agreed having a sketchbook or journal was extremely beneficial for reviewing and documenting their growth and development in a tangible way. One person commented having a sketchbook *"shows you your progress over time."* Another person stated they liked *"being able to look back and see what I have done. It's nice to see where I started, and where I am now… [my] evolution as an artist and as a person. If you write in a journal every day, you are more aware of your progress… you see the way your thought progress changes... I think art is just a visual way of doing that."* Another person shared they used journaling to archive reference imagery through collages they could look back on for inspiration when they experienced 'creative blocks' or distressing mental health symptoms. Several individuals shared keeping some type of record was useful for documenting current and past projects, cathartic self-expression, planning and organizing projects, marking significant milestones or accomplishments, and/or private reflection of personal and artistic journeys, with the potential to share content with other people such as a partner, friends/peers, family members, or various therapists/staff members. One participant explained, *"[Having] that visual representation [is important] so you can see your progress. You can look at when you just started compared to more recent ones in development, or even the emotional kind of journey it evoked. I like that reflection …you can share it if you want to, but it can be very personal and kind of an intimate way to look back at your experiences, whether it's artistically or emotionally, psychologically, or whatever. I know people will do art pieces and then pin them up on the wall*

and like that's wonderful, but I think having it be private is just as important. I think that is part of the beauty of having the sketchbook … you don't have to show it to anybody." Another person shared they occasionally display their art for others to see to foster connections, invite dialogue/constructive critiques, but more so for the purpose of a visual reminder of their accomplishments, and motivation for when they are feeling less productive.

Every person interviewed about their experiences with arts-based therapies described feeling a sense of calmness or peace when creating. Several people acknowledged that feeling relaxed enhanced their ability to think, feel 'centered', and express themselves more clearly. Another participant stated, *"Art helps train the brain to focus. Because you are doing something pleasurable, that indirectly helps to focus and build concentration. It can help to regulate emotions and find connectedness … with self and with others."* Another participant explained, *"It [making art] definitely helps you. If you … can't figure out what it is that you're wanting to do or … supposed to do ...doing something arts-based where you can just 'shut your brain off for a bit' … allows your brain to just relax enough to process the minimum amount, and all of a sudden, your brain 'kicks into gear'."* Many participants expressed that engaging in art 'put them at ease' and brought comfort when they were unsure of what to expect from treatment. One participant said, *"I feel better after doing art. I find it very helpful [*and would recommend it]*"for anybody to find what it is that that makes them feel peace in the moment."* Another mentioned, *"[being hospitalized] could be really scary at first…[art] activities can … calm people down, and even make people … laugh, smile, play… just put them in a good mood in general."* Another interviewee expressed that by engaging in arts-based therapies, *"You're going to be in a different mind space … Art makes me happy and joyful, and it gets me thinking positively, and out of that dark, sad, sort of gloomy, depression state, and into the light."* Others emphasized

that creative therapies were an enjoyable 'highlight' of their treatment that gave them 'r*elief*', and *"something to look forward to."* Another noted, *"The calming aspect is definitely something that really helps. It's like, 'mindfulness' ... giving you some time to just 'be free', be present with your mind, and have fun."* In addition to the therapeutic benefits of art for mental health and recovery, many participants offered that art was a great leisure activity or 'distraction' from their daily struggles and the monotony of being in hospital. One participant said making art *"gives you more things that make you feel happy"* and is *"something you do for fun."* Another person explained, *"Art is about playing"*, elaborating, *"It got us off the unit and allowed us to be in a different mindset for the time being."*

Participants described enhanced feelings of empowerment based on the accomplishments they were able to make creatively and in their lives. One participant noted, *"If you have some mental health problem ... you tend to isolate and maybe give up on daily tasks. But when you do some art, even if it is something small... you get results.... You are doing something...with your life. Art makes me feel like even if I am not doing much... I can still have some results ...that I can see, that I can admire, that I can be proud of."* Similarly, another participant stated, *"I feel so much better. I feel like it [making art] increases your self-worth, that you were able to do something and didn't have to ask someone to help you."* They shared that working on something creative helped them to 'work through challenges' and 'feel good' about themselves. When asked how the other therapies differ from creative programming, one participant commented, *"Art is more of a relaxing therapy. You still have tasks and are thinking, but you are also solving your problems at the same time."* The participant elaborated that non-arts-based therapies are *"focusing on problems, which has to be done, but it's more...negative and problem focused. Art is more expressive and positive. [Art -based therapies use] unique ways...showing me that by*

using my capacity to create, I am able to get past my stumbling points and show that I can do things. It doesn't matter that I have a medical condition or several, it just means that I have to think about things in a different way. I may have to do things in a different way, but I could still create something. It might not make sense or be exactly what I wanted, but it's something that I am happy with, that I have created. The art therapy is something that you're actively doing yourself … because you are an active player in the process."

In addition to responses of 'finding their voice', increased self-awareness, and feeling 'more understood' by others, many participants also reported enhanced verbal and non-verbal expression using art, such as *"how to tell a story, …emit feeling and emotion, storytelling and … an ability to communicate with a mass audience."* One participant noted, *"Expression is one of the positive outcomes. [Art] allows you to… say things that you wouldn't know how to say with your own words."* Another individual shared, *"I know a lot of times when I make art, I'll start it off as just being like purely aesthetic and then as I'm working through it, I'm like adding elements that are, you know, based on my own life, and then slowly it just becomes a personal representation of how I'm feeling."* Another person reflected, *"I think my coloring wasn't anything extravagant, per se…but it just allowed me to… just express how I was feeling… to express who I truly am."* While all individuals who participated in this study discovered an increased form of internal self-regard or confidence from engaging in arts-based practices, many described a different type of validation when their work was recognized by others. One participant shared, *"I definitely feel that there's this outward validation that I received [from making and displaying artwork]. So … someone else commenting 'that is so awesome'… even if it's a nurse who is saying that cause they have to {laughs}…sometimes like that is even just enough."* They noted, *"It aids in that self-esteem… 'look how far I've come from that project' or*

… because they have put it up [on display] or there are other people complimenting me or my art." Another individual described a similar experience related to an opportunity to work on art conservation projects in their community sharing, *"When people came by and took photos, I felt so proud to be part of such an amazing project [restoring a cultural building]. And anytime I go ... I want to take a look … 'hey I did that' … that was my project alone … it's pride."*

Experiencing boredom, repetitive routines, and 'playing the waiting game' were three complaints repeatedly referenced by in-patient study participants. Many of the individuals interviewed shared frustration with the lack of activities available on the units. Aside from appointments with healthcare providers, patients felt they had a lot of unstructured time and little resources to engage in anything of 'real value or interest'. A lack of engagement was especially apparent throughout the Covid-19 pandemic, due to increased strain on resources such as space, budget, and restrictions on visitation/off-unit passes and/or privileges due to requirements for physical distancing and regular cleaning and disinfection. The aforementioned factors exacerbated participants feelings of isolation and boredom which worsened mental health symptoms, creating a 'vicious cycle' from interviewee perspectives. Many participants turned to creative therapies to cope with boredom, frustration, loneliness, emotional dysregulation and/or other distressing symptoms. One participant stated, *"I find when I'm not in art [programming] and focusing on one thing…I am going to one thing, then the next and so there's no resolution anywhere…. like an endless game of waiting that feels awful … I know that a lot of the other patients are experiencing that."* Another participant commented, *"When you are doing something that is positive, and you're creating something, you're utilizing your brain capacity [constructively] … because you could be generally just doing nothing … like sitting there watching TV for hours on end. For sure it's better to be doing something than it is to do*

nothing." Another person explained, *"making sure that you are able to make the connections [from therapeutic group activities to applications in daily life] and able to use your power to work forward, rather than just sit there because…[otherwise] you're just at a standstill, you're static. [Art] does help me process my emotions, [and] gives me a present focus."* Another individual stated, *"It is more productive if you are creating something. If you are spending your time in a wise manner. Art … is an easy way to do that."* Several people explained due to the nature of the units' daily routine, there were many times that they were kept waiting between appointments or tasks that could be used more productively. Many participants described ways of adapting creative activities for mobile and convenient use during hospitalization or use in the community. One individual detailed they often carry around art supplies and find it helpful to use them while waiting for various activities throughout their day. Another individual commented, *"It is better to pass the time doing something you like doing than waiting there for the next person to visit or your doctor. If you are not doing art, you could seriously just be sitting there… waiting and waiting…for whoever you have to see… turning your brain to jelly and mush."*

Most of the people interviewed noted a feeling of independence and empowerment when it came to making the choice to engage in arts-based activities. Several individuals stated they 'felt better' when they had the option to attend group, and experienced heightened confidence in their ability to make choices regarding what project to work on or which materials used which translated into other elements of their lives. Many disclosed that autonomy and self-assurance were not feelings they often experienced during hospitalization, and that they resented having 'every decision made for them'. One participant stated, *"I feel so constricted by everybody making decisions for us, none of them that we like… It's a feeling of hopelessness … and it takes a very strong person to even push over that and to be patient. I noticed that whenever I can make*

a decision … I feel more in control of my being." Several people interviewed highlighted that they appreciated the flexibility offered from staff regarding open invitations to attend arts-based programming and the ability to determine which activities to engage in. Several interviewees emphasized there are many things that they do not have any control over such as medication administration and associated side effects, being diagnosed with a mental illness, appointment scheduling, or treatment orders, so the ability to make decisions for themselves, regardless of how seemingly small or innocuous such as the subject of their artwork, was 'refreshing' and a 'boost to their confidence'. When asked how arts-based therapies contributed to their wellbeing, one participant responded, *"Because you have to choose your own brushes, you have to choose your own colors. If you haven't been doing that in a long time, even that [choosing materials is] an important skill to learn in life in order to make a simple decision … otherwise you're not making any decisions here for yourself".* Several individuals described the ability to choose their therapeutic activities, as opposed to something pre-determined by staff, was a motivating force that often led to feelings of freedom, satisfaction with treatments, and accountability for future decision-making. Another commented, *"Confidence is the big thing…That's what [art] is teaching me. I've learned it before, but I've learned again. I'm very grateful for that … I'm making the decisions that are immediately seen and the way it feels. You are accountable to what you are doing."*

Most individuals interviewed noted a connection between the use of arts-based therapies as a coping mechanism for stress or other unwanted symptoms of addiction and mental health challenges. One individual stated*, "It [making art] just helps me cope with stress … from having trouble at home with, say relationships or something like that. It gets me to take my mind off my troubles."* Another shared, *"It [being creative] helps you to relax when you're in the hospital*

and maybe get your mind off of other things like a bit of an escape or a distraction." Others said engaging in groups or working independently on creative projects brought relief from anxiety, depression, and sadness, and other uncomfortable emotions. Many participants described arts-based activities as a welcomed diversion from medication side effects, rumination on negative thoughts or distressing experiences such as delusions, hallucinations, self-harm and/or suicidal ideation. When asked about what people who are considering joining arts-based therapies should know, one individual shared, *"I just want them to know that art can help you cope with your stress and depression and remove some of your troubles."* Another participant emphasized the importance of keeping an 'open mind' and advised others to not base art group attendance on if they considered themselves a 'good artist'. When reflecting on the impact of attending art group, a participant who was approaching discharge from the hospital noted, *"The one thing I really noticed is [attending art group] brought back my want to do it more and to be able to use it as … a positive coping mechanism. Where on evenings [previously], I might have binge watched TV, or scrolled social media, or gone out drinking, I'm now thinking: 'I was doing a lot of art at the hospital, I want to do that again'. I am going to do some more painting at home and invite a friend over [to paint]."* Several participants distinguished art was a 'healthier replacement' or 'better alternative' to previously used and potentially harmful coping mechanisms. A few individuals detailed their practice of using art to distract or replace time previously spent on activities such as substance use, dysfunctional relationships, self-harm or risk-taking behaviors, video games and/or social media.

Physical Health

This subtheme refers to how the participants spoke about art connecting to their physical health. They spoke about sensations they experienced, overall fitness and conditioning. Several

participants highlighted the tactile significance of arts-based therapies, specifically the 'mind - body connection'. One participant shared, *"That sensory or grounding effect is huge… I think [physical elements of art] are really good because … it gets you out of your mind, [and] more in tune with your body."* Almost all participants commented that making art engaged multiple bio-psychosocial experiences which were interconnected and influential over other areas of life. For example, one interviewee commented art is a *"very active thing. It gets you physically involved, mentally focused on what you're doing, and can be very calming."* Another explained, *"It [art] gets people doing activities when they otherwise would just be …laying in bed all day. I would say that [art is beneficial] not just for your mental health, but for your physical health as well … gets you breathing, helping with … blood flow, blood oxygen levels to your brain, and that can definitely help improve your thoughts and … how you're feeling."* Many participants mentioned they experienced decreased ailments such as nausea, pain, or medication side effects, and attributed boosted energy, mood, and better sleep, to active participation in arts-based therapies. Several people commented on the experiential aspect of making art as therapeutic, describing a 'power' in using one's own hands to create and engage with materials in a sensory-focused way. Another participant emphasized the versatility of arts-based therapies to engage a diverse spectrum of people with varied physical abilities, interests, and attributes. This individual expressed their view of art as an extremely person-centered and adaptable therapeutic modality to individual needs and capabilities, supporting an inclusive approach not always possible with other types of treatments. From their perspective, arts-based therapies are more engaging and easily modified to meet the needs of people with various sensory, physical or psychological disorders and have the potential to *"include people that would otherwise be totally excluded from*

these activities", minimizing potential for relapse, feelings of isolation, or other symptoms reminiscent of poor mental health.

Other participants described their belief around the healing power of physical touch. They shared people with addiction and mental health challenges had decreased physical interactions with others due to stigma because of mental health challenges, likely experiencing sensory stimuli differently than most people. Several participants stated they believed therapeutic art materials could be useful as a supplement to lacking physical contact with others, as participants could benefit from the tactile experience of creative activities. One stated that it was important to allow people the ability to experience the sensations felt during the use of various art materials. This participant recalled several meaningful exercises using clay, plasticine, and a type of 'slime' their therapy group made which could be shaped and molded as a sensory tool, as well as experiential activities such as fingerpainting or soothing repetitive motions used for knitting or other textiles. Another participant suggested making art is like *"giving self-care to oneself. The doctors or nurses can help, but it's something that touches something on a different level. A lot of people probably … haven't had a lot of touch … they haven't had that sense of warmth. Maybe people didn't have a lot of affection, or maybe they experienced abuse … having those grounding sensations or feelings might comfort them."*

Emotional Health

This subtheme refers to an individual's mood or general emotional state and can include the ability to recognize, express, and regulate feelings and/or memories effectively. Participants shared engaging in art reminded them of relationships with loved ones, particularly family members such as children, a spouse or romantic partner, or parents/grandparents. Most participant responses described positive, 'happy' memories spending time with loved ones,

reminiscing about relationships, or recalling skills passed on to them related to family traditions, holidays, or customs. Some responses included nostalgic themes including childhood memories, family interactions, educational, religious, cultural, or community experiences related to specific crafts or activities. However, most of the participants interviewed disclosed they had few close relationships and struggled with loneliness and isolation. One individual shared, *"I've had lots of [mental health]diagnoses…It has left me really isolated and alone. I feel like I'm an invisible person".* A few individuals shared that making art occasionally brought up difficult emotions such as grief, regret, remorse, or loss. These participants mentioned creative projects were mostly enjoyable but could trigger feelings of missing a loved one, especially if the individual who had introduced them to art had passed away, lost touch or were physically or emotionally separated. Other participants shared art was a way to connect with others and being creative was often used as a strategy to cope with losses or a distraction method from distress. Another individual mentioned they did art as a way to honor the memory their grandmother who had introduced them to many creative outlets because it *"makes me feel close to her."* Other participants seemed to feel remorse or regret related to missing out on opportunities to share arts-based activities with loved ones. When asked about past experiences with art prior to hospitalization, one interviewee shared it was difficult to think about as those were *"things I should have done with my son."* Negative connotations such as uncomfortable memories or feelings of guilt or sadness related to arts-based activities were a rare occurrence in responses but worth noting for resource planning and client support in clinical settings. Some participants described art as a mechanism to 'work through' emotions, release built up tension or inadequately expressed thoughts and feelings. One individual stated, *"I definitely find that it [art] aids in recovery; letting out what is inside."* Others shared making art was cathartic and

allowed for opportunities to ‘get things off their chest’, ‘out of their head’, and on paper or canvas. Another mentioned, *“Coloring helps me just let out the emotions that I am carrying … I just struggle with letting the words that I want out. Coloring allows me to release those emotions. When I color it's almost like all the emotions I’ve been feeling, just sort of disappeared ... it erases all the cares… in the world I have … bringing me back to reality.”* Another person explained, *“Art helps with ‘feeling your feelings’ and processing them. It takes the pressure off. It helps release tension in the mind and body”* versus ruminating on distressing memories or experiences.

Spiritual/Cultural Health

Participants verbalized a connection between creativity and their cultural identity and belief system. One participant described an Eastern philosophy of ‘connectedness’ between creative practices and ‘being one with nature and the universe’. Another individual did not ascribe to a particular belief system but noted feeling a connection to a ‘higher power’ by making art sharing: *“You are going to feel ‘yourself” more. It is very spiritual. It's really magic. It helps ground me back down. It just gives me a sense of security.”* Others described a ‘bliss-like’ state, often referred to as ‘flow’ in Positive Psychology literature. One participant described their perception of flow as*, “A very healthy thing for the brain, but also just a very … cool experience to be in, [where] hours start passing away. A very meditative and calming experience.”* Every person interviewed about therapeutic art referred to a lifetime process of self-discovery, experimentation, development, and exploration. One interviewee reflected, *“It's a lifelong journey each person will experience differently.”* One person mentioned art has helped them to *“think more [like a] ‘Buddhist’… If you think of the Tibetan Buddhists, they do those sand mandalas. They make beautiful stuff, and they know that it's the process, it is not the end product…[which] is just going*

to get swept away. I tried to see [things from that perspective]. They [Tibetan Buddhists] never, ever put a signature to their art." This participant elaborated that forgoing the need to sign artwork allowed for a decreased sense of 'ownership' which permits the maker to experience the freedom of 'letting go', 'forgetting' painful memories, and to experience 'forgiveness' of self and others. Another noted, *"It's an individual journey … it belongs to you. So, as you develop it, as you grow, it's proving something to yourself, for yourself. I think this is one of the most powerful forms of growth."*

When examining the spiritual and cultural aspects of arts-based therapies, the topic of mindfulness often came up in conversations with participants. One individual stated, *"You are doing mindfulness when you are doing art."* Another noted that art "*works better for me as a mindfulness practice because [painting] is something to focus on so that I can take my mind off of everything else. [With traditional] mindfulness, there is no distraction. You are removing all types of distraction and therefore you start ruminating and focusing [on negative thoughts]. [Making art] removes rumination for me. It allows more creativity for me … which opens up pathways … for problem-solving. If a situation comes up, rather than being stubborn and stuck in one way, it allows me to be more creative in what I can do to solve something for myself. It is mindfulness for me. It allows me to clear my mind, [focus on] whatever in front of me is being created and therefore, I don't ruminate. I think that [art] opens up that pathway for me, [and for] using that skill in other situations."*

Several participants connected the use of arts-based therapies to an increased sense of hope, identifying their creative practice as a protective factor against suicidal ideation and/or self-harm behaviors. Many individuals shared art assisted them in feeling hopeful 'things would get better' and attempt to achieve an 'uplifted mood' and find 'balance'. One individual stated,

"Without art, I am totally 'off". Without [art] it felt like … a living hell … because I got more depressed. [If I had maintained creative practice] I would not be here [hospitalized] and I would not be here [would have taken their own life]." Another person explained making art *"allows me to relax, let go of tension that I might be holding on to due to stress, anxiety, depression. I have in the past struggled with suicidal ideations, which is why I was in the hospital. When you experience [distressing feelings] you not only mentally experience it, but you physically experience it. You get like the tight shoulders and pain in your neck, lower back… but when you do art …and have some quiet reflective time, it allows your body to relax and that really helps disperse and get rid of a lot of sadness."* When discussing the impact of art on hope, one individual commented, *"I think art, in all forms, writing, music, whatever it is, …it saves people's lives. It really, really does."* Another stated, *"[Art has] been a lovely secret that has kept me alive during such dark spells in life. When people are really in the depths of darkness, feeling extremely suicidal, they're very depressed. They're even terrified. They are here [at the hospital] because they need help. Art can be not only the light to turn on, but it can also be the ladder to climb out of the dark…"* Another individual described their use of art as an outlet to 'work through' the past stating, *"It was really about processing trauma and transforming it."*

Enhanced Connection with Others Through Artistic Practices (Interpersonal)

The second theme to emerge from participant responses regarding arts-based therapies and mental health recovery was the perception of improved interpersonal relationships and connection with others. Interpersonal relationships are associated with a person's social health and individuals who engage in socially healthy relationships typically possess valuable skills such as the ability for effective communication, problem-solving, and empathy through collaborative interactions with other people.

Social Health

This subtheme refers to the participants' capacity to initiate and maintain meaningful relationships with others and expressions of associated benefits such as a sense of community and belonging, decreased stigma, and increased feelings of pride, acceptance, confidence, and empowerment. Both individuals that aspired to working in creative fields in the future found that monetary payments from creative work afforded them some financial independence, and fostered a sense of pride, personal satisfaction, independence, and outward validation from others for their efforts. Other participants described feeling closer to their birthplace, culture or family origins through various creative practices and traditions. All participants interviewed perceived better relationships with others within and outside of arts-based groups because of their involvement in creative activities. One participant stated, *"It's about the art itself, but it is also about that social connection, meeting with other people, positivity and learning from them … appreciation of what they're doing … a continual reaffirmation for everybody…personally and socially*." Another stated, *"I pushed a lot of people away. So, I am very alone right now. I'm not lonely when I'm creating art. I'm going to do whatever it takes to not be lonely... I've been so isolated because my mental health has been declining so badly."* Many people interviewed noted a positive bond to their art facilitator, fellow group participants, and those who observed their artwork including co-patients/peers, friends, family and community members. Other responses referred to profound personal growth and reduced experiences of stigma while engaging in arts-based practices. Several people said they felt more understood by others, and more 'open' to understanding others. Many participants recalled using art to receive support and acceptance from others. One participant stated, *"I really feel like doing art makes me feel better … more of a human being. Sometimes when you have a mental condition, you are labelled with that condition,*

[it] kind of sticks with you and makes it so that you don't feel normal. The 'normality' of doing art is something that [helps me] feel more normal." Others described a heightened awareness of similarities to others and a deeper appreciation for diversity through sharing artistic interpretations. One person commented, *"I made it a point of noting that people were doing something creative in a group setting … in the same atmosphere but creating so many different things … The color, the palette, the subject, the meaning …you wonder what it means for them. You also want to understand what you're doing … when you hear other peoples' answers about the painting, you feel more understood. You want to feel understood and supported, and do, especially when they 'get' or guess what you think."* Many shared that working beside other artists with mental health challenges helped them to feel empathy because they have experienced similar challenges and did not judge or discriminate against them. Almost all study participants shared they felt 'different' from others due to their mental health diagnosis, symptoms, or related behaviors which negatively impacted their social interactions. A few shared they were treated poorly and often excluded from groups in the community due to their illness, leading to isolation and loneliness. Others felt misunderstood due to stigma, discrimination, or their own inability to communicate effectively with others within and outside of the hospital setting. One person stated, *"I don't feel like I'm on the same level with people anymore because I know I'm not. I have friends who 'get' what I am saying, and then you are with other people … they're talking about something that makes you uncomfortable. I'm hoping …by joining… a group with like-minded people…. I can be with people that resemble me because I have a really hard time with identity."* Others shared that they were 'their own worst critic' and experienced feelings of 'self-loathing' because they were 'not as good as others', did not 'fit in' with peers, or meet society's expectations of 'who they were supposed to be'. Another person shared finding like-minded

people in art groups helped them accept themselves to a greater extent and gave them courage to 'try something new', 'put themselves out there' or 'be inspired'. Another stated, *"The nice thing about artists … there isn't that criticism that we do towards ourselves. The other artists are very supportive and uplifting."* One individual shared they had received more support and encouragement from the group facilitator and other group members during hospitalization then they had from friends and relatives their whole life, stating: *"The positivity that [other participants] contribute back is really helpful so that things really become a lot less negative."* Many of the participants interviewed described the positive outcomes of attending art groups as being beneficial to their self-perception, self-esteem, perceived value, and self-confidence. One participant noted, *"People admire you and your work, and it gives you confidence. [It] builds you up and gets you involved … helps you to become a part of a community and it gives you opportunity."* Others described having a better sense of 'who they were' due to enhanced self-reflection and self-expression through chosen imagery and artistic exploration. When asked about the experience of creating art independently and within group contexts, one participant shared, *"Group environments can work well, to just find little parts of yourself that you didn't realize you were good at … that's the piece you take away when you're healing a wound."* Many participants described feeling more productive around other artists who they had developed trust and rapport with via constructive criticism and encouragement which reinforced feelings of accomplishment and pride. One participant stated, *"The social support… [has an] impact on your confidence or self-esteem, whether that's… your confidence as an artist, or maybe something else. I'd say it definitely gives me some confidence when I'm working hard, and I know I am making good art you know … it just feels good."*

Most participants described arts-based groups as a way to seek companionship, strengthen existing relationships, and/or initiate new relationships. Many suggested that art helped them to feel closer to their spouse or family members, or an opportunity to meet others. One participant explained, *"That is how I made some friends here, through the art sessions. Sometimes if people are struggling with their mental health, they are going to isolate away from people. But if they are willing to [join]…an art group or any kind of group, they can make friends and meet other people who enjoy the same things they do, as well as have a similar background or understanding of what they are going through."* Several individuals mentioned they prefer to make art alone but appreciate when other people see their work and want to engage about projects. One mentioned, *"[Art] helps to start a friendship, or even just get you talking to someone… they'll compliment you on your art and then you know, you've got a common interest … or maybe they don't like art, but they're interested in your hobbies and seeing the work that you've done."* Another said, ***"****Art is good because it gives others something to come and talk about, open up with, and [improve] mood."* Another offered, *"[Art] brings somebody else into your own zone. If you are sharing your art, it brings a sense of intimacy. I think if you are intimate with your art ... that opens you up to be intimate with others or be able to listen or hear others. You can do that for yourself. You can help others do the same. I have noticed [art] has only positively affected my relationships."*

Another reflection from participants was the bond between people being creative together and the positive feelings experienced when making something for others. One individual described a *"sense of pride when you give what you have made to somebody that was handmade, or something you keep for yourself … to brighten the room or remind you of whatever struggle you have overcome."* Many participants mentioned that gifting artwork was a special way to

thank someone, commemorate an event or milestone, or simply to let someone know they were thinking of them. Participants said giving away art was a special and affordable way of showing appreciation. One commented, *"If you are not working, you have no money … you can still express your appreciation to someone through art. That is the best option rather than going shopping, which is stressful … especially around the holidays. With Christmas coming up … I am looking forward to making all of my Christmas gifts and being able to use that as an outlet … art therapy for myself, [and] as a way to show gratitude to others."* For others, sharing creative projects with someone else was useful to boost their own mood and 'feel good about giving'. One participant noted, *"just giving away art knowing that you brightened someone's day."*

Enhanced Connection with Environment Through Artistic Practices (Setting)

The third and final theme of this study's findings is the importance of creating a comfortable and effective therapeutic atmosphere, comprised of physical and psychosocial components to facilitate connection with self and others. This theme relates to the literal and figurative elements necessary to enable a therapeutic setting conducive to creative exploration, self-expression, and supportive of holistic health to foster meaningful engagement and recovery.

Physical Setting

Participants provided insightful feedback for making the physical setting more inviting and conducive to arts-based participation at the hospital. Every interviewee preferred engaging in arts-based therapies in a 'less-institutional-like' environment, favoring arts-based therapeutic settings to be as 'home-like' as possible. Most of the participant comments were related to ensuring the designated area was well lit and maintained at a comfortable temperature. Many people interviewed commented they appreciated natural light afforded by windows, which also was noted as a source of inspiration due to potential natural scenery. Participants noted a clutter-

free area with clearly labelled and organized storage for a wide range of art supplies, including access to an easel/table and a tap/sink, was optimal for engaging in arts-based therapies. Several individuals commented they preferred an 'open concept' space with areas for individual and group work, comprised of comfortable seating and standing options depending on size and style of art project. Participants mentioned they enjoy the ability to have access to music and/or other audiovisual media for inspiration, artistic reference, and to facilitate a more informal and relaxed environment to create their art and promote engagement with others. The majority of individuals interviewed preferred a centralized location. Participants noted getting off of the unit was 'something they looked forward to' and was perceived as an opportunity to 'get away' from the noise and 'clinical feel' of the inpatient treatment area, meet others from the same or other areas of the hospital to 'network', 'find inspiration', or 'expand support circles'. One individual shared that being able to leave their in-patient unit helped them to 'feel normal', and to 'see [co-patients] and be seen in a new light', away from the 'labels of their diagnosis'.

Psychosocial Setting

Similarly to physical environment responses, participants provided constructive suggestions for enhancing the psychosocial setting of arts-based therapies to promote comfort and engagement. Participants alluded to the importance of creating a 'safe' and welcoming environment, advocating inclusivity for all ranges of skills, abilities and experience levels regardless of socioeconomic status, diagnosis, age, gender, ethnicity or background. Participants identified that for an arts-based therapy group setting to be effective, the environment had to be inviting, supportive, encouraging and provide an atmosphere of 'non-judgemental acceptance', especially for new members or those less confident in their artistic and/or social skills. One participant noted that creating a positive atmosphere for people to participate in creative

therapies is necessary for the success of the program, acknowledging there will be more interest and 'buy in' if the arts-based activity is offered in *"a place they want to come, versus somewhere they unfortunately have to come."* Participants did not elaborate on specific strategies for how to foster a positive environment, but several discussed the need for skilled facilitators to 'set the tone', answer questions, provide guidance and be responsive in social cueing if needed, to ensure adherence to pre-determined 'group norms' and mediate appropriate behavior and redirect inappropriate behavior. Participants elaborated that the facilitator should be proficient in working with individuals and groups seeking addiction and mental health services, as well as demonstrate knowledge and skills in diverse artistic methods. Several participants noted that having an approachable, flexible, understanding, empathetic, and enthusiastic facilitator is more important to their recovery and treatment experience than having access to a 'professional artist'.

Conclusion

Three themes emerged from participant interviews regarding client experience with participatory arts-based therapies in mental healthcare: Enhanced connection with self, others, and environment through artistic practices. Participants described the positive multi-faceted impact arts-based therapies had on their recovery citing enhanced intra and interpersonal relationships and improved holistic health. Participants described increased engagement with their care and community partners such as improved interactions and strengthened relationships with peers, family and friend networks, and healthcare providers. Participants also described experiencing increased comfort in navigating therapeutic spaces in clinical and community environments including physical and psychosocial settings. Significantly, these thematic findings suggest arts-based therapies in mental healthcare appear to facilitate holistic recovery by aiding enhanced connections with self and others which can influence and support 'quality of life'.

Chapter 5: Discussion

The benefits of art-based programming as a mental health treatment modality are well documented in professional literature (Saunders et al., 2000). Yet, the acceptance and application of creative interventions in psychiatric services has been impeded by criticism related to claims that there is insufficient evidence to quantify use and questions around practice relevance (Feldman, et al., 2014; Hanevik et al., 2013; Murray, et al., 2017; Van Lith, 2014; Van Lith, 2016; Van Lith et al., 2013). Regardless of abundant sources indicating the usefulness of art-based therapies in psychiatric treatment, the majority of available studies indicate a need for more thorough research to prove therapeutic value of art-based therapies in mental healthcare, particularly from the perspective of service-users.

The purpose of this research study was to assist in filling the gap in literature by exploring the research question: "What are the experiences and perceptions of psychiatric patients engaging in arts-based treatment for mental health recovery?" Despite the scarcity of literature addressing the impact of art-based therapies from a patient's perspective, available research has demonstrated that the promotion of art-based programming has a strong relationship to positive outcomes in mental health treatment and individual recovery, as well as familial, organizational, and professional contexts. Most of the occurrences described in participants responses from this study were reflected in current literature on the subject, which strongly favored the use of art-based therapies to support optimal mental health and holistic wellbeing. This study's findings serve to strengthen the existing evidence to support acceptance of art-based therapies as a legitimate treatment approach in mental healthcare. By better understanding the perceived use of art-based treatments from the perspective of service-users, researchers and clinicians can better recognize the potential impact creative therapies can have on patient

recovery and act towards enhancing current and future practices required to support and maintain optimal health. The fundamental components of mental health recovery directly align with the experiences of study participants using art-based therapies in mental health treatment and are reflected in numerous studies on the subject. The discussion findings from this study will be organized using the ten principles of the recovery model: holistic, self-direction, individualized and person-centered, empowerment, non-linear, strengths-based, peer support, respect, responsibility, and hope (National Alliance of Mental Health, 2022). Current literature on recovery also refers to the challenging process of personal growth and the journey towards wellness through overcoming obstacles such as symptoms, disability, and the stigma of mental illness, in order to lead a fulfilling and contributing life (Deegan, 1988, NAMH, 2022, SAMHSA, 2004; Van Lith et al., 2011; Van Lith et al., 2012).

Holistic

Recovery is referred to as a journey of healing and transformation which enables people with mental health challenges to live a meaningful life in a community of their choice, while striving to achieve their fullest potential (SAMHSA, 2004). Recovery encompasses the entirety of an individual's life, including mind, body, spirit, and embraces all aspects of life such as, but not limited to housing, social networks, employment, education, and general health care treatment (Farokhi, 2011; Hoenders et al., 2011; Kessler et al., 2001; Kuhlman, 2002; NAMH, 2022; Schulz et al., 2018; Sharma et al., 2013; Simon et al., 2004; Unutzer et al., 2000; Van Lith, 2014; Van Lith, 2016; Van Lith et al., 2011). The concept of holistic health was interwoven throughout the study findings three themes: Enhanced connection with self, others, and environment through artistic practices. Participant responses highlighted the importance of maintaining one's holistic health condition, including intra and interpersonal relationships. As

reflected in the literature, participants shared that engaging in arts-based therapies allowed them to be more aware of their current functioning and assisted them to expand on their abilities by working towards future goals (Lloyd et al, 2007; Scope et al., 2017). Psychologically, study participants described creative therapies to be beneficial in cultivating increased confidence, concentration, mental capacity and enhanced cognitive function through improved thought clarity, comprehension, memory, and problem-solving skills (Hacking et al., 2008; Lloyd et al., 2007; Scope et al., 2017; Van Lith, 2014; Van Lith, 2016; Van Lith et al., 2011). These findings align with recovery literature as participants noted increased ability for self-acceptance, engagement, and improved mood as a result of engaging in arts-based treatments (Kennedy, 2019; Lloyd et al., 2007; Nainis et al., 2006). Findings also matched current literature which demonstrated the use of art-based practices were perceived to decrease boredom, negative self-talk, and other distressing symptoms of psychiatric illness (Deegan, 1988; Van Lith, 2014; Van Lith, 2016; Van Lith et al., 2012; Van Lith et al., 2011). Physically, participants noted an improved connection to their body due to the experiential and tactile nature of engaging in artistic practice. These findings aligned with literature on the subject as participants described feeling more ‘grounded’ and ‘in-tune’ with the ‘mind-body’ connection (Hanevik et al., 2013; Lloyd et al, 2007; Scope et al., 2017; Saunders & Saunders, 2000;). These findings were significant as enhanced patient motivation to participate in individual and group art projects translated to other treatment and life activities. Study findings fit with current literature (Hanevik et al., 2013; Lloyd et al, 2007; Scope et al., 2017; Wright et al., 2017) as participants noted an improvement in energy levels, dexterity and hand-eye co-ordination, and decreased focus on troubling bodily symptoms or psychotropic medication side effects such as tremors, pain, and nausea (Deegan, 1988; Van Lith, 2014; Van Lith, 2016; Van Lith et al., 2012; Van Lith et al.,

2011). These findings were important as decreased symptoms improved emotional regulation and increased empowerment through actively working towards treatment goals in collaboration with the treatment team. Reflecting on available literature on the subject, art-based therapy aided participants in deeper connection to themselves, loved ones, and fellow artists, which led to greater emotional resilience and healthier coping mechanisms. The ability to engage in art-based treatment (as opposed to negative coping mechanisms they had used in the past) assisted patients to take important steps towards improving their holistic health. A minority of participants disclosed art-based therapies occasionally brought up unpleasant emotions of loss or grief related to past traumas or strained relationships, a finding seldom mentioned in literature reviews. While this was a rare experience for most of the participants, it is important for facilitators of art-based therapies to regularly assess and be prepared to provide support for the potential needs of participants via individual conversations, multi-disciplinary care planning and/or other support services. Participants perceived a better appreciation of spiritual/cultural health through artistic exploration of self-identity and a deeper connection to familial/traditional practices which was emphasized in related literature (Körlin et al., 2000; Wright et al., 2017). These findings were significant to treatment of patients working towards goals of self- acceptance and improvement, processing trauma, or seeking mechanisms for avoiding distressing thoughts of self-harm or suicidal ideation. Social health will be discussed in an upcoming section of this summary.

Self-Direction

Individuals are empowered to determine their own recovery path through choice, autonomy, independence, and control of their resources (NAMH, 2022; Scope et al., 2017). The topics related to self-direction were frequently addressed by study participants related to collaboration with the healthcare team in determining care and reflected in available literature.

Study findings alluded to participants experiencing greater empowerment and autonomy because of the ability to choose the subject, materials, and method of artistic expression, commonly referenced in related literature (Hanevik et al., 2013; Lloyd et al, 2007; MHCC, 2009; Saunders & Saunders, 2000; Scope et al., 2017). Study findings described promoting participants' ability to determine their own therapeutic activities was key to successful programming. As echoed in available art-based literature, having the choice to participate or not, was considered 'refreshing' in the structured inpatient psychiatric environment, often perceived to be overly regimented. Though many study participants shared they understood the purpose of routine and establishing a sense of order in an acute psychiatric hospital setting, they felt a negative impact on engagement and recovery. Conversely, as established in related literature, participants felt that having options for involvement during art-based therapies had a positive impact on their participation and recovery (Hanevik et al., 2013; Körlin et al., 2000; Lloyd et al, 2007; Saunders & Saunders, 2000; Scope et al., 2017; Wright et al., 2017).

Individualized and Person-Centered

There are many pathways to recovery based on each individual's unique strengths, holistic health and wellbeing needs, preferences, experiences, and spiritual/cultural backgrounds (Anthony, 1993; LeCharrois, 2012; LeCharrois, 2013; NAMH, 2022). Study findings described patient appreciation for the variety and adaptability of art materials and methods in therapy, particularly the flexibility to work on projects for varied durations and frequencies based on personal preference. As emphasized in literature on the subject, participants felt the versatility of arts-based therapies led to increased comfort levels and decreased barriers to participation due to customizable options for involvement and ability for personalization of projects (Scope et al., 2017; Van Lith, 2014). Study findings described the benefit of being able to start, stop, or

redirect participant energies as needed, based on staff and self-assessments of their work. Findings from this study and available art-based literature implied that despite choosing to work on a project within a group environment or theme, participants were sufficiently able and encouraged to adapt and modify their work methods to best support their unique skill, interest, and energy levels, resulting in increased engagement and positive recovery outcomes.

Empowerment

Recovery-oriented and arts-based literature acknowledges that mental health service users have the power to actively participate in care-planning options that will affect their lives as a partner in care and are entitled to be educated and supported in the decision-making process (Lloyd et al., 2007; NAMH, 2022; Scope et al., 2017; Van Lith, 2014; Van Lith, 2016; Van Lith et al., 2011). Echoed in art-based literature, study findings emphasized the patient benefits of art including developing new skills or maintaining momentum in creative practices, transferrable to abilities needed in day-to-day life and future goal setting. Findings from this study are similar to related existing literature and demonstrate that engaging in art is applicable to building momentum in non-art-related tasks and development such as initiating new relationships, advocating for oneself in social or employment settings, or pursuing other interests (Hanevik et al., 2013; Lloyd et al, 2007; Saunders & Saunders, 2000; Scope et al., 2017). The importance of these findings are linked to increased participant self-assurance that accompanied overcoming a challenge, and the newfound ease of engaging in a skill or technique that they had previously found challenging, which was described as ‘empowering’ and ‘confidence-boosting’ for recovery outcomes.

Non-Linear

Recovery is not a step-by step linear process, rather one based on continual growth, occasional setbacks, overcoming challenges, and learning from experience (Blomdahl et al., 2016; Malchiodi, 1998; NAMH, 2022). Study findings describe participants as experiencing a combination of progression, stagnation, and/or regression cycles in their artistic, mental health and associated recovery journeys. Findings suggest art-based therapies are supportive of non-linear recovery as creative projects are versatile and can be adapted, modified, and revisited to meet whichever stage of recovery one is experiencing. The 'fluidity' of creative treatments is characterized as a major benefit of participation, as anyone can engage in some form of creative practice almost anywhere at any time, regardless of diagnosis, symptom experience, artistic talent, or demographic. Findings from this and other art-based studies emphasize that individuals must be given freedom of choice to initiate, pause and/or re-engage with art-based therapies when appropriate for their life circumstances to promote non-linear gains in their recovery process (Hanevik et al., 2013; Lloyd et al., 2007; Van Lith et al., 2011).

Strengths-Based

Recovery focuses on building upon the multiple strengths, capacities, resiliencies, talents, coping abilities, and inherent worth of individuals over personal deficiencies. The process of recovery moves forward through interaction with others in supportive, trust-based relationships that value individual strengths and unique capabilities (NAMH, 2022). Common themes from limited literature on psychiatric service-users experiences with art-based treatments include the connection between creative practices and deepening ones understanding of self to improve personal health (Lloyd et al, 2007; Scope et al., 2017). Findings from art-based literature supported by this study demonstrate creative practices can enhance participants knowledge of

their disorders and serve as a mechanism to increase awareness or absence of symptoms (Hanevik et al., 2013; Saunders & Saunders, 2000). Additionally, participation in creative therapies is a person-centered opportunity to develop strengths and abilities in art and other areas of life, including recognition for areas for improvement which is relevant to improved personal and therapeutic relationships and overall functioning (Hanevik et al., 2013; Lloyd et al., 2007; Nainis et al., 2006; Scope et al., 2017; Van Lith, 2014; Van Lith, 2016; Van Lith et al., 2011). Study findings noted similarities to content found in art-based research related to enhanced patient self-awareness and ability to engage in relationships with others due to participation in creative therapies, resulting in improved self-confidence, recognition of personal achievement, enhanced self-expression, and exploration of healthy recreational interests that support holistic wellbeing. These findings are significant due to the positive impact of healthy coping mechanisms on patients seeking mental health treatment and feelings of empowerment towards resilience on the path towards recovery.

Peer Support

In addition to the care and encouragement provided by family members and care team, mutual respect and peer support play an invaluable role in social health and recovery. According to literature on the subject, mental health service users encourage and engage one another by providing a sense of inclusion and belonging (Hanevik et al., 2013; Körlin et al., 2000; Lloyd et al, 2007; NAMH, 2022; Scope et al., 2017; Saunders & Saunders, 2000; Wright et al., 2017). While emphasizing the importance of maintaining established relationships and community supports, study findings accentuated a key benefit of arts-based therapies as the opportunity to connect and interact with a peer group of fellow artists and mental health service users who shared lived experience. Study findings noted a positive reinforcement between developing and

improving interpersonal relationships with peers though art, which positively influenced patient ability to initiate, maintain and improve relationships with loved ones and members of the public outside of the hospital setting. Participants attributed enhanced interpersonal relationships as an important factor that helped them to feel more 'human' and focus less on their mental health challenges. This was a significant finding in assisting participants to overcome stigma and discrimination related to mental illness and develop better inter and intrapersonal relationships. These findings were relevant to the literature on the subject of art-based treatment in mental healthcare which emphasized the perception that creative therapies assisted them in being better understood and able to understand others, as a key component of recovery (Lloyd et al, 2007; Van Lith, 2014; Van Lith, 2016).

Respect

Eliminating stigmatizing discrimination and fostering self-acceptance by regaining belief in oneself are particularly vital elements of recovery (NAMH, 2022). The importance of respect for self, others and the care environment came up often in both art-based literature (Kennedy, 2019; Nainis et al., 2006; Saunders et al., 2000) and participant responses in this study. Respectful engagement in arts-based therapies allowed participants meaningful opportunities for self-reflection and acceptance, as well as facilitation of a deeper understanding from others around mental health challenges in a safe, non-judgemental environment. Study findings illuminated the importance of showing respect for shared art spaces and supplies through maintaining a clean and orderly environment, showing consideration of the group facilitator and other artists in the area, and demonstrating care for tools and other art materials.

Responsibility

Mental health service-users have a personal responsibility for their own self-care and collaboration with their treatment team, support network, and communities. Individuals can progress in their recovery journey through active participation in their care, fostering healthy relationships, identification of stressors, appropriate coping strategies and healing processes to promote and engage in their holistic health and wellness (MHCC, 2009; NAMH, 2022). The concept of responsibility was referenced in this study and related literature which described a sense of participant responsibility to actively engage in collaborative treatment planning and associated interventions and maintenance related to their care and wellbeing (Canadian Senate, Section 3.2.1, 2006; MHCC, 2009; WHO, 2001). Study findings noted participants felt a sense of responsibility to their friends, family members and larger communities in 'getting and staying well' to the best of their ability, to positively contribute to society.

Hope

Hope is the catalyst of the recovery process and provides the essential motivating message for a positive future and momentum towards achieving one's potential in their path to recovery. Hope can come from a multitude of sources such as internal and external support systems involving beliefs, attitudes, environments and practices (NAMH, 2022). Findings from from this and related studies on art-based treatment in mental health described experiences with addiction, poor health, dysfunctional relationships, and previous traumas which led patients to experience hopelessness that led to self-harm, suicidal ideation or other negative coping mechanisms, challenging hope for the future (Deegan, 2001; Körlin et al., 2000; Van Lith, 2014; Van Lith, 2016; Wright et al., 2017). Findings from this study mirrored art-based literature which revolved around finding hope in mental health treatment, support from loved ones, the treatment

team and other personal networks, despite challenging symptoms, stressors or strained relationships (Körlin et al., 2000; Wright et al., 2017). Associated literature highlighted the use of art-based therapies in conjunction with other health and wellness strategies, to combat feelings of hopelessness related to a mental health diagnosis and/or symptoms and life circumstances (Deegan, 2001; Van Lith, 2014; Van Lith, 2016). Study findings emphasized that participants attributed a newfound sense of hope to active participation in creative therapies. Perceived increases in participant feelings of hope were significant to engaging in treatment and success in recovery because patients were motivated to 'keep going' despite adversity. Findings from this study strengthened evidence in literature showing art-based treatments are an effective method for developing a more optimistic outlook for mental health service users. Art-based therapies as demonstrated in this and other related studies, can be a key feature in recovery, since being creative is associated with improved mood, emotional balance, and self-regulation. The significance of these findings demonstrates a connection to a reinvigorated participant belief in themselves and abilities and serve to reconnect with themselves and surrounding support networks in a unique manner not experienced in traditional therapies.

Drawing on recovery principles of holistic health, self-direction, individualized and person-centered care, empowerment, non-linear, strengths-based, peer support, respect, responsibility, and hope, the use of art-based therapies contribute to wellness for individuals with addiction and mental health challenges. Through a lifelong journey of personal growth and development, art-based therapies show benefit in assisting people with addiction and mental health challenges as a mechanism for person centered treatment, developing resilience against stigma, discrimination and assistance in overcoming life obstacles, to leading to a personally fulfilling and contributing life in their communities.

Study Strengths and Limitations

There were several strengths and limitations identified in this study. ID is a relatively new and less widely recognized research approach, sometimes criticized for method slurring in comparison to more traditional or commonly used methodologies (Thorne, et al., 2004; Thorne, Reimer-Kirkham, O'Flynn-Magee, 2004). Less familiarity of ID methods may cause confusion among researchers or practitioners who may not be as familiar with ID philosophies, though ID is becoming a more widely accepted approach. The use of ID was considered a strength of this study as the methodology allowed for deep exploration of rich patient experience descriptions directly related to mental health treatment such as front-line usability and clinical practice applicability over other more theoretical approaches. A potential limitation was that participants could be viewed as being biased positively towards art. All participants in this study were already engaged in some form of art prior to participation and therefore assumed to have a pre-conceived appreciation for art. As none of the participants were mandated to attend art-based therapies as part of treatment, participants had chosen to attend art-based groups prior to interviews and therefore were assumed to be invested in the idea that AT is beneficial or they would likely not attend. Therefore, it may be inferred that participants believe AT has merit as demonstrated by attendance alone. While the writer acknowledges this limitation, the purpose of the study was to glean a deeper understanding of why, how and in what way participants perceive the impact of participating in art-based treatment has on their recovery from a first-person perspective to better inform and inspire future practice. Regarding future research and programming, the researcher also acknowledges that not all individuals receiving treatment for mental health concerns would enjoy, feel comfortable or be interested in engaging in art. Furthermore, a modest sample size of eleven participants at a single site via a single interview

per participant (two shorter interviews in one instance) may be a limitation regarding transferability, however, larger samples could be overwhelming, costly, and time-consuming for a novice researcher, potentially limiting the depth and richness of findings (Thorne, et al., 1997). As a neophyte researcher, the primary researcher was restricted to working independently with no additional funding or assistance. Despite the limitations, the benefit of an independent researcher was that both the interview and transcription process was completed by the primary researcher, affording a comprehensive understanding and deeper familiarity of the material through immersion in the data. A significant strength of this study was the increased level of patient engagement which afforded data saturation to be reached. Additional strengths of this study include exploration of inclusive, safe, budget friendly and easy to implement therapeutic interventions that are engaging, clinically relevant, customizable and person-centered. The experiences of psychiatric clients engaging in arts-based therapies present strong treatment potential for holistic benefits with minimal risks. Using diverse opportunities, methods, and mediums to accommodate a wide range of abilities and preferences, the focus of this study highlights a first-person perspective not often acknowledged in available literature to better inform, support, and inspire future creative practice and support holistic wellbeing and recovery. The positive outcomes from conducting this research study are multifaceted and mutually beneficial to service users, service providers and the greater community at large.

Implications for Clinical, Educational and Administrative Practice

Ensuring art-based therapies in addiction and mental healthcare services are inclusive to the diverse range of potential participants is essential. Art is a universal language and as such, attracts people of all ages, cultural, ethnic, religious/spiritual, health and experiential backgrounds. Successful programming relies on engaging diverse populations in a wide array of

materials, activities, concepts and skill levels. The intended outcome of this study was enhanced collaboration between service-users and service-providers, to develop strategic guidance for interdisciplinary healthcare teams in the facilitation of optimal treatments for people requiring mental healthcare.

Findings from this study clearly suggest that non-traditional treatments such as art-based therapies need to be offered to patients to ensure holistic, person-centered care. A recommendation from this study is for staff to highlight the art-based therapies available to patients on admission and provide a schedule with detailed descriptions of various activities to increase client awareness. Clinicians need to adapt their practice by clearly communicating and supporting opportunities for creative practices. Recommendations include advertising upcoming events in common areas, visual and verbal reminders, and general encouragement from staff prior to group sessions, particularly for people who may have social anxiety, decreased motivation/confidence or memory impairments. Further potential recommendations include consistent and frequent access to a wide range of art materials and flexible practice opportunities (offered on and off unit) at times that do not impact other treatments or services, and to ensure patient comfort, and decrease barriers to participation. It is important that staff develop and adapt projects to match the needs, interests and abilities of individual and group participants to engage and appropriately challenge their clinical and creative development in a supportive manner. Maintaining a selection of simple to complex projects is suggested for ease of organization, engagement and person-centered care which promotes choice and client satisfaction at every experience level. The availability of daily art-based groups and access to loaner kits that can be used to supplement facilitated group sessions in a supportive practice environment with skilled facilitation is ideal.

A bright, welcoming, therapeutic space with a supportive facilitator who demonstrates organization, adaptability, and is knowledgeable in both clinical and artistic practices is also recommended. The facilitator should be approachable and able to develop trust and rapport with participants, skilled at anticipating and responding to participants needs with appropriate cueing, redirection and encouragement when needed, to promote clinical and creative progression. It is suggested that participants have the option to attend group on and off the unit at a centralized studio, to promote interaction with a larger artist group and enjoy time away from acute clinical environments in less institutionalized settings.

The findings from this study advocate an inclusive approach in art-based practices with diverse mental-health services users requires obtaining initial and ongoing feedback from participants. Responses from participants can provide valuable insights for program planning through formal evaluations and informal conversations pre and post art-based sessions. Feedback should be obtained at regular intervals to gauge satisfaction with therapeutic programming. Insights from clientele, in collaboration with assessment and consultation with interdisciplinary staff, is necessary to determine, design and implement appropriate and fulfilling creative experiences to enhance clinical outcomes, create meaningful social connections, increase artistic expression, and improve holistic health and wellbeing. Lastly, to promote diversity and inclusion within the art-based therapy group, findings from this study suggest that facilities invite individual artists to collaborate on and display larger group projects to demonstrate the value of each person's contributions, promote cohesion and teamwork, and build connection and a sense of belonging, while creating a positive focal point onsite as a source of pride and accomplishment, incorporating new and ongoing members' work.

Findings from this study show that administration and supportive policies can play a key role in a patient's recovery and can be beneficial to their therapeutic art-based experience. It is important for administrators to recruit and retain an adequate number of skilled and compassionate staff to facilitate trauma-informed and recovery-oriented care for clientele. It is essential for administrators to effectively orient and educate staff to carry out necessary clinical tasks and duties, as well as provide appropriate ongoing training for services supportive of holistic wellbeing such as art-based therapies, group facilitation, vocational programming and other interventions which promote independence and recovery. Recommendations from this study aimed at administration include promoting a positive culture throughout its leadership and interdisciplinary teams via inclusive programming, responsive managerial and administrative leadership, and supportive guiding policies and procedures which accommodate person-centered care. This holistic focus can be achieved through multidisciplinary collaboration, sharing of resources and coordination of services that promote holistic health such as the use of art-based treatments for recovery in hospital and community settings. It is also necessary for administration and policy to maintain safe, effective, efficient, and therapeutic environments and opportunities for contribution to the community that are welcoming and engaging to clients and their support networks. Enhancing the mental health treatment environment could benefit both service-users and service-providers in improving morale by making treatment and meeting spaces more inviting.

Showcasing the talents and resilience of people affected by significant addiction and mental health challenges may be inspiring to potential participants who are looking for non-traditional treatment options to support their care and the motivation some may need to engage in the next steps of their recovery. This, and other studies from art-based literature acknowledge

that looking at art while at the hospital had a positive and uplifting effect on patient mood and overall outlook (Kennedy, 2019; Lloyd et al., 2007; Nainis et al., 2006). Displaying the work of therapeutic art-based groups, and art in general, can improve the treatment environment and encourage more social connection, and engagement (Kennedy, 2019; Lloyd et al., 2007). Other recommendations related to improving therapeutic environments and improving transitions from in-patient psychiatric treatment to the community include options for drop-in group participation post discharge, coordinating visits to local galleries and museums, attending art walks, creation of artist-in-residence and mentorship programs, and referrals to outpatient programming to continue each recovery journey of hope, connection and healing.

Recommendations for Education and Future Research

Incorporation of art-based approaches in general and health-based education and research allows for many beneficial opportunities for holistic support of diverse populations throughout the lifespan. Inclusion of arts-based programming promote wellness and potential educational, recreational, and vocational and research opportunities. Including arts-based programming in youth can expose individuals to different styles of learning and positive ways of harnessing creativity from an early age. Students who are willing to experiment with learning modalities through creative programming are more confident and open to broader ways of thinking, which may translate into other parts of their lives such as diverse social, educational, cultural or employment experiences. Inclusion of arts-based practices in health education and research, such as nursing and psychiatric nursing curriculums, encourage people to be more open-minded, decrease concrete or static perspectives, and increase comfort with ambiguity or abstract interpretations. Arts-based approaches foster resiliency and encourage better-adjusted individuals who are more open to diverse ideas and experiences through exposure increasing ability to

engage with a wider range of people, resulting in less stigma and discrimination, a key feature in facilitating and receiving mental health treatment. Exploration and normalization of arts-based programming in nursing education and research promotes enhanced communication, healthier coping mechanisms, and increased self-awareness, leading to improved inter and intrapersonal relationships. Enhanced ability for connection to self and others contribute to better individual and community wellbeing on a local and societal level through advances in knowledge, skills, services, and technology, to enhance improve future practices.

It is advantageous for educational, service, and research-based organizations to provide information, training and ongoing support to students, service-users and service-providers through education, mentorship, and ongoing research on the subject, to promote a culture of exploration and life-long learning. Opportunities for incorporating arts-based approaches are beneficial for any group and setting from school-aged children to specific health or business clientele and specialty groups, including focused health services. Art-based modalities can be utilized by the aforementioned areas and settings through various orientation and training opportunities, ongoing education and support, quality improvement, programming, and research prospects to promote a positive learning and working environment and culture.

The researcher suggests potential concepts for future art-based research to increase the number of first-person experience studies in addiction and mental health services, studying different demographical or diagnostical group populations, broader healthcare viewpoints, the experience of novice artists engaged in creative practices for the first time, and art-based research beyond visual arts practices such as therapeutic music, dance, or drama, among others. Other areas for exploration related to art-based research include studies involving active versus passive art engagement in art-based therapies in clinical treatment, educational or community

environments. Further examination of the impact engaging in creative practices has had on treatment and recovery directly from participant testimonies will assist mental health service users and providers in a deeper understanding of the advantages and challenges of art-based therapies in practice to culminate in effective treatment and stronger participant connections to self, support networks and larger community environments.

Conclusion

Art as a healthcare intervention is increasingly emerging as a safe, valuable, easily-accessed, and cost-effective integrative treatment option to the medical management of mental health problems and alleviation of distressing physical, emotional, and psychological symptoms. This Interpretive Description research study aimed to address the research question: What are the experiences and perceptions of psychiatric patients engaging in arts-based treatment for mental health recovery? Therapeutic art practices have clearly demonstrated benefits to health and well-being through relaxation, improved self-regulation, stress management and coping, social inclusion, personal growth, and enhanced communication and self-expression, among other benefits to promote recovery. Overall, investigation of patient experiences regarding the therapeutic use of art in psychiatric treatment have reinforced findings from previous studies focused on professional and public opinion, adding to the existing body of literature. Exploring unique and often unheard service-user perspectives often absent from existing literature on the subject is necessary to improve art-based practices in healthcare to promote mental health recovery and facilitate holistic, person-centered care. Findings from this study may be of interest to mental health service users, multidisciplinary healthcare providers and members of the public affected directly or indirectly by mental illness. Knowledge of the phenomenon from people with lived experience of mental illness will further serve to provide insights on art-based practices

from a first-person perspective; strengthening therapeutic relationships and furthering the development of effective and creative treatment options that are holistic, person-centered, trauma-informed, and recovery-oriented, while advancing future educational, research-based, theoretical/administrative and clinical practices in both healthcare and community settings.

References

Anthony, W. (1993). Recovery from mental illness: The guiding vision of the mental health system in the 1990's. *Psychosocial Rehabilitation Journal*, *16* (4), 11-23.

Ballantyne, M. (2019). Improving cultural safety through art. *Insite.* https://insite.albertahealthservices.ca/Page22434.aspx

Bar-Sela, G., Atid, L., Danos, S., Gabay, N., & Epelbaum, R. (2007). Art therapy improved depression and influenced fatigue levels in cancer patients on chemotherapy. *Psycho-Oncology, 16*(11), 980-984. https: doi: 10.1002/pon.1175

Blomdahl, C., Gunnarsson, B.A., Guregård, S., Rusner, M., Wijk, H., & Björklund, A. (2016). Art therapy for patients with depression: Expert opinions on its main aspects for clinical practice. *Journal of Mental Health, 25*(6), 527- 535. doi: 10.1080/09638237.2016.1207226

Canadian Senate. Standing Senate Committee on Social Affairs, Science and Technology. (2006). Out of the shadows at last: Transforming mental health, mental illness, and addictions services in Canada. Retrieved from: http://www.parl.gc.ca/Content/SEN/Committee/391/soci/rep/ pdf/rep02may06part1-e.pdf

Canadian Centre for Substance Abuse. (2009). *Substance abuse in Canada: Concurrent disorders*. http://www.ccsa.ca/2010%20CCSA%20Documents/ccsa

Crist, J. D., & Tanner, C. A. (2003). Interpretation/analysis methods in hermeneutic interpretive phenomenology. *Nursing Research,* 52(3), 202-205. doi:10.1097/00006199- 200305000-00011

Davies, B. & Logan, J. (2003). *Reading Research*. (3rd ed.). Mosby, Elsevier.

Deegan, P. (2001). Recovery as a self-directed process of healing and transformation. In

Brown's (ed.), *Recovery and wellness: Models of hope and empowerment for people with mental illness.* (pp. 5-21). New York: Haworth Press, 5-21.

Deegan, P. (1988). Recovery: The lived experience of rehabilitation. *Psychosocial Rehabilitation Journal*, 11(4), 11-19.

Deegan, P. (1996). Recovery as a journey of the heart. *Psychiatric Rehabilitation Journal, 19, 91-97.*

Farokhi, M. (2011). Art therapy in humanistic psychiatry. *Procedia Social and Behavioral Sciences, 30*, 2088-2092. doi: 10.1016/j.sbspro.2011.10.406.

Feldman, M.B., Betts, D. J., & Blausey, D. (2014). Process and outcome evaluation of an art therapy program for people living with HIV/AIDS. *Art Therapy: Journal of the American Art Therapy Association, 31*(3), 102-109. doi: 10.1080/07421656.2014.935593

Gomez, V. (2018). Alberta Hospital Edmonton marks World Mental Health Day. *Insite*. http://www.albertahealthservices.ca/news/Page14840.aspx

Gomez, V. (2019). We must nurture the soul as we heal the body. *Insite*. http://www.albertahealthservices.ca/news/ins/2019Page22456.aspx

Guba, E.G., & Lincoln, Y. (1994). Competing paradigms in qualitative research. In Denzin & Lincoln's (Eds.), *Handbook of Qualitative Research* (pp. 105-117). Thousand Oaks, CA: Sage.

Gussak, G. (2004). Art therapy with prison inmates: A pilot study. *The Arts in Psychotherapy 31*(31), 245–259. doi: 10.1016/j.aip/2004/06/001

Gussak, G. (2006). Effects of art therapy with prison inmates: A follow-up study. *The Arts in Psychotherapy 31*(33), 188-198.

Gunnarsson, B., & Eklund, M. (2009). The tree theme method as an intervention in psychosocial occupational therapy. *Australian Occupational Therapy Journal*, 56, 83-91.

Hanevik, H., Hestad, K., Lien, L., Teglbjaerg, H., & Danbolt, L. (2013). Expressive art therapy for psychosis: A multiple case study. *The Arts in Psychotherapy* 40, 312-321.

Health Canada. (2002). Striking a balance. Best practices: Concurrent mental health and substance use disorders. Retrieved from: http://www.hc-sc.gc.ca/hc-ps/alt_formats_hecs-sesc/pdf/pubs/adp-apd/ bp_disorder-mp_concomitants/bp_concurrent_mental_health-eng.pdf

Hoenders, H., Appelo, M., van den Brink, E., Hartogs, B., & de Jong, J. (2011). The Dutch complementary and alternative medicine (CAM) protocol: To ensure the safe and effective use of complementary and alternative medicine within Dutch mental health care. *The Journal of Alternative and Complementary Medicine*, 17(12), 1197-1201.

Karnieli-Miller, O., Strier, R., & Pessach, L. (2009). Power relations in qualitative research. *Qualitative Health Research*, *19*(2), 279-289. doi:10.1177/1049732308329306

Kennedy, G. (2019). Art for healing and safety's sake. *Insite.* https://insite.albertahealthservices.ca/news/ins/2019/Page22624.aspx

Kessler, R., Soukup, J., Davis, R., Foster, D., Wilkey, S., Van Rompay, M., & Eisenberg, D. (2001). The use of complementary and alternative therapies to treat anxiety and depression in the United States. *American Journal of Psychiatry*, 158(2), 289-294.

Körlin, D., Nybäck, H., & Goldberg, F.S. (2000). Creative arts groups in psychiatric care: Development and evaluation of a therapeutic alternative. *Nordic Journal of Psychiatry*, 54(5), 333-340.

Kuhlman, G. (2002). Alternative and complementary therapies and practices. In Varcarolis' (4th ed.), *Foundations of Psychiatric Mental Health Nursing. A Clinical approach* (pp.976-984).W.B. Saunders Company.

Chapter 36: Alternative and complementary therapies and practices.

LeCharrois, M. (2012). Culture in practice.

http:insite.albertahealthservices.ca.main/assets/tms/amh/tms-amh-culture-in-practice.pdf

LeCharrois, M. (2013). Trauma informed practice.

https://insite.albertahealthservices.ca/main/assets/tms/amh/tms-amh-trauma-informed-practice.pdf

Lopez, K.A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research, 14*(5), 726-735. doi:10.1177/1049732304263638

Lincoln, Y.S., & Guba, E.G. (1985). Naturalistic inquiry. Newbury Park, CA: Sage.

Lloyd, C., Wong, S.R., & Petchkovsky, L. (2007). Art and recovery in mental health: A qualitative investigation. *British Journal of Occupational Therapy, 70(5)207-214.*

Malchiodi, C. (1998). *The art therapy sourcebook*. The McGraw-Hill Companies.

Malterud, K., Siersma, V.D., & Guassora, A.D. (2015). Sample size in qualitative interviewer studies: Guided by information power. *Qualitative Health Research, 1-8.* doi:10.1177/1049732315617444

Maujean, A., Pepping, C., & Kendall, E. (2014) A systematic review of randomized controlled studies of art therapy. *Journal of the American Art Therapy Association*, 31, 37-44.

Mental Health Commission of Canada. (2009). *Towards recovery and well being: A*

framework for a mental health strategy in Canada. http://www.mentalhealthcommission.ca/SiteCollectionDocuments/boarddocs/15507_MHCC_EN_final.pdf

Mental Health Commission of Canada (2015). *Guidelines for recovery-oriented practice: Hope. Dignity. Inclusion.* http://www.bing.com/search?q=mhcc+recovery+guidelines&src=IE-TopResult&FORM=IETR02&conversationid=#

Ministry of Health Services and Ministry of Children and Family Development. (2010). Healthy minds, healthy people. Retrieved from: http://www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf

Murray, C., Moore Spencer, K., Stickl, J., & Crowe, A. (2017). See the triumph healing arts workshops for survivors of intimate partner violence and sexual assault. *Journal of Creativity in Mental Health 12*(2), 192-202. doi: 10.1080/15401383.2016.1238791

Nainis, N., Paice, J., Ratner, J., Wirth, J., Lai, J., & Shott, S. (2006). Relieving symptoms in cancer: Innovative use of art therapy. *Journal of Pain and Symptom Management, 31(2), 162-168.* doi: 10.1016/j.jpainsymman.2005.07.006

National Alliance of Mental Health (NAMH) (2022). 10 Fundamental components of recovery. Retrieved from: https://namitm.org/10fcr/

Oliveira, P., Porfirio, C., Ribeiro, I., Carvalho, J.C., Sequeira, C., Pires, R. (2022) Art therapy in mental health promotion. *Medical Sciences Forum* 16 (6). doi:10.3390/msf2022016006

Polit, D. F., & Beck, C.T. (2012). *Nursing research: Generating and assessing evidence for nursing practice (9th ed.).* Philadelphia, PA: Wolters Kluwer Lippincott Williams & Wilkins.

Polit, D.F., & Beck, C.T. (2014). *Essentials of nursing research: Appraising evidence for*

nursing practice (8th ed.). Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins.

Richardson, P., Jones, K., Evans, C., Stevens, P., & Rowe, A. (2007). Exploratory RCT of art therapy as an adjunctive treatment in schizophrenia. *Journal of Mental Health* 16(4), 483-491. doi:10.1080/09638230701483111

Ritter, L., & Lampkin, S. (2012). *Community Mental Health*. Jones & Bartlett

Rowe, C., Watson-Ormond, R., English, L., Rubesin, H., Marshall, A., Linton, K., Amolegbe, A., Agnew-Brune, C., Eng, E. (2017). Evaluating art therapy to heal the effects of trauma among refugee youth: The Burma art therapy program evaluation. *Health Promotion Practice, 18(1), 26-33.* doi: 10.1177/1524839915626413

Substance abuse and Mental Health Services Administration (SAMHSA). *National Consensus Statement on Mental Health Recovery.* Rockville, MD: Center for Mental Health Services, SAMHSA; 2004.

Sandak, B., Huss, E., Sarid, O., & Harel, D. (2015). Computational paradigm to elucidate the effects of arts-based approaches and interventions: Individual and collective emerging behaviors in artwork construction. *PLoS ONE, 10(6), 1-32.*

doi: 10.1371/journal.pone.0126467

Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances of Nursing Science,* 8(3), 27-37.

Sartre, J. (1956). Being and nothingness. New York: Washington Square Press.

Saunders, E., & Saunders, J.A. (2000). Evaluating the effectiveness of art therapy through a quantitative, outcomes-focused study. *The Arts in Psychotherapy,* 27(2) 99-106. doi: 10.1016/S0197-4556(99)00041-6

Scope, A., Uttley, L., & Sutton, A. (2017). A qualitative systematic review of service user and service provider perspectives on the acceptability, relative benefits, and potential harms of art therapy for people with non psychotic mental health disorders. *Psychology and Psychotherapy: Theory, Research and Practice*, 90 25-43.

Scott, D. (2014). Addiction and Mental Health Milestones. https://insite.albertahealthservices.ca/main/assets/tms/amh/tms-amh-milestones.pdf

Schultz, P., & Hede, V. (2018). Alternative and complementary approaches in psychiatry: Beliefs versus evidence. *Dialogues in Clinical Neuroscience*, 20(3), 207-215.

Sharma, M., Atri. A., & Branscum, P. (2013). *Foundations of Mental Health Promotion*. (pp. 161-194). Jones & Bartlett Learning.
Chapter 8: Essentials of psychopharmacology and treatment of mental health disorders.

Shukla, A., Choudhari, S.G., Gaidhane, A.M., & Zahiruddin Q.S. (2022). Role of art therapy in the promotion of mental health: A critical review. *Cureus,* 14 (8), doi: 10.7759/cureus.28026

Simon, G., Cherkin, D., Sherman, K., Eisenberg, D., Deyo, R., & Davis, R. (2004). Mental health visits to complementary and alternative medicine providers. *General Hospital Psychiatry*, 26, 171-177.

Streubert, H. & Carpenter, D. (2011). Qualitative research in nursing: Advancing the humanistic imperative. (5th ed.). Lippincott, Williams & Wilkins.

Substance Abuse and Mental Health Services Administration Co-Occurring Center for Excellence, 2007). Retrieved from: http://store.samhsa.gov/shin/content//PHD1132/ PHD1132.pdf

Teodoro, I., Reboucas, V., Thorne, S., Souza, N., Brito, L., & Alencar, A. (2018). Interpretive description: A viable methodological approach for nursing research. *Escola Anna Nery* 22(3), 1-8. doi: 10.1590/2177-9465-EAN-2017-0287.

Thorne, S. (2016). *Interpretive Description: Qualitative research for applied practice (2nd ed.).* Walnut Creek, CA: Left Coast Press.

Thorne, S., Kirkham, S., & MacDonald-Emes, J. (1997). Interpretive description: A non categorical qualitative alternative for developing nursing knowledge. *Research in Nursing and Health,* 20 169-177.

Thorne, S., Kirkham, S., & O'Flynn-Magee, K. (2004). The analytic challenge in Interpretive Description. *International Journal of Qualitative Methods,* 3(1), 1-11.

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences, 15, 398-405.* doi: 10.1111/nhs.12048

Van Lith, T. (2014). A meeting with 'I-Thou': Exploring the intersection between mental health recovery and art making through a co-operative inquiry. *Action Research* 12(3) 254-272. doi:10.1177/1476750314529599

Van Lith, T. (2014). Painting to find my spirit": Art making as the vehicle to find meaning and connection in the mental health recovery process. *Journal of Spirituality in* M*ental Health,* 16(1), 19-3. doi: 10.1080/19349637.2013.864542

Van Lith, T. (2016). Art therapy in mental health: A systematic review of approaches and practices. *The Arts in Psychotherapy,* 47, 9-22. dx.doi.org/10.1016/j.aip.2015.09.003.

Van Lith, T., Fenner, P., Schofield, M. (2011). The lived experience of art making as a companion to the mental health recovery process. *Disability and Rehabilitation, 33(8), 652-660.* doi: 10.3109/09638288.2010.505998.

Van Lith, T., Fenner, P., Schofield, M. (2012). Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review. *Disability and Rehabilitation,* 35(16), 1309-1323. doi: 10.3109/09638288.2012.732188.

Unutzer, J., Klap, R., Sturm, R., Young, A., Marmon, T., Shatkin, J, & Wells, K. (2000). Mental disorders and the use of alternative medicine: Results from a national survey. *American Journal of Psychiatry*, 157, 1851-1857.

Uttley, L. Scope, A., Stevenson, M., Rawdin, A., & Sutton, A. (2015). The clinical and cost effectiveness of group art therapy for people with non-psychotic mental health disorders: A systematic review and cost effectiveness analysis. *BioMed Central Psychiatry*, 151-13. doi:10.1186/s12888-015-0528-4.

World Health Organization (2012). Depression. Retrieved from: http://www.who.int/mental_health/management/depression/definition/en/

Wright, T., & Andrew, T. (2017). Art therapy in a crisis resolution/home treatment team: Report on a pilot project. *International Journal of Art Therapy, 22(4), 180-189.* doi: 10.1080/17454832.2017.1306572

Appendix A

Exploring patient perceptions regarding the therapeutic use of art in mental health recovery

Research Participation Letter of Invitation and Art Group Presentation Script

Hello,
My name is Jillian Thomas and I am a graduate student from Brandon University, conducting a qualitative study regarding client experiences with art-based treatment and recovery here at [redacted]

The purpose of this study is to learn more about the experiences of people who have participated in arts-based treatment for mental health. I hope to gain a deeper understanding of the subject as well as to develop and improve related programming and supports. Education/training, research and clinical practice/policy may also be influenced by this investigation and presented at scholarly conferences or in publications.

I am extending an invitation to you to participate in a research study that will be the basis of my thesis regarding the therapeutic use of art in mental health recovery. If you decide to take part, you will have the opportunity to participate in a brief 30-60 minute interview to share your personal insights on the subject. An interview can be conducted at a time and location in-person onsite or via telephone/zoom, at your convenience. All in-person onsite interviews will adhere to current COVID-19 bylaws/restrictions. All interviews will be audio recorded using a dedicated handheld recording device and transcribed with data securely stored in a locked receptacle and password protected computer. Though not a requirement to participate, you can choose to use the video capability for zoom calls, which will also be recorded for transcription. All identifying information will be removed and I will be the only person that will have access to the content. My thesis advisor and committee will have access to data once identifying features and personal information has been removed for data analysis. All electronic and hard copies will be destroyed or deleted after the study completion, within 5 years of thesis defense.

Participation in this study is completely voluntary. You may choose not to answer any question(s) or choose to end our conversation at any time with no explanation required. Participating or declining to participate in this study will have no impact on your treatment or future access to mental health services.

Should you have any questions, or if you would like to learn more about or take part in this study, please contact me directly via telephone or email listed below. Please feel free to pass this invitation (via Recruitment Poster) along to any of your peers and fellow artists who have participated in art groups and might be interested in participating in this study.

Thank you for your time and consideration of this invitation.
Sincerely,
Jillian Thomas
Brandon University, Faculty of Health Studies
Email: Thomasjm10@brandonu.ca Telephone: (780) 342-5344

Appendix B

Exploring patient perceptions regarding the therapeutic use of art in mental health recovery

Recruitment Poster

An Invitation to [redacted] Artists!

Who?

You !!! Do you enjoy making art ? Have you participated in any of [redacted] Arts & Crafts groups? If so, you are invited to participate in an exciting study about art & mental health

What?

To take part in a study that explores the experiences and perceptions of people with chronic and persistent mental illness (CPMI) using therapeutic arts-based treatment for recovery

Why?

Understanding the experience of people with mental health challenges who participate in art based therapeutic programs is important for development of future services, research, education and overall recovery support for those in need

Where?

The study is based out of [redacted] in partnership with Brandon University's Faculty of Health Sciences Master of Psychiatric Nursing Program & [redacted]

When? & How?

Contact me with any questions you have about the study or to book a 30-60 minute session to share your views on what effect making art has on your mental health recovery. All information you share will be kept private and you can choose to skip questions or end the meeting at any time with no reason needed and no impact to your treatment.

Thank You & Hope to Hear From You Soon!

Primary Researcher Contact Information:
Jillian Thomas RN, BScN, CPMHN(C), MPN(c)
Brandon University, Faculty of Health Sciences
Email: Thomasjm10@brandonu.ca
Telephone: (780) 342-5344

Pro 00112455 V2 Aug 20, 2021

Appendix C

Exploring patient perceptions regarding the therapeutic use of art in mental health recovery

Participant Information and Informed Consent Form

Hello,
You are invited to participate in a research study about how engaging in therapeutic art-based therapies has impacted your mental health recovery from your perspective. To help you make an informed decision regarding your participation, this information and consent form will outline what the study is about, the possible risks and benefits, some frequently asked questions (FAQ's) and your rights as a research participant. If any information provided is unclear, please ask a member of the research team for clarification prior to consenting to participate. Contact information for the primary researcher, faculty supervisor, Brandon University's Research Ethics Committee (BUREC) and University [redacted] Ethics Office is included at the end of this document. You will be provided with a copy of this form for future reference, if you choose to participate in this study.

Primary Researcher Contact Information:

Jillian Thomas, Email: Thomasjm10@brandonu.ca Telephone: (780) 342-5344

Faculty Supervisor Contact Information:

Dr. Jane Karpa, Email: Karpaj@brandonu.ca Telephone: (204) 772-0377

Invitation

You are invited to participate in a study conducted by myself, a graduate student from Brandon University, Faculty of Health Studies in the Master of Psychiatric Nursing Program in collaboration with [redacted].

Aim of the study

The aim of this study is to explore the experiences and perceptions of people with lived experience with mental health challenges and/or addiction using therapeutic arts-based treatment for recovery.

Background

The study investigates the experiences and perceptions of patients' regarding the therapeutic use of art in mental health recovery. We are interested in your views on the subject to better understand the effect participatory arts programming has on mental health recovery with the intention of improving addiction and mental health education and services.

What is the purpose of this research study?

The purpose of this research is to explore how psychiatric patients experience the use of therapeutic art in their psychiatric treatment, and their perception of its impact on their own mental health recovery. By focusing on the experience of art therapy from the viewpoint of adult psychiatric patients, the researcher hopes to better understand the perceived benefits of participation in creative therapies from an insider view. Using Interpretive Description methods, and informed by the Recovery Oriented Model of Care, the researcher intends to gain important insights on how current techniques and patient experiences may be enhanced for future practices, contributing unique and unheard participant perspectives noticeably scarce in the current literature on the subject.

Why is this study significant?

Despite the large amount written about diverse treatment options for addiction and mental illness, there is little attention paid to the firsthand experience of people with psychiatric lived experience participating in arts-based interventions. Understanding the experience of people with mental health challenges who are participating in art-based therapeutic programs is important for development of future services, education and overall recovery.

Why am I being asked to consider taking part in this research study?

You have been asked to take part because you are receiving arts-based programming for mental health treatment at Alberta Hospital Edmonton.

Who may participate in this study?

To be eligible for participation in the study, prospective participants must:

- be at least 18 years of age
- be able to understand and speak English fluently
- be receiving services at [redacted] (inpatient or outpatient services)
- have already attended one or more art-based therapy sessions
- be willing to engage in the associated interview process
- be medically and mentally stable (i.e.: no recent or current psychotic episodes, no suicidal ideation or recent self-harm) and have capacity to make your own informed decisions about engaging in the group and study process.

What does participation involve? What will I be asked to do?

If you decide to take part, you will have the opportunity to participate in one brief 30-60 minute individual interview to share your personal insights on the subject. You will be asked for your consent for the in-person or telephone interview to be audio recorded for transcription purposes.

All in-person and telephone interviews will be audiotaped for transcription purposes using a dedicated handheld recording device. If you prefer to complete the interview via zoom, you will also be asked to give consent to an audio-recording for transcription purposes. Though not a requirement, you have the option of choosing to use the video capability which will also be recorded for transcription purposes, though no video recordings will be shared with anyone other than the primary researcher. The interview will be conducted onsite in a location of your choice or by telephone/zoom to accommodate COVID 19 restrictions and your sense of personal safety. For example, you will have access to hand sanitizer, medical masks/eye protection and will be seated at a distance from the researcher interviewing you. The interviewer will ask you questions about your experiences using art-based treatments and the impact of these activities on your mental health recovery. You can choose to answer or decline to answer any question. You can request that the recorder be shut off at any time. You can ask for a break at any time during the interview. You can also ask to end the interview at any time. Please note, all in-person onsite interviews will adhere to current COVID-19 bylaws/restrictions. You will be required to use your own personal device for telephone/zoom interviews (i.e.: personal cellphone, tablet, laptop etc.)

Is participation in this study voluntary? Do I have to take part in the study?

Participation in this study is your choice and completely voluntary. You are under no obligation to participate. You may decline to answer any question (or you may choose to end the interview at any time). If you decide to be in the study, you can change your mind and stop participation in the study at any time with no impact on your treatment or ability to attend art-based programming.

How can I withdraw from the study?

You can withdraw from the study at any time with no questions asked. In case of withdrawal, you have the right to specify whether you want the data you contributed to be erased. However, data withdrawal is not possible after analysis has begun, approximately 4 weeks post-interview. Please contact the principal researcher in person, by phone or email within 4 weeks of completing your interview to indicate you no longer wish to participate in this study. Contact information is provided at the beginning of this document. Please note, withdrawal from the study will not impact the participants' relationship with the researcher, Brandon University or [redacted].

What are the benefits to me? Will I receive anything for participating in this study?

An anticipated benefit from participating in this research study is to be able to voice your experiences of engaging in art-based treatments with healthcare professionals so that they may learn from your experiences and adapt or change treatment methods for future use. There is no payment for your participation in this study.

What are the risks to me?

There are no known or anticipated risks in participating in this study greater than those encountered in everyday life. Participation in this study may cause some inconvenience to you, including the use of your time or recall of past memories and experiences. It is not possible to know all the risks that may happen in a study, but the researcher has taken all reasonable safeguards to minimize known risks to a study participant. Please note, by providing your consent, you are not waiving your rights to legal recourse in the event of research-related harm.

What if the interview questions causes me distress/concern?

A resource list of available support services will be provided to you in case you would like additional support beyond what is offered by your healthcare team.

How will confidentiality and privacy issues be managed?

All information such as the audio recordings, your name or any identifying information will be kept confidential. The researcher will securely store all data as required by Brandon University and [redacted] guidelines. Transcribed interviews with all identifying details removed will be stored in password-protected devices and access will be restricted to the primary researcher. Your participation in this study, and the data collected, is anonymous. While the researcher team will take measures to ensure your identity and data is kept confidential, depending on the information shared with, there may be an ethical or legal obligation to disclose information to a third party. For example, there is compelled disclosure on a report of abuse of children or persons in care.

What about permission to quote?

We may wish to quote your words anonymously in presentations and publications resulting from this study. In such cases you will remain anonymous and no information that can identify you will be published.

What will be done with the results?

The results of this research study will help us understand art-making experiences and perceptions of people with lived experiences of mental health challenges and/or addictions. The results will inform research project developments. At the end of the study, I will present the results in my thesis defence, and in presentations such as conferences or through articles published in research journals. Please provide your contact information on the attached consent form if you would like the findings summary of this study to be shared with you personally at a later date. There is no possibility of commercialization of research findings, and the presence of any real, potential or perceived conflicts of interest on the part of the researcher, and their institutions.

Contact Information:

If you have questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact:

Primary Researcher:

Jillian Thomas, RN, BScN, CPMHN(C), MPN(c)

Email: Thomasjm10@brandonu.ca Telephone: (780) 342-5344

Brandon University, Faculty of Health Studies, Master of Psychiatric Nursing Program

Or

Faculty Supervisor:

Dr. Jane Karpa,

Email: Karpaj@brandonu.ca Telephone: (204) 772-0377

Brandon University, Faculty of Health Studies, Master of Psychiatric Nursing Program

Or

For Ethics-related questions, participant rights or concerns about this study, please contact

Brandon University Research Ethics Committee (BUREC):

Email: burec@brandonu.ca Telephone: (204) 727-9712

Or

University [redacted] Research Ethics Office: Telephone: (780) 492-2615

Please note, this study has been reviewed and received ethics approval by the Brandon University Research Ethics Committee (BUREC) and University of [redacted] Ethics Office.

Thank you for your time and interest in this research study!

Participant Consent Form

Primary Researcher: Jillian Thomas, Email: Thomasjm10@brandonu.ca Telephone: (780) 342-5344

Faculty Supervisor: Dr. Jane Karpa, Email: Karpaj@brandonu.ca Telephone: (204) 772-0377

Please circle "Yes" or "No" for each question stated:

Do you understand that you have been asked to be in a research study? Yes No

Have you read and received a copy of the attached Information Sheet? Yes No

Do you understand the benefits/risks involved in taking part in this study? Yes No

Do you understand who will have access to the information you provide? Yes No

Have you had an opportunity to ask questions and discuss this study? Yes No

Do you understand that you are free to withdraw from the study at any time? Yes No

Has the issue of confidentiality been explained to you? Yes No

I agree to my interview being audio-recorded (and potentially video-recorded if using Zoom, if I choose to engage video function) to ensure accurate transcription Yes No

I agree to be quoted understanding that my name or any identifying information will not be published in this thesis or other publications. Yes No

I understand the researcher may have a duty to disclose sensitive information to appropriate authorities in extenuating circumstances (i.e.: child abuse) Yes No

I agree to take part in this study: Yes No

Signature of Research Subject: _____

(Printed Name): _____Date: _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Witness: _____

(Printed Name): _____Date: _____

Would you like to receive a summary of the research findings? Yes: _____ No: _____

If you indicated "yes", please provide an email address for this purpose below.

Email contact: _____

Appendix D

Exploring patient perceptions regarding the therapeutic use of art in mental health recovery

Interview Introduction, Script, and Question Guide

Data will be obtained through semi-structured open-ended questions in an approximately 30-60 minute interview. The initial demographic and general question format will be standardized with the flexibility and freedom for follow up questions or discussion to be responsively adapted based on participant responses.

General Information and Question Guide

Hello, my name is Jillian Thomas, and I am a graduate student from Brandon University, conducting a qualitative study for my thesis research regarding client experiences with art-based treatment and recovery here at [redacted]. Thank you for agreeing to share your experiences using art-based treatments in mental health with me. Over the next 30-60 minutes I hope to gain a deeper understanding of your perspective as well as discuss ideas you may have to improve programming. Information from participant interviews may impact future groups, education/training, research, clinical practice/policy and may be presented at scholarly conferences or shared in publications in the future.

As you know, this interview will be audio recorded (and possibly video recorded, should you choose to use video capability option during Zoom interviews only) and transcribed with data securely stored in a locked receptacle and password protected computer. All identifying information such as your name or unit will be removed and I will be the only person that will have access to the content.

My thesis advisor and committee will have access to data once personal information has been removed for data analysis. All electronic and hard copies will be destroyed or deleted after the study completion, within 5 years of thesis defense. Do you have any questions about this or your consent form?

I would like to remind you that participation in this study is completely voluntary. You may choose to skip or not answer any question(s) you do not want to. You can also choose to end our conversation at any time or change your mind about participating with no explanation required. Participating or declining to participate in this study will have no impact on your treatment or future access to mental health services.

Should you have any questions after this meeting, please contact me directly via telephone or at the email listed in your package. Please feel free to pass this invitation along to any of your peers and fellow artists who have attended art groups at [redacted] who might be interested in participating in this study. Any questions before we begin?

If you are ready, I would like to discuss your experience with art and mental health and wellness. To understand this connection, I would like to know more about your experiences with art.

Interview Question Guide

Please note: Core questions are bolded. Optional follow up questions are provided subsequently to elicit additional dialogue, if appropriate.

When did you first become involved in art? Did you participate in any creative activities before your hospitalization or attendance in outpatient programming?

How long have you been attending art-based groups? In general? In a hospital or treatment setting? In the community? Approximately how many sessions have you attended at AHE?

How often and for how long do you typically spend on arts-based therapies?
Daily? Weekly? Monthly?

What are your preferred methods or mediums to use? Why?

Please describe what a typical art-based group/session is like for you.

Describe any unique ways that art-based therapy affects your mental health compared with other treatments? How do art-based treatments differ from other mental health treatments you have tried? How would you describe engaging in art-based therapies compared to other traditional treatments? Other alternative/complimentary or integrative treatments?

What are some of the positive aspects/outcomes of making art in treatment?

What are some of the negative aspects/risks of making art in treatment?

Are there any barriers or challenges you have faced regarding participating in art-based treatments? What do you think prevents other people from participating in art groups?

How has engaging in art impacted your mental health and wellness?
How has participating in art groups affected your thoughts? Behaviour? Relationships? Mood?

How has participating in art impacted your mental health recovery? How would your life be different if you were not making art? How does participating in art influence your daily life?

Do you think other people could benefit from this treatment? (Staff? Public? Peers?)
Would you recommend this form of treatment to others? Why or why not?

How can art-based therapeutic groups be improved to assist individuals in their recovery?

Do you intend on keeping up with similar activities after discharge? Why or why not?

What would you like others to know about your experience with art-based treatment?

Do you think you have to directly make art to benefit from treatment? For example, does looking at art (as opposed to creating art directly) have any impact on your mental health?

Is there anything else you wish to share about your experience with art and mental health?

Appendix E

Supportive Services Resource List

If you or someone you know is in immediate danger please call 911 for Emergency Services

Distress and help lines:

211 [redacted], Canadian Mental Health Association (CMHA) **211**
Referrals and information for community, social, health & government resources

[redacted] Distress Line **(780)482 HELP**
[redacted]-wide mental health services

Mental Health Helpline **(877)303-2642**
Province-wide urgent mental health services & doctor referrals

Crisis Service Canada **(833)456-4566**
Canada-wide suicide prevention and assistance services

First Nation & Hope for Wellness Help Line **(855)242-3310**
Canada-wide First Nations & Inuit suicide prevention and assistance services

Access 24/7 **(780)424-2424**
Province-wide non-urgent mental health services

Provincial Addiction Helpline/[redacted] Quits **(866)332-2322**
Province-wide addiction and substance-abuse & counselling services

Provincial Abuse Line **(866)443-5722**
Province-wide abuse and reporting services

CASE Sexual Assault Centre of [redacted] **(780)423-4121**
[redacted]-wide sexual abuse services

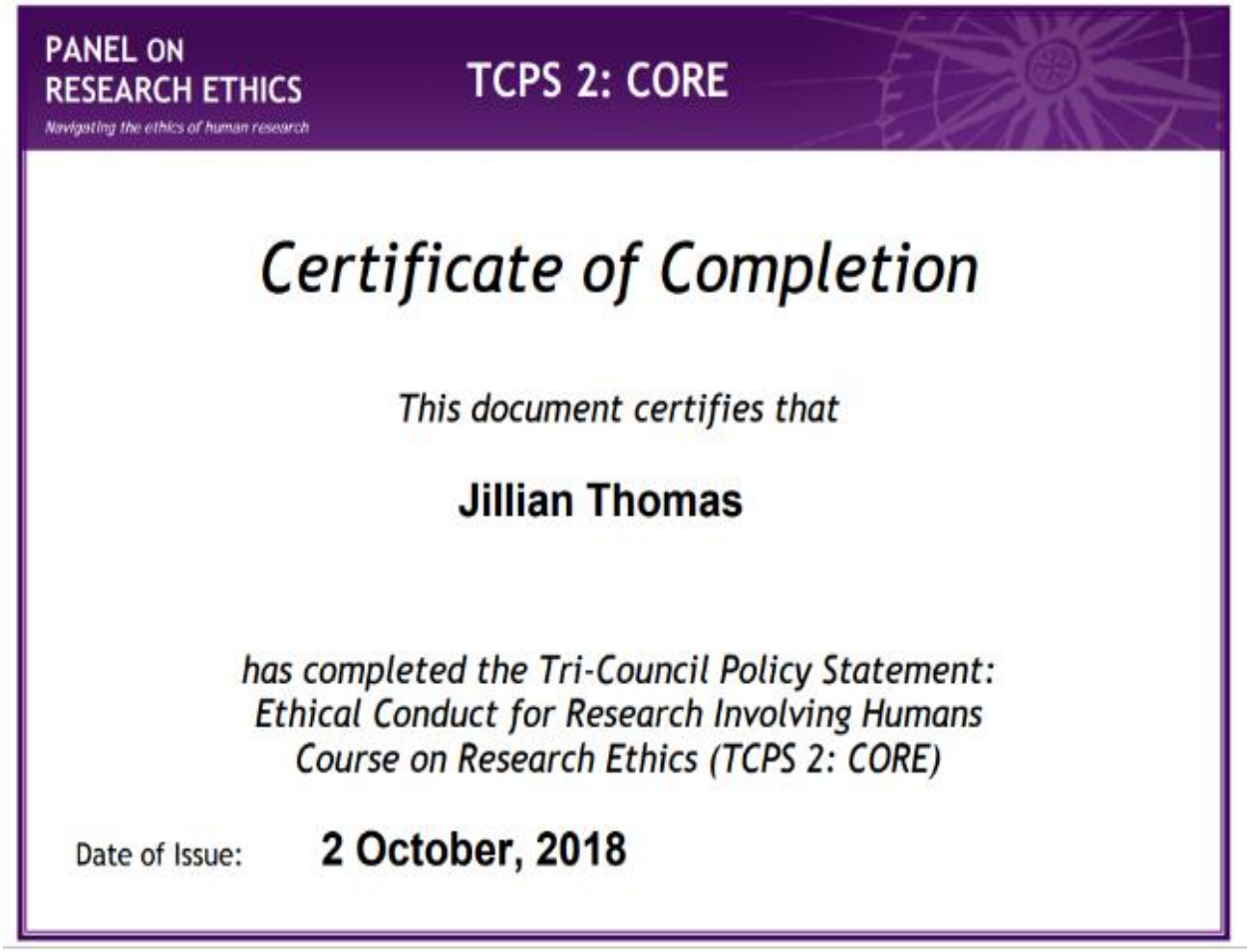
CEASE Centre to End All Sexual Exploitation **(780)471-6143**
Province-wide information on sexual exploitation services

Bullying Helpline **(888)456-2323**
Canada-wide counselling and referrals related to bullying

Family Violence Information line **(780)310-1818**
Province-wide information on family violence and abuse services

If you did not find the information you were looking for on this list, please try searching **https://[redacted].ca** or call **(780)482-INFO (4636)** or **211** for local resources. Thank you!

Appendix F



PANEL ON RESEARCH ETHICS
Navigating the ethics of human research

TCPS 2: CORE

Certificate of Completion

This document certifies that

Jillian Thomas

has completed the Tri-Council Policy Statement:
Ethical Conduct for Research Involving Humans
Course on Research Ethics (TCPS 2: CORE)

Date of Issue: **2 October, 2018**

Course reviewed again in preparation for BUREC application process, Spring 2021.