Music is medicine for the mind: the revival social enterprise cafe as a community model for mental health and inclusion

David Anthony Palmer and Deborah Haylett

Abstract

Purpose – *This paper aims to explore how a community-based social enterprise can promote mental health, well-being and inclusion through creative, non-clinical approaches. It focuses on Revival, a social enterprise cafe and well-being hub in Whitstable, UK, developed by the charity Mind in Bexley and East Kent, which combines food, activities and music to create a safe and supportive environment that encourages belonging, recovery and connection.*

Design/methodology/approach – *The study draws on 18 months of ethnographic and participatory research incorporating 150 hours of observation, 14 semi-structured interviews, collaborative reflection workshops and analysis of more than 600 social media posts. This mixed qualitative approach captures how participants and the wider public experience Revival as a space that enhances well-being through atmosphere, creativity and shared learning.*

Findings – *Three interconnected mechanisms were identified: relational knowledge (learning through empathy, participation and situated understanding); uncertainty as generative tension (the capacity to embrace instability as a source of creativity and adaptability); and the collective intelligence of care (mutual awareness and relational sensitivity developed through shared practices and everyday routines). Music, in particular, functioned as a binding social form that sustained emotional connection and inclusion, transforming the cafe into an affective infrastructure of everyday recovery.*

Research limitations/implications – *As a single-site ethnography, findings are context-specific and not statistically generalisable. Participants were self-selecting, and perspectives may reflect those already positively engaged with Revival. Although reflexivity and member checking reduced bias, the practitioner-researcher role inevitably shaped interpretation.*

Practical implications – *Findings highlight the potential of community-based, non-clinical settings to complement statutory services by fostering emotional safety and social participation through creativity and peer support. Revival demonstrates how social enterprises can operationalise prevention and inclusion agendas within local well-being systems.*

Social implications – *The study illustrates how community enterprises can act as micro-systems of collective well-being that redistribute expertise, value lived experience and contribute to the integration goals of the NHS and local health systems.*

Originality/value – *This paper offers new insight into how music and creative practice can enhance mental health and inclusion within community social enterprise models. It shows how the aesthetic, relational and participatory dimensions of everyday environments can function as infrastructures of care.*

Keywords *Community mental health, Social enterprise, Inclusion, Creative wellbeing, Music and recovery, Non-clinical support, Integrated care systems (ICS), Prevention*

Paper type *Research paper*

David Anthony Palmer is based at Mind in Bexley, London and East Kent, UK, and Canterbury Christ Church University, Canterbury, UK.
Deborah Haylett is based at Revival, Mind in Bexley, London and East Kent, UK.

Conflict of interest statement: The author is Chief Executive of Mind in Bexley and East Kent and Deborah Haylett is the Executive Director of Revival the case organisation described in this paper.

Introduction

In the UK, rising demand for mental health support continues to exceed the capacity of statutory services, with waiting lists for therapy and specialist interventions at record levels.

In response, national policy has shifted towards prevention and early intervention through the NHS Long Term Plan, NHS England (2019) and the establishment of Integrated Care Systems (ICSs). These frameworks emphasise community well-being, social prescribing and co-production, recognising that mental health is shaped by social, cultural and environmental factors as much as clinical ones. Within this changing landscape, social enterprises have become increasingly important partners in promoting mental health and inclusion. Operating between the public, voluntary and commercial sectors, they combine business sustainability with social purpose. Community cafes, arts collectives and well-being hubs across the UK now provide informal spaces where people can connect, volunteer and express themselves creatively. Despite their growing presence, there remains limited research on how such organisations contribute to mental health outcomes, particularly through everyday creative and relational practices.

This paper explores these questions through a case study of Revival, a social enterprise vintage inspired vinyl music, vegetarian cafe and well-being hub in Whitstable, UK. Established by the mental health charity Mind in Bexley and East Kent in 2018, Revival integrates food, mood, and music as a holistic approach to community well-being. Operating as a public cafe on Whitstable's High Street, it functions as a site of everyday social enterprise and mental health recovery. Founded by individuals with lived experience of mental health difficulties, it was developed in response to the need for accessible, non-clinical community spaces for connection and care. Drawing on the ethos of Mind in Bexley and East Kent, the cafe and well-being hub was designed to combine healthy food, creativity and peer support in an atmosphere that feels accessible and stigma-free. The founders sought to challenge boundaries between service user and provider, creating a place where care arises through shared activity and belonging rather than diagnosis or intervention (Revival, 2024). Revival is neither a clinic nor a drop-in centre but an inclusive environment that invites participation in community life. It hosts live music and vinyl DJ events, listening parties, bring and share your own music sessions, a community choir, walking and gardening groups, make-and-mend craft groups, quiz nights, a volunteer-led Mental Health Bank offering free alternative therapies, a youth cafe and peer-support sessions, as well as offering extensive volunteer opportunities, creating what participants describe as "the heartbeat of the local Whitstable community."

The research draws on 18 months of ethnographic fieldwork and digital analysis to explore how Revival supports mental health through everyday social interaction, atmosphere and creativity. Ethnographic observation captured cafe life, conversation, humour, laughter, music and companionship, while social media analysis provided insight into how visitors publicly articulated their experiences. Together, these sources offer a multi-layered understanding of how inclusion and care are generated through informal, creative and relational practices.

The study explores how music, atmosphere and participation foster well-being and belonging within a non-clinical community setting; how participants interpret and share these experiences in person and online; and how social enterprises such as Revival can inform UK policy on prevention, social prescribing and integrated community/neighbourhood care. By combining ethnographic observation with public digital narratives, the paper offers a grounded perspective on the ways well-being emerges through relationship, participation and creativity. It argues that Revival demonstrates how social enterprise can transform ordinary spaces into community infrastructures of care, complementing statutory services and advancing the broader shift towards socially integrated models of mental health support.

Background and literature review

Over the past decade, UK mental health policy has shifted from a predominantly clinical model to one recognising the social, cultural and environmental dimensions of well-being.

The NHS Long Term Plan (NHS England, 2019) positioned prevention, early intervention and community-based support at the heart of national strategy, urging a rebalancing of care around place. The emergence of Integrated Care Systems reinforced this approach by promoting collaboration across health, social care, and community sectors (King's Fund, The, 2022). Together, these frameworks highlight that mental health cannot be separated from belonging, creativity, and participation in everyday life. Parallel initiatives such as the Loneliness Strategy (HM Government, 2018) and the Creative Health agenda (APPG, 2017) embedded participation, arts and culture in public health thinking, supported by evidence linking creative and social activity with mood regulation, identity and recovery (Fancourt and Finn, 2019). Social prescribing connects individuals to community activities that foster purpose and inclusion (Bickerdike *et al.*, 2017), creating space for innovation beyond statutory provision, where social enterprises play a growing role in preventive, relational forms of support (Beresford, 2020).

Social enterprises bridge statutory and community life, offering informal, person-centred environments where well-being is supported through creativity, volunteering and mutual care (Slay and Stephens, 2013). They address care gaps by providing stigma-free, accessible alternatives to formal therapy. Cafes, hubs and arts centres act as everyday infrastructures of recovery, promoting social connection and routine as protective factors (Duff, 2016). Beresford (2020) describes this as a move from "doing for" to "doing with", redistributing agency towards lived experience. Foucault's (1980) concept of power/knowledge helps explain how, unlike in clinical systems where knowledge is professionalised, community contexts circulate knowledge through relationships and shared experience. These "other spaces", or heterotopias (Foucault, 1986), enact care relationally rather than prescriptively, with creative practices, particularly music, playing a central role.

Music has emerged as a powerful mode of creative health, supporting emotion regulation, self-esteem and social connection in conditions such as depression, anxiety and psychosis (Erkkilä *et al.*, 2011; Aalbers *et al.*, 2017). Beyond the therapy room, community-based music-making performs similar functions. DeNora (2000) describes music as an affective technology through which people shape emotion, memory and identity. Group music-making reduces stress and fosters trust through physiological and social mechanisms (Fancourt and Perkins, 2018). In community contexts, this becomes a form of "musical recovery" (Ansdell and DeNora, 2016, p. 8), where rhythm and sound sustain identity and agency. Participatory practices such as choirs, drumming circles and open-mic sessions create what DeNora (2013) calls entrainment of feeling, moments when emotion becomes shared. These experiences dissolve isolation and generate collective care, functioning as informal mental health support (Daykin *et al.*, 2018; Hesmondhalgh, 2013).

Music's impact extends beyond individual recovery, fostering collective well-being through reciprocity and belonging. Community performances and gatherings create mutual recognition, particularly for people facing exclusion (MacDonald *et al.*, 2012). Musical participation builds what DeNora (2000) calls social capital of feeling, networks of empathy and trust that buffer against loneliness and stress. The sensory predictability of music helps regulate uncertainty, a recurring theme in recovery literature (Duff, 2016; Bensimon *et al.*, 2012). In community enterprises such as Revival, live vinyl sessions and small-scale performances generate affective intensity (Hesmondhalgh, 2013), energising space and normalising emotional expression. Such practices transform cafes into micro-infrastructures of well-being that bring policy goals of prevention and inclusion into everyday life.

The same relational dynamics evident in musical participation, reciprocity, routine and shared affective experience, also underpin the role of food and hospitality in community settings, where eating together similarly cultivates belonging, recognition and emotional safety. Food and hospitality nurture inclusion through shared sensory experience. Eating together sustains identity and social bonds (Fischler, 1988; Charles and Kerr, 1988; Lupton, 1996), while giving and receiving food represent affective hospitality, care enacted through

everyday generosity. In mental health contexts, food-centred social enterprises such as cafes and community kitchens can reduce stigma, build confidence and restore dignity (Farmer *et al.*, 2018). Routine acts such as ordering, greeting or eating together generate familiarity and safety, qualities Golembiewski (2010) terms salutogenic design. Food and music together create enabling places (Duff, 2016), where ordinary hospitality becomes an infrastructure of collective well-being. Architecture and atmosphere also shape emotional safety. Historically, mental health environments conveyed surveillance and control (Parr, 2008), whereas community hubs like Revival emphasise warmth, sensory richness and co-presence. Décor, vintage furnishings, colour and musical memorabilia create recognition, contrasting with institutional neutrality. Foucault's (1986) heterotopia and DeNora's (2000) musical scaffolding conceptualise how sound, artefacts and design act as affective anchors, what Berlant (2011) calls affective infrastructures: textures of ordinary life that sustain hope and belonging. Revival thus exemplifies a therapeutic geography (Parr, 2008), where well-being arises from the co-production of place, emotion and participation.

Central to these environments is knowledge generated through lived experience. Peer support and co-production challenge hierarchies of expertise, promoting what Rose and Kalathil (2019) describe as knowledge democracy. Social enterprises enact micro-politics of care (Foucault, 1980), redistributing power through relational practice. Peer-led approaches foster agency, hope and connectedness (Repper and Perkins, 2003). At Revival, participants often move from visitors to volunteers, transforming the cafe from a service into a community where knowledge circulates through shared activity rather than professional instruction. By making lived narratives visible, Revival contributes to epistemic justice (Fricker, 2007), validating experiential knowledge as evidence. This exchange of knowledge is also an exchange of care, through stories and shared practices of coping, of survival, people generate social bonds that counter isolation. Loneliness remains a major determinant of poor mental health (Marmot *et al.*, 2020; Mental Health Foundation, 2023), and cafes such as Revival address this by cultivating connection through proximity and routine rather than formal intervention. These spaces form everyday therapeutic infrastructures where care is produced through ordinary coordination, conversation, gesture, music and hospitality, an ethic of care (Gilligan, 2011) grounded in attention and empathy. Through shared meals, music and volunteering, participants often experience what Turner (1969) termed communitas: moments of collective presence that dissolve hierarchy and restore social life. For Berlant (2011), these are the ordinary affects that sustain endurance and renewal amid uncertainty.

Across this literature, mental health and inclusion emerge not as outcomes of treatment but as relational achievements. Creative health research confirms that music and food, through their sensory and affective dimensions, play central roles in sustaining connection and trust (Fancourt and Finn, 2019). Theoretical perspectives from Foucault, DeNora and Duff emphasise how these practices create heterotopic and atmospheric spaces that reorganise care, knowledge and power. Revival exemplifies this synthesis: a social enterprise cafe and well-being hub integrating food, mood and music into a cohesive model of community inclusion. Its design and ethos align with the UK prevention agenda and the commitment of Integrated Care Systems to place-based care. Operating as a site of creativity, peer support and informal learning, Revival demonstrates how relational, sensory and cultural practices can generate collective well-being and expand the architecture of non-clinical mental health support in the UK.

Methods

Study design and approach

This qualitative, ethnographic study explored how Revival, a social enterprise cafe and wellness hub in Whitstable, UK, cultivates well-being through music, food and participation. Grounded in an interpretivist paradigm, it examined how people experience and

co-produce care in everyday, non-clinical settings. The approach drew on relational and affective theories of well-being (Duff, 2016; DeNora, 2000) and practice-based understandings of social enterprise as collective care (Beresford, 2020). Ethnography was selected for its ability to capture atmosphere, interaction, and context, the "textures" of care often absent in structured methodologies (Pink, 2015). The study combined fieldwork and qualitative analysis of public social media posts (Facebook, Instagram, X/Twitter) to provide a multi-layered view of Revival's sensory and relational environment.

Setting

Revival operates as a hybrid social enterprise, integrating a community cafe with creative and well-being activities, including art groups, peer support, volunteering and music sessions. The cafe is central to Mind in Bexley and East Kent's Food and Mood initiative, which promotes preventive, place-based approaches to mental health care. The space is intentionally non-clinical: visitors attend voluntarily, with or without referral or diagnosis. Well-being is supported through routine, creativity and relationships. The atmosphere, music, décor and conversation foster openness and inclusion. Music provides familiarity and focus; food and hospitality create safety, dignity and continuity. Staff and volunteers, many with lived experience, support a broad community of participants experiencing isolation, anxiety or disadvantage.

Data collection

Four qualitative methods were used: participant observation, interviews, narrative reflections and social media analysis.

Participant observation: Around 150 h of fieldwork were undertaken across daily operations, art and music sessions and well-being workshops. Field notes recorded interactions, emotional tone and spatial dynamics, focusing on how care circulated in practice. The researcher adopted a participatory stance, engaging in activities while maintaining reflexive notes.

Semi-structured interviews: 14 in-depth interviews with staff, volunteers and participants (aged 19–78) explored experiences of belonging, creativity and adaptation. Interviews were recorded, transcribed *verbatim*, anonymised and stored securely.

Narrative reflections: Participants provided short written reflections on their experiences, offering insight into personal meaning-making and emotional learning.

Social media analysis: Publicly available posts and comments about Revival were collected over 12 months and coded alongside field data. This enabled triangulation between lived, observed and mediated perspectives (Denzin, 2012).

Data analysis

Data were analysed thematically following Braun and Clarke's (2021) reflexive approach. Coding was inductive, guided by sensitivity to affective and relational dynamics. Analysis proceeded through three overlapping stages: familiarisation with all materials; generation of descriptive and conceptual codes (e.g. "music as connection," "care through routine"); and development of higher-order themes. Three core mechanisms were identified, relational knowledge, uncertainty as generative tension and collective intelligence of care, each representing how well-being was co-produced in the cafe. Interpretation remained iterative and dialogical: preliminary themes were discussed with staff and participants in reflective workshops for validation and refinement (Lincoln and Guba, 1985).

Research governance and ethics

Ethical approval was granted by the Mind in Bexley Research and Ethics Advisory Board (Ref: 110922R), an innovative, multi-dimensional governance body comprising lived experience experts, clinicians, safeguarding professionals and qualitative researchers. This community-embedded structure provided contextually grounded oversight, ensuring that ethical deliberation remained responsive, inclusive and aligned with real-world safeguarding pathways (Palmer, 2025). The study complied with the British Psychological Society (2021) guidelines for qualitative and community research. All participants provided informed consent after receiving written information about confidentiality, voluntary participation and the right to withdraw. Identifying details were removed, and quotations were edited only for clarity. For the social media component, only public posts were included; usernames were omitted, and additional consent was sought where contributors could be identified. Beyond procedural ethics, the study followed relational ethics (Etherington, 2007). The researcher remained alert to emotional vulnerability and power dynamics inherent in community-based research. Regular supervision with Mind's well-being leads ensured data collection remained ethically sound and emotionally safe.

Limitations

As a single-site ethnography, findings are context-specific and not statistically generalisable. Participants were self-selecting, and perspectives may reflect those already positively engaged with Revival. Although reflexivity and member checking reduced bias, the practitioner-researcher role inevitably shaped interpretation. Social media data were limited to publicly available material, yet the combined ethnographic, participatory and digital methods yielded a rich, credible account of how community well-being is enacted through relational practice.

Findings and discussion

This study explored how well-being is created and sustained in the everyday life of Revival, a social enterprise cafe and wellness hub in Whitstable, UK. As a non-clinical, peer-led environment, Revival demonstrates how community-based initiatives foster inclusion, participation and recovery. Analysis of interviews, observations and digital feedback revealed a dynamic ecology of care sustained not through formal intervention, but through everyday acts of participation, creativity and mutual care.

Three interwoven mechanisms captured this process: the formation of relational knowledge, the navigation of uncertainty and the emergence of a collective intelligence of care. These elements operated in continual motion, shaping Revival as a living eco-system of social learning and inclusion. At the foundation of this ecology was knowledge produced through relationship and shared practice. Participants often spoke of learning by "doing things together." One volunteer recalled, "You just get involved, clearing, cleaning, helping out, washing up, helping out at some of the music events [. . .] and before long, you feel part of something special." Another explained, "You just learn by being around these people, by watching, observing, listening, absorbing their kindness and joining in." A third said, "It's all about doing things together [. . .] that's how the caring happens, that's how you start to feel you belong in the community. It's a real sense of belonging [. . .] it's a very special space here" This illustrates how relational learning emerged through small acts of participation and shared activity. Such learning, through doing embodies DeNora's (2000) concept of music-in-action, knowledge that is embodied, relational and social. DeNora uses this idea to explain how music and participation co-produce meaning through everyday interaction: people learn not by observing, but by being part of a flow of activity, gesture and shared attention. In Revival, this was evident in how musical practices and social exchanges blended, tuning into others' moods, reading the room, adjusting the atmosphere, creating

an ongoing dialogue between sound, feeling and care. Music structured the cafe's social life, shaping mood, memory and conversation. As one visitor recalled, "I walked in and Love's Forever Changes was playing on the decks [. . .] it completely shifted my mood to be honest. I just stood there for a moment. I could really feel it and, I instantly felt lighter, happier and definitely better. Yes, definitely better. I was completely lost in the music for those few minutes" This moment encapsulates music-in-action in practice: emotion and environment synchronising through shared experience, transforming sound into a medium of connection and care.

This interplay between sound, space and emotion was mirrored in how participants and visitors described Revival's atmosphere. Public feedback often celebrated its vibrancy: "the happiest cafe on the high street," "a ray of sunshine," "a real cool feast to see, this." One reviewer wrote, "Everywhere you look there's something interesting to look at [. . .] the retro vibe, the music, the 70's look, the retro "Here for You" logo painted on the wall and of course the kindness, real kindness [. . .] it just lifts you." Participants echoed these sentiments through musical metaphors such as "made me want to just sing and dance again", "gives you your mojo back" or "gives you back your soul." Well-being was experienced not only through conversation but through shared affect and participation. Music at Revival operated as both catalyst and connector for care, a participatory medium through which emotion and relationship intertwined. The affective charge of music worked alongside the sensory warmth of décor, hospitality and humour, forming a multisensory language of care that visitors could immediately feel and recognise.

As relationships deepened, the line between visitor and contributor often dissolved. Customers seeking quiet or respite gradually became volunteers, event organisers, or mentors. One participant reflected, "At first I came in just for a coffee and to listen to some vinyl [. . .] then I started talking to staff and they asked if I wanted to help with the reggae fundraiser night. It gave me a new lease of life [. . .] I felt really useful again." This movement from recipient to contributor exemplifies Beresford's (2020) participatory ideology, redistributing agency within caring relationships. Staff described this fluidity as central to the cafe's ethos: "People just look out for each other here and sort of teach each other how to care [. . .] This place just gives you a big, big, hug" These peer-led exchanges, nurtured by warmth, décor and music, created what Duff (2016) calls enabling places, spaces that make emotional life public and shared. Online feedback captured this sentiment: "It's like therapy without calling it therapy [. . .] just kindness, music, and conversation." Another posted, "kindness is all over this place and kindness you know is never ever wasted". Revival's environment thus functioned as a form of pedagogy, a relational classroom where empathy and patience were continually practised.

Yet the same relationships that created safety were also tested by uncertainty. Participants spoke of, loneliness, and the lasting effects of COVID-19 and the cost-of-living crisis. One resident said, "Since Covid I've definitely had more anxiety, more worry and insecurity [. . .] here, when I say I'm struggling, people don't just rush over to fix it [. . .] they listen and let you be and then we discuss options." Rather than resisting uncertainty, Revival absorbed it as part of its routine. Support was offered through presence rather than prescription. A staff member described this as "holding the space": "Sometimes just being here, the atmosphere, the music, the ambience is enough [. . .] it just does the work." This ethos of responsiveness reflects the principle of "safety through choice and control" (SAMHSA, 2014) and aligns with Duff's (2016) notion of safe uncertainty, where openness to ambiguity fosters resilience. Music again played a central role, translating instability into shared connection. Observations captured moments when a change in tempo or a particular LP transformed the collective mood, melancholy giving way to laughter, silence to conversation. These subtle shifts embody Berlant's (2011) idea of crisis ordinariness, the everyday negotiation of instability that defines contemporary life. As one resident explained, "Music gives me a way to manage the ups and downs, music sets you free [. . .] it's medicine for the mind." Through

these moments of mutual adjustment and listening, Revival turn uncertainty itself into a shared practice of care, transforming vulnerability into connection and coherence.

From a Foucauldian perspective, Revival can be understood as a heterotopic space that reconfigures power and care through relation. Hierarchies soften, surveillance recedes, and expertise is redistributed through participation and mutual recognition. Care is enacted through connection rather than command, producing what Foucault (1980) termed counter-conduct, an alternative mode of governance in which individuals collectively shape well-being. From these exchanges emerged what participants described as a collective intelligence of care: "When someone's struggling, you just feel it the minute they walk in." This shared sensitivity echoes Gilligan's (2011) ethic of care, where moral understanding arises from attentiveness and responsiveness rather than rule or procedure. Feedback from visitors and participants reinforced this sense of safety and trust. People described Revival as "a very safe, welcoming space" where "you feel seen and heard." Others said, "It gives me purpose to get out and meet lovely friends [. . .] I feel more open, like I'm coming back to life." These expressions of recognition and renewal illustrate how Revival transforms care into a shared practice of empathy and mutual regard.

This collective sensitivity was most visible in group settings, where humour and vulnerability intertwined to create what Turner (1969) calls communitas, moments of equality and shared humanity that dissolve hierarchy. One resident described Revival on social media as "the lifeblood of the community," while another noted, "We look after each other here [. . .] we look after people by being here, simply noticing them." The weekly Chatty Tuesday, embodied this ethos. As part of the national Chatty Cafe Scheme designed to reduce loneliness, it invited anyone to sit at any table and start a conversation. In practice, it became a ritual of openness, an invitation to connection without expectation. As one regular reflected, "It's not just what happens here, it's just how it feels here [. . .] like everyone's part of something that matters." Such scenes illustrate Duff's (2016) notion of therapeutic assemblage, where well-being arises through the adaptive interplay of people, place and atmosphere. Each small act, a shared table, a brief exchange, a song, compounded the next, forming a feedback loop of trust and inclusion that shaped a collective culture of relational well-being.

This culture gave Revival its distinctive character: a space where music, conversation and mutual recognition coalesced into a tangible practice of recovery. Revival can thus be understood as a microcosm of community-based mental health support. Relational knowledge established trust; uncertainty generated adaptability; and collective intelligence transformed these exchanges into a sustainable practice of recovery. As one participant reflected, "You can't separate the caring from the learning here. The more we care, the more we understand [. . .] the more we all cope and support each other." In this sense, Revival exemplifies how prevention, integration and inclusion, the aims of national policy, can be realised locally through creative and participatory practice. It embodies relational governance, a collective organisation in which power circulates through connection rather than control. Revival enacts Foucault's (1986) heterotopia not as abstraction but as lived experience, a counter-space where care, creativity, and community converge. Ultimately, well-being is revealed not as the absence of distress but as the presence of coherence, meaning and connection.

These insights align closely with NHS and Integrated Care System reforms emphasising social determinants of health and the value of local (neighbourhood), non-clinical prevention (NHS England, 2019; King's Fund, The, 2022). Revival translates these frameworks into lived experience, showing how warmth, design, music and conversation can operate as public health interventions. It exemplifies Berlant's (2011) idea of affective infrastructure, the ordinary materials through which belonging is made possible. By valuing lived experience as knowledge, Revival challenges hierarchies of expertise, enacting Fricker's (2007) concept of epistemic justice and recovery principles that centre peer learning and reciprocity (Repper and Perkins, 2003).

These findings suggest broader implications for policy and inclusion: investment in non-clinical environments such as cafes, arts hubs and libraries; recognition of creativity as care; embedding of peer leadership; and integration between clinical and community sectors. Evaluation methods should also evolve to capture atmosphere and emotional resonance through ethnographic and participatory approaches. Although based on a single site, these insights are transferable. Future research might explore how community enterprises cultivate similar relational forms of recovery and how digital participation extends them beyond place. Revival illustrates that innovation in mental health lies not in technology or new institutions but in reimagining the ordinary. By aligning music, food and social participation within an ethos of care, it redistributes expertise from professionals to communities. As Foucault (1986) observed, heterotopias reveal alternative ways of living within existing systems. Revival is one such heterotopia: a relational, inclusive model of care that renders well-being tangible and shared. It reminds us that prevention begins not with risk management but with belonging, and that, like music, care is both art and relation, an improvisation communities already know how to play.

Conclusion

This study has explored how well-being and inclusion are generated within a community social enterprise, using the Revival Cafe and Wellness Hub as a case example. Drawing on ethnographic and digital methods, it has shown that recovery and connection can emerge not from formal intervention but from the relational, sensory and creative dynamics of everyday life. Music, food and hospitality act as affective infrastructures, mechanisms through which people regulate emotion, build trust and learn to live with uncertainty together.

Theoretically, the research contributes to an expanding body of work on creative and relational approaches to mental health. It extends Duff's (2016) concept of atmospheres of recovery and Foucault's (1986) notion of heterotopia by demonstrating how non-clinical community spaces operate as micro-systems of adaptive intelligence. It also affirms the value of lived experience and peer participation as sources of epistemic innovation, aligning with the participatory ethos embedded in UK Health and Social Policy. Practically, the study offers a grounded model of prevention and inclusion in action. Revival's integration of culture, care and enterprise demonstrates that social spaces can complement statutory provision by addressing loneliness, stigma and emotional precarity through participation and creativity. As the NHS and Integrated Care Systems invest in "place-based" models of care, initiatives like Revival show how policy goals can be realised locally, through relationships, routine and shared practice rather than solely through programmes or metrics.

Limitations remain: the study was small-scale and context-specific, and further comparative research is needed to examine how similar approaches operate across diverse communities. Yet its findings suggest that meaningful innovation in mental health may depend less on new services than on reimagining the existing spaces and practices of care itself. Revival stands as a reminder that when care is enacted through everyday creativity, listening, sharing and making, communities can generate their own forms of healing, connection and knowledge.

Acknowledgements

The authors wishes to acknowledge the staff, and community members of and the team at Revival Food & Mood, for their commitment to ethical governance, participatory innovation and reflective learning.

Funding statement

This research received no external funding. The work was supported internally by Mind in Bexley and East Kent as part of its organisational research and development activities.

References

Aalbers, S., Fusar-Poli, L., Freeman, R.E., Spreen, M., Ket, J.C.F., Vink, A.C., Maratos, A., Crawford, M. and Gold, C. (2017), "Music therapy for depression", *Cochrane Database of Systematic Reviews*, Vol. 2017 No. 11, p. CD004517, doi: 10.1002/14651858.CD004517.pub3.

Ansdell, G., and DeNora, T. (2016), *Musical Pathways in Recovery: Community Music Therapy and Mental Well-Being*, Routledge, London.

APPG (2017), *Creative Health: The Arts for Health and Wellbeing*, All-Party Parliamentary Group on Arts, Health and Wellbeing, London.

Bensimon, M., Amir, D. and Wolf, Y. (2012), "A pendulum between trauma and life: group music therapy with post-traumatized soldiers", *The Arts in Psychotherapy*, Vol. 39 No. 5, pp. 351-359.

Beresford, P. (2020), *Participatory Ideology: From Exclusion to Inclusion in the Struggle for Disability Rights and Mental Health*, Policy Press, Bristol.

Berlant, L. (2011), *Cruel Optimism*, Duke University Press, Durham, NC.

Bickerdike, L., Booth, A., Wilson, P.M., Farley, K. and Wright, K. (2017), "Social prescribing: less rhetoric and more reality. A systematic review of the evidence", *BMJ Open*, Vol. 7 No. 4, p. e013384, doi: 10.1136/bmjopen-2016-013384.

British Psychological Society (2021), *Code of Human Research Ethics*, (4th ed.), British Psychological Society, Leicester.

Charles, N. and Kerr, M. (1988), *Women, Food and Families*, Manchester University Press, Manchester.

Daykin, N., Mansfield, L., Meads, C., Julier, G., Tomlinson, A., Payne, A., D'Innocenzo, G., Burnett, A., Kay, T., Dolan, P., Testoni, S. and Victor, C. (2018), "What works for wellbeing? A systematic review of wellbeing outcomes for music and singing in adults", *Perspectives in Public Health*, Vol. 138 No. 1, pp. 39-46, doi: 10.1177/1757913917740391.

DeNora, T. (2000), *Music in Everyday Life*, Cambridge University Press, Cambridge.

DeNora, T. (2013), *Music Asylums: Wellbeing through Music in Everyday Life*, Routledge, London.

Denzin, N.K. (2012), "Triangulation 2.0", *Journal of Mixed Methods Research*, Vol. 6 No. 2, pp. 80-88.

Duff, C. (2016), *Atmospheres of Recovery: Assemblages of Health*, Ashgate, Farnham.

Erkkilä, J., Punkanen, M., Fachner, J., Ala-Ruona, E., Pöntiö, I., Tervaniemi, M., Vanhala, M. and Gold, C. (2011), "Individual music therapy for depression: randomised controlled trial", *British Journal of Psychiatry*, Vol. 199 No. 2, pp. 132-139, doi: 10.1192/bjp.bp.110.085431.

Etherington, K. (2007), "Ethical research in reflexive relationships", *Qualitative Inquiry*, Vol. 13 No. 5, pp. 599-616, doi: 10.1177/1077800407301175.

Fancourt, D. and Finn, S. (2019), *What Is the Evidence on the Role of the Arts in Improving Health and Well-Being? A Scoping Review*, World Health Organization, Copenhagen.

Fancourt, D. and Perkins, R. (2018), "The effect of singing interventions on symptoms of postnatal depression: a three-arm randomised controlled trial", *The British Journal of Psychiatry*, Vol. 212 No. 2, pp. 119-121, doi: 10.1192/bjp.2017.29.

Farmer, N., Touchton-Leonard, K. and Ross, A. (2018), "Psychosocial benefits of cooking interventions: a systematic review", *Health Education & Behavior*, Vol. 45 No. 2, pp. 167-180, doi: 10.1177/1090198117736352.

Fischler, C. (1988), "Food, self and identity", *Social Science Information*, Vol. 27 No. 2, pp. 275-292, doi: 10.1177/053901888027002005.

Foucault, M. (1980), *Power/Knowledge: Selected Interviews and Other Writings 1972–1977*, Pantheon, New York, NY.

Foucault, M. (1986), "Of other spaces", *Diacritics*, Vol. 16 No. 1, pp. 22-27. doi: 10.2307/464648.

Fricker, M. (2007), *Epistemic Injustice: Power and the Ethics of Knowing*, Oxford University Press, Oxford.

Gilligan, C. (2011), *Joining the Resistance*, Polity Press, Cambridge.

Golembiewski, J.A. (2010), "Start making sense: applying a salutogenic model to architectural design for psychiatric care", *Facilities*, Vol. 28 Nos 3-4, pp. 100-117, doi: 10.1108/02632771011023096.

Hesmondhalgh, D. (2013), *Why Music Matters*, Wiley-Blackwell, Oxford.

HM Government (2018), *A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change*, Department for Digital, Culture, Media and Sport, London.

King's Fund, The (2022), *Integrated Care Systems Explained: Making Sense of Systems, Places and Neighbourhoods*, The King's Fund, London.

Lincoln, Y.S., and Guba, E.G. (1985), Naturalistic Inquiry, SAGE Publications, Beverly Hills, CA.

Lupton, D. (1996), *Food, the Body and the Self*, Sage, London.

MacDonald, R., Kreutz, G. and Mitchell, L. (Eds) (2012), *Music, Health and Wellbeing*, Oxford University Press, Oxford.

Marmot, M., Allen, J., Boyce, T., Goldblatt, P. and Morrison, J. (2020), *Health Equity in England: The Marmot Review 10 Years On*, Institute of Health Equity, London.

Mental Health Foundation (2023), *Uncertain Times: Anxiety in the UK and How to Tackle It*, Mental Health Foundation, London.

NHS England (2019), *The NHS Long Term Plan*, NHS England, London.

Palmer, D. (2025), "Grounding ethical governance: co-produced, community-based research ethics in qualitative and oral history practice with vulnerable groups", *Research Ethics*, doi: 10.1177/17470161251388131.

Parr, H. (2008), *Mental Health and Social Space: Towards Inclusionary Geographies*?, Wiley-Blackwell, Oxford.

Pink, S. (2015), Doing Sensory Ethnography, *2*nd ed.SAGE Publications, London.

Repper, J. and Perkins, R. (2003), *Social Inclusion and Recovery: A Model for Mental Health Practice*, Baillière Tindall, Edinburgh.

Revival (2024), *Revival Cafe and Wellness Hub: In-House Impact Report 2024*, Revival, Whitstable.

Rose, D. and Kalathil, J. (2019), "Power, privilege and knowledge: the untenable promise of co-production in mental 'health'", *Frontiers in Sociology*, Vol. 4, p. 57, doi: 10.3389/fsoc.2019.00057.

SAMHSA (2014), *Samhsa's Concept of Trauma and Guidance for a Trauma-Informed Approach*, Substance Abuse and Mental Health Services Administration, Rockville, MD.

Slay, J. and Stephens, L. (2013), *Co-Production in Mental Health: A Literature Review*, New Economics Foundation, London.

Turner, V. (1969), *The Ritual Process: Structure and Anti-Structure*, Aldine Publishing, Chicago, IL.

Corresponding author

David Anthony Palmer can be contacted at: dpalmer@mindinbexley.org.uk