Mutuality, Wellbeing and Mental Health Recovery: Exploring the roles of creative arts adult community learning & participatory arts initiatives

SUMMARY RESEARCH REPORT

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Introduction

Lydia Lewis and Jerry Tew

This research is concerned with the concept of 'mutual recovery' in relation to mental health and wellbeing in the contexts of adult community learning in the creative arts and targeted, mental health participatory arts. The concept arose through discussion amongst a multi-disciplinary team of researchers[1] of the fact that current definitions of recovery[2], and even 'social recovery' in the area of mental health tend to convey an overly individualised understanding and have not fully explained the relational processes involved. Furthermore, conceptions of recovery often exclude the mental health and wellbeing needs of the range of social actors in recovery contexts, which include informal carers and practitioners as well as 'service users'.

The concept of mutual recovery was therefore mobilised to examine how arts and humanities practice ('creative practice') can promote various kinds of connectedness, sharing and reciprocity in ways that are helpful, or indeed may be unhelpful, to recovery. Additionally, there is a broadening of the usual evaluative lens to explore how a mutual approach in the context of creative practices may not only affect recovery for those seeking help with mental health issues but may also have wellbeing benefits (as well as disbenefits) for others involved, encompassing a diversity of people with wellbeing needs, informal carers, volunteers and therapeutic and adult education personnel.

The aims of the research were to explore:
- the mutual processes through which creative practices in adult community learning and mental health participatory arts settings affect wellbeing and recovery for a range of people involved; and
- how the goals of mutuality, wellbeing and recovery interact with educational goals and traditions in adult community learning and mental health participatory arts contexts.

Theoretical background

The study drew on a range of social theories. Among these were
- thecapabilities approach - a human rights-based theory concerned with the opportunities, or freedoms (capabilities) afforded by the social, political and economic context of people's lives (Sen, 1999, 2010).
- relational theory – which explores how relationships with others shape our ways of thinking and acting and can affect our personal agency, or ability to engage with the world (e.g. Edwards and Mackenzie, 2005; Gergen, 2009).

Defining wellbeing, mental health and recovery

Fitting with a capabilities perspective, we embrace the definition of mental wellbeing offered by the Foresight Mental Capital and Wellbeing Project (2008, p. 10): "A dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community." This is similar to the World Health Organisation's definition of mental health which also emphasises the realisation of abilities, working productively and contributing socially but adds coping with stress (WHO, 2014). Although these two conceptions imply an individualistic perspective, they would be considered as encompassing a way of being and doing that can reflect the lives of groups and communities as well as individuals, and can be applied beyond the individual level of analysis to encapsulate relational and communal perspectives. An understanding of wellbeing as dynamic and relational is well captured in the idea of 'growth in connection' (Miller and Stiver, 1997). In this briefing, 'wellbeing' is generally used as a shorthand term for 'mental wellbeing'.

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[1] The team was led by Professor Paul Crawford, University of Nottingham.

[2] For brevity, the term 'recovery' is used in places as shorthand for recovery in the context of mental health.

Recovery from mental health difficulties may best be considered "a process rather than a goal" (Onken et al., 2007, p. 9), key aspects of which are empowerment, connecting with others, having access to positive personal and social identities, and finding a sense of meaning , hope and purpose (Leamy et al., 2011). A capabilities perspective also emphasises broadening opportunities for connectedness and citizenship, for example through education, work, housing and leisure (Wallcraft and Hopper, 2015; Ware et al., 2007), expanding people's 'agency freedom' – the capability to act purposefully to advance one's chosen goals and values (Lewis, 2012, 2014, citing Sen, 2010). It may be important for people to make sense of the connections between life experiences and their mental distress (Tew, 2011), and to understand these in the wider context of social inequalities so as to make links between oppressive social structures and personal experience. Current research shows an interesting convergence between ideas as to what may enable recovery and understandings as to what may promote wellbeing within the wider population (Slade, 2010).

1. Recovery, mutuality and creative practices

Jerry Tew and Lydia Lewis

This chapter provides a conceptual discussion of the relevance of relationality and mutuality for recovery in the context of mental health, and creative practices and mental health more specifically. The following key points are drawn out:

- There can be a lack of clarity regarding what 'recovery' means in the context of mental health. It is sometimes described in terms of personal struggle and (re)discovery and sometimes in terms of (re)establishing social connections.

- Although sometimes characterised as the 'heroic' journey of an individual, the capacity to recover may often be relational and situational, requiring a combination of personal, social, and economic resources (see Tew, 2013). There is also a need for research to incorporate conceptualisations of recovery at a range of levels of analysis, including individual, communal, organisational, institutional and societal levels.

- Medical frameworks can contribute to social failures of 'recognition' surrounding mental health. Consequently recovery may require a social and community development approach. The focus of recovery work needs to be on building resources and expanding capabilities and here acceptance and opportunities for mutuality which engender social connections and social recognition are key. Such opportunities can also help informal carers' wellbeing and 'recovery'.

- Creative practices may be viewed as potentially conducive to mutuality in the context of wellbeing and recovery, particularly where they allow opportunities for participatory practice, sharing experiences and building social support. However, the context of organised creative activities is crucial here and mutuality does not necessarily promote recovery when understood as involving development and change. Thus, mutuality can provide a lens through which to study the interactional experiences of participants in ACL and participatory arts settings and the outcomes of these for mental health and wellbeing.

2. The Policy Context

Lydia Lewis, Helen Spandler, Howard Croft, Kathryn Ecclestone and Jerry Tew

This chapter exploresaspects of the UK policy context, and related political and social context, which form the backdrop to this study. The chapter is set out in three main parts with associated key points as follows:

The case for mutual recovery

- In the UK, there is a public health and wellbeing agenda which is responding to escalating concerns about levels of mental distress, or illness and meeting the challenges of the twenty-first century. The mental health of older people and carers is a priority with social isolation being a problem affecting both groups. Assets approaches have been viewed as helping to build the wellbeing of communities through building on their resources.

- Creativity and the arts are often seen as particularly relevant to achieving wellbeing aims.

- The wellbeing agenda has been criticised for deflecting attention from those in most need who are experiencing 'mental illness' and for exaggerating the extent of mental health issues in the population with a slim 'scientific' evidence base for wellbeing interventions.

- The discourse surrounding assets approaches has been associated with a neo-liberal agenda of 'responsibilisation' of citizens. The wellbeing and assets agendas have been problematized for encouraging psychological and psychosocial explanations and responses which detract from those at a social structural level and contextual approaches. There has been concern that using the arts for a wellbeing agenda can mean these becoming 'anaesthetic interventions' (Parr, 2014, citing Mirza, 2006).

- We position our research within a "productive view of vulnerability [which] … affirms mutual bonds that support life" (Goodley, in Ecclestone and Goodley, 2014, p. 10) and point to the need for a broad evaluative framework for studying the complexities of mental health and wellbeing, with a focus on understanding rather than 'measurement'.

- The issues of whether creative ACL and participatory arts initiatives foster critical thinking, and whether, at the policy level, a focus on wellbeing risks individualising social problems and deflecting attention from underpinning socio-political and socio-economic matters are points of critical investigation in this study.

- Considering the wellbeing benefits arising from non-targeted initiatives in this study responds to critiques of social and medical pathologisation arising from targeted mental health interventions which are associated with the inclusion agenda and allows for a relational approach which also encompasses concern for the wellbeing of practitioners.

- There remains a large policy implementation gap with regard to social perspectives informing mental health service provision. This includes gender perspectives. There have been growing calls for evidence on the social determinants of mental health to be reflected in service responses to mental health need. There is a need for movement away from the current diagnosis and treatment-led mental health system towards approaches informed by social perspectives and aiming to build community capacity.

- There have been arguments for a greater emphasis on the social and on relationships in government policy on public mental health and wellbeing.

- Both mental health and adult education practitioners are subject to stress and depleted wellbeing and this impacts their practice. The accommodation of increasing numbers of students with complex mental health needs in the education system is generating more

demands for staff. Initiatives to provide support for these groups are hampered by dominant discourses surrounding mental health and in mental health services the employment of educational models in the form of 'recovery colleges' alongside therapeutic ones has been one way of attempting to address this problem (see further in Chapter 3).

- In this context, we wanted to explore how work to support mental health recovery and wellbeing using a social model and creative practices in community settings could work to forge mutuality and relationships between a range of social actors involved, and whether this produced any wellbeing benefits (as well as disbenefits) for staff and volunteers alongside other participants.

Mental health services policy

- Key recent mental health services policy developments which frame this study include the 'recovery' paradigm, individualised care with the introduction of Direct Payments and personal budgets, and social inclusion. Although framed originally with the intention of promoting empowerment and social participation, these policy directives can take on a different orientation when framed within a wider government programme of austerity. They can appear to work together to create and reinforce a particular view of the person as an autonomous, independent, rational choice-making citizen, precluding a more relational view of the person as necessarily interdependent with others (Houston 2010).

- A technological paradigm dominates mental health service responses in contrast to a more relational type paradigm that might prioritise services based on relationships, meaning and values.

- There is a new language of 'co-production' between a range of stakeholders, including service users, carers, policy makers and practitioners within services, but in practice services may have a long way to go in order to achieve genuine partnership working.

- A less dominant policy focus has been arts for health. Community arts initiatives continue to struggle with the tension between arts as an agent of social transformation or an instrumental tool used to meet Government targets. Specialised services are often seen as failing to encourage 'social inclusion' and community arts provision is harder to sustain in the current climate unless it is tied to particular policy objectives.

Adult community learning (ACL) policy

- ACL refers to a broad range of learning that is typically non-formal and undertaken in community settings. It has a social purpose and is often targeted towards those 'at risk' of social exclusion.

- Current policy for ACL is set by a range of wider national policy areas linked to learning and skills, social justice, the economy/employment and public service reform – and all of these are set within a context of consensus politics that prioritises individual responsibility, minimal state intervention and 'austerity measures' to greater or lesser degrees.

- The Government's localism agenda aims to achieve a shift in power away from central government and towards Local Authorities and local people. The recent transfer of responsibility for public health to local government and the creation of Health and Wellbeing Boards located within Council structures add to the influence of Local Authorities.

- A key policy issue for ACL is the balance between its contribution towards meeting an economic employment and skills agenda and its wider social contribution, with the former

of these prioritised in recent UK ACL policy. This has produced criticism of the instrumental nature of this policy approach.

- A less dominant but emerging policy focus relates to mental health and wellbeing. Adult learning has been recognised in government policy as important to mental health and a means of enhancing the nation's wellbeing. However, targeted mental health ACL and courses aimed at providing a 'bridging' service for adult returners have been affected by recent austerity measures. It has been argued that adult learning should feature more strongly in the strategies and working of Health and Wellbeing Boards.

- Points of critique for ACL in relation to the mental health and wellbeing agenda include the meaning of 'recovery', particularly whether this should necessarily involve 'progression' to other educational or vocational opportunities, and, for those of working age, a priority on returning to paid work.

- For targeted mental health ACL, the inclusion agenda has also led to debates about the desirability of targeting provision to certain communities or illness populations compared to catering for mental health needs in mainstream educational provision (see Chapter 3).

- Many argue that a wellbeing approach cannot just be about behavioural interventions to improve people's resilience; rather there is a need to understand the structural socio-economic causes of poor health and social isolation and to respond to these.

- The wellbeing agenda for ACL may risk 'medicalising' learning according to health outcomes and detraction from its primary educational purpose and ethos. It also has implications for the curriculum offer in ACL.

- ACL plays an important role in addressing problems of social isolation, marginalisation, discrimination and exclusion, and, thereby, interrelated social, educational and health inequalities. This suggests that it should be at the forefront, rather than in the background, of wellbeing policy measures.

- The field of ACL is characterised by high levels of instability alongside frequent and radical changes to funding and organisational restructuring. This undermines the capacity of ACL providers and support organisations.

3. Adult community learning, mutuality and mental health and wellbeing

Lydia Lewis

This chapter provides an overview and critique of literature in this area. Sub-headings and associated key points are as follows:

Adult learning and mental health and wellbeing
- Adult learning can contribute towards improved wellbeing, protection and recovery from mental health issues and 'resilience' in dealing with stress.

- Psychosocial mediators between learning and health outcomes include self-esteem, self-efficacy, identity, a sense of purpose, hope and future, communication and competences and social integration (Hammond, 2004a, 2004b). The ways in which these affect mental health outcomes "appear to be similar across the whole dimension of psychological health", from despair and depression to flourishing (Hammond, 2004a, p. 565).

- Knowledge and understanding from education can help individuals to cope with difficult situations and immediate problems through putting these in wider social perspective –

something which distinguishes it from other activities that might also be beneficial to health (Hammond, 2004a, 2004b).

- Confidence and self-esteem can be boosted by helping others in adult learning contexts and mental health ACL can provide opportunities for participants to make a social contribution through helping others.

ACL, mutuality and mental health and wellbeing
- Many of the findings relating to enhanced wellbeing as a result of ACL participation can be understood in relation to mutuality, e.g. mutual recognition of achievement among peers; enhanced confidence and self-value through helping others; co-creating and co-delivering courses generating a shared sense of achievement; and friendships involving reciprocity, mutual support, help and care among students as well as among tutors and students. The wider benefits of ACL additionally include sharing coursework with family and friends and its association with heightened participation in other community activities e.g. teaching others, voluntary work.

- Informal mutual exchange in the context of mental health ACL can provide important opportunities for learning relating to a liberatory understanding of mental health that "transform[s] understanding from the personal to the social" (Caldwell, 2013, p. 41).

- Sharing experiences of mental health issues between tutors and adult learners in targeted ACL can build trust, facilitate openness and a non-judgemental environment, and generate inspiration for students. Benefits for tutors include sharing their learning about how to cope with these issues with students and finding their practice rewarding and empowering, especially seeing students change and develop (Robotham et al., 2011).

- Research in this area shows how ACL can meet the twin objectives of both health and learning for democratic citizenship, these being interdependent.

- Participation in adult learning can produce negative, as well as positive, consequences. Targeted, mental health ACL may risk creating or perpetuating pathologised identity constructions. These issues give rise to questions surrounding the benefits of targeted compared to mainstream provision for catering for mental health needs and whether to ask about these needs as part of educational assessment.

Creative arts ACL: mutual processes and health and wellbeing outcomes
- Although there may be wellbeing benefits associated with a range of adult learning activities, research does suggest that creative subjects have particular generative effects for a range of processes relating to mental health and wellbeing outcomes.

- The processes relating to mutuality and mental health and wellbeing that are generated through ACL in the arts and creativity include self-expression; communication and understanding of self and others; enduring interest, enjoyment and social connection and support; a sense of pride, achievement and satisfaction from creating and sharing creative outputs; opportunities for reciprocity; collaborative learning; and intergenerational learning.

Adult learning and the mental health and wellbeing of informal carers and practitioners
- Much of the research on the wellbeing impacts of ACL report findings relating to family health, and some studies of ACL and mental health and wellbeing refer to the particular needs of carers, e.g. in relation to breaking isolation. There is also a significant body of literature on leisure activities and the mental health and wellbeing of informal carers.

- Addressing the needs of staff is part of an inclusive educational approach and training in the area of mental health should address their professional concerns and aim to increase awareness of their own mental health needs (Wertheimer, 1997).

Recovery as an educational process
- Recovery may be viewed as an educational process. In England Recovery Colleges (RCs) within mental health services represent a significant development in relation to such educational approaches to recovery. A defining feature of these is co-production and co-facilitation between people with personal experience of mental health problems and those with professional experience in this area. Courses are open to those experiencing mental health issues, their family members, carers, mental health services staff and people from partner agencies. Points of critique relating to RCs include their rather narrow curricula, which often have a focus on self-management of mentalhealth 'conditions'.

Creating a conducive context for recovery
- As the overall aims of adult education include shared learning between tutors and learners, this indicates the relevance of an educational approach for achieving goals of mutuality in recovery approaches.

- ACL for mental health needs to involve a shared learning experience, a relationship of trust and an ethos of equality between tutors and learners (Wertheimer, 1997).A humanistic approach is helpful, along with a liberatory curriculum and pedagogy aimed towards engendering self-determination, choice and a sense of control and the reframing of experiences in socio-political terms (Lewis, 2014).

- Learning in the context of mental health recovery may require environments capable of 'containing' difficult emotions and subjective experiences and which provide a 'holding environment'.

- The presence of friends and family can negativelyaffect the confidence of learners in adult learning environments (Eldred et al., 2004).

- While adult education providers need to seek alliances with mental health agencies, they need to guard again 'merging' with these (Wertheimer, 1997).

- 'Core conditions' for successful learning experiences for adults experiencing mental health issues includediversity of provision; consistency and continuity; flexibility; a welcoming environment; respect and valuing students as people; expectations set at the right level; and recognition of progress and achievement (Wertheimer, 1997).Small class sizes and flexible curricula which allow tutors freedom to provide the support required are beneficial.

- 'Engaged' pedagogy (hooks 1994) is relevant to a mutual recovery approach. This involves concern for the wellbeing of students and tutors as well as their knowledge creation and the development and maintenance of an inclusive learning community, along with encouragement of progression, acknowledging that adult learning involves a developmental process for everybody involved (Wolf, 2005).

Critique
- There is a danger that the literature in this area can sound rather patronising towards adult learners and of the same arguments surrounding the need to 'raise confidence' or wellbeing being applied universally without distinction between mainstream and mental health settings.

- The recent focus on confidence and self-esteem in adult learning risks marginalising the traditional values of adult education concerned with developing knowledge and active citizenship. Self-esteem should not be pursued as a direct, stand-alone educational outcome but, rather, needs to be viewed in the context of these core educational objectives (Hyland, 2009), and there is a need for "more attention to community environment and the sociopolitical context" in research in this area (Narishima 2008, p. 677).

- There is a body of work on the wider benefits of ACL, some of which has focused on mental health, but less that examines the negative consequences of taking part.

- Research literature on the wider benefits of ACL tends to focus on students and overlook the mental health and wellbeing of practitioners. Reports of the mental health and wellbeing-related processes involved in ACL have tended to highlight mutuality among adult learners to the exclusion of other parties involved. Furthermore, while there is attention to the mental health and wellbeing of informal carers, there is limited research which considers the benefits and disbenefits of co-learning in the creative arts for carers and those they care for.

- Research in the area of ACL and mental health and wellbeing often does not attend to areas of social difference or inequality among adult learners, such as gender, and the implications of these for recovery processes.

- There is a need for more critical engagement in research concerning women's crafting in terms of what this means for challenging women's oppression.

- The processes through which ACL has an influence on mental health and wellbeing remain under explored. There is also a need for further examination of learning provision that is targeted for mental health recovery, to explore differentiation according to types of learning and to further develop recovery theory from a grounded perspective.

4. 'Mutual recovery' in participatory arts and mental health projects

Helen Spandler and Lydia Lewis

A critical review of the research literature in this area identified the following main points:

- There is an abundance of literature claiming that participation in community arts mental health projects can promote mental health and 'recovery'.

- Most of the literature to date has focused on the social outcomes and benefits of arts and mental health projects for the members/participants involved e.g. providing social contact, peer support and opportunities for reciprocity.There has also been some attention to the creative benefits of these projects to participants in terms of developing art skills and identities.

- There has been some attention to the possible mechanisms and processes involved in generating these benefits, but these haven't been adequately theorised.

- There is less research on recovery in the context of mainstream participatory arts settings.

- Unsurprisingly, the research focus has been primarily on benefits to the participants of targeted arts projects (i.e. people with designated mental health problems). There is some reference to the idea that people aside from participants, including workers and

informal carers may indirectly benefit from these projects (e.g. through improved relationships for carers and enjoyment and developing empathy for workers) and some inference to the benefits of inclusion and arts practice for communities and wider society. However, research has not focused on whether workers and facilitators get direct wellbeing benefits out of the arts and mental health activities they are working within or on other mutual benefits for a range of stakeholders, including carers.

- There is little in the research about mutuality between a range of parties in targeted participatory arts contexts, for example in terms of shared learning between staff and members, and how this relates to the benefits for recovery of reciprocity and social contribution, as discussed in Chapter 1. However, some studies do discuss participants and staff members making art alongside one another in these settings and how the shared experience of creativity helps to break down barriers between 'us and them' as a sense of shared humanity is forged.

- Some evaluations of participatory arts mental health projects discuss outcomes relating to mental health recovery at a range of levels: individual, community and societal (e.g. Goldie, 2007).

- Although there is some discussion of the support needs of workers in these settings (e.g. Goldie, 2007) and of the challenges of engaging in participatory arts practice in the context of mental health recovery (e.g. Parr, 2012), the literature does not tend to explore the disbenefits of participation. Related to this, there is minimal explicit reference in the literature to how arts spaces are negotiated and shared in the project settings.

- In the context of 'mutual recovery', further research is needed to more deeply understand the psycho-social processes involved in personal change and the wider benefits (and disbenefits) of mental health arts projects e.g. for the people who work in them.

- Some arts projects attempt to tackle mental health stigma (through their art, public displays etc.) and therefore contribute to challenging wider inequalities. However, there is a lack of direct attention in the literature to broader social relations and equalities, and how they may be reproduced or challenged in arts and mental health projects. For example, the literature appears to homogenise participants as 'arts participants' or 'mental health service users' without drawing out any specific differential experiences in relation to people different social positions (in relation to, for example, social class, gender or ethnicity). There is no discussion of gender relations in arts projects, and whether they might reproduce or challenge dominant gender relations prevalent in wider society.These dynamics are likely to have an impact on 'mutuality' as well as 'recovery' and, therefore, represent a significant gap in the literature.

5. Study design

Lydia Lewis

The methodology was constructivist in nature, focusing on the understanding of creative practices in relation to mutuality and mental health and wellbeing – the mutual processes involved - with consideration also given to the outcomes of the creative practices for various stakeholders and the contexts in which the arts practices were taking place (see Pawson et al., 2004).

Research questions:
1. What kinds of opportunities for or barriers/challenges to mutuality are generated in creative arts adult community learning(ACL) and mental health targeted participatory arts settings?

2. What are the mutual processes through which creative practices in ACL and mental health participatory arts settings affect wellbeing and recovery for a range of people involved?
3. How do the goals of mutuality, wellbeing and recovery interact with educational goals and traditions in ACL and mental health participatory arts contexts?

The fieldwork settings and groups/organisations
The study involved fieldwork across five different settings in England: in the West Midlands, an adult learning study centre in a town; a wellbeing centre in a town; and a community arts centre in a city; and in London, two participatory arts organisations. The fiveACL groups in the West Midlands were as follows:

- a women's jewellery-making learning circle (mainstream but involving an informal partnership with a mental health charity; study centre setting);
- a creative writing learning circle (mainstream; study centre setting);
- a beginners painting and drawing course (mainstream; study centre setting);
- a 'confidence through creativity' art group (targeted for wellbeing; wellbeing centre setting);
- a 'reablement' art group (targeted for mental health recovery; community arts centre setting).

The two London-based participatory arts organisations were targeted for mental health and the study involved:
- an art studio organisation managed by trained artists and art therapists('studio managers'), employing therapeutic and educational approaches;
- a poetry group based at a service user-run arts organisation whichoffers a range of courses/creative groups and employs an educational approach.

The ACL groups were purposively sampled to encompass a range of creative practices and targeted and non-targeted (i.e. mainstream) initiatives. In addition, they were sampled to include self-organised as well as tutored groups and groups involving a range of stakeholders including adult learners, tutors, support workers and volunteers.

The art studio organisation was purposively sampled as it was known to one of the researchers to employ an open studio model in which art therapists worked alongside members in making art. It was therefore considered a potentially rich site for studying the idea of 'mutual recovery'.

The service user-run site was sampled again because it was anticipated that the organisation would provide insights into mutual ways of working in the field. The poetry group more specifically was sampled because it was felt that it could complement findings from the study of the other creative writing group in the research and because its group composition – mainly male and including some minority ethnic participants – helped to diversify our overall sample of participants.

In addition to fieldwork on the above sites, interviews with wider stakeholders - project organisers and managers in the adult learning field – were conducted at a range of sites around England,mainly in the Midlands.

Research ethics
In keeping with the concerns of the research, a relational approach was taken in which mutuality was a core value. The researchers employed a participatory approach which involved negotiation of methods with the third sector organisations and participants involved and an active role for participants during data production as well as interim and final dissemination and discussion of findings to/with participants. Interviews and focus groups involved reciprocal dialogue between researchers and participants.

The nature of the research, studying pre-existing phenomena in community settings and involving some participants who may have been considered vulnerable, meant that the research approach and methods had to flexible and adapted to the study settings, with the aim of being as minimally obtrusive or disruptive as possible. Consideration was also given to the balance of power in interviews and focus groups and on some occasions participants were given the additional option of providing written responses.

Formal ethical procedures were negotiated with gatekeepers and involved gaining informed consent for participation. Ethical permissions were gained from the University of Wolverhampton School for Education Futures Research Ethics Committee.

Methods and participants
The study used a qualitative, mixed methods design that encompassed: participant observation of adult learning and participatory arts sessions (n=52); interviews (all face-to-face except for one written) and discussion/focus groups with adult learners/arts organisation participants/members (n=50); face-to-face interviews with adult learning and art therapy practitioners (studio managers, tutors and support workers) and volunteers, mainly in pairs but also one individual interview and one e-mail interview, with one learning circle volunteer taking part in small a focus group with other adult learners (n = 16); and interviews with directors of the arts organisations studied, one over the telephone with follow-up face-to-face and one e-mail (n=2) and with wider stakeholders in managerial / organising positions in the adult learning field, all face-to-face (n = 8).

Of the participants who were adult learners or art organisation members/ participants, 37 were female and 14 male and age ranges were 18 -30 (1); 31-40 (10); 41-50 (13), 51-60 (14), 61-70 (10) and 71 or over (3). Ethnic classifications were White British – 47, White British/Irish – 1, Black or Black British: Caribbean – 2, Asian British: Indian – 1 and Other – 1. Highest educational qualifications to date ranged from Level 4/Degree level or higher (6), Level 3/College level (19), Level 2/GCSEs/O' Levels/ NVQ Level 2 (5) and none (1), with 20 participants preferring not to give this information or leaving this question blank. Participants' occupational statuses were: not working due to illness/disability – 12, disabled on mental health grounds/retired – 1, unemployed – 12, retired – 13, retired/volunteer – 1, volunteer – 1, carer – 5, self-employed/employed/part-time employed – 3, Other – 2, with 1 participant declining to provide this information. Aside from the creative courses/groups/organisations studied, participants had a range of previous and current other creative arts involvement.

In addition, data about length of attendance were gathered for the arts organisation participants. For the poetry group members their attendance at the organisation ranged from four to seven years and at the poetry group from three to five-six years. For the art studio organisation, participants had been attending for between ten months and four years with seven participantshaving attended for three years or more.

Of the ACL practitioners and volunteers, all were female and White British and three were aged 31-40 years, one 41-50 years, three 51-60 years and one 61-70 years. The tutor at the service user-run arts organisation was female and aged between 31 and 40 years. Of the art therapy practitioners working in the art studio, five were female and two male, three were aged 31-40 years, three 41-50 years and one 51-60 years and in terms of ethnic classification, all were White Britishwith one Asian other and one other ethnic background. Of the wider stakeholder participants, eight were female and two male, eight were White British with one being Asian British and one White Other and ages ranged from 41-60 years with half being in the 41-50 age group and half in the 51-60 age group.

The participant observation involved taking part in the creative groups alongside adult learners/members/participants and also some informal discussion relating to the research questions with other participants, volunteers and staff members before, during and after sessions.

The objective of the research approach was to gain insight into the everyday workings of the groups which could be further explored in interviews/group discussions. In addition, the interview/focus group schedules used with adults learners/participants/members were informed by Mental Wellbeing Impact Assessment (Cooke et al., 2011). Interim reports were used as a basis for interview discussions with practitioners and volunteers and interviews with wider stakeholders were also informed by the findings from the previous stage of the research. All face-to-face interviews except one and discussion/focus groups were recorded and transcribed.

Field work took place between May 2013 and November 2014.

Data analysis and approach to writing up
The interview and focus group data were subjected to thematic analysis with the approach taken being interactive between research questions and data. Validity checks were made with participants and co-researchers.

The approach taken to writing up the research was to write about relationality in a relational manner, incorporating 'multiple voices' (Gergen, 2009), including those of the author(s), participants and researchers and citations from other texts, including other research literature (Slife and Richardson, 2011).

6. Motivations for participation

Lydia Lewis

Participants described their motivations for participating in the creative community settings along four broad, interrelated themes:

- **Learning and vocation**
  An interest in the subjects, background in creative work, skills development and circumstances including informal caring and retirement were all reasons for participation in the creative arts ACL. Some participants also described how the nature of the subjects and the informal community contexts provided by the projects made the courses accessible, and how the ACL allowed for their educational participation due to its affordability and as it could fit around their family responsibilities. In the poetry group, one participant who was already involved in art classes described the activity as a new challenge. In the case of the art studio, participants had a background or particular interest in art and some had undertaken art therapy within statutory mental health services. The aim to regain 'confidence' in one's abilities, for example after taking time out for care work or following a mental health crisis, was a common theme. Following Al-Janabi et al. (2012) the findings showed achievement and autonomy to be important dimensions of capability well-being.

- **Enjoyment and relaxation**
  Connecting with other research into women's creative practices in informal community settings as a self-care practice, the desire for enjoyment was a theme among the women in the jewellery-making learning circle and was also mentioned by other women participants. This finding supported other research which has identified enjoyment and pleasure as a key dimension of capability wellbeing (Al-Janabi et al., 2012) which may be denied certain groups including women and long-term users of mental health services who are welfare recipients. The findings also showed how re-finding joy is a strong theme relating to women's mental health recovery and indicated the value of fun, pleasure and play to mental health recovery more generally.

- **Community participation and social connection**
  Opportunities for social interaction and community involvement were mentioned as motivators for attendance across all the settings. Relating to Al-Janabi et al.'s (2012)

'attachment' dimension of capability wellbeing, the findings demonstrated how these opportunities can be particularly important for groups at risk of social isolation or exclusion – informal carers, older adults, disabled adults, those with long-term conditions and those experiencing mental health problems. They showed the role of creative arts ACL in developing capabilities for social and community connectedness for women, many of whom described the need for space away from the home environment. They also highlighted the vital consideration of local accessibility and transportation for participation capabilities, particularly for those with limited mobility.

Comments demonstrated the importance of opportunities for social participation, meaningful activity and inclusion to mental health and wellbeing, and the significant role of the arts and creativity in community settings in this respect. They showed how these capabilities relate to agency enhancement for participants, can contribute to a greater sense of control for women who are full-time carers, and how (re)connecting with social life is necessary to mental health recovery. In relation to mental health, participants often spoke about (re)building 'confidence' - a phenomenon which is both a form of capital related to social inequalities, including gender, and which is contextual, or situated, and therefore can be developed through expanding capabilities, or opportunities.

- **Creativity**
  Capabilities for creativity underpinned many participants' reasons for participation in the study settings. Many conveyed a desire to explore their creativity or (re)discover their creative selves. Some cited hopes surrounding increasing motivation to undertake the creative practices and in the arts organisations and painting and drawing courses participants also described how these provided a physical space away from the home environment or family and a community-based resource for their creative work. In the art studio setting, two interviewees described the draw of the creative and relatively up-beat atmosphere of the studio and one related how she had needed 'permission' and a sense of entitlement to make art – a finding which relates to other research surrounding women's 'depression' and a punitive relation to the self. In the mental health targeted settings, enhancing capabilities for creativity through helping with motivation and the development of agency were seen by participants as fundamental to recovery work.

7. Social-creative processes

Lydia Lewis

Expanding capabilities for creativity and participation
The findings demonstrated relational agency as well as relational creativity in the study settings.Participants described how the social and creative contexts of the ACL and arts initiatives were expanding their capabilities to engage in creative practice and how this related to mental health and wellbeing along three themes:

- *'Permission'*
  The creative settings were described as providing 'permission' to engage in creative practice for those whose sense of self had been diminished, for example through experiences of abuse, and for those with caring responsibilities. The findings demonstratedthe importance for mental health and wellbeing outcomes of creative practice in community-based initiatives being supported as a capability, or opportunity, in itself regardless of economic incentive. In the targeted arts settings, everyone present was permitted to engage in the art-making process, thereby interactively allowing for the creativity of staff and volunteers as well as adult learners/members.

- *Incentive, motivation and encouragement*
  The creative settings were described by participants as providing an incentive or motivation for undertaking the work. They described motivation and encouragement from

sharing their creative outputs with others and gaining feedback, and from sharing a creative space with others. In the art studio and 'reablement' art group, participants described the interaction between the social environment these provided and the creative work. The art studio participants additionally described the value of being part of a community of artists and how being in the creative setting could help overcome blocks to (creative) activity. Many participants described how the creative contexts were developing their freedoms to engage in the creative practices both in the settings and at home.Allowing participants to "take an active role in constructing the learning context" (Belzer, 2004, p. 5) was seen to help with motivation.

- *Inspiration and stimulation*
  There was evidence of mutual inspiration amongstudents/members/participants and between these social actors and others in the study settings. In the art studio, participants described mutual inspiration and influence through observing other people's work and through attending exhibitions together. In the jewellery-making group, participants described the sharing of ideas among members,and in the targeted painting and drawing group mutual inspiration between the tutor and students was described.In the creative writing groups, participants described stimulation for writing from their involvement with the initiatives and group interactions.

- *Conducive contextual features*
  Elements of the ACL social and educational context described as facilitating participation included its informal and supportive nature. The community settings were considered important to helping to generate this informality. In the targeted ACL and art studio contexts, elements of the settings described as facilitating participation included the pedagogical approach of relaxed, unstructured learning and the allowance of self-directed creative activity at one's own pace.In the art studio setting, a balance between support and freedom was considered conducive to participation and inclusion. In both theparticipatory arts settings, the fact that their targeted nature allowed for acceptance of potentially socially unacceptable ways of being, such as being quiet or getting angry, and a degree of disturbance was an additional element of their inclusive ethos.

Relational challenges in the settings
The ways in which the social contexts may have been unconducive to mutuality or hindered participation and creativity in the ACL and arts settings for some participants included:

- Occasional apparent exclusions of some individuals who were new or didn't easily fit in and socialise and the issue of community groups often being better at creating 'bonding' social capital among similar individuals rather than social capital that 'bridges' between social groups. In the targeted ACL settings, support workers were considered key to trying to ensuring inclusion for quieter or new members.

- Women participants (initially) feeling alienated or self-conscious about working in a communal art-making environment or participants being unused to operating in a group. This meant participants sometimes needed to find private space in the studio or classroom to work, or to be introduced slowly to group-working. There was a preference for smaller groups in the targeted settings. Supporting one another to attend was a tactic employed by some members of the jewellery-making group.

- Some participants not always wanting to talk to others in the creative settings, if they did not feel up to this or wanted to focus on their work. This highlighted gendered expectations surrounding emotion work as well as the importance of emotional labour and mutuality in terms of interacting with others not being forced upon participants, although staff members felt it necessary to challenge people's silence when appropriate.

- Potential distractions from the communal environments, meaning there was a balance to be struck people needing to talk and needing to get on with their work. In the art studio

setting, examples were cited of members or previous members who now had their own studios, although this was noted to be a very different experience compared to making art ina communalsetting and one which would not suit everybody.

- The emergence of traditional gender power relations and group divisions or splitting along the lines of gender, for example in relation to the use of studio space. In the service user-run setting, a staff member described difficulties for women in addressing matters of gender affecting their mental health in a mixed sex poetry group.

8. Creative-social processes

Lydia Lewis

Social and educational participation
The fact that the creative activities in the settings constituted participatory practices meant that they particularly lent themselves to generating the features of the ACL and arts contexts considered conducive to participation noted in Chapter 7 (e.g. self-directed learning). In addition to these features, in the ACL settings, the creative subjects were viewed by a range of parties involved as facilitating participation for those (potentially) experiencing social and educational exclusion, with creative 'leisure' courses described by one manager as a 'hook' to encourage initial participation. Significant features mentioned included them being 'soft subjects' that allow for a 'have a go' approach and a non-competitive ethos, not being dependent on language literacy, and, in both the ACL and art studio setting, allowing for participation without having to speak. Further, it was noted that jewellery-making was not dependent on having an 'artistic flair'. In the targeted settings, the creative work was seen as supportive to social inclusion through generating mutual respect for different "ways of being."

Respondents across the creative settings described the value of their participation in the creative settings to their mental health and wellbeing. This was especially the case among/for those experiencing isolation associated with mental health issues, other long-term health problems, caring responsibilities or older age. Participants in these situations described the sustaining effects of their participation in the creative group activities. By carers it was described in terms of a kind of self-care practice. Social participation through the creative initiatives was considered mutually beneficial for personal wellbeing by a range of people including students/participants/members, volunteers and staff members.

Friendship and social support
Friendship and social support were often cited among the most important outcomes of the creative activities by participants and were also described as a mutual benefit by the ACL volunteers and staff members.These findings mirror those of Chene (1994) and Narushima (2008) regarding relationships of care and support among staff and students in ACL settings andreflect other research on the qualities of helpful relationships with professionals in the context of mental health recovery (Borg and Kristiansen, 2004).

Participants described the value of the mutual support generated through taking part in the creative activities in the face of mental health issues and caring responsibilities. In the targeted settings, the continuity and support offered by the initiatives were described as enhancing stability for participants – a key dimension of capability wellbeing (Al Janabi et al., 2012). These settings were seen as helpful in allowing for connection to others in similar situations and mutual understanding. In the two participatory arts settings, the value of a common identity and interest around creative practice was also emphasised.

'Enjoyment' – another key dimension of capability wellbeing (Al-Janabi et al., 2012) - was an additional theme among participantsand a particularly strong theme in the jewellery-making group. This was related to the creative activities and achievement, as well as to the social

aspects of the group. These findings relate to other research which has shown how women in particular emphasize the value of friendships in ACL contexts because of the centrality of the social self to their subjectivity (Chene, 1994). They also again highlight leisure practices as asignificant domain of capabilities (Fullagar and O'Brien, 2014), particularly for groups who traditionally have been denied these.

The findings demonstrate how relationships of care and support can be built through shared creative activity in ACL and participatory arts settings. The function of the creative provision in building social capital (relationships and networks) and promoting social inclusion underpinned the mutual processes through which the initiatives supported wellbeing and mental health recovery.

Creative practice as social lubricant
Creative practices in a communal environment, often around a table, were found to act as a social lubricant (a.) through providing a common activity and topic of conversation, and (b) through facilitating both 'everyday' conversation and discussion of serious or potentially distressing subjects,both of which seemed to have therapeutic dimensions. In the ACL art and crafting sessions there was a conversational flow with wide-ranging topics and it was apparent that it was easier to talk when "there's something to do with your hands"(Desmarais, 2013). The art tutor working in targeted provision suggested that the intimacy of art work enabled people to open up about their personal concerns. In the art studio, the breaking of silences on socially taboo areas of experience relating to mental health was seen by practitioners as helping to combat feelings of shame although members felt that talking about mental health-related concerns needed to be balanced with the benefits of 'light' conversation and a fairly 'upbeat' atmosphere at other times.

Social levelling and role navigation
Engaging in creative practice together was described by participants in the jewellery-making group and art studio setting as something which deconstructs social barriers and acts as a social leveller between students/members and staff/volunteers. In the art studio this was also described as helping generate a collective ethos and a sense of communality, with everyone having a shared identity as an artist, although the practitioners pointed out that one could not entirely escape the structural organisational relations of power and authority.

It was also apparent that art-making could work to reinforce or construct hierarchy, e.g. if some people were perceived to be more proficient than others or through the statuses of the creative media being employed by different parties. However, in the art studio setting, the process of making art together and the mutual vulnerability and struggle involved was considered by staff to generate a sense of shared humanity and mutual trust which allowed for connection beyond organisational hierarchies.

A further consideration for practitioners in the ACL and art studio settings was balancing a shared creative practice approach with a duty of care and their facilitation or oversight roles and responsibilities. In the art studio setting, while staff perceived benefits to the shared art-making process with members, they also felt that these professional and organisational considerations meant there was a limit to the degree to which one could dismantle role distinctions. They described needing constantly to 'navigate' the social and therapeutic terrain of the art studio as one moved between the different subject positions of artist, art therapist and studio manager. Their accounts conveyed a tension between simultaneously challenging and maintaining a structure of organisation and responsibility and how the art-making process could help in dealing with this tension.

Communicating through creative media
Art and creative writing were described as means of expressing and sharing feelings and a way of communicating with others. Creative writing was found to allow for the sharing of difficult or traumatic personal experiences and for connecting to the experiences of others, providing opportunities to mutually reflect on and enhance understanding of these, and for

the social and cultural contextualising of personal troubles – something which is oftenconsidered helpful to mental health. Consequently, participants considered it important that group members had an active role in constructing the learning context (see Belzer, 2004). However, the possibility that exploring the past through creative writing can have deleterious effects on mental health was also noted.

Creative work as action on contexts
Creative media were observed to be a means of taking action to change both our immediate social environment and the wider socio-political context - something which may be viewed as an aspect of 'resilience' that is protective to mental health. In the art studio setting the production of a piece of communal art work both reflected and provided an intervention in relation to tensions surrounding the use of studio space and gender relations both in the setting and more widely.

9. Creative psycho-social processes

Lydia Lewis

The findings in this chapter show various dimensions of the relationship between social and psychic life in the creativecommunity contexts and how the field settings were characterised by mutual therapeutic benefits of the creative practices among participants. There were three main themes:

Being part of a creative group or community
Participants commented on what they felt was gained from sharing a creative space with others. Members of the art studio conveyed mutual recognition of art work and members as an interactive process. One also described the subjective value of belonging to a community of artists and how making art alongside others could help develop relational autonomy. In the poetry and jewellery-making groups, participants related the therapeutic value of the shared creative spaces in providing an external focus in the contexts of mental health issues and informal caring responsibilities respectively. Their accounts indicated how the creative activities in the community settings could provide psychological displacement of problems and create space for a sense of autonomy, control and enjoyment. Across the creative practices, adult learners/participants noted the relaxing and absorbing nature of these while several practitioners in the art and jewellery-making settings commented that the creative groups could offer calm environments or periods of quietness.

The findings also showed how the therapeutic benefits of the creative practices were shared in common among participants, including practitioners, in the research settings and how practitioners worked to share these personal benefits with others. These mutual benefits and associated implicit shared understandings appeared to be part of the 'communities of practice' operating in the field settings. They included the benefits of art-making or crafting in being absorbing and relaxing thereby providing respite from worries and stressful situations and the way in which art can help you 'process' experiences. The findings thereby illustrated an understanding of 'mutual recovery' in the sense of the sharing of capabilities forcreative practice and the therapeutic benefits of this between practitioners and participants in the creative arts community settings. This approach, underpinned by a social model of mental health and normalisation perspective on mental health issues, challenged traditional 'dividing practices' (Foucault, 1982) surrounding mental health problems.

Sharing creative products
Participants described how sharing their creative outputs with others, including other participants in the settings, friends and family members, and the wider community (e.g. through charity events or poetry readings) constituted relational processes which had a positive effect on their subjective wellbeing. They described self-affirmation, a view of oneself as a creative agent, and a sense of pride and achievement (an important dimension

of capability wellbeing: Al-Janabi et al., 2012). Reflecting a relational view, the accounts of the ACL group facilitators demonstrated how these subjective effects for students had positive effects for their own wellbeing through providing a sense of reward from their work. However, in the art studio setting, one practitioner highlighted the risk to the creative and therapeutic process of trying to please others through one's art work, and two women members described how criticismor being competitively unsuccessful could undermine confidence, thereby diminishing capabilities in the interrelated areas of personal identity and achievement. Educational background and gender were important factors here (see further in Chapter 8).

Sharing the art-making process and artistic identities
Participants spoke about the ways in which the art-making process in relation with others could work to reshape their subjectivities e.g. in terms of combatting hyper-perfectionism and strengthening self-determination. The ACL art practitioners described processes of helping to free people up to experience the emotional domain of creative learning and to counter experiences of oppression which may be linked to mental health issues and service usage. In the art studio setting, one practitioner described how making art together with members could involve a mutual process of sharing experiences of using art to explore different states of subjecthood, or 'ways of being' and how this could have creative benefits for both parties. This shared art-making was described by another art studio manager as involving shared creative struggle which had an emotional dimension and allowing for mutual acceptance between all those involved.

However, the art studio managers also discussed the tension over therapeutic 'boundaries' when sharing in the art-making process. They felt that practically and professionally one could not become too absorbed in one's own art-making in the studio, because one had to keep management awareness and person-centred values meant one had to consider the member or client first and the therapeutic relationship - a position reiterated by one arts organisation participant who felt that staff shouldn't burden members with their own feelings or problems. Consequently the benefits of catharsis through art-making and artistic expression could not necessarily be achieved by all social actors in this setting – a finding which suggests some limitations to the ideal of 'mutual recovery'set out earlier in this report. Participants in the art studio setting and the targeted ACL art course additionally discussed the value of a common artistic identity among members, staff and volunteers,and how it could be helpful in taking the focus away from 'mental health' or 'illness' while also benefiting the wellbeing of practitioners.

10. Mutual educational processes

Lydia Lewis

The mutual educational processes involved included various dimensions of collaborative learning:

Learning together with others
Reflecting the reciprocal cultural model of education, across the study sitesparticipants described the relational development of educational capabilitiesthrough participatory learning and learning alongside others through mutual creative activity. In the art-making settings, a collaborative approach involving making art together was considered to expand opportunities for learning for everyone involved, including practitioners. However, in the art studio, person-centred values and a duty of care meant that some of the practitioners considered it inappropriate to place too much focus on their own art-making and learning.

Learning from one another
In the ACL groups, participants described peer learning and skill-sharing, which sometimes also extended outside these. In the jewellery-making learning circle, participants described

how group projects allowed for this approach, and many members attended with pre-existing friends or family members. One interviewee who was an informal carer attended with her elderly mother who described experiencing depression and, in alignment with a 'mutual recovery' approach, there was indication of the group's peer learning pedagogy being supportive to this relationship. In the mental health targeted poetry group, participants described how a shared learning approach was beneficial to their wellbeing, providing a 'non-violent' environment apart from everyday life.

Contextual factors considered beneficial for generating a collaborative, mutually supportive learning environment included an encouraging and non-competitive approach and a (relatively) unpressurised environment. The make-up of the groups was also a key factor, as was the funding of the groups, and the skills of the facilitator.

Challenges to a collaborative, or mutual approach in ACL included an onus on tutor input among some participants and a tension between self-direction and communality in the settings, especially as in the targeted art settings individual student freedom and choice and a personalised pedagogical approach was considered beneficial to capabilities for creativity and mental health. The findings therefore indicated the value for mental health and wellbeing of a self-directed approach to art-making in community contextsand provided further caution aboutprescribed collaborative, or mutual approaches to ACL in the context of mental health recovery.

Similarly in the art studio setting participants valued self-directed learning, while the ethos encompassed knowledge and skillsexchange between all participants, including members and staff. This mutual learning was considered beneficial to recovery work involving the development of artistic identities (and the negation of those relating to 'mental illness'). However, findings did indicate a possible tension between the therapeutic and educational ethos of the organisation as some members requested more art tuition. There was also a tension regarding mutual therapeutic learning: studio managers described learning from the occasional reversal of roles as members offered interpretations of staff members' art work but also a need to maintain boundaries in their art-making and retain a professional focus on members' healing processes.

Sharing direction of the learning
In the ACL contexts the learning experience was often co-constructed between students, staff and volunteers and there were many examples of peer learning and members/students taking direction of the learning at times. In the jewellery-making group, members described the approach as enhancing their learning and subjective wellbeing as they enjoyed helping others and thisboosted their morale and enhanced self-value. In the art studio setting, staff viewed workshop-leading by members as helping to inspire a sense of collectivity and member involvement and to develop agency, as a key recovery process. In addition, there was mutuality involved as participants moved between different roles in the arts and ACL organisations (e.g. adult learner, volunteer, tutor).

Developing identities
In the art studio, one member considered being an 'outsider artist' provided an identity around which to develop as an artist although another felt this identity to be restrictive through perpetuating marginalisation. Studio members also described the importance to one's personal and professional identity of social recognition through exhibiting work. Some considered the selection process this involved helpful to 'recovering' or cultivating an artistic identity following a mental health crisis. However, some women participants from non-privileged backgrounds felt this also held the risk of working to diminish one's confidence if not selected and described a fear of failure, even in the face of previous success. In one research interview this matter presented an opportunity for mutual reflection and learning between researcher and participant.

Relating to others and the 'hidden curriculum'
Expanding capabilities for relating to others
In the ACL contexts, relating to others and mutuality had become a formalised as part of the pedagogical approaches, while in the art studio setting, one participant described how learning to be part of a community, e.g. in relation to giving and receiving, had helped her social recovery. Across the study settings, participants, including the poetry group tutor, discussed the personal value in terms of education and mental health or wellbeing of connecting with other people, both those similar to oneself and Others. Inclusive creative ACL initiatives were thought by some to (potentially) help with community 'recovery' from a lack of understanding and social distancing relating to disability and mental health issues through providing a way of bringing people together in a non-competitive arena.

Socially contextualising experiences
In the wellbeing setting, a staff member and volunteer described the educational as well as therapeutic value of the adult learning to the women participants in generating capabilities for finding shared realities with others. Similarly, in the art studio setting, one male participant described finding the opportunity for socially contextualising experiences relating to mental health through speaking to others helpful. In two of the field settings there was also evidence of the helpful nature of sharing experiences and mutual support relating to caring responsibilities.

Building solidarity
In the mental health targeted settings, participants' accounts showed how joining together in the face of experiences of mental health problems and services had the potential for building solidarity following experiences of oppression and developing capabilities for seeing one's life in broader social perspective, something which has been shown to have a positive effect for mental health.

Sharing useful knowledge and information
The social interaction in the groups across the study settings provided opportunities for the sharing of knowledge and information about a range of subjects andfor exchanging and developing useful knowledge to help deal with a range of problems relating to mental health.These findings resonate with other research on ACLregarding the generation of capabilities for 'informational support' and informal mutual learning.

Sharing learning with family members and the wider community
Across the ACL and arts settings, there were instances of members sharing their learning with their families and the wider community,thereby building social capital at a wider level. The findings illustrated how creative practice in the family context can work to (re)connect people, with the practical, participatory nature of crafting in particular lending itself to this, and how for older women this can be part of 'positive ageing' through helping continuation of a valued social role and identity.

Findings also demonstrated the mutual generation of educational capabilities as participants who had received opportunities for learning through the creative initiatives in turn provided opportunities for their local communities and the wider publicand, furthermore, received personal gains from doing so. The findings resonated with other work about promoting 'healthy aging' and the link between opportunities to contribute and recovery and wellbeing.

In the art studio, many participants described valuing the opportunity to engage with art galleries and public exhibitions. Somefelt that sharing knowledge and creative skills with the wider community (e.g. on World Mental Health Day) promoted inclusion and 'mutual recovery' for members and communities from misunderstanding and stigma relating to mental health.Furthermore, in the ACL and art studiocontexts, mutuality was generated through the agency-enhancing effects of involvement as participantspassed on benefits through undertaking their own creative community initiatives.

11. Relational Recovery and Wellbeing

Lydia Lewis

Interconnected emotional lives
Across the study sites, participants described the intersubjective nature of their emotions. They also described the relational and situated nature of their recovery, bound up with that of others. For example, in the art studio setting, one participant described the relational nature of mood and how interacting with others could help to lift depression and in the ACL settings, some of the women participants discussed feeling personally encouraged from seeing others benefit and 'recover'. These findings can be understood in terms of the reciprocal cultural model of adult education in which developmental opportunities, energy and agency are mutually generated through a process of 'growth in connection' with other adult learners (Greenhouse-Gardella et al., 2012; Miller and Stiver, 1997).

This "generative process of relating" (Gergen, 2009, p. xvi) was also conveyed by the practitioners in the ACL settings, who described the interdependency of their own subjective wellbeing in this context with that of students. They conveyed shared pleasure with students in their creative compositions and development and enjoyment and a sense of reward and shared achievement from working with students. The accounts of the ACL practitioners, particularly support workers, indicated the centrality of relationships with students to their pedagogical practice and the meaning they derived from their work.

Communal recovery
The findings from the targeted settings demonstrated the way in which recovery and wellbeing can operate at a communal level and through processes of collectively developing power. They showed how this communal recovery allowed for the emergence of a fluid form of relational agency that created a mutual interdependence among participants involving both seeking and giving help (see Edwards and Mackenzie, 2005). In the targeted art courses, the tutor emphasised the collective agency of the group as outcomes were achieved together and relational agency in terms of support processes within the groups. Her account conveyed a sense of mutual empowerment between herself and the adult learnersas she described being buoyed up by her students and the creative and group processes through which she thought the ACL provision helped students actively to deal with the problems in their lives. This highlighted the need to recognise the recovery-related resources within client groups as well as professional systems.

In the art studio setting, participants described how its therapeutic community ethos included efforts towards mutual understanding between everyone involved and how targeted settings could offer a kind of sanctuary and mutual acceptance, allowing for more openness and authenticity than is often possible in organisational environments. This was felt to offer benefits for both members and staff in allowing people to be 'more human' and in 'recovering' a sense of community.Again, these comments reflected relational-cultural theory in which mutual empathy, acceptance and authenticity can create the relational basis for wellbeing and mutual growth (Miller and Stiver, 1997).

Participants described how the capability to be part of something and for a sense of belonging can be important dimensions of wellbeing and recovery. They discussed the value of generating a sense of shared ownership of the arts organisations through their active involvement in them. In the art studio setting, one participant described how her recovery involved learning to be part of a community and taking an active role in that community and the impact of this upon her subjectivity. Her comments exemplified relational agency as an interactive process of constituting the social subject and the social world (see Edwards, 2007).In this setting, social therapeutic processes were also conveyed as working through the community as a body, with membership helping recovery from social exclusion and the

sense of self this reflects back for the individual, and the community acting as a moral agent if a member was disrupting relationships.

Developing agentive being and capabilities for learning
Across the settings, participants' accounts conveyed the enlargement of agency through their involvement in the creative initiatives. In the targeted settings, this was often put in terms of building 'confidence' - overcoming internalised restrictions through acting alongside others. In these contexts, participants described the creative settings as enhancing capabilities for creativity and social life and as providing a social base for action, with the targeted settings providing an initial 'first step'. In many of the settings, participants described how attending the creative community initiatives meant they were also more likely to engage in the creative activities at home and how this helped break feelings of isolation (although for some, art-making away from the targeted settings was considered difficult). Some also explained how the ACL had led to them branching out into other activities or provided a stepping stone to educational progression, volunteering roles or to (self) employment.There were many examples cited and these included participants who had moved into peer tutoring roles. In this way the findings indicated the way in which adult community learning and participatory arts initiatives can provide "a 'home' or holding environment that supports differentiation [and] personal and professional growth" (Wolf, 2009, p. 59).

Challenges for relational approaches to recovery in community settings
Those outlined by participants encompassed considerations surrounding the freedom of the individual and the freedom of the collective as well as other concerns:
- Balancing efforts towards mutual acceptance and inclusion with maintaining a conducive working environment and fairly 'light' emotional atmosphere.
- The benefits of openness and understanding in talking about mental health issues alongside a normalisation approach focused on art-making.
- The distress of some people adversely affecting others and difficulties over expectations of mutual care and support in relation to mental health problems if participants felt they lacked the resources to help others.
- An ontological tension between the individual and group, over maintaining personal, individual boundaries and merging into a group (demonstrated in the context of communal art-making exercises).
- In the service user-run arts organisation, difficulties with members of staff finding the distress of others "too mirroring" and having to introduce group supervision to help address this problem.
- In mental health ACL group settings, ensuring staff have the requisite understanding and skills to deal with difficult emotions and associated mutual support among practitioners.
- Ensuring continuity of provision in the face of funding restrictions and balancing this with encouraging progression for individuals where appropriate.
- Potential discouraging of progression to mainstream activities among participants when value is placed on the relationships, shared understanding and informality in a targeted setting or transition funding is not available.

12. Interactions between the goals of mutuality, wellbeing and mental health recovery and educational goals and traditions in adult community learning and targeted participatory arts contexts

Kathryn Ecclestone and Lydia Lewis

The impact of the policy context on strategic planning for mental health and wellbeing-related goals
ACL stakeholders saw a shift towards mental health and wellbeing-related goals as reflecting wider changes in public funding priorities and corresponding organisational changes, for health, community mental health and post-school education generally.

For the adult learning stakeholders, funding and organisational structures had become increasingly messy, fast changing and confusing. As a result, several interviewees had experienced significantly fluctuating roles and remits in recent years. A particular influence had been the merger of specialist or targeted provision for mental health (both inside and outside ACL settings) with more general and embedded approaches to wellbeing in mainstream ACL. Uncertainties in policy and educational priorities caused by repeated restructuring of, and reductions to, funding streams, national, regional and local organisational systems, strategic roles and staffing levels were creating difficulties for strategic planning, including in relation to the overall ACL curriculum. This meant that stakeholders at national and local levels often had to find imaginative ways of getting round constraints, especially when policy changes create abrupt and often unexpected reductions to or the axing of an area of work regarded as crucial.

The relationship between mental health and wellbeing-related goals and older ACL traditions
In general, the adult learning stakeholders did not regard a shift towards mental health and wellbeing-related goals *per se* as eroding older ACL traditions, either in terms of subjects offered or wider social and educational goals. Instead, they described a complex combination of policy, funding and organisational pressures that are changing the purposes, client base and outcomes of ACL in both subtle and radical ways. These included:
  o an increasingly instrumental target-driven system;
  o unmet need for mental health recovery and support;
  o increased referrals to ACL arising from cuts in mental health and social care and local authority reorganisations that merged care and ACL;
  o fees for ACL and higher education eroding forms of traditional provision for adult returners to education;
  o wider social changes towards preferences for personalised approaches, changing habits in relation to attending a class regularly, and fears of being in groups;
  o changes in the wider third sector landscape, e.g. cuts to women's services, affecting partnership arrangements;
  o a push for more mental health and wellbeing-related programmes from trades unions due to heightened pressures to respond to the problem of workplace stress;
  o the merging of responsibility for social care and ACL in some local authorities.

Within arts-based programmes for mental health and wellbeing-related goals, managers and practitioners saw a shift towards more therapeutic rather than educational purposes.

There was widespread concern amongst adult learning stakeholders, tutors and organisational managers about the narrowing and constraining effects of general funding and policy requirements for highly instrumental outcomes on ACL provision.

Two stakeholder interviewees saw mental health and wellbeing-related goals as entirely compatible with older ACL traditions and therefore a both desirable and essential contemporary ACL mission.

Different types of provision
Competing priorities: the inclusion agenda and targeted provision
All ACL stakeholders saw a real and growing problem of mental health issues amongst adults and a corresponding need to respond. Here both stated and implied meanings of what those 'issues' comprise were evident. However, there was an absence of an overall, strategic approach to planning and provision for mental health in ACL. There were big variations in response between local authorities: one local authority had not yet responded directly whilst embedded and targeted programmes with explicit mental health and wellbeing-related goals were explicit aspirations in another.

The adult learning stakeholders conveyed the tensions regarding designing and managing ACL provision for mental health and wellbeing-related goals, particularly in relation to policy and funding pressures, and the corresponding need for a pragmatic approach. Predictably, lack of sufficient funding undermined possibilities for both more strategic organisation and sufficient provision.

The data show unsurprising elisions and blurred boundaries between ACL educational aims and learning outcomes for mental health and wellbeing. There were also pressures to move away from targeted/discrete/dedicated programmes towards embedded/inclusive ones: these pressures were both ideological and pragmatic, responding to changes in funding priorities   Participants described a corresponding, ever-present pressure to 'work' the funding as imaginatively as possible, and funding was described as something of a regional or local lottery.

Different programmes for mental health and wellbeing-related goals
The ACL stakeholders referred to 'discrete', 'designated' and 'targeted' programmes for mental health as well as 'mainstream', 'inclusive' and 'embedded' ones that were universal/ open access in nature. Some of this provision was based around or included arts and creativity and some did not. Here what activities or programmes counted as 'creative' or 'arts-based' varied enormously. This amounted to a complex and *ad hoc*, even incoherent, picture of provision in the area of mental health and wellbeing.

The programmes referred to by these stakeholders were similarly *ad hoc* and also eclectic, including adaptions of positive psychology, mindfulness, and cognitive behavioural therapy. The New Economics Foundation (NEF)'s Five Steps to Wellbeing was an especially popular framework for guiding curriculum content and pedagogies.

Outside targeted arts programmes, approaches to ACL provision at local authority level and individual organisational level seemed to depend on stakeholders' individual commitments and responsibilities, as well as on the extent to which local funding priorities have encouraged services and providers to move in the direction of mental health and wellbeing.

The wider context of funding cuts had also reportedly had a significant impact in shaping provision, both in terms of target audiences and curriculum content. Cuts and changes in funding priorities were described as not only affecting provision for mental health but also the effectiveness, capacity and reach of wider campaigning and lobbying activities e.g. a 'Healthy FE' programme run by NIACE (The National Institute of Adult and Continuing Education).

The ACL stakeholders described a need to navigate between many organisations and to be constantly up-to-date with funding streams and new initiatives. An historical memory was crucial for being as strategic as possible, although the fluctuating policy context meant this was highly precarious.

Different views about effective provision
Stakeholder interviews did not reflect a shared view about which type of programme (targeted/designated or mainstream/embedded) is more appropriate for mental health and wellbeing-related goals. Reflecting previous discussion in this report (e.g. Chapter 3), a mixture was often seen as preferable.

One NIACE senior manager saw embedding mental health as a key strand to inclusion as the preferable approach, but also pointed out that this could mean losing sight of it. She also argued that new mental health-related opportunities arising from local authority responsibility for public health were not being fully exploited by adult learning providers.

Discourses of mental health, wellbeing and recovery

Mental health and wellbeing

In programmes designed to realise mental health and wellbeing-related goals, interviews with stakeholders revealed diverse, sometimes conflicting, understandings and views. The discourses adopted by the ACL stakeholders ranged from the mental health policy discourse of 'severe and enduring problems' such as 'depression', to everyday, much more general meanings such as low confidence or low self-esteem. A particular tension in their accounts was between the perceived benefits of targeted and embedded programmes and, in turn, between carefully thought-through understandings of distinctions between mental health and wellbeing and very generalised everyday meanings.

Some views and findings related to the argument discussed in Chapter 2 that not differentiating between mental health and wellbeingfails to serve those in most need (Davies 2014): one senior manager at NIACE conveyed concerns that in practice settings, this elision could risk mitigating severe mental health problems and even making these worse for some students, thereby constituting a failure to uphold the duty of educational care. In addition, ambivalence and uncertainty about defining mental health and illness, together with policy and funding changes, meant lack of clear data about target populations.

The adult learning managers shared the view that while a widening of public and policy discussion about mental health could be helpful in de-stigmatising problems and encouraging a social, inclusive, community-based approach, it runs the risk of diffusing what we mean by mental illness to the point of meaninglessness. One interviewee also highlighted the problem of disclosures of mental illness diagnoses among media figures potentially creating new unhelpful stereotypes or over-simplistic understandings of stigma that do not account for individuals' social positionings.

Diagnostic categories did not feature in the everyday practice of the ACL settings or targeted arts organisations; instead, everyday practice was aimed at putting mental illness identities aside in order to focus on creative and educational practice.

The potential problem of the 'medicalisation' of learning according to health outcomes was reflected in the inclusion of items relating to wellbeing in ACL student course evaluation forms, an item which met with some resistance from students and confusion from staff in the mainstream setting.

Recovery

Understandings of (mutual) recovery

Ideas of recovery among stakeholder interviewees across the areas of ACL and targeted arts projects encompassed notions such as human flourishing and finding meaning in one's life, hope, confidence, aspiration, and building resilience. For many participants recovery was related to progression to non-mental health-related activity and two participants described the role of education in terms of enhancing agency or choice.

One ACL stakeholder argued that while 'going to work' could be part of recovery, the focus needs to be wider, and also advocated circumspection about what education can and cannot achieve. In contrast, another argued that progression to work is highly desirable as a contributor to recovery. A staff member at the studio-based art organisation commented on the need for creative arts practitioners working in the area of mental health and wellbeing to understand the art-making process and how this can affect outcomes. One ACL stakeholder also felt the notion of recovery was problematic for implying 'getting better' rather than 'living with' a 'mental health condition'.

For the adult learning stakeholders, the mutual aspect of recovery was regarded as: the social side of recovery, finding friendships, reducing isolation; "coming together to support one another to improve one's wellbeing"; "having a supportive network around you"; learning

from one another (which, it was felt, didn't necessarily need openness about mental health issues or diagnoses); and sharing learning with the wider community.

<u>Continuity vs. progression</u>
In general, the ACL practitioners felt that the intangible nature of mental health made it too arbitrary and unworkable to try to impose transition points. Instead, there was a feeling that provision needs to be on-going, that people should be allowed to progress at their own pace, and that targeted creative ACL could be used in a 'transitional recovery' model in which these formed a base from which one could branch out to other activities.

One arts organisation manager described how the organisation had to achieve a balance between long-term involvement and supporting people to 'move on', also pointing out that preventing repeated hospital admissions was a valid positive outcome of the organisation's work. Practitioners in this organisation described how, for some members, involvement could be more about 'maintenance' than 'recovery', while both ACL and arts organisation practitioners referred to achieving a reasonable quality of life. In this context, ideas of 'progression' and time-limited funding were considered counter-productive to 'recovery'.

Many of the crucial contextual characteristics of adult learning and creative projects which participants felt were helpful for mental health and wellbeing, such as a non-pressurised, non-competitive environment, did not necessarily align with an employment and skills agenda. The ACL practitioners endorsed the view discussed in Chapters 6 and 7 regarding the informal nature of courses and their lack of accreditation as enabling participation and as key to many of their beneficial effects for mental health and wellbeing, such as relaxation and mutual support. One support worker also argued that pressures of progression could potentially add pathologisation and stigma for adults experiencing disadvantage and mental health issues. However, the ACL wider stakeholders were more likely to argue that progression and transition have an important part to play in recovery.

<u>Implications for training and support</u>
In light of the new climate for ACL which included the displacement of some groups to ACL settings as day centres closed, discussions with practitioners and stakeholders raised the issue of the capacity of ACL tutors to meet the mental health needs of students. One ACL tutor who worked in mainstream provision argued for maintaining a separation between educational and mental health roles. Another with a social work background and working in targeted as well as mainstream provision argued that the WEA's provision was changing to become more of a "social service" and so there was a need for ACL staff to have knowledge, experience and transferable skills in the area of mental health. The ACL practitioners working in the targeted settings also talked about the need for mutual support between staff and the important role of support workers in these settings. Implications for the role of volunteers in the ACL organisation and their training and support needs were additionally highlighted.

The need for understanding of mental health was also raised by the staff in the targeted arts organisations. In the service user-run setting, the Directorpointed out the benefits of targeted and user-led organisations as they had the expertise to deal with mental health problems. In the art studio-based organisation, the practitioners emphasized the benefits their art therapy training brought to their practice, although this view was challenged by one practitioner who noted how an educational approach without art therapy training did appear to work well in another targeted art project she knew of.

Educational, creative and therapeutic aims
The relationship between educational/creative and therapeutic foci
The interaction between educational or creative and therapeutic goals was a concern for both the ACL and targeted arts organisations in the research. While the need to keep an educational, as opposed to therapeutic, purpose was paramount to the ACL managers interviewed, the arts organisations both employed educational approaches, in the one case

alongside a therapeutic one. In both arts organisations, the focus was on creative/art work rather than mental health and this was considered important to their ethos.

There were similarities between the processes described in the targeted ACL setting and those of the art studio setting, and fieldwork evidenced the educational nature of therapeutic processes as well as vice versa (as discussed in Chapter 3). For example, in both settings, practitioners described agency-enhancement processes (in one case in educational terms and in the other in therapeutic terms). There were similarities in the ethos of the ACL and arts organisations, particularly regarding humanistic and libertarian approaches and a focus on self-directed learning and human growth. Furthermore in the ACL setting, one tutor described her approach as 'person-centred' from a social work perspective which also translated into her educational approach. However, one arts project practitioner felt that one's own professional background and training would have important implications for any 'wellbeing' outcomes from creative practices.

The members, practitioners and wider stakeholders also discussed tensions in practice over competing educational/creative and therapeutic goals, for example in relation to self-direction compared to direct teaching input and issues of 'pressure' and competition. Still, the ethos of the studio-based organisation was to work with explicit therapeutic aims while not compromising the quality of the artwork. Furthermore, one targeted ACL tutor did not think there was a particular tension over a focus on therapeutic goals versus art work or education. In terms of wider community engagement, staff in the art studio setting described how they balanced out mental health focused events compared to connections with the wider community and art world, with there being room for both. For the targeted arts projects, however, the funding landscape and their positions within this did affect their ability to keep the focus on the art as opposed to 'mental health' or social policy outcomes such as community benefit/involvement.

A tension also sometimes surfaced between social wellbeing compared to creative goals in the art studio setting in that some members found social interaction distracting or did not always wish to engage in this (see Chapter 7). In the jewellery-making group too, the tutor commented that some people may like to concentrate on their projects and didn't always want to speak. Furthermore, in the art studio setting, there was a tension over lengthy treatments of mental health issues in the group context, with some participants disliking this and others desiring therapeutic input.

Using creative arts for recovery and wellbeing
Practitioners were asked to give their views about using art or craft subjects for mental health and wellbeing outcomes. In the ACL practitioner interviews there was a strong discourse of confidence and self-esteem and most did not see any problems with simultaneously attempting to meet educational and mental health and wellbeing goals, viewing these as complementary, with an interactive relationship between developing art skills and personal confidence and wellbeing. They often saw a close relationship between subject-related confidence and achievement and broader wellbeing outcomes. One described wellbeing benefits as a natural bi-product of creativity and group support and another the interaction between artistic and group processes in her courses and how these could combine to therapeutic effect.

Practitioners' accounts were also considered in relation to the critique that some approaches within the wellbeing agenda can be depoliticising because they lead to a focus on psycho-social processes abstracted from the wider social structural context (see Chapter 2). A significant counterpoint concerned the political nature of 'confidence building', as well as the other identity-reshaping processes relating to recovery. In response to the question of whether art can act as a pacifier/anaesthetic (Mirza, 2006) rather than being 'empowering', one discussed how building 'confidence' through group support and art-making could help women deal with experiences of domestic abuse relating to gender oppression.

The use of arts subjects for wellbeing aims was also seen as complementary to educational objectives in terms of potentially facilitating progression to other subjects, and practitioners discussed the benefits of embedding subjects which some students would initially find 'scary' (such as economics or sociology) into creative subjects.

However, there was also a view among two practitioners that creative subjects should be viewed as of value in themselves in enriching our quality of life, regardless of instrumental outcomes, with one arguing for distinguishing between therapeutic outcomes and the value of art in its own right, implying a potential problem with the latter becoming subsumed within a wellbeing agenda. When asked about whether they perceived any conflicts between wellbeing and educational aims, two ACL practitioners in the area of jewellery-making described how they felt it was better to keep the latter implicit as otherwise one risked losing sight of educational objectives and practice becoming artificially manufactured around wellbeing outcomes which could be off-putting to students.

In terms of the processes through which the arts and creativity achieved outcomes relating to wellbeing and recovery, staff in management positions in the two targeted arts organisations described art as being about 'play'. In the service user-run organisation this was seen as distinct from 'therapy' to deal with problems. In the art studio setting, the arts were also described as a vehicle forself-expression, communication and self-knowledge.

The ACL stakeholders tended to have a different opinion about the unique or special role of creative arts in mental health and wellbeing. Generally, their view was of the importance of a range of motivating subjects in this context, taught by good tutors, and with opportunities to learn without the pressures of progression and accreditation. One saw motivation and self-expression as essential for the transforming potential of ACL.

One NIACE manager thought funding pressures in other sectors reinforced the mistaken idea that arts in ACL are automatically beneficial in therapeutic terms and that this was leading to inappropriate referrals. She also discussed the competing imperatives of using arts for therapy compared to preparation for work in the context of recovery and how wider pressures for progression outcomes in ACL, especially to employment, reinforce those problems in arts-based programmes.

13. Overview, conclusions and implications

Lydia Lewis with Kathryn Ecclestone, Jerry Tew and Helen Spandler

1. What kinds of opportunities for or barriers/challenges to mutuality are generated in creative arts ACL and mental health targeted participatory arts settings?
This research question focused on opportunities for mutuality generated through the creative contexts of the research settings, as well as factors that hindered or presented challenges to capabilities in this area.

Opportunities
The creativesettings were found to generate a range of opportunities for mutuality between adult learners/members/participants and between these parties and volunteers and practitioners in the settings. These related to participants' initial motivations for taking part (community participation and social connection; enjoyment and relaxation; creativity; and learning and vocation) and to broader themes of promoting social and educational participation and inclusion and building social capital (relationships and networks). The three main, inter-related themes were:

- **Mutual generation of creative and educational capabilities;**
- **Being part of a creative community or group;**
- **Social connection, friendship and social support.**

Barriers and challenges

The research findings revealed a range of tensions around mutuality in the study settings, many of which revolved around preferences or needs for social distancing versus connection to others through the creative practices. Barriers and challenges included

- **professional and organisational boundaries and responsibilities,** including therapeutic boundaries, a duty of care and person-centred values which meant putting the needs of clients first.

- **balancing everyday light conversation and a normalisation approach focused on creative work with opportunities for social recognition and support concerning mental health -related experiences,** with both of these modes of interaction being valued at different times and by different participants.

- **difficulties surrounding group participation,** with joining or fitting into a group described as particularly difficult for some people in the context of mental health issues**.**

- **a tension between individualism and communality in the settings,** both in relation to creative work and the wider freedoms and interests of individuals versus the collective.

The policy and political context was also described as presenting difficulties for mutual ways of working, with one important factor being unstable funding. This can threaten the continuity of provision which was found to be crucial in allowing for the generation of shared practices, educational experiences and support.

2. **Through what mutual processes do creative practices in ACL and mental health participatory arts settings affect wellbeing and recovery for a range of people involved?**

Mutual, relational processes were identified in the following broad realms: social-creative processes (ways in which the social context of the community settings was expanding or restricting capabilities for creativity and participation); creative-social processes (ways in which creativity generated or diminished opportunities for mutuality); psycho-social processes (focused more specifically on the relationship between social and psychic life); and educational processes (concerned with dimensions of collaborative learning). Across these areas there were three main, inter-active themes:

- **Developing relational creativity and relational agency;**

- **Providing recognition;**

- **(Re)shaping identities and subjectivities.**

3. **How do the goals of mutuality, wellbeing and recovery interact with educational goals and traditions in ACL and mental health participatory arts contexts?**

Findings relating to this research question demonstrate how educational and mental health and wellbeing goals may be viewed as complementary in these contexts and there can be similarities and overlaps between educational processes and therapeutic ones. Nevertheless, tensions between these goals may still arise. In ACL, an explicit focus on wellbeing aims may also risk overshadowing educational objectivesand be unappealing to (potential) adult learners whose initial motivations for attendance relate to learning rather than wellbeing. Furthermore, there can be a problem with assuming that creative initiatives automatically generate mental health benefits and of overlooking the value of other motivating subjects and conducive learning environments in this regard.

The broader funding, policy and organisational context of ACL is also a key factor in shaping goals and changing older traditions. In particular, funding cuts in both ACL and mental health provision and repeated, often significant, organisational changes to NHS, local

authority and other ACL providers have profound effects on provision, ethos and goals. This makes strategic attention to the role of mental health and wellbeing amongst other educational and social goals very difficult: provision tends to be ad hoc and reactive.

Conclusions

Creative arts ACL and participatory arts initiatives can create a range of opportunities for mutuality among participants. These opportunities can also extend to practitioners and volunteers, thereby expanding capabilities across the areas of education, creativity and mental health and wellbeing for everyone involved. The findings demonstrated the relational production of creativity and agency in the community settings and the ways in which creative practices in relation with others can work to (re)shape subjectivities and identities in subtle yet powerful ways. They showed the interactive nature of the creative participatory practices and the relational contexts of the initiatives, with these working together to model a social system that was generative in its effects (Gergen, 2009; McKinney, 2012).The study thereby demonstrates the applicability of the reciprocal cultural model of adult education involving the mutual generation of opportunities for learning and development (Greenhouse-Gardella et al., 2012; Miller and Stiver, 1997) to creative arts ACL and participatory arts settings and aims across the areas of education and health in these contexts.

However, the research also illustrated how practical, psychological and organisational factors can delimit or challenge opportunities for mutuality in creative arts ACL and participatory arts settings. The study therefore suggests the need for caution in relation to expectations or prescriptions of mutuality among participants in such creative community contexts, especially in those that are targeted for mental health, both in relation to creative practice and care and support. This may be particularly the case as such expectations can play out in unevenly gendered ways. The findings regarding the relational nature of subjective states, from enjoyment and confidence through to depression, additionally highlight the fact that mutuality or communality in creative community settings does not necessarily benefit mental health and can present challenges for the wellbeing of staff in these settings. An explicit concern with mutuality in the context of the wellbeing agenda for ACL may also risk eclipsing educational objectives and disengaging (potential) adult learners.

Finally, the findings highlight again the definitional debates and problems in the area of mental health. Our findingssupport other literature which points to the similarities between processes that promote wellbeing and those that support recovery in community contexts (e.g. Hammond 2004a; Slade 2010). However, for conceptual, ethical, political and practical reasons, our study demonstrated a need to maintain a distinction between 'recovery' or 'mental health needs' and wellbeing in the context of ACL and participatory arts initiatives. Concerns here include over-extended understandings of mental health needs and recovery that risk medicalising or socially pathologising individuals or groups and might, inadvertently, erode specialist, mental health targeted approaches and the need to resource them. There is also a need to recognise that there may be particular challenges associated with communality and mutuality in the context of mental health recovery.

Contributions to research

As previously described, this study was part of a wider consortium programme of research about 'mutual recovery' in creative arts contexts. A particular contribution to this programme is the theorising of mutuality in relation to mental health and wellbeing using relational theory and the capabilities approach. Critical engagement with the idea of mutual recovery, including examination of negative processes and consequences associated with taking part in community-based creative arts initiatives and (efforts towards) mutuality in these contexts is another important contribution of the study, along with examination of mutual processes arising from different kinds of creative practice (including crafting, creative writing and painting and drawing) and the need for consideration of gender in relation to practices of care and mutuality in creative arts community settings.

In terms of the wider literature on ACL,the investigation adds some insights to minimal research regarding mutual learning between staff and students in ACL, which tends to be under-explored, and helps to theorise the wider benefits of learning for family, community and society in terms of mutuality and its relevance for mental health and wellbeing. In terms of the more specific literature on creative arts ACL and participatory arts in the context of mental health and wellbeing, it contributes by highlighting the need to explore the mutual processes and outcomes among a range of stakeholders, including practitioners, with previous research having tended to focus on adult learners/participants to the exclusion of other setting members.

Other areas in which the study adds to currently minimal research literature include ACL provision that is targeted for mental health, the contribution of mainstream creative settings to mental health recovery, and the negotiation and sharing of community arts spaces. It highlights the need for attention to the wider socio-political and socio-economic context in research into mental health, wellbeing and recovery in community settings, and areas of social difference and inequality among setting members, including gender, age, class and culture. In particular it highlights the need for consideration of how initiatives may help to challenge or can reproduce traditional gender relationsand the implications of this for wellbeing and recovery processes.

Implications for policy, provision, practice and research
The findings of the study indicate the following implications for policy, provision, practice and future research:

- Creative arts initiatives can be effective means of meeting growing calls for a shift of emphasis in mental health services provision towards social perspectives and a community development approach and of developing relationships and social support in the context of the wellbeing agenda.

- Community-based creative arts adult education and art therapy initiatives are of significant value to a 'mutual recovery' agenda involving shared creative practice among practitioners and participants. However,in the context of such initiatives, there are factors which may restrict the full realisation of this agenda when interpreted in terms of mutual mental health benefits for both parties, and there is a need to maintain a conceptual distinction between recovery and wellbeing.

- 'Mutuality' needs careful facilitation and negotiation and should not be expected or forced upon participants in creative arts recovery settings.

- In creative arts ACL and participatory arts initiatives, a balance between individual self-directed and collective practice/learning often works well.

- It is often better for wellbeing aims to remain implicit in ACL settings.

- Both targeted and mainstream creative arts initiatives have a role in supporting mental health and wellbeing. There is also an important place for women-centred creative arts provision which facilitates the development of peer learning and support systems.

- Creative arts community-based initiatives should recognise the resources within client groups which can support educational and mental health and wellbeing objectives. However, staff facilitation remains important.

- Asthe relational nature of emotional states in mental health settings can present challenges for the mental health and wellbeing of practitioners as well as other participants, mutual support among staff is essential for practitioner wellbeing.

- The importance of relationships and social support to wellbeing and recovery means that continuity and stability of provision of creative arts ACL and participatory arts initiatives is necessary for maintaining outcomes in these domains. Creative practice in community-based initiatives should be supported as an opportunity, or capability in itself and not just because it may lead to progression to other opportunities for participants or has an economic incentive in terms of people's readiness for paid work.

- It should not be assumed that involvement in the creative arts, nor mutuality, is automatically beneficial to mental health. While the creative arts may offer distinct benefits for mental health and wellbeing objectives, in ACL it is important to maintain wide curricula which offer development opportunities for everybody and widen capabilities across the areas of health and learning.

- Future research could examine in more detail how the factors that delimit or challenge opportunities for mutuality in creative arts community settings can be negotiated in practice, the role of creativity within these processes, and the benefits and disbenefits of this negotiation from a variety of perspectives. In particular, it could critically examine the question of whether promoting recovery and wellbeing through mutuality in community settings requires the breaking down of traditional professional boundaries and organisational power relations and the implications of doing so for the mental health and wellbeing of people in various roles. Comparison of processes of mutuality within creative arts ACL with those in other areas of ACL would also help to further delineate the key features of adult learning settings for achieving outcomes in the areas of mental health and wellbeing and what may be distinctive about the creative arts while providing further insights into the social, psycho-social, creative and educational processes involved. A research agenda concerned with mutuality, creative practice and mental health recovery and wellbeing also requires further exploration of the operation of wider social differences and inequalities, including those of gender, social class and ethnicity, in relation to these phenomena.

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