Transition Space at the Museum: A Community Arts-Based Group Program to Foster the Psychosocial Rehabilitation of Youths with Mental Health Problems

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ABSTRACT

Transition Space at the Museum is a community arts-based group program aiming to foster the psychosocial rehabilitation of adolescents and young adults with mental health problems. In this pilot evaluation, we assessed the preliminary effectiveness of the program at improving participants' well-being and social functioning. Following a mixed-methods, single-group, repeated-measures design, we collected data before, during, and after program from participants, clinicians, and close relatives using standardized questionnaires and semi-structured interviews. We found converging quantitative and qualitative results supporting the safety and potential of the program to improve the way participants feel and function socially in the short term.

Keywords: psychosocial rehabilitation, mental health, arts-based program, pilot evaluation, mixed methods

RÉSUMÉ

Espace Transition au Musée est un programme artistique de groupe offert dans la communauté visant à favoriser la réadaptation psychosociale d'adolescents et de jeunes adultes aux prises avec des problèmes de santé mentale. Dans le cadre de cette étude pilote, nous avons évalué les effets préliminaires du programme sur le bien-être et le fonctionnement social des participants. En utilisant une méthode mixte, avec un groupe unique et des mesures répétées, nous avons recueilli des données avant, pendant et après le programme auprès des participants, cliniciens et proches à l'aide de questionnaires standardisés et d'entrevues semi-structurées. Nos résultats corroborent la sécurité du programme et son potentiel à améliorer le bien-être et le fonctionnement social des participants à court terme.

Mots-clés : réadaptation psychosociale, santé mentale, programme artistique, évaluation pilote, méthodes mixtes

The rehabilitation of youths with psychiatric disorders remains a challenge and there is a pressing need to identify innovative approaches to complement conventional care in addressing the increasing prevalence and severity of mental illness in the younger population (Van Lith, Schofield, & Fenner, 2013). Artistic activities are being increasingly put forward and investigated in the area of psychiatric rehabilitation (Leckey, 2011). They include a wide array of approaches ranging from art-therapy, which is a specific form of psychotherapy, to "arts in health," which include any arts-based activities aiming to improve people's health, most of which are run by non-therapist artists or art instructors (Tesch & Hansen, 2013).

Arts-based initiatives of many kinds have been studied in varied samples of individuals presenting with different mental disorders. Across these studies, participation has been consistently associated with improvements in diverse aspects relevant to mental health recovery (Van Lith et al., 2013), such as socialization (e.g., improved social skills, increased social inclusion, participation, and sense of belonging), self-perception (e.g., increased self-esteem, self-confidence and self-efficacy), affective well-being (e.g., improved mood, decreased depressive symptoms), and global functioning (e.g., increased autonomy and motivation to engage in meaningful activities; K. Archambault, Archambault, Dufour, N Briere, & Garel, 2015; Bungay & Clift, 2010; Hacking, Secker, Spandler, Kent, & Shenton, 2008; Macpherson, Hart, & Heaver, 2016; Makin & Gask, 2012; Nan & Ho, 2017; Secker, Heydinrych, Kent, & Keay, 2018; Staricoff, 2004).

Many characteristics of arts-based approaches make them particularly coherent with the whole person recovery framework guiding modern psychiatric rehabilitation (Anthony, 1993) and especially adapted to users' needs (Lloyd, Wong, & Petchkovsky, 2007). For instance, the fact that arts tend to be associated with normative and pleasurable experiences and that many arts in health programs are community-based may make such approaches more attractive, accessible, and acceptable to users than conventional care (Macnaughton, White, & Stacy, 2005). This may be especially meaningful for youths, who are known to be particularly sensitive to the stigma associated with conventional therapeutic approaches and want to dissociate from them (James, 2007).

Transition Space at the Museum

Transition Space at the Museum (TS@M) is an innovative arts in health program that was developed as a result of collaboration between Espace Transition (ET), a mental health rehabilitation initiative housed at Ste-Justine University Hospital Center (SJUHC), in Montreal, Canada, and Sharing the Museum, an accessibility and education program of the Montreal Museum of Fine Arts (MMFA). Figure 1 presents TS@M's conceptual framework, which summarizes the program's components, objectives, and goals. Those were jointly developed by researchers, clinicians, and arts education professionals from SJUHC and MMFA, based on a review of the relevant literature and prior experience.

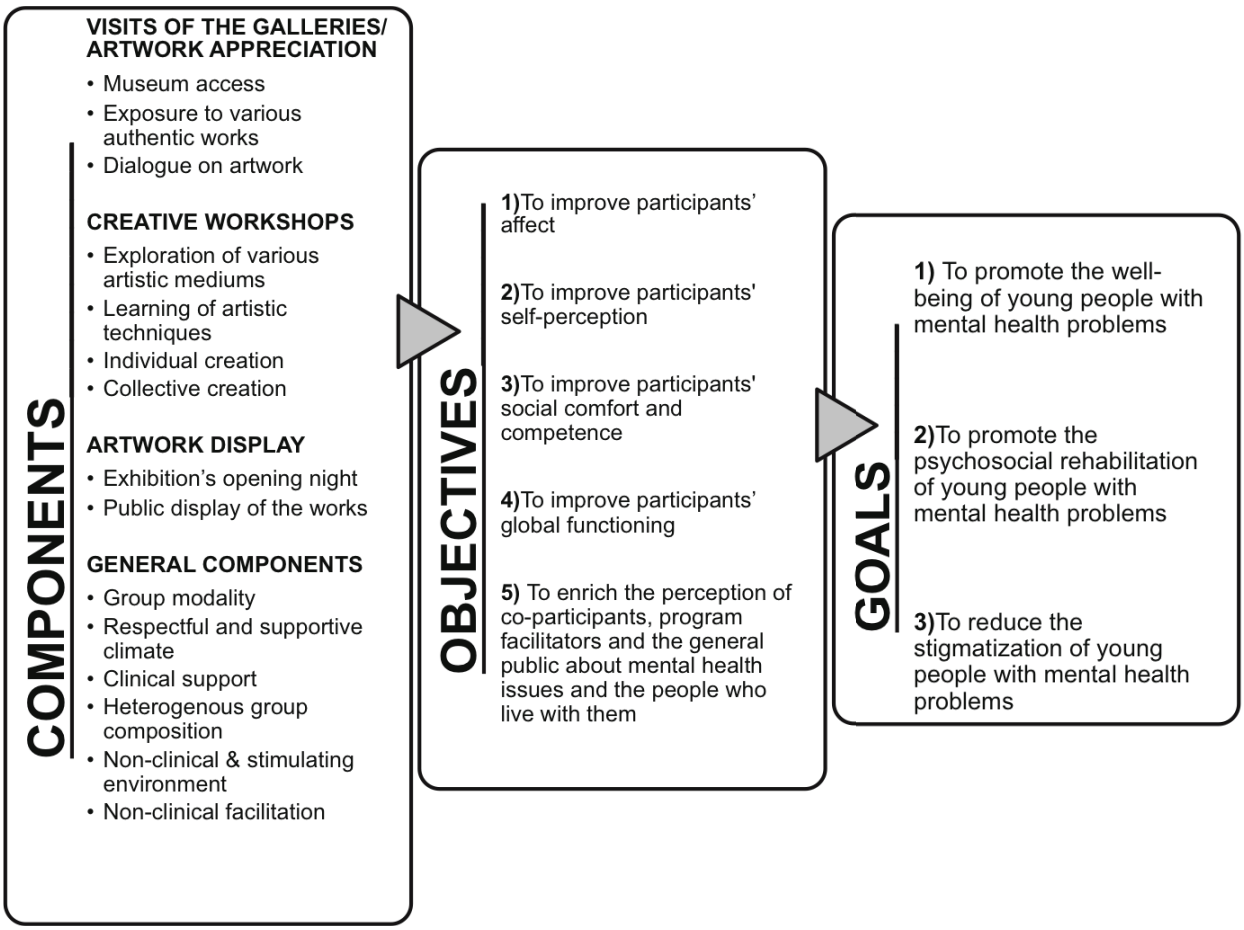
Ultimately, TS@M aims to promote the well-being and psychosocial rehabilitation of young people with mental health problems and to reduce their stigmatization. To attain these goals, a series of intermediate objectives are targeted: to improve participants' affect, self-perception, social comfort and competence, and global functioning, as well as to enrich the perception of co-participants, program facilitators, and the general public about mental health issues and the people who live with them.

The TS@M program targets young people aged 14 to 25 years and serves groups of 12 to 15 participants, about two-thirds of whom have psychiatric disorders or symptoms of various nature and severity (from now on referred to as "target participants"). The rest of the groups is composed of same-age peers with no known mental health or adjustment problems (from now on referred to as "co-participants"). Composing the group as such enables young people with a mental disorder to evolve alongside peers with more normative functioning without being identified as having psychopathology, since the psychiatric condition of each participant is not divulged by clinical staff to other group members or facilitators. Such a group mix is also intended to allow young people who do not have psychopathology to closely meet peers who do and to consequently change their perceptions and attitudes towards mental health problems. The relevance and adequacy of the program for each potential participant is evaluated by ET's clinical team through prior meetings and consultation with referring clinicians.

The TS@M program is facilitated by an art educator and consists of creative arts workshops linked to thematic visits to the MMFA's collections or temporary exhibitions. As Figure 1 illustrates, it is divided into three main components: (1) a series of thematic visits of the museum's galleries, (2) creative workshops, and (3) the display of the works produced. During the galleries' visits, lively discussions and opinions are shared, through insightful questioning on the part of the educator, who may at times use gallery "games" or interactive material to stimulate dialogue. Time to circulate individually is also an important consideration,

Figure 1

TS@M's Conceptual Framework



as youths often like some autonomy in the galleries. Discussion themes—which may range from portrait and self-image, fantasy, body language, environment, legends and myths, to objects having personal significance—are prompted by the selections of artworks that are included in the visit and are influenced by the specific tastes and needs of the participants. Each theme is continued in the creative workshops where the participants work on numerous artistic techniques ranging from painting to printmaking, photography, *shibori*, collage, and sculpture. At times when the technique is more complex, it will be carried over two or even three weeks. On these occasions, the gallery visit might not take place. The participants work on individual creations, but also collective works, with the intent to foster group cohesion and encourage collaborative interactions among group members. The end of the program is celebrated with a vernissage or opening exhibit where participants invite family and friends to admire the group's accomplishments.

TS@M workshops run for two hours and take place one evening a week during 12 consecutive weeks. It is hoped that the delivery of the program in a non-clinical context and within such a renowned cultural institution as the MMFA promotes a normalizing and stimulating experience for the participants. Clinical support is nonetheless provided by a mental health practitioner or trainee from the SJUHC, who participates in each workshop and offers direct support to participants as needed. This accompanying clinician also relays relevant clinical information to participants' mental health care providers, as well as to a senior clinician supervisor at the SJUHC so that appropriate interventions are quickly put in place whenever necessary.

After a first implementation in the spring of 2015, we submitted the TS@M program to a pilot effectiveness evaluation the following year (March–June 2016). During that session, participants attended, on average, 10 of the 12 (83%) delivered weekly workshops ($SD = 0.73$), in addition to the final opening night, for which they were all present. As a group, participants reported fairly elevated appreciation ratings and most qualified their experience positively (Archambault, 2017). In this article, we report on a portion of the pilot effectiveness evaluation, in which we focus on the assessment of two of the program's intermediate objectives: to improve participants' (1) affect and (2) social comfort and competence. We also explored the perception of negative or undesirable program effects.

METHODS

Participants

We collected data from all program participants ($N = 12$), as well as target participants' clinicians ($N = 8$) and close relatives ($N = 7$). The group of participants was composed of eight "target participants," recruited via medical or professional referrals from two hospitals and two community health centres in the Montreal area, and four "co-participants," mainly recruited by word of mouth among the entourage of program promoters and former participants, as well as through ET's Website. Participants were aged between 14 and 25 years ($M = 18$) and were mostly females (83%). The majority were living with family (58%) and pursuing secondary education (67%). At program entry, target participants had primary symptoms or diagnoses corresponding to one of six different psychiatric disorder categories: anxiety (2/8), autistic spectrum (2/8), depressive (1/8), bipolar (1/8), personality (emerging; 1/8), and speech (1/8). Six out of eight were currently receiving outpatient psychiatric services and all but one was taking at least one psychotropic medication.

Clinician respondents, mainly females (75%), included three psychiatrists, two social workers, one nurse, one special educator, and one psychologist, six of whom were attached to a hospital psychiatric department, and two to a community health centre. They all reported having been in contact with the participant at least monthly during the course of the program. Close relatives were mothers (4/8), fathers (1/8), or siblings (2/8) of participants and were all living in the same household as the participant except for one who spent every weekend with the participant. For one participant, no close relative could be enrolled in the research. We obtained free and informed consent from all research participants prior to the onset of the study.

Design and General Procedures

At this pilot evaluation stage, we tested our preliminary effectiveness hypotheses using a mixed-methods, single-group, repeated-measures design with data collected before, during, and after the program, as well as three months later. Following a Convergent Parallel mixed-methods design (Creswell & Clark, 2007), we collected both quantitative and qualitative data in parallel on each of the dimensions of interest, using standardized questionnaires and semi-structured interviews. During the two weeks prior to the beginning of the program (T1), the two weeks after program completion (T2), and approximately three months later (T3), a university-level research assistant individually met with each research participant in order to supervise their completion of a questionnaire and/or to conduct an interview with them. The entire procedure, which mostly took place in a research office at the SJUHC, lasted less than 60 minutes. Additionally, program participants completed a short paper-pencil questionnaire immediately before and after four workshops distributed throughout the program session (2nd, 6th, 9th, and 12th). All study procedures were approved by the research ethics committee of SJUHC.

Quantitative Measures

Affect improvements. In order to assess whether the program was successful at improving participants' affect (objective 1), we measured pre-post workshop variations in affect using a French version of the Positive Affect and Negative Affect Scales (Watson, Clark, & Tellegen, 1988), which consists of a list of 20 words describing different feelings and emotions that participants had to rate in accordance to their emotional state at the present moment on a scale of 1 (very little or not at all) to 5 (enormously). Half of the items form the *Positive Affect* factor (e.g., inspired, proud; Cronbach $\alpha = 0.91$) and the other half, the *Negative Affect* factor (e.g., nervous, irritable; $\alpha = 0.86$). We also assessed changes in subjective well-being from pre-program to post-program and three-month follow-up using a French validated version of the WHO-5 Well-being Index (Bech, Olsen, Kjoller, & Rasmussen, 2003), which asks respondents to rate how often, during the last two weeks, they have felt or their life has been according to a series of five positively framed statements ($\alpha = 0.91$), such as "well and in a good mood" (0 = never to 5 = all the time).

Social improvements. In order to assess whether the program succeeded at improving participants' social comfort and competence (objective 2), we used two self-reported questionnaires administered at pre-program, post-program and three-month follow up: (1) the Young Adults Social Self-Evaluation (Michaud, Bégin, & McDuff, 2006), a French-Canadian questionnaire measuring self-perceived social competence (16 items, $\alpha = 0.96$), with questions such as "To what extent do you feel able to participate in a group discussion

in one of your classes?" (1 = not at all capable to 7 = perfectly capable), and social acceptance and interest (13 items, $\alpha = 0.94$), with statements such as "I find it difficult to make friends" (1 = not agree at all to 5 = perfectly agree), and (2) the Fear of Negative Evaluation Scale (Leary, 1983; Watson & Friend, 1969), short French validated version (Kéroack, Boisvert, & Prévost, 1987), composed of 12 items ($\alpha = 0.94$) assessing preoccupation with others' judgment, with statements such as "I fear that people don't approve of me" (1 = does not describe me at all to 5 = describes me extremely well).

Qualitative Interviews

At post-program, we conducted individual interviews with participants, clinicians, and close relatives (total interviewed $N = 24$) in order to document perceived program effects, including any potential undesirable ones. Interviews were semi-structured and comprised mainly open-ended questions. With respect to program effects, respondents were first asked if they believed the program had brought about any changes and if so, to give examples spontaneously. Afterwards, they were directly asked if they had perceived changes in each of the spheres targeted by program objectives and if they believed the program might have brought about any negative or undesirable effects. Interviews were audio-recorded and then transcribed into written text.

Analytic Strategy

Quantitative analyses. We performed quantitative analyses using SPSS, version 24 (IBM Statistics). We analyzed pre-post workshop changes in affect using multilevel mixed models, which allowed testing average changes in positive and negative affect before and after workshops, while taking into account the non-independence of observations because participants answered questionnaires more than once (i.e., before and after up to four workshops). We modelled the autocorrelation of Pre and Post scores using a REPEATED statement and the dependency between workshops, nested in individuals, using a random intercept (RANDOM statement; Singer & Willett, 2003). We derived multilevel standardized regression coefficients (beta) as indicators of effect size, which we interpreted following Cohen's convention (small ≥ .10, medium ≥ .30, large ≥ .50; 1988). We also performed cross-level moderation analyses to identify whether pre-post changes in affect varied across workshops.

We compared well-being and social comfort and competence indicators at pre-program, post-program, and three-month follow-up using repeated-measures ANOVAs and Cohen's *d* effect size coefficients interpreted according to the convention (small ≥ .30, medium ≥ .50, large ≥ .80; Cohen, 1988). Because of list-wise deletion of participants with missing data at one time point, these analyses only included nine of the twelve program participants. We also performed separate T-tests with all available participants at each time point, which yielded the same results. We thus preferred to present the results of the repeated–measures ANOVAs.

Qualitative analyses. We proceeded to the thematic analysis (Denzin & Lincoln, 2000) of interview data using QDA Minor, version 2.4 (Provalis Research). The entire interview material was first classified under broad rubrics mostly pre-defined by interview questions. In this article, we limit the presentation of the results of the thematic analysis to the rubrics relevant to the focus of this study, i.e., "changes in the affective sphere," "changes in the social sphere," and "negative effects." Then we coded the verbatim under each rubric inductively (i.e., open-coding) and horizontally, that is, we assigned a distinct code to every

emerging theme and gathered under the same codes every segment of material reflecting similar ideas (the presentation of results follow the thematic tree very closely). For the sake of this analysis, we made no distinction between spontaneous comments and responses to direct questions about the perception of changes in affect or social functioning. The coding was performed by the first and fourth authors of this manuscript, who double-coded and made consensus rating on part of the material and held regular cross-validation discussions while building the thematic tree.

Results integration. In line with a Convergent Parallel mixed-methods design, we integrated quantitative and qualitative results at the moment of interpretation in order to yield optimally rich and valid conclusions (Creswell & Clark, 2007).

RESULTS

Quantitative Results

Pre-post workshop changes in affect. Figure 2 shows average levels of positive and negative affect reported by participants immediately before and after four workshops scattered throughout the program session (weeks 2, 6, 9, and 12). Mixed models, with a random effect accounting for repeated completion by the same participants, showed a significant reduction of small-to-medium amplitude in negative affect from pre- to post-workshops (beta = -0.23 p = 0.001). As for positive affects, they were found to increase slightly but not significantly during workshops (beta = 0.10 $p = 0.236$). Multilevel moderation analyses revealed that these pre-post changes in both positive and negative affect were fairly constant across workshops (Interaction pre-post PA*session = 0.07, $p = 0.365$; Interaction pre-post NA*session = 0.10, $p = 0.109$).

Changes in well-being and social dimensions between pre-program, post-program, and follow-up. Figures 3 to 5 show the evolution of the mean levels of subjective well-being, social self-evaluation (two sub-scales), and fear of negative evaluation in the sub-group of participants who completed the program TS@M *and* its pilot evaluation ($N = 9$). Table 1 presents the results of repeated-measures ANOVAs comparing scores on these different dimensions at pre-program (T1) to those at post-program (T2) and three-month follow-up (T3) respectively. Figures show that all four outcomes of interest changed in the hypothesized direction from pre- to post-program. ANOVA results indicate that these changes were statistically significant in the case of subjective well-being, which improved by a medium-to-large margin, and in that of self-evaluated social acceptance and interest, which followed a small increase. An even larger improvement in subjective well-being was observed at follow-up, although it did not remain statistically significant at the 0.05 level. Social acceptance and interest scores decreased during the three months following program completion to a level still superior to, but no longer statistically different from, that of pre-program. Changes in self-evaluated social competence (slight increase) and fear of negative evaluation (slight decrease) were very modest between post-program and follow-up—almost suggesting stability—and follow-up scores on these dimensions remained non-statistically different from pre-program values.

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Figure 2

Mean Pre-Post Workshop Levels of Positive (PA) and Negative Affect (NA) Averaged Across Four Workshops Distributed Throughout the Program Session (*N* = 12)

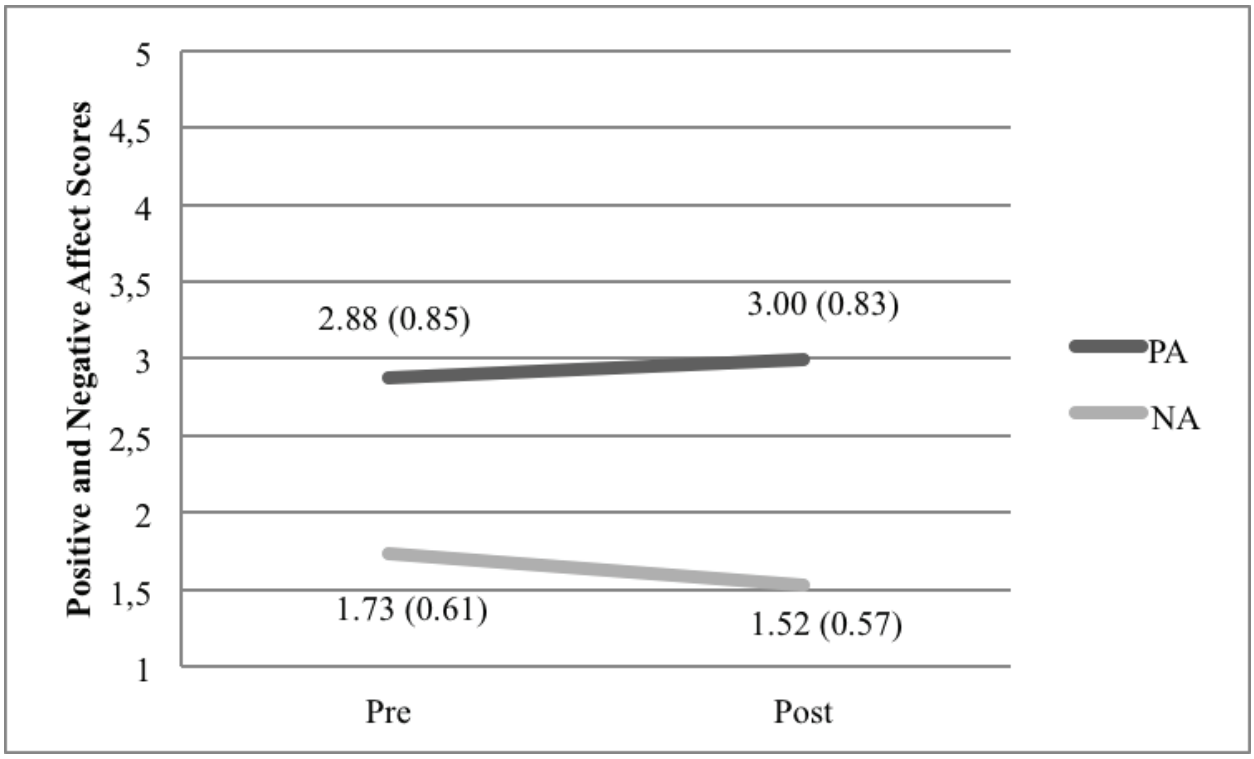

Figure 3

Mean Levels of Subjective Well-Being at Pre-Program, Post-Program and 3-Month Follow-Up (*N* = 9)

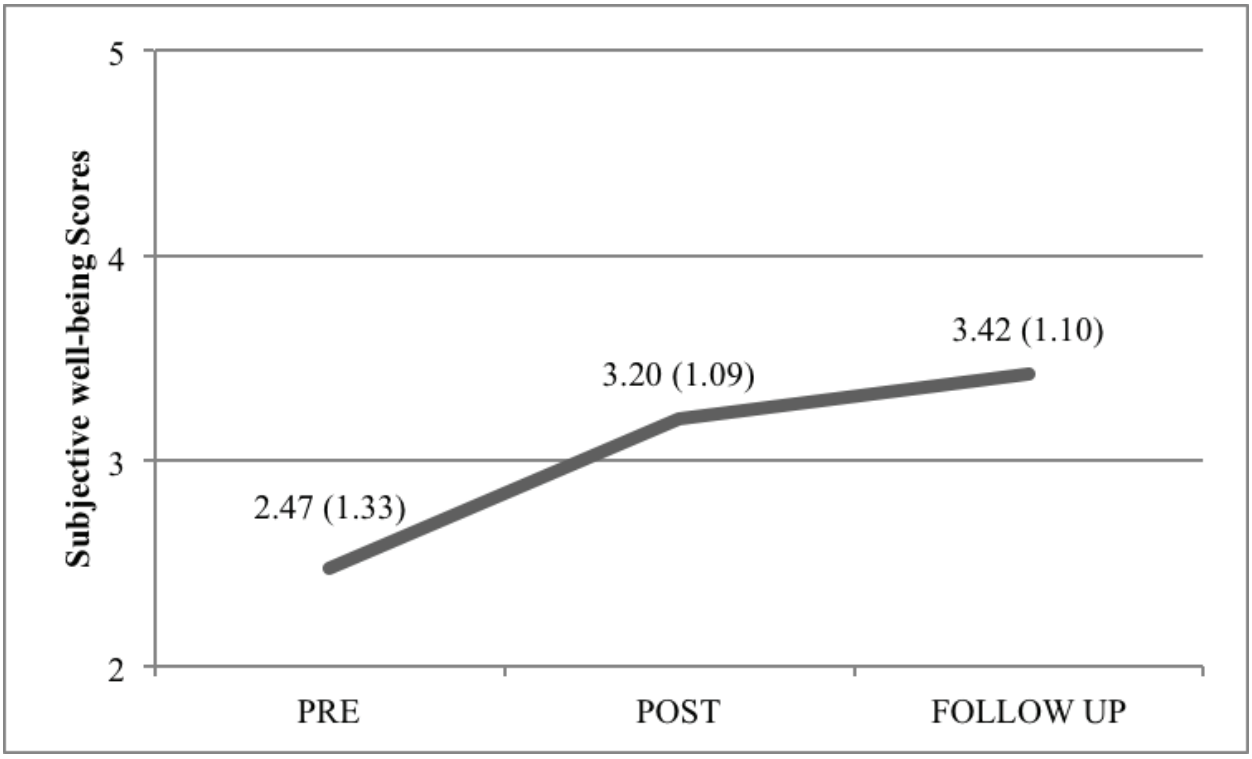

Figure 4

Mean Levels of Fear of Negative Evaluation at Pre-Program, Post-Program and 3-Month Follow-up (*N* = 9)

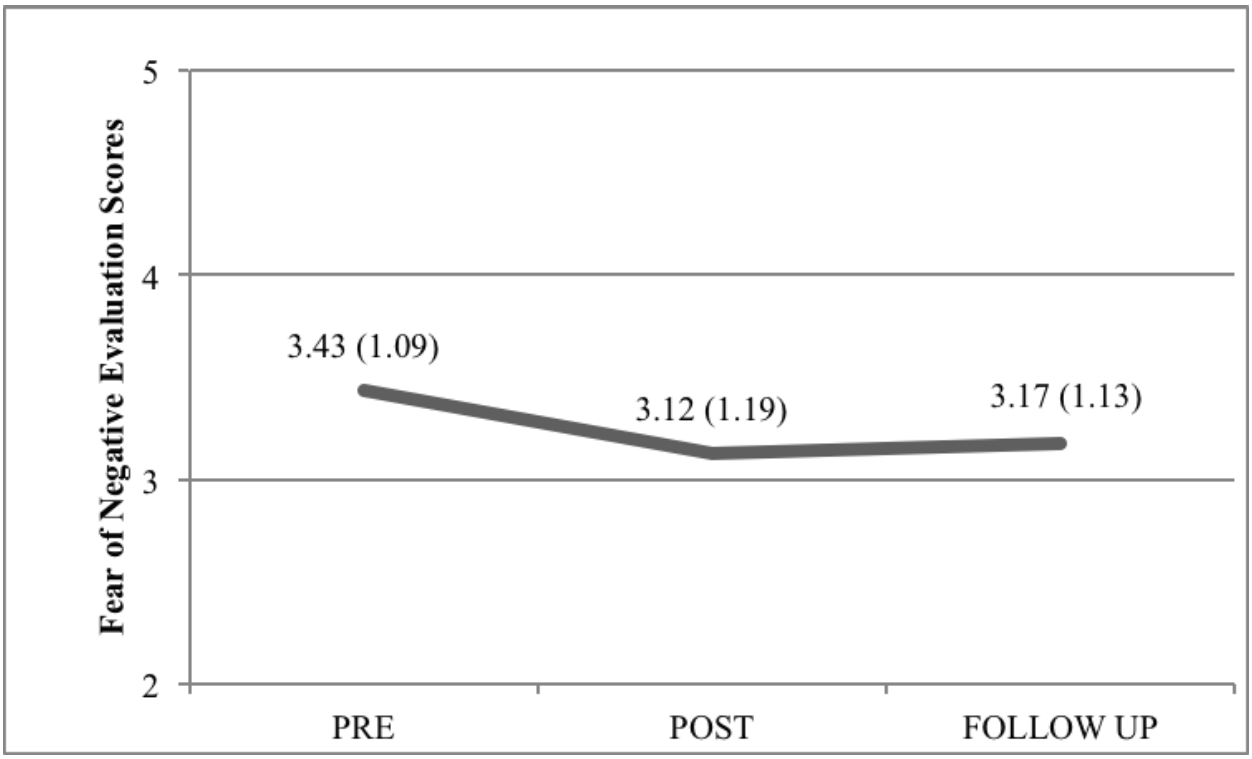

Figure 5

Mean Levels of Self-Perceived Social Competence (dark line) and Social Acceptance and Interest (pale line) at Pre-Program, Post-Program and 3-Month Follow-Up (*N* = 9)

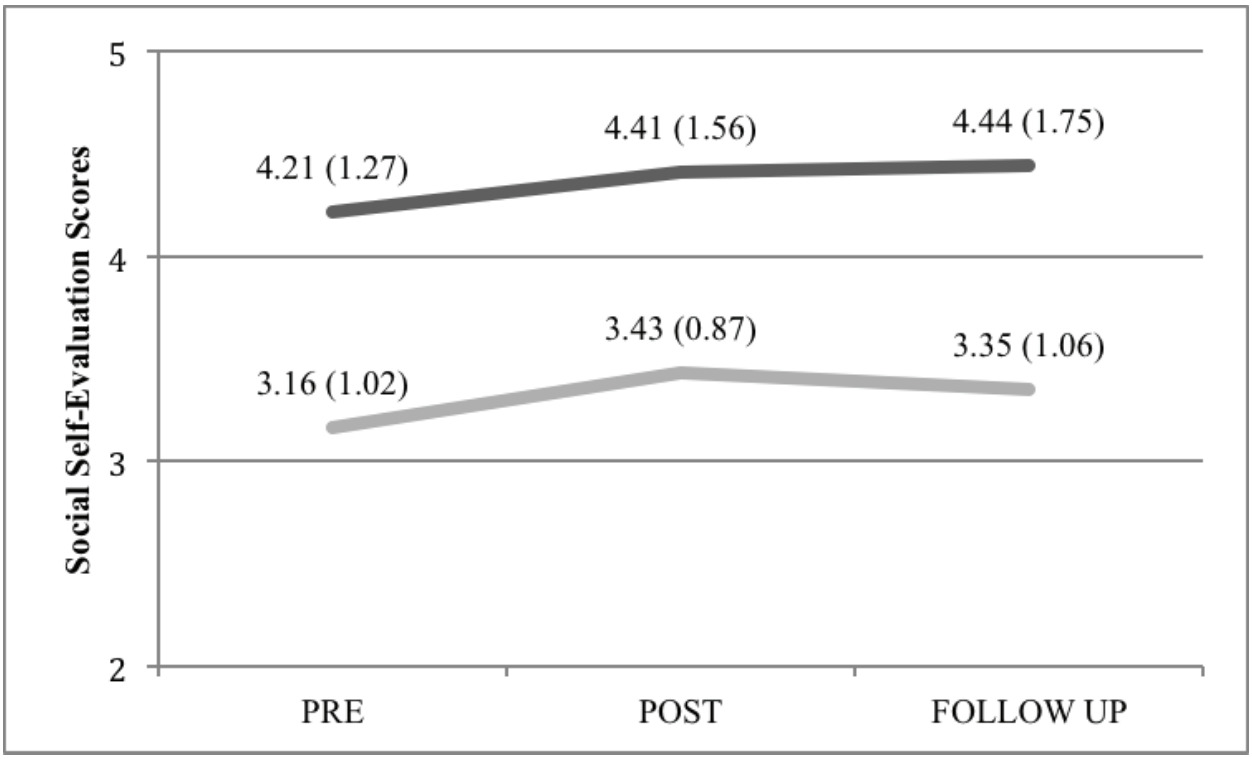

Table 1

Comparison of the Mean Results on Well-Being and Social Dimensions Between Pre-Program, Post-Program, and Follow-Up (N = 9)

Measured dimensions	Mean difference (*SE*)	Sig. (bilateral)	*d*
Well-being			
T1-T2	0.73 (0.23)	0.01	0.60
T1-T3	0.96 (0.48)	0.08	0.78
Fear of negative evaluation			
T1-T2	-0.31 (0.19)	0.15	-0.27
T1-T3	-0.26 (0.16)	0.13	-0.23
Social competence			
T1-T2	0.20 (0.40)	0.64	0.14
T1-T3	0.23 (0.57)	0.70	0.15
Social acceptance / interest			
T1-T2	0.27 (0.90)	0.02	0.28
T1-T3	0.18 (0.13)	0.19	0.18

Qualitative Results

Improvements in affect. Either spontaneously or in response to eliciting questions, several respondents suggested that program participation could improve one's mood or well-being. Verbatim extracts falling under this rubric were further classified into four different themes.

Simply feeling better. A proportion of respondents provided rather broad statements indicative of increased positive affects, such as joy, excitement, and "positivity," or of general mood enhancement, such as feeling "well," "better," or "in a good mood."

> She was much more joyful, from the very first activity, happier, more relaxed. (Target participant's sister)

> Yes, I feel more positive, I find. (Target participant)

Enjoying a break from preoccupations. Others specified that the program allowed them to get a welcomed break from all kinds of preoccupations. In fact, a number of participants reported that the workshops allowed them to clear their head by offering a great distraction from worrisome thoughts and daily preoccupations. In some cases, participants explicitly linked this experience to a state of greater relaxation.

> It's very interesting; it allows thinking about something else. (Target participant)

> (I felt) very relaxed, I would really take it as a moment to evacuate, to take distance from my daily life. (Target participant)

Workshop-bound or beyond? While some respondents explicitly stated that the program-related affect improvements they had perceived were limited to the workshops themselves or to their immediate aftermaths, at least one participant reported that she had generalized the use of arts as a mood-regulatory strategy outside of the program, suggesting a far more durable impact.

> (…) my mood did not improve, I did not see any difference in 15 weeks, but within a given day that could be a bit stressful, I would always leave a bit more relaxed than when I arrived. (Co-participant)

> Yes it brought me to do something and to clear my head. For instance, when I was mad outside (the program), I would tell myself that if I make a bit of art, it will clear my head and make me feel better. So it taught me that. (…) Because before I would not do that, I would stay in my bubble, in my head, I would dwell on a problem. (Target participant)

Not much program-related change. Finally, a few respondents denied any program-related changes in affect or well-being, either because they did not notice any change at all in that regard or because they attributed noticed improvements to other sources of variation.

> I felt like neutral, like most of the time. It did not change my mood of the day. Although I think that there was one time when I felt better at the workshops. Apart from that it was pretty constant. I don't have the impression that it changed my mood so much, maybe a little, but I don't have the impression that after having finished it changed. (Target participant)

> It's not the program, it's just the fact that I'd walk, that I'd be alone with myself. It's more that. It did me good, but it's not related to the program. That I be by myself, that I could meditate, and see a nice area. (Target participant)

Improvements in the social sphere. All interviewed participants reported some kind of improvement in the social sphere following program participation. Moreover, improvements in that sphere are among the most common program-related effects that were spontaneously mentioned by respondents of all three categories. When all pooled together, material concerning improvements in social functioning was subdivided into the four following themes.

Increased socialization/sociability. First, participants themselves, as well as their close relatives and clinicians mentioned that program participation resulted in greater openness to socialization, increased amounts of social interactions, and greater relational ease.

> It makes you more comfortable in front of people. I would talk more at the end than at the beginning. (Target participant)

> Yes a lot! (…) at the opening night for instance, I was very surprised to see (her) flutter from one group to another, to chat (…) Even her father who was present and I were like "what's going on?" And also to speak on a stage, with a mic, in front of people she didn't know, that surprised us a lot. We even joked while leaving: "Who are you and what did you do with our daughter?" (Target participant's mother)

Greater confidence in social situations. Moreover, some participants mentioned that, following their experience of the program, they felt more confident in their capacity to hold social interactions and to be themselves in social situations. In some cases, it seemed due to a greater sense of self-efficacy derived from having seen oneself succeed in social situations.

> Yes, a bit more confidence. When you get in front of a group that you don't know, you're shy. The fact that I went there (the program) gave me more confidence because I told myself: "Hey, I was able to do it!" (Target participant)

For other youths, the gain in confidence in social situations seemed to be mainly attributable to a decreased preoccupation with other people's judgment.

> I dare more, I'd do things that I wouldn't do before. (…) I'm starting to be more myself. Because before, I would hide a little in order to avoid judgments but now I somewhat learned to forget about that and just squarely go straight!" (Target participant)

Improved social skills. Finally, a few participants mentioned that their participation in the program allowed them to improve their social skills, for instance: "learning to communicate with people more simply," as one target participant said. This theme emerged predominantly in the verbatim of co-participants, who reported having had to work on their social skills in order to be in relationship with other youths for whom socialization was more challenging.

> That I find has improved because I'm used to be with people who are easy to approach so having to be in relationship with people towards whom I would not necessarily go in daily life, I think it helped me on that level, yes. (Co-participant)

Generalizability/functional significance. As when reporting changes in affect or well-being, some respondents provided hints as to the generalizability or functional significance of perceived improvements in the social sphere. Some suggested that such progress had generalized to other meaningful contexts, such as school, while others described them rather as precursors of more significant functional changes that had yet to be seen.

> The more I participated, I started to become more sociable, also with my friends at school. (Target participant)

> Yes, of course, as I told you. Nonetheless, at home, she is all alone and she doesn't have friends who call her and it did not change the home environment. But it's as if to take her out of this very setting, it showed her that there are some barriers that fell down and that: "I can do it, I will talk to people whatever happens!" (Target participant's mother)

Negative or undesirable effects. When directly questioned on that matter, the quasi totality of interviewed respondents denied any negative program impact. Such impacts were nonetheless mentioned with regards to one participant, both by herself and her close relative. This participant reported never having felt "home" in the workshops and having experienced feelings of anger towards the group and the program.

> I don't know, it just angered me to go there. I just have the word hypocrisy in my head. (Target participant)

In the same vein, this participant's mother suggested that "she had felt more judged" during the workshops. On the other hand, the participant's clinician affirmed that he had not noticed any negative impact of her participation in the program.

Respondents did not raise any other undesirable program effect. Several participants mentioned that they had felt a bit stressed out or shy during the first few weeks of the program because they had to meet new people and deal with much novelty. Yet, none of them conceived these initial feelings as negative program effects and all specified that they gradually relaxed during the course of the session, leaving room for more positive affects such as wellness or excitement.

> For sure at first, I was always a bit stressed out because it's natural, I'm always a bit stressed out before anything. But over time, over the course of the activity, I was starting to feel better and at one point, I felt totally at ease, and then, I started to be better, to be more myself. (Target participant)

DISCUSSION

In this article, we presented a portion of the pilot effectiveness evaluation of Transition Space at the Museum, an innovative arts-based rehabilitation program for youths with mental health problems. We focused on two of the program's intermediate objectives, which were to improve participants' affect and social comfort and competence. We also documented the perception of negative or undesirable program effects.

Program Effectiveness

Our quantitative and qualitative results mostly converge to support program effectiveness with regards to affective and social improvement. As a group, participants reported a significant small-to-medium reduction in negative affects immediately after program workshops and an overall medium-to-large increase in subjective well-being following the completion of the entire program session. Coherently, several respondents reported program-related improvements in affect during the qualitative interviews. They mentioned both a general increase in positive mood or well-being, as well as a reduction in preoccupations or worrisome thoughts, which make direct echo to the positive quantitative results. Nonetheless, a few respondents denied having perceived any program-related impact on affect, which may explain the rather modest magnitude of

quantitative affective improvements observed between pre- and post-workshops and the fact that changes in positive affect did not reach statistical significance.

Qualitative improvements in the social sphere were reported by all interviewed participants and represented one of the most common types of program-related effects spontaneously mentioned by respondents of all three categories. More specifically, respondents mentioned that program participation lead to improved social skills, increased socialization and sociability, and heightened confidence in social situations—partly due to decreased preoccupation with others' judgment and increased social self-efficacy. Those themes correspond quite well to the specific dimensions supposedly captured by the quantitative measures we used (i.e., self-evaluated social competence, acceptance and interest in social situations, and fear of negative social evaluation). In accordance with qualitative results, the group means on all these measures did change in the direction coherent with improvement between pre- and post-program. Yet, these changes were of small magnitude and only the increase in self-evaluated social acceptance and interest was statistically significant.

We found no statistical differences between pre-program and follow-up levels and we observed a decelerating slope in the group mean scores on all quantitative measures between post-program and three-month follow-up. This pattern is rather consistent with an actual program effect, making less plausible that observed improvements between pre- and post-program be simply due to a natural remission course (maturation hypothesis). It is also coherent with the qualitative material suggesting that for a proportion of participants, observed improvements were of short duration and closely bound to program participation itself. On the other hand, the fact that mean scores on all measures either stabilized or continued to slightly improve between post-program and follow-up suggests a certain maintenance of program benefits at the group level, or even a possible springboard effect for some. This latter hypothesis is supported by the verbatim of certain respondents who suggested that program-related improvements in the social and affective spheres had generalized to other meaningful contexts, such as the home or the school, or even that some participants had been able to integrate the very mechanisms underlying these effects (e.g., art-based mood-regulatory strategies). From a rehabilitation perspective, this is particularly promising as the goal is ultimately to foster the well-being and adaptation of people in their day-to-day lives and to allow them to be their own primary agent of recovery (Farkas & Anthony, 2010).

As part of this pilot evaluation, we also explored potential undesirable or harmful effects of program participation, notably by directly questioning every interviewed participant, relative, and clinician. Negative effects were only reported in the case of one participant who, according to her own account and that of her mother, was angered by her fellow participants and felt judged by them. This finding is unfortunate, and we advise program facilitators to be careful to detect future participants with similarly negative experiences in order to provide them with appropriate support. However, we believe that the fact that no other instance of negative experience and no serious deterioration of condition were reported supports the relative safety of the program.

Overall, our mixed-methods results quite compellingly support TS@M's safety and potential at improving the affect and social comfort and competence of young people with mental health problems. These results are consistent with and add to the emerging empirical base supporting the effectiveness of arts-based interventions to foster the emotional well-being and social functioning of people with mental health problems (Macpherson et al., 2016; Nan & Ho, 2017; Secker et al., 2018).

Strengths and Limitations

This study has several limitations. As a first pilot evaluation, it was undertaken with a single group of only 12 participants, thus limiting the robustness of causal inferences, the power of statistical analyses, and the generalizability of results. Missing data at different time points even further reduced the sample size for some of the quantitative analyses and prevents us from being able to generalize the results of these analyses to the entire group of participants to the program. Some of these limitations were partly compensated by the study's major strengths. For instance, we used up to eight measurement points for the assessment of pre-post workshop affective changes and included a third time point (follow-up) for the quantitative evaluation of changes in other psychosocial indicators, which strengthened our inferences. Moreover, we triangulated quantitative data with interview verbatim from program participants, close relatives, and clinicians, which allowed us to yield more comprehensive and valid preliminary evaluation conclusions, based on a rich account and diverse points of view, including that of users themselves.

CONCLUSION

Overall, this first pilot evaluation supports TS@M's safety and preliminary effectiveness at improving the way participants feel and function socially, making it a promising approach to foster the well-being and psychosocial rehabilitation of young people with various mental disorders. By extension, our study thus also lends additional support to arts-based community interventions in the mental health field. Future studies with larger samples of participants, more robust designs and longer-term follow-ups are needed to confirm these preliminary conclusions and better appreciate the actual functional significance of participating in such programs and its impact on youths' trajectories.

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