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Uniting hearts and minds: experiences from a pilot festival of youth creative expressions on mental health in India

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ABSTRACT

Mental-health-related social stigma prevents youth from seeking timely help for mental health problems. The purpose of this study is to assess the feasibility and acceptability of a pilot arts intervention to reduce such stigma among college youth in India. The intervention included three sessions, focused on i) mental health education, ii) developing mental-health-themed art, and iii) a mental-health-themed festival to display art for an invited audience. We assessed feasibility through creation of student-generated art and acceptability in post-intervention surveys and video recordings. The intervention was completed by 371 participants who created 86 works of art (paintings, puppet-shows, drama, dance, and poetry), which was displayed to 434 audience members at uniting hearts and minds: a festival of creative expressions on mental health. Participants self-reported understanding causes and symptoms of mental health problems, interpreting experiences and expressed empathy (n = 194). Our pilot intervention engaged youth, showing potential to reduce mental-health-related stigma and to address feasibility issues related to reaching all colleges uniformly.

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1. INTRODUCTION

Entertainment-education has been applied to various public health issues such as smoking, family planning, and human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) prevention as a strategy to enhance prosocial (behaviour) change [1], [2]. Although the effectiveness of art and creative media in improving mental health of populations has predominantly been established in therapy [3]–[7], such interventions indicate that art likely engages youth to freely share their opinions and emotions. Generally, visual and performing art have been used as a tool to improve the interactivity and relatability of mental health education to ultimately improve knowledge and attitudes related to mental health [8]–[10].

Globally, youth find it difficult to recognise mental health problems and are hesitant to seek help for such problems [11]–[13]. In India, the prevalence of mental disorders is 7.5% among 13-29 year olds and 83% of people across all ages experiencing mental health problems do not seek treatment for their problems [14]. Mental-health-related public stigma is a well-known factor that prevents people from seeking treatment, and it includes problems of knowledge (ignorance), attitude (prejudice), and intended or actual behaviour (discrimination) [15]. Studies among young adults (aged 18-21 years) in college settings in India indicate poor awareness about mental health and stigmatizing attitudes towards people with mental disorders, potentially leading to youth hiding their problems or lacking support for others to seek counseling/services [16]–[24].

The National Mental Health Programme, Ministry of Health and Family Welfare, Government of India partnered with the Public Health Foundation of India to design and implement a pilot, arts-based college intervention aimed at generating awareness and reducing stigma associated with mental health problems. The creation of this pilot intervention is significant for several reasons. First, there are limited age-appropriate interventions reaching young adults to improve mental-health-related- awareness or reduce stigma in India [25]. The frame of mind film festival, since 2006, is a popular arts-based awareness-generating intervention on mental health [26], however, like other film-focused awareness programs the festival reaches a general audience [27]. Other community-based stigma-reduction campaigns in India also do not engage youth specifically [28]. Second, despite the use of art in changing behaviour related to other health issues, the arts have not been explored as a tool to deliver mental health education or to reduce mental-health-related stigma among college students in India [29]. Third, several arts-based interventions in developed countries have demonstrated how youth directly observing or creating mental-health-related art are instrumental in reducing stigma, limited such interventions have been developed in low- and middle-income country contexts [29]. A college-based health promotion program delivered in India relied on discussion, reflection, experiential activities and audio-visual prompts [30], while our intervention aims to engage youth in developing and sharing art in addition to observation and discussion. The purpose of this pilot study is to understand intervention feasibility, perceived acceptability, and impact through self-reported knowledge gain, attitudinal change towards people living with mental health problems and behaviour change.

2. RESEARCH METHOD

2.1. Study population and sites

Colleges were selected from four states in India based on a convenience sample, see Table 1. College administrators were requested to indicate undergraduate students aged 17-22 years that could participate in a student awareness campaign. The project team's personal connections with educational institutions and with non-governmental organization partners in a previously completed community-based awareness programme were leveraged for implementation (*Maanavta se anmol Mann tak*). The programme was not restricted to a clinical population (diagnosed or undergoing counselling), and students did not need to disclose whether they had any experience of mental health problems (as a caregiver or having knowledge of a person with a mental health problem). This study received ethical approval from the Institutional Ethics Committee at the Public Health Foundation of India (TRC-IEC-92/11).

2.2. Intervention design

The intervention included three sessions: i) a mental health education session, ii) An arts development workshop, which culminated in iii) an art festival/show of created works to generate awareness among an invited audience.

The mental health education session was led by a mental health specialist and typically involved a one hour lecture, followed by a 30-minute discussion. Participants were provided introductory information on what are mental disorders, symptoms of common mental disorders, steps in seeking help and treatment, common barriers to seeking help, and tips to improve mental health. Lectures were developed by mental health specialists based on prompts from a cross-sectional study of mental-health-related stigma in India and customised based on participant interest and questions. The objective of the lecture was normalisation of mental health issues or treating mental health issues like other physical health issues, to reduce the hesitation in accessing mental health services. At the end of the mental health education session, participants were asked to devise ways to 'spread the word,' if they found any of the messages to be useful. Students were motivated to develop visual, performing, or literary art forms aimed at generating awareness among their peers over the next 4-6 weeks.

The arts development workshop was led by mental health specialists and health communication specialists. Participants were asked to collectively review their art based on five principles for developing art: i) clarity/simplicity of core messages; ii) sensitivity and upholding the dignity of persons with mental health problems; iii) no/moderate portrayal of violence; iv) balanced informational and emotional appeal; and v) artistic quality. Health communication specialists viewed art, provided suggestions to improve the accuracy of key messages, and promoted critical thinking by college students on the portrayal of mental health problems. This session lasted approximately 45 minutes.

The final arts show was a two-day festival of creative expression on mental health. The objectives of the festival were to draw wider attention to mental-health-related stigma and to sensitise, familiarise, and start a dialogue with the audience, comprising peers, faculty, family, and others. The audience included college students, college faculty, parents, general physicians, and homeless persons, school students, and media persons, health workers from community-based organizations, government officials, and civil society representatives.

2.3. Measures

Intervention feasibility was analysed through the number of participants and audience engaged, and the number of art works created and the number of audience members attending the arts show. Ability to create sufficient art to show at an event was the most proximal outcome for intervention feasibility. Intervention acceptability was assessed through feedback on whether participants found the intervention content interesting, useful, important to share, and easy to understand. Perceived impact of the intervention was assessed among participants receiving the intervention and members of the audience on self-reported change in knowledge, attitude, and behaviour.

2.4. Data collection and analysis

Data were not collected at baseline or after sessions 1 or 2. Post-intervention surveys (after all three sessions) assessed participant perceptions on the effectiveness of the complete intervention, workshops, and festival. Video recordings of the two-day festival were used to assess participant and audience feedback. Field notes on implementation and observations from students and faculty were collected by the first author. At the end of the intervention, brief telephonic interviews with the college faculty were conducted to gauge their satisfaction. Themes and codes were derived from video recording transcripts by using a thematic analysis [31]. Relevant themes, which relate to acceptability and impact through self-reported changes in knowledge, attitude, and behaviour are presented as results.

3. RESULTS AND DISCUSSION

3.1. Intervention feasibility

Across 15 colleges in five states of India, including Andhra Pradesh (bifurcated to form Telangana), 1,267 students received session 1 on mental health education. Thus, the pilot arts-based youth awareness intervention exposed and engaged 1,267 students to understand more about mental health. Only 40% of these students (n=371) received the complete intervention (i.e., all three sessions). The main challenges in conducting sessions 2 and 3 at all locations (as planned) were scheduling and coordination issues with college educators across states, lack of availability among mental health specialists to join session 2, lack of capacity for health communications specialists to check the accuracy of messages and portrayal in session 2 without a mental health specialist, and lack of resources for the students to travel for arts show/festival performances to a common location. Furthermore, our goal was to complete all three sessions within four-five months, such that the final festival session could be held to commemorate World Mental Health Day (October 10).

In our pilot intervention, 371 students jointly developed 86 artworks, comprising paintings, sculpture, photographic stories, puppet plays, folk-inspired drama, dance, songs, and poetry. ‘Uniting Hearts and Minds’-an art show of creative expression on mental health was held on Oct 10 in New Delhi and was attended by more than 434 audience members. The sub-set of participants receiving three sessions and putting up a centralized art show are hereon referred to as participants. Participants co-creating art on the theme was indicative of a favourable impact on behavioural intentions to talk about and spread the word about mental health problems. Fine arts and mass communication departments at a college organized a painting, photography and sculpture exhibition called ‘Faces-Phases: Images of Hope and Inclusion’ for two weeks on the theme of mental health. In addition, a Department of Extension Education voluntarily performed the theatre production in their college and at a handicrafts shopping bazaar to reach non-university participants. A faculty member at one of the colleges who observed the intervention later contacted the research team to connect multiple individuals with local mental health services. A summary of the colleges reached by the intervention is included in Table 1.

The total students reached was 1,267 (371 receiving the complete pilot college arts awareness campaign (all three sessions) and 896 students receiving only session one, i.e., mental health education). Participants receiving session 1 were from the following colleges: Sri Kalahasti Government Degree College, Kalahasti, Near KV Puram, Chittoor; Maharaja Degree College, Bobbilli, Vizianagaram; Government Degree College, Cheepurupalli, Vizianagaram; Sri Padmavathi Women’s Degree & PG College, Chittoor; S.V.University College, Tirupathi, Chittoor; Saurashtra University/Gurukul Mahila College, Porbander; and Khalsa Inter College, Harjendra Nagar, Lal Bangla, Kanpur.

Table 1. Characteristics of colleges included in the pilot awareness campaign

State/ Union Territory		College name	College location/geographical area served	Number of participants	Gender diversity	Courses (majors) studied by participants	Health clinic on campus
Gujarat	1.	M & V College of Art and Commerce, Halol	Rural and semi-urban	100	Co-educational	Economics Gujarati English History Psychology	✓
Delhi	2.	Jamia Millia Islamia, New Delhi	Urban	171	Co-educational	Photography Fine Arts Social work	✓
	3.	Hindu College, University of Delhi	Urban	15	Co-educational	Multiple disciplines (Ibtida theatre group)	✓
	4.	Sri Venkateswara College, University of Delhi	Urban	15	Co-educational	Multiple disciplines (Anubhuti theatre group)	✓
	5.	Lady Irwin College for Women, University of Delhi	Urban	20	Women-only	Extension education	✓
	6.	Kamla Nehru College, University of Delhi	Urban	25	Women-only	English	✓
	7.	Kirori Mal College, University of Delhi	Urban	25	Co-educational	Multiple disciplines (Players theatre group)	✓
			TOTAL	371			

3.2. Acceptability

About 67% of participants receiving the intervention found it interesting, 86% felt information and messages were 'good to know,' and 74% observed that sharing their mental health knowledge with peers was important (n=194). Only 49% of participants felt that the intervention explained complex issues in lay terms. Members of the audience described the arts show as memorable and exciting.

Using art helped participants to question why people with mental health problems often use substances; how family and friends can help; and the human rights and legal capacity of people with mental disorders. A student from a central government college in Delhi recalled her experience of thinking deeply about symptoms and their portrayal (image of the production is presented in Figure 1). She said:

Figure 1. Thought, a masked puppet theatre production on symptoms of common mental disorders and public stigma

"Thought, (name of the theatre production) was an enjoyable learning, where we took help of puppets to convey our message. While making the script of the play we did a lot of research on disorders and picked our lines carefully, as it is a sensitive issue." (Female, 18 years, Delhi)

Participants described their involvement as 'doing one's bit for those less fortunate' and shared that they derived satisfaction from raising awareness about a less-talked-about subject. Participants and members of the audience expressed concern about how people with mental health problems were treated and said,

"People with mental health problems are not aliens, they should be treated as equals and any one amongst us can be a victim. We should lend an empathetic ear to our fellow beings… It was a memorable process." (Female, 20 years, Delhi)

Thus, by creating art on the theme of mental-health-related stigma, participating college youth self-reported gains in knowledge, greater sensitivity towards people with mental health problems and performed actions that indicate reduced stigma, such as talking about mental health issues and seeking help. Members of the audience appreciated anti-stigma messages and highlighted that they needed support to recognize mental health problems.

3.3. Self-reported impact on knowledge of mental health problems

For 67% of participants receiving the intervention, it was their first ever workshop or interaction on mental health (n = 194). At the first workshop, many participants expressed that they associated mental disorders with people who have suicidal tendencies or mental retardation. Nearly all participants were unclear about how common experiences of tension, insecurity, lack of sleep, coping with negative emotions, and loneliness could impact their mental health. In addition, they asked experts why some people are able to deal with exams, career pressure, and relationship stress better than others. Participants also voiced that intervention content ought to focus more on hesitation to talk openly about suicide.

Participants and members of the audience learned to recognise mental health problems and causes. Clarifications were sought from experts about split personality, hearing voices and hallucinations and understanding 'what is normal?'A member of the audience shared that he learned that although mental disorders are common, they are not easily recognized:

"We have a lot of mental illness around. It's all because of mental stress around us, peer pressure of 'survival of the fittest.' I have learnt that (mental health problems) it's a problem, which goes unnoticed in many cases and is not taken seriously."(Male, 20, Delhi)

Participants were keen to understand the potential triggers that could potentially lead to a crisis or nervous breakdown. Strategies regarding suicide prevention were also discussed, including whether people should continue to talk to those who have expressed a desire to commit suicide and whether talking about suicide can influence those who are depressed to contemplate suicide. The intervention also helped participants to introspect about their problems:

"I am always feeling nervous to express my doubts and opinions with class teachers and am not able to gel with other students. This interaction is useful for me to overcome such feelings. I recognize that I may need to ask for help." (Male, 19 years, Andhra Pradesh)

Participant discussion identified several issues related to mental health problems. Their ideas and experiences are presented in Figure 2. The figure shows that there are five interesting main issues.

3.4. Self-reported change in attitude towards people with mental health problems

At workshop one, participants discussed their initial reactions and labels commonly associated with mental health problems. Participants expressed that being visibly affected by a mental disorder meant that the person perceivably had limited capacity, affecting their ability to take responsibility or control of their lives. It was then most likely that such a person's family would take responsibility for important decisions. Participants perceived that the isolation of people with mental illness was a contrast to strong social and family ties in India that translate to loving and caring for family members. Thus, although the social environment was acknowledged as a protective factor against mental health problems, caregiving for a family member with a mental illness was perceived as a burden. The intervention content at the end of workshop one and subsequent interactions therefore, focused on the importance of sustained family support and the

need for people with mental health problems to be able to reach out and confide in someone about their problems. During the intervention, participants were able to hear about the life experiences of people with mental health problems and discuss the need to break down labels and stigma. At one of the colleges, students interacted with an expert and met a musician who lives with bipolar disorder. Additionally, they were exposed to speakers at the festival, who called for empathy and making the issue personal.

> *"The problem may be of the mind, but the solution should be of the heart. Love and affection are the biggest healers for any illness."(Male, 45 years, care-giver)*

Students who developed the scripts confronted stereotypes and social stigma associated with mental illness, while acknowledging the importance of the platform they had received to share their knowledge:

> *"The play was developed by discussing general notions about mental illness among common people and how these issues are dealt with by them. It was exciting to participate in a national event." (Female, 18 years, Delhi)*

Participants were asked to share their key take-away message; a student's expression summarises the learning and emotional import of the intervention:

> *"RECOGNIZE-ACCEPT-SUPPORT was the motto of this programme. It focused on the various types of mental illness that can occur in any age group from a little kid to an old man. All of them can be handled by a common approach with love and care. The most important role here is played by the family of the concerned person. They should notice and recognize the behaviour of the ill person, accept the fact that it could be a mental problem, even if it is not; and no delay should be made in supporting them and taking them to a doctor." (Female, 20 years, Delhi)*

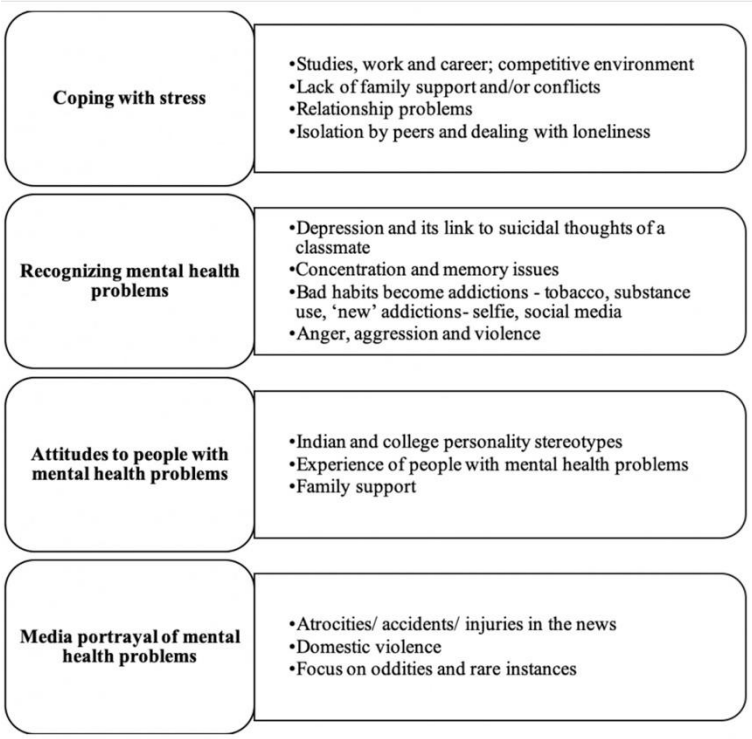

Figure 2. Ideas and experiences stimulated by arts-based activities

3.5. Study strengths and limitations

This study is novel because it initiated the development of student generated art for mental health education in India. Thus far, there have been limited arts-based interventions to reduce mental-health-related

stigma among youth in a low- and middle-income country [24]. Although film festivals on mental health are conducted in India [26], using student-generated art as part of its core agenda is a first. The purpose of student-generated art or a 'do-it-yourself' approach was to arouse participant curiosity, lend visibility to the subject, optimally utilize resources, and potentially touch an emotional chord. The three-session intervention also provided a broad curriculum framework giving participants an impetus to research, evaluate and critically assess different aspects of mental health. Performing or sharing content on the theme of mental-health-related stigma with an audience energized and gave a purpose to the participants, who likely also felt pride because they were breaking a taboo by talking about mental health with their friends and family in the audience. We believe that this intervention bridges entertainment-education for social impact through health communication [32], [33] and positive youth development [34].

A limitation of this pilot intervention was that it did not collect any baseline or demographic data. However, since post-intervention data collection was conducted immediately after intervention activities, participants' self-reported knowledge or attitude change may be attributed to the intervention. In the future, it may be plausible to assess if such outcomes were associated with varying age, extra-curricular interests, and socio-economic position by gathering more information on study participants and audience members. We do not know if short-term effects from participation were sustained over time. Similar to other health education interventions or school-based educational interventions, this study did not assess social desirability as a factor influencing self-reported perceptions of the intervention. Since faculty were present during the sessions, participant responses may have been influenced if they were not feeling comfortable to share and discuss mental-health-related stigma, candidly. Furthermore, since the project team was not present in the colleges to observe the creation of art, little is known about students' research to develop such art and the involvement of faculty in this process. In the future, a more structured approach may require the project team to directly observe the creation of art, assess reasons for variation across different colleges in terms of implementation and to include direct interactions with artists to improve the effectiveness of messages in the art created. We also note that social contact or interactions with people living with mental illness is a known strategy to reduce mental-health-related stigma [35], [36] and other arts-based educational interventions in other countries have done so [37]. Our intervention solely relied on education and creation of art and in the future, may involve social contact to become more effective. Finally, since intervention content was delivered by mental health specialists, they sometimes expressed that it was challenging to explain psychiatric labels in relatable language or to assess young people's understanding. These findings suggest a need to develop symptomatic vignettes so that participants may relate content to personal experiences [24].

4. CONCLUSION

The pilot intervention was feasible in some locations where students generated many works of art on the theme of mental-health related stigma and showcased them to an audience. Intervention acceptability was above average among participants. The intervention was less feasible in some locations due to logistical and technical/communication capacity issues. Future work may relate to developing intervention content that may be delivered in a standardized programme across Indian colleges. To enable all intervention sessions to be implemented across locations, we propose relying less on mental health specialists and training facilitators with arts or social work or communications or counselling backgrounds in mental health to guide the development of theme-based art on mental-health-related stigma. We note that college administrators promoted participation in classes that they felt were best suited for the intervention (fine arts, social work, extension education, and psychology) and it will be useful to involve students from disciplines that are unrelated to mental health/social or health issues/art in the future. Finally, while this study details the experience of participants and suggests that stigma associated with mental health problems and towards people with mental health problems reduced, we recommend a mixed-method, pre- and post- controlled intervention study using validated mental-health-related stigma scales to assess the effectiveness of arts-based intervention on reducing stigma among both participating students and members of the audience.

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