

Best Evidence Summaries of Topics in Mental Healthcare

BEST in MH *clinical question-answering service*

Question

In adults with psychosis, how effective is art therapy in improving patient outcomes?

Clarification of question using *PICO* structure

Patients: Adults with Psychosis

Intervention: Art Therapy

Comparator: Any other intervention

Outcome: Improving patient outcomes

Plain language summary

There is limited evidence available on art therapy for adults with psychosis. More high quality research into this area is required to adequately assess the effectiveness of art therapy.

Clinical and research implications

The limited available evidence suggests that art therapy offers no clear benefits for patients with psychosis, over and above high quality standard care provided by secondary-care mental health services (including care co-ordination, pharmacotherapy and the option of referral to other services as needed).

The only high quality study had poor participation rates, which (as noted by the study authors) may have impacted measures of effectiveness. Further studies may be informative, in particular studies comparing different types of group activity intervention and patients preferences for different activity options and comparing these types of interventions to lower levels of standard care.

What does the evidence say?

Number of included studies/reviews (number of participants)

We identified two randomised controlled trials, which were considered potentially relevant to this evidence summary.^{1,2} Both trials assessed the adjunctive effects of art therapy. One trial compared 12 months of weekly group art therapy plus standard care to activity groups plus standard care or standard care alone, for adults with schizophrenia; the study was conducted in community-dwelling participants, however, many participants were hospital in-patients before the study and/or during follow-up.¹ This study assessed measures of positive and negative symptoms, general functioning, social functioning, well-being, quality of life, and service use and followed up participants for 24 months.¹ The second, much smaller, study compared 10 sessions of group art therapy, over five months, plus standard care to standard care alone, for adults with chronic mental health conditions (between 50% and 70% with psychosis).² This study assessed measures of self-esteem and therapist-rated ability to get along with others; outcomes were assessed at the end of the intervention and only those completing the study were included (dropouts were analysed with controls).²

Main findings

The large, high quality RCT found no significant differences between the groups on any of the outcomes assessed, with the exception of the Positive and Negative Symptom Scale (PANSS) positive symptoms subscale (patients in the art therapy group improved less than those in the control activity group, adjusted difference 1.3, $p=0.037$).¹ There was a small improvement in total PANSS, from baseline to follow-up, in all groups, however, this did not translate into improvements in Global Assessment of Functioning.¹ The second, very small, RCT reported that art therapy was associated with improvements in patient reported Attitude Towards Self scale (but not the Rosenberg Self-esteem scale), and therapist-rated Getting Along With Others scale,² however, results were poorly reported, only 60% of participants were included in the analyses and dropouts were analysed with the control group.²

Authors conclusions

Crawford 2012 - Levels of attendance at both art therapy and activity groups were low and this may have had an effect on their impact. However, we found no evidence that group art therapy, as delivered in this trial, improves global functioning or health outcomes of people with established schizophrenia.

Green 1987 – The authors believe that their study demonstrates the potential of supportive art therapy to enhance functioning of chronic psychiatric patients, in the short term.

Reliability of conclusions/Strength of evidence

The evidence in this summary is derived from two RCTs. One large, high quality RCT, funded by the UK Health Technology Assessment Programme, has been rated as low risk of bias on all items in the Cochrane risk of bias tool and its findings are likely to be reliable. The second very small RCT was published approximately 30 years ago and is poorly reported of very poor methodological quality; the findings of this study are unlikely to be reliable. In addition, it was not clear how many of the participants in the second study (between 50% and 70%) had psychosis.

What do guidelines say?

Nice Guidelines (CG178, pp25-26) make the following recommendations for the use of art therapy for people with psychosis:

Consider offering arts therapies to all people with psychosis or schizophrenia, particularly for the alleviation of negative symptoms. This can be started either during the acute phase or later, including in inpatient settings.

Arts therapies should be provided by a Health and Care Professions Council registered arts therapist with previous experience of working with people with psychosis or schizophrenia. The intervention should be provided in groups unless difficulties with acceptability and access and engagement indicate otherwise. Arts therapies should combine psychotherapeutic techniques with activity aimed at promoting creative expression, which is often unstructured and led by the service user. Aims of arts therapies should include:

- enabling people with psychosis or schizophrenia to experience themselves differently and to develop new ways of relating to others
- helping people to express themselves and to organise their experience into a satisfying aesthetic form
- helping people to accept and understand feelings that may have emerged during the creative process (including, in some cases, how they came to have these feelings) at a pace suited to the person.

When psychological treatments, including arts therapies, are started in the acute phase (including in inpatient settings), the full course should be continued after discharge without unnecessary interruption.

Date question received: 18/10/2016

Date searches conducted: 24/10/2016

Date answer completed: 31/10/2016

References**Randomised controlled trials**

1. Crawford, MJ., Killaspy, H., Barnes, TR., Barrett, B., Byford, S., Clayton, K., Dinsmore, J., Floyd, S., Hoadley, A., Johnson, T., Kalaitzaki, E., King, M., Leurent, B., Maratos, A., O'Neill, FA., Osborn, D., Patterson, S., Soteriou, T., Tyrer, P., Waller, D. (2012) Group art therapy as an adjunctive treatment for people with schizophrenia: a randomised controlled trial (MATISSE). *Health Technology Assessment*: 16(8)
2. Green, BL., Wehling, C., Talsky, GJ. (1987) Group Art Therapy as an Adjunct to Treatment for Chronic Outpatients. *Hospital and Community Psychiatry*: 38(9), pp988-991.

Guidelines

National Institute for Health and Care Excellence (2014) Psychosis and schizophrenia in adults: prevention and management: CG178. Nice: London

<https://www.nice.org.uk/guidance/cg178/resources/psychosis-and-schizophrenia-in-adults-prevention-and-management-35109758952133>

Results

Randomised controlled trials

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Crawford et al (2012)	<p>Participants: Study participants were recruited from four UK secondary care centres (day hospitals, community mental health teams, rehabilitation services, supported accommodation and day centres): three in England (west London, north London, and Avon and Wiltshire) and one in Northern Ireland (Belfast). Participants were aged 18 years or over, living in the community and had a clinical diagnosis of schizophrenia, confirmed using (OPCRIT). Exclusion criteria: severe cognitive impairment; currently receiving any form of creative therapy.</p> <p>Intervention: Group Art Therapy plus Standard Care. Group art therapy comprised weekly, 90 minute sessions, for 9 to 12 months. The maximum number of participants in a group was 8, and sessions were led by registered art therapists who had previous experience of working with</p>	n=417 (I=117 C1=121 C2=117)	<p>This trial aimed to compare the effects of group art therapy, as an adjunct to standard care, to the effects of an active control plus standard care, or standard care alone, in people with schizophrenia.</p> <p>Study participants were aged between 18 and 72 years, 67% were male and approximately 75% described their ethnicity as white. Most (80%) were single and had not achieved a higher education degree (89%). The median age at onset of psychiatric illness was 22 years; duration of illness was not reported.</p> <p>Baseline sociodemographic and clinical characteristics appeared similar across the three groups.</p> <p>At 24 month follow-up, there were no statistically significant differences between the groups on any outcome measure, with the exception of the PANSS positive symptoms subscale (patients in the art therapy group improved less than those in the control activity group, adjusted difference 1.3, $p=0.037$).</p> <p>In the activity group, 48% of participants attended no sessions, 31% attended 1 to 9 groups, and 21% attended</p>	<p>Participants were randomised via an independent remote telephone randomisation service. Randomisation used permuted stacked blocks, stratified by site.</p> <p>Participants, their key worker and their general practitioner (GP) were notified of allocation status by an independent administrator.</p> <p>The nature of the intervention</p>













<p>people with psychosis.</p> <p>Comparator:</p> <p>1. Activity Group plus Standard Care. Activity groups were designed to control for non-specific effects of group art therapy. Groups provided structured time with an empathetic profession and opportunities to interact with peers in a group session. Activities reflected those currently provided, by mental health and social care services in the UK, for people with psychosis. Activities comprised weekly, 90 minute sessions, for 9 to 12 months. The maximum number of participants in a group was 8, and sessions were led by facilitators with previous experience of working with people with psychosis, in groups.</p> <p>2. Standard Care Alone - follow-up by secondary-care mental health services, care co-ordination, pharmacotherapy and the option of referral to other services (excluding art therapy) as needed.</p> <p>Outcome: Symptoms, Global functioning, Mental health, Medication, Health-related quality of life, Resource use, Social function, Well-being, Satisfaction with</p>		<p>10 or more groups. In the art therapy group, 39% of participants attended no sessions, 30% attended 1 to 9 sessions, and 31% attended 10 or more sessions. Secondary analysis indicated that session attendance had no statistically significant effect on outcomes.</p> <p>88% Of participants in the standard care group completed the 12 month assessment and 85% completed 24 month follow-up. 86% Of participants in the activity group plus standard care arm completed the 12 month assessment and 24 month follow-up. 85% Of participants in the standard care plus art therapy group completed the 12 month assessment and 84% completed 24 month follow-up.</p> <p>Service use: Participants in all groups used staffed accommodation; the mean number of weeks over the 24-month follow-up period was between 33 and 36. Use of hospital services, particularly inpatient care, was high in all groups. Use of community services was comparable across the groups.</p> <p>Seven participants died during the follow-up period: two were in the art therapy arm of the trial, three in the activity group arm and two in the standard care arm of the trial. Four of the seven deaths were from suicide/probable suicide. Three additional serious adverse events were reported, one a near-fatal episode of deliberate self-harm and two involving harm to others.</p>	<p>precluded blinding of participants and study personnel, but researchers carrying out follow-up assessments were blind to group allocation.</p> <p>Results were reported for all specified outcome measures.</p> <p>Primary analyses were conducted on an intention-to-treat basis; numbers lost to follow-up, with reasons, were reported. Multi-level modelling (site and patient level) was conducted, adjusted for</p>
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	<p>mental health services, Engagement with mental health services, Data on occupational and housing status, Any incidents of suicidal behaviour, violence or aggression, Global functioning, inpatient treatment. Outcomes were assessed at baseline, at 12 months (end of treatment) and at follow-up (24 months).</p>		<p>None appeared to be related to the interventions being examined in the study.</p>	<p>baseline value, sex and age. A secondary analysis was conducted to assess the effects of variable treatment intensity (number of sessions attended).</p>
<p>Green et al (1987)</p>	<p>Participants: Chronic psychiatric outpatients who attended the medical support service a minimum of once every four weeks.</p> <p>Intervention: Art therapy (10 sessions of 1.5 hours, with 12 participants per group, held every other week and facilitated by an art therapist) and regular services</p> <p>Comparator: Regular treatment</p> <p>Outcome: Progress Evaluation Scales, Rosenberg's Self-Esteem Scale, Progress Evaluation Scales. Outcomes were assessed at baseline, at the end of the intervention, and at nine month follow-up.</p>	<p>n = 47 (I=11 C=17)</p>	<p>This study aimed to assess the effects on self-esteem and psychosocial functioning of adding group supportive art therapy to medical supportive treatment, for people with chronic mental health conditions.</p> <p>Details of study participants were only provided for the 28 participants analysed. The mean age of study participants was 40 years, 64% were female, 75% were white and 54% were single. 50% Of participants had a diagnosis of chronic schizophrenia and a further 21% had a major affective disorder or psychotic diagnosis; the remainder were described as having 'a neurotic diagnosis of some kind, often with a secondary diagnosis of personality disorder.'</p> <p>There was no indication of whether participant characteristics and outcome measures were similar in the</p>	<p>No details of randomisation or allocation concealment were reported.</p> <p>The nature of the intervention precluded blinding of participants and study personnel, and no attempt to blind outcome assessors was reported.</p>

		<p>two groups, at baseline.</p> <p>The final analysis compared 11 art therapy group participants, 8 dropouts and 9 controls, at the end of the intervention. Art therapy participants had significant improvements on the Attitude Towards Self scale, compared to the dropouts and controls ($F=4.51$, $df=1.26$, $p<0.05$). Art therapy patients also had greater improvements on the therapist-rated Getting Along With Others scale ($F=8.59$, $df=1.39$, $p<0.05$). There were no significant differences between the groups on the Rosenberg Self-esteem scale. The study authors reported that improvements were maintained in 24 participants assessed at nine month follow-up, but no numerical results were reported.</p> <p>Information from a survey of the art therapy participants (reported as text only): Patients in the art therapy group rated their medical support as slightly more beneficial than art therapy. They rated all three components of the art therapy sessions (relaxation and visualisation, art activity and group discussion) as somewhat helpful. 70% Of participants reported feeling relaxed after sessions and none reported any negative feelings. Very few patients thought that they would continue art activities on their own, but about half expressed a wish to continue with the art therapy group.</p>	<p>Full numerical results were not reported.</p> <p>Only 28 of the 47 participants randomised were included in the analyses, and drop outs were analysed with the control group.</p>
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Risk of bias***Randomised controlled trials***

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Crawford et al (2012)						
Green et al (1987)						

 Low risk High risk Unclear risk

Search details

Source	Search Strategy	Number of hits	Relevant evidence identified
NICE	Art Psychosis	0 3	
MEDLINE	<ol style="list-style-type: none"> 1. Medline; exp ART/ OR exp ART THERAPY/; 25521 results. 2. Medline; ((art* adj2 (therap* OR treatment* OR session* OR intervention* OR psychotherap*))).ti,ab; 43622 results. 3. Medline; 1 OR 2; 68569 results. 4. Medline; exp PSYCHOTIC DISORDERS/; 44813 results. 5. Medline; exp SCHIZOPHRENIA/; 90712 results. 6. Medline; ((psycho* OR schizo*)).ti,ab; 136273 results. 7. Medline; 4 OR 5 OR 6; 226749 results. 8. Medline; 3 AND 7; 1069 results. 9. Medline; 8 [Limit to: (Document type Meta-analysis or Scientific Integrity Review)]; 8 results. 10. Medline; "randomized controlled trial".ti,ab; 46837 results. 11. Medline; "controlled clinical trial".ti,ab; 10755 results. 12. Medline; randomi\$ed.ti,ab; 2 results. 13. Medline; placebo.ti,ab; 177180 results. 14. Medline; "drug therapy".ti,ab; 30690 results. 15. Medline; randomly.ti,ab; 256317 results. 16. Medline; trial.ti,ab; 427136 results. 17. Medline; groups.ti,ab; 1609515 results. 18. Medline; 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17; 2144533 results. 19. Medline; 8 AND 18; 97 results. 	8 97	
EMBASE	<ol style="list-style-type: none"> 40. EMBASE; exp ART/ OR exp ART THERAPY/; 69504 results. 41. EMBASE; ((art* adj2 (therap* OR treatment* OR session* OR intervention* OR psychotherap*))).ti,ab; 49602 results. 42. EMBASE; exp PSYCHOTIC DISORDERS/; 251341 results. 43. EMBASE; exp SCHIZOPHRENIA/; 166682 results. 44. EMBASE; ((psycho* OR schizo*)).ti,ab; 777229 results. 	234 375	

	<p>45. EMBASE; "randomized controlled trial".ti,ab; 61944 results. 46. EMBASE; "controlled clinical trial".ti,ab; 13745 results. 47. EMBASE; randomi\$ed.ti,ab; 11 results. 47. EMBASE; randomi\$ed.ti,ab; 11 results. 48. EMBASE; placebo.ti,ab; 244197 results. 48. EMBASE; placebo.ti,ab; 244197 results. 49. EMBASE; "drug therapy".ti,ab; 42022 results. 50. EMBASE; randomly.ti,ab; 336224 results. 51. EMBASE; trial.ti,ab; 611058 results. 52. EMBASE; groups.ti,ab; 2173309 results. 53. EMBASE; 40 OR 41; 116745 results. 54. EMBASE; 42 OR 43 OR 44; 850755 results. 55. EMBASE; 45 OR 46 OR 47 OR 48 OR 49 OR 50 OR 51 OR 52; 2908299 results. 56. EMBASE; 53 AND 54; 5668 results. 57. EMBASE; 55 AND 56; 808 results. 58. 56 [Limit to: (EBM-Evidence Based Medicine Evidence Based Medicine or Meta Analysis or Systematic Review)]; 234 results 59. 56 [Limit to: (Clinical Trials Clinical Trial or Randomized Controlled Trial or Controlled Clinical Trial)]; 375 results</p>		
PsycINFO/CINAHL	<p>20. PsycInfo; exp ART/ OR exp ART THERAPY/; 15657 results. 21. PsycInfo; ((art* adj2 (therap* OR treatment* OR session* OR intervention* OR psychotherap*))).ti,ab; 12263 results. 22. PsycInfo; 20 OR 21; 24383 results. 23. PsycInfo; exp SCHIZOPHRENIA/; 80341 results. 24. PsycInfo; ((psycho* OR schizo*)).ti,ab; 294794 results. 25. PsycInfo; "randomized controlled trial".ti,ab; 11573 results. 26. PsycInfo; "controlled clinical trial".ti,ab; 1155 results. 27. PsycInfo; randomi\$ed.ti,ab; 1 results. 28. PsycInfo; placebo.ti,ab; 34005 results. 29. PsycInfo; "drug therapy".ti,ab; 3029 results. 30. PsycInfo; randomly.ti,ab; 58758 results. 31. PsycInfo; trial.ti,ab; 82459 results. 32. PsycInfo; groups.ti,ab; 416386 results.</p>	236 15	

	<p>33. PsycInfo; 25 OR 26 OR 27 OR 28 OR 29 OR 30 OR 31 OR 32; 538130 results.</p> <p>34. PsycInfo; exp PSYCHOSIS/; 102455 results.</p> <p>35. PsycInfo; 23 OR 24 OR 34; 359752 results.</p> <p>36. PsycInfo; 20 OR 21; 24383 results.</p> <p>37. PsycInfo; 35 AND 36; 2438 results.</p> <p>38. PsycInfo; 33 AND 37; 236 results.</p> <p>39. PsycInfo; 37 [Limit to: (Methodology Meta Analysis or Systematic Review)]; 15 results</p>		
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