

# Support and Rehabilitation for Psychiatric Patients with Prolonged Clinical Course: Verification of the Effectiveness of an Artistic Mediated Approach (Theater, Music, Biodanza, Ceramics)

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## ABSTRACT

Six-month longitudinal study of the clinical evolution of a group of patients with psychiatric pathologies who, after being taken into care by the NHS and an initial period of exclusively pharmacological therapy, were able to benefit from a therapeutic approach based on art therapy, for the improvement of psychiatric symptoms and social skills. The instrument used for the clinical and social assessment is the "HoNOS questionnaire" in the "HoNOS-Roma" version (adaptation for Italy).

**Keywords:** Art Therapy; Psychiatry; Art-Mediated Therapy; Assessment

## The Research

Users of a Day Centre for psychiatric patients often present a multi-year clinical course in which the pharmacological approach is not always able to satisfactorily resolve the clinical and especially social problems related to the situation of mental distress. The approach linked to the techniques of Art Therapy is obtaining great success and diffusion in a field that brings together the therapeutic perspective with the support activity aimed at the person; the control of symptoms with the increase of social and expressive skills of the users. The success and diffusion of these approaches are mainly due to the high

and convinced participation of the patients and to the positive feedback that the operators and the medical staff are able to carry out on the clinical and social evolution of individuals and groups.

## Evaluation Tool

The tool used for outcome assessments is the "HoNOS-Roma" questionnaire, an Italian adaptation of the "Health of the Nation Outcome Scales", created in the mid-90s by a working group of the Research Unit of the Royal College of Psychiatrists, edited by Morosini, et al. [1]. This tool consists of 18 items, 15 of which contribute to forming four evaluation scales: Personal and social functioning

(Factor I), Depression (Factor II), Behavioural and psychopathological disorders (Factor III), Living conditions (Factor IV). For all items (and for all scales) a high score characterizes a greater presence of the symptom(s) or problem and therefore, any decreases in scores can be considered as improvements or positive developments. For this specific evaluation activity (relating to artistic activities that have no impact on the subjects' living conditions) Factor IV was not taken into consideration. The questionnaires were compiled by the medical staff responsible for the art therapy groups.

## The Sample

No. 45 subjects with psychiatric diagnosis in rehabilitation. No. 26 males (57.8%), No. 19 females (42.2%); mean age 50 years (sd 10.7) in charge of a Mental Health Day Centre. Prevalent diagnoses: (ICD 9) schizophrenic psychosis n. 20 (44.4%) and affective psychosis n. 16 (35.6%), personality disorder n. 2 (4.4%) and unspecified mental retardation n. 2 (4.4%).

## Methods

The subjects had the opportunity to participate in one or more art therapy groups, including theatre, bio-dance, ceramics, music. The choice was made on a voluntary basis and could include one or more activities per subject.

The largest groups were theatre (23 participants), bio-dance (13 participants) and music (10 participants). The evaluations using the "HoNOS-Roma" questionnaire took place 6 months between "pre" and "post"; the activities were carried out twice a week for the theatre and ceramics groups, only once a week for the bio-dance and music groups.

## Results and Discussion

Of course, as in any research carried out "in the field", the results are influenced by many variables that it was not possible to control, such as poor homogeneity among users at the level of diagnosis and participation, in some cases, of the same subject in more than one group. The examination of the results shown in Table 1, relating to the entire group of subjects, shows significant improvement in factor I ("Personal and social incompetence",  $p < .01$ ), in factor II ("Depression",  $p < .01$ ), and in factor III ("Behavioural and psychopathological disorders",  $p < .05$ ) (Table 1). It should be emphasized that the average scores between first and second compilation of the questionnaire, although statistically significant, do not show a decrease that can be considered clinically significant. Probably some of the subjects involved need a longer period to obtain effective improvements from a clinical point of view [2-12].

Table 1.

Intero campione		Media	Sig. (2 code)
Coppia 1	Pre - HoNOS fattore I - Incompetenza personale e sociale	16,69	,002
	Post - HoNOS fattore I - Incompetenza personale e sociale	15,84	
Coppia 2	Pre - HoNOS fattore II - Depressione	3,98	,007
	Post - HoNOS fattore II - Depressione	3,67	
Coppia 3	Pre - HoNOS fattore III - Disturbi del comportamento e di tipo psicopatologico	8,73	,040
	Post - HoNOS fattore III - Disturbi del comportamento e di tipo psicopatologico	8,51	

## Conclusion

Art-mediated therapies seem to represent a valuable support for the rehabilitation process for subjects affected by mental illness. Confirmations of the results of this research could come from the involvement of a greater number of subjects, from the assignment to a single group of activities and from a greater control on the frequencies of participation, as well as from a standardization of the activities within the various groups.

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