1 **How do community-based arts activities enable the identity change recovery process from**

2 **serious mental illness: A protocol for a realist review**

3

4 **Authors**

5 Louisa Anne Peters, University of Huddersfield, louisa.peters@hud.ac.uk[1]

6

11

12

13

14

15

16

17

18

19

20

21

22

23

24

[1]Corresponding author: Louisa Anne Peters, Department of Psychology, School of Human and Health Sciences, Huddersfield, HD1 3DH, Email: Louisa.peters@hud.ac.uk

25   **Abstract**

26   **Background**: Serious mental illness (SMI) has been identified as a key health issue to be

27   addressed due to static recovery rates, increasing the burden on mental health services.

28   Emerging evidence indicates that community arts activities can support SMI recovery,

29   however the complexity of such social interventions makes it difficult to determine what

30   works, how and in what context. In addition, identity change is one particular recovery

31   process that is often overlooked within intervention evaluations. The aim of this research is

32   to discover causal explanations of how, why and in what context do community-based arts

33   activities enable the identity change SMI recovery process.

34   **Methods**: A realist review will be conducted utilising four search cycles: (1) background; (2)

35   programme theories; (3) empirical evidence; (4) middle-range theory. Each cycle will include

36   both structured literature searches and citation searching within a wide range of sources to

37   include both empirical and grey literature. An initial programme theory will be used to

38   define broad search terms, which will be refined as programme theory develops. Similarly,

39   inclusion criteria will be adapted throughout the review, with literature items being

40   appraised and selected for relevance, richness and rigour. An expert panel of stakeholders

41   will be consulted throughout the process to contribute literature suggestions, check

42   programme theory salience and dissemination.

43   **Discussion:** This realist review will explore the contextual features of living with SMI and

44   what mechanisms are activated through community arts interventions and why. A

45   particular focus will be on the outcome of the identity change SMI recovery process.

46

47   **Keywords**: Realist review, serious mental illness, recovery, identity, community arts.

48

Background

The realist review outlined within this protocol will form the first phase of a realist

evaluation within the authors doctoral thesis. The research project has been supported by

the National Institute for Health and Care Research (NIHR) Applied Research Collaboration

Yorkshire and Humberside (UK), the University of Huddersfield, and the Southwest Yorkshire

Foundation Trust charity Creative Minds. The broad scope of the project is to explore the

role of creative activities in serious mental illness recovery (SMI).

Mental illness is the second-largest source of burden of illness in England (MHFA

England, 2020), and has been identified as a key issue to be addressed in the NHS Long

Term Plan (2019). In particular, SMI is related to health status inequality and a reduced life

expectancy of about 20 years (NHS, 2019). With recovery rates for SMI conditions, such as

schizophrenia and psychosis, never exceeding 40% (MHFA England, 2020) SMI recovery is a

crucial area for development. Drake & Whitley (2014) argue that low recovery rates aren't

due to ineffective treatments, but rather that recovery is defined solely by measurable

clinical outcomes such as symptom reduction. The focus of SMI recovery has now begun to

move away from clinical definitions towards a personal recovery approach (Brennaman &

Lobo, 2011). SMI recovery can be broadly defined as an individual, non-linear "process

whereby people with severe mental illness progress to live autonomous, contributing and

satisfying lives in the community, even with persisting symptoms" (Whitley et al., 2015). In

order to operationalise such a broad definition of recovery, Leamy and colleagues (2011)

proposed the empirically developed CHIME framework. This framework consolidates shared

experiences of SMI recovery into five key recovery processes – connectedness, hope,

identity, meaning and empowerment. In line with this person-centred approach to SMI

recovery, there is a commitment to offering non-clinical prescriptions within a care plan,

73　such as social prescribing schemes (Department of Health, 2006). Community-based

74　creative activities have been identified as cost-effective interventions, however further

75　research is needed to better understand how, why, and for whom they work (NIHR ARC

76　Yorkshire and Humber, 2019; Fancourt et al., 2021).

77　　　　Emerging evidence indicates a relationship between community-based arts activities

78　and recovery from mental illnesses (Dayson & Bashir, 2014; Kimberlee, 2013; Stickley & Hui,

79　2012; Walters, 2015; White & Salamon, 2010). However, many of these studies and

80　evaluations take a top-down approach, making assumptions about the important

81　mechanisms of change. Plus, in a review of socially prescribed activities Polley et al. (2020)

82　found 99 different outcomes, making it hard to determine what works, for whom and in

83　what context.

84　　　　It is also worth highlighting here that many of the CHIME processes were featured

85　within outcome reports, with the exception of identity change. Williams et al., (2012) notes

86　that identity change is rarely considered within evaluations of mental health interventions,

87　which could explain the lack of data. Yet a positive identity change has been found to be an

88　important feature of SMI (Best et al., 2016; Buck et al., 2013; Wisdom et al., 2008). Identity

89　Theory argues identity provides a reference point to understand the behaviour of ourselves

90　and others (Burke and Stets, 2009). Therefore, a positive identity when living with SMI will

91　encourage improved health-related behaviours and quality of life (Slade, 2009). As little

92　research attention has been given to the identity change recovery process within the

93　context of community arts activities, this will form the focus of the current realist review. By

94　gaining further understanding of the role of identity within community arts interventions,

95　we can better understand the processes involved that produce benefits for people living

96　with SMI.

Review objectives

The aim of this research is to discover causal explanations of how and why community-based arts activities enables the identity change recovery process from SMI. The overarching research question is:

> How, why, and in what context do community-based arts interventions enable the identity change recovery process from serious mental illness?

A realist approach has been selected for this review as it is particularly applicable to complex social interventions set in a variety of different contexts, that produce different outcomes (Pawson, 2006). Community-based arts activities are one such type of social intervention. As a theory driven approach, a realist review requires an initial programme theory to test, refine and establish the parameters of the review (Flynn et al., 2020; Wong et al., 2013). Through the critical review of relevant literature to define SMI recovery and the role community-based arts activities, a broad initial programme theory was established:

> Adults with SMI (Context) access a community-based arts activity (Intervention), which provides psychological and social resources (Mechanisms), that enables the identity change process in SMI recovery (Outcome).

The objectives of the review will be to develop and refine the initial programme theory by establishing:

1. Details of the contextual features of living with SMI
2. What mechanisms enable the identity change recovery process within the context of a community art activity.
3. The interaction between context and mechanism that results in enabling the identity change recovery process.
4. How the identity change recovery process is experienced.

121   **Methods**

122   The realist approach aims to discover causal relationships between specific contexts and

123   mechanisms, that explain outcomes (Pawson, 2006). Realist reviews utiliseA realist review is

124   a type of systematic literature review utilising an iterative process of searching, appraising

125   and synthesising the literature. Details on how this will be carried out are provided in the

126   following sections.

127

128   **Search strategy**

129   The realist review will be conducted within four search cycles: background; programme

130   theories; empirical evidence; and middle-range theory searches (Booth et al., 2018). Search

131   strategies within each cycle will include structured literature searches, citation searching

132   and approaching the expert panel for suggested papers, evaluation reports and relevant

133   policy documents. Structured searches will be conducted on electronic databases such as

134   PsychInfo, CINAHL & MEDLINE,Scopus, Summons, Pubmed, as well as the repository for arts

135   and health for sourcing grey literature. Booth et al. (2018) outlines a specific purpose within

136   each search cycle, summarised below:

137   • Background searches aim to explore the scope of the literature and define the

138   boundaries of the review.

139   • Programme theory searches focus on finding literature that offers explanatory insight of

140   CMO configurations.

141   • Empirical evidence searches aim to find literature that will test developing programme

142   theories.

143   • Middle-range theory searches explore cross-disciplinary middle range theory that may

144   offer a higher level of abstraction of programme theories.

145 The searches will be limited to the date range of 2005 – 2020 to coincide with the UK

146 governments commitment to utilising community-based activities for recovery (Department

147 for Health, 2006). Only items written in English will be considered due to translation

148 limitations. The CIMO (Context, Intervention, Mechanism, Outcome) framework will be

149 used to structure search terms as this framework was designed for use within a realist

150 review (Booth, Harris et al., 2013).

151 Whilst it is not possible to outline the search terms that will be used through out the

152 review, terms for the background searches will be established from the initial programme

153 theory. For example, terms relating to the context of living with SMI will include both

154 specific diagnoses such as "schizophrenia", and general phrases relating to mental illness

155 such as "serious mental illness". Intervention terms will be established from reviewed texts

156 to encompass the broad terms used to describe such programmes, including "social

157 prescribing" and "arts of prescription" (Publich Health England, 2015; Thomson et al., 2015).

158 Lastly, both mechanism and outcome terms will include the CHIME processes and general

159 evaluation terms to ensure the background searches produce a broad range of results. An

160 information specialist at the University of Huddersfield library will be consulted to pilot

161 search terms.

162

163 **Literature selection and appraisal**

164 The types of study that can be included within a realist review is broad including empirical

165 studies, as well as grey literature such as evaluation and policy documents (Wong, 2018). A

166 realist review places emphasis on relevance and richness to select literature, particularly

167 within the initial search cycles (Pawson, 2006; Booth, Harris et al., 2013). Assessment of

168 rigour is encompassed as the review progresses and is expanded beyond the traditional

169 focus on methodological concerns (Pawson, 2006).

170

171 **Relevance**

172 Pawson (2006) argues that relevance is established as a combination of the project

173 parameters and researcher judgement, and it is not possible to determine these parameters

174 for the entire review. Rather, as the review progresses relevance will become defined by the

175 developing programme theories. The research question and scope of the review can provide

176 a starting point for the background searches. Therefore, initial criteria for relevant items will

177 include a focus on adult populations living with SMI and community group arts activities

178 (see table 1).

179

180 **Richness**

181 Richness refers to both the diversity of data sources, and the depth of insights within the

182 literature to explain how an intervention works (Booth, Harris et al., 2013). This is

183 established on reading the literature to determine that there is a sufficient level of detail to

184 draw inferences about how and in what context the intervention works (Booth, Harris et al.,

185 2013). The inferences drawn from the data will contribute to CMO configurations, providing

186 novel insights for programme theory development. As with relevance, judgements made on

187 whether an item offers sufficient explanatory depth will be determined by the theories as

188 they are developed. Therefore, initial criteria for richness will again be guided by the focus

189 of the review and whether an item offers CMOs that explain the identity change process

190 within community arts activities (see table 1).

191

192 **Rigour**

193 Rigour within a realist review is not solely focused on methodical approaches and requires

194 the reviewer to consider how evidence is utilised within the literature item (Wong, 2018;

195 Pawson, 2006). Therefore, judgements about rigour are not determined by "pre-formulated

196 checklists" (Pawson, 2006, pg. 98), but by establishing whether the evidence presented can

197 make a valuable contribution to programme theory development. This links with criteria

198 relating to richness but also requires the reviewer to consider the clarity of conclusions and

199 how well this is supported by data (see table 1).

200

201 **Inclusion and Exclusion Criteria**

202 Using the research question and initial programme theory a set of inclusion and exclusion

203 criteria based on relevance, richness and rigour is outlined in Table 1. However, the iterative

204 nature of the realist reviews means that the inclusion criteria may be adapted as new lines

205 of enquiry become apparent. Therefore, pieces of literature that may be excluded within

206 one search cycle, may be included within another. Pawson (2006) argues that utilising such

207 an iterative process improves the rigour of the review as inferences are continuously tested

208 and refined against pertinent data.

209

210

211

212

213

214

215

216 **Table 1: The initial inclusion and exclusion criteria based on relevance, richness and rigour**

Criteria	Inclusion	Exclusion
Relevance	• Study population or subject of paper includes adults aged over 18 with SMI • Arts activities taking place in a community-based setting • Group based activities • Activities must include artistic engagement, including listening, reading and crafts etc	• Common mental illness or general wellbeing • Arts activities taking place in formalised mental health settings, such as hospitals or art therapy • Individual activities • Environmental and physical activity focus
Richness	• Offers explanatory insights into the identity change recovery process • Add new detail to CMOs	• Descriptive findings only and/or no insights into identity change. • Does not add anything new to CMOs or PTs.
Rigour	• Clear analysis / synthesis / line of reasoning is outlined to explain explanatory insights and conclusions drawn. • Explanatory insights and conclusions are effectively supported by data	• No clear explanation of how explanatory insights and conclusions have been established. • Explanatory insights and conclusions not clearly supported by data.

217

218 **Data extraction and synthesis**

219 Search results will be downloaded into Zotero (Vanhecke, 2008) and de-duplicated where

220 possible. Searches will be recorded in line with the Realist And Meta-narrative Evidence

221 Syntheses: Evolving Standards (RAMESES) publication standards, modelled on the PRISMA

222 statement and developed specifically for realist research (Wong et al., 2013).

223   To develop theory from selected items, data from within the literature will be synthesised

224   using realist logic that articulates realist programme theory as context + mechanism =

225   outcome (CMO) (Wong, 2018). A retroductive approach will be taken to data extraction and

226   synthesis by coding the data against CMOs or configurations thereof (Gilmore et al., 2019).

227   As demi-regularities emerge through this process CMO configurations can be organised into

228   programme theories. The process of item selection, data extraction and synthesis is an

229   iterative one and will be undertaken concurrently (Pawson, 2006).

230   Item selection and synthesis will be undertaken by the lead researcher. It is

231   acknowledged within the RAMESES publication standards that capturing the authors

232   decision processes can be challenging. To overcome this both a broad description of the

233   selection process, and a justification of the selected items will be provided (Wong et al.,

234   2013). To further verify the findings during the review process, and expert panel will be

235   utilised to gain feedback and advice on programme theories as they develop.

236

237   **Expert Panel**

238   Stakeholder consultations are a common feature of realist reviews in order to ensure that

239   the salience of programme theories, by gaining insights from people with lived experience

240   of the review topic (Wong, 2018). The expert panel also offers public and patient

241   involvement and engagement (PPIE) within health-related research to ensure research is

242   relevant, accessible and appropriately disseminated (Health Research Authority, 2022). The

243   UK Public Involvement Standards (2018) will be used to ensure the quality of PPI is

244   maintained inline with NHIR standards. The aim will be to recruit an expert panel of service

245   users and charity staff members through the partner charity Creative Minds, to gain

246 different perspectives on the programme theories developed. It is anticipated that at least

247 two group consultation meetings will be held during the review process.

248

249 **Dissemination**

250 This realist review will be written up in-line with the RAMESES publication standards and the

251 results of the review will be submitted to a peer-reviewed journal. Findings will also be

252 disseminated to the expert panel and partner charity through a group consultation meeting,

253 which will include a presentation outlining the research aims, overview of methods, a

254 summary of key programme theories and a discussion of their meaning. A copy of this

255 presentation will be distributed to the expert panel and partner charity.

256   In addition, the findings from this review will inform the second stage of a realist

257 evaluation, in which programme theories developed from the review will be tested and

258 refined against the lived experience of people living with SMI who attend community arts

259 activities.

260

261

262

263

264

265

266

267

268

269

270   **References**

271   Best, D., Beckwith, M., Haslam, C., Haslam, S. A., Jetten, J., Mawson, E., & Lubman, D. I.

272   (2016). Overcoming alcohol and other drug addiction as a process of social identity

273   transition: The social identity model of recovery (SIMOR). *Addiction Research &*

274   *Theory*, *24*(2), 111–123. https://doi.org/10.3109/16066359.2015.1075980

275   Booth, A., Harris, J., Croot, E., Springett, J., Campbell, F., & Wilkins, E. (2013). Towards a

276   methodology for cluster searching to provide conceptual and contextual "richness"

277   for systematic reviews of complex interventions: Case study (CLUSTER). *BMC Medical*

278   *Research Methodology*, *13*(1), 118. https://doi.org/10.1186/1471-2288-13-118

279   Booth, A., Wright, J., & Briscoe, S. (2018). Scoping and searching to support realist

280   approaches. In Haslam, C., Jetten, J., Cruwys, T., Dingle, G. A., & Haslam, A. S. (Eds.)

281   *Doing realist research* (pp. 147–166). SAGE Publications Ltd.

282   https://uk.sagepub.com/en-gb/eur/doing-realist-research/book252047

283   Brennaman, L., & Lobo, M. L. (2011). Recovery from Serious Mental Illness: A Concept

284   Analysis. *Issues in Mental Health Nursing*, *32*(10), 654–663.

285   https://doi.org/10.3109/01612840.2011.588372

286   Buck, K. D., Roe, D., Yanos, P., Buck, B., Fogley, R. L., Grant, M., Lubin, F., & Lysaker, P. H.

287   (2013). Challenges to assisting with the recovery of personal identity and wellness

288   for persons with serious mental illness: Considerations for mental health

289   professionals. *Psychosis*, *5*(2), 134–143.

290   https://doi.org/10.1080/17522439.2012.699544

291   Burke, P. J. & Stets, J. E. (2009). *Identity Theory*. Oxford University Press.

292   Dayson, C., & Bashir, N. (2014). *The social and economic impact of the Rotherham Social*

293   *Prescribing Pilot: Main Evaluation Report* (pp. 1–54) [PdF]. Sheffield Hallam

294   University.

295   Department of Health. (2006). *Our health, our care, our say: A new direction for community*

296   *services*. Department of Health. https://www.gov.uk/government/publications/our-

297   health-our-care-our-say-a-new-direction-for-community-services

298   Drake, R. E., & Whitley, R. (2014). Recovery and Severe Mental Illness: Description and

299   Analysis. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, *59*(5),

300   236–242.

301   Fancourt, D., Bhui, K., Chatterjee, H., Crawford, P., Crossick, G., DeNora, T., & South, J.

302   (2021). Social, cultural and community engagement and mental health: Cross-

303   disciplinary, co-produced research agenda. *The British Journal of Psychiatry*, *7*(1).

304   https://doi.org/10.1192/bjo.2020.133

305   Flynn, R., Schick-Makaroff, K., Levay, A., & Greenhalgh, J. (2020). Developing an Initial

306   Program Theory to Explain How Patient-Reported Outcomes Are Used in Health Care

307   Settings: Methodological Process and Lessons Learned. *International Journal of*

308   *Qualitative Methods*, *19.* https://doi.org/10.1177/1609406920916299

309   Gilmore, B., McAuliffe, E., Power, J., & Vallières, F. (2019). Data Analysis and Synthesis

310   Within a Realist Evaluation: Toward More Transparent Methodological Approaches.

311   *International Journal of Qualitative Methods*, *18.*

312   https://doi.org/10.1177/1609406919859754

313   Health Research Authority. (July 2022). *Public involvement*. Health Research Authority.

314   https://www.hra.nhs.uk/planning-and-improving-research/best-practice/public-

315   involvement/

316   Kimberlee, R. (2013). Developing a social prescribing approach for Bristol. *Bristol CCG*.

317   https://uwe-repository.worktribe.com/output/927254/developing-a-social-

318   prescribing-approach-for-bristol

319   Leamy, M., Bird, V., Boutillier, C. L., Williams, J., & Slade, M. (2011). Conceptual framework

320   for personal recovery in mental health: Systematic review and narrative synthesis.

321   *British Journal of Psychiatry*, *199*(6), 445–452.

322   https://doi.org/10.1192/bjp.bp.110.083733

323   MHFA England. (2020). *Mental Health Statistics.* https://mhfaengland.org/mhfa-

324   centre/research-and-evaluation/mental-health-statistics/

325   NHS England. (2019). *The NHS Long Term Plan*. NHS Engalnd.

326   https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

327   NIHR ARC Yorkshire and Humber. (2019). *Mental Health*. https://www.arc-

328   yh.nihr.ac.uk/what-we-do/mental-health

329   Pawson, R. (2006). *Evidence-based policy: A realist perspective*. SAGE.

330   Polley, D. M., Whiteside, D. J., Elnaschie, S., & Fixsen, D. A. (2020). *What does successful*

331   *social prescribing look like? Mapping meaningful outcomes* (p. 61). University of

332   Westminster.

333   Publich Health England. (n.d.). *Health and wellbeing: A guide to community-centred*

334   *approaches*. https://www.gov.uk/government/publications/health-and-wellbeing-a-

335   guide-to-community-centred-approaches

336   Slade, M. (2009). *Personal Recovery and Mental Illness: A Guide for Mental Health*

337   *Professionals*. Cambridge University Press.

338   Stickley, T., & Hui, A. (2012). Social prescribing through arts on prescription in a UK city:

339   Participants' perspectives (Part 1). *Public Health*, *126*(7), 574–579.

340   https://doi.org/10.1016/j.puhe.2012.04.002

341   The UK Public Involvement Standards Development Partnership. (2019). *UK Standards for*

342   *Public Involvement*. https://drive.google.com/file/d/1U-

343   IJNJCfFepaAOruEhzz1TdLvAcHTt2Q/view?usp=embed_facebook

344   Thomson, L. J., Camic, P. M. & Chatterjee, H. J. (2015). *Social Prescribing: A review of*

345   *community referral schemes*. University College London.

346   https://artsandminds.org.uk/wp-

347   content/uploads/2015/10/Social_Prescribing_Review_2015.pdf

348   Vanhecke, T. E. (2008). Zotero. *Journal of the Medical Library Association : JMLA*, *96*(3), 275–

349   276. https://doi.org/10.3163/1536-5050.96.3.022

350   Walters, P. (2015). Creative minds: Developing supportive creative opportunities in our

351   communities. *Mental Health and Social Inclusion*, *19*(1), 30–37.

352   https://doi.org/10.1108/MHSI-12-2014-0041

353   White, M., & Salamon, E. (2010). *An interim evaluation of the 'Arts For Well-being' social*

354   *prescribing scheme in County Durham* (p. 60) [PDF].

355   https://www.artshealthresources.org.uk/docs/an-interim-evaluation-of-the-arts-for-

356   well-being-social-prescribing-scheme-in-county-durham/

357   Whitley, R., Palmer, V., & Gunn, J. (2015). Recovery from severe mental illness. *CMAJ :*

358   *Canadian Medical Association Journal*, *187*(13), 951–952.

359   https://doi.org/10.1503/cmaj.141558

360   Williams, J., Leamy, M., Bird, V., Harding, C., Larsen, J., Boutillier, C., Oades, L., & Slade, M.

361   (2012). Measures of the recovery orientation of mental health services: Systematic

362   review. *Social Psychiatry and Psychiatric Epidemiology*, *47*(11), 1827–1835.

363   https://doi.org/10.1007/s00127-012-0484-y

364   Wisdom, J. P., Bruce, K., Auzeen Saedi, G., Weis, T., & Green, C. A. (2008). 'Stealing Me from

365   Myself': Identity and Recovery in Personal Accounts of Mental Illness. *Australian &*

366   *New Zealand Journal of Psychiatry*, *42*(6), 489–495.

367   https://doi.org/10.1080/00048670802050579

368   Wong, G. (2018). Data gathering in realist reviews: Looking for needles in haystacks. In

369   Haslam, C., Jetten, J., Cruwys, T., Dingle, G. A., & Haslam, A. S. (Eds.) *Doing realist*

370   *research* (pp. 147–166). SAGE Publications Ltd. https://uk.sagepub.com/en-

371   gb/eur/doing-realist-research/book252047

372   Wong G, Greenhalgh T, Westhorp G, Buckingham J, Pawson R. RAMESES publication

373   standards: realist syntheses. BMC Med. 2013 Jan 29;11:21. doi: 10.1186/1741-7015-

374   11-21. PMID: 23360677; PMCID: PMC3558331.