

Nurturing narratives in public mental health: the role of creative literacy spaces in community library settings

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In the face of a growing mental health crisis in Africa, where access to therapeutic support and information remains limited, innovative, and accessible interventions are urgently needed. This paper explores the transformative potential of narrative therapy for mental health care users by establishing an on-site Adult Learning Centre. Additionally, this study aligns with the United Nations' 17 Sustainable Development Goals and the African Union's Agenda 2063, emphasising societal well-being. Mental healthcare across Africa faces significant challenges due to limited resources, services, and access to information. Despite the increasing interest in Mental Health Literacy, there is a lack of contextually grounded frameworks integrating narrative therapy in adult education in public care facilities on the continent. While the benefits of narrative and bibliotherapy are known, their integration into public mental health strategies remains underexplored. This study explored how narrative therapy and literacy spaces can improve mental health literacy in South African mental health care facilities. Using a qualitative design, prompting mental health users over 5 weeks with open-ended questions, this study explored resilience stories, emphasising how individuals construct knowledge through lived experiences. Findings indicated untapped and new roles for librarians in promoting mental health, such as creating sensory-friendly spaces, developing appropriate resource collections, and fostering nurturing authorship and advocacy. This approach provides a pathway for public mental healthcare to serve users better and support the well-being across the continent. In addition, this calls for a reconceptualisation of library services within mental health strategies and invites collaboration across sectors to expand access to mental health literacy interventions and consequently offer scalable, community-driven solutions that extend beyond traditional clinical models.

Keywords: mental health literacy, creative library spaces, adult learning centres and literacy, narrative therapy, bibliotherapy

1 Introduction

Despite global proactive measures aimed at addressing the growing rates of neurodiversity and mental health concerns, sub-Saharan Africa prioritisation in this regard remains lacking (Eboreime *et al.*, 2022:4; Jumbe *et al.*, 2022:1; Madlala *et al.*, 2022:1). This region is characterised by a severe imbalance between the need for care interventions, support structures available and lacking mental health information resources (Craig *et al.*, 2022; Geda *et al.*, 2021: 8; Jumbe *et al.*, 2022:1; Sorsdahl *et al.*, 2023; Zerihun *et al.*, 2024:96). Indeed, a recent government report indicates that priorities toward improving personal well-being in South Africa are stagnant and insufficient (Stats SA, 2023:2). Consequently, studies increasingly advocate for collaborative efforts and task-sharing by non-specialists, such as educators, librarians and community-based workers (amongst others), to alleviate the dire mental health situation in Africa (Lord *et al.*, 2022:291; Mtumane & Mojapelo, 2022:451; Schlebusch *et al.*, 2024:200; Zerihun *et al.*, 2024:95). The interplay between mental health disorders and literacy is evident from the literature (Peach, 2023:3; Kankam & Baffour, 2021:2). Consequently, libraries are increasingly playing a role in mental health and wellness interventions (Downey *et al.*, 2024:71; Kankam & Baffour, 2021:1). Mental health literacy (MHL) refers to individuals' understanding and perceptions of mental health conditions including the ability to recognize symptoms, seek appropriate support, and engage in effective prevention or management strategies (Jorm *et al.*, 1997). Improved MHL positively affects, among others, help-seeking and resource-acquisition behaviours, literacy skills, self-care and coping skills, offering hope for a more optimistic future in mental health care (Carvalho *et al.*, 2022:7; Madlala *et al.*, 2022:2; Monnapula-Mazabane & Petersen, 2021:9435; Mumbauer & Kelchner, 2017:87; Suzuki, 2021:46).

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Narrative therapy is increasingly suggested for mental health recovery, because it emphasises the individual's expertise in their own life and "intimate knowledge of mental illness" (Calhoun & Gold, 2020:237; McDonough & Colucci, 2019:151; Peach, 2023:11). This approach allows individuals to reinterpret negative experiences as stories of resilience (Raath, 2020:77). It is closely linked to non-clinical therapies like bibliotherapy, creative writing and art therapy (Haney, 2022:119; Jackson, 2016:1; Mitchell-Kamalie, 2002:54; Sabnis, 2023:4) and aligns with literacy competencies that are required in the 21st century (Calhoun & Gold, 2020:238; Raath, 2020:77). Consequently, narrative therapies expedite practical communication skills, problem-solving, creative thinking, critical thinking, metacognition and working in collaborative environments (Mitchell-Kamalie, 2002:119; Thornhill-Miller *et al.*, 2023:2; Varas *et al.*, 2023:1).

A substantial lack of information about mental health literacy in adults with mental disorders and the consequent evaluation of the efficacy of interventions has been noted in a recent study (Sampaio, 2022:3). Sampaio emphasises the relevance of adult learning and highlights adult literacy as a vital focus of the Sustainable Development Goal (SDG) (UN, 2015). Key characteristics of adult learning include self-directed learning, seeking acknowledgement and respect, applying solutions to immediate needs, collaborative learning, sharing experiences and regular reflection for learning consolidation (Carvalho *et al.*, 2022:7; Tonsing & Dada, 2023:8; UNICEF, 2008:9). The importance and benefits of establishing collaborations between universities and communities are evident from this study. Consequently, the present study's authors support the concept of "Engaged University" (USAf, 2021) and aim to extend efforts in addressing adult literacy, lifelong learning, and innovative adult literacy facilities within mental healthcare and rehabilitation settings.

Mental Health Literacy was first introduced in 1997 as an extension of health literacy. It is defined as "knowledge and beliefs about mental disorders which aid in their recognition, management or prevention" (Jorm *et al.*, 1997:182). Key components include recognising disorders, understanding risk factors, self-help interventions, available professional help, appropriate help-seeking and accessing mental health information (Madlala *et al.*, 2022:1; Sampaio, 2022:2; Jorm *et al.*, 1997:182). Libraries play a crucial role in MHL interventions, encompassing information literacy, knowledge management, selective dissemination of information (SDI) and current awareness services (CAS) (Kankam & Baffour, 2021:10; Mumbauer & Kelchner, 2017:91). Recently, libraries have also created dedicated spaces to support mental health and well-being (Downey, 2024:72). However, scholarship to date on MHL interventions among adults, especially in public care facilities, remain limited (Sampaio, 2022:3). The following research question guided the study: "How can a sustainable adult learning centre contribute towards mental health literacy among public mental health care facility users?" Considering the rapid increase in mental health challenges, this study contributes to the literature on preventative and responsive treatments. It increases MHL among a marginalised segment of the South African population.

The following section explores adult literacy interventions in a mental health context.

2 Literature review

2.1 Literacy and adult learning in a mental health context

For centuries, scholars have been exploring the effectiveness of literature-based interventions in mental health contexts (Mitchell-Kamalie, 2002:33; Mumbauer & Kelchner, 2017:86; Sabnis, 2023:1; Vukadin, 2022:291). Improved literacy skills among vulnerable populations offer benefits such as enhanced communication (receptive and expressive), reading comprehension, language use, vocabulary, adaptive behaviours, problem-solving, decision-making, and community connections (Akgun & Benli, 2019:109; Haney, 2022:54; Mtumane & Mojapelo, 2022:450; Sabnis, 2023:1; Vukadin, 2022:293). These skills foster learning across all ages (Mitchell-Kamalie, 2002:137).

This study explores andragogy's link to lifelong learning and emotional wellness (Hardeep *et al.* 2021:672). Knowles (1968) made key contributions to this field, and scholars highlight core traits of adult learners: they prefer stress-free environments without assessment pressures (El-Amin, 2020:55; Hardeep *et al.* 2021:674), are internally motivated regarding self-directed learning (El-Amin, 2020:57) and prefer applying new knowledge immediately (El-Amin, 2020:65). Additionally, adults prefer experiential learning through activities (El-Amin, 2020:64; Peach, 2023:11).

2.1.1 Creative hubs and adult learning spaces in a mental health context

Creative hubs, interchangeably referred to as "maker spaces", "collaborative workspaces", or "FabLabs", refer to informal learning environments that use various tools, materials and processes (Khan & Marnell, 2022:2574; Oswald & Zhao, 2021:1). Creative hubs are linked to joyful collaborative learning experiences (Downey, 2024:72; Soomo *et al.*, 2023:541) and encourage creative expression, iterative learning and reflection (Khan & Marnell, 2022:2575; Vukadin, 2022:296). Relevant activities aimed at expression, creation, and reflection can include storymapping, making mini books, creating collages, posters or drawings, abridging stories and rewriting them from different perspectives (Hagan, 2022; Vukadin, 2022:296).

Disability-inclusive learning environments are also essential with regard to issues of sustainability (UNESCO, 2024:2). Adult learning in mental care facilities can seamlessly integrate creative hubs, providing opportunities for self-expression and problem-solving (Khan & Marnell, 2022:2574; Oswald & Zhao, 2021:10; Peach, 2023:10; Vecchione, 2020:52). Creating objects can foster a sense of independence and promote well-being. Furthermore, arts-based activities can accelerate the recovery process in mental health contexts (Hagan, 2022; Mitchell-Kamalie, 2002:16; Vukadin, 2022:296). In South Africa, creative hubs provide participatory learning spaces for physical, mental, and emotional well-being (Khan & Marnell, 2022:25787; Tonsing & Dada, 2023:1). Despite the rising popularity of such facilities, creative hubs in a mental health context have not been widely studied (Oswald & Zhao, 2021:1).

2.2 Narrative therapy in a mental health context

The benefits of writing and storytelling for physical and mental health have been recognised as improving mood, attitude, and self-understanding (Van der Kolk, 2014:277). Narrative therapy leverages literature and art to promote cognitive, physical, and emotional well-being, especially for trauma survivors (Akgun & Benli, 2019:10; Tukhareli, 2011:1). Its interventions enhance communication skills and empower individuals in meaning-making. By rewriting dysfunctional life stories, narrative therapy helps construct more positive personal narratives (Calhoun & Gold, 2020:238; Davis, 2022:1). However, research on narrative-based treatments and bibliotherapy remains scarce (Davis, 2022:13; Haney, 2022:54), especially in low-literacy regions like African (Mtumane & Mojapelo, 2022:450; Tonsing *et al.*, 2019:13; Zerihun *et al.*, 2024:104).

2.2.1 Bibliotherapy

Librarians' role in MHL extends beyond information resources to treatment and healing. Bibliotherapy, introduced by Samuel McChord Crothers in 1916, is a form of narrative therapy pertinent to this study. It involves prescribing books, reading and storytelling to help individuals overcome psychological challenges (Haney, 2022:9; Kankam & Baffour, 2021:11). As a non-clinical, evidence-based approach, bibliotherapy aligns with narrative therapies and is often integrated with therapeutic methods (Haney, 2022:119; Jackson, 2016:1; Mitchell-Kamalie, 2002:54; Sabnis, 2023:4). Bibliotherapeutic techniques incorporate elements of Acceptance and Commitment Therapy (ACT), which emphasises "psychological flexibility" and the acceptance of distressing experiences to promote meaningful living and committed actions (Geda *et al.*, 2021: 2; Davis, 2022:7).

Bibliotherapy is an interactive, activity-based form of therapy that goes beyond reading to include discussion and communication (Haney, 2022:54; Mitchell-Kamalie, 2002:16; Tukhareli, 2011:1). This approach ensures that the messages found in books lead to lasting positive changes in behaviour or attitude (Hagan, 2022; Vukadin, 2022: 296). Bibliotherapy follows specific steps during individual or group sessions (Akgun & Benli, 2019:100). Firstly, readers identify with a character who faces similar real-life challenges to themselves, which leads to introspection (Akgun & Benli, 2019:102; Mitchell-Kamalie, 2002:17; Tukhareli, 2011:2). This is followed by catharsis or vigorous emotional diffusion (Mitchell-Kamalie, 2002:17) where readers emotionally engage with the text and see how the character resolves their problem independently (Akgun & Benli, 2019:100; Vukadin, 2022: 292). The final step, "universalisation" or "normalisation" helps readers understand that they are not alone in their struggles and encourages them to apply these solutions to other problems they may be facing (Akgun & Benli, 2019:106; Tukhareli, 2011:3).

2.2.2 Storytelling and creative writing

Stories are central to narrative therapy and take various forms, including personal essays, short stories, screenplays, autobiographies, and photographs. Storytelling, or re-authoring, engages people through speaking, listening, sharing and understanding (Davis, 2022:1; Raath, 2020:158). Research shows it helps mental health users express their feelings and experiences (Barrett *et al.*, 2020:278). Writing about mental health challenges fosters emotional catharsis, information processing and new perspectives through reflection (Peach, 2023:11; Raath, 2020:159). It shifts individuals from victimhood to agency and control, improving coping skills (Raath, 2020:159). Raath (2020:159) found that participants value their stories, which can benefit others. Storytelling is deeply rooted in African cultures, and studies indicate it significantly boosts resilience among black women facing long-term mental health challenges (Raath, 2020:79). However, research on narrative approaches for self-reflection and guided behaviour change remains limited (Davis, 2022:13; Peach, 2023:5).

3 Methods

The multicultural mental healthcare centre under study accommodates individuals who have been diagnosed with various profound psychiatric disabilities. Data reflects a multidisciplinary collaboration between an academic faculty and a library, culminating in a well-resourced in-house Adult Literacy Centre (ALC). The ALC is mainly associated with and referred to as

a library by participants in this study. Reading material for the ALC was sourced from the broader community, and a venue was allocated in one of the centre's onsite buildings. In addition, a resident in-house librarian was trained in the basic principles of managing a library. Currently, the residents make use of the library on a weekly basis. Reading material is continuously being sourced and rotated with the assistance of the researchers.

3.1 Research design and approach

This study employed a qualitative, interpretive research design to explore the lived experiences of mental healthcare users engaging with a community-based ALC. This study is rooted in a phenomenological approach, prioritising participants' subjective meaning-making process (Mulvihill & Swaminathan, 2023). Expressive methods, including journaling and visual storytelling, enabled participants to reflect on and narrate their experiences of the in-house library as a mental health resource.

3.2 Setting

The study occurred at a State-funded, non-governmental health care centre in Gauteng, South Africa. The centre accommodates up to 85 adult female residents diagnosed with various psychiatric conditions. As part of a broader university-led community-engaged project, an onsite ALC (referred to as "the library" by participants) was launched in June 2022. Weekly reading sessions were facilitated by a trained in-house librarian and supported by faculty and community collaborators.

3.3 Population and sampling

The study population comprised all female residents of the facility (N=85). Participants were recruited using purposive voluntary sampling. Inclusion criteria required participants to have used the library in the previous 12 months. Following multilingual information sessions (Afrikaans, English, isiZulu, and Sesotho), 35 residents consented to participate in a 5-week guided journaling activity. Despite varied literacy levels, all participants contributed meaningfully to the data, independently or with caregiver support.

3.4 Data collection

Data collection took place in late 2023. Participants engaged in weekly sessions that involved journaling, drawing and story creation. Prompts encouraged reflection on participants' experiences with the library, reading preferences and emotional responses. Participants were also asked to: identify a storybook character they related to and explain why; create a story in which they featured as the protagonist.

The draw and write technique (Joubert & Hay, 2019) allowed for visual representation of participants' perceptions. Where necessary, caregivers trained in research protocols assisted participants in writing or drawing. All reactions were anonymised, with no personal biographical data collected and returned to designated caregivers for safekeeping.

3.4 Data analysis

All written and visual responses were uploaded to MAXQDA for inductive thematic analysis. Researchers engaged in repeated readings, coding the data collaboratively to identify recurring themes and patterns. Simultaneous coding enhanced inter-coder reliability and led to the generation of shared thematic categories that captured the collective meaning of participants' experiences.

3.5 Ethical Considerations

Participants' autonomy and well-being were central to this study. All procedures were guided by the principles of voluntary participation, with residents informed that they could withdraw temporarily or permanently at any stage without consequence. Communication strategies and data collection methods were adapted to suit participants' diverse literacy levels and possible trauma histories.

Data collection was restricted to participants' experiences of the in-house library to protect privacy. Sessions were scheduled during pre-approved times, ensuring minimal disruptions to routines and respect for participants' boundaries. Caregivers were trained in ethical protocols, including participant rights and using non-intrusive support techniques during data collection. An on-site nurse oversaw participants' emotional and physical well-being throughout the research period. Additionally, a registered counsellor was made available to address any potential psycho-social concerns. Ethical clearance was obtained from the researchers' affiliated institution (FREC/FRECMS – 20072023 - 158).

4 Findings

The following section reports on the themes identified in response to the set research question. Figure 1 highlights the overarching theme: Illuminating insights of an in-house ALC, which encapsulates four sub-themes: Experience of ALC facilities, Cascade of joy, Literacy inclinations, and Future enhancements. Verbatim quotes reflect the expressions of de-identified individual participants throughout the following sections.

Participants shared a kaleidoscope of memories intertwined with present-day experiences at the care centre. The on-site library established a renewed interest in reading across genres as opposed to their life before taking up residence at the demarcated care centre. This interest in reading led to a reported eagerness for learning and empowerment, finding solace, and general entertainment. Notably, while many participants described adverse situations in detail while growing up and as adults before joining the care facility, most seemed unable to identify big or overwhelming emotions, either from the past or present events clearly, and seemed to be unaware of the reasons for the discomfort they experience many years after going through traumatic events. Most participants preferred to escape from reality and find solace in reading material.

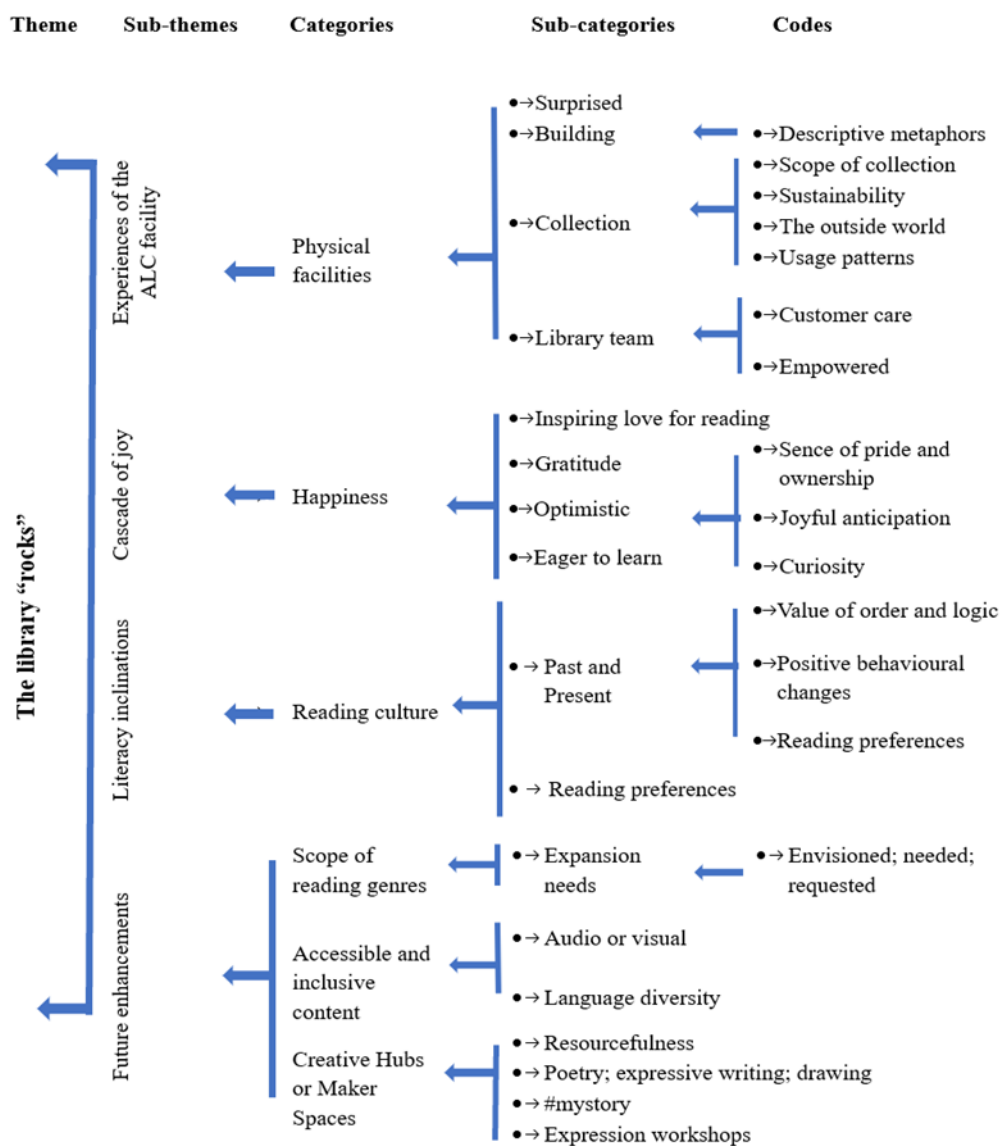


Figure 1: Summative overview of data analysis and outcomes (Source: Authors visualisation of thematic analysis)

*ALC refers to an Adult Literacy Centre

4.1 Sub-theme 1: Experience of ALC facilities

The on-site ALC's *physical features* were appreciated, highlighting the order and neatness of the displays. The variety of reading material was commended, with many referring to the "privilege" of having access to a library and their "surprise" to see all the books. Using descriptives such as "a top library" and the library "rocks," participants voiced their excitement

about the library. However, participants requested additional opening times and the ability to borrow more books simultaneously.

Most participants appreciated the ALC facility's aesthetics and what it symbolised for them. They noted the library's serene atmosphere, with Participant 22 describing it as a source of personal peace and Participant 21 calling it *"her happy place"*. Participant 15 likened her experience to being *"Belle in Beauty and the Beast"*, surrounded by endless books. Additionally, the ALC served as a compass or an anchor, with participants drawing on their religious beliefs as sources of wisdom and energy. Overall, their responses reflected positive experiences that fostered feelings of safety and serenity, allowing them to share their innermost stories.

A substantial portion of the participants appreciated the resource collection's variety of reading materials and formats. While acknowledging their responsibility to care for the books, they also voiced their preferred genres: novels, fantasy, fiction, romance or thrillers. They were also keen to point out their favourite reading formats, such as books, magazines, cooking recipes, stories containing animals and dictionaries. Not only did participants list their favourite authors, but they also described their associations with their writings. Participant 19 seemed acutely aware of when new resources are added to the current collection, while Participant 32 reminisced about maintaining vegetable gardens earlier in her life.

Numerous participants voiced their satisfaction with the library team's experience and skills. Aspects such as excellent customer service, friendliness and helpfulness were pointed out. Participant 21 recalled with pride how she felt when the library initially opened and described it as an honour to be part of a knowledgeable and appreciated library team. In addition, she took pride in identifying several *"top readers"*. Overall, participants seemed to respect the leadership roles occupied by their peers working as library managers, trusted their opinions, and respected their decisions. Participant 5 confirmed this trusting relationship by commenting:

"I love that they [staff] recommend books and authors I will enjoy, and they keep books aside for me".

Certain participants explicitly mentioned the importance of maintaining contact with *the outside world*. Participant 16 explained that people outside the facility could teach them how to live, what to eat, and how to do things in their lives. These statements denote the need to maintain connections with a world left behind upon entering a mental health care facility. In addition, such statements underscore the ongoing need for stimulating learning and broadening the knowledge bases of individuals in such care facilities.

The majority of participants expressed their love for literature and voiced their preferences when consuming literature. Participant 15 mentioned that she likes to relax and read *"on my own time and not when I'm busy"*, while Participant 7 described the library as a *"wonderful place where you can take out books and read all day"*. Some participants even set personalised goals related to borrowing new books weekly.

Participants found solace in books and used reading as an escape from reality. Participant 21 noted that reading has always been the *"most wonderful escape and form of relaxation"* and that she could not imagine a life without books. Participant 15 identified herself as a *"bookworm"* and confessed that reading helps her to escape her reality: *"... and I'm happier when surrounded by books...I really enjoy fantasy. I prefer fantasy over reality"*. Admittedly, relying solely on this coping mechanism may lead to ineffective long-term coping skills, potentially affecting emotional stability and improvement.

4.2 Sub-theme 2: Cascade of joy

Participants predominantly equated the library experience with positive inclinations and associated joy. Descriptive phrases such as *"privilege"*, *"blessing"* and *"gift"* were noted while describing their sense of being *"thrilled"* and *"surprised."* In addition, a general optimism towards the library was evident. Participant 26 fondly recalled how she fancied visiting the library as a child. Participant 7 excitedly shared that the library is a *"wonderful place where you can take out books and read all day"*. The reported calm atmosphere of the library contributed to these experiences, while unrestricted access to books from day one astounded them. Feelings of happiness were evident in many drawings, such as smiling faces, smiling animals, and written expressions of joy. Participant 21 explicitly stated that the library is her *"happy place"*, while Participant 5 labelled it *"by far my favourite library to go to"*. Participants 7 and 15 professed that they were happier when surrounded by books. Both Participant 4 and Participant 26 acknowledged the inspiring role of books, which gave them the courage to read even more books. Participant 2 confessed how she has turned to the library, gradually fell in love with reading, and shared her consequent experiences of elation.

4.3 Sub-theme 3: Literacy inclinations

Participant accounts echoed the role of literacy in their lives. Despite varying literacy levels in written submissions, most participants could effectively share their reminiscences. Participant 21 remarked: *"I couldn't imagine my life without books"*, while Participant 7 found joy in *"taking out books and reading all day"*, which enhanced her growing sense of being *"experienced"* across a widening range of topics. Participant 10 viewed the library as a source of wisdom embodied in

books. Participant 21 described her library experience as a *“wonderful blessing” that allows for relaxation and exploration*. Additionally, Participant 16 expressed a desire to learn from how people outside the facility live their lives, and Participant 28, almost nervously, emphasised the importance of reading new books weekly.

Participants reflected on literacy's role in their lives outside the mental health care facility. Participant 21 recalled the abundance of books available in her childhood residence and parental involvement in the act of reading. Some participants recalled collaborative reading practices and how, as a child, they looked forward to visiting the library with their friends and enacting lessons learned. Admittedly, not all participants were privileged to participate in literacy-related activities before joining the care facility. Despite this, these participants acknowledged that they only developed a love for reading later in life. Participant 4 vividly reflected on her transformation from disliking reading to developing a profound love for reading, while Participant 2 admitted to turning towards the library and developing a passion for reading.

Participants emphasised the practicality of order and cleanliness. Illustrative accounts centred on the rhythmic order, categorisation, and display of books per subject area while acknowledging the user's responsibility to take good care of books. It is clear that the order and neatness seemed to have enhanced an overall sense of calmness, relaxation, serenity, and a peaceful atmosphere among participants. Participants' accounts further indicated that books have deeply affected their behaviour since the library's inception. Their accounts reflected the belief that increased reading opportunities augmented their ability to foster empathetic connections. Participant 4 voiced how reading inspired her to start afresh with building loving relationships with others. Spirituality also featured in self-reported behavioural changes. *“Having a library has helped bring me closer to God”* is how Participant 19 alluded to her spiritual growth.

Despondent accounts of lost connections with family were expressed as feelings of isolation and loneliness. This was further compounded because of limited relationships beyond a few residents at the centre. These feelings fuelled a strong desire to reconnect with the *“outside”* in various ways. Participant 16 expressed a strong desire to learn from the experiences of others, while Participant 28 shared a dream of one day opening an animal sanctuary. Participant 15 envisioned sharing her knowledge and experiences by writing books in the future. Participant 21 proudly announced she has published poetry in the past, and while some participants articulated aspirations to write and contribute in formal ways, others felt that they may not yet have fully realised their own potential.

Various participants expressed an eagerness for personal development. In this regard, Participant 4 mentioned her transformation from a non-reader to somebody who loves reading. Participant 20 articulated the library's role in broadening her knowledge base: *“Keeping our minds busy”* also resulted in improved vocabulary. Moreover, Participant 7 eloquently equated reading with a personal sense of empowerment within her circumstances.

The participants described displacement, hardship and periods of distress. Accounts reflected phrases such as *“... I've experienced terrible things and fun things”* (Participant 28). Participant 2 mentioned *“a deep inner hurt”* when reflecting on her past. In contrast, many mentioned a growing sense of well-being through engagement with literature and the library, leading to enhanced coping skills. Consequently, a subset of participants gave self-reported evidence of resilience and optimistic efforts to navigate their current circumstances. Multiple participants voiced a strong desire to escape reality; indeed, a reality informed mainly by difficult past experiences, and how they found solace in literature. Engaging with literature enabled participants to distance themselves from the external world temporarily. Some drawings also depicted a mouth that appeared unable to speak, further suggesting a disconnection from innermost feelings and an inability to address them effectively. Comments from participants included: *“I prefer books to reality”*, *“I escape from reality, and I imagine I'm in the book I'm busy reading”* (Participant 15), and *“I am happier when I'm surrounded by books”* (Participant 21). Participant 15: *“I am a bookworm; reading helps me to escape my reality ... I prefer books to reality”*. Participant 21 considered herself blessed to have a *“library of books of my own to escape into.”*

Participants keenly identified their favourite genres to read. These included thrillers, romance, poetry, and religion. Many participants also preferred reading magazines, dictionaries, encyclopedias and fantasy books. Specific authors were noted as preferred content for future acquisitions. In addition, further requests for age-appropriate resources, enlarged print to aid poor eyesight, and language diversity in literature were noted.

4.4 Sub-theme 4: Future enhancements

Participants' suggestions, combined with the value they placed on reading material – even beyond the pleasure of reading itself – illuminated various possibilities for future expansion of the ALC. Requesting the expansion of available reading genres and information formats was detailed. Although new reading material is sporadically added to the collection, mainly through donations, the formats and genres remain constant. There is a need to add more reading material related to preferred authors, a wider variety of magazines, additional dictionaries, medical information and age-appropriate reading material. Although most participants easily associated with the language and content of reading material in the library, the lack of diverse formats was voiced. The need for more indigenous languages was also underscored.

Participants keenly and creatively displayed their reading, writing and drawing skills during data collection. Overall, participants showed a strong inclination towards storytelling techniques. Several participants started their contributions with: *"This is a story about..."*. Their written expressions demonstrated that they prefer and value the opportunity to tell stories through metaphor or previous experiences while exhibiting their abilities to write chronologically and hold their storylines. Despite openly professing their limited access to stationery, many participants aspired to continued literature development aligned with their individualised interests. These aspirations showcased creative talents and demonstrated a deep-seated enthusiasm for literary and artistic pursuits. A prior informal visual, auditory, kinesthetic and tactile survey (VAKT) noted the varying learning preferences among centre residents. Residents' stronger preference for visual (36.1%) and kinesthetic (35.2%) learning seems to predict future hands-on, creative art activities and expressive skills as part of personal healing therapies and intervention processes. Admittedly, encouraging activities at the centre could further empower residents to explore and develop their skills while fostering individual growth and emotional expression.

5 Discussion of findings

This study investigated the relevance of an ALC at a mental healthcare facility and reflects on users' experiences and expectations upon engaging in the early stages of narrative therapy. The findings of the study suggest a number of early benefits of narrative therapy as part of participants' emotional healing processes. Positive behavioural changes, personal development and improved coping skills were evident in the data, confirming the success of an ambitious initiative and the value of an on-site ALC for mental healthcare users. Self-reports also reflected positive inclinations towards literacy, which is regarded as an early precursor to embrace lifelong learning. More importantly, the findings signify possible new roles to be considered by librarians who aspire to address mental health literacy and wellness in the broader public mental health domain.

Three important categories are associated with developing sustainable ALCs at mental health care facilities: sensory preferences and stabilising moods, developmentally appropriate self-help resource collections, and creative literacy spaces. Figure 2 shows how these categories have been translated into library roles, followed by a short discussion on each suggested role.

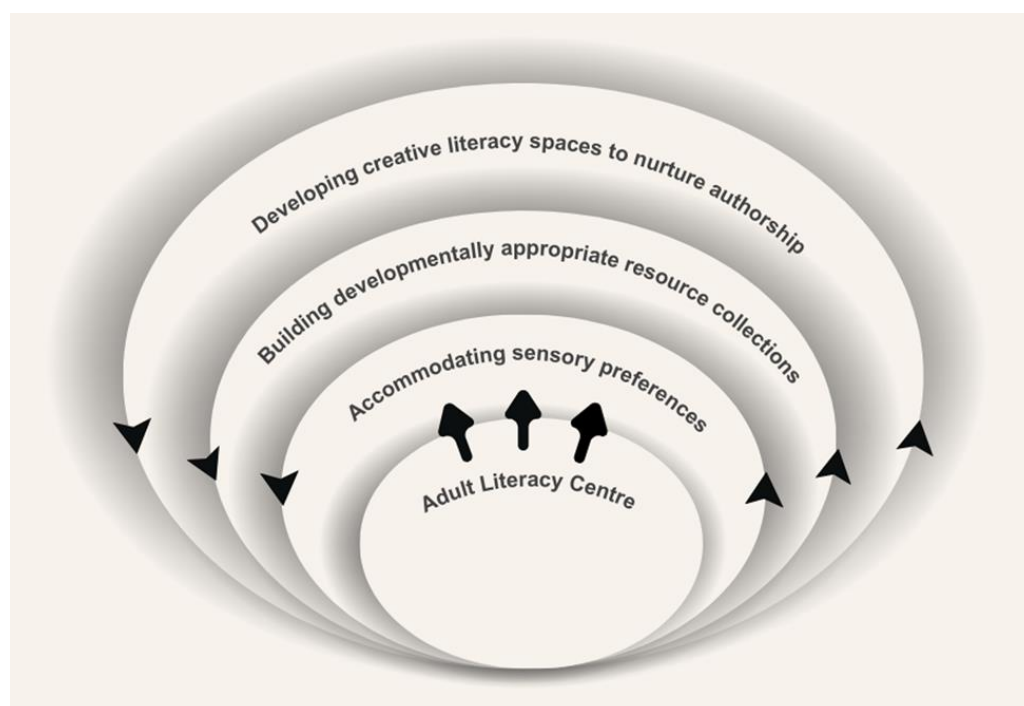


Figure 2: Proposed sustainable librarian practices in a public mental healthcare context (Source: Authors insight)

5.1 Accommodating sensory preferences and stabilising moods

The findings from this study highlight the importance of creating sensory-friendly literacy environments to establish peaceful moods among adult mental healthcare users. Of all the senses, most participants revealed that sight was an essential factor contributing to their positive feelings upon entering and visiting the ALC. Participants also regularly elaborated on their feelings once they entered the facility and associated what they saw with consequent feelings of calmness, serenity, and relaxation. The positive relationship between calmness, peace and learning readiness is well-documented (Pelton, 2023:17). The literature also suggests a strong link between the ability to detect and process signals and sensory

information from the environment, primarily through vision, with emotions and mental health (Paquet *et al.*, 2022:1567). Notably, the link between sensory processing, improved mental health and library spaces is gaining prominence in the literature, with specific reference to providing soft lighting, also considering air and flow, furnishings and décor for purposes of relaxation and de-stressing (Downey *et al.*, 2024:73).

Accommodating sensory preferences and creating multisensory environments should be paramount when considering opportunities for users to engage with literature at mental health facilities. Sensory-friendly literacy environments can be achieved cost-effectively, and limited therapeutic space is required (Downey, 2024:82). Librarians should, therefore, also explore the value of individual sensory profiles of their clients in a mental health context (Paquet *et al.*, 2022:1567). Access to sensory-friendly literacy facilities should also be extended to on-site caregivers, administrative staff, and management, who also stand to benefit from a relaxing atmosphere while engaging with literature. Additionally, it should be a priority to ensure that participants' opinions and desires remain the benchmark for the future development of literacy and wellness spaces. This can be achieved by considering the opinions of mental healthcare facility users and honouring their knowledge (Downey *et al.*, 2024:81).

5.2 Building developmentally appropriate self-help resource collections

Participants' contributions confirmed their strong literacy inclinations, albeit at varying levels. Many participants recalled an abrupt disconnection from literature for periods in their lives, and a re-uptake only after the ALC was established. Furthermore, it was noted that participants strongly preferred literature about fantasy and using books to “*escape from reality*” and daily challenges. Although this genre may offer a temporary solution for various problems, there is a long-standing belief in the soothing power of books and libraries to reduce stress (Akgun & Benli, 2019:102; Peach, 2023:10; Sabnis, 2023:1; Tukhareli, 2011:10). However, escaping reality does not address mental health challenges effectively on the longer term. The data reflected that many participants struggle with recognising and correctly describing their innermost feelings accurately, often resulting in them downplaying severe experiences of past abuse and mood disturbances. The researchers could deduce from contributions that several participants were unaware of their current mental states, even when personal situations deteriorated visibly during data collection. This insight aligns with other studies, which found limited knowledge and incorrect labelling of mental health conditions and vocabulary in the South African context (Madlala *et al.*, 2022:2). While the value of reading for pleasure is well established, the interaction with various literature genres alone does not ensure mental health literacy. Despite participants' strong desire for self-improvement and self-actualisation, there was a visible lack of suitable self-help resources. Admittedly, this genre mostly fell outside of the scope of resources donated to the ALC by volunteers at the time of data collection.

Scholars have advocated for the importance of the pre-screening criteria in accommodating specific reader cohorts (Akgun & Benli, 2019:105; Tukhareli, 2011:7). Consequently, all literature was screened for relevance for mental healthcare users, for sensitivity regarding terminal illness and death, for its literary value, the quality of illustrations and engaging content. In this regard, future additions to the ALC should include practical self-help books and worksheets, which can be beneficial for mild to moderate psychiatric conditions since these resources can help to improve self-knowledge about a diagnosis, self-care practices, and coping skills with anxiety and depression (Geda *et al.*, 2021: 8; Mumbauer & Kelchner, 2017:86). Working manuals and self-help resources could contribute towards increased self-regulation, improved interpersonal relationships and stress management (Carvalho *et al.*, 2022:4). This has the potential to empower participants with the relevant knowledge to analyse, challenge, and replace possible negative thoughts (Sabnis, 2023:2). Self-help materials and worksheets should also cover multicultural contexts, and multiple copies of developmentally appropriate, pre-selected quality titles. Importantly, self-help materials should cater to the developmental levels and literacy skills of users, because the literature confirms the importance of accommodating different comprehension abilities (Akgun & Benli, 2019:105; Tukhareli, 2011:7; Zerihun *et al.*, 2024). The findings also indicated the importance of providing large print text resources due to some participants' deteriorating eyesight. Indeed, MHL cannot be separated from physical health. Also, audio-visual resources for those who cannot read are imperative for an ALC.

5.3 Nurturing future authorship and advocacy

The findings from this study support a gradual paradigm shift in MHL from a knowledge-based towards an activity-based process characterised by actively taking part in problem-solving, self-actualisation, interpersonal relationships, and relatedness towards healing (Sampaio, 2022:2). In a mental health context, this implies improving mental wellness through providing neutral, de-stigmatised spaces (Downey *et al.*, 2024:72), where equal value is placed on creative spaces, materials, and the narrative therapy process (Vecchione, 2020:51). Engaging with literacy through creative practices is associated with improved managing of mental health and relaxation during times of stress and anxiety (Peach, 2023:10).

The authors anticipate that the popularity of the ALC will increase among users, and that many more will benefit from becoming involved in narrative therapy over time. Unique perspectives and contributions are expected from users at the care facility in future. Some participants were eager to move beyond reading and displayed strong inclinations towards storytelling and writing. Others shared their aspirations of becoming authors, with a few having previously published works. Sharing these creations, like a well-written poem submitted by a participant, can reconnect users with the “outside world” and serve educational and advocacy purposes (Carvalho *et al.*, 2022:4).

Therefore, Creative spaces should be considered springboards for users to contribute towards the limited self-help and multicultural publications currently available in South African mental healthcare facilities (Calhoun & Gold, 2020:238; Mtumane & Mojapelo, 2022:458). In addition, the implications of creative literacy practices, copyright protection, and providing consent to release the content of personal creations should be acknowledged (Khan & Marnell, 2022:2577; Peach, 2023:11) through sustainable practices.

5.2 Recommendations for further research

Consideration should be given towards incorporating alternative data collection methods that accommodate the physical representation of thoughts and feelings, which could be valuable for studying complex topics. The Mmogo Method™ is a locally developed qualitative research data-gathering method that uses self-generated images to obtain insight into social, cultural, and contextual factors (Roos, 2012:258). This method fits well into an adult learning and literacy context (Molise, 2022:6) and should be considered for future data collection efforts.

Further studies are proposed to measure and report on the societal impact of community engagement projects. Qualitative strategies such as narrative reports, impact stories, capacity-building initiatives, and corroborative statements can be used to showcase significance and impact beyond academic audiences. Scholars should provide richer insights into interactions between scholars and citizens and the research’s impact on communities beyond academia.

5.3 Limitations of the study

While the present study’s findings highlight a clear need for more creative public care and rehabilitation facilities, several limitations must be acknowledged. Firstly, the ALC operates on a decentralised model due to space constraints. At the time of data collection, smaller spaces and “school areas” were utilised. These areas were not physically connected to the library, which may have limited the depth of data collection. Additionally, these “school areas” were not explicitly designed as collaborative and creative spaces tailored to the needs of adult learners, who typically benefit from active participation and the opportunity to share their experiences widely. Secondly, although the study’s participants constituted nearly half of the residents at the care centre, the participation rate could have been higher if the library resources had included reading material in Indigenous languages. Although a number of participants were able to contribute through writing in African languages, the inclusivity of the information formats available in the library could have encouraged broader participation. Finally, the researchers were unprepared for the intensity of participants’ accounts of past traumas. Although these aspects were not the primary focus of the study, they featured prominently in the journal entries and profoundly affected the research team.

Future studies should consider including more male users who are traditionally less willing to seek help with mental health challenges. Participants’ strong preference for kinesthetic learning activities to express feelings and communicate underscores the need to include males in similar future studies – indeed, males prefer hands-on practical approaches and solve problems in a concrete manner.

6 Conclusion

MHL is an evolving concept essential across lifespans and within diverse contexts. The present study underscores the pivotal role of literacy in promoting personal growth, well-being, lifelong learning, expressive skills, and sustainability. Our findings suggest that MHL is not a guaranteed outcome, even among individuals with formal diagnoses who are full-time users of mental healthcare facilities. The primary objective of narrative therapy in mental health care centres should be to empower adult users to recognise, manage and communicate their unique challenges and successes effectively. New roles are suggested for librarians, which could significantly impact the promotion of adult mental health literacy at NGOs. These include accommodating sensory differences and developing sensory-friendly literacy environments, sourcing developmentally appropriate self-development genres and nurturing authorship and advocacy through developing collaborative literacy spaces. The findings from this study should inform cost-effective, narrative-based practices for future Adult Learning Centres in public mental healthcare facilities nationwide. Addressing the concept of the “engaged university” in society requires multidisciplinary approaches, particularly given the limited resources and services available to mental healthcare users in South Africa. Engaged universities emphasise the importance of evidence-based research and the co-

creation of knowledge between researchers and societies, exemplified by initiatives like Citizen Science. Policymakers and potential funders must be alerted to the urgent need to address the MHL crisis among diagnosed and undiagnosed individuals. Integrating these insights could foster a more inclusive and adequate mental healthcare system.

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