Arts in health care: Evaluation within a child and adolescent mental health service

Madhusree Acharya-Baskerville pieces together the evidence for the use of art in healthcare settings by evaluating a mosaic project in Wales

The arts in healthcare movement gained momentum nearly 18 years ago, when it was described as a new national initiative entitled ‘Arts for Health’ (Philipp et al 1999). This programme was based in Manchester Polytechnic’s department of Architecture and Landscape. From there the programme director Peter Senior ran a consultancy service giving advice and help to architects of new and existing hospitals (Sheeran 1988). By then many hospitals had built up fine art collections. However, art, especially more contemporary work, may seem far removed from the everyday lives and experiences of many clients, staff and visitors. Artists-in-residence can bridge this gap by demystifying the process of making art and both clients and staff alike may be inspired to make art for themselves.

As art collections and arts-centred activities have proliferated both nationally and internationally in recent years, more attention is being focused on evaluation. This emphasis on evaluation ties in with concern with value for money in public art and the rise of evidence-based practice in health care and related fields. One of the earliest
Atmosphere in health centres and can help improve the quality of life of people with poor health. However, none of the existing studies seemed to include formal outcome evaluations (Matarosso 1997).

More recent evaluations include an opinion-based survey of the Exeter Health Care Arts Project (Scher and Senior 2000). One finding of this survey was that 72.8 per cent of clinical staff considered that the arts project had a positive effect on their own and their patients’ morale.

Other recent research in this field includes a study of the ‘Effects of the Visual and Performing Arts in Health’, conducted at Chelsea and Westminster Hospital (1999-2002). This project was uniquely designed to scientifically evaluate the effect of visual and performing arts in health care. The results of this research provide evidence that the integration of visual and performing arts into the healthcare environment induce psychological, physiological and biological outcomes which could have clinical significance such as significant differences in clinical outcomes, reduction in the amount of drug consumption and shorter length of stay in hospital (Lelchuk Staricoff 2002).

Evaluations of arts projects in more specific settings include those within primary health, mental health and elderly care (Haldane and Loppert 1999). A review of the literature shows that art interventions provide support for both the patient and the mental health professional, and create new approaches to aid the diagnosis and treatment of mental health disorders (Lelchuk Staricoff 2002).

Yet another study relates to children’s paintings of their family doctor (Veltman and Browne 1999). This gave some insight into the ways in which patients perceive medical practitioners and also highlighted the interplay between the written or spoken word and the actual visual portrayal of events in the clinical environment. The children’s spontaneity, enthusiasm, imagination and their poetic way of putting things were striking. For example, one child provided the following caption to his painting of a doctor holding a hypodermic syringe behind his back: ‘Our doctor says this won’t hurt while it’s hurting’.

The latter example is in the context of physical health. With regard to child and adolescent mental health, there is much more literature on art within the therapeutic context (Kozlowska and Hanney 2001), rather than concerning the value of arts projects for this client group within the context of the whole clinic environment.

One example of a project specific to mental health but in an educational setting includes the ‘Schools self-esteem project’ (Eakin 2003). The artist involved worked with small groups of pupils identified as low achievers on self-esteem and confidence issues using a range of media. The end product was a box of 30 trading cards featuring heroes and demons of self-esteem, created with the full involvement of the group and distributed to pupils in the schools.

Recent documents relating to the design, commissioning and delivery of child and adolescent mental health services (CAMHS) have highlighted the need for closer working relationships between practitioners of a wide range of disciplines ranging from child and adolescent psychiatrists, nursing, creative therapists, staff within primary care, and professionals from other disciplines (NHS Health Advisory Service 1995).

A recent finding regarding referral values indicates that social workers make few referrals in some places because they are concerned that the child will be seen in a health service clinic rather than in a setting he or she is used to and may find ‘more acceptable’ (Audit Commission 1999). This may be an indication of the stigma attached to mental health. The same study also highlighted that once referrals had been made, in some areas there was a high incidence of missed appoint-
ments (so-called 'did not attend or DNAs') which may indicate problems with access and acceptability (as well as the appropriateness of the referral).

It could be hypothesised that the number of appointments kept would increase if clinic settings were more child or parent friendly. More than half of CAMHS trusts identified accommodation as a major problem.

Adult mental health overcome the unacceptability of clinic appointments by taking the service to the patients' home, either as a routine community-based service or following an assertive outreach model.

The Mosaic Project at Canolfan Gwili
With a view to improving access and acceptability and creating a child-friendly environment an arts project was set up in clinic. The accompanying evaluation was carried out since there is widespread agreement about the need for evaluation and also a need to satisfy particular public, private and charitable funding bodies that the objectives of arts projects are being met.

The idea for this particular project came out of a discussion between staff from CAMHS and the director of Artscare. Artscare is a registered charity and a limited company based in Carmarthen, West Wales that works in partnership with local, regional and national initiatives to provide quality arts opportunities for disadvantaged people.

Methods
The Project
Through discussion between the author and the director of Artscare, an application for funding for the project was made and secured on the basis of anecdotal evidence in favour of a previous arts project. Staff agreed that an 'end product' would be a priority for the project – whether or not the space was noticed before the work was installed and also a scale to rate whether or not clients that did notice it found it interesting. Three other sets of semantic differen-

The Evaluation
The initial evaluation was carried out by asking those who took part in the session with the artist to complete Questionnaire 1 at the end of each session. The questionnaires were chosen as the preferred method of data collection since this provided a quick and reliable way of obtaining feedback. The artist distributed and collected the questionnaires at the end of each session. In addition to the questionnaires used, the artist also kept a diary that she completed after each session.

Questionnaire 1
Participants were asked to rate the session using a set of 11 semantic differentials. The particular words chosen for each scale were designed to illicit information regarding the client's engagement with the work – whether they found the session interesting, felt it was a good use of their time and or whether their ideas were used in the mosaic, for example. Other questions included asked whether they had learned something new, in order to gauge whether the participants felt that they had acquired a new skill as a result of participating in the project. Other items included questions about social interaction – whether they had a chance to talk to other people and share their ideas with others during the session.

Table 1. Clients' and families' views following installation of mosaic

<table>
<thead>
<tr>
<th></th>
<th>1 (Strongly disagree)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Strongly agree)</th>
<th>Did not answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interesting before mosaic</td>
<td>4 (100)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>n=4 (%)</td>
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<tr>
<td>Interesting after mosaic</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2(12)</td>
<td>12(70)</td>
<td>1(6)</td>
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<tr>
<td>n=17 (%)</td>
<td></td>
<td></td>
<td></td>
<td>2(12)</td>
<td></td>
<td></td>
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<tr>
<td>Inviting after mosaic</td>
<td>-</td>
<td>1(6)</td>
<td>3(18)</td>
<td>2(12)</td>
<td>10(58)</td>
<td>3(18)</td>
</tr>
<tr>
<td>n=17 (%)</td>
<td></td>
<td></td>
<td></td>
<td>2(12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client-friendly after mosaic</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2(12)</td>
<td></td>
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<tr>
<td>n=17 (%)</td>
<td></td>
<td></td>
<td></td>
<td>2(12)</td>
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</tbody>
</table>

Fig. 3
The majority of the participants, 71% (five) found it either interesting or very interesting and 86% (six) felt it was a good use of time. A total of 86% (six) felt that participating in the project had given them a chance to talk to one another and 71% (five) felt that they were able to share their ideas with others. All the participants felt they had learnt something new and would like to be involved in future arts projects.

There was a section for comments, which most clients filled. Entries included: ‘I really enjoyed myself and I have learnt something new once in my life’. ‘I enjoyed what I did and would like to do it again’. ‘I found this very interesting and helpful as I have always wanted to try a mosaic’. ‘I enjoyed working with other members and stuff like that’.

**Questionnaire 2**

Responses were divided into two groups: 1. Clients, family or friend of client, staff from another agency. 2. Staff working in CAMHS.

**Group 1**

Seventeen questionnaires were completed (Table 1). There was a 100% response rate over two weeks. Of the questionnaires completed the age range of the respondents was five years to adulthood. Eight (47%) were above 18, 41% (seven) were between ten to 15 and 6% (one) were in the five to ten and 16-18 age categories.

The majority of participants, 71% (five) felt that they were able to share their ideas with others. All the participants felt they had learnt something new and would like to be involved in future arts projects.

**Group 2 (Table 2)**

Twenty-eight CAMHS staff were sent questionnaires and there was a response rate of 96%. Fifteen (56%) were female and 44% (12) were male.

Sixteen members of staff (59%) noticed the space before the mosaic was installed, while 37% (ten) had not and 4% (one) did not answer the question.

The majority of staff who noticed the wall before the mosaic was installed thought that the space was uninteresting 69% (11) and 41% (11) agreed or strongly agreed the space after the mosaic was installed was interesting. However 30% (eight) did not answer the question.

A total of 37% (ten) either agreed or strongly agreed the space after the mosaic was installed was client friendly. However, again, 30% (eight) did not answer the question.

Fifteen (55%) either agreed or strongly agreed that the mosaic was interesting. But a large proportion 19% (five) did not answer the question. The majority of staff 77% (21) said they would like to see future arts projects.

Written comments included: ‘I feel the mosaic was an eye-catching display’. ‘Less eye-catching than the felt...’

### Table 2. Staff views following installation of mosaic

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<thead>
<tr>
<th></th>
<th>1 (strongly disagree)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (strongly agree)</th>
<th>Did not answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interesting before mosaic n=16</strong></td>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>11 (68)</td>
<td>0</td>
<td>2 (13)</td>
<td>1 (6)</td>
<td>2 (13)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Interesting after mosaic n=27</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>-</td>
<td>3 (11)</td>
<td>4 (15)</td>
<td>4 (15)</td>
<td>11 (40)</td>
<td>5 (19)</td>
</tr>
<tr>
<td><strong>Inviting after mosaic n=27</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>-</td>
<td>5 (19)</td>
<td>3 (11)</td>
<td>3 (11)</td>
<td>8 (29)</td>
<td>8 (30)</td>
</tr>
<tr>
<td><strong>Client-friendly after Mosaic n=27</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>3 (11)</td>
<td>6 (22)</td>
<td>3 (11)</td>
<td>7 (26)</td>
<td>8 (30)</td>
</tr>
</tbody>
</table>
The range of participants, aged six to 18 indicates that the project was suitable for a wide age range, an important factor to consider when planning future arts projects within CAMHS.

Involving service users in making decisions and implementing changes means giving some control to people who are often otherwise disempowered. This can apply to people with mental health problems in general but also more specifically to young people who may have been asked to attend clinic by their parents, carers or indirectly via other agencies such as education or social care.

The National Service Framework (NSF) for Children, Young People and Maternity Services notes that it has been challenging for CAMHS to ensure the participation of children and young people and their families at all levels of service provision (Department of Health 2004). The arts can provide a way of improving participation and user involvement through users being directly able to influence their physical environment.

**Changing the physical environment**

The majority of staff and clients felt that the space was more interesting after the mosaic had been installed, as demonstrated by the results from the questionnaires and also individual comments. This is consistent with other evaluations (Webster et al 2005).

The items in the questionnaire regarding the artworks being inviting and client-friendly were included to gauge the clients’ view of accessibility and acceptability of the surroundings, an area of importance highlighted in the NSF. Client responses regarding these two items were generally more positive than those of staff. Also it is worth noting that a sizeable proportion of staff did not respond to these specific items. A further exploration of why particular items were unanswered would be of value when planning future evaluations.

**Staff participation**

Although staff were very much involved in collecting materials for the project and were enthusiastic about the project they did not participate in making the work despite being encouraged to do so. Perhaps greater support from management on the importance of staff participation would have enabled more staff to engage more freely in the project.

Staff participation may have implications, as highlighted in the Chelsea and Westminster hospital study where staff indicated that the particular hospital environment – relating to architecture, light, colour, visual art and live music – greatly influenced their decision to apply for a job in the hospital or remain in their current position (Lelchuk Staricoff et al 2002). This result is an indication of the possible far-reaching consequences that the integration of the arts into the healthcare environment might have in the recruitment and retention of staff.

**Conclusions**

This evaluation provides some evidence for the value of arts in CAMHS, specifically in relation to changing the physical environment, making it more interesting, inviting and client friendly. This study supports the role of arts in helping to engage clients who find it difficult to engage with services, including those who find it difficult to verbalise their emotions.

It is the aim of the Arts Council of England to integrate the arts into mainstream health strategy and policy making with a view to making the case for a role for the arts in healthcare provision across the country and for a wider remit in terms of healthy living and well-being (Arts Council of England 2005). From a health perspective, improving the environment and design of healthcare buildings is recognised as a high priority. The Department of Health’s NHS Estates, The King’s Fund and The Prince’s Foundation all now recognise the importance of combining quality in architecture, art and design for patient and staff satisfaction and well-being. An evaluative study such as this provides positive evidence to support such exciting future developments.

**References**

- Audit Commission, London.

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**Discussion**

Overall, the results from this evaluation are positive but there are some conflicting responses from the staff. The main areas of discussion can be grouped into the following sub-headings.

**Engagement with the process**

Although there was a relatively small number of participants, the project successfully involved clients in creating artwork for their environment.

(Previous arts project) but okay. ‘If there is a cost factor it needs to be weighed against benefit’. ‘I don’t have any views on the space, the mosaics or future arts projects from an aesthetic viewpoint’. ‘Introduces a vivacity to space otherwise dull’.

**Artist’s diary**

The artist kept a diary throughout the project and wrote an entry after each session. The use of the diary as a data collection technique is outlined by several researchers (e.g. Ross et al 1994). The artist’s observations included comments from clients such as ‘great, really cool’.

One particular client with complex needs who initially showed enthusiasm found it difficult to concentrate and apply himself. He was eventually able to engage in the project and actually helped to design one of the panels – ‘a bearded lizard with no tail’ (Figure 2)

The artist also noted that two adolescent girls worked for a whole session on one of the panels. She wrote in her diary, ‘they worked together really well and took everything on board with enthusiasm; there was real commitment to following through and resolving problems’.

One member of staff (the author) provided a link between the rest of the staff group and the artist.

The artist commented how the process involved ‘looking through collected material, making links with clients and staff’. Other quotes relevant to the process include: ‘lots of texture, different materials and surfaces are important’, as illustrated by Figure 3.

The artist’s final comment about the work is as follows: ‘I like their references and connections. They also illustrate the qualities that we gathered on the value and connections of the colours’.

References

- Audit Commission, London.