Recovering Creativity

Understanding the role of art in mental health recovery through the voices and images of people with lived experience of major mental illness

RESEARCH REPORT

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SUMMARY

This Report brings together the findings from a research project funded by a partnership between Flourish Australia (then, RichmondPRA) and Western Sydney University. The project, Recovering Creativity: Understanding the role of art in mental health recovery through the voices and images of people with lived experience of major mental illness, was conducted from 2015 through to 2016 and included a public exhibition of participant artwork (see accompanying Catalogue). The goal of the research was to extend knowledge of how arts-based interventions contribute to mental health recovery and to also highlight the role played by community-managed mental health organisations. This is important because data collection in the Australian context does not sufficiently describe the work of such organisations (AIHW 2014:386).

The Recovering Creativity research specifically sought to understand the ways in which supported art making informs the mental health recovery process and what effect participation in arts-based recovery groups might have on the identity and social inclusion of people with lived experience of major mental health issues. Using a combination of arts-based groups, narrative enquiry and social network analysis, the main research findings provide clear evidence that art making in a group context supports the goals and principles of mental health recovery in multiple ways. The research findings are described in this Report under three key themes: Creating a space for recovery through art; Co-creating and co-sustaining an artist identity; and Creative community for contributing selves. These themes and associated sub-themes address the recovering person in their social context and provide the basis for recommendations targeting mental health policy, service delivery and professional practice.

The Recovering Creativity project garnered significant enthusiasm from participants who universally supported further engagement in arts-based recovery research and expressed the hope that the model of studio-based art making used in the research could be established as an ongoing service-provider program. The project was also instrumental as a vehicle that invited participants to feel part of the University community while at the same time enhancing the training of students in the Master of Art Therapy through their exposure to the project and attendance at the exhibition. These synergies led to recognition as recipients of the inaugural ‘Award for Teaching and Learning that has Contributed to the Public Good’ from the School of Social Sciences and Psychology at Western Sydney University.

In finalising this Report, we were reminded of the tremendous generosity and inclusiveness of people with lived experience – towards each other, towards the researchers and towards the art therapy students. In this, the research participants had a lot to show us about living well; and they also had a lot to teach us about research. We didn’t realise until we met them, how important it would be to notice and write about the visible and unspoken aspects that are not captured in audio recordings or finished artworks. It was a position of privilege and significance to witness art and identity ‘in the making’. In moving forward, we hope that the research findings will inform community initiatives for advancing arts-based mental health recovery and that the specific recommendations made in this Report provide a platform to do so.

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FINDINGS OVERVIEW AND RECOMMENDATIONS

INTRODUCTION

Mental health problems impact a significant proportion of the Australian population with almost half (45%) expected to experience mental illness in their lifetime (AIHW 2016). Those experiencing severe and persistent mental illness live within a web of stigmatisation and social disadvantage, being at greater risk of poor physical health, social isolation, homelessness, and unemployment (Henderson et al 2013; Lee et al 2013). Australia’s mental health policy currently embraces and promotes the consumer-led recovery model in both clinical and non-clinical services (DoHA 2013a; 2013b). However, clinical contexts tend to view ‘recovery’ as an “absence of symptoms” (Davidson & Roe 2007), while it is community-managed organisations like Flourish Australia that are at the forefront of recovery-oriented service delivery (Bateman & Smith 2011). These services informed by recovery principles aim to support people in developing a positive sense of identity and a meaningful and contributing life, with or without symptoms (Drake & Whitley 2014).

Building on recovery principles, contemporary notions of ‘mutual recovery’ include a focus on the wellbeing of the social networks and communities of practice in which those with lived experience are embedded (Crawford et al 2013). The approach at Flourish Australia resonates with the community emphasis of the mutual recovery movement, while extending it into a radical, political and industrial commitment to affirmative action. This is evident in the substantial proportion of employees with their own lived experiences of mental health issues. The organisation’s extension of recovery principles at every level into its organisational as well as philosophical fabric, together with its strong commitment to the arts in mental health recovery, provided an ideal context for the Recovering Creativity research.

Arts-based interventions are regularly used by community-managed organisations in the support of recovery goals (Fenner & Schofield 2016) and there is widespread anecdotal confirmation of the benefits stemming from such interventions. However, the scholarly evidence has until recently been relatively small (see Van Lith et al 2013). Now, a large five-year UK study of the use of creative arts to promote mutual recovery has released a Report that strengthens the international evidence for arts-based recovery and corroborates our own local findings about the benefits of arts-based interventions in mental health recovery (Crawford et al 2018).

The arts-based narrative group method used in this project provided participants with a means to creatively explore their recovery journey and to engage in a process of positive self-authoring. This brought forth a set of research findings that provide clear evidence in support of the emergent arts-based recovery model, showing that art making in a group context supports the goals and principles of mental health recovery. Arts-based recovery can, according to our findings, enhance the opportunity for communicating difficult or confronting issues; strengthen a sense of personal worth and identity; aid development of peer relationships; foster social inclusion; and strengthen a recovering person’s identity as a creative and socially contributing person. Moreover, the sharing of artworks in a public exhibition can provide opportunities for challenging stigmatisation, a core tenet of the recovery framework.

There was also a range of specific benefits stemming from the experience of making, exhibiting and selling artworks that emerged for particular participants. These included an enhanced ability to look for work; positive changes in social and family networks; positive impact on self-esteem, especially for those without a strong existing arts practice; and positively transformed attitudes to, and behaviours around, creativity and art-making. In the process, the Recovering Creativity research participants have contributed to challenging stigmatisation and promoting community wellbeing.
Furthermore, they have contributed to the evidence base around arts-based recovery. Their participation in this research has enhanced scholarly and public knowledge of arts-based recovery and provided a basis for policy recommendations that support research-led best practices in mental health recovery.

**OVERVIEW OF FINDINGS**

The *Creating Recovery* research findings have been distilled into key themes and sub-themes that address the recovering person in their social context and provide the basis for recommendations targeting mental health policy, service delivery and professional practice. An overview of the three key themes – *Creating a space for recovery through art; Co-creating and co-sustaining an artist identity; Creative community for contributing selves* – is provided here, followed by our recommendations, specifically for Flourish Australia but also for the broader utilisation of arts-based interventions in recovery-oriented service provision. Detailed discussion of the findings can be found in the Research Findings section beginning on page 21.

The first theme - *Creating a space for recovery through art* – reports on the findings about the impact art making in a group context can have on the identity and social inclusion of people living with mental health issues. We found that recovery was sustained and enhanced in a particular social and material context: by people being around others who were supportive; and by having a dedicated place, high quality materials and an extended period of time to make art. The art making environment and the time available for art making were central to the emergence of an arts-based recovery community and for laying the basis for people to develop their artist’s identity. The development of this ‘community’ offered a unique platform combining self-awareness, aesthetic exploration and social inclusion. It enabled people to revisit and revise formative experiences; and fostered a sense of mutuality where the open appreciation of each other’s capacities to make art challenged the influence of self-criticism that could be present at times.

The context of an ‘open studio’ setting within which the *Recovering Creativity* research groups took place brought to the fore the capacity of participants to concentrate and produce artwork. This was a surprise finding, given the presumption that people with lived experience of serious mental health issues would not normally sustain their participation in a group exceeding one to two hours. The space was also able to accommodate differences in the art capacities of individuals, where those with an existing artist identity and those looking for an alternative experience (art as therapy; art as social and recreational activity) could co-exist with a sense of equality. We also found that within a supportive studio context, immersion in the art making process has recovery benefits independently of therapeutic discussions about the art that was made. The freedom of art making and conversation opened up the creative spectrum, reminding people of other creative activities. The studio became a space for experimentation and imagination where the art making linked people together.

The second theme - *Co-creating and co-sustaining an artist’s identity* – reports on the findings about what the stories, artmaking and artworks of people living with mental illness tell us about the role of art in their recovery process. We found that art has a positive effect on personal narratives, wellbeing and social inclusion and that development of an ‘artist identity’ is a vehicle for arts-based recovery when co-created and sustained in the presence of peer-supported artmaking. The most notable changes occurred in participants who did not have a strong pre-existing artist identity. These changes mirrored developments in their capacities to make art and experiment with new media or materials. However, even those participants with an already established artist identity ‘grew’ both in their perception of social inclusion and in their arts practice. They stepped forward as ‘teachers’ at times, sharing practical skills and their knowledge of the traditions of art they were most influenced by, thereby helping to expand the artistic understandings of others in the group.
While the presence of a trained art therapist/s is central, we found that the role of peers – the arts-based recovery community – was also an important part of the conditions for arts-based recovery. The art therapist brings a rich appreciation of visual as well as verbal communication and the ability to nurture capacities that may not be revealed and developed through activity based or diversional interventions. However, peers are crucial in providing support and in sustaining enthusiasm and commitment among group members for the art making process. People talked with each other about things that are normally a barrier for them, with the art serving as an intermediary. The arts-based group context was a microcosm of what art can contribute to life. It provided a space to work through ‘road blocks’ in their art and in their lives. Engaging with art materials and making art helped people picture (rehearse/experiment) what they might do in their life. The supported communal space allowed people to relate differently and to see themselves through a lens of creativity rather than a lens of pathology, where they could experience themselves differently – as a (socially engaged) artist.

The final theme - Creative community for contributing selves – reports our findings about what impact arts-based recovery groups and the audiencing of peoples’ images and stories has on their self-regard and sense of social inclusion. We found that arts-based recovery can expand people’s perceived social networks, strengthening their sense of social inclusion and their identity as a creative, socially contributing person. Furthermore, we uncovered the importance of a wider network of support where ‘social relationships’ are much broader than traditionally conceived. This network includes artists, writers or musicians (alive or not) whom participants had never met in person. It also includes non-human supports such as pets or the natural environment (c.f. Horsfall et al 2017), or practices such as the making and viewing of art (c.f. Fenner & Schofield 2016). We also found that the audiencing of images and stories had a positive impact on community building and contributing to social and cultural capital. The exhibition provided an opportunity for participants to exercise their artist’s identity in a public forum and to contribute socially in challenging some of the stigmatisation and stereotypical understandings associated with mental health issues.

For some people, work was central to their sense of ‘contribution’. However, we found the meaning of ‘work’ in recovery is contested and can impact the sense of equality fostered within the arts-based recovery groups. This stems from the different aspirations of those whose goal was paid work and those whose contribution to the social fabric lay in other non-paid, voluntary or caring roles, including the role of artist. Our findings show how people make a social contribution in multiple ways: through their art and the way it mirrors a community back to itself; through modelling respectful relationships in the generosity they extend to each other at difficult times; and, when given the opportunity, through contributing to the knowledge and practices of mental health recovery. Crucially, the research findings show that arts-based recovery embodying a sustained relationship with artmaking is qualitatively more than simply having art as one amongst a choice of program ‘activities’. It is a pathway of engagement and mental health recovery underpinned by an understanding of the specificity of what art making contributes to social and cultural life: arts-based recovery is one powerful exemplar of what art can do for us all.

RECOMMENDATIONS

Recommendation 1: Support people to position themselves as artists.

The opportunity to develop an artist’s identity is central to the arts-based recovery model, both in terms of personal recovery as well as building social capital through the broader cultural contribution made by artists. It is therefore important that the art activities offered to those who experience mental health issues are resourced in such a way that allows people to position themselves as artists rather than as people simply engaging in a diversional activity.
Recommendation 2: Adopt the studio model for some art-based recovery groups.

Where possible, a studio model would provide more time and more space for art groups in a supported community, thereby creating social and relational opportunities. The most important ‘audience’ for people is their peers; the support from each other can, at times, be more important than that of the group facilitator. A studio model can allow choices in art making and does not have to be based on directives or themes, allowing participants to develop their own arts practice in a supported environment.

Recommendation 3: Co-establish a regular, weekly studio art-based recovery program as a partnership between Flourish Australia and Western Sydney University.

The Recovering Creativity research participants were clear in their own recommendation to make the art-based groups available on an ongoing basis. Such a program could be conducted by final year students of the Master of Art Therapy as part of their placement, with regular supervision from Flourish Australia and staff of the Master of Art Therapy (MAT) program at Western. This could be conducted on Mondays or Fridays (non-teaching days in the MAT) in the art therapy studio at the University’s Parramatta South Campus.

Recommendation 4: Establish structured arts-based programs moving between the institution and the community.

Broadening art-based groups to include people from the community is a form of ‘reverse integration’ in the spirit of the recovery movement, which encourages social inclusion and seeks to challenge stigmatisation through the integration into society of people with lived experience of mental health issues. The reverse process could begin with people working in mental health services (which fits with the mutual recovery model) and then broaden out to the community. This would provide a mechanism for community members to learn from people with lived experience.

Recommendation 5: Ensure recovery programs foster a broad understanding of social contribution.

Recovery-oriented service provision needs to mediate pressures to ‘induct’ people into society on the basis of narrow contribution, whereby paid work is understood as the recovery path. The contribution of some people will be much more through social and cultural participation in settings that enable them to contact their creativity and support the creativity of others. It is important to recognise and value such contributions and to maintain a capacity to analyse and critique the existing model of recovery in order to expand the social as well as the individual possibilities for living creatively with the occurrence of mental illness.

Recommendation 6: Future research directions

Recovering Creativity has served as a valuable pilot program and its findings have generated a number of opportunities and recommendations for further research. First, translate the current research into other contexts to identify if and how ‘place’ impacts the arts-based recovery experience. This could include geographical location (urban, regional, rural or remote locations); but also art making spaces such as the effectiveness of a studio-based model in the recovery context. Second, consider systematically the role of the exhibition in recovery and in challenging stigmatisation. Third, examine the role of gender and/or gender differences in arts-based recovery experiences. Finally, in moving forward with arts-based recovery research, expand the possibilities for peer workers as co-researchers. Flourish Australia is already deeply engaged in ‘mutual recovery’ in its commitment to a peer worker workforce and this provides strong potential for co-researcher contributions to recovery knowledge.
Mental health is a basic element in the wellbeing of individuals and their families. The World Health Organisation (WHO) states that mental wellbeing “enables people to realize their potential, cope with the normal stresses of life, work productively, and contribute to their communities” (WHO 2013:5). Yet, the most recent national survey of health in Australia (ABS 2015) shows that mental health issues impact a significant proportion of the population. Long-term mental health conditions affect some 4.0 million people (17.5%) with around one in nine (11.7%) adults experiencing “high or very high levels of psychological distress” (ABS 2015). It is estimated that almost half of the Australian population will experience a mental disorder in their lifetime with mental and substance abuse disorders now the third largest category in the total disease burden (AIHW 2016). Unsurprisingly, mental illness accounts for a growing proportion of national and state health budgets (AIHW 2014b). However, the costs of mental illness are more than financial.

People with mental health issues suffer a significantly increased risk of co-morbidity, poor physical health and decreased life expectancy (Harker and Cheeseman 2016). They are also more likely to experience stigmatisation, discrimination, social isolation, homelessness, economic and/or vocational disadvantage, lost productivity and suicidality (AIHW 2014a; Henderson et al 2013; Lee et al 2013). The complexity of problems facing people with mental health issues has grown since de-institutionalisation and the rise of community care in mental health. In more recent years, Australia has made a robust and progressive response to the compelling prevalence and impact of mental health problems (DoHA 2013a; 2013b). In line with trends in Britain, New Zealand, Canada, the United States and elsewhere (see Davidson et al 2005; Le Boutillier et al 2011; Slade et al 2012), Australia has embraced the language and philosophy of the consumer-led ‘recovery’ movement in developing its policy framework for mental health.

The recovery approach to supporting people who have complex and persistent mental illness is holistic, socially inclusive and process-oriented. It aims for a policy culture embedded in the “lived experience and insights of people with mental health issues”, prioritising their knowledge and experience, as well as that of their families and support networks (DoHA 2013a). Indeed, the very concept of recovery was “conceived by, and for, people living with mental health issues to describe their own experiences and journeys and to affirm personal identity beyond the constraints of their diagnoses” (DoHA 2013a). For the recovering person, the model “involves...building a new sense of self and purpose in life” (Perkins et al 2012:2). In its “revision of the language, theory and practice of supporting people with lived experience” (DoHA 2013b), the recovery model seeks to challenge the stigmatisation that isolates people and perpetuates mental health problems (AIHW 2015; Hsu & Kjoller 2011; Perkins & Slade 2012).

The recovery model reflects a shift from traditional crisis and clinical interventions, yet these still predominate in practice. Australia relies overwhelmingly on acute, hospital-based care for the treatment of people who experience mental illness (NMHCCF 2012) and most mental health servicing takes place in one-to-one clinical contexts in government-run health department ‘community’ and hospital care settings (AIHW 2015). Unlike these clinical contexts where ‘recovery’ tends to be viewed as the absence of symptoms (Davidson & Roe 2007), it is community-managed mental health organisations, developed under the Partners in Recovery (PIR) initiative, that are at the forefront of recovery-oriented service delivery (Bateman & Smith 2011). These organisations, of which Flourish Australia is a leading example, often utilise arts-based interventions. However, community-managed mental health organisations are “not well described in current data collections” (AIHW 2014b:386) which signals that the use and effectiveness of arts-based interventions in such community contexts may not be well understood.
To improve the wellbeing of people with lived experience of severe and complex mental health issues, the recovery model recognises that a positive sense of identity, peer relationships and social inclusiveness are crucial factors (Hsu and Kjoller 2011). Further, that overcoming the sense of loss associated with mental illness requires social and reciprocal relationships (Henderson 2010). It is unsurprising therefore, that community-based approaches reduce the prevalence and length of institutionalisation when supported by policy frameworks emphasising prevention, early intervention, self-determination and community support (Tew et al 2012). These all aim to achieve reduced isolation alongside increased social inclusion. However, the socially embedded, community-based recovery recommendations for increasing agency and inclusion are not being sufficiently translated into practice, as evidenced by the predominance of crisis and clinical interventions.

Although the key role of crisis and tertiary clinical services in mental health treatment and recovery is acknowledged, it is impractical and limiting to rely extensively on hospital-based, rather than collaborative, care (Lee et al 2010). Recovery-oriented services located in the community can reduce the prevalence and length of institutionalisation, which is costly to health services and the people who use them (DoHA 2013a). The salience and need for funding of community-based approaches to mental health has been advocated by national and international health organisations for over a decade (Thornicroft & Tansella 2003; WHO 2003; PHAA 2003). Such approaches now play a key role in the World Health Organisation’s Mental Health Action Plan (WHO 2013). Australia continues to rely more heavily on acute, hospital-based care for the treatment of mental illness (AIHW 2015) despite best-practice policy frameworks emphasising the importance of community support.

The current system of crisis care cannot carry the responsibility for promoting social inclusiveness and a sense of positive identity which are central tenets of recovery (Hsu & Kjoller 2011). However, community-based creative approaches can fill this role. The arts can contribute to increased participation by, and empowerment of, people with mental health needs (Secker et al 2007). Often working alongside medication, arts-based interventions play an important role in treatment for people living with a diagnosis of mental illness and are congruent with the principles of recovery (Van Lith et al 2011). They are also increasingly recognised as being more cost-effective than medication, while also being as clinically effective, in the treatment of a range of health problems including some emotional and psychological conditions (Creamer 2009). Furthermore, the relevance of the arts to mental health and wellbeing has been demonstrated in research conducted for the Australian Healthcare and Hospitals Association (Fenner et al 2012).

Subsequent to Fenner et.al. (2012), official endorsement was forthcoming for the need to include arts-based interventions, such as community arts and art therapy, across the full range of health care (DoCA 2013). The National Arts and Health Framework seeks to “promote greater integration of arts and health practice and approaches into health promotion, services, settings and facilities” (DoCA 2013). In 2016, the NSW Ministerial Taskforce on Health and the Arts released Partnering arts to health (NSW DoH 2016), a Report which provided clear recommendations for implementing an Arts and Health Framework in NSW. Yet these developments are unlikely to translate into adequate funding for arts-based recovery programs while there is an insufficient or poorly recognised evidence base for their effectiveness (Van Lith et al 2013). Indeed, “the importance of continuing the research into arts and health practice and outcomes and growing the body of evidence about the benefits” was explicitly acknowledged in the National Arts and Health Framework (DoCA 2013).

There is an emerging evidence base in the literature supporting arts-based recovery (see Van Lith et al 2013). However, visual research methods have rarely been engaged by researchers toward an understanding of this area in which visuality and image-making play such a central role. When used at all, visual methods tend to be applied toward the end of a research process to provide a capstone
public exhibition experience. They are not intrinsic to the conceptualisation, process and analysis of research from the outset (c.f. Hogan 2012). Yet the use of visual research methods (Rose 2012), including those that draw from art therapy, is a well-established and sensitive means to elicit social knowledge (Pink et al 2011). Visual elicitation is particularly effective when used in combination with narrative. Together, they provide an innovative method that is strongly inclusive of participant perspectives, while generating data and outcomes that are convincing in normative scholarly terms (Edgar 2004; Horsfall & Titchen 2009; Hogan 2013).

The literature also shows that there is little emphasis on research methodology that mobilises the audiencing and collaborative knowledge-producing potential of research groups, which can be considerable (Linnell et al 2008). This was the case even when research sought to uncover participants’ sense of belonging (Stickley 2010). Connectedness and belonging are known to be important aspects of mental health recovery. They are promoted through “engagement in creative arts” because it can counter the isolating tendencies of mental illness and promote a sense of agency, confidence and self-worth (Neilsen, King and Baker 2015:1). There is therefore a need to offset a tendency in the research on arts-based recovery toward the analysis of individual in-depth interviews (e.g. Van Lith et al 2009; 2011). While a rich source of data, the predominance of such approaches can tend to reproduce an emphasis on individual health outcomes at the expense of the social dimensions of recovery.

These methodological gaps in the literature on arts-based recovery were addressed in the Recovering Creativity research by placing visual, narrative and group research methods at the centre of the process. To avoid perpetuating a hierarchy and separation between written and visual discourse, a combination of visual and narrative methods was used for the conduct and analysis of the research. These methods were used within a collaborative group context that respects but does not isolate the individual. Contemporary theoretical perspectives that recognise the interconnection of social and personal identity and the importance of community to wellbeing informed the research approach. Furthermore, while the research design was congruent with the recovery model, it also methodologically extends it toward a more central recognition of the role of art in the recovery process. Creativity and critical analysis can be mutually enhancing in research (Higgs & Horsfall 2010) and this principal was central to the innovative methodology developed for this project.

The qualitative research methods used in Recovering Creativity are appropriate to the mental health recovery context and the research questions being asked about arts-based approaches to recovery. Although randomised control trials (RCT) are frequently regarded as the ‘gold standard’ in health research, they are a poor fit with the recovery model (Van Lith et al 2013; Gilroy 2011). They establish a statistically significant group of patients with a common diagnosis, whose progress is then scientifically measured in relation to themselves, each other and norms. However, this is neither practically nor philosophically compatible with the socially inclusive, non-pathologising, non-linear and person-centred goals of the recovery model. Moreover, while such trials can effectively establish what works and what does not work for specific problems, they are silent on issues of meaning and process. Recovering Creativity has stepped into that silence by amplifying the voices and images of those with lived experience of mental health issues.
Artists's

- Non-Toxic
- Fadeproof
- Permanent
- Dries in 24 hours
RESEARCH DESIGN

The Recovering Creativity research aimed to provide in-depth understandings of how art making within a supportive context influences the recovery, identity and social inclusion of people living with a major mental health problem. Challenging stigmatisation and supporting a growing positive identity are core elements of recovery philosophy (Onken et al 2007). The research therefore sought to understand the role of creativity in challenging dominant assumptions about living with mental illness; and also its role in opening new possibilities for subjective and social wellbeing and transformation. To achieve this end, we developed an innovative research methodology that brings together arts-based enquiry with narrative practice and social network analysis. This provided the basis for an ethical research design that ensured coherency between the arts-based methodological approach and the substantive investigation of arts-based mental health recovery.

The arts-based narrative group method at the core of the research design extends the in-depth interview beyond the single production of an interview text through a carefully constructed process of audienced dialogues. This process engenders the intimacy and narrative complexity of the in-depth interview along with the relational benefits of focus groups. In this way, it elicits complex, rich and nuanced narratives and images from the research participants (Linnell et al 2008). In keeping with the recovery principle that those with lived experience of mental illness are the experts in their own life, the research design put participants at the centre of knowledge generation; giving preference, voice and visibility to the artworks and narratives of the research participants. Moreover, the opportunity to self-author and/or re-author their personal stories through image and narrative would potentially give back to participants, making the research experience a two-way process and one that is congruent with the principles recovery.

RESEARCH AIMS AND QUESTIONS

Aims

- To extend understanding of the ways in which supported art making informs the mental health recovery process by giving voice and visibility to the self-generated stories and artworks of people with lived experience of mental health issues.
- To further understandings of the role of creativity in mental health recovery by mapping the effects of participation in arts-based recovery groups on the identity and social inclusion of people with lived experience of mental health issues.
- To strengthen and add depth to the knowledge about arts-based recovery to positively influence policy and funding models to further support effective, evidence based, community and arts-based options for people with lived experience of mental illness.

Questions

- What impact does art making in a group context have on the identity and social inclusion of people living with mental illness?
- How does the development of an ‘artist identity’ (Hyland Moon, 2002) affect the personal narratives, wellbeing and social inclusion of people in recovery?
- What do the stories and images of people living with mental illness tell us about the role of art in their recovery process?
- What impact does the audiencing of their images and stories have on the dominant cultural narrative, self-regard and social inclusion of people living with mental illness?
RECRUITMENT AND PARTICIPANTS

Invitations to participate in the research were open to two groups of people with lived experience of mental health issues: peer workers from Flourish Australia (peer support workers or other peer employees); and other people who may or may not have previously used the services available through Flourish Australia. Seeking participation from a broad spectrum of people with lived experience was consistent with the partner organisation’s inclusive and non-hierarchical philosophy. It also sought to maximise knowledge-production and its circulation within the partner organisation. All people expressing interest in participating in the research underwent a telephone interview to ensure the eligibility criteria were met, as specified in the Participant Information Sheet (see Appendix 1). Transport was provided if needed. Of the nine people who attended Stage 1 interviews, a total of eight people continued with the project through to completion. Of these, three people were peer workers (1 female/2 male/Group A) and five were people who may have used Flourish Australia services (2 female/3 male/Group B). An additional eight people (4 female/4 male) attended the Stage 2 off-site focus group for peer workers who were unable to participate in the on-going research groups.

ETHICS

This project received ethics clearance from Western Sydney University (H11225) and Flourish Australia. Participants were fully informed about the project and advised what the research team would do with the artworks and other information collected in the process of the research. All participants had the opportunity to read an information sheet and sign a consent form at the initial individual interview (Stage 1). These provided details about the project, the use of artworks and what would be done with the visual and verbal data that was collected throughout the research process (see Appendices). We actively re-negotiated consent again at the start of each of the arts-based narrative groups to remind people about the research purpose of the groups and to confirm consent for the group sessions to be audio recorded. All the artworks and participant quotations used in this Report, in the exhibition catalogue and in other publications or presentations, are used with the consent of participants (see Appendix 2). In attending interviews and research groups, participants could choose to have a support person with them at the University or to have access to support at Flourish Australia by telephone. In designing and conducting the research, we employed an inclusive ethical approach that was grounded in the principles of mental health recovery and narrative therapy.

METHODS AND PROCEDURES

In exploring the research questions, our methods needed to foreground the research participants’ relationships with art making, each other and themselves. We therefore used a group research method based on the narrative practice of ‘reflecting teamwork as definitional ceremony’ (Meyerhoff 1986; White 2000). This research method utilised a carefully constructed process of making and viewing art works and telling and re-telling related stories in a group context. This supported exploration of research participant’s sense of identity, agency, values, creativity, relationships and social connections (Welsby & Horsfall 2011; Williams & Linnell 2006). The role of the research group is to listen to and acknowledge people’s accounts of their experience, to deconstruct unhelpful discourses, and to listen and look for alternative stories and images that embody new knowledge and understanding and bring these into focus. Researchers in this process seek to minimise the reproduction of dominant power relationships by responding from a situated position that remains open to question (Linnell 2014).
Before and after their participation in the arts-based narrative research groups, social network analysis (SNA) (Hogan et al 2007; Leonard et al 2013), was conducted with individual participants. This process provided a measure of the influence of the arts-based narrative groups and accompanying exhibition on the social inclusion of group participants. It also served to triangulate the analysis of visual and narrative data. The research was conducted in six stages over a one-year period (2015 – 2016) by the Chief Investigators (CI) Associate Professor Sheridan Linnell and Professor Debbie Horsfall together with the Senior Research Officer (SRO) Dr Joy Paton and Partner Investigators (PI) Ms Jane Miller and Dr Ching-I Hsu. Stages 1, 2, 4 and 5 were conducted by the CIs and SRO; Stage 3 was conducted by the SRO & PI1; Stage 6 was conducted by the CIs, SRO and PIs using de-identified data. All interviews and research groups were held in the Art Therapy Cottage, Building B, Western Sydney University, Kingswood.

Stage 1: Individual interviews and social network mapping

Prior to the commencement of the arts-based narrative research groups, each participant attended an individual interview with CI Linnell and SRO Paton. The interviews lasted up to two hours and refreshments were provided. The purpose of these interviews was twofold. First, to provide participants with full details about the research project to enable informed consent. Each person read the (plain language) Participant Information Statement and Participant Consent Form prior to signing the consent document (see Appendices). These provided information about the project, the use of artworks and what would be done with data collected throughout the research. Consent forms were signed and participants reminded that they could withdraw consent at any time. The consent forms also included a statement confirming whether participants wanted to be identified and cited as the artist of their creative works produced during the workshops. One participant was not sure at the time but gave consent prior to the exhibition.

Second, participants were invited to visually map their social and support networks to provide baseline information about their experience and perception of social inclusion. On a large piece of white paper (approximately A1), participants wrote their name in the centre surrounded by the people and/or entities in their social support network. The strength of the relationships was indicated by colour: weak = yellow; medium = blue; strong = red. The direction of the support relationship was indicated by arrows. The researchers answered any questions participants had about the construction of their visual map and, once completed, facilitated a discussion about the social support network appearing on the page. This mapping part of the interview was recorded and subsequently transcribed and de-identified for data analysis. One participant did not consent to recording at this Stage but did consent to field notes being taken. The social network maps completed here were later compared to the post-group mapping conducted in Stage 5.

Stage 2: Arts-based narrative research groups

The arts-based narrative research groups commenced two weeks after the individual interviews were completed. CI Linnell and SRO Paton conducted two research group meetings each week for a period of eight weeks with a break of one week between sessions 4 and 5. Group A consisted of three people who were peer workers at Flourish Australia and Group B consisted of five people who may or may not have previously used services associated with Flourish Australia. All participants were people who openly identify as having lived experience of mental health issues. The research groups met once a week to make artworks and exchange their stories of recovery and identity. The sessions lasted for three hours with lunch and refreshments provided. At times, some participants engaged in independent art-making after the formal group process. Sessions were audio recorded and later transcribed and de-identified for data analysis. The artworks were photo-documented and stored safely at the venue between sessions.
The emphasis in the research groups was on discovering how each participant’s relationship to creativity informs the recovery process, and discovering what relationships, ideas, values and practices sustain and assist the participants during recovery. During the first session, participants were introduced to the art materials available and shown the facilities in the Art Therapy Cottage. We reminded people about the consent process and confidentiality; and also negotiated how the groups would function, including times for breaks. This provided a safe environment which was conducive to artmaking. In weeks 2-8, each research participant was offered an opportunity in turn to place his or her artworks and stories at the centre of the group’s enquiry. The sessions of listening and reflecting group research process were structured as follows:

1. The research participants were invited to make artwork in their chosen media about an aspect of their recovery journey.
2. CI1 interviewed one group participant about their artwork, in the presence of the rest of the group.
3. The rest of the group made art works in response to what they had seen and heard. The SRO facilitated a conversation with research group members in response to what they had heard, with the CI and interviewee as an audience to this conversation, i.e. listening but not actively participating.
4. The CI asked the interviewee about what stood out for them from what they had seen and heard, building on helpful aspects and deconstructing any advice giving to, or categorisation of, the interviewee.
5. Everyone discussed the research process together, as a way to debrief/ demystify, without going back into the stories.

A significant number of employed peer support workers had expressed interest in participating in the project. However, and despite encouragement from the partner organisation, many felt unable to meet the required commitment of eight weeks for the arts-based research groups due to uncertainty at the time surrounding a restructuring of their work roles. To enable the input of this significant group of peer employees, a semi-structured off-site focus group was conducted by CI Horsfall at the Head Office of Flourish Australia. This was attended by 8 people who discussed the relationship between creativity and recovery in their own lives and in their work with people with lived experience of mental health issues. People were asked: “what would you like us to know about how you see the relationship between art and recovery for people with lived experience of mental health issues?” People responded in turn to talk about their own experiences of art making, art therapy, creativity and recovery. Paper and coloured pencils were provided and over half the group used these to make marks, draw and/or write during the course of the focus group.

**Stage 3: Participant exhibition**

After completion of the research groups, participants continued to meet for another two weeks to complete artworks and contribute to the process of curation for the exhibition with SRO Paton and PI Miller. A joint exhibition with the two groups took place three weeks later. This provided a mechanism to amplify the perspectives of those with lived experience and provided participants with a tangible opportunity to challenge stigmatisation. The exhibition of artworks was held at the Head Office of Flourish Australia, Sydney Olympic Park, NSW. The opening event was launched by Flourish Australia (then) CEO Pamela Rutledge with special guest speaker Professor Kevin Dunn, Dean School of Social Sciences and Psychology, Western Sydney University. Three of the research participants also gave addresses in the official proceedings. The opening event was attended by approximately 100 guests made up of invited family, supporters and friends. The exhibition catalogue included selected images from each participant along with an artist’s biography. All participants chose to be cited as the artist of their creative work. Audience responses were captured by comments recorded in a visitor’s book.
Stage 4: Participant post-exhibition focus group

At the conclusion of the exhibition, a 2-hour audio recorded focus group with all participants was conducted by CI Linnell and SRO Paton. PI Miller joined the focus group for the final half-hour. This was the first time the two groups met together and some, who had missed the exhibition, were meeting each other and PI Miller, for the first time. The purpose of the focus group was to understand the effects of the exhibition on perceptions of recovery, social inclusion and self-identity. This forum provided an opportunity for participants to talk about their experience of exhibiting and, in some cases, selling their artworks. It also facilitated feedback on their overall experience of participating in the arts-based narrative research project.

Stage 5: Individual interviews and social network mapping

Approximately one month after completion of the exhibition and focus group, each participant attended a second individual interview with a CI and the SRO. The interviews lasted up to one hour and refreshments were provided. Participants were again invited to visually map their social and support networks using the procedure outlined in Stage 1 to provide comparative information about social inclusion. Participants then had the opportunity to look at their two visual maps side by side and to discuss any changes they noticed. This process was recorded and subsequently transcribed and de-identified for data analysis. The visual maps and recorded data (transcriptions) were compared to those created in the first individual interviews to determine any changes in participant’s experience and perception of social inclusion.

Stage 6: Data analysis

Research participants gave permission for the interviews, arts-based groups and focus groups to be audio-recorded and transcribed and for their artworks to be publicly exhibited. Drawing on the depth and breadth of expertise of the CIs, PIs and SRO, the method of data analysis integrated in-depth and comparative modes of analysis of (de-identified) transcripts, artworks and recordings to address initial and emergent research questions. The data was initially approached as rich description in accordance with the ethnographic, phenomenological, narrative and arts based methodological traditions. In the later stages of analysis, strategies from critical and visual discourse analysis, content analysis and thematic analysis were taken up. CI’s Linnell and Horsfall, with SRO Paton, conducted thematic analyses of transcripts from the arts-based narrative groups and social network interview transcripts. PI Hsu conducted a content analysis of the transcripts generated by Group A (peer workers) and PI Miller conducted a narrative analysis of the transcripts generated by Group B (people who access services).

The data analyses were conducted with a view to identifying answers to our specific research questions but at the same time, also identifying independent themes as they became apparent. The data was scrutinised for the key ideas, concepts and themes brought by participants as well as for what participants themselves said was important. Our data findings were read against the current arts-based recovery literature and expert knowledge of the partner investigators from Flourish Australia. Each research team member first analysed the data independently to identify central ideas and categories. The CIs and SRO subsequently met to discuss their analysis of the data and to then develop key themes collaboratively and with reference back to the data. Finally, validation of the data analysis was further facilitated in consultation with the PIs, thereby providing a process of triangulation supportive of the varied methods utilised in the research.
RESEARCH FINDINGS

The Recovering Creativity research groups involved the making and viewing of artworks and the telling, re-telling and witnessing of related stories. The groups provided a context to acknowledge people’s accounts of their experiences, deconstruct unhelpful discourses and bring into focus alternative stories and images of recovery. This process, together with the exhibition and subsequent focus group, amplified and honoured the voices and images of those with lived experience of serious mental health issues. Social network analysis (SNA) was used to map participant’s social support networks before and after their participation in the arts-based narrative groups, exhibition and focus group. This mapping gave a measure of how such participation influenced social inclusion and provided a triangulated analysis of the visual and narrative data.

Overall, the research data showed that supported art making in a group context has a positive impact on the identity and social inclusion of people living with serious mental health issues and is congruent with the goals and principles of the mental health recovery framework. Arts-based recovery can enhance the opportunity for communication, sometimes of difficult or confronting issues; help the development of peer relationships; and foster social inclusion. We also found that supported art making strengthens a sense of personal worth and identity while providing opportunities for challenging stigmatisation through the sharing of artworks in public exhibition spaces. Other benefits included an enhanced ability to seek work for some participants with vocational aspirations and positive changes in people’s social and family networks. Participants’ involvement in making, exhibiting and selling artworks had a positive impact on their self-esteem and they were able to openly discuss and, in some cases, transform attitudes and behaviours previously evident in their relationship to art making.

While positive changes were evident for all participants, the degree of change was more evident in those participants who did not have a strong pre-existing arts practice and relationship to creativity. This suggests that developing an artist’s identity improves mental health recovery. It also suggests that people need appropriate opportunities to sustain their arts practice in order to consolidate the benefits to mental health and wellbeing, including the sense of social contribution that comes with being valued as an artist. Such opportunities include adequate time and space for art making with quality materials in a supportive context. An overview of the research findings together with the Report’s recommendations, can be found above beginning on page 6. A more detailed discussion of the findings is located below under three key, interrelated themes: Creating a space for recovery through art; Co-creating and co-sustaining an artist identity; Creative community for contributing selves.

THEME 1: CREATING A SPACE FOR RECOVERY THROUGH ART

Emergence of an 'arts-based recovery community'

One of the key findings from the Recovering Creativity data was the significance of adequate space and time for art in facilitating the development of a supportive arts-based recovery community. In this project, recovery was sustained and enhanced in a social and material context: by people being around others who were supportive; and by having a dedicated place, high quality materials and an extended period of time to make art. This context enabled the emergence of an arts-based recovery community with people supporting each other in diverse ways. For some participants, the focus was predominantly on the opportunity to make and exhibit art in a supported and sustained context. For others, the emphasis was more on art making as a process of making visible and/or narrating a shift in their sense of self. For most, it was both.
Art therapy, we know, offers the possibility of expressing and externalising what may otherwise be inaccessible and inexpressible. Hence, art therapy can increase self-awareness by making the person’s interior world, feelings, thoughts, stories and imaginings visible to themselves, and at the same time reduce isolation by making what is held inside accessible to supportive others: “It’s hard because a lot of things have happened and it’s hard for me to get over it. In a way, recovery’s like trying to not keep it inside me” (P4). The presence of empathic peers, alongside group facilitators (CI1 and SRO) who were registered art therapists, provided a space for participants to acknowledge themselves and each other more fully within an emotionally containing and professionally supported environment.

An arts-based recovery community can offer a unique platform that combines self-awareness, aesthetic exploration and social inclusion, as the following example shows. Working for the first time since adolescence on a painting that honoured the female form (an activity prohibited during his upbringing), one participant created a highly invested and luminous figurative work. However, he felt unsatisfied with his rendition of the figure’s hands. At this point, his experience of the supportive environment of the group helped him to initiate a wider form of social engagement, in the service of his art. Sitting as he sometimes did with his sketchbook in the university coffee shop, he ventured to ask a woman at an adjacent table for permission to draw her hands. She agreed to sit for him. The finely observed sketch - and the story of what we all saw as his sensitivity and courage – was brought back to the group where he incorporated the stranger’s hands into his painting. Exhibiting this work completed the narrative of overcoming long-held shame and recovering and sharing his aesthetic relationship to the female form. For this participant, as for some others, their artist identity and sense of self as a person in recovery were deeply intertwined.

A number of participants similarly narrated stories or offered more fleeting glimpses of how participating in the arts-based activities enabled a revisiting and revising of formative experiences from when they were young, or even more recently. One participant explained how he had “put [his] pain into [his] pain-ting” (P6) by finding a metaphor – ‘Kangaroo Court’ – that embodied his protest about the unjust treatment of a friend. Another participant told the group how it was not until she created her recovery story as a triptych in collage that she realised that in order to recover from the effects of abuse and domestic violence she needed to become her “own soulmate” (P8). Sometimes the relationship between art-making and meaning-making seemed eloquent but more indirectly articulated. For example, another participant played in his artworks with the kind of imagery that had typified his earlier experimentation with art, made at a time when he was psychotic, “out there” and highly creative (P3). He allowed himself to reproduce the style for the first time in years, in a “cartoon-like” way, while simultaneously speaking of his current successful work life and relationships (P3).

During a conversation about childhood experiences of art, P1 revisited painful memories in sharing that “from childhood I was a bad drawer and I was ashamed of it...I never was good at it. Never. In school we had to paint and I could not!” However, turning to her artwork in the group she exclaimed: “and this is after all these years!! It’s not bad! And I’m daring to do that - it’s like a liberation” (P1). In this, and the previous examples, participants were not simply describing recovery to each other, they were doing recovery with each other. A strong sense of mutuality emerged in this arts-based recovery process. Participants were generally able to value the creativity and skill in other people’s work better than they could in their own. The open appreciation of each other’s capacities to make art challenged the influence of self-criticism and depression that was present at times. All were very supportive of each other’s art making and of their progress toward the

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1 Participant quotes drawn from transcripts of group recordings are italicized and referenced anonymously as P1, P2 etc.
exhibition. In a moment that became emblematic of the mutuality of arts-based recovery, one participant responded to another participant’s narrative of her artworks by making a small and eloquent art response. She then invited him to place his response into her artwork, becoming part of it: “...that’ll be something from him on my story – my gift of journey” (P8).

**Time and space for arts-based recovery**

The open studio setting within which the Recovering Creativity research groups took place brought to the fore the capacity of participants to concentrate and produce artwork. The initial research design allowed for groups of around 2 hours, inclusive of break, on the assumption that participants’ attention span would not allow for lengthier periods of art making and discussion. However, participants appreciated more time and space to make art in that context and at their request, we extended the time available for art making, allowing for a period of up to 5 hours. The Recovering Creativity project experience and art making outcomes challenge the commonly held view expressed to us at the outset of this project that people with lived experience of serious mental health issues would not normally sustain their participation in a group exceeding 1.5 hours. Indeed, the research suggests there is scope for service providers to utilise a modified version of the art studio with more time available for art making.

Making the studio space sustainable for recovery purposes requires a space that can accommodate differences in the art capacities of individuals, where those with an existing artist identity and those looking for an alternative experience (art as therapy; art as social and recreational activity) can co-exist. Some of the Recovering Creativity participants became involved in the project because they wanted more time for art, not necessarily because it would be a ‘transformative’ experience. Indeed, ‘self-transformation’ is not necessarily the agenda of everyone who comes to an arts-based recovery group. Some people are looking for an opportunity to immerse themselves in art making in a conducive space with quality art materials for an extended period of time. We found that immersion in the art making process has recovery benefits independently of therapeutic discussions about the art that was made.

Moreover, participants reflected a range of approaches to art-making: some made art with explicit content that expressed a recovery narrative; some focused on art making and noticed parallels between their art process and product and other aspects of their lives; some immersed themselves in art making without feeling a particular need to talk about it. Reproducing the material and social conditions for such diversity requires a suitable space where the quality of the materials facilitates art making and the identity of ‘artist’. To achieve their goals as artists, participants needed good materials and they knew what they wanted in this regard. We need to respect art in this way if we are going to support arts-based recovery programs. In providing artist quality materials we conveyed something to people about their value as an artist, whether they were experienced art practitioners or beginners, and this was reinforced by the space/location and the time available for art making.

The idea of making art in a dedicated studio space, its location in a University and its purpose as a place for training art therapists, seemed to generate a kind of ‘status’ to the art making that was taking place during the research project. This was further reinforced in the Recovering Creativity project through the exhibition and the quality of framing for each of the exhibited works. There was evident enthusiasm from participants who would arrive early, work consistently and ask regularly to stay beyond the time of the ‘official’ group process. Some participants used artist sketchbooks for visual research or preliminary sketches. The impending exhibition no doubt contributed to this, but the place was also important. The freedom of art making and conversation in a supportive studio context opened up the creative spectrum, reminding people of other creative activities. The studio became a space for experimentation and imagination where the art making linked people together ‘in community’.
THEME 2: CO-CREATING AND CO-SUSTAINING AN ARTIST’S IDENTITY

Experienced and beginning artists

A number of participants came to the Recovering Creativity project with an already established identity as an artist. Some had practices and/or identities as writers or musicians but were relatively new to visual art. Others came to the project with a curiosity and willingness to explore how art might support, or play a role in, their recovery journey. We found that the greatest change in perceived social networks occurred in this latter group of participants where the changes mirrored developments in their capacities to make art and experiment with new media or materials. However, even those participants with an already established artist identity ‘grew’ both in their perception of social inclusion and in their arts practice, whether this reflected new skills or new media, or re-visiting practices from a previous time in their lives. It was clear that all of the participants were willing to experiment with the wide range of quality materials available to them. The exhibition was an evident motivator for those who already understood themselves as artists and was a novel, anticipated experience for those who did not.

Crawford et al (2018:4) noted that people with serious mental health issues “may struggle to stay engaged” with creative activities in the absence of professional mental health support. All of the people in our (albeit more modest) study remained engaged and committed to the art making process, which did indeed take place in a supported context. The CI and SRO who facilitated the art-based research groups were both registered art therapists, as was the PI who helped to co-curate the culminating exhibition. The art therapist brings their artist’s sensibility to the work of supporting people in the group, helping them develop a relationship with their art making and building the social and material basis for such a relationship to happen. The training of art therapists equips them to respond to the aesthetic and philosophical complexity that artists with lived experience express through their art, the diversity of which can be located within a broad understanding of the history and praxis of art. This allows the art therapist to bring a rich appreciation of visual as well as verbal communication and nurture capacities that may not be revealed and developed through activity based or diversional interventions.

Peer supported art making

While the art therapist brings a distinctive set of capacities to arts-based recovery groups, we found that the role of peers – the arts-based recovery community – was also an important part of the conditions for arts-based recovery. Peers were crucial in providing support and in sustaining enthusiasm and commitment among group members for the art making process and for the exhibition. At times, the support from each other was more important than that of the group facilitator. Negotiating the process of art making provided an opportunity for people to talk with each other about things that are normally a barrier for them, with the art serving as an intermediary.

Unexpectedly, the research process produced hundreds of pages of transcribed conversations all about the qualities and capacities of art materials, techniques, artists who have inspired the participants, advice to each other about what was working well in works in progress, and suggestions for achieving desired effects. At least two participants who identified strongly as artists embraced the research predominantly as an opportunity to make and exhibit art. Within this understanding, the extended conversations about media and technique offered the opportunity for one to step forward into the role of teacher, advising others with less experience of art making: “can I help?...want to talk to me about something? You have more respect for your art if you talk what it’s about and stuff. A new respect” (P7).
In one of the groups P6 had a short conversation about colour: “what are you doing there, man?” (P7); “trying to find starting points…” (P6); “They go really well together those colours, don’t they?” (P7). The art and the conversation helped P6 find a starting point – “yeah, that’s what I need” (P6). Another participant, who made highly original and engaging artworks but rarely spoke about himself, responded in brief to enquiries about his work, with a strong sense of how he planned and composed works and what he regarded as successful and ready to exhibit. Although usually unsatisfied with work that did not match his original concept, he joked with others about one painting that the group particularly admired, “Yep. That was a mistake that went right” (P5).

There was clear evidence of deliberate thoughtful processes around the art making where participants knew what they wanted to achieve: “I did a little bit…I can put the text together…I want to put all the people who have helped me” (P8). They put thought into their art, planning what they wanted to represent. Most people used the art to communicate to themselves or others and had a vision, supporting each other in the process. They also sought help for the process, although there were some exceptions to this, and they appreciated the benefits of working in a group: “I came to the conclusion here at the art group because I was always struggling with that. Doing this has given me a lot of answers for myself” (P8).

Participants with experience in art shared practical skills and their knowledge of the traditions of art they were most influenced by, thereby helping to expand the artistic understandings of others in the group. They had favourite artists and styles, such as Picasso or the cut-outs of Matisse. Some of the group processes mirrored the findings of the social network analysis discussed below in Theme 3. Well-known artists were revealed to be part of participants’ support networks, in terms of inspiration for both art and life, as well as particular aesthetics or how to achieve certain effects. Participants were often drawn to classical art, reflecting the social construction of what is ‘good art’, and held an assumption that the facilitator would also teach skills.

It was not always easy for participants to make their art. At times, the art process was stymied by the presence of perfectionism or the challenge of realising the vision they had for the work: “my head feels like it’s too heavy for my shoulders” (P4). At other times, discourses of illness emerged as challenges to the person’s art practice. For example, the challenge of being over critical; or how depression has them thinking or feeling about their art; or a sense of loneliness/depression: “I don’t know what recovery is” (P4); or the sleep-inducing effects of getting used to a new medication. However, despite doubts and difficulties, participants kept coming to the groups and, with support, they kept doing their art. The group context provided a space to work through ‘road blocks’ in their art and in their lives.

**Art as a metaphor for life**

The language of art and the process of art making provides a metaphorical – and sometimes material – basis for negotiating life. Despite the Romantic myth of the lone artist, an artist’s identity is not able to exist abstractly, in people’s view of themselves alone. It needs to be developed in practice and usually needs to be socially sustained. Art thus offers a very specific intersection of the intra-psychic and the social, providing a form of creativity that allows people to experience themselves differently. The *Recovering Creativity* arts-based research groups were a microcosm of what art can contribute to life. For some participants, the point was to develop themselves artistically while for others, it provided a method for exploring possibilities to be ‘something else’.

Bringing attention to process reveals a lot about how people’s way of making art often mirrors how they approach life, reflecting this back to them in a way that opens up new possibilities. One participant who often felt ‘stuck’ in life also experienced this in the art making but would, in turn, resolve this with artistic thinking and metaphor. One day he declared that: “inspiration about the
lack of inspiration’s just struck!” (P6) and then proceeded to develop an artwork that reflected his sense of an empty creative ‘well’.

In the groups, talking and art making influenced each other. For example, peoples’ use of colour, brightness, darkness, light and shade reflected their conversations around the past or future, about hope or loneliness or death: “maybe put some colour…..” (P4); “I put all the orange everywhere….“ (P8). This conversation moved on with participants talking about colour, supporting each other and relating it to their mental health. Engaging with art materials and making art helps people picture (rehearse/experiment) what they might do in their life. For example, in a conversation about blending colours together and using glazes, a participant used the art process to reflect what she saw as a psychological process. She used the art to communicate with a deliberate sense of its metaphoric value saying she: “wanted to blend – because you can’t separate” (P8).

While some research participants were deliberate in telling stories through their art (especially beginning artists), they all wanted space to make art; a space where they could experience themselves differently – as a (socially engaged) artist. The research made visible the social and material elements that make, support, and constitute an artist’s identity; and these are the elements needed for any artist, not just those living with mental health issues. Having groups in the research space provided an opportunity to learn how supported/communal spaces work: how they allow people to relate differently and to see themselves through a lens of creativity rather than a lens of pathology.

Overall, we found that this fostering of an artist’s identity has a positive effect on the personal narratives, wellbeing and social inclusion of people in recovery. Flourish Australia has provided the social and material support for a number of people to develop a strong artist identity in practice. Moreover, in experiencing the material and social conditions for their artist identity and practice to flourish, people in recovery can contribute their art to the general community, too.

THEME 3: CREATIVE COMMUNITY FOR CONTRIBUTING SELVES

Expanding social networks

Analysis of the social network maps demonstrated that people’s perceived social networks had expanded as a result of the research process experience, strengthening their sense of social inclusion and their identity as a creative, socially contributing person. Furthermore, what constitutes a support network was expanded in this process as the social network maps identified that social relationships are much broader than traditionally conceived. The analysis uncovered the importance of a wider network supporting people with lived experience of mental health issues. This network includes artists, writers or musicians (living or dead) whom participants had never met in person; non-human supports such as pets or the natural environment (c.f. Horsfall et al 2017); and practices such as the making and viewing of art (c.f. Fenner & Schofield 2016). Indeed, our findings indicate that a sustained relationship with art making can itself be an important feature of the social and support network of recovering people.

Arts-based recovery is multi-dimensional and inherently relational: it involves not only a sustained relationship with art making, but also with the social and political dimensions of cultural life. The idea that the person in recovery is being supported in a sustained relationship with art that has these multiple dimensions contrasts with the practice of making art simply as a ‘diversion’. Arts-based recovery is not reducible to one amongst a range of programmed ‘activities’ offered by services – it is a pathway of engagement and mental health recovery underpinned by an understanding of the specificity of what art making contributes to social and cultural life. Arts-based recovery is one powerful exemplar of what art can do for all of us.
We found that the audiencing of their images and stories had a positive impact on the dominant cultural narrative, self-regard and social inclusion of people living with mental illness. This was evidenced formally in the social network analysis and anecdotally in conversations at the exhibition. The exhibition provided an opportunity for participants to exercise their artist’s identity in a public forum and to contribute socially in challenging some of the stigmatisation and stereotypical understandings associated with mental health issues. The exhibition was a clear expression of how art can contribute to the richness of peoples’ identity. Moreover, art is a social contribution and when it resonates with viewers, the impact outlasts the time of the exhibition itself.

A number of artworks were purchased by visitors to the exhibition with one artist’s work selling out on the night of the official opening. The School of Social Sciences and Psychology at Western Sydney University also purchased an artwork from each participant. The potential social contribution of the artists continues through their artwork on permanent display in the Social Sciences and Psychology floor of the iconic new Science Building at Parramatta South campus of the University. They are prominently featured along the corridor that links the School’s formal reception area, Dean’s Unit and specialised teaching spaces for art therapy, psychology and social work. They are thus a talking point for staff, students and visitors including the university executive, senior visiting academics and community leaders coming to meet with the Dean.

**Sense of a contributing self**

The artist makes an important social contribution through their art and has an important social role mirroring a community back to itself. Moreover, “art isn’t something you do in the waiting room of life until you get a paid job” (Linnell 2015) – it is part of the work of community building and contributing to social and cultural capital. It is therefore important to value the work of arts-based recovery by supporting what people can achieve through their involvement. It is also important to value the contribution people make to each other in the community of people living with serious mental health issues. The *Recovering Creativity* project demonstrated not only how people make a social contribution through their art but also in modelling respectful relationships that can teach us all about ‘living well’.

Participants were very skilled at working in the groups, being very respectful and accommodating. Some participants negotiated their involvement in the project around work commitments while others managed the effects of medication. When they were unwell, they made space for each other in a way that seemed effortless - it was no big deal! There was an evident generosity from participants toward each other at difficult times, whether due to challenges arising from health or medication or from the art materials/art making process. These group-work skills challenge the stereotype of needing to be ‘managed’ and remind us that it is important to value how people support each other in relationship. People in recovery have a lot to show us about how to live in community.

The research also showed that, given the opportunity, people can understand themselves as contributing to the knowledge and practices of mental health recovery. With an enhanced sense of self, developing relationships and expanding capacities, participants took on the idea that they were ‘helping us’ and that they had something to contribute to the research. As a group, they positioned themselves as knowledge producers and co-researchers. For example, participants invited students from the Master of Art Therapy program at Western Sydney University to their exhibition because they believed the students could learn from them; and they also asked if their contribution could be formally recognised: “do we get honorary degrees?” (P4). One participant subsequently enrolled in an undergraduate degree at the University and two others volunteered to be members of an advisory committee for future research on arts-based recovery.
The artists/participants have now become part of how we inform our practices as art therapists, as teachers and as researchers at Western Sydney University. This builds on the platform that Flourish Australia has established whereby it is part of the institutional culture to regard lived experience of mental health issues as a source of knowledge and qualification for working with others. The arts-based recovery groups reflected and built on what is working well within Flourish Australia’s programs, by extending this recognition of the value and contribution of lived experience even further than before into the arena of the arts. The Recovering Creativity project produced arts-based knowledge and practice led by recovering people, within and between the university and partner organisation.

The ‘work’ of recovery

We found that the group art space demarcated an area of equality between the participants independently of whether they held an artist’s identity, their level of artistic skill or the severity of their mental health issues. However, this sense of equality and inclusion was later challenged, during the post-exhibition focus group when the two research groups came together. Here, discussions revealed how some participants have constituted recovery as a path toward employment. This suggested a tension between the aspirations of those whose goal was paid work and those whose contribution to the social fabric lay in other non-paid, voluntary or caring roles, including the role of artist. When one group member offered helpful advice about the benefits of paid work as part of the recovery journey, some agreed, and others responded by telling stories of how their mental health problems precluded this path.

Outside of the studio context, the influence of neoliberal discourses that privilege self-improvement and social and economic participation through rehabilitation and paid work came to the fore: “I’ve been on a pension...I feel that it’s very important that I give back” (P8). “I'm in a similar situation...I'll be off the pension in a week or two” (P3). “I like to contribute...I haven’t been painting ‘cos I’ve been focusing on my work” (P2). These socially dominant ideas give rise to comparisons around different forms of ‘work’ and its value. In the focus group, they threatened to organise people with lived experience of mental illness into a ‘wellness hierarchy’ that is the antithesis of the recovery movement, as understood within the Recovering Creativity project and Flourish Australia more broadly.

In a neo-liberal context, there is much emphasis on individual responsibility and personal agency. Sometimes this is reinforced by recovery models that emphasise individual personal insight, individual goals and the notion of ‘giving back’ through paid work. While these have personal and social benefits, it is also the case that people might not be able to meet such goals without ongoing support; or they might have alternative aspirations. Either way, recovery, including arts-based recovery, requires a web of support doing things ‘better together’ – professionals, family, services, community – as people cannot do it alone. In the words of Flourish Australia (n.d.), it is about “working together for optimal mental health and wellbeing”.

This points to the importance of being pro-active in reinforcing the values of egalitarianism and diversity, yet also raises the question of how to do so when we are ‘governed’ – through public discourses, economic and social policies, and internalised values – by a narrow sense of economic worth rather than an inclusive notion of social capital. It is important that we work on ways to prevent the narrative about social and self-worth that is identified with paid work from becoming dominant and colonising the recovery discourse. It is similarly important that the recovery discourse is broadened to include space for the expression of critique. In other words, ensure recovery has space for a critique of the recovery discourse.
CONCLUSION

The engaged Recovering Creativity partnership between Flourish Australia and Western Sydney University has produced valuable knowledge that can influence policy and professional practice. This is important at a time when the principles of recovery and the future of community-based recovery-oriented services has become uncertain with the establishment of the National Disability Insurance Scheme (NDIS) (Slade & Longden 2015).

The research findings and recommendations presented in this Report are particularly relevant in terms of the prevalence and severe social and personal impacts of mental health issues and clearly in accordance with the Federal Government’s National Research Priority 2, *Promoting and maintaining good health and wellbeing for all Australians*. The Report makes a significant contribution to the evidence for arts-based recovery and to innovation in methodological approaches to this area of research. Its findings and recommendations are also strategic and timely, given that current policy supports both the recovery model and arts in health.

In exploring the research questions, the project brought together art making and narrative processes in small groups, conducting individual social network mapping interviews prior to participation in the groups and again after the groups and exhibition of artworks was completed. The project amplified the voices and images of those with lived experience of mental health issues within both scholarly and public domains by giving visibility to the artworks made and stories told by the research participants.

Consistent with the recovery model, we worked in collaboration with our research participants to generate and modify, as well as respond to, the questions we asked in the project. The process did not just describe something about recovery, but it produced aspects of recovery for the participants as well as making them visible. These include facilitating communication, strengthening self-esteem and identity as a contributing person, developing peer relationships, fostering social inclusion and strengthening the sense of being a creative and socially contributing person. Furthermore, including an exhibition in the research process provided opportunities for challenging stigmatisation through the public sharing of artworks.

In research that supports best practice in arts-based recovery, creativity is combined with critique, and this is true of the Recovering Creativity project. Participating in arts-based recovery is a purposeful, socially engaged act, not a diversional activity. If it can be all too easy for art making to be seen as a ‘diversion’, so too is it all too easy for recovery to slip into a process for ‘getting better’ in order to obtain work. It is crucial to maintain a capacity to analyse and critique the existing model of recovery, including arts-based recovery, in order to expand the social as well as the individual possibilities for living creatively with the occurrence of mental health issues.

Being involved in a project that was openly conceptualised as collaborative research itself had a positive impact on participants, who developed a sense of themselves as contributing to the domain of research and knowledge. Indeed, their contributions now inform how we think about and conduct our work at Western Sydney University in building a culture of regard for lived experience as a source of knowledge. The Recovering Creativity project extended the recognition of lived experience into the arena of the arts, producing arts-based knowledge and practice led by recovering people. In concluding this Report, we wish to honour their contribution, and that of all people with lived experience, and to thank Flourish Australia for making this project possible.
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APPENDICES

1. PARTICIPANT INFORMATION SHEET

Recovering Creativity: Understanding the role of art in mental health recovery

Project Summary:
You are invited to participate in a research study being conducted by Dr Sheridan Linnell and Associate Professor Debbie Horsfall from the School of Social Sciences and Psychology at Western Sydney University (WSU), with Jane Miller and Ching-I Hsu of Flourish Australia/RichmondPRA. We have received Partnership funding from UWS to investigate the role of art in mental health recovery. The project, which is a partnership with Flourish Australia/RichmondPRA, will explore how art making within a supportive context influences the recovery, identity and social inclusion of people with lived experience of major mental illness. Research participants will be people with lived experience of mental illness. There will be two small research groups, one of which is specifically for Richmond PRA peer support workers and other Richmond PRA workers who openly identify as having lived experience of mental health issues. The other workshop is for people with lived experience of mental illness who may or may not have previously had anything to do with Flourish Australia/RichmondPRA.

How is the study being paid for?
The study is being funded by Western Sydney University and Richmond PRA, within the WSU Partnership Grant Program.

Who is invited to participate?
People with lived experience of mental illness, who are not currently in crisis and who can make their own decisions about consent and participation, are invited to apply.

What will I be asked to do?
The research involves the following activities:

1. Participation in a research group of eight participants for ten weeks, in which you and other participants will be invited to make art and exchange your stories of mental health recovery.
2. An individual conversation/interview with a researcher before and after the group, in which the conversation will assist you to make a visual map of your community of support.
3. You will be asked to select one or more of your artworks for an exhibition of participant artwork hosted by Community Arts Coordinator Jane Miller.
4. We will invite you to make suggestions on planning for and drawing up an invitation list for the exhibition.
5. After the exhibition there will be a group meeting with all the participants to talk about your experience of the exhibition.
6. Alternatively, Flourish Australia/RichmondPRA peer support workers and other Flourish Australia/RichmondPRA workers who openly identify as having lived experience of mental health issues, but who do not have time to participate in a weekly research group, are invited to contribute their ideas about art and recovery during two x one-hour focus group meetings.

Where will these activities be held?
The exhibition, brief focus groups and final group meeting will take place at Flourish Australia/RichmondPRA, 5 Figtree Avenue, Sydney Olympic Park. The interviews and eight research group meetings will take place in the Art Therapy Cottage, Building B, Western Sydney University, Kingswood. Your travel expenses to attend the activities will be paid for, and we can assist you to find the best way to get to the venues. Refreshments will be provided during group meetings and at the exhibition.

How much of my time will I need to give?
The conversations/interviews will take about 45 minutes. The groups will take about two hours per week for eight weeks, plus travelling time. There will be a launch for the exhibition and a final meeting with all the participants one month after the launch. The group meeting after the exhibition will take about 2 hours. Alternatively, for those wishing to contribute in a shorter time frame, the brief focus groups will take a maximum of two hours in all.

What specific benefits will I receive for participating?
There are no specific, concrete benefits from attending. However, making art and/or sharing stories in a supportive environment with others who have had similar and different lived experiences of mental illness may be beneficial for a sense of yourself and your strengths, and may lead to stronger connections with others.
that reduce social isolation. There will be the opportunity to learn from other people’s stories, share experiences, feelings and thoughts of your own and contribute to the recommendations of the researchers regarding the role of arts-based groups in mental health recovery.

**Will the study involve any discomfort for me? If so, what will you do to rectify it?**

You may find yourself feeling strong emotions at times in response to your own and other people’s stories of recovery, and these emotions could be happy and pleasant at times and sad or painful at others. If you find this distressing, you will be able to talk to the research group facilitators. We also encourage you to talk with your usual support person (counsellor, GP etc.) or contact someone at one of the services listed below:

- Mental Health Line 1800 011 511 (24 hours)
- beyondblue 1300 22 4636 (24 hours)
- Mental Health Association (9 am to 5 pm Monday to Friday)
  - Mental health support and referral 1300 794 991
  - Support for people with anxiety disorders 1300 794 992

**Is my participation in this study confidential?**

Every effort will be made to maintain your privacy. Although Flourish Australia/RichmondPRA is likely to be aware of your participation in this study, this will in no way affect your relationship with them as an employee. The information that you share as part of this study will be confidential. Richmond PRA will not be given access to the raw data, i.e. they will not know what you in particular said during the research groups.

**How do you intend to publish the results?**

Please be assured that only the researchers will have access to the raw data you provide. The findings of the research will be published in final reports to WSU and Flourish Australia/RichmondPRA, journal articles and Flourish Australia/RichmondPRA publications and shared through conferences, public media and an art exhibition. *Please note that the minimum retention period for data collection is five years.

**Can I withdraw from the study?**

Participation is entirely voluntary: and you are not obliged to be involved. If you do participate, you can withdraw at any time without giving any reason. If you do choose to withdraw, your artworks, personal stories and maps of your social connections will be removed from the research data. They will not be used in publications unless they have already been used anonymously in a report or an article submitted for publication. However, your responses to other participants’ artwork and stories and your contribution to group feedback on the research process will remain part of the data, as these cannot be removed without affecting other participants’ contributions.

**Can I tell other people about the study?**

Yes, you can tell other people about the study by providing them with Sheridan Linnell’s contact details. They can contact her to discuss their participation in the research project and obtain an information sheet.

**What if I require further information?**

Please contact Joy Paton on 02 47360998 if you would like to participate. You can also contact Sheridan or Debbie should you wish to discuss the research further:

Sheridan Linnell:  s.linnell@uws.edu.au or phone 02 47360605
Debbie Horsfall: d.horsfall@uws.edu.au or phone: 02 4736-0093

**What if I have a complaint?**

This study has been approved by Western Sydney University Human Research Ethics Committee. The Approval number is H10879. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Office of Research Services on Tel +61 2 4736 0229 Fax +61 2 4736 0013 or email humanethics@uws.edu.au. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

If you agree to participate in this study, you may be asked to sign the Participant Consent Form.
2. PARTICIPANT CONSENT FORM

Participant Consent Form

This is a project specific consent form. It restricts the use of the data collected to the named project by the named investigators.

Note: If not all of the text in the row is visible please ‘click your cursor’ anywhere on the page to expand the row. To view guidance on what is required in each section ‘hover your cursor’ over the bold text.

Project Title: Recovering Creativity: understanding the role of art in mental health recovery

I, ......................................................................................................................................................................, consent to participate in the research project titled
Recovering Creativity: understanding the role of art in mental health recovery

I acknowledge that:
I have read the participant information sheet and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.
The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.

1. I consent to two 45-minute interview conversations about my social networks. Please tick here: ___
2. I consent to attending ten 2 hour art-making workshops/research groups where stories of recovery will be discussed: Please tick here: ___
3. I consent to attending the two-hour group meeting after the exhibition to reflect upon the activity. Please tick here: ___
4. As an alternative to points 1,2 & 3 above, I consent to attending one or both focus group meetings for peer support workers and other Flourish Australia/RichmondPRA workers who openly identify as having lived experience of mental health issues. Please tick here: ___
5. I consent to photographs being taken of art works that I make during the art-making workshops/research groups and being used by the researchers in reports and research publications such as conference papers and journal articles. Please tick here: ___
6. I consent to audio recording of research groups and interviews and agree that findings may be used in publications, presentations and reports. Please tick here: ___
7. I wish to be identified and cited as the artist of my creative works produced during the workshops. Please tick here: ___
8. I do not wish to be identified and cited as the artist of my creative works produced during the workshops. Please tick here: ___

I understand that my involvement is confidential and that the information gained during the study may be published but no information about me will be used in any way that reveals my identity, unless I have given permission to be cited as the artist.
I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher/s now or in the future.

Signed:
Name:
Date:

Return Address: Please email to joy.paton@uws.edu.au or hand the form to Dr Joy Paton
This study has been approved by Western Sydney University Human Research Ethics Committee.
The Approval number is: H10879

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Office of Research Services on Tel +61 2 4736 0229 Fax +61 2 4736 0013 or email humanethics@uws.edu.au. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.