A culture shift is needed to include art therapy in the clinical treatment of mental health issues

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Biography:

Eileen Jenkins, a transpersonal art therapist based in Sydney, has a private practice where her main areas of interest are helping adults with mental health issues and underprivileged people in shelters. She is also associated with East Sydney Doctors, a general practice in Darlinghurst, Sydney.

Dr Wei-May Su, is an academic GP and supervisor, Academic Lead (GP), at HETI Higher Education, Australia. She is co-author of the Royal Australian College of General Practice (RACGP) Guideline of Abuse and Violence (White Book) and is Chair of the RACGP Abuse and Violence in Families Specific Interest Group.

Abstract

Art Therapy is a person-centred, creative mode of therapy which is an excellent option for people with mental health issues. Importantly, it lessens the re-traumatising of clients.¹

People have a choice to engage in this therapy. Including art therapy in clinical treatments would be a means of gaining insight into clients' mental health concerns and the means to heal them.

From the literature review, art therapy shows great promise as a treatment for post-traumatic stress disorder (PTSD), terminal illness, sexual abuse, imprisonment, identity issues, and traumatic events. It is seen in a systemic review by Schouten, et al² that "there is an evidence base for the urgent need for further research on art therapy and trauma work."

People have the right to explore their issues in a creative way, alongside more clinical approaches. It would be valuable if people have access to the benefits of art therapy, from when they first need it, and that it is used in multidisciplinary settings where clinicians reinforce its benefits and encourage their clients to pursue it. This culture shift would be a practical way to help clinicians meet the needs of the whole person.

Learning Objectives

Participants will be able to recognise clients who would benefit from art therapy and describe how art therapy can be used as an adjunct to clinical care. Clinicians, allied health and community with lived experience will enhance their capacity to improve mental health.

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A multidisciplinary approach is required when treating people with mental health issues. The fact that art therapy is not automatically included as a treatment option is unfortunate. There needs to be a change in attitude towards art therapy. Art can be used as a diversional therapy involving leisure and recreational experiences. However, art therapy is more than this. It adds a reflective, self-introspective quality making it specifically therapeutic.

Art therapy is an under-recognised and under-researched area. There are studies that have shown that it is effective in the mental health arena. For example, the primary outcome of a 6-week study of a combination of art psychotherapy and pharmacotherapy with people with moderate to severe major depressive disorder (MDD) "indicated that art psychotherapy significantly decreased depressive symptoms in patients who received the combined treatment compared with those who received pharmacotherapy alone" (Lee et al 2022). A pilot study in 2020 found that combining trauma-informed art and play therapy and cognitive behaviour therapy (CBT) held "promise as a method for trauma-focused treatment for children and mothers exposed to intimate partner violence (IPV)" (Woollett et al 2020).

Studies suggest that art therapy can also be utilised to improve symptoms of anxiety (Abbing et al 2018), PTSD (Gantt & Tinnin 2009), (Morrissey 2013), terminal illness (Burke 2017), trauma (Schouten et al 2013), (Schouten et al 2018), (Eisenbach et al 2014), teen identity development (Kelemen, Liat 2022), incarceration (Erickson 2008), sexual abuse and domestic violence (Woollett et al 2020).

More rigorous research into the efficacy of art therapy with larger sample sizes and control groups is needed. It should be done as a matter of priority to aid mental health consumers, their families, and clinicians.

Art therapists are trained professionals who work with people experiencing emotional, behavioural, or mental health problems. They are trained to hold space for strong emotions and are aware of their duty of care. There is often a financial constraint in accessing art therapy as no rebate is available. Art therapists work with all ages and in a range of settings including hospitals, mental health clinics, community centres, schools, and private practice.

Mental health issues can strike anyone, at any time and for various lengths of time and severity. A person needs to have access to relevant therapeutic help from when it's first needed. Having a choice is important, as people benefit from some treatments more than others and need an element of autonomy for their best outcomes. The choice of art therapy, especially in the initial onset of mental health issues, would be more available to them if clinicians were to reinforce its benefits and encourage people to pursue it, or at least offer it as an option. Art therapy is an

important way for people to express and process their thoughts, emotions, and experiences, and gives great insight into their mental health issues and the means to treat them.

Art therapy offers valuable insights that can enhance treatment planning by providing added perspective to other clinicians. This can lead to more customised and effective patient treatment plans that address individual needs and goals. In addition, art therapy can complement traditional therapy approaches, such as cognitive behavioural therapy (CBT), eye movement desensitisation and reprogramming (EMDR), or medication management. Offering art therapy as an option offers a more comprehensive and holistic treatment approach. Art therapy can also help people address underlying trauma or emotions that they may not be able to verbalise, making it especially useful for those struggling with complex emotional issues, including trauma. Lastly, visual imagery can be a powerful tool for communication, allowing patients to express themselves and revisit their progress over time. This can be more effective than having people repeatedly tell their stories, potentially re-traumatising them, and can be a more tolerable mechanism for achieving insight.

Art therapy provides clinicians with a unique way to understand the person's situation and issues. In the example of the person with a diagnosis of bipolar affective disorder, they described themselves initially as a jumble of two colours meaning they were manic and depressive as a way of being. Seeing that as their identity. Reflecting on this image, they were able to distinguish a body and attach a backpack. This felt very comforting to them as they could carry it with them with anything inside that they needed to handle the illness. Once they had this realisation they put the backpack on the ground and felt they could be free of the illness when it wasn't active, and pick up the backpack again when a new episode of the illness occurs. They were able to see their identity as 'a person with an illness', rather than 'an ill person'.

The adoption of art therapy as a legitimate therapy in a multidisciplinary setting would be invaluable to clinicians, consumers, and consumers' families. The way forward is for clinicians to become knowledgeable and supportive of art therapy as a legitimate therapy; motivate colleagues to include it in multidisciplinary teams; reinforce with consumers and their families that it can be an important approach to their healing; and appreciate that art therapy is therapeutic rather than simply diversional.

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