Exploring Mental Health and Wellbeing

The role of Arts and Humanities Research
Contents

4  Mind Matters
8  Reframing Questions
10 The Art of Wellbeing
14 Shaping the Future
16 Scents and Sensibilities
20 Understanding Autonomy
26 Challenging Perceptions
28 Sharing the Outdoors
34 Looking Ahead
Mind Matters
AHR-C-funded research is helping address the numerous and complex issues surrounding mental health

Mental ill health is one of the biggest challenges society faces in the UK, affecting all ages and crossing the social spectrum. It accounts for more than 20 percent of the total disease burden in the UK – exceeding cancer and cardiovascular disease – and it is the leading reason for people taking time off work. An estimated one in four people will suffer from a mental health problem at some point during their life. This is a crisis that cannot be tackled by medicine, psychiatry or any single discipline alone.

Mental health research requires a cross-disciplinary approach – and arts and humanities scholars have a key role to play. “Arts and humanities subjects are essential for understanding the complexity and the real-life impact of mental health conditions as they affect both individuals and those around them,” says Professor Martin Halliwell of the University of Leicester, who sits on the Arts and Humanities Research Council’s (AHRC) Science in Culture Advisory Group and is a member of the cross-Research Council Mental Health Experts Group. “The arts and humanities offer a breadth of perspectives, skills and techniques that can reveal a deeper understanding of the causes and experiences of mental illness, and can help to better comprehend both social connectedness and fragmentation for the communities that face it.”

The AHRC has funded research in many different aspects of mental health research in recent years, with an investment of over £10M in 76 projects since 2010. The new cross-disciplinary mental health research agenda, which sees the UK’s seven research councils joining forces to collaborate on mental health research, highlights the importance of including the arts and humanities input in this area.
How do the arts and humanities contribute to mental health research?

Art and Expressive Therapies
- Creative practices as alternative or additional solutions to traditional treatments

Design
- Innovative products, such as clothing, wellbeing environments, and technology
- New programmes, such as care community and preventative initiatives

Shaping Policy
- Strategic development of arts-based social prescribing
- Law and ethics to influence and shape mental health legislation

Understanding Mental Health and Wellbeing
- Mental Health Perspectives in Literature and Art
- History of mental health
- Breaking down stigmas

How do the arts and humanities contribute to mental health research?
Mental ill health is not a new phenomenon; it has been addressed in different ways by different societies throughout history

“Our current attitudes to mental health are framed by history, culture, literature and the arts. We can’t truly understand today’s issues, unless we understand how we got to where we are,” says Gary Grubb, AHRC Associate Director of Programmes.

Arts and humanities research contributes to mental health research in a number of ways, with each discipline bringing a unique perspective. “Creative and expressive art forms can help to get inside experiences that are often difficult to articulate and for which everyday language falls short. Historical studies can show how diagnostic categories and disease labels are shaped by social, political and medical forces that are themselves open to analysis and examination. Cross-cultural studies and language research can show how certain preconceptions about mental health change depending on particular cultural and belief systems; and museum and gallery research can lead to new ways of curating images that help to break down stigma barriers that cling to terms like mental illness,” explains Professor Martin Halliwell. He believes that when arts and humanities approaches work in tandem with the medical sciences they can often shift the frame of reference away from intervention and treatment, to questions of ability and citizenship.
Case study

The Art of Wellbeing

A multi-disciplinary project aims to show how creative activities can help improve mental wellbeing in carers and health professionals, as well as patients

“Arts and humanities bring the human into a space; they offer human perspectives on an issue,” says Professor Michael Wilson. “This is particularly important when it comes to mental health.”

Professor Wilson, Associate Dean for Research and Professor of Drama at Loughborough University, is Co-Investigator on Creative Practice as Mutual Recovery: Connecting Communities for Mental Health and Wellbeing, a project that is examining the role of art, music, dance and drama – those most human of activities – in mental health recovery. The notion of ‘recovery’ itself is contested in mental health care. Increasingly, the idea that a patient can be ‘treated’ by a service provider – that there is a simple linear journey from deficit to wellbeing – is being challenged. Instead, a new climate is emerging where there is greater tolerance for how previously stigmatised individuals make meaning out of their lives. This is providing more options for people to discuss their symptoms, particularly in online communities.

“Mutual recovery extends this idea further still. It acknowledges that within any mental health crisis for which help is sought, there are usually at least three people involved: the patient or service-
“Both GPs and psychiatrists in the study said that writing stories was cathartic, giving them an opportunity to reflect on the daily stresses brought on by their jobs and gain new insights into how to spread the load of such work-related stress.”

Professor Alan Bleakley, Emeritus Professor at Plymouth University
user, the service provider (such as a GP, psychiatrist or social care professional) and an informal carer (a parent, spouse or friend),” explains Michael. “Each one of those people may need to be ‘recovered’ in terms of their own mental wellbeing, not individually but by helping each other as part of a mutual recovery.”

Arts and expressive therapies are well-established in mental health services. Taking this further, this £1.2M project, funded through an AHRC Connected Communities call, aimed to examine if and how simply taking part and engaging with creative practices could benefit wellbeing as part of a mutual recovery.

“Dance, drumming, clay, painting – each study has looked at different creative practices and also their effect on different mental health issues,” says Michael, whose own work focussed on storytelling. In another of the studies, based at the Royal College of Music, Professor Aaron Williamon examined how group drumming sessions led by musicians could help recovery among adults with mild to moderate mental and emotional distress. Making Music for Mental Health showed that 10 weeks of group drumming led to significant improvements in anxiety, depression, social resilience, and wellbeing.

Creative Practice as Mutual Recovery has helped to link researchers in the arts and humanities, social and health sciences and third and statutory sector organisations supporting people with mental health needs. Many of the studies have received international interest and the project’s Principal Investigator, Paul Crawford, Professor of Health Humanities at the School of Health Sciences, University of Nottingham, has presented two policy briefings to government on ‘mutual recovery’ in relation to informal care and mental health in schools. The project has contributed evidence to the All

“Each study has looked at different creative practices and also their effect on mental health issues”

Professor Alan Bleakley, Emeritus Professor at Plymouth University

Previous page
Participants at a Creative Practice as Mutual Recovery Event

Above right
Creative Practice as Mutual Recovery includes the Birth Project, led by Professor Susan Hogan. It investigated the role that the arts and humanities might play in mental health and wellbeing of expectant mothers.

Professor Wilson hopes the project will also offer new perspectives on traditional patient-doctor hierarchies, encouraging more democratic collaborations, but also exploring the – until now – unheralded role of the informal carer. In his study, patients, health service professionals and carers were encouraged to share their own experiences of mental health in a safe online space. “There was some really interesting feedback from the health service professionals, many of them GPs. They said how refreshing and energising it was to be able to tell stories of their own vulnerabilities,” says Michael. “They hadn’t previously felt they had permission or the space because, as doctors, the idea that they themselves might have had mental health issues was something that could not be talked about for fear of compromising professional status.”

Doctors, prone to stress and burnout, are notoriously poor at looking after their own mental and physical health.

The legacy of this project will be in both policy and practice. “I hope it will lead to a wider acceptance of the role of creative practice within mental health, but also the possibility and importance of mutual recovery – the idea that we might need to challenge the existing power relationships that exist within health service delivery.”

The Final Mental Health Foundation report will be available in April 2018.

Shaping the Future
As technology develops, arts and humanities research is essential to address the changing world and modern problems. “There are issues such as how we handle data and privacy in the mental health sphere. Arts and humanities can provide insights into how we may innovate responsibly,” explains Gary Grubb.

The AHRC has funded research that is shaping policy in mental health and wellness – in the UK and internationally – helping to protect the rights of people affected and ensuring their voices are represented accurately. Other research has helped influence policy surrounding a broader range of therapies, informing the strategic development of arts-based social prescribing and how these can be applied. “Part of the problem for many creative interventions has been convincing the medical profession and service commissioners that there is strong evidence for their impact and cost-effectiveness,” says Gary. The AHRC has supported a range of research which has helped to bring together and strengthen the research evidence base for community and creative interventions. For example, the What Works Centre for Wellbeing conducted a systematic review of studies looking at various forms of culture or creative interventions. It showed there’s strong or promising evidence to support some of these types of intervention, such as in singing, music and dance. “This is important in policy terms as it encourages doctors and other professionals to feel as confident about prescribing cultural and creative participation as they are about medication,” says Gary.

Arts and humanities scholars are helping shape future landscapes in mental health. Innovative design projects are enhancing the lives and experiences of people suffering mental illnesses – from physical and digital products to the design of services, and even buildings that are more conducive to mental wellbeing.
The stress of an imminent deadline is starting to get to you but, just as the tension rises, a mood-boosting aroma is released from a pendant around your neck or a button on the shirt you’re wearing. The technology behind it has read stress signals from your body and responded by triggering the release of calming essential oils to create a personalised ‘scent bubble’ around your head.

It may sound like science fiction but eScent® – an emotionally-intelligent fragrance dispenser that can be synched to someone’s mental or physical state – has already been granted patents in the UK, USA and China. Its creator, Dr Jenny Tillotson, believes the technology could have mental health benefits for everyone, from the person that just needs a mid-morning boost at work to those with mental health conditions, such as stress and anxiety disorders, OCD or bipolar affective disorder.

Jenny Tillotson spent more than a decade at Central Saint Martins (University of the Arts London) working as a researcher at the intersection of fashion, fragrance and wearable technology. In 2015, Jenny left to work on the commercialisation of eScent® through her own start-up. “Given the growing number of people affected by poor mental health and the reported lack
“I’ve always been interested in wellbeing and creating emotional support clothing”

Dr Jenny Tillotson
of willingness to seek support, eScent® could provide a valuable strategy for enhancing wellbeing. It could be worn as jewellery or even woven into fabric, so it’s seen as a more ‘acceptable’ everyday fashion item.”

As a visiting scholar at the University of Cambridge, Department of Chemical Engineering & Biotechnology, she is currently working with the BioNano Engineering group to explore nanoparticle-based sensing elements that detect stress, as well as using artificial intelligence to learn from the user. “We are creating a completely new market and so it’s important to think outside the box and cross multiple disciplines,” says Jenny, who is also a member of Cambridge Neuroscience.

The eScent® project is the fourth AHRC funding award Dr Tillotson has received and it builds on the work of her previous projects. It was always her intention to see a commercial product come out of the academic research. “I filed a patent very early on – in 2004 – and this was as a direct result of AHRC funded research.” Alongside wellbeing, eScent® also has the potential for a number of other applications, including as a smart insect repellent triggered by sensing nearby mosquitoes and for the fragrance industry, where wearable scents could replace the traditional perfume atomiser.

For Jenny, who herself has bipolar disorder and anxiety, the aim is that eScent® will come to market and start helping people. “We plan to use eScent® to test ‘health’ claims about aromatherapy and its effect on cognitive states, but feedback I’ve received from psychiatrists, cognitive neuroscientists and psychologists suggests that as a prodromal intervention...”
and self-management product, eScent® is likely to benefit circadian rhythms by reducing stress, improving sleep hygiene and building resilience in the wearer,” explains Jenny.

She also hopes eScent® will help to reshape perceptions of mental health issues. “Stigma is a significant barrier to recovery and care for many individuals with mental illness, but eScent® is easy to integrate into every-day fashion, so it could attract high levels of acceptability with the public,” explains Jenny. “I also hope that, just as the red ribbon has been a global emblem to de-stigmatise HIV & AIDS, we can work with designers to create a ‘scent bubble’ product that evolves as a de-stigmatising fashion emblem for mental health conditions.”

“We are creating a completely new market and so it’s important to think outside the box and cross multiple disciplines”

Dr Jenny Tillotson

More at: http://www.escent.ai/
How do you make a decision if you’re severely depressed? Or incredibly elated during a manic episode? Decision-making can be a complicated process, but for someone with a significant psychiatric disorder it presents even more challenges.

Since 2010, the AHRC has supported the work of the Essex Autonomy Project (EAP), a multi-disciplinary research initiative led by Wayne Martin, Professor of Philosophy at the University of Essex. The project investigates the ideal of self-determination, or autonomy, in the context of care.

“The word autonomy comes from the Greek meaning ‘to set your own law’. The autonomous person doesn’t blindly follow someone else’s instructions; they make their own decisions,” says Professor Martin. But what if your ability to make those decisions is compromised? Someone suffering from severe depression might only see a future that is equally bleak, whatever path they choose. Someone in the midst of an acute manic episode might be convinced that their decisions will result in everything being great – no matter what risks they take.

“There are some – people with advanced dementia or severe brain injuries, for example – who may never be able to make all their own decisions. Others will struggle without help. Our focus is on what this ideal of autonomy means in practice when it’s not realistic to expect...
Professor Wayne Martin presenting AHRC funded research at a United Nations Committee on the Rights of Persons with Disabilities
people to make decisions on their own,” explains Wayne.

The project aims to educate policy makers on the issues surrounding impaired decision-making capacity, and to bring the UK into compliance with the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Wayne believes the balance of power has been changing in care relationships, with greater value placed on patient autonomy. “There is a vibrant movement underway to reform legislation in this area, but in doing so we have to satisfy two sometimes competing imperatives: to protect a vulnerable person whose ability to make decisions may be impaired, and to respect the autonomy of a patient.”

It has been hugely influential for UK and international policy. In 2014, the EAP team organised a series of roundtable discussions at the UK Ministry of Justice and provided technical research support to the team developing a legal opinion as to whether the Mental Capacity Act (2005) of England and Wales complies with the CRPD. The Law Society of Scotland has endorsed the recommendations of the team’s findings in its Three Jurisdictions Report, and the team worked with the National Assembly in Northern Ireland as it drafted its own Mental Capacity Act. Further afield, the report was used by policy makers in Norway and was translated into Spanish by a group working towards disability law reform in Peru.
But the impact is not just at the policy level; the team also runs workshops to help train professionals at the front line. “One of the things we tell clinicians and social workers is that valuing autonomy means tolerating some tragic outcomes; that’s one of the lessons from the ancients,” says Wayne. It’s an area where a breadth of arts and humanities research has an important role to play – there is a lot to learn from art, literature and history.

“They need to examine what autonomy means, so one training session is structured around autonomy heroes of the ancient world,” he explains. “We look at Antigone; Seneca’s death at the hands of Nero; and Wilgefortis – an amazing character from the medieval Lives of the Saints. It’s not the kind of training anyone else provides for psychiatrists and social workers.”

Professor Martin acknowledges that the EAP’s work covers some intensely controversial issues in bioethics and human rights. Sometimes the debates are difficult, but, particularly with the prospect of a new Mental Health Act, it’s more important than ever that society has these conversations. “These are challenging policy dilemmas, but we are providing a space where they can be thought through. The stakes could hardly be higher.”

More at: http://autonomy.essex.ac.uk
Mental Health Grant Analysis

Disciplines of AHRC funded Mental Health and Wellbeing projects:
- Philosophy: 6 projects
- Law and legal studies: 3 projects
- Media: 2 projects
- Drama & theatre studies: 3 projects
- Cultural and museum studies: 6 projects
- History: 5 projects
- Medical and health: 4 projects
- Visual arts: 4 projects
- Languages and literature: 8 projects
- Theology, divinity & religion: 3 projects
- Environmental planning: 6 projects
- Education: 5 projects
- Design: 5 projects
- Science & technology studies: 5 projects
- Linguistics: 5 projects
- Sociology: 5 projects
- Music: 5 projects

Geographical spread of AHRC funded projects relating to Mental Health and Wellbeing.
Challenging Perceptions
Much of the AHRC-funded research in mental health has moved beyond university walls and made a positive impact on people experiencing these issues, as well as those supporting them.

“Many of the projects have seen academics working with people with mental health issues as active agents, not subjects, whose experience, learning and creativity are vital assets for building resilience and generating innovative responses to mental illness—there is some deeply engaged research work going on,” says Gary Grubb.

For health and social care professionals, arts and humanities scholars are contributing to a more holistic view of what mental health is and how it may be approached. “In the 1990s, mental illness was seen as an organic condition that could be treated by medical intervention as easily as physical illness. More recently, challenges to psychiatric and neuroscientific terminology by advocacy, support and ex-patient groups have helped practitioners shift to a holistic view that requires dialogue and continued interaction rather than always seeking drug-based solutions,” explains Professor Martin Halliwell. As he discusses in his book Voices of Mental Health: Medicine, Politics, and American Culture, 1970–2000, it is important to acknowledge the rise in intersectional studies in the humanities over the last decade “in which issues of class, race, gender, age and sexuality are seen as mutually informing rather than primary determining forces in their own right”. This, he argues is “a helpful perspective for thinking about the behavioural, cultural and social dimensions of mental health that deepen medical and therapeutic views”.

Only around a quarter of people with a mental health problem receive ongoing treatment. Importantly, arts and humanities research is helping to challenge stigmas surrounding mental illness, many of which prevent or delay people from seeking help, or to continue with it. As demonstrated by the case studies in this booklet, the wide and varied research funded by the AHRC is helping people to not only overcome, accept or live with their mental illness, but to ask for help in the first place. “There is still a long way to go before we get to a point where the stigma of mental health is banished,” says Martin. “But arts and humanities research is highlighting the important message that mental health is as important as physical health – and needs as much investment.”
Anyone who has been on a walk through scenic countryside will attest to its ability to revive the spirit – but while most experts agree the great outdoors can benefit mental wellbeing, very little research in the UK has looked at why this may be.

As part of her PhD within the Scottish Doctoral Training Partnership, one of ten block doctoral grants to support postgraduate training funded by the AHRC, Rebecca Crowther studied groups of people who believed in the transformative powers of natural spaces. Based in the Scottish Graduate School for Arts and Humanities, she conducted research to discover the motivations of these groups, how they experienced shared encounters and what they believed the benefits were.

Rebecca worked with a variety of groups in Scotland – from a youth development charity to an initiative to provide respite to urban dwellers with mental, physical and social issues – all concerned with mental wellbeing and personal transformation. “Each group used different methods, practices and activities to aid wellbeing but all utilised rural space in some way or another. For some this was through natural crafts or mindfulness in nature, for others it was excursions, such as canoeing, walking, digging and planting,” explains Rebecca, who took part in the activities alongside the groups to get a better understanding of how each initiative affected the participants.

With ages from 18 to 70 and from all across the social, cultural, political and economic spectrum, the issues the
“Case studies talked about how time spent outdoors gave them the opportunity to think through issues, and many reported perceived improvements in self-esteem”
“I think something happens when you’re in nature for long enough. You automatically feel more yourself and you feel stronger”

Holly, a participant in Rebecca Crowther’s study

Participants of The Loose Community, walking in Callander, November, 2016
participants faced ranged from problems leaving the house, socialising and holding down a job, to destructive thought patterns, anxiety, depression, PTSD and bipolar disorder. Rebecca examined how the initiatives were making a difference to many of those involved. “A lot of the participants talked about how time spent outdoors gave them the opportunity to think through issues they may have, and many reported perceived improvements in self-esteem,” she explains.

The aim of the project – *Journeys to the Ideal Self: Personal transformation through group encounters of rural landscape in Scotland* – was to shed light on the effect of natural surroundings on mental health. Rebecca hopes it will allow organisations working in this area to adopt positive changes. “Due to their workloads, many of the practitioners involved rarely have the time to reflect on what they have done, so I hope my work will allow them to look at what works and what can be improved,” explains Rebecca.

The project also has the potential for wider reach – to healthcare professionals and beyond to social policy makers. “Many of the case studies in the Mental Health Initiative group said they had to encourage their GP to refer them, with some GPs unaware of this particular organisation, and some unaware of outdoor initiatives working with people within this remit at all,” says Rebecca. “My project shows the value of experiential accounts in understanding how these kinds of practices affect individuals – and I would hope it suggests how funding for groups doing this sort of work in Scotland’s natural spaces may be used in the future.”

“I’ve had many a time in my life with complete self-loathing – thinking I’m not the man I want to be and how have I ended up like this? I get none of that here. My sense of self is quite grounded when I’m here and I feel much happier about me as a man, as a dad, as a friend”

Greig, a participant in Rebecca Crowther’s study
10 years of AHRC Funding in Mental Health

- Targeted funding schemes
- Researcher led funding schemes

### Funding Categories
- Other
- Cultural Value Project Calls
- Creative Economy Calls
- Knowledge Transfer Fellowship
- AHRC GCRF Innovation Call
- Connected Communities Calls
- Research Networks
- Follow on Funding
- Leadership Fellowships
- Research Grants

### Funding Amounts
- £0 - £1,000,000
- £1,000,000 - £2,000,000
- £2,000,000 - £3,000,000
- £3,000,000 - £4,000,000
- £4,000,000 - £5,000,000

### Total Funding
- £0 - £1,000,000
- £1,000,000 - £2,000,000
- £2,000,000 - £3,000,000
- £3,000,000 - £4,000,000
- £4,000,000 - £5,000,000

### Funding Distribution
- Connected Communities Calls: £1,000,000
- Research Grants: £3,000,000
- Other: £50,000
- Cultural Value Project Calls: £10,000
- Creative Economy Calls: £20,000
- Knowledge Transfer Fellowship: £30,000
- AHRC GCRF Innovation Call: £40,000
- Research Networks: £50,000
- Follow on Funding: £60,000
- Leadership Fellowships: £70,000
- Other: £80,000
Looking Ahead

The AHRC has a continued commitment to mental health research

In July 2017, the All-Party Parliamentary Group on Arts, Health and Wellbeing launched *Creative Health*; a substantial report which details the progress being made in our understanding of the arts and humanities in addressing health issues, including mental health. The result of two years of research, evidence gathering and engagement with patients and health and social care professionals, the report sets out comprehensive evidence and numerous examples of practice which demonstrate the beneficial impact of the arts.

In August 2017, the Research Councils launched the new mental health research agenda, recognising the value of interdisciplinary research and signalling a desire to work together to address the major societal challenge of mental health. The development of this agenda shows the importance of arts and humanities research in increasing our understanding of mental health through participatory approaches to healthy behaviours, historical perspectives, integration across services and the role of design. The AHRC fully supports the agenda and will work independently and with our partners in other councils, public, private and third sector bodies to ensure mental health research is supported, promoted and forms part of our broader national and international strategies.

Good mental health and wellbeing is crucial to us all: as individuals; as family members; as work colleagues; as friends; as members of society. Everyone is likely to be affected by a mental health issue at some point in their lives, whether personally or in a caring or supportive role. The cross-disciplinary mental health research agenda will complement and build on the AHRC's previous investment in mental health research, as showcased by the diverse range of case studies in this booklet.

Through flexible, responsive funding and targeted, sustained national strategy, the AHRC will continue to support new research to help deepen understanding and enrich the support available for those with mental health problems and those that care for them.