

The impact of a national mental health arts and film festival on stigma and recovery

Quinn N, Shulman A, Knifton L, Byrne P. The impact of a national mental health arts and film festival on stigma and recovery.

Objective: This study aims to evaluate the impact of a national mental health arts festival for the general public, encompassing a wide variety of art forms and themes.

Method: An evaluation was undertaken with 415 attendees from 20 different events, combining qualitative and quantitative approaches.

Results: The findings demonstrate positive impact on the relationship between arts and mental health. Events increased positive attitudes, including positive representations of people's contributions, capabilities and potential to recover. They did not decrease negative attitudes. Intended behaviour change was modest and one film event increased audience perceptions of dangerousness.

Conclusion: The paper argues that the arts can change stigma by constructing shared meanings and engaging audiences on an emotional level. Carefully programmed, collaborative, community-based arts festivals should form an integral part of national programmes to address stigma and to promote mental health and wellbeing, alongside traditional social marketing and public education approaches.

**N. Quinn¹, A. Shulman²,
L. Knifton³, P. Byrne⁴**

¹Glasgow School of Social Work, Universities of Strathclyde and Glasgow, UK, ²Department of Mental Health Sciences, University College London, UK, ³Mental Health Foundation and Glasgow School of Social Work, Universities of Strathclyde and Glasgow, UK and ⁴East London Foundation Trust and University College London, UK

Key words: Stigma; quality of life; public mental health

Peter Byrne, East London Foundation Trust and University College London, UK.
E-mail: p.byrne@ucl.ac.uk

Accepted for publication April 21, 2010

Significant outcomes

- A variety of arts interventions increased positive attitudes with more modest impact on intended behaviour of 415 respondents at 20 separate events.
- Qualitative methods provided useful insights into factors that engage the public in arts in general, and anti-stigma work in particular.
- A documentary about a musician with schizophrenia, where he remains unwell and speaks about treatment failures, increased respondents' perceptions of danger from people with this disorder.

Limitations

- Pre and postevent evaluation forms were distributed to all audience members at 10 events and qualitative at 20 events: instant respondents from a self-selecting group may not be generalisable.
- The study may be compromised by idealized responses and inadequate method of self-reported intended, not actual, behaviour.
- Most events had multiple components (introduction + art event + discussion) and it is difficult to be certain which component contributed to changes measured.

Introduction

There is good evidence that the creative arts have a role in promoting the mental health and wellbeing of participants (1) and challenging stigma against people with mental health problems to promote social inclusion (2).

In October 2007, Glasgow and Lanarkshire held the first Scottish Mental Health Arts and Film Festival, beginning on World Mental Health Day and lasting for 2 weeks. The festival encompassed a number of different types of events: exhibitions, debates, feature films, documentaries, community events, concerts and gigs, plays, and workshops.

The festival was developed by the Mental Health Foundation, the 'see me' campaign, NHS Greater Glasgow & Clyde and NHS Lanarkshire, to challenge stigma and discrimination against people with mental health problems.

The festival had two principal aims:

- i) To promote positive attitudes towards mental health amongst opinion formers and the public through arts and culture;
- ii) To strengthen the links between arts, community and public organisations, and explore the evidence and support for an annual festival.

This paper presents the key findings from the evaluation, and discusses the implications for designing mental health arts festivals in the future.

Stigma, mental health and the arts

The modern concept of stigma is based upon Goffman's (3) idea of spoiled identity, reflecting social attitudes that are deeply discrediting and exclude stigmatised people to a position of social disgrace. According to Link & Phelan (4), stigma comprises four components: (i) a group of individuals is labelled and distinguished from other groups, (ii) dominant cultural beliefs result in linking the labelled persons to undesirable characteristics (negative stereotypes), (iii) the creation of two distinct categories – 'in-groups' and 'out-groups' and (iv) the labelled persons experience discrimination. For stigma to occur, a fifth component, (v) a power differential, must exist between groups (iii). Not only are people with mental illness trying to cope with managing their symptoms, but the stigma they face, driven by prejudice, results in increased social isolation. Mental health stigma prevents timely access to treatment and can therefore delay recovery and reduce positive outcomes. Further, service users have indicated that stigma can often be as devastating and life-limiting as the illness itself (5). Discrimination is widespread, affecting employment, housing, education and healthcare (6).

In order to reduce stigma, it is important to understand the processes that contribute to it. Corrigan and Penn (7) classified change strategies for stigma into three approaches – protest, education and contact. Protest has the smallest evidence base to date, and if individuals protest without success, one would expect their self-stigma (agreement with negative stereotypes) to increase. Exposure to educational programmes, which aim to increase understanding, has been shown to improve attitudes towards persons with mental

health problems (8). Stigma is further diminished when members of the general public have positive contact with people with mental health problems (9, 10). One component of this is reducing the power differential ((v) above). A randomised control trial involving undergraduate students who participated in a cooperative task with a person described as recently discharged from a psychiatric hospital endorsed more positive attitudes and generally showed greater acceptance for mental illness compared with controls who had no contact (11). Combining both contact and education, a collaborative arts project with high school pupils and mental health service users resulted in major improvements in empathic and supportive attitudes towards people with mental health problems (2).

The media perpetuates unhelpful stereotypes of mental illness. Disproportionately, persons with severe mental illness are often depicted as violent, erratic and dangerous (12, 13). As mental health professionals, we can sample the arts/media to explore what the public thinks about disorders such as addictions (14) or prevailing cultural stereotypes (15). Byrne (16) describes media stereotypes as a reservoir of stigma but has suggested that the media can also be used to challenge prejudice and help combat the stigma of mental health problems. One advantage of using the media is its ability to reach large audiences. There have been various studies on using the arts to impact on mental health and wellbeing. While there are many reasons why mental health professionals should engage with the humanities (17), we saw the arts as a starting point for our work. Art as therapy combines a creative process with a safe environment, where people are encouraged to express themselves creatively to promote greater self-awareness and insight (18). Participation in the arts can have a therapeutic impact on reducing self-stigma and promoting recovery. The benefits of arts participation are summarised in Fig. 1 (2, 19–27).

The multi-faceted role of the arts has been explored in relation to recovery from mental health problems, but we were interested in open access arts events attended by service users ('out-group') and people unfamiliar with these issues ('in-group'), thus combining education and contact. Added to the benefits of participation in the creative arts on individuals' mental health, we wanted to see if proven arts benefits could be generalised to the public. Chung et al. (28) piloted a participatory arts media festival to engage the public and tackle stigma surrounding depression using poetry, comedy, film and photography.

Publication year	Citation	Description of study <i>n</i> = number of participants	Main findings
1991	19	Arts participation project for chronic users of psychiatric services. Compared data on admission to psychiatric services prior to and following commencement in the project (<i>n</i> = 26)	Significant reduction in use of day hospital and in-patient services. Fewer referrals to other health professionals
1997	20	Summarises research into the social impact of arts participation from various UK cities, New York and Helsinki using a variety of methodologies	84% of adult participants felt more confident about what they can do, 37% decided to take up training or a course and 80% have learnt new skills by being involved
2002	21	The mental health benefits of arts and creativity for African/Caribbean young men: service users (<i>n</i> = 19) and non service users (<i>n</i> = 23)	Involvement in arts and creativity can be a protective factor for mental health through increasing social supports
2005	22	A study into arts in the community for groups potentially vulnerable to developing mental health problems: (<i>n</i> = 22)	Increase in networks of community relationships and improvements in confidence and self-esteem
2006	23	A review of four art therapies trials with Scottish service users (<i>n</i> = 34)	Benefits included a greater understanding of and an ability to express underlying emotional issues and an increased sense of control
2007	24	An evaluation of 22 diverse arts and mental health projects (<i>n</i> = 62)	Arts participation significantly improved sense of empowerment, self-efficacy and positive outlook
2007	25	An evaluation of six arts and mental health projects for people with a range of mental health needs (<i>n</i> = 34)	Increase in aspirations for the future. Decreased feelings of hopelessness (an important factor in recovery) directly attributable to participation in arts
2007	26	An evaluation of community based service-user art groups (<i>n</i> = 18)	Improvement in self-image, improved health and feelings of hope and confidence
2007	27	A review of the evidence base for 20 studies using arts therapies for people with schizophrenia	Improvement in mental health and social functioning, including a positive impact on negative symptoms such as reduced motivation and feelings of depression
2008	2	An evaluation of an arts collaboration project between sixth-form students (<i>n</i> = 43) and service users (<i>n</i> = 22)	Improvement in mood, increased optimism, confidence and a sense of social inclusion for service users. Positive shift in attitudes towards mental health problems in students and an awareness of stigma

Fig. 1. Studies of arts' participation amongst service users.

Using comedy and the spoken word was seen to be a means of communicating ideas about depression in a way that would be a positive experience for the audience. Previous studies have shown that arts and film events can reduce stigmatising attitudes in measures such as social distance (29), empathy (30), dangerousness and capability (2). However, these findings are not consistent and there are some negative effects (29, 30). Our festival has attempted to draw on the evidence of positive personal contact (7) and make this a key part of its programming, alongside contextualising these events and select art forms that emotionally engage audiences (2). An attitude has three components (cognitive, affective and behavioural). Our design was to link the pleasant/engaging/positive emotions of attending an arts event with attitudes to people with mental health problems. Our principal hypothesis was that festival events would have a positive impact on audiences – to varying degrees.

Aims of the study

- i) To identify who might attend mental health arts events;
- ii) To identify the impact upon knowledge, attitudes and likely future behaviour;
- iii) To explore whether specific components of stigma (e.g. social distance, perceived dangerousness, possibility of recovery and unpredictability) were influenced by specific arts events;
- iv) To learn lessons for developing an evaluation framework for complex events in real-life circumstances.

Material and methods

Twenty out of 31 festival events were evaluated, using a combination of quantitative and qualitative methods. Ten events were selected for quantitative pre and postevaluation; these were chosen to represent a sample of the variety of type of

events, e.g. three films, one play, one literature discussion and five events aimed at different sections of the community.

Questionnaire

The quantitative questionnaire is displayed in full as Fig. 2. On the other side of this A5 evaluation card, the same eight questions are repeated to invite responses post event, as well as recording age and gender.

The following three qualitative questions were present on all evaluation cards:

- i) What did/didn't you enjoy about this event?
- ii) What are the three most important messages you took from this event?
- iii) Do you think this event will change how you behave and if so, why?

The quantitative questions were informed by public attitude research in Scotland (31) and internationally. Given the nature of the events with a rapid turn-around of audiences and the limited evaluation budget, the questionnaire comprised a relatively small number of questions and it was not possible to use an existing validated questionnaire. Cards had a brief description of why the festival was being evaluated as well as instructions on how to complete them. All items

were measured on a seven-point Likert scale. Half of the questions were phrased positively and the half other negatively. In addition, 'Agree-Disagree' was switched from left to right for some of the questions to encourage respondents to read the questions more carefully.

Evaluation postcards were distributed to people at the entrance to each venue by festival staff. Given the difficulties of distributing the forms, it was decided it was not possible to employ random sampling but instead use opportunistic sampling (32). Venue staff prompted people to answer the questions before the event, and then to turn over and complete the other side after the event had finished. Qualitative information was invited as free text. They posted their form anonymously into a marked box placed at the venue. Card completers received no cash or other incentive.

Analysis

Quantitative

Prior to analysis, the seven-point scales were ordered in the same direction for each of the eight questions with one indicating minimum stigma through to seven, indicating maximum stigma. To measure whether there were any significant changes in attitude from pre to postevent,

1. People who have recovered from mental illness may find returning to work too stressful. Agree 1 2 3 4 5 6 7 Disagree
2. It's possible to have a mental health problem and lead a meaningful life. Agree 1 2 3 4 5 6 7 Disagree
3. I feel safe around a person with a mental health problem. Agree 1 2 3 4 5 6 7 Disagree
4. I would not feel comfortable spending an evening socialising with a person with mental health problems. Agree 1 2 3 4 5 6 7 Disagree
5. People who have had treatment for mental health problems are more dangerous. Disagree 1 2 3 4 5 6 7 Agree
6. People with mental health problems cannot control their emotions. Agree 1 2 3 4 5 6 7 Disagree
7. People with mental health problems are no more unpredictable than anyone else. Disagree 1 2 3 4 5 6 7 Agree
8. I would have a relationship with someone who has a mental health problem. Disagree 1 2 3 4 5 6 7 Agree

Fig. 2. Quantitative questionnaire.

Table 1. Completed evaluation forms for 10 events with profile of attendees

Event code	Event name	Event type	Total attendees	Completed forms	Gender ratio male: female	Age range	Average age (mean)
(A)	Did You Used To Be R.D Laing?	Theatre	80	34 (42.5%)	12:17	26–89	49.6
(B)	Sanctuary	Multi-arts community event	38	11 (28.9%)	2:7	22–71	44.9
(C)	Donnie Darko (2001)	Film	98	16 (16.3%)	1:2	16–40	25.6
(D)	Headspace Afternoon	Multi-arts community event	113	11 (9.7%)	3:5	26–60	49.3
(E)	Headspace Evening	Multi-arts community event	35	18 (51.4%)	6:11	13–52	28.1
(F)	The Devil and Daniel Johnston (2005)	Documentary film	90	44 (48.8%)	6:7	19–66	33.2
(G)	Beyond Words	Literature Discussion	33	21 (63.6%)	All Female	23–68	42.5
(H)	Health in Later Life	Film and discussion	100	24 (24%)	1:7	64–88	71.9
(I)	The Hours (2002)	Film	15	7 (46.6%)	All Female	22–30	25.2
(J)	African/Caribbean Community Event	Multi-arts community event	60	11 (18.3%)	3:2	33–60	45.8

paired comparison t-tests were used as well as a non-parametric Wilcoxon signed ranks test where the sample size was below 30. This approach was used by Secker et al. (24) to measure pre and post mean scores following involvement in participatory arts groups. Analyses were performed using SPSS (Statistical Package for Social Sciences). Questions 1–8 (Fig. 2) were analysed across all ten events; the eight questions were analysed by individual event.

Qualitative

This was a thematic analysis based on the content of the responses from the evaluation forms. A systematic approach to analysis was taken: coding the data; adding comments and reflections; going through the data to identify similar themes; elaborating a set of generalisations that cover consistencies in the data; and finally linking these generalisations to a formalised body of knowledge in the form of constructs and theories (33). The four authors from different professional backgrounds with different perspectives, engaged in a discussion of the emergent themes; the group comprised clinical, social work, health promotion and community development perspectives.

Results

Quantitative

There were a total of 31 events at the festival, attracting over 3000 attendees. From the twenty events evaluated, we gathered valid data from 415 festival goers out of the 1318 who attended these particular events. 218 completed qualitative evaluations and a further 196 completed quantitative (Fig. 2) as well as qualitative evaluation forms. Table 1 shows the number of valid evaluation forms completed per event along with the total number of attendees per event. The demographic profile for the festival is outlined in Table 2 and

Table 2. Festival demographic profile and demographics from Scottish Public Attitudes Survey (2008)

Age bracket	Attendees %	Scottish census (2001) %
16–24 years	15.3	12.5 (15–24 years)
25–34 years	26.7	13.8
35–44 years	14	15.4
45–54 years	15.3	13.6
55–64 years	14	10.9
65–74 years	9.3	8.8
75–100 years	3.3	7.1
Missing data	23.5 (46)	
Gender		
Male	30.8	48.1
Female	69.2	51.9
Missing data	19 (37)	

compared with the Scottish Census (34). Within this profile, we have a higher proportion of women and younger people (especially those between 25 and 34 years) than the Scottish population more generally, two factors that have been linked with more positive attitudes in previous stigma research. This indicates that our self-selecting sample is not representative, and we should bear in mind possible selection effects.

Table 3 shows baseline attitudes. Baseline attitudes are reasonably positive overall, particularly in relation to dangerousness, leading a meaningful life and socialising with someone who has a mental health problem. However, a substantial minority of the sample were concerned about safety, unpredictability and emotional control. Less than two-thirds of the sample was willing to have a relationship with someone with a mental health problem, and almost two-thirds of the sample felt that work may be too stressful. It is not possible to directly compare with Scottish Public Attitudes Surveys as different questions were used and asked in a different context. There is no correlation between demographic factors and either baseline attitudes or change in attitudes pre and post.

Table 3. Baseline attitudes of audiences

Question	Agree pre-event (%)
1. Return to work too stressful	64
2. Can lead a meaningful life	86
3. Would feel safe	72
4. Wouldn't spend an evening socialising	13
5. Are dangerous	7
6. Can't control emotions	21
7. Not unpredictable	60
8. Willing to have a relationship	64

Table 4 shows the overall attitude change for all 10 events. For six of the eight questions, there is no significant change. However, there were significant attitude changes for two of the eight questions. For question one (return to work), there was a significant decrease in stigma ($z = 2.928$, $N\text{-ties} = 82$, $P = 0.003$). For question five (dangerousness), there was a significant increase in stigma ($z = 2.185$, $N\text{-ties} = 61$, $P = 0.029$). When analysed separately, three of the ten events had significant results – events E, F and G (Table 5). For event E (Headspace Evening), a significant decrease in stigma was found in Q1 (return to work). Event G (Beyond Words) showed a significant decrease in stigma in two questions, Q1 (return to work) and Q7 (unpredictable). Event F (documentary film, ‘The Devil and Daniel Johnston’) showed a significant increase in stigma in two questions: Q5 (dangerous) and Q6 (control emotions). The significant increase in stigma for Q5 (dangerousness) overall can be attributed to

this single event, ‘The Devil and Daniel Johnston’ (F).

Qualitative

The qualitative results were wide ranging. The analysis revealed 16 themes, 10 relating to key learning points (Table 6) and a further six relating to behavioural intent (Table 7). Comments were overwhelmingly positive, but with no single dominant theme. A feature of the responses is the range and number of comments about knowledge, beliefs, attitudes and behavioural intent towards mental health. The main theme to emerge was an awareness of the need to tackle stigma and to be more accepting of people, along with a better knowledge of mental health problems and the importance of having the support of family and friends. A belief in possibility of recovery and an understanding of the talent and achievement of people with mental health problems also emerged as a key theme. Events that focused on the service user narrative had a particular impact on reducing stigma and promoting recovery. However, other themes emerged which did not have a direct connection with mental health. One of the strongest themes to emerge was the important role of the arts and the inspiration they provide. A large number of responses related to wider issues of social inequalities and their impact on peoples’ lives.

There were fewer comments and a narrower range of themes in relation to behavioural intent.

Table 4. Changes in attitudes for each question pre and post for all events

Question	No change	Positive change	Negative change	Wilcoxon signed ranks results (two-tailed)
1. Return to work	57%	28%	15%	$z = 2.928$, $N\text{-ties} = 82$, $P = 0.003^*$
2. Meaningful life	74%	11%	15%	$z = 0.276$, $N\text{-ties} = 51$, $P = 0.782$
3. Feel safe	30.5%	38.5%	31%	$z = 1.738$, $N\text{-ties} = 132$, $P = 0.082$
4. Evening socialising	63%	21.5%	15.5%	$z = 0.153$, $N\text{-ties} = 75$, $P = 0.878$
5. Treatment history – dangerous	67%	13%	20%	$z = 2.185$, $N\text{-ties} = 61$, $P = 0.029^*$
6. Control emotions	48.5%	25%	26.5%	$z = 0.077$, $N\text{-ties} = 97$, $P = 0.939$
7. Unpredictable	50.5%	25.5%	24%	$z = 0.183$, $N\text{-ties} = 94$, $P = 0.855$
8. Have a relationship	59%	19.5%	21.5%	$z = 0.054$, $N\text{-ties} = 77$, $P = 0.957$

*significant change prepost.

Table 5. Summary of individual events which resulted in significant changes in attitudes

Event	Reduction in stigma	Increase in stigma
E (Headspace)	Q1 – Return to work ($z = 1.956$, $N\text{-ties} = 8$, $P = 0.05$)	
F (Devil and Daniel Johnson)		Q5 – Dangerous ($z = 1.995$, $N\text{-ties} = 20$, $P = 0.046$) Q6 – Control emotions ($z = 2.734$, $N\text{-ties} = 13$, $P = 0.006$)
G (Beyond Words)	Q1 – Return to work ($z = 2.232$, $N\text{-ties} = 21$, $P = 0.026$) Q7 – Unpredictable ($z = 2.271$, $N\text{-ties} = 1$, $P = 0.023$)	

Table 6. Qualitative analysis of Audience comments, with numbers invoking theme (Frequency). Total respondents = 218

Theme	Freq.	Quotes
Acceptance <i>The need to be more accepting of difference within society and to tackle stigma</i>	101	<i>'Mental Health needs care not judgement'</i> – Beyond Words <i>'People did not label themselves as mental health service users but as artists, exhibitors, performers, as individuals'</i> – Mental Image <i>'It made me appreciate myself and others for who they are'</i> – Mental Image
Arts and mental health <i>The importance of the arts in promoting mental health and how the arts can be used as a tool for discussing mental health</i>	74	<i>'Artistic expression is a perfect medium for description of mental distress'</i> – In Conversation with Aiden Shingler <i>'Arts are so important in promoting mental health and recovery'</i> – Laff yer Heid Aff, Comedy Event <i>'Arts are extremely important tools for discussing/dealing with mental health issues'</i> – Sanctuary <i>'The power of narrative to change personal and political experience'</i> – Narratives & Recovery
Knowledge of mental health problems and help <i>Awareness about mental health problems, prevalence, causes, and what can help.</i>	66	<i>'Mental health is common in society'</i> – Headspace <i>'It has given me a wide insight into the effects and causes of mental illness'</i> – Headspace <i>'Mental health problems are more common than I thought'</i> – Comedy event
Support of and for family/friends <i>The importance of support from family and friends and the need for extra resources and services for family and friends</i>	47	<i>'We need to raise more awareness in our community and be supportive towards those who have mental health problems'</i> – Mosaics <i>'More support is needed for families and people with mental illness'</i> – Festival Film Screening
Recovery, contribution & capability <i>Belief in possibility of recovery and an understanding of the talent and achievement of people with mental health problems</i>	39	<i>'People can achieve anything given the avenues and resources'</i> – Mental Image <i>'I will be more aware that people with mental health issues have the creative and intellectual capacity of others'</i> – Mental Image <i>'Members of our group have gained pride, confidence and had a wonderful experience'</i> – Mental Image <i>'Reinforces values & respect – maintains enthusiasm for recovery focus'</i> – Narratives & Recovery
Inspiration <i>The inspiration experienced by participants attending events</i>	34	<i>'Strength of humanity'</i> – ProjectAbility <i>'There is beauty in everyday things'</i> – Headspace
Own mental health <i>An appreciation of one's own mental health and what can be carried out to promote it</i>	34	<i>'As a person suffering from mental health problems, being a part of this has given me confidence'</i> – Festival Film Screening <i>'I am now more positive about my own situation'</i> – Beyond Words
Awareness of social factors <i>An understanding of the impact of wider issues within society e.g. poverty, lack of choice</i>	26	<i>'It opened my eyes to issues I didn't even realise happened'</i> – Sanctuary <i>'It is so important to work on improving the conditions many people live in'</i> – My Name is Joe, film
Perceptions of mental health <i>An understanding of different concepts and perspectives of mental health, including the role of cultural factors</i>	20	<i>'Very enjoyable evening – better than usual leaflets and stands. Attempt to portray mental health as a 'normal occurrence' for people'</i> – Comedy Event <i>'There will be cultural differences that may affect views of mental illness'</i> – Headspace <i>'The world is crazy, not just me'</i> – Festival Film Screening
Impact of mental health problems on individuals <i>Appreciation of the difficulties faced by service users as a result of mental health problems and the stigma associated with those problems.</i>	16	<i>'People with mental health problems can suffer silently'</i> – Headspace <i>'It has given me a lot to think about...it has made me see depression from a service users point of view'</i> – Narratives & Recovery

Table 7. Audience behavioural intent, with numbers invoking theme (Frequency). Total respondents = 218

Theme	Freq.	Quotes
No change <i>No intended behavioural change</i>	95	<i>'No, I already work with mentally ill people'</i> – RD Laing play <i>'No, I already suffer from depression'</i> – Festival film screening
Active acceptance <i>Act positively towards people with mental health problems</i>	45	<i>'Now I can talk to others about mental health'</i> -Headspace <i>'If a situation arises where I form any kind of relationship with a sufferer of mental health problems then I feel more capable of listening and an energy to understand'</i> Narratives & Recovery
Arts involvement <i>Participate more in the arts</i>	24	<i>'I am motivated to be more confident in my art work'</i> – Mental Image Exhibition <i>'I will write more and attend groups'</i> – Beyond Words
Work practice <i>Change work practice</i>	20	<i>'May make me more proactive in exhibiting the work of client's who I teach'</i> – In conversation with Joyce Laing <i>'Hopefully it will give me the courage to promote positive mental attitudes through narratives in my work'</i> – Narratives & Recovery
Personal health-related behaviours <i>Change own health behaviours</i>	16	<i>'I will speak more with my own children'</i> – Festival Film Screening <i>'I now have ideas on how to tackle my stress'</i> – Comedy event
Involvement in anti-stigma work <i>An active commitment to tackling stigma and discrimination</i>	6	<i>'I will shout louder to a wider audience'</i> Festival Film Screening <i>'Will get involved in anti-stigma work'</i> – Mental Image Exhibition

The most dominant behavioural theme relates to stigma in terms of accepting and acting positively towards people with mental health problems and

this is reinforced by the infrequent theme of involvement in anti-stigma work. Respondents identified reducing discriminatory behaviour, such

as not being judgemental or making fun of people, suggesting that discriminatory behaviour against people with mental health problems can be changed. The most positive behaviours that people identified were about modestly reducing social distance, such as listening more and being understanding. Respondents identified changes in their own health-related behaviour in terms of measures that would be seen to prevent mental health problems such as sensible alcohol use, seeking social support and promoting their own mental health. Participants also identified a commitment to greater participation in the arts and engaging in wider learning and this applied to their own personal lives as well as their work practice. A large proportion of respondents (44%) stated they would not change their behaviour (Table 7).

Discussion

Overall, our findings provide modest evidence that an arts festival can impact stigma. The quantitative results show that arts events can have a positive impact on attitudes towards ability to work and perceived unpredictability. Individual events also have the potential to increase perceptions of dangerousness – as others have found (29, 30, 35). Bauman et al. (30) suggest that the nature of the film may have made participants feel too ‘close’ to the protagonist and his plight, which sparked the negative reaction. A separate study (29) concluded that it has to be taken into consideration that documentaries about mental illness do not automatically reduce stigma. The qualitative findings were more positive and wide-ranging, indicating a positive impact of the festival in terms of changing attitudes across a range of themes. The qualitative findings on stigma, recovery and support are encouraging in that these components relate to the intended learning aims of the festival and festival events, such as the link between creativity and mental health, exploring the nature of recovery and the positive contribution of service users within events. The value of events with a service user narrative correlates with findings from other studies about the value of positive personal contact and service user narratives within anti-stigma interventions (9–11). This provides additional support for promoting community arts programmes, which as a result of positive personal contact have been shown to promote recovery amongst service users as well as reducing stigma within the audience and event organisers (2).

However, there was no evidence that the festival reduced negative perceptions of dangerousness

and unpredictability, which might have been anticipated from the findings of other studies of interventions to reduce stigma (35, 36). Perceptions about personal safety improved, but not significantly, whereas dangerousness perceptions worsened in the quantitative study, although this was entirely accounted for by one event (film, ‘The Devil and Daniel Johnson’). The documentary is a provocative piece that portrays its subject as unpredictable and remaining unwell with schizophrenia, despite continuing as a highly accomplished musician. Of note, this well-attended event also produced strongly positive responses in the qualitative findings, illustrating that evaluating arts events is very complex and demonstrating the need for thoughtful programming. Showing a realistic documentary film about schizophrenia, Penn et al. (35) hypothesised that attitudes to people with schizophrenia would improve as well as creating a greater willingness to interact with them. Results showed that postfilm audience members had decreased negative attitudes but they generally desired less social contact with ill people. This might reflect that these participants lacked direct and positive contact with service users in Penn’s intervention. In terms of reducing stigma, schizophrenia is a special case with high public perceptions of danger and the finding that (as compared with depression) biomedical explanations increase predictions of dangerousness (37). Exploring public fears outside of biomedical contexts offers the possibility of enduring attitudinal change. A systematic review in this area (38) has recommended both a focus on social distance change and more rigorous evaluation methods of contact.

Whilst it is difficult to attribute clear behavioural change, there are promising signs that some respondents were able to identify areas of change in their intended behaviour. This included greater acceptance and positive behaviour towards people with mental health problems, also identified in the study by Twardzicki (2). More meaningful interaction, such as marrying or employing people with mental health problems, was not mentioned. A small number said they would be motivated to participate in anti-stigma work, which suggests the arts can be linked to other forms of protest and parallel campaigns, differentiating it from traditional social marketing and public education approaches. The focus on inequalities suggests that an arts festival can forge links between different forms of discrimination and inequality.

The findings on changes in health-related behaviour reflects the contribution of the arts in promoting wellbeing as well as improving understanding of mental illness, as highlighted by Chung

et al. (28). The findings on the role of the arts reflects an appreciation of the power of the arts to portray mental health issues and challenge stigma in a using positive emotions (2) as well as the benefits of incorporating different perspectives in the programming and delivery of each arts event (28).

Disappointingly, a substantial minority of people felt that the events would not change their behaviour. This may be because the audience was positive already, that there may be a ceiling effect where attitudes cannot become more positive, as was demonstrated in some quantitative findings. Interpretation should be in the context of the short time available to think about a response to a complex question whilst leaving an arts event. In a sentence, the challenge for festival organisers and programmers is to reach beyond audiences already positively disposed to the subject (29) – to avoid ‘preaching to the converted’. Whilst our findings are promising, longer term follow-up research is required to establish if good intentions are translated into actual behavioural change.

The demographic figures suggest we reach women and younger people effectively and we should aim to target a higher proportion of older people, men and diverse demographic groups. We did not measure socio-economic status. However, we know from other studies that some art forms disproportionately reach higher-income population groups (39). In order to widen the reach of the festival, careful selection of art forms and promotion through mainstream arts marketing channels could minimise selection effects.

We cannot directly compare the baseline figures with the Scottish Public Attitudes Surveys, as the demographic balance was different, as was the content and context of the questionnaire. It is likely that a disproportionate number of those responding to our questionnaires at events will have had a connection with the issue (e.g. because of personal experience of mental health problems) and our results may be more positive than is the case for our audience generally. Yet the baselines scores provide pointers for intervention targeting. It may be useful to target workplaces, given the particularly negative baseline attitudes in relation to employment. Future studies should include measures that allow for comparisons with public attitude surveys. They should include measures related to recovery optimism, which emerged as a significant positive impact in the qualitative data. Given the low reported level of perceptions of dangerousness, which may have resulted in ceiling effects, we should consider including other measures of dangerousness, which are about

fundamental social contact and thus closer to stigmatising behaviours encountered in everyday contexts.

There are a number of limitations with this study. The events were uncontrolled situations, characterised by a large number of people arriving and leaving quickly. This made distribution and collection of feedback forms difficult. However, this method was adopted because other approaches to evaluation, such as postal feedback forms or online questionnaires, yield low response rates and are self-selecting. It was particularly difficult to obtain data on demographics, which may have been because of it being asked at the end of the form. Pre and postforms were provided together, which may have influenced the postevent findings and minimised recorded change. In addition, idealized responses on the pre-event forms (40) may have reduced the ability to demonstrate positive impact. A further challenge for some population groups was the complexity of the questionnaire, including the reversal of scales (Fig. 2). In itself, this discriminates against people with poor literacy or English, or other communication difficulties. Chung et al. (28), working with minority ethnic communities, highlight the value of involving community members in the design of content and evaluation methods, to ensure they are culturally appropriate for each event. Some events contained several elements (drama, short film and panel discussion) and it was difficult from our evaluation to establish which part of the event may have resulted in attitudinal change. Future evaluation frameworks should incorporate wider sources of evidence, such as feedback from arts and community partners involved in events. Along with other stigma researchers, we evaluated behavioural intent rather than subsequent actual behaviour by respondents. Whilst there is emerging evidence that service user involvement is invariably a positive factor, the issue remains of the cumulative impact of events on an individual’s attitudes within a wider festival.

In addition to understanding the impact of the festival, one of the aims was to develop an evaluation framework for complex events in real-life circumstances. There was clear value in combining quantitative and qualitative techniques, which identified multiple subtle findings, many of which we did not anticipate. We learned many lessons for future festivals and our model remains collaborative, involving a variety of artists and diverse community groups. We use the arts to highlight the humanity of people who experience mental health problems. As the festival

evolves, future programming and evaluation design will incorporate the lessons learnt from this festival:

(a) Programme effectiveness

Arts projects have been a popular intervention in the context of anti-stigma programmes, frequently presuming beneficial effects without defining clear outcome criteria or indeed testing for their results. The findings suggest future programming should:

- i) Focus on events which demonstrate positive representations of people with mental health problems;
- ii) Avoid images of violence and unpredictability without clear contextualisation;
- iii) Involve service users in the planning of events and active engagement with audiences;
- iv) Allow for dialogue and discussion to contextualise events;
- v) Ensure high quality artistic production;
- vi) Provide information for people who identify their own mental health needs following events;
- vii) Include mainstream marketing and community engagement to minimise selection effects amongst audiences.

(b) Methodological recommendations for evaluating arts-based anti-stigma interventions

This study contains useful ‘lessons learnt’ for future mental health arts festivals to counter ‘blind actionism’ in anti-stigma activities and could be influential in promoting rigorous programme evaluation for future anti-stigma projects. The study had a number of limitations and logistical challenges, including a need to collect large amounts of data in narrow time frames, which requires a dynamic and flexible approach. The evaluation framework was successful in understanding complex effects through combining qualitative and quantitative approaches, allowing us to capture rich data, which would have been difficult to predict in advance.

That said, a number of improvements could be made to our evaluation framework, to be able to make more robust claims about impact on audiences and others and provide more specific information to inform programming:

- i) Use validated scales and attempt to minimise ambiguity within the questionnaire
- ii) Incorporate additional measures of recovery optimism and dangerousness

- iii) Include a control group consuming the same art format, but with content not pertaining to mental health
- iv) Understand in more detail the type of arts forms and the components of events that seem to influence attitudinal change
- v) Conduct a comparative cost-benefit analysis for different intervention types
- vi) Conduct a more in-depth audience profile so that we know more about who attends a mental health arts and film festival and the impact of these demographics on attitudes
- vii) Divide study population into groups with and without previous experiences of mental health problems or contact and compare attitude changes to identify to what extent we have ‘preached to the converted’
- viii) Evaluate the impact of the festival on the quality of life, symptomatology and stigma coping of participants with experience of mental health problems
- ix) Assess meaningful long-term effects on audience behaviour
- x) Complement the impact of the festival on the wider public with an analysis of media reporting of the festival

What sets an arts-based approach apart from more conventional public education approaches is that it draws upon constructionist principles in engaging audiences emotionally and constructing shared meanings and understandings between individuals. We were pleased with high attendance figures and a good spread in age and gender of participants (Tables 1 and 2). Whilst national anti-stigma social marketing and media campaigns might challenge the perceived wisdom that mental illness equals violence between mental health and dangerousness, they may be less effective in promoting positive recovery messages (41). We conclude that a collaborative national arts festival can contribute towards reducing stigma and should integrate with other national initiatives that address stigma and promote public mental health.

References

1. JOHNSON V, STANLEY J. Capturing the contribution of community arts to health and well-being. *Int J Ment Health Promot* 2007;9:28–35.
2. TWARDZICKI M. Challenging stigma around mental illness and promoting social inclusion using the performing arts. *J R Soc Promot Health* 2008;128:68–72.
3. Goffman. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs NJ: Prentice-Hall, 1963.
4. LINK BG, PHELAN JC. On the nature and consequences of stigma. *Annu Rev Sociol* 2001;27:363–385.

5. SCHULZE B, ANGERMEYER MC. Subjective experiences of stigma. A focus group study of schizophrenic patients, their relatives and mental health professionals. *Soc Sci Med* 2003;**56**:299–312.
6. LARSON JE, CORRIGAN PW, GALEAZZI GM. Beating the stigma of mental illness. *Rivista Sperimentale di Freniatria: La Rivista della Salute Mentale* 2007;**131**:31–42.
7. CORRIGAN PW, PENN DL. Lessons from social psychology on discrediting psychiatric stigma. *Am Psychol* 1999;**54**:765–776.
8. TANAKA G, OGAWA T, INADOMI H, KIKUCHI Y, OHTA Y. Effects of an educational program on public attitudes towards mental health. *Psychiatry Clin Neurosci* 2003;**57**:595–602.
9. HOLMES EP, CORRIGAN PW, WILLIAMS P, CANAR J, KUBIAK MA. Changing attitudes about schizophrenia. *Schizophr Bull* 1999;**25**:447–456.
10. LINK BG, CULLEN FT. Contact with the mentally ill and perceptions of how dangerous they are. *J Health Soc Behav* 1986;**27**:289–303.
11. DESFORGES DM, LORD CG, RAMSEY SL et al. Effects of structured cooperative contact on changing negative attitudes toward stigmatized social groups. *J Pers Soc Psychol* 1991;**60**:531–544.
12. WILLIAMS M, TAYLOR J. Mental illness: media perpetuation of stigma. *Contemp Nurse* 1995;**4**:41–45.
13. GRANELLO D, PAULEY PS, CARMICHAEL A. Relationship of the media to attitudes toward people with mental illness. *J Humanist Couns Educ Dev* 1999;**38**:98–110.
14. CAPE GS. Addiction, stigma and movies. *Acta Psychiatr Scand* 2003;**107**:163–169.
15. BHUGRA D. Mad tales from Bollywood: the impact of social, political, and economic climate on the portrayal of mental illness in Hindi films. *Acta Psychiatr Scand* 2005;**112**:250–256.
16. BYRNE P. Psychiatry and the media. *Adv Psychiatr Treat* 2003;**9**:135–142.
17. BOLWIG TG. Editorial: psychiatry and the humanities. *Acta Psychiatr Scand* 2006;**114**:381–383.
18. PAYNE H. *Handbook of Inquiry in the Arts Therapies: One River, Many Currents*. London: Jessica Kingsley, 1993.
19. COLGAN S, BRIDGES K, FARAGHER B. A tentative START: evaluation of alternative forms of care for chronic users of psychiatric services. *Psychiatr Bull R Coll Psychiatr* 1991;**15**:596–598.
20. MATARASSO F. *Use of Ornament? The Social Impact of Participation in the Arts*. Stroud: Comedia, 1997.
21. FRIEDLI L, GRIFFITHS S, TIDYMAN M. The mental health benefits of arts and creativity for African and Caribbean young men. *J Ment Health Promot* 2002;**1**:32–45.
22. ARGYLE E, BOLTON G. Arts in the community for potentially vulnerable mental health groups. *Health Educ* 2005;**105**:340–354.
23. WILSON C, GOLDIE I. *Arts, Creativity and Mental Health Initiative: Report on the findings of four arts therapies trial services 2003-2005*. Glasgow: Mental Health Foundation, 2006.
24. SECKER J, SPANDLER H, HACKING S, KENT L, SHENTON J. Empowerment and arts participation for people with mental health needs. *J Public Ment Health* 2007;**6**:14–23.
25. SPANDLER H, SECKER J, KENT L, HACKING S, SHENTON J. *Catching life: the contribution of arts initiatives to recovery approaches in mental health*. *J Psychiatr Ment Health Nurs* 2007;**14**:791–799.
26. GOLDIE I. *Arts, Creativity and Mental Health Initiative*. Glasgow: Mental Health Foundation, 2007.
27. CRAWFORD MJ, PATTERSON S. *Arts therapies for people with schizophrenia: an emerging evidence base*. *Evid Based Ment Health* 2007;**10**:69–70.
28. CHUNG B, CORBETT CE, BOULER B et al. Talking wellness: a description of a community-academic partnered project to engage an African American community around depression through the use of poetry, film and photography. *Ethn Dis* 2006;**16**:67–77.
29. WINKLER I, ZINK A, SCHOMERUS G, RICHTER-WERLING M, ANGERMEYER MC, RIEDEL-HELLER S. *Das Filmfestival "AUSNAHME|ZUSTAND" – Eine Strategie gegen die Stigmatisierung psychisch kranker Menschen? (The Film Festival "AUSNAHME|ZUSTAND" ("State of Emergency") – A Strategy Against Stigmatization of the Mentally Ill?)*. *Psychiatr Prax* 2008;**35**: 33–39 – English abstract
30. BAUMANN A, ZAESKE H, GAEBEL W. *Das Bild psychisch Kranker im Spielfilm: Auswirkungen auf Wissen, Einstellungen und soziale Distanz am Beispiel des Films „Das weiße Rauschen" [The image of people with mental illness in movies: effects on beliefs, attitudes and social distance, considering as example the movie "The white noise"]*. *Psychiatr Prax* 2003; **30**: 372–378. – English abstract
31. BRAUNHOLTZ S, DAVIDSON S, MYANT K, O'CONNOR R. *Well? What Do You Think? The third national Scottish Survey of Public Attitudes to Mental Health, Mental Wellbeing and Mental Health Problems*. Edinburgh: Scottish Executive, 2006.
32. DUGGAL A, PUNTER J, FORDWOUR D. *Designing cross-cultural health care research: which methodology?* *CPD Bull Psychiatr*, 1999;**1**:42–45.
33. MILES MB, HUBERMAN AM. *Qualitative Analysis: An Expanded Sourcebook*, 2nd edn. Thousand Oaks, California: Sage, 1994.
34. General Register Office for Scotland, 2001 Census.
35. PENN DL, CHAMBERLIN C, MEUSER KT. The effects of a documentary film about schizophrenia on psychiatric stigma. *Schizophr Bull* 2003;**29**:383.
36. PINFOLD V, THORNICROFT G, HUXLEY P, FARMER P. Active ingredients in anti-stigma programmes in mental health. *Int Rev Psychiatry* 2005;**17**:123–131.
37. JORM AF, GRIFFITHS KM. The Public's stigmatizing attitudes towards people with mental disorders: how important are biomedical conceptualizations? *Acta Psychiatr Scand* 2008;**118**:315–321.
38. HOLZINGER A, DIETRICH S, HEITMANN S, ANGERMEYER M. Evaluation of target-group oriented interventions aimed at reducing the stigma surrounding mental illness. *Psychiatr Prax* 2008;**35**:376–386.
39. TNS Travel and Tourism. *Taking part in Scotland 2008*. Edinburgh: Scottish Arts Council, 2008.
40. SMITH M. What do surveys of public attitudes towards mental health problems really mean (and do we mean what we say)? *J Ment Health Promot* 2004;**3**:40–47.
41. KNIFTON L, QUINN N. 'Mental health, discrimination and the media: a frame of reference to understand reporting trends'. *Int J Ment Health Promot* 2008;**10**:23–31.