



Research article

Arts, therapy, and health: Three stakeholder viewpoints related to young people's mental health and wellbeing in Australia



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ARTICLE INFO

Article history:

Received 8 March 2016
 Received in revised form 16 May 2016
 Accepted 18 May 2016
 Available online 25 May 2016

Keywords:

Art therapy
 Arts and health
 Community cultural development
 Youth-specific mental health services
 Headspace
 Australian context

ABSTRACT

What is the role of the arts in healthcare related to young people's mental health and wellbeing? How do we understand the interconnections of art, therapy and health and describe the projected benefits for young people's mental health and wellbeing? Responding to these questions, this paper describes a youth arts project and research. Three stakeholder viewpoints, the artists, health workers and young people, are examined to draw out explanations and understandings of art, therapy, and health related to young people's mental health in an Australian context. A synthesis of arts and health methodologies were used, including thematic analysis of interviews with participants. This paper investigates the ways in which participant descriptions entwined and blurred ideas and possibilities of practice across the art, therapy and health nexus. These viewpoints add up to much more than each one can offer in singularity. They reveal expanded perspectives with which to consider scope of practice, discipline boundaries, and research gaps pertaining to the role of the arts in youth-specific mental health services.

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1. Introduction

This paper describes a youth arts project and research in which young people's improved mental health wellbeing and mental health literacy were the focused outcomes. The project combined traditional & digital arts activities to deliver education, new skills and greater opportunities for creative expression supporting young people facing mental health challenges. The goals of the project were to demonstrate the benefits of art participation for young people aged 16–25 accessing youth-specific mental health services; and to build on and expand ways of thinking about art and mental illness.

As a practicing arts and health worker, and researcher I am frequently challenged by borderlines emergent in my practice associated with the way that people entangle interpretations of art, therapy and health. As a visual artist I have facilitated and managed a range of projects that engaged art as a potential for individual health and wellbeing and more broadly as a mechanism for social and community change. I am not an art therapist, but the work I do is often referred to as art therapy by participants and health workers. My practice is oriented towards creative activism, yet rarely are activist approaches considered healing or beneficial for health, though nascent literature suggests social activism is a necessary

goal for art therapy (Kaplan, 2007). My view of the art, therapy and health nexus is embedded in a developmental ecological perspective (Bronfenbrenner, 1977). My professional and scholarly practice is underpinned by cultural sociology emergent in symbolic interactionism (Stryker, 2001; Bourdieu, 1984) and institutionalisation and alterity (Foucault, 1965; Goffman, 1961).

As an arts and health practitioner I am well aware of various discipline distinctions used to describe and delineate training, accreditation, scope of practice and professional identities. Within these distinctions one can imagine the role of art along a continuum of nested intersections and inverse limits. Nevertheless it is my experience that the intersections and outcomes of art, therapy and health defy neat explanations, nor can the aims and intentions be limited to specific discipline determinations. It is my experience that the role of art in healthcare, rather exemplifies insights within and across knowledges which can point to combinations and practices that have possibly, not yet, been understood.

In an attempt to disentangle the intersections of art, therapy and health, in this paper I explore the perspectives of stakeholders in the youth arts project to reflect on their descriptions that conceptualise the interconnections of art, therapy and health. The ways in which the artists, health workers and young people described art, therapy and health entwined and blurred ideas and reveal dynamic understandings. This article aims to unpack these perspectives as they relate to the role of the arts in healthcare related to young people's mental health and wellbeing in Australia. The first part of

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this paper will therefore briefly outline conceptual underpinnings that shape the objectives and scope of practice of art, therapy and health, from an Australian context.

1.1. Health and creative wellbeing

The arts, therapy and health nexus, in the first instance, characterises multidisciplinary perspectives and collaborative approaches crucial to holistic understandings of health and solving complex ill-health determinants. How we understand health and health care is of central concern when considering the arts, therapy and health nexus. The full depth and breadth of health and health care in Australia is beyond the scope of this article hence, here I focus on current frameworks related to young peoples' mental health and care in Australia.

1.2. Young peoples mental health and health care in Australia

The health and wellbeing of young people are understood to shape the future health of the whole Australian population (Australian Institute of Health and Welfare [AIHW], 2011, p. 1). Understandings of the determinants of young peoples' health, in Australia, incorporate risk and protective factors, socioeconomic factors, family and community environments and health system performance (AIHW, 2011). As such, health is depicted as a holistic contextual concept arranged in the larger scheme of fundamental life goals. These determinants of young peoples' health encapsulate socially and intersubjectively maintained phenomenon in which the prevention of ill health is important for the social, emotional and cultural well being of the whole community (AIHW, 2014). This ontology of health points to the need to address health issues by facilitating social responses and targeting broad social determinates.

A leading cause of health-related burden for people under the age of 25 years are mental health problems (Scott, Hermens, Glozier, Naismith, Guastella, & Hickie, 2012). Despite clear evidence that most serious mental health conditions emerge during adolescences (McGorry, Goldstone, Parker, Rickwood, & Hickie, 2014), recent data indicates low rates of help-seeking by young people, less than optimum youth mental health literacy and poor investment in youth focused mental health care and prevention and early intervention strategies (Lawrence et al., 2015). Public health funding in Australia has however, traditionally supported hospital-centric approaches that for the most part concentrate on mental health care in adulthood (McGorry et al., 2014). To address the high rate of mental illness among young Australians and poor service access, the National Mental Health Commission (2014) called for better government investment in and integration of youth-specific mental health services; and for programs and initiatives that promote prevention and early intervention specifically focused on young people's health and wellbeing.

1.3. Investment in youth-specific mental health services: recent directions

In 2006, *headspace* National Youth Mental Health Foundation was established as a youth-specific response to promote and facilitate improvements in the mental health, social wellbeing and economic participation of young people aged 12–25. *headspace* National Youth Mental Health Foundation is currently the Australian government's most targeted investment and response to the burden of youth mental health problems (Rickwood, Van Dyke, & Telford, 2015). Since founding the first communities of youth mental health service in 2007, 55 Centre's have opened nationally (Rickwood et al., 2015). Essential elements of a *headspace* centre include creating a youth friendly environment and engaging

high youth participation. This newly established youth service is an important and evolving investment for youth mental health and wellbeing. In an evaluation of the service activities of the established *headspace* centres, displaying art by young people was the most typical reported activity intended to maintain or increase youth friendliness and achieve a youth friendly environment (Rickwood et al., 2015). How the display of art by young people achieved youth friendliness in the centres has not specifically been described or examined. Therefore, a goal of the research reported in this paper was to expand knowledge of art participation for young people aged 16–25 in two *headspace* centres.

1.4. The arts, therapy and health nexus in Australia

A range of diverse philosophical and theoretical considerations underpin the role of art in healthcare in Australia. Arts, therapy and health initiatives have been described within numerous distinct areas of practice including art in health care design; art programs in health care services; art therapy; community-based/participatory arts and health promotion; and arts and humanities in health professional education (Putland, 2012). Aboriginal and Torres Strait Islander perspectives of the arts as inter-relational and inextricably tied to mental health and physical, cultural, and spiritual health are increasingly incorporated into discourse and understandings at the arts, therapy and health nexus in Australia (Ware, 2014; Fredericks, CroftWarcon, Butler, & Butler, 2014; Sonn & Quayle, 2013; Sayer-Jones, 2011; Linnell, 2010). Such contextual definitions are shifting inward looking or siloed descriptions of arts, therapy and health and embrace a sense of collective identity, place and belonging.

Comprising themes of reclamation, recovery, resilience, social action, participation and collaborative activities, many arts and health initiatives have developed through close association with the community arts and community cultural development (CCD) movements in which the arts are used to highlight issues relevant to that group (Wreford, 2010; Clifford & Kaspari, 2003). The philosophy and practices of CCD are grounded in cultural democracy and the right of all Australians to have access to the arts. 'The architect of community arts in Australia', Ros Bower (1923–1980), advocated for access to artistic practice as a fundamental right (Price, 2005). She sought bi-partisan political support at the federal level and shaped fundamental understanding of the arts as enabling activity applied to human potential (Hughes, Wyatt, Kelsey-Sugg & Lis, n.d).

Developing alongside this association, the definition and scope of art as therapy in Australia has concentrated on legitimising education and professional associations based on psychoanalytic or psychodynamic principles within a postcolonial context (Westwood, 2013). The first Australian art therapy masters program was established in 1992. Principles of art therapy are largely informed by Euro-American thinking about psychological interventions linked to clinical models of working (Talwar, Iyer, & Doby-Copeland, 2004; Campanelli & Kaplan, 1996). An underlying principle of art as therapy is the importance of the creative processes within a healing relationship. In Australia, the philosophy and practice of art therapy are overwhelmingly understood from a health and medical perspective (Kelly, 2015). Australian art therapists have described praxis as 'an embodied, discursive and relational practice in which subject and object, are always already entangled in an explicitly ethical dimension' (Linnell, 2014, p. 1).

A growing body of research is examining the potential and impact of art, therapy and health initiatives with young people in Australia to expand appreciation of the value and benefits of art initiatives for health and wellbeing. Studies such as, Kelly's (2015) investigation of art therapy with young people in schools; and Davies, Knuiman, Wright, and Rosenberg's (2014), study of the health-arts relationship to develop a framework to under-

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