

Journal of Applied Arts & Health
Volume 13 Number 1

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https://doi.org/10.1386/jaah_00094_1

Received 6 July 2021; Accepted 5 October 2021

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Mobile Arts for Peace (MAP) at Home: Digital art-based mental health provision in response to COVID-19

ABSTRACT

This article will provide an example of how the 'Mobile Arts for Peace (MAP): Online psychosocial support through the arts in Rwanda' project used digital art-based workshops to facilitate social and community cohesion and mental health provision. During the COVID-19 pandemic, there was an increased need for psychosocial support due to the economic and social pressures of lockdown and yet many individuals had less access to mental health provision. While many mental health services around the world went online, there was still a gap between the

KEYWORDS

COVID-19
psychosocial
digital methods
Rwanda
mental health
applied performance

Global South and Global North in terms of digital literacy, access to smart phones and computers, and the variation between psychosocial support through individual vs. collective healing alongside Indigenous and traditional vs. western psychosocial approaches. Implications for the use of art-based digital methods as a tool for mental health provision during and after the wake of the pandemic are explored.

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INTRODUCTION: THE CONTEXT

April 2020 marked the month of mourning in Rwanda to commemorate the 26th anniversary of the 1994 Genocide against the Tutsi when over 1 million Tutsi and Hutu moderates were slaughtered during a span of 100 days. Due to the coronavirus, the government of Rwanda mandated a two-week lockdown that started on 22 March 2020 and extended into April with several subsequent lockdowns on a district-by-district level. During a personal communication conducted on 28 March 2020, Chaste Uwihoreye, a clinical psychosocial worker and director of Uyisenga Ni Imanzi (UNM) as well as one of the co-authors of this article, noted that the timing between the anniversary of the genocide and the first lockdown amplified traumatic episodes and the need for psychosocial support. Uwihoreye stated: 'Many mental health service users are now locked in their homes and in isolation. They feel the memories of the genocide alone, when normally they would be coming together to tell their stories and to support one another'. In response to this need, a group of academics from University of Lincoln, University College London and University of Rwanda, psychosocial workers from Uyisenga Ni Imanzi, and educators and young people from 25 pre-existing Mobile Arts for Peace (MAP) schools and clubs created and implemented 'Mobile Arts for Peace (MAP) at Home' to explore how art-based approaches could provide psychosocial support through digital platforms within the context of COVID-19 in post-genocide Rwanda. The project was coordinated in partnership with the Rwanda Biomedical Centre, Rwanda Rehabilitation Services, UNESCO Rwanda and Rwanda Arts Council.

In Rwanda, psychosocial services provide an important contribution to building individual and community resilience, social cohesion and trust. The lack or absence of trust has been shown not only to affect victims of the genocide but also to have transgenerational effects with young people encountering issues with developing meaningful relationships. In a mental health survey conducted by the Ministry of Health in Rwanda (RMHS 2018), it was estimated that 20.49% of the general population met the diagnostic criteria for one or more mental disorders. Mental disorders were more prevalent among women (23.2%) than men (16.6%). The most prevalent mental disorders were major depressive episodes (12.0%), panic disorder (8.1%) and post-traumatic stress disorder (PTSD) (3.6%) in the general population. In the sample of survivors of the 1994 Genocide against the Tutsi, the prevalence rates of mental disorders were reported to be on a rise in comparison to the general population. Overall, 52.2% were identified to have one or more mental disorders, 35.0% of depression, 26.8% of panic disorder and 27.9% of PTSD. Psychological sequelae from the genocide are found to be long-lasting in both

offspring of the survivors and perpetrators of the 1994 Genocide against the Tutsi (Rieder et al. 2013).

In relation to the need for 'MAP at Home', the report evidenced the limited uptake of mental health services. Although most of the population are aware of where they could seek support for mental health (61.7%), only 5.3% reported to have utilized existing mental health services. The most common reason given for not seeking mental health support was that the individual did not know that mental health was a problem that required medical treatment (40.5%). Other reasons given for not seeking support were lack of money (39.6%), inability to get to location of services (32.5%), and fear of being stigmatized (27.1%). According to Stefan Jansen et al. (2015) there is an evident gap in mental health service provision in Rwanda. Due to the government policy of decentralizing mental health services to district health centres, a large number of people living with mental health problems are primarily being given psychiatric medication vs. therapeutic care. Thus, the approach of 'MAP at Home' was to engage a therapeutic model of design and delivery to include professional psychosocial care alongside community-based considerations of well-being through peer-to-peer mechanisms and to train mental health providers. Additionally, these workshops were designed to train facilitators in the 'MAP at Home' model and to assign and support the face-to-face group sessions within their respective communities, as well as linking mental health service users with mental health services at health centres and district hospitals, and to increase the awareness of mental health issues in the community.

'MAP at Home' used art-based approaches and its core conventions of trust-building and team building to support psychosocial well-being in the aftermath of genocide. The project team sought to develop an online platform to bring together mental health service users and mental health service providers to provide a free service that was delivered to the 'home' of research participants, and to reduce the risk of stigmatization while integrating mental health as a part of individual and social well-being through art-based methods. 'MAP at Home' researched the prevention of, response to, and awareness of mental health and promotion of psychosocial well-being among youth, families and community members through an innovative art-based, culturally informed approach, responsive to the needs of participants. It aimed to examine the potential for providing mental health support and community engagement in Rwanda through interactive online platforms, participatory art workshops and communications between young people, educators, cultural artists and psychosocial workers across the five provinces of Rwanda: Rwamagana District (Eastern Province), Rubavu District (Western Province), Gicumbi District (Northern Province), Huye District (Southern Province) and Kicukuru District (Kigali Province). These districts were selected due to the presence of established MAP clubs in each of the five districts in the five provinces of Rwanda (Breed 2020).

The project delivered over 30 workshops between November 2020 and August 2021 that included sixteen parents, 21 health professionals, 23 health facilities, 33 students, 34 community health workers, 36 teachers and 56 schools with an overall participant base of 108 research participants who engaged in monthly online workshops. Smart phones were distributed to research participants at the start of the project and monthly data bundles were provided to facilitate their ongoing participation. Workshops included the naming of emotions, building trust, sharing stories and solving problems through Rwandan proverbs, games, visual exercises, music, storytelling, images and movement. Initial findings evidenced through pre- and

post-surveys, interviews, observation notes and artistic outputs illustrated a shift in the attitude and behaviour of research participants from feelings of depression and isolation to connection and joy alongside increased self-confidence, ability to express emotions, and linkages with local health care providers.

ART-BASED METHODS AND RWANDAN CULTURE

There is a strong trajectory of art-based research methods (Levy 2015; Kara 2020) in relation to narrative approaches to post-traumatic growth (Lieblich 2018), the use of expressive arts to transform classrooms into healing spaces (Alfonso 2018), and acting for mental health (Torrissen and Stickley 2019). In Rwanda, there was a need for a culturally sensitive art-based method to provide psychosocial support during the pandemic that incorporated *kubabarira* ('shared suffering') through group and community support (Lambourne and Gitau 2015; Breed 2014). Proverbs (*imigani* in Kinyarwanda) are 'often used to express what a person has seen, heard and experienced at the level of emotions, feelings and states of mind, as well as to indicate to someone that they have been understood' (Bagilishya cited in Uwihoreye and Pells 2020). As a Rwandan proverb states: *akari kumutima gasesekara ku munwa* meaning what you believe, think and feel has to be expressed externally by talking, actions, behaviour and attitude. The Kinyarwanda word *imigani*, therefore, expresses the notion of a conversation or a dialogue, attempting to elicit 'a mode of expression used to recognize, confirm and participate in what the other is living on an emotional level' (Bagilishya cited in Uwihoreye and Pells 2020). The 'MAP at Home' project enabled psychosocial workers to connect with mental health provider users through the digital art-based workshops framed by proverbs alongside the continued provision of services through local health centres and district hospitals using art-based approaches to engage 'harder to reach' communities during the lockdown period including young mothers, former drug users and mental health service users.

Art-based methods and the cultural contextualization of therapeutic approaches provided the psychosocial worker (therapist) and participant (client) a shared understanding of the problem (name and characteristic), its impact on the patient and a clear healing process. Moreover, the use of proverbs within the Rwandan context strengthened resilience towards healing psychological wounds (Uwihoreye 2021) alongside the use of traditional healing practices (Rennie 1972). Traditionally, elders sang with family members, discussed issues through *ibisakuzo* ('riddles'), and provided advice through Rwandan proverbs. Some proverbs like *Ugira Imana agira umugira inama* ('those who have God has counsel'); *Uwitonze amira ibinoze* ('careful people swallow the best-chewed food'); *Kwihangana bitera kuneshya* ('patience leads to victory'), *imbuto y'umugisha yera ku giti cy'umuruho* ('blessed fruits appear on the tree of struggles') and *Ingenzabuhoro yonesha umurizo* ('a careful animal feeds by using its tail') are among many others that illustrate the strength of Rwandan proverbs as psychotherapeutic tools (Uwihoreye and Pells 2020). Within Rwandan society, other cultural events included the integration of traditional songs, poems and dramatic role-plays within wedding rites and otherwise for societal cohesion and healing (Lewin 1951).

Initial workshops were conducted with relevant stakeholders to raise mental health awareness, contributing to the co-production of the project

through the development of Kinyarwanda terminology and cultural contextualization. Furthermore, in December 2020, UNM organized and delivered training workshops for mental health professionals from district hospitals and health centres before the online workshop delivery (March–August 2021). Workshops were designed to train mental health providers with the art-based methods developed through MAP and UNM, to contextualize the project by defining terminologies (home, mental health), and to select the research beneficiaries. Stakeholders met regularly via Zoom meetings to further adjust the online curriculum and to design and contextualize the exercises and to plan online workshops with participants.

The concept of mental health was understood in different ways among the trainers and participants. Some trainers were psychosocial workers who studied clinical psychology at university. Training in psychology in Rwanda draws largely on western frameworks for mental health and this is reflected in psychosocial workers' descriptions of mental health, whereby mental health is viewed largely in relation to the individual and the mind. For instance: 'Mental health refers to one's cognition, emotions, feelings and behaviours. All of these make one's mental health and if one part gets disturbed the whole system gets disturbed, hence mental health problems arise' (trainer). Whereas for the master trainers and participants, the social aspects were emphasized as illustrated by the following trainer:

Mental health is when one is able to think or do what one has to do in order. Or when a person lives in accordance with the requirements of the society in which he or she lives, he or she complies with the laws and principles of the society in which he or she belongs.

Mental health and well-being are, therefore, viewed as relational to other people and to society and encompasses notions of healing the heart (rather than the mind) and healing social and emotional 'wounds' or *ibikomere* in Kinyarwanda (Otake 2018: 7). This reflects how mental distress is conceptualized within Rwandan culture as arising externally rather than internally to a person, and within the context of social interactions and events (Denborough and Uwihoreye 2019).

DIGITAL ENGAGEMENT

In relation to the 'MAP at Home' project, there was a need to identify how such creative possibilities of digital engagement can be taken advantage of and how to successfully transpose traditional Rwandan art-based mental health support to a digital context. Anne Harris and Stacy Jones argue that affective performances are digital and corporeal, they are 'human and more-than-human, all at once' (2020: 315). The initial findings of the 'MAP at Home' project resonate with this argument as participants discussed the notion of developing digital connections; *kubabarira* ('shared suffering') became a digital process. As a participant stated:

It helped me regain trust and have hope for my future, it also helped me to stop isolating myself from others. I also want to thank you for giving me this phone, I can connect with my friends and talk to them whenever I have a problem.

(female, 22)

The benefits of mental health support through art-based methods became digital and corporeal within the project. As well as developing digital connections to enable shared mental health support, the digital platform also offered advantages in accessing mental health support. A psychosocial worker who acted as a trainer on the project stated:

It provides an opportunity to many vulnerable people to connect where they might be, it spares time for the therapist to care for many people in a short time, it gives a chance to individuals of getting the support in whatever situation they are in (e.g. locked inside their houses), it reduces stigmatization in the way that people are free to consult knowing that no one will notice that they are visiting mental health care settings as well.

In Rwanda, fear of stigmatization prevents individuals from accessing mental health support. If diagnosed with a mental health condition, it can disrupt family status and has led to members of the family placing individuals in to 'hiding' to avoid the community being aware of the mental health condition (Rugema et al. 2015). As described by the trainer, the ability for 'MAP at Home' to deliver art-based mental health support in the home environment enabled community members to evade potential stigmatization and receive support.

Whilst acknowledging the positive effect that digital platforms have had on enabling culturally specific mental health support and access, there is an awareness of issues inherent in developing such digital practices. Notions of digital literacy and digital capital can make online and digital workshops complex and restrictive which can hinder access and continued engagement (Welch 2020). With reference to the Rwandan context, some issues, specifically digital inclusion become more acute. Whilst Rwanda boasts advanced connectivity compared to its regional neighbours, there are greater inequalities on a global scale. The most recent survey by the International Telecommunication Union (ITU) World Telecommunication/ICT Indicators Database, as cited by the World Bank, found that 21 per cent of individuals use the internet whilst Global North states such as the United States and Germany both register 90 per cent (World Bank n.d.). This is broadly representative of the divisions between high-income and low-income countries where internet usage and access are concerned. Examples of internet access and reliability were found in the 'MAP at Home' project with participants dropping out of Zoom calls due to network issues or phones overheating. Due to the macro infrastructural issues, the 'MAP at Home' project had little ability to correct any issues whilst in workshop. The project team would conduct a follow-up call with each individual who had lost internet connection but were aware that it could not replicate the work that had taken place in the workshop. One participant stated the following in relation to this process:

It's still a work in progress when I am doing the exercises, I feel happy, although sometimes I may feel sad and hopeless, but I call V [psychosocial worker] we talk which makes it better. I think it helps a lot every time I participate in the online exercises, I have a sense of relief I feel happy and hopeful.

(female, 23)

The initial findings align with existing literature (Maloney 2021; Cameron et al. 2017) regarding dichotomies of exclusive and inclusive practices as well

as an emerging skillset of digital facilitation (Theatre Uncut 2020). The learning from the project will be detailed below with specific reference to exercises and processes that have taken place over the duration of the project.

CURRICULUM: ONLINE WORKSHOPS AND MODULE DEVELOPMENT

The 'MAP at Home' curriculum workshops were co-designed by Ananda Breed and Chaste Uwihoreye to combine art-based approaches with psychosocial approaches for young research participants to explore emotions and to develop trust. Each curriculum workshop was designed as a two-hour unit; each unit was delivered over a span of five months with five districts, thus 25 workshops overall serving an estimated 25–30 participants in each workshop. Following the drafting of the curriculum and circulation of the unit across the Rwanda and UK MAP teams, the unit was further explored and adapted to local regional contexts through an online Zoom rehearsal with the MAP master trainers (six adult master trainers and nine youth master trainers) and eight psychosocial workers. The master trainers were initially trained in the MAP methodology from 2017 (Breed 2020). After further refinement, the curriculum was implemented through monthly online Zoom workshops that were facilitated by Uwihoreye and the MAP master trainers and psychosocial workers. Each district in each of the five provinces was provided with a separate designated Zoom workshop.

The themes of the curriculum units up to the time of writing this article included: naming emotions, sharing stories, active listening, deep listening and a final unit that focused on monitoring, evaluation and learning. Each unit was framed with the use of Kinyarwanda proverbs, a brief overview of the aims and objectives of the workshop followed by instructions for the facilitator if the workshop was to be conducted face-to-face, adaptations for online delivery along with possible side-coaching prompts and reflection questions to deepen the knowledge and understanding of how the exercise might promote well-being and to consider mental health on individual and community levels.

Active listening and deep stories

In Kinyarwanda, the proverb *igihishe kirabora na nyiracyo akabora* can be translated as 'not being able to externalize one's painful story undermines psychological and mental health wellness'. The externalization of one's painful emotions, thoughts and stories provided individuals with the power to move on and to enhance emotional wellness alongside strengthening resilience. Other proverbs that can be translated as 'it's God's blessing to have an advisor' and 'it is really good to talk to someone who understands you' illustrate the cultural importance of hearing and listening deeply to the stories of others within the Rwandan context in order for the stories to have a healing affect/effect. Another proverb *ukize inkuba arayiganira* ('it is noble and supportive to talk about hard conquered battles') refers to the importance of sharing deep stories that relate to internal and external conflicts.

One exercise during 'MAP at Home' included the use of a Zoom whiteboard function for participants to share their 'rain' and 'umbrella'; metaphorically to share their problems (rain) and ways that they protect themselves from problems (umbrella). Co-investigator Uwihoreye commented on the importance of metaphor within the context of Rwandan culture. In a Special Issue entitled 'Healing in Rwanda, Understanding and Naming Mental Health Problems: Translating Kinyarwanda into a Clinically Applicable Language' he

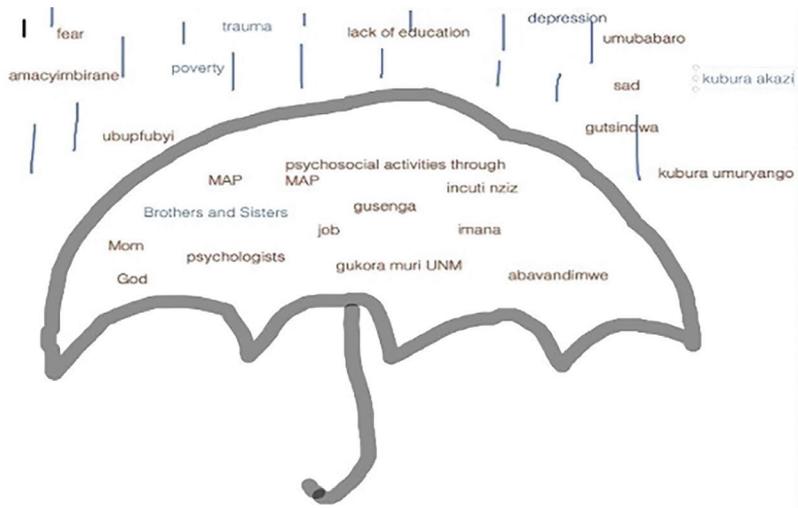


Figure 1: Umbrella exercise used to illustrate the rain (emotions) and self-care (umbrella).

remarks on the function of metaphor to build bridges between the known and unnamed, to find new understandings, to communicate complex psychological concepts and to initiate the transformative potential of using art-based methods for changes in perception, attitude and/or behaviour. Uwihoreye states:

All professionals strive to name the problem or the disorders patients are suffering from. It has been deemed fruitful to name the problems because an accurate definition helps to overcome or solve the problems. For example, the moderator or psychologist, while trying to rehabilitate the patient, may encourage patients to draw and name the problem they are facing.

(Uwihoreye et al. 2021: 108)

The facilitator prompted participants to share varied experiences that related to the 'rain' that had affected their lives. Participants responded with stories related to surviving the 1994 Rwandan Genocide against the Tutsi, being raped, being orphaned, losing work, living in poverty, hampering education equality for all, experiencing challenges of isolation and stigma related to being young mothers, etc. The 'umbrella' or protection that had been used to either ward off or to manage the 'rain' included: praying, talking to friends whom one can trust, helping others who are in need, listening at a deep level to share the same emotions and common understanding, gaining employment, receiving the support of others, practising self-love, etc.

Following the 'naming' and identification of the 'rain' and 'umbrella' which each participant had experienced, the participants were put into breakout rooms to share their deep stories. The psychosocial worker served as the facilitator. The facilitator invited one participant to tell his/her/their story while the other three participants served as follows: (1) the sounder; (2) mover and (3) sculpture/frozen image in response to the story. Following the telling of the story, each participant would 'play back' the story of the teller using metaphor.

One participant who shared her story stated:

I was working as a chef in a hotel and a person came to tell me that my child was taken away by a flood from heavy rainfall and that child passed away. I couldn't believe it and immediately left to check and found that some houses had been swept away by rain and that my child was taken away as well [...] and was later found dead. That was one of the saddest experiences that I've ever encountered.

The respondents demonstrated their listening through their sound, movement and image. The psychosocial worker checked-in with the teller to find out how she was feeling after sharing her story. The teller remarked that she had felt emotional recalling the story; that she had heavy 'rainfall' after losing her child, but that praying had helped her a lot and even helps her today. After participants were brought back into the main room to provide their reflections regarding their feelings and observations from the exercise, Uwihoreye stated: 'There is no rainfall that does not come to an end'.

Throughout the duration of the 'MAP at Home' project, participants were asked to share some of their feelings through visual images that they often drew and then posted to WhatsApp or shared during the workshop activities. WhatsApp is a free, encrypted multi-platform app. Some of these images are presented below (Figures 2a–2d).



Figure 2a: Untitled, 2021. Graphite. Rwanda. Drawing by female teacher from Rubavu.

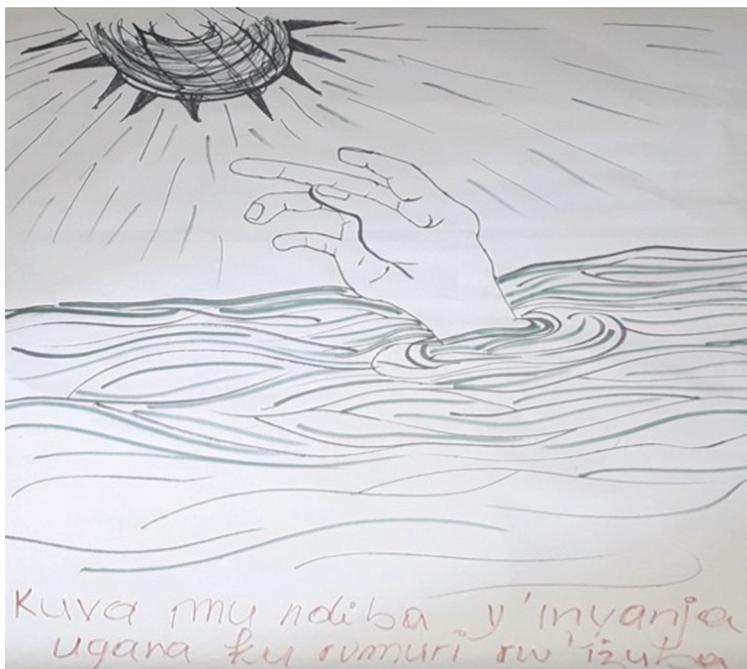


Figure 2b: Untitled, 2021. Ink. Rwanda. Drawing by group of psychosocial workers to illustrate journey from mental health problems to healing.

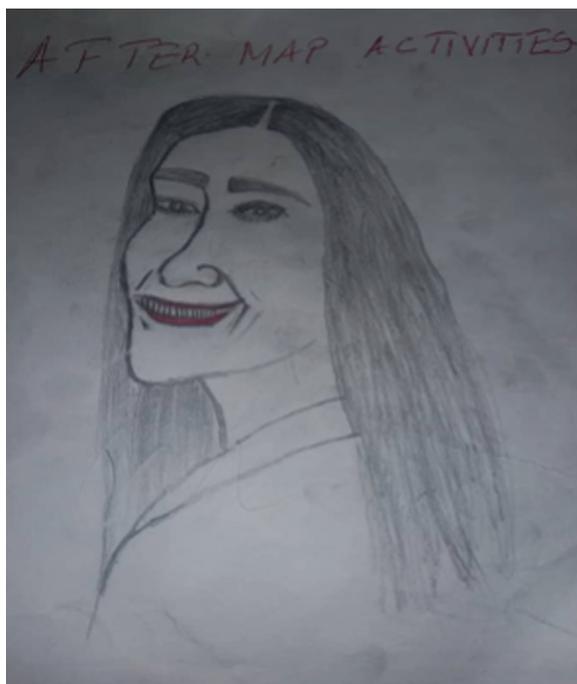


Figure 2c: Untitled, 2021. Graphite. Rwanda. Drawing by female teacher from Rubavu.

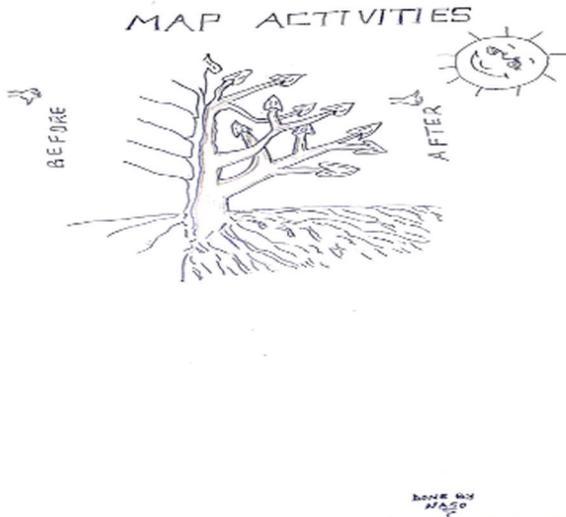


Figure 2d: Untitled, 2021. Ink. Drawing by male teacher from Huye.

One reflection regarding the process of using art-based research methods is that the methods themselves can act as an ‘umbrella’ or safeguarding tool in relation to providing varied mechanisms and strategies for naming and processing mental health issues. Prior to sharing deep stories, participants were able to search for the story that they wanted to share. Metaphorically, this was experienced through a warm-up exercise entitled *Sankarewa* in which one person or ‘explorer’ was placed in the Zoom ‘waiting room’ while participants identified an object of clothing or physical identifier. The ‘explorer’ aimed to locate the object or physical identifier while participants responded with *oya* (‘no’) or *yego* (‘yes’) alongside the upbeat lyrics of the song. Then participants were led to name their ‘rain’ and ‘umbrella’ within the umbrella whiteboard exercise; simultaneously identifying a problem or experience of pain alongside the potential solution or healing related to the problem or painful experience. The ‘umbrella’ exercise was followed by experiential learning questions and a call and response song entitled *Kwihoreze* in which individuals shared a phrase or title for their story and fellow participants responded: *Kwihoreze* (‘we support you’). In this example, the art-based methods (drawing, singing, acting, dancing) enabled a space to address mental health issues and isolation during the pandemic to an online space that enabled mental health users to serve as tellers, listeners, responders, movers, dancers and storytellers in relation to their own stories and the stories of others during the pandemic in Rwanda.

Naming emotions

In Kinyarwanda, the proverb *igihishe kirabora na nyiracyo akabora* can be translated as ‘what is hidden can rot and rots the owner’. This metaphor symbolizes the possible infliction from not expressing thoughts and emotions. Another proverb *ugira imana agira umutega amatwi*, meaning ‘it’s God blessing to have someone to talk to’ relates the importance of self-expression for emotional well-being. The MAP exercise ‘A Time When My Heart was Open’ guided participants to draw a heart or to write down a time that they had

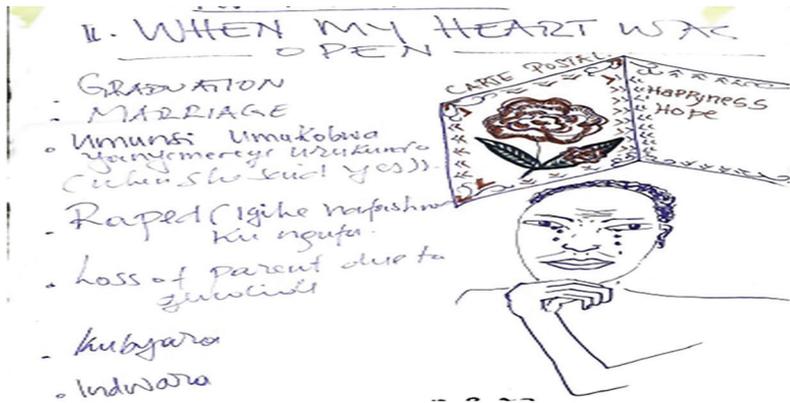


Figure 3: A Time When My Heart Was Open, 2021. Ink. Rwanda. Drawing by mental health professionals from Rwamagana.

experienced any traumatic event; an event that caused extreme sadness, depression, anxiety or any psychology-related problem. After initially sharing stories related to the event, participants shared counter feelings that expressed positive events that brought happiness to their lives. The exercise helped participants to express and externalize their psychological challenges as well as identifying the range of emotions and experiences. A 32-year-old woman from Gicumbi testified about ‘the time that I was raped, when my husband beat me for the first time, being diagnosed with mental health, and harassment of a family member [...] but God’s ways are enormous. Here I am with you, praying and singing’. Here, the art-based exercise was experienced as a kind of prayer, evoking healing.

During reflection sessions, participants and trainers observed a series of ways in which the arts contributed to healing through the ‘MAP at Home’ project. First, the healing of emotional and social ‘wounds’ or ‘traumatic memories’ was identified as a key contribution by enabling participants to overcome challenges in expressing emotions and stories by using a means with which people felt comfortable. One trainer observed:

Arts make people feel free to share stories. Arts help people to be engaged by sharing stories, playing peace games and healing themselves. Arts helps people to express their emotions and this helps people know how to cure them. Arts helps people love themselves and feel they can.

Similarly, a participant described how arts ‘help people express themselves more, I love singing so when I sing, I feel happy and more expressive of my feelings’ (female, 22).

The ease of expression was connected to cultural sensitivity. As one trainer explained:

We use arts because it helps participants to express their sufferings and feelings in a non-threatening way. It is an approach that is culturally sensitive. In most cultures likewise in Rwanda people prefer not

to disclose their sufferings to other persons as the ‘tears of man flow within’.

In this sense, the arts attend not only to mental health viewed within an individualistic framework, but also through the social. As one trainer noted: ‘Arts create a quick friendship among people of any age. To conclude everyone needs a joyful area and one to encourage him/her to live peacefully with him/herself. And arts can help a lot’. Similarly, participants commented on how they felt that the project enabled the re-establishment of social connectedness ‘[w]hen I am in groups with others, I feel healed and I regain my trust’ (male, 57), and trust between people of different backgrounds: ‘Because while I was doing these exercises, I noticed that everyone was free, there was no judgment, we worked as a team and it gave me a sense of belonging’ (female, 22). ‘My experience has been the best, I think art-based workshops have the potential to help a lot of different people from various backgrounds, especially people who have mental health problems’ (male, 39).

Third, trainers and participants reflected on how the use of art-based methods enabled the development of new skills. Trainers reported new skills for working with those in need of psychosocial assistance: ‘The health workers are also greatly helped through these arts because they have learnt a new method of recognizing their patients using the arts’. Whereas participants noted the development of new personal skills, as illustrated by the following man who had previously been in one of the government ‘rehabilitation centres’: ‘My experience with art workshops has helped me to think ahead and of my future, it has also helped me in regaining self-confidence and also I believe it has made me make better decisions in my life’ (male, 27).

Providing support

The evaluative comments from participants also noted the importance of art-based exercises to identify problems and their solutions. The MAP exercises ‘Empty Chair’ and ‘Team Life’ provided opportunities to name positive personal attributes and to counter problems with possible solutions. For instance, the ‘Empty Chair’ exercise enabled participants to name their positive

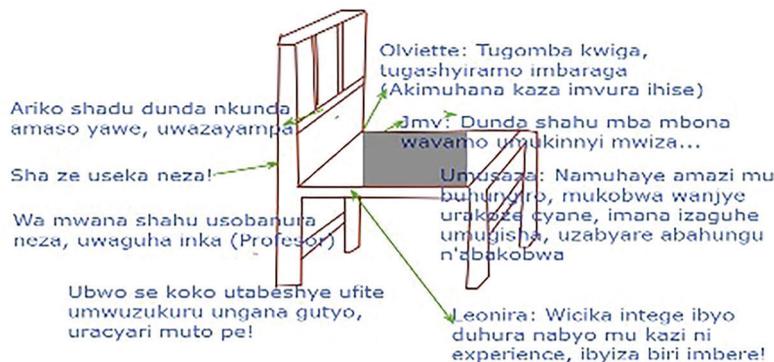


Figure 4: Empty Chair, 2021. Zoom Whiteboard Marker. Rwanda. Drawing by research participants including IRJ, MV, BC, L, ZJ and IA from Kicukiro.

characteristics by role-playing someone who loved them and then scribing these attributes to a drawing of a chair. The ‘Team Life’ exercise pitted ‘Team Hope’ against ‘Team Problems’ through an emotion-based football match in order to provide a counter-balance between posed problems and their solutions to begin considering the various resources and support structures that might be necessary for the ongoing mental health and well-being post-workshop. In this way, the project identified and explored individual and communal issues that pertain to mental health in order to establish sustainable community mental health structures.



Figure 5: Team Life, 2021. Zoom Whiteboard Marker. Rwanda. Drawing by research participants including UN, RE, HS and MK from Huye.

CONCLUSION

During the time of writing, the ‘MAP at Home’ project has received invitations from district leaders to extend the programme from the current service in partnership with two health centres and one hospital in each district (15) to include 34 health facilities. Additionally, an online curriculum has been developed through LearnDash at the University of Lincoln to provide a resource for individuals to access five online units in order to provide ongoing support. The platform will enable participants to share photos, videos, poems, drawings and creative writing with each other in response to each exercise. Following the delivery of the five online workshops, a series of monthly clinical supervision workshops will be conducted with the master trainers, psychosocial workers and teachers from October to December 2021 to support the continued integration of ‘MAP at Home’ into their respective communities.

Whilst acknowledging there was a pre-existing relationship, specifically with a focus on digital storytelling (see Alrutz 2011, 2013; Abraham 2016), the pandemic has most certainly accelerated the use of digital space for art-based practice. As well as opening up new spheres of creative possibilities, the use

of digital art spaces had a sociopolitical intention and effect on well-being. In relation to recommendations from other rapid response COVID-19-related studies, 'MAP at Home' has engaged individuals with lived experience of mental health who might be categorized as vulnerable populations (young mothers, former drug users, mental health service users) and young people within the design and delivery of the project (see Holmes et al. 2020). Additionally, 'MAP at Home' provided mental health and psychosocial support by creating community-based and community-related online workshops that strengthened social cohesion and reduced loneliness to ensure continued care through combined digital and face-to-face services (see United Nations 2020).

Art-based approaches enabled a 'deeper understanding of participants' social lives and cultural practices and the context and complexity of their experiences' (Goopy and Kassan 2019: 1) during the pandemic in order to inform mental health provision and to consider more inclusive and culturally informed mental health provision practices more generally. The 'MAP at Home' project enabled an online space as an external and social platform to integrate Kinyarwanda proverbs and Rwandan cultural healing practices to address mental health during the time of COVID-19. However, future studies would benefit from further monitoring and evaluation concerning how and why digital platforms may extend or limit mental health provision with marginalized communities beyond the confines of the pandemic. In this way, potentially increasing the noted 5.3 per cent of the population in Rwanda who access mental health services out of the 61.7 per cent who are aware of and in need of the services.

FUNDING

This work was supported by the UKRI/GCRF Newton Fund (UKRI proposal reference GCRF_NF-178). The Newton Fund builds research and innovation partnerships with seventeen countries in Africa, Asia and Latin America to support economic development and social welfare, tackle global challenges and develop talent and careers. The fund is managed by BEIS and delivered by UK and international partners.

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SUGGESTED CITATION

- Breed, Ananda, Uwihoreye, Chaste, Ndushabandi, Eric, Elliott, Matthew and Pells, Kirrily (2022), 'Mobile Arts for Peace (MAP) at Home: Digital art-based mental health provision in response to COVID-19', *Journal of Applied Arts & Health*, 13:1, pp. 77–95, https://doi.org/10.1386/jaah_00094_1

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