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Converge: Releasing the Potential of University Arts Education to Benefit Adults with Mental Health Problems

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Converge offers courses in the arts to local people who use mental health services. During Christmas 2023, our choir sang at York Minster (the cathedral) as part of the York St John University carol service. Our theatre company, Out of Character, performed a new version of Jack Thorne's play *After Life* over three evenings at the university's creative centre. Over fifty Converge participants shared their art, theatre-making, creative writing, and music with each other at our end of term sharing. We published our sixth volume of creative writing. This vibrant art activity is usual now for Converge, a partnership between York St John University and the local NHS provider offering free arts education to local people with mental health problems.

The project began with a simple idea: to offer a course in theatre to local people who use mental health services and to involve university students in the delivery of the course. The first course, *An Introduction to Theatre*, took place in 2008 and led to the creation of a theatre company, Out of Character, and the development of courses across the university. From the outset it was important that these courses took place in a properly resourced place in the university environment.

Now, 15 years later, in the academic year 2022–23, we ran 48 courses (usually 8 to 10 weekly sessions) in the arts to over 220 adults with lived experience of mental ill health. We offered free courses in theatre, comedy improvisation, dance, music, fine art, creative writing, music, song writing, and we have a choir with over thirty members and a theatre company.

In this article, I discuss what has led to Converge's enduring success, and offer a model that may be of interest to other universities. I will suggest that four key characteristics have been crucial in the sustainability and success of the project: a clear rationale and set of principles; the convergence of interests of a university and a mental health provider; the importance of the university environment; and an infrastructure of support that enables art-making to accompany recovery in mental health.

A clear rationale and set of principles: students not service users, education not therapy

It is common for new organisations, under the pressure of funders or of institutional demands, to lose sight of their underlying values. Indeed, there have been many moments over the last fifteen years when it has been necessary to return to the key principles of the Converge model, in order that it should not be pushed out of shape and lose its integrity. These principles are driven by an understanding of the problems that people with enduring mental health problems face.

The mental health identity is corrosive and limiting, and questions of identity are central to the history and experience of people who have used mental health services (Link et al., 2001; Livingston & Boyd, 2010). A mental health diagnosis and its stigma can overshadow and over-define an adult's identity. With opportunities and potential being narrowed, an individual can become limited in what they think of as their potential, risking forever remaining a 'patient' or 'service user'.

From the outset, we wanted to challenge the profound limitations that the mental health identity involves. To offer education, not therapy, in a socially valued environment, in which people are regarded as students, not people with mental health problems. The heart of the approach can be summarised by the phrase 'Students not patients; Education not therapy.' Whatever their histories of mental ill health, participants become and are referred to as 'Converge students' and form a valued part of the university community. This simple reframing challenges the corrosive nature of the mental illness identity, which can reduce aspirations and inhibit recovery.

We aim to invite people into the socially valued community of a university, in well-resourced teaching environments, where the focus is on the learning of a discipline rather than the mental health problem. Framing the activity as education begins from the first publicity of the courses, stressing learning rather than therapeutic benefit. It continues with the ways in which courses are organised, presented and delivered.

The principle of regarding people as students leads us to encourage participants to take as full a part in university life as possible. They can use the catering outlets and the library, and are encouraged to take part in university activities throughout the year. Participants become more confident within the university environment, and over forty people have moved from the Converge programme to undergraduate and postgraduate courses.

Tom provides a vivid example of the possibility of escaping the narrow confines of the mental health identity. His story begins on the first day of the first 'Introduction to Theatre' course in 2008.

> When Tom arrived, he seemed distracted. He clutched sheaves of paper, which he told me were plays and poems he was writing. As we walked together to the theatre studio, he told me that his writing helped him to manage the voices in his head.
>
> As a means of introduction at the beginning of the course I asked people to say their name and one thing about themselves. Tom said, 'My name's Tom, I'm a schizophrenic.' This was how he defined himself. Some years later he told me that, at that time, all his friends were people who had mental health problems and all the activities he was involved in took place in mental health context. His life and his view of himself was overshadowed by his diagnosis.
>
> But Tom enjoyed theatre. At first, he attended the classes irregularly, but gradually it became clear that he had a passion for theatre. He joined the newly formed Out of Character Theatre Company, performing with them in the university, at conferences and memorably at York Theatre Royal in 2010. In the same year, he enrolled part-time on the undergraduate Theatre programme,

and got a job. In 2013 he got married. Despite occasional relapses, his mental health remained good and as a theatre student, he led a course entitled *Have a Go, Jo* designed to integrate local people from the community with those who use mental health services.

Tom has come a long way from 2008, and now he introduces himself in the following way: 'My name's Tom, I'm a theatre graduate and theatre facilitator, a husband, a stepfather and recovering from schizophrenia.'

Tom's story is not uncommon in Converge. This revisioning of the self as highlighted in the story about Tom comes significantly from a reframing of identity – from service user to student – and of context – from 'clinic' to university.

A convergence of interests between a university and a mental health service provider

> Converge offers an innovative model of reciprocal knowledge exchange which jointly benefits universities, students and people who experience mental health challenges. (Converge Evaluation Project, 2022)

We called the project Converge because of the convergence of interests of a university and a mental health service provider. From the outset, we saw that the benefit of the work was reciprocal: students and staff benefit as much as those who come on to campus to take the courses. Converge offers a model of collaboration between a university and a mental health service provider that can make a real difference in the lives of users of mental health services, full-time students, and the university community. Each of these groups can learn from the other. It matches the 'core business' of its key providers: the university educates its students; the health service has a valuable provision for its clients; and students learn through meeting and working with adults with long-term experiences of mental ill health.

The following examples of convergence, or reciprocity, demonstrate the potential of the collaboration of a university and a mental health service provider:

a) Music students teach and conduct the choir.
b) Theatre students perform alongside members of the Out of Character Theatre Company.
c) A doctoral student leads a Converge course in music composition.
d) Art students exhibit their work as part of an exhibition at the local mental health hospital, alongside the work of patients and Converge students.
e) Design students work with members of our evaluation and research team to design an ideal mental health waiting room.
f) A marketing student helps our theatre company to develop a social media presence to publicise their work.

This collaboration is crucial to the success and vitality of the project, it also serves to challenge attitudes to mental ill health. In a study we conducted in 2013, the most striking consequence of students' contact was a change from regarding people who use mental health services as ontologically different, highly vulnerable, and in need of special care and treatment to engaging with them as learners: a relationship and a purpose far more familiar to students. We called this 'a return to ordinariness' (Rowe et al., 2013, p.151).
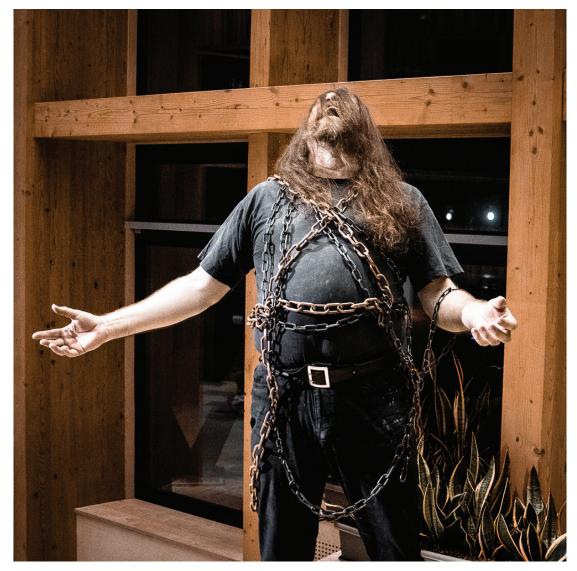
Figure 1: Out of Character performance of A Christmas Carol. Photo by Mark Gowland

The benefits of convergence are also economic. We can harness the university's knowledge, expertise, goodwill, and forward-looking energy for the benefit of local people who use mental health services. This is borne out by a socio-economic analysis conducted in 2023 by the economists Carney Green. They found that for the academic year 2022–3, the total estimated value of net benefits from Converge activity was £5.8m, and that the Estimated Benefit Cost Ratio (BCR) was 1:11.8 (Converge and Carney Green, 2023). This may be expressed as follows: every pound sterling invested in Converge results in £11.80 of social and economic benefit. Following the British government's categories of Benefit Cost Ratio, this indicated that Converge offers 'very high value for money'.

It is clear that, in terms of both social and economic benefit, the university plays a decisive role in the success of the Converge model.

'Wow, it's a university.' The central role of the university

> My self-esteem was on the floor. I felt like I was on the fringes of society, I was worthless. And then suddenly to be brought into a university precinct…it's like wow, yes, to be scooped up from the edges of society and brought right bang in the centre where it is all happening…." (Newcastle Converge student in the Converge Evaluation Project)

I often say that the university is the hero of Converge. It makes the difference. Consider this example: early on in the development of Converge, I walked with a new participant into a drama studio, having set up theatre lights and staging, and as we entered he turned to me and said, 'You are taking us seriously.' To this person, it was the environment that conveyed the message that we value people and are taking them seriously as theatre students.

The university environment can play a part in social justice, challenging stigmatised identities and inviting a re-evaluation of self. Universities are valued by society. They carry messages about how we are to be appraised and how we are to behave. As these ivory towers open their doors, they provide opportunities to those who previously thought such hallowed spaces were out of reach. If universities are institutions valued by society, psychiatric hospitals and clinics have traditionally carried very different implications. Even at the start of the twenty-first century, the psychiatric hospital is still redolent of a history of control and constraint. The stigma that surrounds our conceptions of 'madness', evoked by the old asylums, still haunts us.

Universities are very different spaces. They remain places of hope and aspiration, orientated towards the future. In our society, they are perhaps one of the places that lead to successful recovery including the generation of hope, social inclusion, overcoming isolation, engagement in supportive relationships, the strengthening of an enduring sense of self and the development of a sense of meaning and purpose (Ellison et al., 2018).

Surrounding infrastructure that allows art making to flourish

Art is not necessarily good for us. It may reveal distressing and disturbing images, or further reinforce lack of confidence and self-worth. For art to flourish and for art making to build resilience and hope for the future it needs to be surrounded by a supportive and encouraging infrastructure. I have already mentioned the importance of the university as a socially valued and aspirational environment; this plays a crucial role in art making, but so does the support that surrounds participants.

In 2014, the local mental health provider began to fund mental health staff, to support new participants and those who are struggling to fully engage with Converge. We called this 'The Discovery Hub', emphasising in the word *discovery* possibility rather than the mental health problem. The team is comprised of a senior occupational therapist manager, a mental health worker and five peer support workers who provide individual support to Converge students.

Based at the university, The Discovery Hub focuses on supporting people making steps to access Converge, as well as on connecting them to opportunities in the local community as part of their recovery journey. This can involve assistance to progress to higher education, training, and employment opportunities. The team also support Converge students connecting back into mental health support when they need it.

Impact

As is the case for all arts organisations, Converge needs to provide evidence of its impact to funding organisations. We use the following indicators:

a) *Attendance and retention rates.* This is a simple but basic measurement. It is a way to tell if people are engaging with the classes and valuing it to the degree that they attend regularly. In the academic year, 72% of people completed the courses and we achieved an 82% attendance rate.

Figure 2: A fall of snow during a performance. Photo by Mark Gowland.

b) *Participant feedback.* The Converge Evaluation and Research Team have devised a survey to ascertain participant feedback.
c) *Individual stories of progression.* Tom's story above provides a compelling example of the possibilities of the project.
d) *The artwork produced.* The quality of the work produced by our musicians, performers, writers, artists and performers provides eloquent evidence of the value of the work.
e) *Use of mental health services.* In a recent survey of sixty-two Converge participants in 2023, 43.1% said that their mental health had improved significantly since attending Converge, and 22.41% said that their need for mental health services had significantly reduced.
f) *Independent evaluation.* The Converge Evaluation Project (Converge, 2022) provides a detailed evaluation of the project.
g) *An independent socio-economic impact analysis.* This analysis, undertaken in 2023, concluded that every pound invested in Converge yielded £11.80 of social benefit, and that Converge should be considered of 'very high value for money'.

Expanding the Converge model

The impact of the project, and evidence of its distinctiveness, may also be found in the interest it attracts beyond York St John University. In 2016, Northumbria University piloted a Converge programme in Newcastle, and in 2018 secured funding for a part-time coordinator to take this work forward. It has now run for a total of five years after its set-up year. Working closely with the local mental health trust, they offer courses in theatre and fashion design.

Figure 3: A collective work made by hospital patients. Photo by Mark Gowland.

We also work closely with Pacific University in Oregon, with over eighty occupational therapy doctoral students having visited the project. They take part in, and offer sessions for, a two-week summer school open to all Converge students and university students. They have piloted the introduction of the Converge model in Oregon (Jordan et al., 2022).

The Converge model has also attracted interest from staff at Griffith University, Brisbane, one of whom shadowed Converge from March to June 2023 and then invited the author and a member of the Discovery Hub to visit Brisbane and share the model with university and mental health staff with the aim of adapting the model in that city.

Conclusion

Art-making can be transformative, enabling personal discovery, development, and sustained rich contact with others. To be so, it needs to take place in a supportive and socially valued environment. Converge aims to offer people who experience mental health problems the opportunity to challenge the mental health identity through becoming part of the university community. Institutions define identities – in the case of the psychiatric hospital, identity can be spoiled by stigma and over-identification with the diagnosis. Universities call for very different selves – aspirational, hopeful, and focused on personal and professional development. The former confines, the latter seeks to liberate. The aim is to offer people with mental health problems the opportunity to benefit from the transformative potential of the university community. The result is twofold: a rich and exciting educational arts opportunity for people with mental health problems, alongside authentic and practical work experience for university students.

References

Converge (2022). *The Converge evaluation project*. York St John University. https://www.yorksj.ac.uk/media/content-assets/converge/documents/Converge-evaluation-project---full-report---WEB.pdf

Converge and Carney Green (2023). Converge Socio-Economic Impact Assessment Report. York St John University. https://www.yorksj.ac.uk/media/content-assets/converge/documents/Converge-Impact-Assessment-Report-(PDF,-560KB).pdf

Ellison, N., Belanger, L., Niles, B., Leigh, C., & Bauer, M. (2018). Explication and definition of mental health recovery: A systematic review. *Administration and Policy in Mental Health and Mental Health Services Research*, *45*(1), 91–102. https://doi.org/10.1007/s10488-016-0767-9

Jordan E., Andrews, N., & Roush, S. (2022). Converge Oregon: A supported education pilot program. *American Occupational Therapy Association*, 27(12), 14–17. https://www.aota.org/publications/ot-practice/ot-practice-issues/2022/converge-oregon

Link, B. G., Struening, E. L., Rahav, M., Phelan, J. C., & Nuttbrock, L. (2001). On stigma and its consequences: Evidence from a longitudinal study of men with dual diagnoses of mental illness and substance abuse. *Journal of Health and Social Behavior*, *42*(2), 208–230. https://doi.org/10.2307/2955424

Livingston, J. D., & Boyd, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. *Social Science & Medicine*, *71*(12), 2150–2161. https://doi.org/10.1016/j.socscimed.2010.09.030

Rowe, N., Forshaw, N., & Alldred, G. (2013). A return to ordinariness: How does working alongside people who use mental health services effect theatre students' attitudes to mental illness? *Journal of Applied Arts and Health, 4*(2), 151–162. https://doi.org/10.1386/jaah.4.2.151_1