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An Alternative Pathway to Recovery: Program Evaluation of R2ISE

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An Alternative Pathway to Recovery: Program Evaluation of R2ISE

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An abstract of a thesis submitted to the Faculty of the Rollins School of Public Health of Emory University in partial fulfillment of the requirements for the degree of Master of Public Health in Global Health 2020

Abstract

An Alternative Pathway to Recovery: Program Evaluation of R2ISE

By Katharine S. Brien

Mental illness and addiction are prevalent public health issues that impact many aspects of a person's life. In Georgia there is a small but underserved population living with moderate to severe mental illness and/or addiction. Georgia has adopted a recovery approach to mental healthcare that moves beyond treatment of symptoms to prioritize holistic health and well-being. Case studies from other countries suggest that theater and the arts may offer an effective pathway to recovery and have recommended further study in this field. There are still very few if any studies on these topics in the United States. Even in Georgia, there were no peer reviewed articles on the state's recovery-based approach.

R2ISE is a peer-run organization in Georgia that promotes recovery through creative expression and the arts. Before this study, very little data had been collected on the processes and outcomes of R2ISE, but it was well-liked by its participants and offered insight on how to achieve recovery through the arts in the United States. The results of my program evaluation suggest that R2ISE promotes recovery and empowers its participants to reach their goals in life. Participants discussed how the organization had improved their mental health in ways that traditional clinical treatment and support groups had not been able to. Participants found a greater sense of connection, hope, meaning in their lives and empowerment while developing their sense of identity, all components of recovery. Several participants even launched careers as writers or artists with the support they received from R2ISE.

Participants described R2ISE's approach to be highly effective for them and suggested that it filled a gap in Georgia's mental healthcare system. As a young organization, R2ISE is still evolving and expanding to new demographics. Questions remain about their future target populations and identity as an organization, but they offer a lot of promise. I analyze the factors that differentiate R2ISE and make their approach so effective. These factors should be further studied to see how they can be incorporated into other mental health and addiction programs in Georgia and nationwide.

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I am also eternally grateful for the candidness and courage of my interviewees who spoke so openly about their mental health experiences and views on R2ISE. They gave me a wealth of information and it is my honor to process their input into something I can give back to the organization that gave me so much. I truly hope that this evaluation will help R2ISE grow and reach more people in need as well as validate what an amazing job they do of changing people's lives and inspiring hope. Throughout the writing of this thesis, staff people from R2ISE continued to call and check in on me even after I moved out of state. Thank you for sharing your home and making me a part of the R2ISE family.

And thanks to all the people in my life who believed in me and were genuinely curious about my thesis and excited for it to happen. My parents shared my passion and offered insight on how to evaluate an organization from a structural perspective. I bounced ideas off them in almost weekly discussions of R2ISE and what my results were showing. They helped me sift through the really cool findings, offered perspective, and celebrated milestones with me. My friends all believed in me and endured countless conversations about my findings as well. In fact sometimes R2ISE was all I would talk about to anyone who would listen, and everyone who knows me knew my tendency to gush about my thesis. Even extended family checked in on my progress. There are definitely a lot of people waiting with bated breath for this thesis to be finished and available to the public. I also hope to turn this thesis into a journal article so that more people in public health and academia can build off R2ISE's success and further advance mental health and promote recovery.

Thank you all.

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Introduction

Mental illness and addiction pose a significant challenge to public health, affecting one in five people in the United States. Studies have shown that poor mental health can also negatively affect physical health and increase the risk of chronic diseases such as diabetes and heart disease. There is also a high prevalence of comorbidities, with 10% of people who feel unwell in one study in Georgia being diagnosed with at least two distinct mental illnesses (Reeves et al., 2013). Mental illness and addiction affect all aspects of life, not just personal and public health. People struggling with these issues are more likely to be unemployed, socially isolated, and have a higher incidence of incarceration. Not only does it place a burden on the diagnosed person, it places pressure on family and social networks as well. The stigmatizing nature of mental illness and addiction in U.S. society makes it difficult to talk about, even though talking about mental health challenges can be a crucial step in resolving them and finding treatment. Many people in Georgia do not receive any treatment for their addiction and mental health challenges, due to stigma as well as the high cost of treatment (*Behavioral Health Barometer: Georgia, 2015*, n.d.). The quality and intensity of behavioral healthcare in the United States depends more on what the consumer can afford than what they need. This dynamic means that many economically depressed and underserved communities have a higher prevalence of mental illness and addiction but the lowest access to care.

Even if clinical behavioral health care is affordable for an individual, there is a population that is not being addressed by traditional mental health interventions and requires a new approach. I met some people who fall into this category at a peer-recovery organization called R2ISE. They described having some access to therapy, drug treatments and inpatient

hospitalizations to address their mental health and struggles with addiction, but indicated that these interventions had not improved their mental health or helped them stay healthy in their daily lives. If clinical treatment and 12-step programs were not effectively addressing their needs, how could their needs be addressed?

These people said that they had found healing and long-term recovery from mental health and addiction challenges at R2ISE, an organization that aimed to promote recovery using creative expression and the arts. Recovery in this context refers to long-term improvement in mental health or effectively maintaining sobriety while improving all aspects of wellbeing and helping people live more fulfilling lives. It is a way of empowering people with mental health challenges to live full, healthy lives and pursue their dreams despite any illness. The recovery movement started to gain momentum in the 1990's but still hasn't been widely adopted in the United States. Despite strong faith in R2ISE's impact, the organization had no data to prove that their approach provided effective mental health intervention.

I conducted a program evaluation of R2ISE to determine if the organization's participants felt that the approach of R2ISE improved their mental health and, if so, how it achieved that goal. I also examined participants' suggestions for strengthening the organization in the future.

R2ISE could offer a valuable model for understanding how to reduce the impact of mental illness and addiction on a statewide and national level. R2ISE's approach could help address a gap in treatment coverage in Georgia and be accessible to underserved and economically depressed communities because of its free programming and large outreach component. If R2ISE's model works as well as some participants anecdotally suggested, understanding the aspects that make this approach effective would be important. These aspects

could then be incorporated into current mental health and addiction interventions and potentially provide a framework for future programs and policy. As public health programs try to promote healthy lifestyles, address behavioral health issues, and eliminate disparities it is important to always be seeking and investigating new and potentially effective approaches. The benefits reported informally by R2ISE members suggested that it may offer a new pathway to recovery, and inspired the present study.

Terms to Define

Audience- anyone who could benefit from the programs at R2ISE and identify potential target populations for future outreach efforts.

Community- a group of people who can be identified by at least one trait in common that have a shared need or relationship. Usually community refers to anyone associated with R2ISE in this thesis, but it also is used to group people with shared demographic and geographical traits when talking about people outside of R2ISE.

Connection- any mention of relationships, support from others or being a part of a community. Connection includes discussions of communication, family, community, networking, friends, support, belonging and acceptance.

EMDR- Eye Movement Desensitization and Reprocessing. This is a form of treatment for PTSD that involves revisiting traumatic memories and reprocessing with the help of bilateral stimulation. Usually "Bilateral Stimulation" refers to the client following the therapist's finger

back and forth or having buzzers in each hand that alternate vibrations while the client is thinking of a memory.

Empowerment- expressed through personal responsibility, assertiveness, and feeling able to reach their goals as a result of an interaction. This also refers to increased confidence and self-esteem.

Hope- Mentions of hope and optimism about the future, believing recovery is possible, motivation to change, hope-inspiring relationships, positive thinking and valuing success, or having dreams and aspirations.

Identity- discussions on how a person sees themselves and describes themselves to others. In discussing identity I include any mentions of redefining/rebuilding a positive sense of Identity, and overcoming stigma, discussion of authenticity, voice, expressing yourself, being true to yourself. Mentions of needing context to understand a person.

Interactive Museum- The main activity at R2ISE that takes place during their "All-Recovery Meetings". It involves creatively interpreting an idea around mental health such as "stigma," "belonging" or "wellness." It is a form or free expression, but can come out as a song, poem, quote, skit, dance, or spoken word piece, for example. The participants are free to say or do whatever feels right for them in the moment. This activity encourages spontaneity and authenticity among other things and provides many benefits to the participants which they describe throughout the thesis.

IOP- Intensive Outpatient Program. A form of intensive group therapy used to address moderate mental illness. This is usually prescribed as a treatment following a psychiatric hospitalization and is designed to provide coping skills 3 hours a day for 3-4 days a week.

Meaning in Life- This was defined as discussions about finding meaning in mental illness experiences, spirituality, quality of life, expressing social roles/goals, rebuilding one's life. It includes anything that the participant says gives them purpose.

Participant- any person who comes to R2ISE and/or participates in the activities and programming at R2ISE who is not employed by the organization.

Peer Advisory Board Member- a regular participant of R2ISE who has volunteered to meet once a month to discuss the future directions of R2ISE and provide input on the organization to the director and a representative to the board of directors. They help define what R2ISE stands for and how to reach out to new communities.

Peer- a person with lived experience with a mental illness or addiction. Often this person also helps other people with their mental health challenges, but this is not required.

Peer-run- a mental health organization that is run by peers and has no clinical mental health personnel on staff. Their program is based solely on peers helping peers to improve their health and wellbeing.

PHP- Partial Hospitalization Program. An intensive form of treatment for mental illness that involves a day-long program of group and individual therapy treatments 5 days a week. The program lasts about 2 weeks. This is usually considered after a person finishes a psychiatric

hospitalization but still requires significant support and skill development before resuming life's responsibilities.

PTSD- Post Traumatic Stress Disorder. An anxiety disorder that results from experiencing a trauma that goes unresolved for over a month. Symptoms of PTSD can be severe and intrusive, interfering with a person's ability to carry out daily activities. It can become a chronic condition, however there are several effective treatments available, including Prolonged Exposure Therapy and Eye Movement Desensitization and Reprocessing (EMDR).

Recovery- An approach to treating mental illness and addiction that addresses the needs of the whole person. It goes beyond alleviating symptoms and providing coping skills to include achieving life goals and living a happy and fulfilling life. Recovery in this thesis is measured by a person's ability to find connection, hope and meaning, define their identity as a person, and feel empowered. These components of recovery are also defined.

Literature Review

Mental Health Issues in the United States

Mental illness is a prevalent problem in the United States with an estimated 20% of the population experiencing some form of mental illness and 48-50% suspected to be affected by it at some point in their life (*NIMH » Mental Illness*, n.d.). Mental illness costs the US at least $300 billion a year due to disability benefits, healthcare expenditures and loss of earnings and wages (Reeves et al., 2013). People with mental illness have lower access to and utilization of healthcare services, and a higher reported rate of tobacco use (Reeves et al., 2013). This indicates a population with a high need for health interventions. People with depression, for example, are at a higher risk of having comorbid physical illnesses like cardiovascular disease, diabetes, asthma and cancer (Reeves et al., 2013). Certain mental illnesses also disproportionately affect disadvantaged groups such as racial and ethnic minorities, those living below the poverty line, and those with less than a high school education. The burden of mental illness and the ability to effectively address it varies from state to state. While Georgia has a relatively small affected population, it is no less important to understand mental health needs and efforts to reduce the burden of mental illness in the state.

Mental Health Burden in Georgia

Georgia has the 2nd lowest prevalence of mental illness in the nation, but those who do suffer with a mental illness are vastly underserved, statistics show. A 2019 national report by Mental Health America showed that in terms of access to mental health services and insurance

Georgia ranked 44th in the country. Georgia has one of the highest uninsured rates among people with a diagnosed mental illness, with 18.5% or 244,000 people uninsured. The national average was 12.2%. In addition, Georgia ranked 48th in the ratio of mental health providers to the population, with 830 people per provider (*Georgia Fact Sheet | Mental Health America of Georgia*, n.d.). While Georgia may have a relatively low burden of disease, it is clear the needs of Georgians with moderate to severe mental illness are not being adequately met.

Several studies have focused specifically on the population of Georgia with a diagnosed mental illness or reported drug abuse issue. According to the Mental Health Barometer (2015), published every 5 years, 4.2% of Georgians were reported to have serious mental illness, meaning their condition significantly impacted their ability to function in daily life. This represented a steady annual increase that is reflected across the nation. Between 2010 and 2014, 61.3% of adults in Georgia with a mental illness did not receive any treatment, compared to 42.7% nationwide. Another study from 2017, however, suggested that the treatment coverage in Georgia matched the national coverage range for populations over 18 with any mental illness (*NIMH » Mental Illness*, n.d.). While only 6% of Georgians reported heavy alcohol use in the last month and no more than 3.1% reported illicit drug use each year according to the 2015 report, these conditions also went largely untreated. Ninety-two percent of individuals reporting alcohol abuse and 87% reporting illicit drug use were untreated. Fortunately for those who did receive mental health treatment, 73% reported improved functioning as a result, which is higher than the national average.

Only 8.8% of people receiving mental health treatment in Georgia between the ages of 21 and 64 were employed, with the majority of them out of the workforce entirely and not seeking employment (*Behavioral Health Barometer: Georgia, 2015*). This all indicates a small

population in Georgia that is heavily affected by mental illness and addiction and underserved by the available resources. The resources that Georgia has in treating mental illness and addiction do seem to be effective but there are just not enough of them. Access to care is one of the biggest barriers to mental health in Georgia, with the burden of mental illness going largely unaddressed.

A study looking at people in Georgia who reported feeling tired or unwell found that 42% of them had a diagnosable mental illness (Reeves et al., 2013). The article went on to examine the types of conditions this population experienced. Post-traumatic stress disorder (PTSD) and generalized anxiety disorder were the most common diagnoses, but 45% of the study participants were also found to have some type of mood disorder which includes major depression and bipolar disorders. 10.8% of people with a diagnosed psychiatric condition had 2 or more psychiatric conditions, indicating a high rate of comorbidity. Of the entire "unwell and tired" population surveyed, 19.4% currently had an anxiety disorder and 18.5% had a mood disorder (Reeves et al. 2013). Trauma related diagnoses, including PTSD, anxiety and depression appear to be prevalent issues according to this paper.

Traditional Methods of Addressing Mental Health

Common clinical approaches to addressing mental illness and addiction include individual and group therapy, psychiatry, inpatient treatment and residential treatment. These services make up a mental healthcare system that has a hierarchy of treatment. For routine management of a mental health challenge, an individual would see an individual therapist or psychologist for behavioral treatment and to develop coping skills. A person may also choose to see a psychiatrist instead and medically manage symptoms. For moderate to severe mental

illness, therapy and medication management should be used together to achieve results. At this level, group therapy or enrollment in a 12-step program may be added to treatment by a therapist and psychiatrist to increase support and monitor symptoms. The client would have two weekly therapy sessions and a monthly psychiatry appointment. If a person goes into crisis, a state where their mental condition poses an immediate threat to their safety or the safety of others, they are usually admitted to an inpatient psychiatric hospital for an average of 4-7 days. This is considered the most intensive form of treatment. A hospital stay aims to stabilize the patient so that they can be safe, but rarely offers much treatment other than medication.

After a hospital stay, there are usually two paths to treatment. Residential treatment allows patients with severe mental illness to live in a therapeutic community for 1-3 months and do therapy sessions of various types for most of the day with the goal of developing effective independent living skills. This is only used when the client is unable to function independently in society. For people who had a crisis that brought them into the hospital but largely recover, a series of step-down treatment options are available. The first are partial hospitalization programs (PHP), where the client is enrolled in 3-5 group therapy sessions a day, 5 days a week for about 2 weeks in a clinical setting, but goes home in the afternoon. Below that are intensive outpatient treatment programs (IOP). These are 3-hour group therapy sessions that occur 3 or 4 days a week. For both PHP and IOP programs, there is often an individual check-in component with either a therapist of psychiatrist. Once those programs are completed the client is usually back to a routine maintenance level of weekly individual therapy sessions and possibly a weekly group therapy session or support group.

All clinical treatment options are run by one or more trained mental health professionals. There are also certified peer specialists who have lived experience with a mental illness or are in recovery from addiction. Peer specialists and peer-run organizations also offer services to people struggling with mental illness and addiction. This approach includes the 12-step program for addiction recovery. The theory behind peer-run mental health interventions is that people who have personally overcome mental health challenges are better equipped to address these issues. A balanced mental health system might incorporate both clinical and peer approaches to addressing mental health, but stigma surrounding mental health diagnoses can also cause a divide in these two approaches.

Public Mental Health in Georgia

Reeves et al. (2013) outlined a three-pronged approach to public health control of mental illnesses. Their three main goals are to reduce the prevalence, improve the clinical course of treatment and reduce impairment. These goals are primarily addressed in Georgia by the Department of Behavioral Health and Developmental Disabilities (DBHDD). Responsible for all aspects of behavioral health care from policy and budgets to providing services, the DBHDD aims to build a recovery-oriented, community-based system of care and support services across Georgia (*Mental Health for Adults*, n.d.). While the definition of recovery varies by source, the DBHDD defines their recovery-oriented approach as accepting that mental illness and addiction are conditions that are managed for life and focusing on prevention and a continuum of care rather than on crisis management. DBHDD aims to meet the needs of the whole client, not just their diagnosis, and provide individuals with mental illness the tools to pursue their dreams. The

recovery approach in Georgia represents a relatively proactive stance in addressing mental health. The recovery movement was only born in the 1990's and hasn't been widely adopted in the United States yet (Jacob et al., 2017).

In addition to its recovery-oriented approach, the DBHDD embraces the role of peers in mental health interventions. Peers are anyone who lives with a mental health condition or history of addiction, usually in the role of helping others with mental health and addiction challenges. DBHDD offers peer services carried out by certified peer specialists. It partners with the Georgia Mental Health Consumer Network, the organization responsible for training certified peer specialists and running respite centers across the state (*Mental Health for Adults*, n.d.; *Resources*, n.d.). People suffering mental health challenges who need a break from life but are not in crisis can come to the respite centers for 24-hour care and support from peer specialists and to build coping skills through workshops and activities (*Mental Health for Adults*, n.d.; *Resources*, n.d.). The DBHDD also has programs to help those affected by mental illness transition out of homelessness and offers an alternative to jail through the mental health treatment court for non-violent offenders (*Mental Health for Adults*, n.d.). While statistics suggest that those affected by mental illness in Georgia largely need greater access to care, the state's person-centered recovery approach provides a strong foundation.

Mental Health Recovery Through the Arts

Mental health recovery, on an international level, is the idea that people with mental illnesses can overcome their illnesses and live a healthy and meaningful life despite any obstacles in their way. While a familiar concept to some, others argue over how to define

recovery and whether it is possible at all. Jacob et al. (2017) explore views on mental health recovery and what may facilitate or impede it. They discuss two contrasting definitions of recovery which they called future-oriented and cure-oriented views of recovery. Those with a future-oriented view define recovery as finding personal meaning in life. The cure-oriented view defines recovery as the absence of symptoms and a return to a pre-illness state. Notably, Jacob et al. (2017) found that mental healthcare consumers were more likely to adopt a future-oriented view of recovery and believe in their recovery, while caregivers and providers were both more likely to adopt a cure-oriented definition of recovery and view any recovery as impossible. This becomes an important divergence because the support and validation of providers and caregivers to consumers of mental healthcare is integral to the consumer's ability to manage their disease and improve either clinically or spiritually (Jacob et al., 2017). For people to find recovery, they need their support network to listen, respect their personal viewpoints, validate their belief that recovery is possible, and promote the person's strengths and resources. Otherwise, health providers and caregivers act as an additional barrier to recovery (Jacob et al., 2017).

While achieving a state of mental health recovery may be difficult, the components of recovery are well supported. The best-known model for mental health recovery comes from the acronym CHIME (Leamy et al. 2011, Torrison and Stickley, 2018). CHIME stands for Connectedness, Hope, Identity, Meaning in life, and Empowerment. Most papers discussing methods of improving mental health have shown at least some of these results and all agree that these factors are important for recovery. Several papers from around the world have started to document the benefit of using the arts to promote mental health recovery, promoting it as a topic for further investigation (Bone, 2018; Cortina & Fazel, 2015; Torrissen & Stickley, 2018).

For instance, Torrison and Stickley (2018) evaluate the Teater Vildenvie in Norway which exclusively employs actors living with a mental illness. The acting company was founded based on the theory, going back to Aristotle, that drama and theater brought people together, enabled emotional release, increased empathy, empowered participants and increased spontaneity which directly decreased anxiety. Actors interviewed in this qualitative evaluation stated that being a part of the theater improved their wellbeing by giving them something meaningful to do, providing social contact and peer support, and boosting their self-esteem. One actress said she found her voice there and felt seen and heard after years of trying to be invisible (Torrison and Stickley, 2018). Other actors say they gained the courage to face their fears through working with the theater.

Bone (2018) evaluated an artist residency program for people living with mental health challenges in Canada that found some of the same benefits. The artists participated in the program for 6 months and then were interviewed about their experiences. The most developed themes were that participants found the program to be a safe space to create, their identities as artists changed, and the program had a major positive impact on their lives. The art studio provided a welcome distraction from the daily mental health issues faced by the participants, and supported relationship building and connection amongst the artists and staff. Eight of the nine artists noticed an increase in their self-confidence and found a new sense of purpose in life. When asked what the biggest personal impact of the program was, the artists commonly cited the ability to form new relationships and that they had a reduction in mental health symptoms (Bone, 2018).

The Art Room project in the UK offered another time limited art program, this time 10 weeks long, that improved mental health outcomes in at-risk school children (Cortina & Fazel, 2015). School children admitted to the program were identified by their teachers as having behavioral or conduct problems. Both the teachers and the children completed surveys at the beginning and the end of the program documenting the children's feelings, moods and behaviors. At baseline 37% of the children in the study had clinical signs of a mental health condition. After 10 weeks this figure was reduced to 21% suggesting the art program could be a good early intervention for promoting mental wellness (Cortina & Fazel, 2015).

While there are still people, largely caregivers and providers, who doubt the possibility of mental health recovery, there are abundant examples of recovery in the success stories of mental health consumers. The above studies suggest that the arts play a large role in facilitating the aspects of recovery that can both support and empower individuals with mental illness. Creative expression and the arts could provide a potent pathway to mental health recovery, but examples are scattered across countries and lacking in the United States. A better understanding of how the arts promote recovery and how this model can be applied in Georgia and the United States could greatly improve the quality of mental health services and reduce the national burden of mental illness.

R2ISE and Recovery

R2ISE Theater is a young peer-run recovery organization in Atlanta, Georgia. They call themselves an "all-recovery organization", welcoming people struggling with mental illness and addiction to find healing and "piece their lives together" using the arts and creative expression

(*R2ise To Recovery*, n.d.). They pursue their goal of recovery through the arts using dance and movement classes, poetry, skits, music and a series of workshops. R2ISE puts on a series of performances, called Chronicles of Hope, where participants in the organization tell their stories on stage through all mediums of creative expression (*R2ise To Recovery*, n.d.). Their website claims that their approach eliminates fears, builds self-esteem, increases motivation and provides a platform for advocacy, which is in line with several aspects of the CHIME model for recovery (Leamy et al., 2011; *R2ise To Recovery*, n.d., p. 2). As a young organization without a method for documentation, monitoring and evaluation at the start of this study, there was little data on their processes and accomplishments. As an organization focused on mental health recovery through the arts, demonstrating a relatively new approach to mental health that showed promise in other countries, understanding R2ISE could have important implications for addressing the mental health burden in Georgia and the United States.

Methods

Study Design and IRB Process

This was a qualitative, interview-based evaluation of R2ISE as an organization. Data collection strategies included in-depth interviews and collaboration with the director on completing a logic model of R2ISE. A proposal for the evaluation was submitted to the Emory University Institutional Review Board (IRB) with a request for determination and was determined to be IRB-Exempt.

Population and Sample Recruitment

The population in this study was any and all people who had participated in activities at R2ISE at least 3 times. This was further divided into staff, board members of R2ISE and activity participants. To recruit members for interviews I first made a list of all the people I knew from R2ISE and their various involvement levels. This list was given to 2 gatekeepers, both staff at R2ISE, with a request that they add names. To alleviate bias in participant selection, a flier with my name and email was also posted at R2ISE's center detailing the goals of the evaluation. Finally, I gave announcements at the Thursday meetings I attended and requested that staff announce the evaluation and recruitment of interview participants at all their planned activities. My e-mail was shared with interested participants and most participants reached out to me in person while I was attending R2ISE activities. The resulting sample consisted of the director, a staff member, two board members, two peer advisory board members, two members who

participated regularly but had no official role, two new members who had joined in the last 6 weeks and two former members.

Logic Model of R2ISE

I created the outline of a logic model for R2ISE and then filled in the activities based on my knowledge of R2ISE. I then introduced this tool to the director of R2ISE, and after going over how it works, asked her to fill in other details about R2ISE's operations. In this way, we drew out the most complete picture of R2ISE's theoretical operations that we could. This process was done over two conversations 3 weeks apart so that the director had time to reflect in between.

In-depth Interviews

In-depth interviews were conducted between June 1st and July 26th, 2019. I coordinated with interested participants who reached out to me in person or through email to set up a time and place for a 1-hour interview. When possible, interviews were conducted in private meeting rooms either at the Rollins School of Public Health or the Decatur Library. Most interviewees asked to be interviewed at R2ISE's center in the West End. Two participants insisted on being interviewed in restaurants. Any participant that was not interviewed in a private meeting room was notified that the interviewer could not ensure complete confidentiality due to the presence of other people who may come and go. The interviewee was then asked if they were comfortable speaking freely in this environment. If they said yes, the interview proceeded.

The interviewee would read the introduction and consent agreement for the interview. Then they were asked if they were comfortable being recorded. If they agreed, the interviewee was then asked on record if they consented to be interviewed, having read the terms of participation. Verbal consent was collected on the recording, and the interview was conducted. Participants were asked questions regarding how they got involved with R2ISE, how being a part of R2ISE affected them, how they would describe R2ISE and what they saw for the future of R2ISE. The Director and Board Members were asked questions about what their goals for R2ISE were and how they met them, the history and growth of R2ISE, and plans for the future as well as the nature of their involvement with the organization.

The audio recording of the interview was uploaded onto my computer and transcribed using Express Scribe transcription software. I typed the verbatim transcript of the recording and transferred to a word document. The document was then formatted, and all identifiers were removed.

Anonymity and Confidentiality

The interviewer purposely did not ask for any names or other identifying information. No signature was collected. All interview files were stored on a password-protected computer. The final transcription file names were deidentified, as were the finalized transcripts of the interview.

Data Analysis

After all interviews were transcribed, 12 in total, I selected 4 interviews on which to write memos on possible themes and ideas. These 4 interviewees represented a diversity of roles in R2ISE and were selected because they had relatively robust responses to interview questions. From the memos collected from the first 4 interviews and from literature on mental health recovery an initial set of 15 codes were created with code summaries detailing the name, definition, what was included, excluded, and an example. The rest of the interviews were broken into 3 groups of 2-3 interviews for coding rounds. The first group was coded using the codes created from the memo-ed set. Anything related to the functions or impact of R2ISE that the codes did not catch was coded as "other". The material in "other" was then used to create new codes and strengthen previous code definitions. This process was repeated until no new themes came up and nothing was coded under "other". The entire dataset was then re-coded from scratch using the finalized code book.

Once coded, I analyzed each theme descriptively and based on participant's level of involvement in R2ISE and grouped the themes into categories of describing R2ISE, Describing mental health, Aspects of recovery (CHIME), other outcomes, and future directions.

Limitations

I had been a member of R2ISE for four to five months before deciding to evaluate the organization. While this offered an insider's perspective into context, and possibly richer data due to most of the interviewees knowing me by name and establishing a level of trust, there were

challenges as well. A few anecdotes the interviewees had about R2ISE related directly to my

own participation in R2ISE and were excluded from analysis due to risk of biased

interpretations. I also worked hard to achieve reflexivity in analyzing the dataset to remove my

personal interpretations. I recognize that being integrated in the culture and activities of the

research population has both pros and cons for analysis and objectivity, and that I cannot analyze

R2ISE from a fully outsider perspective.

Furthermore, due to the interviewees' availability and comfort levels, I conducted 9 of

the 12 interviews at R2ISE during open hours where either the director or a staff member was

present but at a distance. Almost all interviewees did not feel comfortable interviewing outside

of the R2ISE location. There is the chance that the presence of other R2ISE members may have

influenced what the interviewees said. This risk is mitigated by the culture of openness and lack

of hierarchy at R2ISE but cannot be ruled out.

Results: Logic Model

Mission: To Promote Peer-Led Mental Health and Addiction Recovery Through the Arts				
Resources/Inputs	**Activities**	**Outputs**	**Outcomes**	**Impact**
R2ISE Meeting Space R2ISE Organization Schedule	All-recovery Meetings	-Mental health and addiction community gatherings -Creative ideas shared -Sharing challenges and supporting each other -Stretching/ mild exercise	-Community empowerment -Improved mental and physical health	Personal empowerment Mental health and addiction recovery
	Interactive Museums	-Chronicles of Hope	-Mental health community given a voice and a stage -Raised awareness of mental health/ addiction issues	
Participants	Peer Advisory Board Monthly Meetings	Peer-directed programming	Events promoting mental health by people with lived experience A say in the direction of the organization	Reduced stigma
Board of Directors	Strategic planning and budget meetings	Plans for the future of R2ISE	Sustainable organizational structure Enables growth	Continued success
	Outreach to other organizations	Spreads ideas and activities surrounding recovery		
Funding Resources (B-Core and other grants)	Trainings: -SOAR -Cultural Competency	Skills learned		

The logic model maps all the things that go on at R2ISE and their presumed effects. While all the resources and inputs feed into all of the activities, influence outcomes and so forth, the colors were implemented to highlight main contributors. The director acts as the inspiration and motivation for all the inputs to R2ISE and the organization's mission drives the processes. The physical space for R2ISE allows participants to meet at the all recovery meetings where interactive museums are carried out. An interactive museum is the name for the creative process used at R2ISE where participants are given a recovery-related theme and come up with ways to enact or express what the theme or idea means to them. If the theme is "overcoming stigma" for instance, in the interactive museum participants might come together to make a skit or a spoken word piece, or do an individual poem, dance, drawing or quote. There are no guidelines for what is or is not allowed as long as it is respectful. The process is spontaneous like improv, but also comes from the heart. Some of the creative pieces from the interactive museums are sharpened and transformed into pieces that get performed in front of an audience. Chronicles of Hope is the name of the performances that R2ISE puts on about annually for a large audience, and feature some of these sharpened pieces that started as an interactive museum activity. The result is an emotionally moving presentation of participants' experiences with mental illness and addiction that fosters hope and promotes the idea of recovery.

The organization is guided by the board of directors who offer career experience working in health promotion and related fields, but all decisions about the values, activities and direction of R2ISE are largely informed by the participants themselves in the form of the Peer Advisory Board. Participants, advisory board members, the director, staff, and the executive board all have a say in the activities, direction, and future of R2ISE.

Results:

In-depth Interviews

Little information about R2ISE and its processes were available prior to this study, so I focus first on defining the organization based on data collected through interviews and a logic model. Interviews with the director provide the history, goals and values of R2ISE and participants describe the activities and process of healing through the arts that occur at R2ISE. The role of mental health and addiction in participants' lives and how R2ISE addresses these topics are examined before detailing the reported outcomes of the organization. R2ISE was reported to effectively promote the recovery of its participants in all five aspects of the CHIME framework, and I detail how R2ISE has helped the population it serves. Finally, I review ideas for the future growth and continued success of R2ISE.

Defining R2ISE

Trajectory Through R2ISE

The idea for a group like R2ISE started 20 years ago with the director using dance and community to get through life's challenges. She started in Tallahassee, working with an addiction treatment program, moved to Decatur and formed "Dancing with Purpose", but it wasn't until 2016 and a grant from the Georgia Counsel on Substance Abuse that R2ISE was born. With the opioid epidemic a major concern in Georgia, R2ISE had a great increase in funding, recognition and development opportunities in its first few years. Since 2016 the energy level has continued to increase, one board member said, adding that "The longer we exist, the

more we take on." 2016 marked R2ISE's first ever grant which funded their first Chronicles of Hope. The director was renting a dance studio for one evening a week at the time. Since then, the organization has grown its membership, hired 3 staff members, gotten a van, and moved to a warehouse space where they are open 6 days a week. It has also expanded its programs to include Saturday workshops, yoga, walk-in hours and an Art Speaks program for the family and friends of people in recovery.

As the organization grew it attracted more participants, and the ways people heard about R2ISE evolved as well. One of the peer advisory board members and another participant said they had been with R2ISE for three and four years respectively. Both were presenting their own material at mental health events when they were invited to join the fledgling organization. The peer advisory board member said her first encounter with the R2ISE group was also their first official meeting.

Four interviewees started going to R2ISE two years ago. Two of them are now former members and haven't gone to a meeting in six months, due to busy lives and R2ISE moving locations among other things. All of them were introduced to R2ISE by a friend or co-worker.

There were also two participants interviewed who had joined R2ISE in the last two months. One had seen R2ISE perform in his community and asked about getting involved. The other had been brought to one of R2ISE's "interactive museums" by a friend. This member said that already R2ISE felt like a safe place outside of her home.

<u>The Process</u>

The director and one of the peer advisory board members spoke a lot about what R2ISE does for people. The director described how "interactive museums" are used to develop pieces that are put on stage in Chronicles of Hope before an audience. Interactive museums, she says, are like self-directed creative think tanks. They use a creative approach to help people process their fears and relieve trauma. Using this creativity and putting the result in a piece to be performed, the director asserts, also takes personal experiences past the barrier of stigma and judgement by turning them into art. Presented as a piece of art, she says, the audience responds to the experience with their heart rather than their thoughts.

However, not all the pieces created in the interactive museums are shown in the Chronicles of Hope. The director explained that the pieces that come out of interactive museums are sacred and only shared with the public if the author wants to.

One of the peer advisory board members described the process in practical terms. Essentially, she says, one person brings up an idea, such as what if there was an actual stigma monster. The group then interprets the idea and plays with it. Sometimes they don't end up using everything from the original idea, she noted, but other times the group decides to add on sections. She explained how each of the stories or ideas brought to the group are part of the creator's personal experience and those pieces speak to the creator.

Speaking of her own piece, which went on be performed in a Chronicles of Hope, the peer advisory board member said the process was emotionally difficult but the people at R2ISE

supported her throughout. She also said that performing her piece on stage gave her "a huge level of healing." A former member of R2ISE who had performed a piece she made in a Chronicles of Hope, agreed that it was a very emotional process and a lot went into her piece. Performing her piece took her back to the original events that inspired it, and she said the piece was about bringing the audience into her world. She seemed very happy to have done it, despite the difficulty. Another former member of R2ISE also chimed in about performing in a Chronicles of Hope. She said she felt pure joy and freedom and that she could have fun without judgement. "It's gonna be the highlight of my life," she proclaimed.

No one said putting on these pieces, even just for R2ISE, was easy, but several people discussed the support and acceptance they felt. Two peer advisory board members reflected back on their earliest memorable encounter with an interactive museum and both said that nobody really knew what they were doing, but it was fun anyway. One said that the terms "theater" and "improv" don't fully describe what the process was like. The other said it was just fun to play around with the ideas. A third member, one who'd joined R2ISE only a couple of months before I had interviewed her, remembered a drum circle she'd participated in. She said it was creative and spontaneous with no wrong way of doing it and nothing missing. She described it as an "almost spiritual" experience where everyone belonged together and the rhythm was bigger than all the drummers combined.

With the emotional intensity of some of the interactive museums, there are sometimes tears. One of the peer advisory board members talked extensively about when this happens. She said that when one of the members ends up crying, the rest of the members "turn into a soft cloud and surround the person" so that the crying person can fall (metaphorically) and be supported. She elaborated on this phenomenon:

I saw someone have, I'm gonna call [it] a meltdown, a mental meltdown. And I saw the

response of what was done and how we were instructed to get around him and just hold

space and just be calm and breathe and say positive words about the person when [we

were] ready. I had never experienced anything like that before…It was that kind of place

and I just felt really good. I felt heard.

Safe Space

R2ISE calls itself a "safe space" and I was curious what that term meant to the people

involved with R2ISE. While I didn't directly ask about it in my interview guide, it came up in six

of my twelve interviews. Four people defined the purpose of R2ISE at least in part as creating

safe spaces for people in recovery, and said that having a safe space was important to the

recovery process. Several people defined a safe space as a supportive community of acceptance

and validation. Finally, a safe space makes new people feel welcome. Research participants

specifically mentioned R2ISE being a welcoming place for people battling isolation and people

who might have nowhere else to go. In the words of one new member "It'd be alright to drop in"

Interestingly, all but one of the people who mentioned safe spaces were either working

with R2ISE or had learned about R2ISE less than 2 months ago. The exception was a member

who had been coming to R2ISE since its inception in Atlanta and promoted the organization in

her free time.

<u>The R2ISE Difference</u>

Participants and staff members of R2ISE speak highly of the organization and are quick to mention how different R2ISE is from other mental health and recovery opportunities in Atlanta. I learned through interviews that there are many things that make R2ISE different. To start I will describe what R2ISE is not.

R2ISE is not entertainment, the director emphatically stated, but rather the stories of people's healing. She emphasizes the awareness and education aspects of the Chronicles of Hope and other community performances they put on. "We've created a new line item: art activities as it relates to recovery" the director said, referring to the grant program from the Georgia Council on Substance Abuse. They didn't use to fund projects like R2ISE, the director explained, but R2ISE helped put art on the map for addiction recovery resources. A staff member said the same thing about putting art on the map for recovery.

Some people hearing about R2ISE also think of it as art therapy. This would be a mistake, according to the director. She implies that art therapy tells the client what to create.

We don't tell you what to do, but ask you to be creative [with] whatever you create. We can help you process and dig deeper because we know what kinds of questions to ask. We're not here to fix it. We believe everyone knows what they need, they just need to be asked the right questions to figure it out.

One of the newer participants at R2ISE seconded this sentiment, saying that clinicians direct their clients whereas peers interact with each other creating a relaxed environment. Furthermore, a staff member who used to be a therapist believed that therapy doesn't allow the client to open

up the way art does. The director explains that R2ISE is about being creative in your life in terms of finding a path that works, much greater than an art exercise.

Therapy and clinical approaches were cast in a negative light by many of the interviewees. Wanting to differentiate R2ISE from those approaches, several people referred to R2ISE as a non-traditional or alternative pathway to recovery. A new participant of R2ISE and one of the board members described traditional forms of care as doing meetings, check-ins, and steps. Compared to R2ISE, everything else felt institutionalized, one of the peer advisory board members said. The traditional ways have helped a lot of people, the new member admitted, but others haven't been helped. One member said that the "regimens" of clinical care just don't work for him. Four members expressed that R2ISE demonstrated how people could make progress in a peer setting. They said it offered a setting where there was more trust and people could be more vulnerable and authentic. One participant proclaimed that R2ISE helped him in ways that NA (Narcotics Anonymous) never could. Unlike NA, R2ISE had helped him address the mental health side of his problems, build coping skills, make friends, find connection, and feel safe. A new participant said her experience with the 12-step program never addressed life after treatment. She found inspiration at R2ISE for what life could look like now that she was "clean" and said she could now get ideas for how to give back to the world.

A staff member discussed how she saw R2ISE's approach getting results. She said she was able to see day by day how people would leave R2ISE activities feeling better than when they came in. She sees the evidence in their faces and how they grow more engaged and enthusiastic with each visit.

The peer approach to recovery seemed to be preferred over the traditional clinical approach, but even other peer organizations paled in comparison, according to several members. The most outspoken among them was a member who had both worked for and sought services from other peer-run organizations. She said other peer groups could quickly become a "pity party", a place to complain, and that the programming was very disorganized. She also said that other organizations can suck you dry with heavy involvement. This made her rather skeptical of peer approaches and she even jokingly referred to herself as a "therapy snob." R2ISE changed that. It showed her that peers can help each other when the organization and activities have a clear mission and purpose. "We are a place of wellness and recovery," she said. Coming to R2ISE is a high energy activity for her, but rather than sucking her dry, she said it's okay to take breaks and take care of herself because they completely understand. On the days when she can go, though, the peer advisory board member said R2ISE empowers participants to be "experts in [their] own creativity." A second peer advisory board member said that coming to R2ISE should never be a source of stress and there is no judgement.

In fact, five members described R2ISE as a family and a home. This was the theme with the most consensus among participants. The director is the head of this family, it seems. She makes you feel welcome, is empathetic and very understanding, a member of the peer advisory board said. A new member said she felt connected to the group on her very first visit. Participants discussed how the director encourages authenticity and models it for the group. The authentic storytelling and mutual support that results from the activities of R2ISE brings people together and creates this family sentiment, several members explained. The director and a staff member also expressed how the organization grows together so that the success of R2ISE is

measured in the success of its participants. Furthermore, it is a place where you can freely express yourself. One peer advisory board member explained:

> It's a place where if you wanna scream you scream. If you wanna cry, you cry. If you
> wanna dance you dance and sing. Where else can you find that? …We can draw on the
> walls. We can paint on the floor. We can do whatever we want in terms of expression.

The freedom and autonomy participants felt repeatedly came up in discussions and seemed to be a key strength of the organization.

For one participant, R2ISE is more like a church in the spiritual sense. He says R2ISE fills a need for him spiritually and it needs to be a part of his routine to keep a balance. Churches and the religiously bound 12-step programs actually feel rigid to this participant with their doctrines and requirements of abstinence, but at R2ISE he feels free to express himself spiritually without judgement.

The consensus among all the people I interviewed was that R2ISE was different. Every single one of them commented on this theme. What makes it different may vary by person, but the pride they have in R2ISE's uniqueness consistently shines through.

Addressing Mental Health

<u>Trauma and Creative Expression</u>

Trauma is caused by going through things you've never gone through before and in turn causes pain, the director said. Trauma is also the root of all mental illness and substance abuse,

according to the director. While it may be common, participants also felt that R2ISE was

particularly well qualified to address it. As one participant said, sometimes people don't have the

words for what they went through but the creative processes at R2ISE can help them express

what happened and release emotions surrounding the event. Trauma is the root of the issue and a

creative approach helps get to the root of the issue, the director explained. Not only does this

approach help participants, it helps the audiences they present to as well. One board member said

that watching a Chronicles of Hope performance put on by R2ISE helped him understand

multiple perspectives and experiences of trauma. R2ISE also creates a safe space for people to

explore their trauma, and even offers programs that address it.

The strengths that R2ISE offers in this field are much needed. Multiple people

mentioned that trauma is currently poorly understood by the healthcare system. One board

member discussed the Veterans Association (VA) as an example. He pointed out that the VA

doesn't have the room or the resources to address the needs of all the veterans with post-

traumatic stress disorder. Furthermore, veterans and especially homeless veterans don't always

present with symptoms matching the specific markers used to diagnose traumatic stress. Better

diagnostic methods are needed. Meanwhile, the board member visualizes a wing at R2ISE to

address trauma in veterans. R2ISE, open Tuesday through Saturday with no appointments

needed, seemed more adept than clinical settings at addressing the needs of homeless veterans,

the board member argued. Mobile screening for PTSD was also mentioned.

<u>Mental Health</u>

When talking about mental health in general, people talked about four things: their lived experience, viewing the whole person, how R2ISE addresses mental health issues, and their views on clinical mental healthcare.

One board member remembered that as a child mental health issues were always talked about in terms of "Crazy Uncle Charlie" or "Aunt Mary." They were cared for and kept warm, but the causes of their illness were never explored. Today the causes of mental illness are still sometimes poorly understood, but people's lived experiences are more freely discussed. One participant explained that because she was a nervous person she often avoided activities that she thought would make her more nervous. Another participant mentioned not having the mental energy to join community activities after work. While it could be hard, a third participant mentioned the benefits of fighting her symptoms. She said that treating her mental illness helped her to battle self-esteem issues and overcome her fears. Reaching out and sharing one's experience, she went on, could help someone who heard her speak as well as herself.

The director of R2ISE also cautioned people to take the arts more seriously as an outlet for people with mental illness. Annoyed that many people see R2ISE's productions as entertainment, and their creative methods as merely fun, she pointed out that many artists, musicians, and creative people have died by suicide or overdosed on drugs. She believes creative people and mental illness are correlated and that creative expression has offered real and necessary support to these people. Many people at R2ISE would agree.

R2ISE combats stigma by exposing who people really are, despite their mental health conditions. One participant viewed the success of R2ISE as an organization as when they are able to change people's perceptions of what mental health is. Another member mentioned that the organization fought isolation by providing a place where people could create bonds. The idea of overcoming isolation came up several times. R2ISE provides for a release of energy and a place where adults can play. The leadership of R2ISE demonstrates to its members what "robust recovery" looks like, by not just treating the symptoms of mental illness but elevating the whole person, one member observed. They went on to explain how they got back to their gifts and started finding healthy ways to be fulfilled. Many of these themes were repeated, with members listing the benefits of R2ISE and how they grew as a person. Both board members I interviewed acknowledged the power of R2ISE to help people. One said they would bring a struggling family member to R2ISE to help them understand mental health and recovery. The other extolled R2ISE as an alternative approach to addressing mental health and substance use disorders.

Notably, what people had to say about R2ISE lay in stark contrast to what they said about clinical care for mental health. One member observed that doctors and hospitals don't see people with mental health issues for long periods of time or outside of crisis situations. Thus, it is hard to get the full picture of a client or patient. A staff member at R2ISE, who used to be a therapist thought that art could reach more deeply than clinical services, having seen both. Two members viewed clinical care as less effective at best, but a third described a hospital experience that may have even been damaging. She said that peer organizations like R2ISE were formed because of the negative experiences people had with clinical care. She echoed the first member's sentiment that clinical care providers can't relate or understand, but then elaborated on what a hospital stay can be like.

The clients or the patients were treated with disrespect. They didn't feel they had a real

voice [or] could make a real contribution or were even asked to make a contribution on

how things could be improved. They were treated like children…They felt like labels

were placed on them. They weren't valued as human beings and so they began to come

together and say 'if I ran an organization this is what I would want to feel well.' And

that's how peer-created and peer-run organizations came to be, because after our peers'

experiences in the clinical environment, they were able to say, if I could do this, this is

how I would do it. And they would get to do it. You know?

For this member, autonomy over caring for her needs was important and she found that in peer-run organizations. She said they had helped her stay healthy, alleviating the need for another psychiatric hospitalization and offered effective advice from people who shared her challenges. While she admitted that traditional mental health care had helped a lot of people, she also pointed out that there were many who did not benefit from this approach and had even been harmed by it.

Mental Health Vs. Addiction

One goal of this evaluation was to assess the mental health impacts R2ISE has on its participants. Coursework at the Rollins School of Public Health taught that addiction, or substance use disorder, was a type of mental illness according to the DSM-5. Thus, I viewed addiction and mental illness to be one and the same and believed that addressing one meant addressing the other as well. Not everyone at R2ISE shared that belief, and most implied that there was a noticeable divide between the two.

The director of R2ISE self-identifies as a person living in long-term recovery from addiction. It is one of the first things she will say when introducing herself to an audience and is a point of pride. When she first started getting groups together, they were all women struggling with addiction, she said. At R2ISE she embraces everyone, regardless of gender or history of addiction. Her interest is in understanding what happened to a person and how she can help them move past traumatic events.

The heritage of addiction recovery lives on in R2ISE. This is clearest when money gets involved. A member of the peer advisory board says she understands that the money R2ISE receives, mostly grants, is for addiction recovery right now and that R2ISE needs to give attention to the addiction recovery because that's what the state money allows for. Regarding weekly activities she explains, "usually the things that go on here have an addiction component to [them] and those who understand addiction know exactly what to do and they take care of it. I'm kind of an observer, just kind of breathing and holding space." This member had no history of substance use disorder, yet was an active member of R2ISE and felt she had benefitted from being a part of it.

A former member, also with no history of substance use disorder, displayed a lot of anger over the divide. She pointed out that the grants R2ISE receives from the state only allow them to hire people who are CARES certified. CARES stands for Certified Addiction Recovery and Empowerment Specialist. Since it is a peer certification, if you have never struggled with an addiction you cannot qualify for the training, much less the certification. She argued that R2ISE served the whole mental health recovery community, and addressed mental health issues far

more than those specific to addiction. She also raised a question over the difference between addiction and other maladaptive coping mechanisms.

Not everyone wanted to separate addiction from mental health. One member saw his addiction as a symptom of his mental illness. He said his problem was mental illness caused by trauma and the addiction was the way his brain and body tried to compensate for the mental anguish he experienced. "I can't treat one without the other," he said. Another member claimed that R2ISE provided a place where she felt accepted for having both a history of addiction and a mental illness. She didn't have to choose.

Outcomes of R2ISE

<u>Recovery</u>

Recovery is an often talked about concept at R2ISE. In fact, it is a critical part of R2ISE's mission statement and core values. I will later show results for five main themes within recovery: connection, hope, identity, meaning in life, and self-esteem. First, I wanted to look at how people talked about recovery as a whole and what it meant to them.

Recovery has several possible interpretations, but a new participant described it best in the context of R2ISE. She said it is more than just recovering from the symptoms of mental illness and addiction. She explained that each person also has families, gifts and goals in life and that R2ISE helps people get back to their gifts. People learn how to be fulfilled in life by finding healthy ways to engage people, relax, and create new art and music, she said. Other participants echoed this idea of a life well lived while living with challenges.

Three people described R2ISE as either a pathway or a safe space for recovery. One new participant said that being among peers at R2ISE was an important part of her recovery. Another participant said that R2ISE showed him that he could use something he loved for his recovery and to maintain his sobriety. Two participants also said that they learned how to be accountable for their own recovery in daily life. One of the peer advisory board members said participants shared a common language of recovery. It was something people at R2ISE regularly talk about.

 R2ISE teaches recovery to the outside community and the audiences it performs for as well. Four people directly stated that R2ISE gives its audiences a glimpse of what recovery looks like and raises awareness about recovery. Yet the director mentioned the challenges R2ISE faces in being seen as a viable pathway to recovery by the outside community.

While people at R2ISE assert that recovery is possible, no one said it was easy. A staff member explains that while recovery is one of the greatest things that had ever happened to her, it is not for everyone. She says that recovery is for the people who want it, not the people who need it. People must be ready to face their demons and want a better way of life to find recovery, she stated. The staff member implied that recovery is hard work, but nevertheless R2ISE is here to help people do it. "I want people to get the idea that recovery is possible," she said.

Connection

There are three types of connection discussed in the interviews: networking, forming friendships and mutual support from the R2ISE community. A former participant mentioned that

R2ISE attracts participants of all ages and backgrounds. Another former participant said her time there inspired her to connect with other organizations working with mental health and empowering people living with mental health conditions. The director described how she started out with the purpose of bringing people in her community together and a staff member discussed her aspirations of reaching out to more diverse demographic groups, including students and married couples.

Several participants talked about the role of R2ISE in forming friendships. One member said of her start in R2ISE that when she went back, people remembered her name and she started making connections. She also said that coming to R2ISE with her partner strengthened their relationship. A male participant added that he didn't have many friends outside of R2ISE but at R2ISE he felt that he belonged and could be a part of something. He also discussed that when he's at R2ISE he no longer feels lonely, reflecting on an issue he struggles with in his daily life. Two female members also said that R2ISE combats the isolation they felt previously. Three people emphasized that R2ISE was welcoming and free of judgement, more like a family. A peer advisory board member said coming to R2ISE felt like coming home.

Beyond the one-on-one connections people made, participants also expressed a sense of connection that pervaded the space. Two participants expressed that it felt nice to share their thoughts and feelings with people who understood them. One member described it as a commonality of plights that gave them a language where people could meet. It's a safe place to come out of isolation, another said. Two more remarked on how the willingness to accept others distinguished R2ISE. Two participants talked about how they found people they could depend on, lean on, learn from and teach based on their experiences. A couple members described

feeling unified by their experiences performing and participating in R2ISE activities. A peer advisory board member said the community of R2ISE grows together as a family.

In summary there were mentions of people supporting each other and feeling supported both emotionally and with tasks organizing R2ISE events. In various ways, everyone talked about the connection – one of the 5 pillars of mental health recovery – they felt at R2ISE.

Hope

Hope is interwoven with R2ISE in a cycle of giving back described by the participants. Two participants found hope by participating in the creative community of R2ISE and contributing to the performances, respectively. Both Peer Advisory Board members interviewed mentioned the cyclical nature of hope. They described how participating in performances gave them hope but also gave hope to their audience members. The performances give hope by showing that the performers started out struggling too and they found a path to a better life. One peer advisor said that this is especially important in the case of any audience members struggling with suicidal ideation, where a key factor is the inability to find hope in their situation.

Self-Identity

Participants at R2ISE often identify with the arts and several discussed how R2ISE has helped them re-discover and be true to themselves. Four members talked about being able to express themselves on a deeper level, and in a more authentic way. One also found healing

through presenting his story of trauma by learning to find all the positive things that happened afterwards. Four members talked about their identity as a poet, writer and/or artist. Three of them discussed how they've developed works through R2ISE that have strengthened both their identity and their career. This gave one writer a sense of being a part of something and being needed. A writer and artist said R2ISE fundamentally changed how she expressed herself. Throughout the interviews, there is evidence that participants tend to find themselves and define themselves through their interactions with R2ISE. The skills and activities they use during the interactive museums carry through into their daily lives as a part of who they are.

Meaning in Life

Meaning in life, as one of the 5 tenets of mental health recovery described by Leamy et al. (2011) is defined as any mention of finding meaning in mental illness experiences, spirituality, quality of life, finding purpose, social roles and goals, or rebuilding one's life. Evidence of these topics came through in several of the interviews.

Interviewees found meaning and purpose through R2ISE in their personal lives, through helping others, and in their work. One former participant found it meaningful to be able to express herself artistically. Contributing to R2ISE's performances gave her hope and a sense of empowerment, she said. One participant said that R2ISE fills a role spiritually for him and without it, many of the other good things in his life would not be happening. He said he manages his life differently now that he's with R2ISE. For another male participant, his sense of meaning comes from feeling needed at R2ISE. "From a spiritual standpoint, I'm not there by mistake," he said. "God brought me to R2ISE for a reason." A newer male participant expressed a sense of

meaning through being able to articulate something about his experiences. He said he needed to be there. When asked what would make her come more often to R2ISE, one of the peer advisory board members said she wanted to right the wrongs that she had seen and experienced. She said she needed to know how to deal with things, so she could be better helping others in need. She elaborated "When I first came to R2ISE I was coming for help…but you become a part of it, of the fabric of it. [I'm] not coming to eat, I'm also coming to serve."

This quote illustrates a second sub-theme, finding meaning through what participants could do for others. This same peer advisory board member went on to say that what she demonstrates and contributes to R2ISE is a snapshot of mental health recovery. Three participants expressed that R2ISE was a good cause to lend their talents to and that it gave them purpose in life. One of them elaborated that sharing with others hopefully inspires others and empowers them to find healing in their own lives. "We are adding to the world with art" a new participant said and "showing people how to fulfill their lives." The peer advisory board member quoted earlier said that love comes first even when difficult situations arise and that these situations become a teaching moment where both R2ISE and its participants will be better off for it.

Three members, an artist, a writer and a staff member, expressed how R2ISE has given more meaning to their work as well. The artist said that art was the way he communicated with the world and relieved stress. He said that R2ISE enhanced his work by expanding the horizon of what he could do with his art. The writer described her work as a more powerful reincarnation of herself because she now had so many experiences to build from. She said she used writing to pull everything in her life together and used the environment of R2ISE to teach and inspire change. The staff member at R2ISE also found meaning in the work she was doing. She said she joined

R2ISE because she wanted to give everyone the opportunity to understand that recovery was possible. She said this was especially important to her because it had taken her so long, over 20 years, to find it for herself. If she could heal then anybody could, she asserted, and she wanted to be there to let them know.

Self-Esteem/ Confidence

Five participants discussed how R2ISE had increased their self confidence in life. They said it gave them the confidence to express themselves and be open about their diagnoses and life experiences. One man said the spontaneous nature of the activities and doing them in front of other participants helped make him more proactive and spontaneous in his daily life. One of the peer advisory board members said she found the courage to pursue her passion for music at R2ISE where anxiety had kept her from pursuing it as a career. With the support of R2ISE, she went on to present several of her own pieces, overcoming her performance anxiety and now views herself as a professional artist. She also said that even when she feels nervous, appearing confident on stage gives hope to members of the audience who may also be struggling with their mental health.

Lessons Learned

Participants of R2ISE described learning life skills and were inspired to take responsibility through the interactive museums and discussions they took part in. Four participants said they learned how to be more assertive in their lives and some of them also

became more accountable for their health and recovery. Several participants described learning

coping skills and relaxing activities that helped them deal with their mental health challenges.

The lessons learned at R2ISE carried out into participants' daily lives through ongoing

conversations and resolutions. One peer advisory board member also described learning to

overcome her fear of public speaking and developing leadership skills through her involvement

with R2ISE. R2ISE teaches people how to help themselves by applying the skills they learned to

their lives outside of the organization.

The Future of R2ISE

<u>Audience</u>

To assess R2ISE's target audience I asked interviewees about how they talked about

R2ISE with others and whether they thought R2ISE applied to certain populations more than

others. Interviewees often reported speaking about R2ISE in a highly positive light. Five people,

from new members to board members, said they bragged about R2ISE and "how cool it is."

Three people said they've invited people to R2ISE or recommended it to others. A new member

said he could even see inviting a future date to R2ISE. Several people said you just have to

experience it. While the pride in R2ISE was clear, three interviewees also said they were

selective in who they told about the organization.

Two regular participants said they only talked about R2ISE to people who seemed like

they were creative and dealing with a mental health challenge or addiction. They both focused on

people who they thought could benefit from R2ISE. One added that he would talk to people

about it if he thought they could help R2ISE too, but not everybody. A board member also said that he got to know people before telling them about R2ISE, because he wouldn't want to introduce anyone who would judge or disrespect the community R2ISE serves.

This board member was the first to suggest that the people who benefit from R2ISE and the people who support R2ISE could be different populations. I included a question about it in all future interviews and found a variety of views. Four people felt that those who were helped by R2ISE and those who might volunteer with the organization were the same. A board member and one of the participants thought that including volunteer opportunities was a great idea, and they should welcome anyone who wants to help. A newer member pointed out that in peer organizations a person seeking support and a person supporting the organization was usually the same person, so there was no difference in these populations. Another new member said that everybody needs some sort of healing, including volunteers.

Three interviewees were more hesitant. Two interviewees indicated they would refer potential volunteers to the organization's website or the director rather than addressing the question of volunteering themselves. Another interviewee said R2ISE most benefitted artists and creative people, who were different from the average person. She said that R2ISE is for people seeking a better life who weren't afraid to face their demons and challenges in life. Anyone seeking recovery would be welcome, but they acknowledged that recovery took work.

While some participants may be selective in how and to whom they talked about R2ISE, leaders in the organization enthusiastically discussed getting more people involved. A staff member talked about getting more peers and more communities involved in R2ISE. A peer advisory board member said she'd like to do more work with mental health organizations since

they do a lot of work with addiction recovery already and many of the participants are dual diagnosed or have mental health challenges. She also wanted to reach out to high school teens, and included populations dealing with self-harm, eating disorders and other mental health challenges. Three other people said that R2ISE's programs applied to everybody and could benefit anyone who came in.

Future Directions

Participants and board members alike had ideas for the future of R2ISE. While the board tended to be more strategic and focus on the intangible aspects of R2ISE, many of the participants offered concrete ideas for the future. There also was overlap between the board and the participants on key themes. Many talked about expanding the reach of R2ISE. Both a board member and a former participant wanted to see R2ISE grow to the national level and even grow internationally. Four people said that more travel and reaching more people was a main goal for R2ISE. The director expressed a need to "be at every table at every level" when discussing the arts in recovery. A board member described R2ISE as already successful, with only the question of where to go next. The director said that R2ISE was still evolving and had not tapped in to its full potential yet. There were a lot of ideas on the next steps for R2ISE.

One participant had a lot of ideas for future amenities to R2ISE. He wanted a kiln and a place to throw pottery, a wall of canvas for throwing paints, a soundproof room so that drum sessions and yoga could happen at the same time, a tour bus, and a trampoline. The director also expressed an interest in more drums, more painting on the walls, and a space for pottery. A new

participant wanted to see art, music and writing classes to expand on the learning opportunities R2ISE provides.

In terms of expanding their scope, two participants who'd been with the organization for over a year wanted to see more mental health services and grants coming into the organization. Both said that R2ISE already serves the mentally ill community and should be recognized for that. One also said this should include allowing people without a history of addiction into staff positions. Another participant wanted R2ISE to connect with the Foundation Center, an organization that pairs private funders with non-profits. Two participants and a board member also said that R2ISE needed to advertise more and get their name out. They could do this, the participants said, by having brochures, buttons, T-shirts and setting up an information table whenever they go out in the community. Participants and leaders of R2ISE all expressed enthusiasm for what comes next as the organization continues to grow its identity and expand its reach to populations in need.

Discussion

R2ISE uses the creative process of the interactive museums to help participants address past traumas in their lives, tell their stories, and promote mental health recovery. It is an approach that stands out from other pathways to address mental illness and addiction, and the uniqueness of R2ISE is celebrated by its participants. In differentiating R2ISE, several interviewees voiced disdain for clinical treatment options and disappointment in other peer-run initiatives like the 12-step program. Participants at R2ISE described how they felt largely unaddressed by traditional methods of mental healthcare. R2ISE emerges as a valuable path to

reaching this population. Participants indicated that R2ISE, while young and continuing to grow, is highly effective at promoting the recovery of its participants and some participants describe powerful improvements in their lives and careers as a result of their involvement. There is some controversy in discussions of addiction as opposed to all mental illness and questions also emerged surrounding the audience R2ISE serves and the potential role of volunteers. These are questions that the organization must address as they work to expand their reach and impact. Overall this study suggests that R2ISE is a valuable pathway for promoting mental health recovery and improving people's quality of life.

Topics for Discussion

Interviews with people involved with R2ISE describe the organization's critical role in improving mental health outcomes and promoting recovery from mental illness and addiction. The creative process at R2ISE was crafted with the intention of addressing past traumas that participants have experienced and allowing them to heal. While it is a peer-run approach, it is undoubtably trauma-informed. Participants testify to how the process of creating pieces and performing allowed them to heal from trauma and empowered them to pursue their gifts and aspirations.

While originally an addiction recovery organization, there is now some controversy over whether R2ISE should do more to expand into other aspects of mental health. It already addresses the mental health of its participants and teaches skills for coping and managing symptoms. With a stated interest in expanding to other populations and communities in Georgia, R2ISE must first solidify their identity as an all-recovery or an addiction recovery organization.

There is a pronounced disdain among participants for clinical behavioral health interventions and peer-run initiatives such as the 12-step program. They take pride in their assertion that R2ISE is different and helps them in ways that the rest of the mental healthcare system has failed to address. Their commentary casts light on a greater population that is not being reached by Georgia's mental health system, and R2ISE is currently too small to reach this whole population. If it exists in Georgia, which has a relatively proactive and recovery-focused mental healthcare system, this may represent a problem in other states that could be addressed at the national level. I examine the factors that make R2ISE stand out and the things that participants value most about their experience with R2ISE, with the hopes that these traits can be further studied and applied more broadly in the field of mental healthcare. R2ISE's approach offers new insight on how to effectively address mental health as a public health issue in a way that is not cost-prohibitive or stigmatizing. I propose that R2ISE's processes be further studied and the traits that define their success applied to other mental health interventions to test their replicability. The results found here have the potential to advance our understanding of public mental health interventions in Georgia and nationwide.

Defining R2ISE

Trajectory through R2ISE

The scope and impact of R2ISE has been growing over the past few years as well as its participant base. Most of the participants have been involved for 1-3 years, demonstrating extensive experience with the organization, but even members who discovered the organization a couple months before being interviewed expressed enthusiasm for the program. The two former

members still spoke fondly of their time with R2ISE and cited location and transportation issues as their main barriers to returning, since R2ISE moved locations 6 months before interviews started. Overall the interviewees represent a diversity in levels of involvement and history with R2ISE so as not to bias insight based on experience. With R2ISE growing so quickly it is important to capture voices from all points of the process.

Addressing Trauma

Expressing what happened in a traumatic experience is an important step in the healing process, but sometimes the experience is too difficult to talk about. Participants say this is where creative expression comes in. Addressing people's experiences through creative expression allows participants to express what they've been through and process their emotions without having to talk about the actual events. The director's approach is based on the belief that trauma lies at the root of all mental illness, so addressing mental illness at R2ISE means addressing the trauma. It is remarkable that absolutely nothing at R2ISE is superficial, rehearsed or practiced, but rather something that reaches the essence of human experience. Perhaps it is this deep and holistic approach that makes R2ISE so effective at addressing the past traumas participants have experienced.

The Process

To understand the impact of R2ISE's process, one needs to understand the demographics of the population. The interviewed participants of R2ISE all lived with significant mental health

challenges and about half of the interviewees disclosed a history of psychiatric hospitalization. Often this experience shaped their interactions with R2ISE and one interviewee had even written a piece based on her experience in a hospital. Past experiences with trauma were also a common finding in this group, and several interviewees discussed that clinical mental health interventions had not been effective for them. Thus, we find a population with a heavy mental health burden that is not being reached by traditional methods of mental health care. R2ISE is able to reach this population and relieve their trauma. The process of the interactive museums at R2ISE allows the participants to tell their story and begin to heal past hurts. The pieces in the Chronicles of Hope tackle subjects including experiences with mania, severe depression, feeling imprisoned, finding identity and finding hope in the throes of addiction. All the pieces produced by R2ISE end with a message of hope and healing. Since every piece at R2ISE can uniquely identify the author, due to its personal nature, I have not named or described any pieces the interviewees discussed. The pieces I describe here sometimes came from the interviewees and sometimes came from other participants. The significance of the process is that it allows participants to find support and healing by addressing their beliefs and what they've been through.

An important part of recovering from a traumatic experience is being able to talk about it. In fact, the difference between recovering from a traumatic event quickly and developing post-traumatic stress disorder from the event is largely the ability to express what you went through and process the event. Treatments for PTSD such as Eye Movement Desensitization and Reprocessing (EMDR) and Prolonged Exposure therapy are also focused on confronting fears and challenging unproductive thoughts around traumatic memories (*Promoting Post-Traumatic Growth After PTSD*, 2018; Qi et al., 2016). Talking about the event in a productive way and receiving validation of one's experience are crucial aspects of healing from trauma and

promoting post traumatic growth, a phenomenon where people grow stronger from experiencing

adversity and facing fears (*Growth after trauma*, 2016.; *Promoting Post-Traumatic Growth After*

PTSD, 2018). R2ISE has provided just such a process to allow recovery from trauma to happen

and they offer this process for free to anyone who is willing to confront their past.

Safe Space

      In addition to the process of healing, they provide the space for this healing to happen.

The work participants do in processing the pieces is difficult and highly emotional work. R2ISE

provides a judgement free, validating space and a supportive community of people who have

experienced similar things to every person who comes to R2ISE. In EMDR therapy, a therapist

might talk about creating a container in the session. This means that any painful experiences

from the session are mentally contained in the session and left in the room until the next session

can happen. This way the client can explore their experiences but come back to a place of calm

and security before leaving for the day (*The Container Exercise*, n.d.). R2ISE is the container.

From the moment a person walks in the door, every interaction with the staff is intentional to

support every participant with whatever they are going through that day. It is a safe space for

people to talk about scary and stigmatizing topics, and leave knowing that they are heard, and

they are not alone.

Participants expressed how R2ISE differed from everything else they had experienced in the realm of mental healthcare. This was reflected in their repeated assertions that R2ISE was different, but also in their initial experiences with the organization. Several said they didn't know what to expect when they first came and had a hard time classifying what they observed on their first visits. It's not theater and it's not improv, but it is a form of storytelling. According to participants, this process of art and creative expression provides lasting mental health improvement and empowers people to change their lives. It is perceived as an effective form of mental health treatment, a fun way to make friends, and a place to network and develop professional skills. If anything, it is a pathway to a fulfilling life. In their own words, it is a pathway to recovery that addresses all aspects of the recovery process. The concept of recovery is still new to the mental health world and not universally accepted. Organizations, clinicians and researchers around the world are still learning how best to achieve it. I would argue that R2ISE, without being a clinical or academic institution, developed a model for achieving recovery on a community scale that is perceived by participants to be highly effective. The success of R2ISE is immediately apparent in the way participants speak about their experiences and what they have gained.

Here, I would like to focus on how R2ISE defies our current understanding of what it means to address mental health issues in society. Whether talking about art therapy, 12-step meetings or church, one theme came up among participants. These practices felt regimented and imposed some form of expectation on the participant. They all had rules and a way of doing things. Participants discussed feeling expected to do something by the organization in question, whether that was an expectation to practice abstinence in a 12-step program, an expectation to

come regularly and contribute to a church or peer organization, or an expectation to follow a regimen of medicines and treatment protocols in clinical care. These expectations frustrated some and bogged down others, but they are the way things are traditionally done. One could argue that a sense of accountability and responsibility is a key part of improvement, yet it is clear that this system of expectations was not appreciated by some of the participants. By contrast, many participants expressed feeling relatively free and accepted by R2ISE, while also developing a sense of accountability. Rather than directions, they found open communication about ideas. Two participants with a history of addiction said they knew they wanted to stop using substances completely but appreciated that R2ISE recognized the little steps in harm reduction and occasional set-backs rather than imposing an expectation of abstinence. R2ISE does enforce that if a person is currently under the influence or talking openly about their substance use then they are not welcome at R2ISE that day. This policy preserves the safe space for others. However, their approach embraces that recovery is a daily battle and that set-backs are a part of the process, not to be judged or punished. It may be this sense of validation and acceptance that led several participants to refer to the people of R2ISE as a family, and the space as a home. Participants work to understand each other's experiences and embrace their individual needs in a way that allows them to receive help and support while also doing the same for others. There is no direction of the interactions at R2ISE, but rather a universal connection. This connection comes out in the activities, like the drum circle, but also in the interactions participants have with each other.

One thing implied but not explicitly mentioned in the interviews is the lack of hierarchy at R2ISE. The director leads activities but also empowers others to lead activities. The director and staff members discuss their personal healing and daily struggles in interactions, placing

themselves as equal to all of the participants. Several interviewees alluded to the idea of learning and growing together. One member discussed the spontaneity at R2ISE, which encourages authenticity and confidence to speak up, but also allows any participant to take the lead and shift the conversation. This is another example of the lack of direction in the sense of one party dictating the boundaries of an experience. One will find that the activities do go in a certain direction that leads to healing but that the pathway develops organically and unpredictably. There are few imposed rules at R2ISE, but rather a set of shared values. Acting in accordance with these values creates the cohesion and organization within R2ISE. As R2ISE grows in the number of people it attracts, it has started to put together some general rules of conduct that all participants agree to. These rules of conduct developed over several conversations as an open community where all voices were acknowledged regardless of their history of involvement. The participant who started coming two months ago is given as much space as the peer advisory board members, and it is my understanding that these rules of conduct continue to evolve.

Addressing Mental Health

Mental Health

One thing that stood out about many of the participants was their disapproval of clinical mental health interventions. For one reason or another, clinical and traditional treatment options for mental health and addiction were not working for them. One or two even described harrowing experiences with psychiatric hospital stays. What becomes apparent in their testimony is that there is a significant population that is not being helped by traditional mental health interventions even when they have access to traditional forms of treatment. Therefore the

question for these individuals is not access but efficacy. Fortunately, these participants did find the help they were seeking at R2ISE. It is prudent to examine what R2ISE does differently to address this population. Some of the mental health benefits participants listed were ways of overcoming their isolation, skills for combatting their symptoms and having a place where they could talk freely about their experiences. They talked about how R2ISE addresses the whole person rather than their diagnosis and provides fulfilling opportunities for participants to build off their strengths and values.

Mental Health v. Addiction

The director of R2ISE has a history of working with people recovering from addiction and substance use disorders, so when R2ISE was first formed it also had a focus on this community. As R2ISE grows, some members are starting to wonder if the sole focus on addiction recovery is too narrow for an organization that is already adept at addressing more diverse mental health issues. In terms of R2ISE's financial and strategic decisions, it is evident that the organization continues to prioritize addiction resources. Some members are comfortable with this, even if they don't personally struggle with addiction. Others who benefit from R2ISE but do not have a substance use disorder are starting to want more representation, whether that's an opportunity for employment or addressing more mental health communities and topics in their activities and performances. Two people with a history of addiction said they really liked the mental health side of R2ISE and that this was a major service that no one else offered.

It is one of the next big questions R2ISE must answer in order to grow their identity. If the organization does wish to expand to more people and communities, it seems prudent if not

necessary to officially embrace the whole spectrum of mental health. It raises the question of the value of remaining an addiction recovery organization. The term "recovery" in the United States often specifically refers to addiction recovery, with community-led recovery rallies advertising sobriety and overcoming addiction (Laudet, 2008). However the Australian government applies the term recovery to all mental health activities (Jacob et al., 2017). There was no indication in my findings that broadening the focus to all mental illness would harm participants struggling only with addiction. At least one member in leadership mentioned that a large part of R2ISE's population was dual-diagnosed anyway and needed mental health support in addition to addiction recovery resources. I see R2ISE already providing this support to its participants. I would recommend that they expand their funding sources to include resources to address other mental health issues faced by their target population, and other mental health recovery populations that they would like to expand into.

If the leadership at R2ISE wishes to continue prioritizing addiction at the cost of offering opportunities to those without addiction, I feel they will be cutting short the very aspect that makes them stand out and it will be harder to differentiate themselves. The population that R2ISE benefits most arguably is the dual-diagnosed population, one that is often overlooked. Many organizations offer a place to practice sobriety, but few address the mental health side of the problem the way R2ISE does. To grow, an organization must build on its strengths. Acceptance and providing coping skills for mental illness are two of R2ISE's greatest strengths.

Participants and leadership are united in wanting to expand R2ISE's reach and relevance, reaching more communities. To do this they must seriously consider and commit to being either an addiction recovery organization or an all-recovery organization, and I would strongly encourage them towards the latter. This would mean accepting certified peer specialists (CPS) as

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well as CARES specialists into employment positions, adjusting the strategic plan to include

outreach to other mental health communities, and including creative pieces about mental health

challenges that participants face that may not be related to addiction.

Outcomes of R2ISE

Recovering from a mental illness, including substance use disorders is difficult, as one

staff member said, and people must want to put the work in. It involves facing fears, combatting

symptoms and confronting past traumas. The result of that work is a life well lived, and a greater

sense of fulfillment even when life is hard. Perhaps the main purpose of R2ISE is to help people

through that process and to recovery. To bring things up raw, as the director says, and tell their

stories. Leamy et al. (2011) conducted a large study of recovery organizations to see what

constitutes recovery. They lay out the framework for what recovery means, and they concluded

that there are 5 main things that a person in recovery has achieved: they have found a greater

sense of connection, are hopeful about the future, gained a sense of Identity, found meaning in

life, and gained a sense of empowerment (CHIME). If these five factors are present then the

person is finding recovery from their addiction or other mental illness. Participants mention

finding all five of these components at R2ISE, suggesting that R2ISE does effectively promote

recovery.

Connection: Participants found connection through networking, forming friendships and the general welcoming atmosphere of the organization. Connection here particularly helped people who struggled with self-isolation, a symptom of depression. It can be a difficult symptom to overcome but R2ISE provided a place they could go where they would be embraced and rewarded for leaving their homes to join the group.

Hope: manifested in a cyclical nature, with participants gaining hope by interacting and performing with R2ISE but also giving hope to the audiences they performed for. Indeed one of the new members specifically said that he came to R2ISE because he was inspired by what he saw in the performances and wanted to be a part of it. A few other members also got involved after seeing R2ISE perform.

Identity: was developed at R2ISE through interactions that encouraged participants to be more authentic. People were also able to refocus and build on their natural strengths and talents, causing some to take ownership of the title "artist" or "writer". The interviewees who had been at R2ISE longer than a year showed a greater sense of pride in who they were and what they could accomplish and attributed this clarity to their time with R2ISE and the lessons they learned there.

Meaning: came from the ability of the participants to express what they felt and feeling like they were a part of something bigger than themselves. For some at R2ISE, their involvement with the organization gave them spiritual fulfillment. Participants described feeling unified and that they

were accomplishing something that was bigger than any one individual. Being a part of the process gave them a greater sense of meaning in their lives.

Empowerment: was interpreted as an increase in self-esteem or confidence, although some members directly mentioned feeling empowered by R2ISE. Half of the participants, excluding staff and board members, discussed how they'd grown more confident in their lives as a result of their interactions with R2ISE. These mentions of increased confidence and empowerment came up when participants were asked what they got out of being a part of R2ISE.

There is preliminary evidence that all five factors of recovery are present in R2ISE. None of these themes were probed for, all came up organically in conversations and represent participants' own ideas about what they gained. Perhaps if asked more directly about certain themes, especially connection and confidence, more people would have discussed how they found these things at R2ISE. As it is, I think these findings are just a glimpse of R2ISE's full impact. The fact that the participants brought up the ideas of connection, empowerment, self-esteem and hope, and to a lesser degree identity shows that these outcomes are not just present but also highly valued.

<u>Lessons Learned</u>

Participants learn life skills at R2ISE such as how to be assertive and effective in getting what they need and finding healthy ways to relax and re-energize. They are also held accountable for their own wellbeing and activities at R2ISE highlight opportunities for self-discovery and personal improvement. The lessons people discussed learning at R2ISE reflect the kinds of lessons and skills developed in therapy. They are personal and focused on living a better life. It's key that people can develop those skills at R2ISE because many participants either don't have access to traditional forms of therapy or have had negative experiences that have caused them to distrust therapy. This suggests that R2ISE may be able to provide some of the same benefits of therapy and other clinical approaches without the cost barriers or perceived stigma of receiving treatment for a mental health condition. People talk about how R2ISE is an alternative pathway to recovery, and here we see that they are getting some of the same results as traditional forms of treatment using a much different approach. R2ISE's approach seems more palatable to the participants of R2ISE, many of whom criticized the clinical pathway and expressed some resistance to that approach. Because the evaluation focused on the organization of R2ISE and not the participants' demographic and clinical histories, I do not have adequate information to compare R2ISE to clinical approaches. This would be an interesting area of further study. Because I was largely viewed as an insider by the people at R2ISE, most of whom knew me from my own participation with R2ISE, many were willing to volunteer personal information and anecdotes about their mental health histories and economic status. Thus, I gained some preliminary insight into the types of people who come to R2ISE and why they find R2ISE more effective, but only enough to inspire further investigation.

Future Directions

Between the audience and future goals of R2ISE, it is clear they aim to expand to more people and spread their message of recovery through the arts. A theme that came up throughout the interviews was the tension between addiction specific and broader mental health needs and services

I also noticed a discrepancy between wanting to spread the word of R2ISE and being protective and cautious about who they told about R2ISE. From a public health perspective R2ISE's participants would be considered a vulnerable population. Many are low-income or underemployed, all of them have some form of mental illness, sometimes severe, and several have additional physical disabilities. By not asking about these demographics or their personal lives in my interviews, I was able to proceed with this work, but ignoring their situation would not do justice to the analysis of their needs. It is an emotionally vulnerable population and maintaining R2ISE as a safe space for anyone who is vulnerable and hurting is a core goal of the organization. Strategies will need to be developed to ensure they can expand to more people while maintaining their protection and intimacy.

Organization also seemed to have room for improvement. A few people mentioned the disorganized nature of some of the outreach events, and how performances came together at the last minute. The director is a creative soul at heart, with the charisma to inspire others and the talent to heal people's pain. Enhancing organizational and structural tasks would provide a strong foundation to build from and maximize the benefits participants receive. As R2ISE grows, organization and coordination of activities will become more important. The director has already hired at least two staff members to help with daily functioning and I would recommend having a

person on staff responsible for organization, like a program coordinator. Further defining the director's role and delegating tasks to build efficiency will strengthen the organization's ability to expand to new populations and network with other organizations in the field of recovery.

Public Health Implications and Recommendations

R2ISE demonstrates the potential for a peer-run environment with a focus on the arts to empower individuals to recover from mental illness and addiction. There are four main tenets of R2ISE's success that should be considered for replication in future mental health interventions. Firstly, it stands out from other peer-run and clinical approaches by promoting a completely self-directed approach to recovery where each person can find what works for them and proceed at their own pace, while receiving the support of a whole community. The fact that R2ISE has little to no hierarchy and all voices are welcome allows people to meet their full potential free of judgements and expectations.

The second tenet is that R2ISE builds on the participants' individual strengths rather than seeking to improve perceived weaknesses. The validation and autonomy given to the participant in this process helps them believe in their own worth and potential. The negative view of clinical interventions that several participants expressed comes in part from the lack of respect and autonomy they felt when engaging in more traditional mental health interventions.

Trust and vulnerability within the community of R2ISE is the third tenet that makes the organization stand out. People felt safe to be themselves and do the emotionally painful work of overcoming trauma because of the atmosphere at R2ISE. More studies may be needed on how

exactly one can create such an atmosphere at other organizations. It is clear however that R2ISE has achieved this and that its participants uniquely benefit from it.

And finally a strong sense of community and belonging is key to the success of a mental health intervention. People do not heal independently of their environment, and it is critical that a mental health intervention includes becoming a part of a network of support and validation. Peer-run organizations are especially adept at creating this type of community because members have lived experiences that bring them together and promote understanding. Clinical therapy and psychiatry often do not provide these forms of connection, relying instead on family structures and friends to step in. R2ISE demonstrates that this connection and belonging can come from an organization, however, even when there are issues of isolation and disconnect in other aspects of participants' lives.

The work R2ISE does is not therapy, but it has similar goals and achieves many of the same results. It provides a new model for addressing mental health in an underserved population. This is especially important for a state like Georgia where there is a great disparity between those with a diagnosed mental illness and those without in terms of overall health and economic wellbeing. Georgia, with its commitment to mental health recovery, is positioned to make great improvements with the right insights and directions. For other states with a heavier burden of mental illness and fewer resources, these findings can still provide pointers on how to set up an effective intervention and what tenets and values to prioritize. Connection, trust, autonomy and building on people's strengths are all important aspects of an effective mental health intervention. The findings from R2ISE demonstrate how this model gets results.

It would be beneficial to study in a more quantitative and clinical way how R2ISE's processes and results compare to the traditional methods of mental health treatment. No data were available at the beginning of this study, but since then sign in sheets tracking participants' moods and progress, and a sustainability study have been introduced at R2ISE, as well as new programs and methods of outreach. The success of R2ISE and participants' reports of their recovery demonstrate its valuable contribution to public mental health. As a small organization, its full potential has not yet been realized and there are still questions of identity and inclusion that it must resolve, but it is a model to watch. R2ISE's alternative pathway to recovery may represent a valuable component of efforts to address the current disparities and the challenges of mental health and addiction in the United States.

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Appendix 1: Participant/Peer Interview Guide

Date:_____

Introduction

Thank you for agreeing to be interviewed, and taking the time to sit and talk with me.

      For my thesis I am doing a program evaluation of R2ISE to assess what it is achieving, better understand how it works, and make recommendations for improvements. I will be conducting 1-hour interviews with various members of R2ISE to learn about how they perceive R2ISE, the organization's goals, and what they get out of being a part of R2ISE. I expect to reach out to about 16 people in total for interviews. Only I will have access to the transcript of this interview, your participation will be kept confidential, and I will remove any names or identifying information from the final transcript. No one else will know what you said, or even that you participated unless you choose to be identified. No other R2ISE staff, board members, or participants will ever hear or see the transcript of your interview. . I will be recording the interviews for the sole purpose of being able to type up exact transcripts of what was said, and I will be the only one with access to the recordings. The recordings will be deleted as soon as the transcript is finalized and formatted.

      This interview is designed to focus on R2ISE, but we may discuss your personal experiences, why you came to R2ISE, and how it may have impacted your life, and that has the potential to bring up uncomfortable emotions. You do not have to share anything you are uncomfortable with. Your participation is completely voluntary, you do not have to answer any questions that you are uncomfortable with. You can ask me to skip any question you don't want to answer. If for any reason you want to stop the interview, you can just say so. Potential benefits of participating in this interview include identifying how R2ISE can help you better, having a voice in R2ISE's next steps and assessing what you can contribute to the R2ISE Community.

      Recording helps me to type up a precise transcript and remember everything that was said. Are you comfortable with me recording this interview?

Do you have any questions before we begin?

==START RECORDING==

Start Time:_____

Now that we have gone over the goals of this evaluation and terms of your participation, do you consent to be interviewed? _____

Warm- up

    1. How did you first hear of R2ISE?
        a. (what are effective ways of reaching new members?)

Getting involved with R2ISE

    2. How long have you been a part of R2ISE?
        a. What do you do with R2ISE? (Activities, days, events)
        b. Your personal story with R2ISE, if you have one

    3. Tell me about a memorable visit to one of R2ISE's activities or meetings.

a. Felt like? Atmosphere?
   b. What did you do?
   c. Why was that day special for you?

4. Are there times when you have come more or less often to R2ISE? Explain
   a. Why might you come more often?
   b. Why might you come less often?

5. What has kept you from coming to R2ISE activities in the past, if anything?
   a. A better time?
   b. Is it welcoming?
   c. Distance/ accessibility
   d. Relevance
   e. Is it helpful

Benefits and the R2ISE Community

6. What have you gotten out of being a part of R2ISE, if anything?
   a. What does R2ISE mean to you?
   b. How has being a part of R2ISE affected you, if at all? (Connection?, recovery?)
   c. How has R2ISE helped you, if at all? Examples
   d. What personal need might R2ISE address?

7. What impact does R2ISE have on your life outside of R2ISE, if any?
   a. (Any changes in mood, positivity, hope, coping skills, ect.)
   b. How has it changed the way you see drug addiction or mental illness, if at all?
   c. What have you learned, if anything?

8. What do you see yourself contributing to R2ISE, if anything?
   a. Role,
   b. Skills, talents
   c. Perspective, experience
   d. How does contributing to R2ISE make you feel?

How you see R2ISE

9. In your own words, what does R2ISE do as an organization?
   a. What problems does it seek to address
   b. How does it address those problems
   c. What is the purpose of R2ISE?
   d. How does it help people, if it does?
   e. How might R2ISE improve on what they are already doing?

10. What next steps do you want to see in R2ISE's future?
    a. Improvements
    b. New directions
    c. Additional offerings
    d. Where it goes from here

11. What would you tell someone who is considering getting involved with one of R2ISE's activities?
    a. Would you recommend it?
    b. Does it apply to certain people more than others?
    c. How do you talk about R2ISE with other people?

Cool Down

12. Is there anything else about R2ISE that you'd like to mention?

End Time:_____

Thank you so much for your time and insight! This is a valuable contribution to my evaluation, which I hope will benefit R2ISE in the long run and help it grow. If you have any other questions after this interview, please don't hesitate to reach out to me. I would be happy to answer any questions you have to the best of my abilities!

Appendix 2: Executive Board Interview Guide

Date:_____

Thank you for agreeing to be interviewed, and taking the time to sit and talk with me.

      For my thesis I am doing a program evaluation of R2ISE to assess what it is achieving, better understand how it works, and make recommendations for improvements. I will be conducting 1-hour interviews with various members of R2ISE to learn about how they perceive R2ISE, the organization's goals, and what they get out of being a part of R2ISE. I expect to reach out to about 16 people in total for interviews. Only I will have access to the transcript of this interview, your participation will be kept confidential, and I will remove any names or identifying information from the final transcript. No one else will know what you said, or even that you participated unless you choose to be identified. No other R2ISE staff, board members, or participants will ever hear or see the transcript of your interview. . I will be recording the interviews for the sole purpose of being able to type up exact transcripts of what was said, and I will be the only one with access to the recordings. The recordings will be deleted as soon as the transcript is finalized and formatted.

      This interview is designed to focus on R2ISE, but we may discuss your personal experiences, why you came to R2ISE, and how it may have impacted your life, and that has the potential to bring up uncomfortable emotions. You do not have to share anything you are uncomfortable with. Your participation is completely voluntary, you do not have to answer any questions that you are uncomfortable with. You can ask me to skip any question you don't want to answer. If for any reason you want to stop the interview, you can just say so. Potential benefits of participating in this interview include identifying how R2ISE can help you better, having a voice in R2ISE's next steps and assessing what you can contribute to the R2ISE Community.

      Recording helps me to type up a precise transcript and remember everything that was said. Are you comfortable with me recording this interview?

Do you have any questions before we begin?

==START RECORDING==

Start Time:_____

Now that we have gone over the goals of this evaluation and terms of your participation, do you consent to be interviewed? _____

How and Why R2ISE Started?

1. What are the goals of R2ISE as an organization?
    a. Mission, aims
    b. What do you want to get out of it?
    c. How might trauma play a role in R2ISE's work, if at all?

2. Describe the problem or problems that R2ISE seeks to address?

3. How does R2ISE address these problems?

4. Why address these problems in this way, i.e. through the arts and creative expression?

5. What does R2ISE do in terms of activities?
   a. Events R2ISE does
   b. partnerships with other groups
   c. Anything else?
   d. We also did the logic model for this, use as Aid.

How did R2ISE grow?

6. How did you get involved with R2ISE?
   a. How long have you been a part of R2ISE?
   b. What do you see yourself contributing to R2ISE, your role?

7. What were some of the major landmarks for R2ISE on its journey to today?
   a. I.e. church group, Decatur space, move to West End
   b. What were some of the turning points?
   c. Why was each landmark or turning pt. significant for the organization?

8. What changed about R2ISE between when you first got involved and today, if anything?
   a. Things you added
   b. Things you stopped doing
   c. Has the focus, audience, approach changed?

Why is R2ISE important today?

9. How have areas like Decatur and the West End benefited from R2ISE's presence, if at all?
   a. Decatur first, then West End
   b. What can R2ISE contribute to a new community or area, if anything?

10. What have you gotten out of being a part of R2ISE, if anything?
    a. What does R2ISE mean to you?

The future of R2ISE

11. How will you know if R2ISE has addressed the problems you set out to solve?
    a. Touch back to answers from "Why R2ISE started"
    b. When will R2ISE's work be done?

12. What does the success of R2ISE look like?

13. What has kept you from coming to R2ISE activities, if anything?
    a. A better time?
    b. Is it welcoming?
    c. Distance/ accessibility
    d. relevance

14. What do you want to see in the future of R2ISE?
    a. Improvements
    b. New directions
    c. Additional offerings

Cool Down

15. What would you tell someone who is considering getting involved with one of R2ISE's activities?

    a. Would you recommend it?
    b. Does it apply to certain people more than others
    c. How do you talk about R2ISE with other people

16. Is there anything else about R2ISE that we you would like to mention?

End Time:_____

Thank you so much for your time and insight! This is a really valuable contribution to my work, which I hope will also benefit R2ISE in the long run and help it grow. If you have any other questions after this interview, please don't hesitate to reach out to me. I would be happy to answer any questions you have to the best of my abilities! Have a great day!

Appendix 3: R2ISE Director Interview Guide

Introduction

Thank you for agreeing to be interviewed, and taking the time to sit and talk with me

      For my thesis I am doing a program evaluation of R2ISE to understand how it works. I designed this interview guide to take us through the story of R2ISE: What it is, how it was born, how it grew, why it is important today, and what future success looks like for R2ISE. This interview is more about the concept of R2ISE than the nitty gritty details, so don't feel pressured to know exact numbers, dates, or facts. Your insight is the most valuable thing you can offer.

      Only myself and my two thesis advisors will have access to the transcript of this interview, your participation will be kept confidential, and I will remove any names or identifying information from the final transcript. No one else will know what you said, or even that you participated unless you choose to be identified. No other R2ISE staff, board members, or participants will ever hear or see this, so you don't have to worry about other's perceptions. And of course, I am non-judgmental, this is a safe space to share your views. I won't repeat anything you share here, so it is completely confidential.

      Your participation is completely voluntary, you do not have to answer any questions that you are uncomfortable with. You can ask me to skip any question you don't want to answer. If for any reason you want to stop the interview, you can just say so. I will ask whether you would like to continue at a later point in time, but you are not obligated to finish the interview. Your participation helps this evaluation by providing insight into the purpose of R2ISE, how it is perceived, and what it aims to achieve.

It should take about an hour to complete, no more than an hour and a half. Recording helps me to type up a precise transcript and remember everything that was said. Are you comfortable with me recording this interview?

Do you have any questions before we begin?

Start Time:_____

How and Why R2ISE Started?

1. What are the goals of R2ISE as an organization?
    a. Mission, aims
    b. What do you want to get out of it?
2. Describe the problem or problems that R2ISE seeks to address?

3. How does R2ISE address these problems?

4. Why address these problems in this way, i.e. through the arts and creative expression?

5. What does R2ISE do in terms of activities?
   a. Events R2ISE does
   b. partnerships with other groups
   c. Anything else?
   d. We also did the logic model for this, use as Aid.

6. Who plays a role in R2ISE's development?
   a. Participants, board members, funders, allies?

How did R2ISE sustain itself and grow?

7. What were the first 5-10 years like for R2ISE?
   a. What challenges did it have to overcome
   b. How did it run, who was involved

8. What were some of the major landmarks for R2ISE on its journey to today?
   a. I.e. Church group, Decatur Space, Move to West End
   b. What were some of the turning points?
   c. Why was each landmark or turning pt. significant for the organization?

9. What changed about R2ISE between when it started and today?
   a. Things you added
   b. Things you stopped doing
   c. Has the focus, audience, approach changed?

Why is R2ISE Important today?

10. How do areas like Decatur and the West End benefit from R2ISE's presence?
    a. Decatur first, then West End

11. What have you gotten out of being a part of R2ISE, if anything?

12. What can R2ISE contribute to a new community or area, if anything?

The future of R2ISE

13. How will you know if R2ISE has addressed the problems you set out to solve?
    a. Touch back to answers from "Why R2ISE was Born"
    b. When will R2ISE's work be done?

14. What does the success of R2ISE look like?

15. What still needs to change for R2ISE to no longer be needed?
    a. In R2ISE or in the world

Cool Down

16. Is there anything else about R2ISE that we forgot to cover?

17. What would you tell someone who is considering getting involved with one of R2ISE's activities?

End Time:_____

Thank you so much for your time and insight! This is a really valuable contribution to my work, which I hope will also benefit R2ISE in the long run and help it grow. If you have any other questions after this interview, please don't hesitate to reach out to me. I would be happy to answer any questions you have to the best of my abilities! Have a great day!