

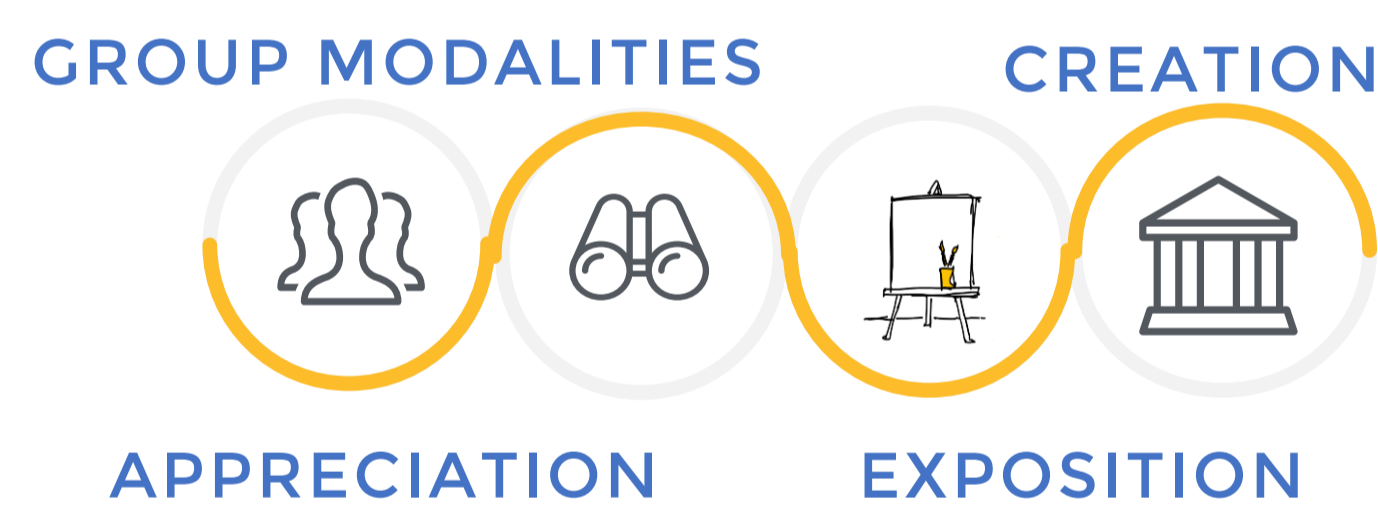
## Introduction

The development of a more positive self-perception and the fight against every aspects of stigmatisation are key components of mental health rehabilitation in youths. Using different artistic modalities to foster these kinds of objectives is an increasingly popular avenue. However, only few quality evaluations have been conducted to assess the effectiveness of artistic approaches in mental health (e.g. Essler et al, 2009; Hacking et al, 2008; Lloyd, 2007; Archambault et al., 2015.)

The goal of the present study was to evaluate the effects of an innovative art-based rehabilitation group program on the self-perception and perceived stigmatisation of youths suffering from mental disorders.

## Program

*Espace Transition au Musée (ETM)* could be translated as *Transition Space at the Museum*. The program stems from a collaboration between the *Espace Transition* project from Ste-Justine University Hospital Center (Montreal, Canada) and the *Sharing the Museum* program from the Montreal Museum of Fine Arts (MMFA). It includes 12 weekly workshops containing both appreciation and creation of art works. An artist-educator from the MMFA leads the workshops. The program is concluded with a public *vernissage* and exhibition. It targets youths aged 14 to 25 years with diverse psychopathologies (target participants), mixed with same-age peers without any mental health issues (co-participants). Participants' psychiatric status is not disclosed to the workshop conductor. A mental health practitioner, offering on-site clinical support, is the only one knowing each participant's background. Hence, target participants and co-participants are undifferentiated and have the same role in the group.



### OBJECTIVES

- ↑ Self-Perception
- ↑ Social Skills
- ↑ Affect
- ↑ Global Fonctionning

### GOALS

- To increase well-being
- To decrease stigmatisation
- To foster psychosocial rehabilitation

## Methods

### Participants

12 youths aged between 14 and 25 years ( $M = 18.1$ ;  $SD = 4.0$ ; 83% female)

- 8 target participants referred by a mental health clinician;
  - 4 co-participants enrolled by word-of-mouth;
  - 9 clinicians who referred a target participant;
  - 8 parents/siblings of target participants.
- Free and informed consent was given before data collection began.

### Protocol

- Mixed methods
- Collaborative and naturalistic approach
- Repeated measures : pre-program (T1), post-program (T2), 3 months Follow-Up (T3)

## Methods (continued)

### Instruments

#### Self-Reported Questionnaires

- *Self Esteem Rating Scale* short version. Validated in French (Lecomte, 2006). Two different sub-scales: Positive dimension of self-esteem (10 items,  $\alpha=0.94$ ) and negative dimension of self-esteem (10 items,  $\alpha=0.93$ ). Completed by target participants and co-participants.
- *Stigma Scale* (King, 2007) translated into French with the collaboration of a professional translator. 28 items reflecting perceived stigmatisation ( $\alpha=0.93$ ). Completed exclusively by target participants.

#### Semi-Structured Interviews (target participants, co-participants, parents/siblings, referring clinicians)

Open questions about program experience and perceived effects as well as systematic questions about changes in self-perception and stigmatisation.

### Analysis

**Quantitative** : Repeated-measures ANOVAs to compare questionnaire scores at different time points.

**Qualitative** : Thematic analysis (Denzin et Lincoln, 2000) aiming at identifying every ideas related to self-perception and perceived stigmatisation brought by responders (Miles et Huberman, 1994).

**Mixed**: Integration of qualitative and quantitative results at the time of interpretation.

## Results

**Figure 1. Effects of the ETM program on self-esteem and perceived stigmatisation based on self-reported questionnaires**

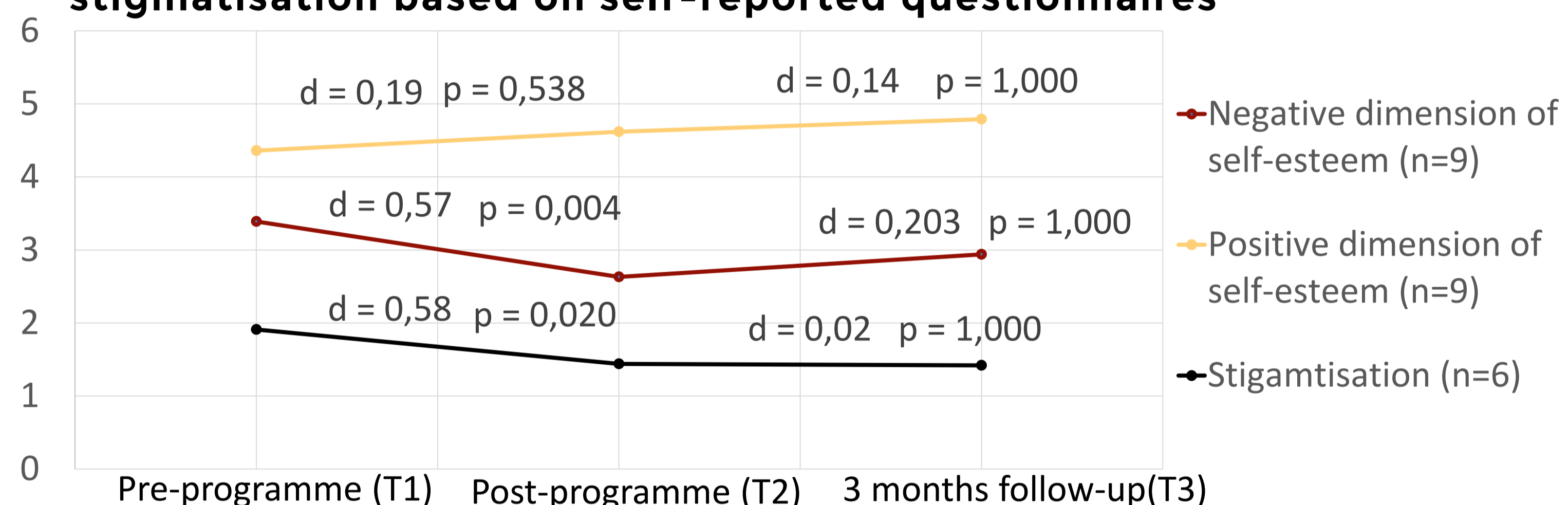


Figure 1 displays the evolution of mean scores obtained from each of the three scales completed by participants at the different time points. It shows a medium-sized significant decrease in the negative dimension of self-esteem (all participants) and in perceived stigmatisation (target participants) between T1 and T2. These changes are not maintained at follow-up. The positive dimension of self-esteem tends to show a small-sized increase in time (all participants), but it fails to reach statistical significance.

Preliminary analysis of interview verbatim allowed to identify themes suggesting positive changes in youth's self-perception following program participation.

#### ✓ IDENTITY

Program participation seems to have brought to some participants a better knowledge of their strengths and limitations, a better insight in their condition and the capacity to integrate mental illness into a sane and positive identity.

#### ✓ HOPE

In some participants, the program experience induced the development of a sense of hope regarding the evolution of mental health issues or psychosocial skills.

#### ✓ BELONGING

Many participants were allowed to develop a sense of belonging to a group, to feel like equals to their peers, to feel like having a constructive role in a group and/or to feel like being able to rely on each other.

#### ✓ SELF-ESTEEM/PRIDE

According to responders, nearly every participants saw their self-esteem/self-confidence increase following the program and/or developed a feeling of pride related to their achievement.

## Discussion

Quantitative results point towards a decrease in the negative dimension of self-esteem and in the perceived stigmatisation of participants after program completion. If the limitations of the study design prevent us from confirming causality between these changes and program participation, qualitative results tend to support its plausibility. In fact, many interview responders made a direct link between the program and the increased self-esteem and other positive changes in participants' self-perception and perceived stigmatisation. Moreover, the fact that scores remained relatively constant between post-program and follow-up is consistent with a program effects hypothesis. Globally, results support the promising character of *ETM* program as a strategy to foster the psychosocial rehabilitation of youths suffering from mental disorders. Further analyses are necessary to extend these results and better understand their underlying mechanisms.

### Strengths and Limitations

The small sample size and the lack of a comparison group are major limitations of this study. Those are partly compensated by the use of mixed methods and the triangulation of different sources of data and collection strategies.

### Conflicts of Interest and Acknowledgements

Authors do not have any conflict of interest and would like to thank all participants, the *Espace Transition* and *Share the Museum* teams, as well as their collaborators.