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Effects of classroom-based creative expression programmes on children's well-being

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ABSTRACT

Schools are in a unique position to offer mental health support adapted to the needs and to the varying situations of children. One way to reach a wide number of children for mental healthcare interventions is through classroom-based programmes. While several instances of creative arts therapies school projects are found in the literature, no critical review of classroom-based creative expression programmes exists to date. Following a review of scientific publications, 19 articles referring to 8 different programmes were identified and examined in order to explore what are the effects of classroom-based creative expression interventions on children's mental health. Overall, the results indicate that programmes containing a major component of creative expression can be beneficial to children but this needs to be considered with moderation. On one hand, significant improvement was found in hope, coping and resiliency, prosocial behaviours, self-esteem, impairment, emotional and behavioural problems (especially aggressive behaviours), construction of meaning and PTSD scores. On the other hand, some studies also reported no significant change in prosocial behaviours, self-esteem, emotional and behavioural problems, coping and resiliency of adolescent boys and PTSD (for a lack of a targeted intervention). These mixed results raise important questions that need to be addressed in future research.

In May 2012, the World Health Assembly adopted a resolution urging its members to allocate sufficient resources to mental healthcare with the added proposition of coordinating efforts between health and social sectors (Sixty-fifth World Health Assembly, 2012). This highlights an important point concerning the provision of mental health support to the world population, namely that health and social agencies need to work together in order to offer the best mental health services possible. Still, barriers to access mental healthcare do exist. When considering the most common obstacles both in high-income and low-income settings, the World Health Organization pinpointed to a lack of resources, difficulties in transportation and a fear of stigmatization (2003). Following this observation, it appears that a third actor needs to be included in the organization of mental health services rendered to children: schools. For families for whom access to these services is difficult and/or embarrassing, schools can be a more financially and geographically accessible service site as well as a non-stigmatizing gateway to such support (Pumariega, Rogers, & Rothe, 2005).

Literature review

School-based interventions

While the most vulnerable and disadvantaged children would benefit from mental health services delivered in educational settings, such support is not always offered to them. For instance, according to a review of school-based mental health and behavioural programmes conducted by Farahmand, Grant, Polo and Duffy (2011), few effective programmes do exist that are designed especially for low-income urban youth. Indeed, several of the school-based assessed interventions are intended for immigrant and refugee children. This could be explained by the fact that this population's utilization rate of mental healthcare is usually low (DesMeules, Gold, Payne, & Vissandjée, 2004), making refugee and immigrant children hard to reach in typical clinical settings. Having access to mental health professionals inside the school grounds is thus an alternative that needs to be considered when wanting to get to the most vulnerable.

Community-wide traumatic events can also call for mental health services offered in school settings, where access to such support can be more convenient for those in need. When a disaster strikes, for example, typical intervention channels or infrastructures might be weakened, even destroyed. In circumstances like

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these, it might be more efficient to arrange mental health interventions in schools where more children can be reached (Salloum & Overstreet, 2008). This is exemplified by a study that compared an in-school group intervention with a parent and child treatment at a mental health clinic. The authors found that both treatment were effective in reducing post-traumatic and depressive symptoms, but that the in-school group intervention was more convenient according to parents (Jaycox et al., 2010). Likewise, schools also seem to be an accommodating location for receiving mental health support in ongoing-war countries. This is shown by a programme for war-affected children in Sierra Leone which combined basic education with activities targeted at healing trauma to decrease intrusion and arousal symptoms (Gupta & Zimmer, 2008). Providing mental health interventions in school settings might be a sustainable alternative during crises and this has also been proven to work in non-crisis situations (Essau, Conradt, Sasagawa, & Ollendick, 2012).

Offering mental health services in educational institutions can take multiple forms. One of the most common consists of having a mental health worker available for consultation on-site (Brindis et al., 2003). There is positive evidence that this can work, as is shown by a study which documented an improvement in emotional and behavioural problems for refugee children, especially in what related to hyperactivity and peer problems (Fazel, Doll, & Stein, 2009). Encouraging outcomes were also found in a research conducted in an inner-city neighbourhood in London, inhabited mainly by immigrants and refugees. Worthly of note, the mental health professional was not the only one involved in the intervention but teachers, children and their relatives also participated (O'Shea, Hodes, Down, & Bramley, 2000). This shows how an ecosystemic approach to school-based counselling can be one effective way of addressing mental health problem prevention and/or treatment.

Another means of offering mental health support in school settings is through group interventions. On one hand, these can be held outside of the classroom, either during school hours (Woods & Jose, 2011) or as an extracurricular activity (Qouta, Palosaari, Diab, & Punamäki, 2012). On the other hand, some group interventions can take place directly within the classroom. For instance, several publications of classroom-based PTSD programmes are found in the literature. These are generally referred to as universal because all children in the class are targeted by the intervention no matter what their level of symptomatology is (Persson & Rousseau, 2009). Some examples of universal PTSD interventions in classrooms are directed towards children who were being witness or victim of violence in Los Angeles, USA (cognitive-behavioural therapy: Stein et al., 2003) or exposed to terrorist attacks in Israel (psychoeducation: Gelkopf & Berger, 2009; stress inoculation technique: Wolmer, Hamiel, & Laor, 2011). Their aim was to prevent the development of PTSD after trauma exposure or alleviate its negative effects. Classroom-based interventions targeting children's emotional and behavioural problems are also frequently mentioned in the literature (Hong, Yufeng, Agho, & Jacobs, 2011; Vo, Sutherland, & Conroy, 2012). Like is shown by these preceding examples, intervening directly in the classroom permit to address a variety of problems through different types of interventions.

Creative expression interventions

Creative arts therapies are increasingly being recognized for their efficacy and uniqueness in the mental health field. For a number of years, art therapy services have been offered in schools either as individual or group interventions. In the late 1970s, the Miami-Dade County Public Schools (United States) introduced art therapy as a mental healthcare in-school service for children with autism, cognitive or emotional problems, and for children with physical disabilities. The programme has been widely expanded since (Isis, Bush, Siegel, & Ventura, 2010). This successful example of school art therapy shows how this type of mental health interventions can be institutionalized. However, most creative expression mental health programmes are conducted in an isolated manner, some being previously evaluated while others are not. Rigorous scientific evaluation of such programmes in school settings is thus needed and the situation is urging.

Although not all school-based creative expression programmes are comparable in terms of quality, some are worth mentioning here and are intended for children with specific challenges. In one school in the United Kingdom, dance was introduced into the curriculum of children with profound and multiple learning difficulties. Despite the fact that the results from the post-project evaluation were not conclusive, the impact of the project was real as the school decided to provide dance interventions to all children attending its facilities (Lamond, 2010). Eighth-grade students at-risk of not transitioning well to high school also benefited from group art therapy as positive changes in increased coping skills and a diminution of disruptive behaviours were signalled in a publication by Spier (2010). In another research project, drama group therapy was compared with curriculum studies in terms of their efficiency in reducing behavioural and emotional problems of primary, middle and comprehensive school children. Significant effects were found in both intervention groups, though the changes in the drama intervention seemed to occur faster (McArdle et al., 2002). These projects are examples of what creative arts therapies can do in a school setting to positively impact learning, behavioural and emotional problems of school-age children.

Creative expression can also be used as a preventive tool to enhance the mental health of children in school. As a matter of fact, musical expression was employed to express emotional states and aggressive tensions in order to prevent violence from developing and/or escalating in a German school (Nöcker-Ribaupierre & Wölfl, 2010). Similarly, an after-school programme for girls, *Art from the Heart*, sought to facilitate positive connections between participants (Sassen, Spencer, & Curtin, 2005). Unfortunately, both projects were offered only to a few selected students, while most children in the school could probably have benefited from these preventive interventions.

One way to reach a greater number of children with creative expression programmes while not having to offer them to the entire school population is through delivering interventions to classrooms. To date, no literature review of classroom-based creative expression programmes has been published. The objective of this paper was thus to identify classroom-based creative expression programmes through a survey of the scientific literature and consequently to explore the effects of such interventions on the mental health of children.

Method

Search

In May 2012, a search was run through academic databases in order to identify relevant literature. Databases selected for this study were ERIC (ProQuest), FRANCIS (ProQuest), MEDLINE (Ovid), OmniFile Full Text Mega (EBSCO)(H.W. Wilson)(XML) and PsycINFO (Ovid). These are the main databases used in the field of psychology and/or education. Multi-databases searches were completed using different combinations of the following keywords: youth, child*, ado*, kid*, "mental health", "well-being", school*, classroom*, arts, "art therap*", and creativ*.