

Arts Therapies

Art, Dance Movement, Drama and Music Therapy

Hitting The HEAT Targets



Dr Vicky Karkou, Senior Lecturer,
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Edinburgh, Scotland for
The Scottish Arts Therapies Forum 2010



Supported by the following Professional Bodies



Opening Statements

As AHP Programme Director at NHS Education for Scotland I am pleased to have supported the Arts Therapists in using the NES Skills Maximisation Toolkit to help consider where and how arts therapists could be making a more effective contribution to the provision of services for people experiencing mental health difficulties. The Skills Maximisation Toolkit was prepared to help AHPs to maximise their contribution to the patient journey. The limited availability of arts therapies to people accessing mental health services in Scotland and the particularly rare opportunity for early referral to the services is a clear example where there is much greater scope for AHP involvement than is currently provided by NHS Boards across Scotland.

I hope this report and the ongoing link with the arts therapists across Scotland helps to support the development of the wide ranging benefits that access the art, dance, drama and music therapy can offer.

Best wishes

Helen McFarlane,

AHP Director at NHS Education for Scotland (NES)

NHS Quality Improvement Scotland supports NHS practitioners to improve the quality of patient care. This is an ongoing and continuous cycle of providing advice and guidance on effective clinical practice, and supporting practice development through sharing and promoting best practice.

As a result of this, NHS QIS has developed national practice development networks for AHPs. The Arts Therapies Practice Development Network is one of these networks and Dr Vicky Karkou has been the Chair. We were pleased to support this Practice Development Network to hold a day event for the Arts Therapists to meet, network and share best practice through the excellent presentations and seminars held. This report references these presentations in Appendix 2 as abstracts.

We all know that practice development is about being clinically effective and improving our practice for the benefit of those using our services. This report has an ambitious aim to raise the profile and practice of the Arts Therapies and for future recognition in untapped potential.

Claire Tester

Practice Development Professional Officer for AHPs

NHS Quality Improvement Scotland

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Executive Summary

This report has been produced as a result of a two-day event (13 and 14 March 2009) at Surgeon's Hall attended by a team of Arts Therapists from across Scotland, the chairs of the professional associations for Arts Therapies, representatives from the NHS Quality Improvement Scotland (NHS QIS), and from NHS Education Scotland (NES). The purpose of the event was to understand the positive effect on the patient journey of an early referral to Arts Therapies (which are Art Therapy, Dance Movement Psychotherapy, Dramatherapy and Music Therapy). The event also aimed to name benefits for patients, the NHS and Arts Therapists themselves. The potential contribution of Arts Therapies to Health Improvement, Efficiency Access and Treatment (HEAT) was highlighted throughout this event.

Arts Therapists work within a wide range of health care settings including child health, mental health, learning disabilities, and palliative care. This report specifically explores the potential role for Arts Therapies in supporting mental health and highlights their input to the psychological and social wellbeing of a wide range of client groups.

Arts Therapists and other professionals attending the event agreed that at the Primary Care level there has been a relatively low level of referrals to Arts Therapies. Referrals were seen as a result of local relationships and in this respect following a very ad hoc pattern. They were also seen as being made at a late stage in a patient's treatment, when other options had failed.

In this report arguments are also put forward for the potential contribution that the inclusion of the Arts Therapies at early stages of the referral process can have upon the HEAT Targets. The particular HEAT targets discussed relate to the input of the Arts Therapies towards the requirement to reduce the prescription of drugs, the need to influence re-admission rates and the necessity to address early diagnosis and treatment of dementia.

Key barriers that prevent Arts Therapies from being fully utilised were also discussed such as the lack of awareness amongst professionals and the general public about the field of Arts Therapies, the limited knowledge of existing research evidence regarding effectiveness, poor career structure and career opportunities, lack of sufficient resources.

Perceived benefits to all parties were also explored. For the patient for example, positive outcomes could be achieved through receiving a psychological intervention that may suit them better than verbal interventions and, at times, carry less stigma; for the Service there are benefits in terms of achieving their (HEAT) targets, for example, reducing medication and re-admission rates.

As a result of the event, Arts Therapists committed to engage in a number of new initiatives that can support new ways in which services are interpreted and understood

by professionals working in Primary Care. Changes that will be implemented over coming weeks and months will be wide ranging and will use a number of strategies aiming to support positive changes.

Given the key statistics available for the contacts at Primary Care, the prescription of drugs and the hospitalisation of patients experiencing mental illness, it is clear that a wide range of treatment options must be considered. Arts Therapies are as yet an underused resource that could potentially support meeting HEAT Targets in Scotland.

1. The Report

1.1 Scope of the Report

The scope of the report is to demonstrate ways in which Arts Therapies can contribute to the health care landscape in Scotland in terms of the patient journey, influencing Health Improvement, Efficiency, Access and Treatment (HEAT) Targets and the positive effects it can have on corresponding financial targets.

By the same token the key influencers within Arts Therapies know that, at the moment, there is a limited service provided and health boards are under utilising Arts Therapies. Action needs to be taken to ensure that, at the very least, patients have the opportunity of being referred to an Arts Therapist at the Primary Care level in the first instance.

But action by whom?

This report outlines the findings of a two-day event that took place at Surgeon's Hall in March 2009 and explains the agreed approaches that are to be adopted over the coming months to support Primary Care referrers, patients and Arts Therapists.

It also explains how the levelling of the playing field to include Arts Therapies in terms of potential mental health referrals from Primary Carers can have a positive influence on the HEAT Targets that are so important to clinical leads across Scotland.

Finally, it lays out the next steps to be taken by Arts Therapies and Primary Care referrers to bring the service to an equal footing with more established forms of treatment in the Primary Care arena.

1.2 How the Report was Put Together

The report is based on a two-day event that was supported by:

- Regional Workforce Planning
- NHS Education Scotland (NES)
- The Practice Development Network: Arts Therapies from NHS Quality Improvement Scotland (NHS QIS)
- Scottish Arts Therapies Forum (SATF)

The first day of the event brought together thirteen Arts Therapists from across Scotland, leading members of the UK Arts Therapies professional associations (BADth, APMT, BAAT, ADMT UK) together with colleagues from Regional Workforce Planning, NES and QIS who worked together in a seminar format following the Skills Maximisation Toolkit (see Appendix 5).

The purpose of the seminar was threefold:

- To help the delegates formulate patient journeys that included the opportunity for Arts Therapies to be referred to at the Primary Care gateway
- To help the delegates articulate the benefits of Arts Therapies in relation to patients, the NHS and to Arts Therapists themselves
- To formulate actions that will make it easier for referrers to access the Arts Therapies service for the benefit of their patients and the positive influence that could be seen on HEAT Targets

During the seminar, delegates were asked to consider typical patient journeys as they are right now, highlighting the treatment a person experiencing mental health issues might receive as they enter the system through the Primary Care gateway. This information was added to key considerations such as the very clear benefits of having a fully integrated Arts Therapies service and the actions that could be taken by Arts Therapies to help bring the service to the forefront of referrers' minds.

The second day of the event consisted of a conference titled: Evaluation in Arts Therapies; Best Practice. The purpose of the conference was also threefold:

- To share good practice on routine evaluation of Arts Therapies interventions and services
- To discuss different types of research evidence relevant to Arts Therapies practices
- To showcase key strategies of generating research evidence in the Arts Therapies including research registers and databases, professional and Cochrane reviews and multiple types of research studies

The QIS Practice Development Network for Arts Therapies aims to support arts therapies to make best use of evidence and promote evidence based practice. The recent QIS Practice Development model was showcased at the event.

Furthermore, speakers from across the UK and from all four Arts Therapies presented examples of research findings on effectiveness, audits of services and routine evaluation practices of clinical practice. The conference was open to arts therapists, students, therapists and health professionals, artists and key stakeholders from the NHS, education, social services and the voluntary sector. Over a hundred people attended this second day, which was opened by Elaine Hunter, the AHP Mental Health Officer for the Scottish Government.

This report has been compiled from the findings of the seminar (day 1) and research evidence on effectiveness and evaluation of practice discussed during the conference (day 2). These have been combined with key statistical analysis to provide the reader with some firm data about the place Arts Therapies could be occupying in the health care landscape. References are made to research evidence generated in Scotland as well as relevant Cochrane reviews available on the effectiveness of Arts Therapies with a range of client groups across countries. Findings from surveys on the views of users of Arts Therapies services are also included.

1.3 How the Report is to be Used

This report can be used a number of different ways:

- If you are an Arts Therapist based in Scotland it clarifies the many benefits of the Arts Therapies service for all involved, from patients to the therapists themselves. It also confirms the actions being taken by Arts Therapists to improve the service and to make it more accessible at the Primary Care gateway.
- If you work in Primary Care, this report explains more about Arts Therapies and the benefits both to the patient and to contributing towards achieving HEAT Targets. The report suggests that, at the moment, the Arts Therapies are under utilised and makes a strong recommendation that Arts Therapies need to be considered at a Primary Care level as a treatment option that can support existing treatment plans and care pathways.
- If you are in either a development or support role in the NHS offering advice and guidance to colleagues in Primary Care, this report will provide you with a clearer understanding of the benefits of Arts Therapies for all concerned. It will also provide you with additional background information about Arts Therapies that will deepen your understanding of how the service could be used at the Primary Care level.

2. Introduction to the Arts Therapies

2.1 A Brief History

In some ways humankind has always used the arts to make sense of the world around them. From earliest pre-history we have paintings on cave walls and evidence of ritualistic dance and story telling to describe the key events that were being experienced by humans in their own world.

However, in the last century Arts Therapies emerged as four distinct disciplines:

- Art Therapy/Art Psychotherapy
- Dance Movement Therapy/Dance Movement Psychotherapy
- Music Therapy
- Dramatherapy

A number of movements in related areas supported the emergent of Arts Therapies as modern disciplines as summarised by Karkou and Sanderson (2006):

- In the arts: in the beginning of the century there were a number of different movements that emphasised self-expression, valued emotions, made sociological, political and psychological references and introduced new ways to relate to the audience or the spectators.
 - In psychotherapy: psychoanalysts and humanistic psychotherapists turned to the arts as means with which to reach deeply hidden thoughts and feelings or as ways in which to reach one's full potential.
 - In medicine: physicians started exploring links between engagement with the arts and physiological responses, while psychiatrists engaged in the development of therapeutic communities and alternative ways in which to support the rehabilitation of people with mental health problems.
 - In occupational therapy: by the end of the second world war, shifts of care from institutions to the community was another major cultural shift that supported the emergence of Arts Therapies. The new profession of occupational therapy as well as the work of hospital and community artists enabled an open acknowledgement of the potential contribution of the arts towards well-being.
- Finally,
- In arts education: child-centred principles in particular offered a supportive frame within which a number of the first Arts Therapists started their work from.

2.2 Current Areas of Work

Arts Therapies are psychological therapies, the first to be regulated by the Health Professions Council (HPC)¹. Arts Therapists are employed in the following areas:

- Hospitals: Adult Mental Health services, Child and Adolescent Services, services for Older People with Mental Health problems, services for people with Learning Difficulties, Special Hospitals, Children's Hospitals and Hospices.
- Education: Special and/or Mainstream Schools, Referral Units, Learning Support Services.
- Community-based settings: Social Services, Voluntary and Private organisations, Community Mental Health and Learning Disability Teams.
- Home Office settings such as Prisons, Secure Units and Detention Centres.
- Senior Arts Therapists may also work in private practice.

(Karkou and Sanderson 2006; QAA 2004; Odell-Miller et al 2003)

Practitioners receive their qualifications at a Masters level, and under Agenda for Change are banded in the same banding as psychotherapists and psychologists. However, client/patients often have limited access to these treatment options as illustrated in the next section.

Dance Movement Psychotherapy is the last discipline to be registered with the Health Professions Council (HPC) under the umbrella of Arts Therapies. The application of the professional association for Dance Movement Psychotherapy UK for regulation of its members with HPC was accepted in 2004. In 2009 the proposal for registration went through public consultation alongside the application from psychotherapists. It is expected that the process of registration will be finalised within 2010-2011.

3. The Psychological Health of the Nation

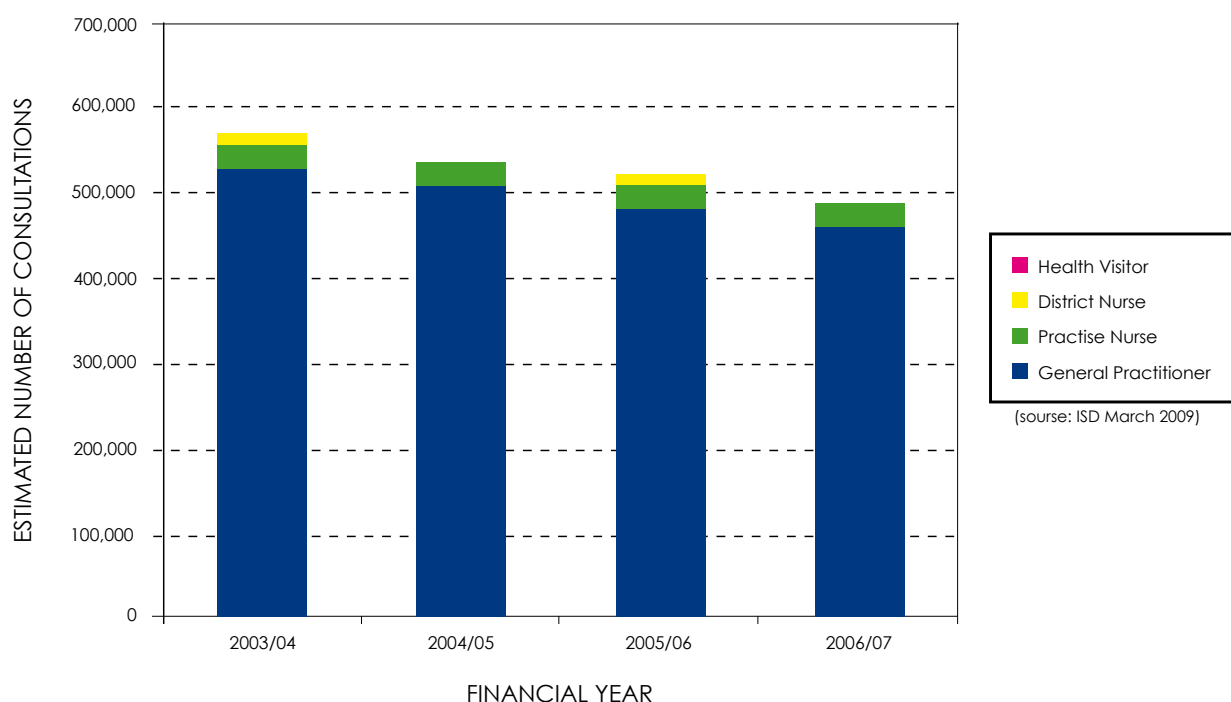
3.1 Some National Statistics for Mental Health

Recent statistics illustrate the scale of mental health problems in Scotland. For example, according to Information Services Division (ISD) (2009), which is part of NHS Services Scotland, in the year 2006/7 (the last for which statistics were available at the time of writing this report)

- Approximately 24 million contacts with patients who faced mental health issues. The contacts were split across GPs and Practice Nurses
- There were nearly 500,000 Anxiety consultations
- There were over 500,000 Depression consultations

Chart 1 shows the number of anxiety consultations, split by practitioner as an illustration of the size of the problem.

Chart 1: Number of Anxiety Consultations Split by Practitioner




There are some even more up to date statistics for hospital admissions. These figures relate to the year ended 31st March 2007. In this period there were:

- 24,294 admissions to hospital for patients on mental health grounds
- 14,184 of these were readmissions

In Table 1, inpatient admissions are shown, followed by re-admission rates broken down by gender split. Chart 2 and 3 highlight that for both men and women re-admission rates remain particularly high.

Table 1: Inpatient Admission, Readmission and Transfer Rates

	All Admissions	1st Admissions	Re Admissions	Transfers
Male Admissions				
All Specialties	12344	3349	7007	1445
General Psychiatry	9774	2312	6058	992
Child Psychiatry	8	6	2	
Adolescent Psychiatry	39	26	9	4
Forensic Psychiatry	225	18	70	133
Psychiatry of Old Age	2298	987	868	316
Female Admissions				
All Specialties	11950	3285	7177	1059
General Psychiatry	8569	1983	5651	670
Child Psychiatry	11	7	3	
Adolescent Psychiatry	59	32	19	8
Forensic Psychiatry	28	3	4	20
Psychiatry of Old Age	3283	1260	1500	361



Inpatient Admissions

Year Ending 31st March 2007

(source ISD March 2009)

Chart 2: Readmission Rates – Female

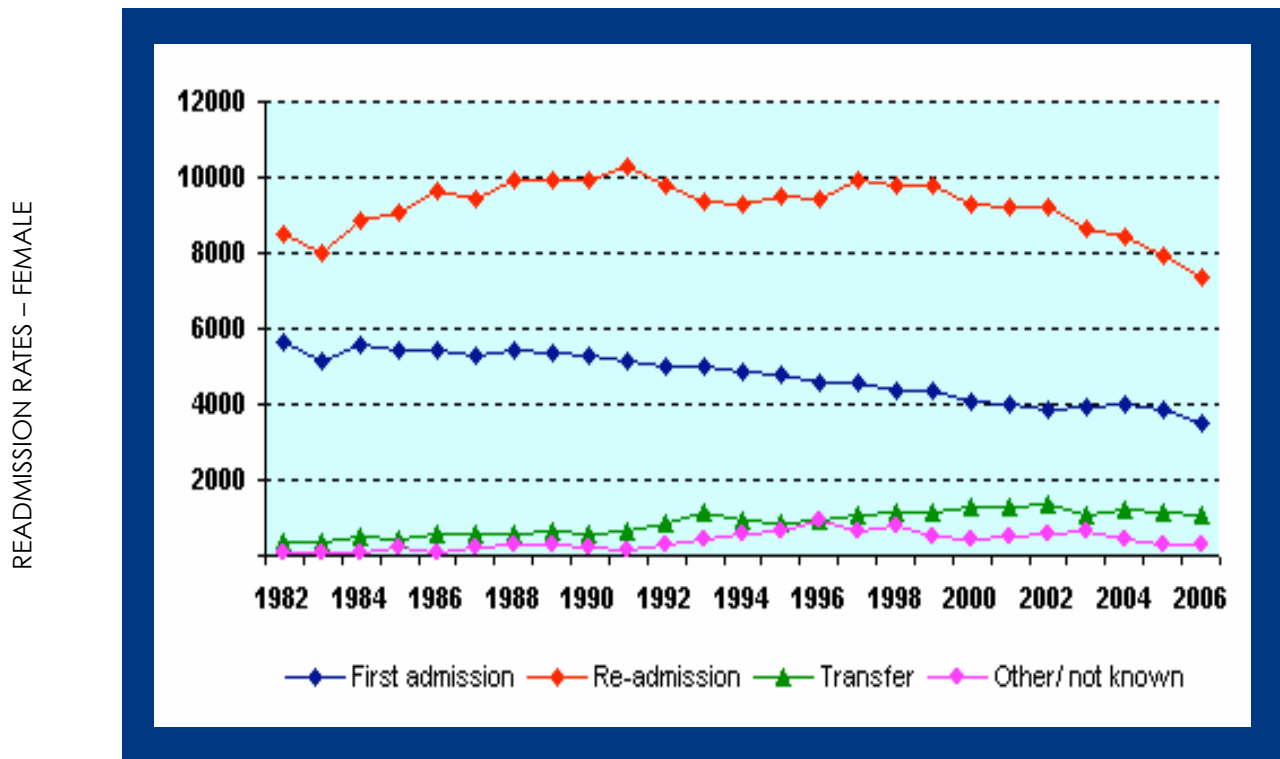
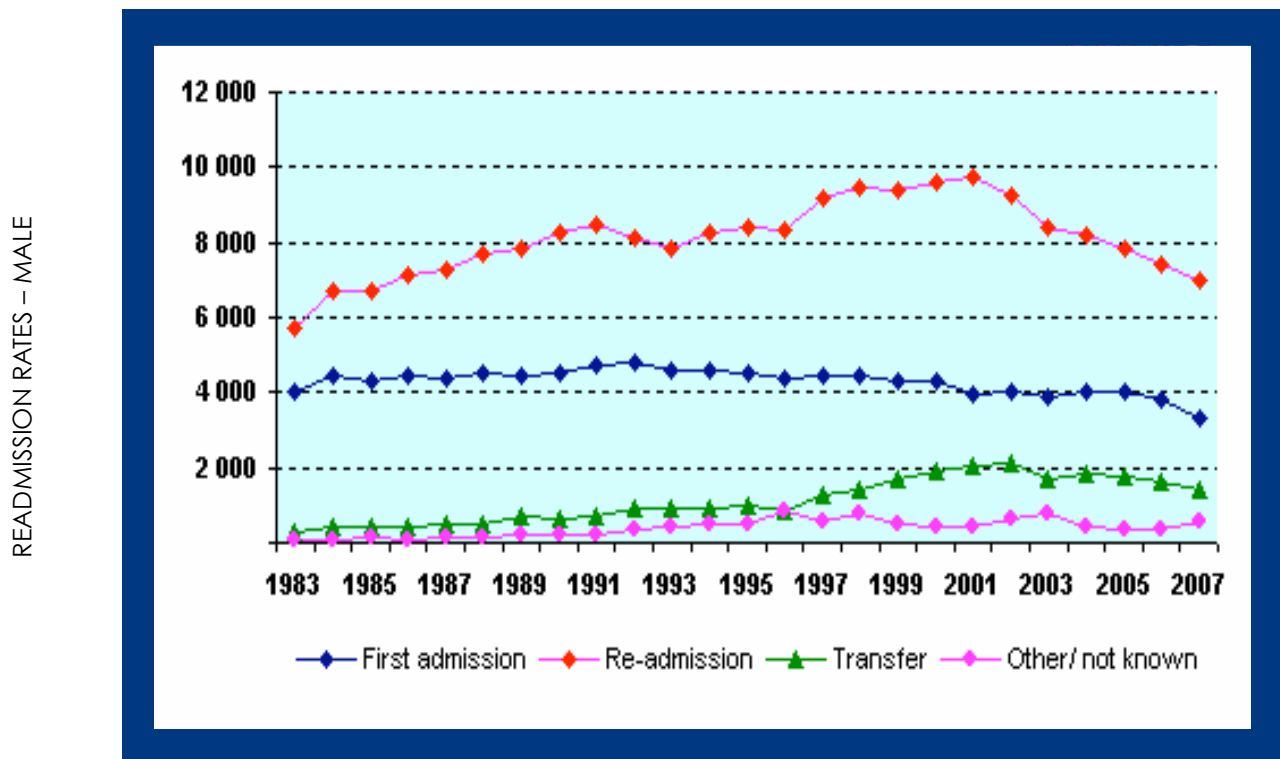


Chart 3: Readmission Rates – Males

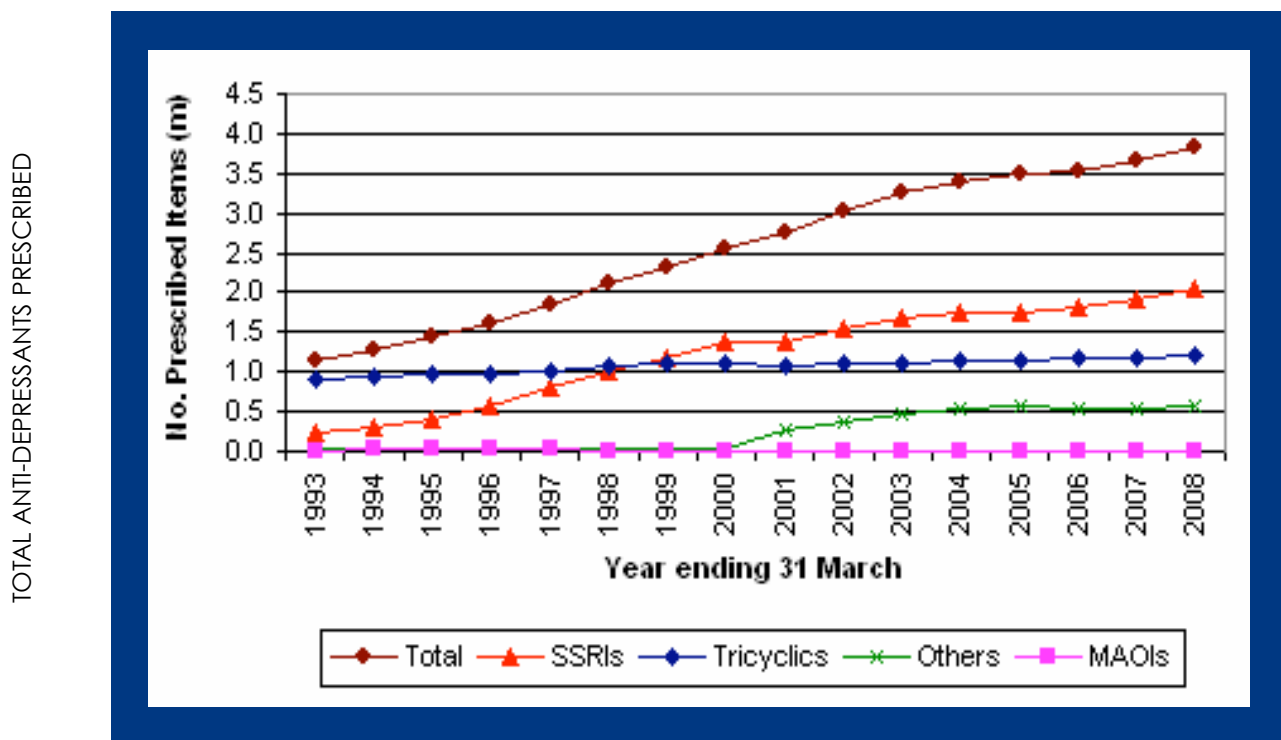


In the period to the year end 31st March 2008 there were:

- 3.83 million prescriptions made to patients with mental health problems
- 9.3% of Scotland's population over the age of 15 make daily use of prescribed anti-depressants and this does not include people who make use of un-prescribed drugs available over the counter
- All in all it costs the tax payer in the region of £40 million to prescribe these drugs

Chart 4 illustrates the levels of prescribing Anti-Depressants across Scotland. These figures do not include the anti-depressants available across the counter, such as St John's Wort, that are regularly used by the general public.

Chart 4: Total Anti-Depressants Prescribed



A recognition that the mental health of the nation needs improvement is reflected in relevant HEAT targets as shown in the following section.

3.2 HEAT Targets as They Relate to Mental Health

Scotland's Health Efficiency and Access Treatment (HEAT) Targets are a key factor in the drive to improve health care across the nation. The targets particularly relevant to the improvement of mental health are as follows:

Target 2:

Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by (2010/2013)

Target 3:

Reduce the number of readmissions (within one year) for those that have had a hospital admission of over 7 days by 10% (by the end of December 2009)

Target 4:

Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with a dementia (March 2011)

Given the intensity of the problem and the recognition that the mental health of the nation needs improvement, it becomes imperative to re-think available treatment options for psychological wellbeing. For example, the new HEAT Targets proposed for 2010-1011 include the following:

By March 2013 no one will wait longer than 18 weeks from referral to treatment for specialist Children and Adolescents Mental Health Services (CAMHS) and a new psychological therapies target will be developed during 2010-11.

As one of these treatment options, it is important to also consider the Arts Therapies and the potential contribution they can make to positively influence national figures and meet existing and new HEAT targets.



4. The National Picture and Patient Perspectives of Arts

4.1 Some National Statistics for Arts Therapies

In September 2008, figures from the Information Services Division (ISD) Scotland, indicated figures that there were only 49 Arts Therapists employed by the NHS Scotland (34.9 FTE). Table 2 shows ISD numbers of staff and bandings, employed across NHS Scotland (staff employed solely in health) sourced by the Regional Workforce Planning team.

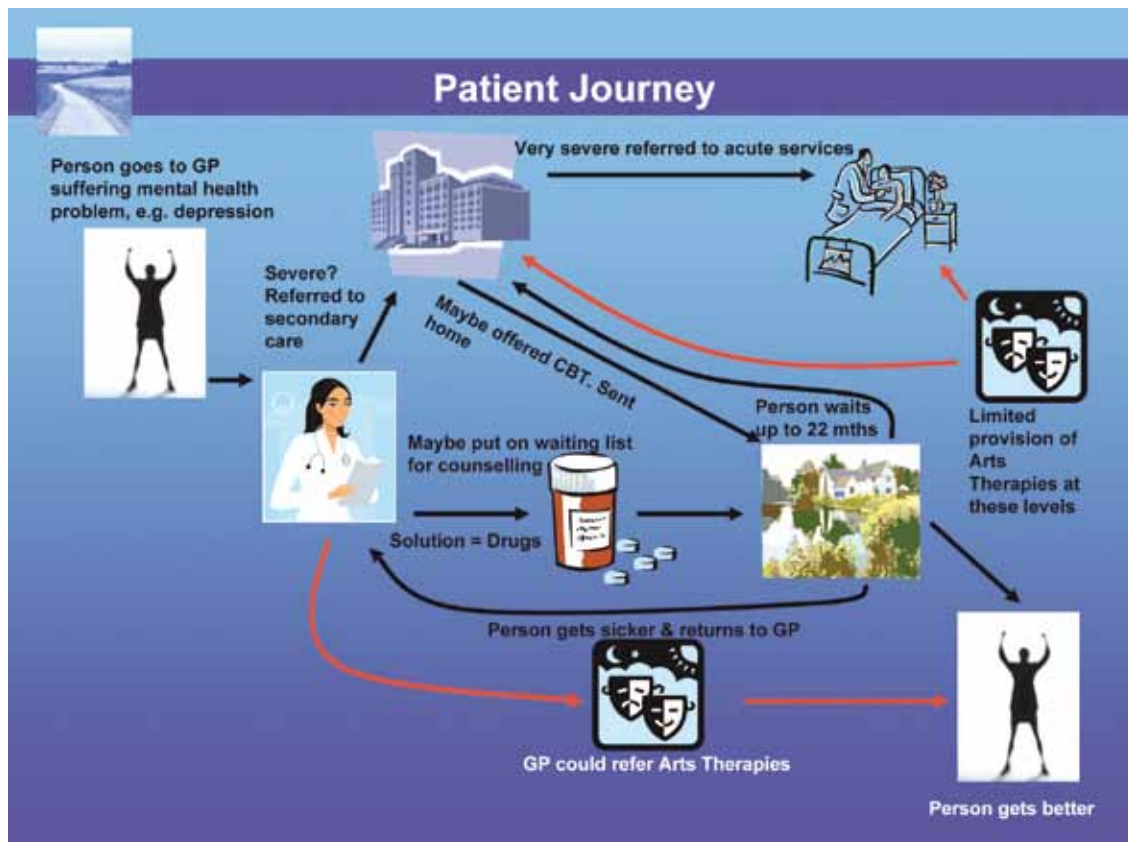
Band	8c	8b	8a	7	6	Total
Number (WTE)	1.9	2.0	4	24.8	1.6	34.3
Not Assimilated	0.6					

The above statistics are based on high level data derived from a national HR system (SWISS). The data does not provide any detail beyond what is reported within the SWISS system. However, we do know that the employment of Arts Therapists from different health boards is ad hoc and their presence within psychological services rare. Consequently, the potential of Arts Therapies to be a true option available to people in need for psychological support remains limited.

Nevertheless, participants in the 2-day event upon which this report is based have argued that although NHS-based Arts Therapists constitute a very small number of the overall workforce, there are a number of ways in which they can contribute to the larger landscape of mental health services. The following patients' perspectives can illustrate further ways in which Arts Therapies can make their contribution to the lives of people in need for psychological support.

4.2 Patients' Perspectives of Arts Therapies Services

As part of the preparation for the first day of the event, participants were asked to produce maps of potential patient journeys via Primary Care based on experience from their own work environments. This approach was supported by the Skills Maximisation Toolkit (see Appendix 5), in which seeing referrals to Arts Therapies from a patient perspective aimed to deepen participants understanding and offer particular insights. Diagram 1 below is a fictional, yet representative, journey often experienced by patients who enter the system with mental health issues.



As the diagram shows, there are a number of paths that could be followed, of which Arts Therapies forms one. However, at the moment there is limited provision of Arts Therapies in Secondary Care and Acute Services, while referrals to Arts Therapies at a primary level are seen as rare. Participants in the event felt that, at the very least, Primary Carers need to be aware of Arts Therapies and are able to offer this option to people in need for psychological support and/or treatment.

One of the unique characteristics of Arts Therapies highlighted during this first day of the event was their emphasis upon non-verbal communication which can enable the identification of root causes of problems. Participants highlighted that if Arts Therapies are present at the point of GP access, there is an increased likelihood of prevention, as well as providing an effective early intervention model. The clinical vignette presented in Box 1 shows how the unique non-verbal characteristics of Arts Therapies (Music Therapy in this case) has been used as a treatment option for a child with autistic spectrum disorder.

Box 1: Clinical Vignette: Music Therapy – The Case of a Boy with Autistic Spectrum Disorder

An eleven year-old boy on the autistic spectrum was referred to music therapy by his GP following a period of deteriorating behaviour at both home and school. The boy had significant difficulty with his communication skills, which prevented his understanding of both appropriate behaviour and how to express his own needs and wants. The boy often experienced high levels of anxiety, and was given a further diagnosis of obsessive compulsive disorder. The family were very reluctant to administer prescription drugs, and approached the boy's GP about alternative options. The boy's GP, who had previous experience with music therapy, thought a non-verbal approach might best suit the boy's needs.

On referral from the GP, the music therapist found out that the boy and his parents emigrated to the UK when the boy was five, following his diagnosis of Autistic Spectrum Disorder. The family struggled with language and cultural differences, which contributed to their difficulties in managing the boy's autism. By the time the boy reached puberty, his home life was quite chaotic and his parents grew increasingly unable to manage the boy's difficult behaviour, including destruction of the home, absconding, tantrums, and self-injury. The boy faced a similar situation at his school, which did not have an adequate provision for children on the autistic spectrum.

The boy attended music therapy for ten months at a private clinic in his community, accompanied by his father. The emphasis in the music therapy sessions was on the boy's active participation in creative, musical activities. The music therapist responded to the boy's musical and non-musical responses, which created the basis for communication between the boy and the music therapist. In the sessions, the boy was encouraged to develop his communication skills (such as listening and turn-taking) within each musical activity. The therapist also implemented a picture symbol board to aid the boy in his choices of instruments, which enabled him to concentrate on the activity without becoming overwhelmed by his anxieties.



As the therapy progressed, the boy grew more familiar with the structure provided by the picture symbol board and was able to engage in playful and meaningful activities with the therapist. Incidents of obsessive behaviour; such as shouting out lists of items, and tantrums were significantly reduced in the session. The boy's anxiety decreased and he was able to concentrate and respond playfully using the musical instruments, supported by the music therapist. The boy was able to develop his communication skills, which helped him to express himself more appropriately, which contributed to decreased incidents of absconding and self-injury.

(submitted by Janet Halton and Kristine MacDonald 2009)

As Box 1 shows, music therapy offered a unique intervention that enabled the boy to interact and respond appropriately with another person, a task that is highly significant for children on the autistic spectrum with communication difficulties. However, it is worth noting that referral to Music Therapy was based on the Primary Care practitioner's prior knowledge of the discipline's particular benefits for children with communication difficulties. The decision to make the referral was also influenced by the boy's parents' search for alternatives to prescription medication to address such issues as behaviour and anxiety. It was a concern for the parents that medication might actually contribute to the boy's sensory difficulties already experienced due to his autism.

Throughout the programme of Music Therapy, the Music Therapist worked closely with the multi-disciplinary team concerned with the boy's care, made up of professionals from areas such as education, health, local authority, and the voluntary sector.

In the process of ending the therapy, the Music Therapist also offered support at his school, holding Music Therapy sessions with the boy, both his parents, and his learning assistant to demonstrate some of the interactive techniques that could be implemented in the boy's home and at school.

Arts Therapies in this situation were useful in addressing the behavioural and mental health issues of a boy on the autistic spectrum with communication difficulties.

Arts Therapies can also have an impact on the life of children and adolescents with no special learning needs. The clinical vignette in Box 2 is an example of the journey of an adolescent where Arts Therapies (Dramatherapy in particular) have been involved at the Primary Care stage.

Box 2: Clinical Vignette: Dramatherapy - The Case of an Adolescent who was Self-Harming

A fourteen year old boy was referred to Dramatherapy, which was part of CAMHS service, due to the level of concern at the escalating cutting of his arms with a razor blade, in addition to his mood oscillation and social withdrawal.

The pupil's self-harming was first reported to his teacher by a peer who had witnessed the boy's scar tissue during a physical education class. The boy's teacher liaised with guidance staff who, in turn, persuaded the boy to attend the school nurse's drop-in clinic. Here a practical discussion took place on risk-reduction in cutting and aftercare. The nurse also gained consent from the pupil and his parents to bring the case to the weekly multi-agency team meeting on vulnerable young people.

Mental health treatment options were discussed and it was decided to offer the boy a Dramatherapy service of ten weekly, one-to-one sessions in the school's health clinic.

A family assessment was followed by a two-part individual assessment with the boy to determine his needs and how Dramatherapy may be of benefit. In the first instance, it was determined that the main trigger for his behaviour was family conflict and the psychological pain that it evoked in him. The boy contracted with the Dramatherapist and during his treatment was able to explore the complex family dynamics that he found himself immersed in, which led to feelings of rage at his perceived abandonment by his parents, and the self-loathing that followed when he internalised the hatred that he felt. Over time, the boy gained insight into his self-harm as a means of releasing pent up feelings when they built up to intolerable levels.

The Dramatherapist guided the boy through the process of referral, assessment, treatment, review and evaluation. Working closely with the school nurse, GP, guidance staff and Child and Adolescent Mental Health Service (CAMHS), both post assessment reports and treatment outcomes were shared with those providing care to the young person. At the end of the ten weeks, the incidents of self-harm had ceased and the boy had developed alternative coping strategies. In particular, he gained protected time with his mother to express his feelings of distress after family conflict and his fear of this leading to self-harm. By expressing his concern at this early stage, he was able to gain emotional release, relief and control, without having to cut himself.



Throughout the process, the boy was able to remain integrated into school life and his cognitive ability remained high functioning. By collaborating effectively with multi-professional colleagues across health, education, social care and the voluntary sector, the Dramatherapist was able to help the boy deal with the issues that he was facing without the need for referral to a higher tariff service such as psychiatry. By the end of Dramatherapy, there was a marked reduction in his depressive symptoms. Prescription of drugs was avoided positively influencing the relevant HEAT target on reduction of anti-depressants.

(submitted by Genevieve Smyth 2009)

The referral described in Box 2 came to Dramatherapy through the Primary Care gateway and demonstrates how the Arts Therapies can be integrated into Primary Care pathways. If the boy in question had not been referred by the school nurse, he may have self-referred or referred by his parents. It is also possible that following referral from the school nurse consent could have been withheld and thus therapy could not have been possible. However in this case, the offer of Dramatherapy was

accepted and it worked as the psychological treatment of choice for this boy. In addition, his ultimate recovery depended on a timely referral coming from Primary Care, and the early intervention of the Dramatherapist.

The Dramatherapist's extended work beyond direct client contact included offering consultations on the case and related mental health trainings to staff on a multi-agency, multi-professional basis. Following the therapy, an onward referral was made to the voluntary sector in response to the boy's need for more robust social inclusion with peers and respite from the family setting, while social work and police continued to monitor the degree of domestic unrest, waiting for an opportunity to offer support as necessary.

For this boy, Arts Therapies provided a positive experience and outcome. However, his experience in accessing Arts Therapies is not the norm as Arts Therapies are often overlooked at the early stage of diagnosis of mental health problems, most often
In Box 3, there is another patient story that illustrates this.

Box 3: Clinical Vignette: Dance Movement Psychotherapy - The Case of a Young Woman who Persistently Felt Low

Over several years, a twenty two year old woman visited her GP with persistent feelings of anxiety, low mood and minor physical ailments.

She was eventually diagnosed with mild to moderate mental health problems and the GP considered the following three choices:

- a) Cognitive Behavioural Therapy for which there is a waiting list
- b) Counselling, again with a waiting list or
- c) the prescription of drugs

As is most usual, and in this case, given the mild to moderate nature of this person's mental health issues, the GP prescribed anti-depressant medication.

In the first instance the medication had a beneficial effect by reducing the anxiety and therefore lifting the woman's mood. The GP provided repeat prescriptions and there seemed to be no deterioration in the woman's condition for some time. However, the underlying causes of the woman's attendance at the GP had not been considered and there was a significant relapse in her mental health after three months. The relapse included an increase in anxiety and depression with suicidal tendencies. The woman was admitted to Accident and Emergency after attempting to take her life. The woman's Anxiety and Depression was re-diagnosed as acute and she was admitted to an acute unit as a voluntary patient for assessment and a period of stabilisation.



While in the Acute Unit the consultant Psychiatrist assessed her condition and, amongst other interventions, suggested she attend Dance Movement Psychotherapy.

The Dance Movement Psychotherapist, who offered a service within the Acute Unit with follow-up treatment through the Day Hospital, was able to provide six months weekly treatment. The Dance Movement Psychotherapist and patient explored the issues that were underlying the anxiety and depression and through a process of verbal and nonverbal intervention, the woman was able to reach a level of stability and emotional awareness that allowed her to function more positively with an increased sense of control and integration. The woman was discharged after six months and there have been no further incidents of attempted suicide, with a progressive reduction in use of medication, closely monitored by the GP.

(submitted by Susan Scarth 2009)

Based on the clinical vignette presented in Box 3, it is possible to think that if referral to Arts Therapies (Dance Movement Psychotherapy in this instance) had been considered earlier in the process, for instance when the woman was repeatedly attending the GP with minor ailments and low level anxiety and depression, the events that led to her admission to the Acute Unit might have been avoided.

Arts Therapists participating at the first day of the event stressed their preference for working as part of multi-disciplinary teams, including GP practices. They also perceived their interventions as particularly suited to addressing family and inter-relational dynamics, through group and family work as well as individual treatment, that could often cause many of the mild to moderate mental health issues that GPs are often faced with.

An example of a multi-disciplinary team in operation within which Art Psychotherapy in this case was successfully integrated is presented in Box 4.

Box 4: Clinical Vignette: Art Therapy - The Case of a Man with an Obsessive Compulsive Disorder

A 47 year old man with Obsessive Compulsive Disorder (OCD) and Depression was referred to a Community Mental Health Team (CMHT) by his General Practitioner (GP). The CMHT consists of Consultant Psychiatrist, Senior House Officer (SHO), Psychologist, Community Psychiatric Nurses and Occupational Therapist and Art Psychotherapist. Background information in the referral from the GP was scant and it was unclear why he was being referred at this particular time.

When he was previously assessed four years ago he was given a behavioural intervention and followed up at Consultant Clinic, however, at the time, he did not engage with the behavioural therapist and only attended a few appointments with the Consultant. This time the man was assessed jointly by the SHO (Junior Doctor)

and the Art Psychotherapist who was asked to participate to provide insight from a psychodynamic perspective. Following initial assessment the man was discussed with the whole team; the Art Psychotherapist shared her observations of the man's manner of engagement, symbolic communications and capacity for introspection. Based on her observations the Art Psychotherapists view was that this man would be able to tolerate a low level of explorative intervention using a dynamically oriented approach.

At the time of this second referral, he seemed to be under an increased amount of stress and relationships at home were strained. It was agreed that he would be offered follow up with the SHO, to monitor his progress with medication and that he would also be offered a short six week extended assessment/brief intervention with the Art Psychotherapist. He was seen for six sessions over twelve weeks in the Art Psychotherapy studio within the community hospital. He was encouraged to express himself through using art materials.

From these sessions it emerged that he had to wash his hands in a particular way at particular times of the day and had to follow a particular daily routine for fear that otherwise, he or members of his family will die. These features were also evident in how he obsessively arranged materials, was fastidious in the art he made and he cleaned his hands repetitively in the session.



The Art Psychotherapist considered that the patient was communicating something of the intensity of emotion he was feeling which were related to emotions he needed to keep hidden or controlled. The man was helped to gradually reveal more about his current circumstances and how these were connected with his personal history. It was revealed that when he was a teenager, he had been subjected to physical and emotional abuse by his father and that memories connected to this had been reawakened when his own teenage son reached an age at which the significant episode of abuse occurred to the man. The Art Psychotherapist cautiously explored the man's past taking care not to further escalate the man's Obsessive Compulsive Disorder (OCD) features. Being able to talk about his feelings however brought relief and some easing of his symptoms. The man was reluctant to take the medication he was offered and he decided with the Art Psychotherapist and the SHO that he did not require further input at this time. He was therefore discharged back to his GP.

Through her intervention the Art Psychotherapist was able to establish an effective therapeutic relationship with the referred man and it was possible to explore the precipitating factors and aggravation of his symptoms. The inclusion of Art Psychotherapy within the CMHT provided the option of a psychodynamic oriented assessment procedure combined with an effective short term therapeutic

intervention. This enabled the current stress related escalation of the man's symptoms to be identified. The increased self awareness brought relief to the man and understanding to the team regarding how to manage his condition. This resulted in early discharge and withdrawal of anti-depressant medication.

(submitted by Tony Chenery 2009)

In summary, the participants at the first day of the event reported that where there was a close working relationship between Primary Care referrers and Arts Therapies and thus early referral of patients to such services, there were long term benefits and improved mental health and well being for patients. Arguments were also put forward for the possibility of reducing the pharmaceutical costs per patient while also improving the general health and well being of the community through early intervention and prevention programmes.

In contrast, participants saw the opportunity to refer to Arts Therapies at the Primary care level was more often missed for a number of reasons such as lack of awareness, limited knowledge around existing research evidence of effectiveness, poor career structure and career opportunities, and lack of available resources as the following section describes.

5. Perceived Barriers to Referring to Arts Therapies

During the first day of the event that informed this report, delegates were asked to list the reasons that they thought Arts Therapies were not generally at the forefront of Primary Care referrers' minds. In this and the following section perceived barriers are presented and ways of removing them are proposed. In some cases, it may simply be that a process of education and explanation is needed to remove the blockage. In other cases there may well be a need for more fundamental re-engineering of current practice before the barrier can be overcome.

5.1 Lack of Awareness

There seemed to be common agreement amongst all Arts Therapists attending the first day of the event that there was a general lack of awareness about the field and about available services. Lack of awareness extended to professionals not knowing that Arts Therapies are psychological therapies registered with the Health Professions Council, not realising that there were four professional bodies (art, dance movement, drama and music therapy) and even more often having insufficient understanding of their potential contribution and early involvement.

'Lack of Awareness' was seen as a generic term for 'not understanding' and was consequently further broken into more specific gaps in understanding regarding for example:

- Awareness of what each discipline within Arts Therapies does and how a GP can refer to any one of the four disciplines. This further translates into a lack of awareness of the Arts Therapies Modalities
- A systemic confusion about where Arts Therapies sit in the mental health landscape and the fundamental differences between, say Arts Therapies and:
 - Arts in Health
 - Community Arts
 - Arts in Education
- There is also a lack of awareness from the point of view of the public about the potential benefits of Arts Therapies or, indeed, even its existence
- It was also a perception that education at GP level about mental health and the options for treatment in general were limited which further hindered understanding the role of Arts Therapies.

At the organisational level it was felt that Arts Therapies lacked influence at policy making level and therefore policy does not reflect the potential impact that Arts Therapies could have in the mental health landscape. There are too few Arts Therapists at executive or management level in Health Boards and on committees.

At an operational level there are weak connections to GPs and other Primary Care referrers. These weak connections mean that it is difficult for GPs to change their prescribing habits, mainly because they are not aware of the alternatives open to them.

5.2 Limited Knowledge of Existing Research Evidence

There was a general perception that there was limited evidence about the effectiveness of Arts Therapies especially when comparisons were made with evidence available for psychotropic medication or Cognitive Behavioural Therapy. It was also felt that there was a lack of evidence about the cost effectiveness of using Arts Therapies against, say, the prescription of drugs.

However, it was generally refuted that there was no evidence of the effectiveness of Arts Therapies. During the second day of the event, invited speakers presented and discussed examples of evaluation and research studies completed in the field and relevant research evidence. Abstracts from the presentations and workshops from this day that are included in the end of this report (see Appendix 2).

During these presentations references were made to the new English guideline on schizophrenia (NICE 2009) that makes clear recommendations of the value of the Arts Therapies as an appropriate intervention for the particular client group. Absence of a similar acknowledgement within the equivalent Scottish SIGN guidelines was noted. There were also discussions on the most recent Cochrane systematic reviews on Arts Therapies for depression, autism, cancer and palliative care, dementia, acquired brain injury and systematic reviews under completion (see Appendix 3).

On the same day the development of the new Scottish Research Register was announced that included more than 20 studies completed in Scotland. Selected studies from the register are presented in Appendix 4, while the whole of the register is posted on the website of the Practice Development Network for Arts Therapies: <http://www.nhshealthquality.org/nhsqis/2636.html>.

5.3 Poor Career Structure and Career Opportunities

This barrier was perceived as affecting Arts Therapies in multiple ways. First of all, in Scotland it was believed that there are too few Arts Therapists to either deliver to larger services or to be visible enough to influence boards.

Furthermore, Arts Therapists attending the first day of the event expected that this lack of posts will be exacerbated over the following few years as, within NHS Lothian for example, 50% of the workforce is within ten years of retirement. One of the reasons for this ageing workforce is the lack of junior posts for Arts Therapists in Scotland.

With the training of Arts Therapists not being funded and the lack of graduate posts, newly qualified practitioners are often faced with serious difficulties in entering the profession, despite the fact that they are qualified at a Masters level and they often carry additional qualifications in the arts, therapy or other health or caring professions.

Poor employment opportunities also mean that Arts Therapists find it difficult to see an obvious progression through the levels of their profession. The additional knock on effect is that, as previously stated, there are few Arts Therapists in senior positions within the NHS.

5.4 Lack of Available Resources

It was felt that there was a general lack of funds directed to Arts Therapies proportional to the potential benefit, especially against HEAT Targets that could be derived from a greater involvement at the Primary Care level.

Delegates also felt that this funding issue was partially due to the first barrier listed above that is lack of awareness, and the second barrier that is limited knowledge of existing research evidence for Arts Therapies. An additional barrier was the lack of evidence to demonstrate the cost effectiveness of involving Arts Therapies in Primary Care as opposed to more well established methods of treating mental illness, for example, the prescription of drugs. The need to engage in this type of research activity was highlighted.

Delegates also believed that there was a lack of physical resource for them to make use of. Tangibles such as sound proofed rooms and equipment were particular issues for some of the Arts Therapies disciplines.

6. Perceived Benefits from Referring to Arts Therapies

As outlined in the section above a number of barriers were reported to the consistent referral of Arts Therapies at the Primary Care level, whether these barriers were real or perceived.

So, how can they be overcome?

The root cause of many of the barriers was seen as relating to a lack of understanding about what Arts Therapies do and the benefits of potentially involving such interventions in early stages of treatment of patients with mental health issues. It was therefore seen as important that such benefits were articulated.

Therefore, during the seminar delegates were asked to list the benefits provided by Arts Therapies to a cross sections of key stake holders:

- Patients
- HEAT Targets
- The NHS
- Arts Therapists

The following is a list of the key benefits articulated on the day.

6.1 Patients

A number of local and national surveys that focus on user perspectives regarding services demonstrate positive outcomes for Arts Therapies. For example, in a user survey carried out by Mind (Dudley 2006), over seventy percent of service users found the Arts Therapies helpful and ranked them in the top three treatments of choice (Mind 2002, 2003, 2004). In an extensive UK survey carried out by the Canterbury Tizard Centre and Bernardos findings included that women wanted more access to the Arts Therapies (Williams and Scott 2009). A pilot study completed by the professional associations of Arts Therapies with users of the Arts Therapies within mental health services revealed that Arts Therapies were perceived as particularly helpful, important and beneficial when they engaged with these types of therapeutic interventions for over 3 months and ideally over a year (BAAT 2009).

Here are some of the benefits of the use of Arts Therapies for the patients as discussed in the seminar (day 1):

- By including Arts Therapies as a treatment option patients are provided with a wider choice of therapies to help deal with their mental health problems
- Given there are four professional disciplines within Arts Therapies patients have access to a wide range of media to help them through their mental health issues

- There is evidence of effectiveness with patients, in terms of:
 - The continuum of care that is available, from high to low intensity. Arts Therapies has the flexibility to deal with patients at both ends of the spectrum
 - Long-term improvements to health and maintenance of well being after treatment has concluded over and above that achieved by, say, the prescription of drugs
- Patients like Arts Therapies as a therapeutic intervention in four important ways:
 - Because of the nature of Arts Therapies there is a level of interaction between patient and therapist
 - Arts Therapies encourage patients to reach towards self actualisation in terms of Maslow's hierarchy of needs. Of course they may need to climb up the pyramid from pretty low down, but the approach taken allows them to continue their climb away from the therapy sessions
 - There is less stigma attached to visiting an Arts Therapist than there is, for example, having their case managed by the Mental Health Service
 - The context of where the service is delivered is less restrictive with Arts Therapies. There is often a wide choice of venues available for the delivery of the service

6.2 HEAT Targets

The HEAT Targets were seen as key areas of focus for the NHS in Scotland. The HEAT Targets surrounding mental health were particularly relevant to Arts Therapies. Delegates felt that Arts Therapists should play a full part in helping to achieve those targets.

Specifically, delegates argued that there is evidence that:

- Arts Therapies can be used as an alternative to prescribing anti-depressants (target 1), assuming that they are referred early in the patients diagnosis
- Arts Therapies have been used successfully in the treatment and ongoing mental wellbeing of acute mental illness, including patients with suicidal tendencies (target 2). By promoting health and through intervention Arts Therapies can have a positive impact on suicide rates
- Arts Therapies promote the concept of mental wellbeing for the long-term, thus reducing the level of readmissions of mental health patients (target 3), especially when interventions begin during first admission. The delivery of the service in the community also has a bearing on the readmission rates
- Traditional Arts Therapists will be involved in the patient journey after diagnosis as part of the care a patient receives. However, there is evidence that Arts Therapies

does have a role to play in the diagnosis of early stage dementia as part of a multi disciplinary team (target 4).

Furthermore, delegates felt that Arts Therapies can play a central role within Child and Adolescent Mental Health Services (CAMHS) and in the development of new services for psychological therapies. This is in accordance with the proposed new HEAT Target to reduce waiting times for such specialised services and support the development of psychological services.

6.3 The NHS

As delegates began to explore the wider benefits of including Arts Therapies in their thinking we were able to categorise the following benefits as specifically relating to the NHS:

- Arts Therapies can help people with communication support needs who are often at high risk of exclusion from accessing other services as routes to communicate their choices for care, with positive effects on Patient Journeys and Care Pathways
- Arts Therapies help promote self-care and empowers patients back to independence and employment
- Lower the costs of prescription drugs
- There is a positive effect on waiting list times as additional treatment avenues are exploited by GPs
- Arts therapies promote health by increasing access for hard to reach groups, such as:
 - Psychotic young people
 - People with personality disorders
 - Addiction
- They can increase treatment and recovery rates by reducing the stigma of mental health issues; patients feel less stigma attending an Arts Therapies session than other forms of treatment
- They can contribute to falling admission to Accident and Emergency in terms of suicide and self-harm cases
- Arts Therapies can enhance the NHS through the injection of creativity
- Arts Therapies have a positive impact on NHS culture, through:
 - Contribution to teams, supervision and training
 - Promotion of recovery and wellbeing
 - Increasing patient choice through multi-disciplinary approach
- They can have positive influence on social change by having wider involvement in the local community

6.4 The Arts Therapists

As part of the report, the benefits of using the service to the Arts Therapists themselves are included. This has been seen as an important addition when considering an holistic approach to improving the total service provided by Arts Therapists. Such benefits can also offer a clear and accurate picture to new recruits to the service in terms of addressing the perceived 'poor career structure' balanced against the positive impact of being an Arts Therapist.

Here are some of the advantages of increasing referrals to Arts Therapies for the Arts Therapists themselves as described by the delegates of the seminar:

- Becoming an integrated part of the care network
- Professional growth – an increased range of educational opportunities
- Enhanced Continuing Professional Development (CPD) opportunities
- Ability to link and/or join services with Social Work and Community Services
- Continuing to build the evidence and research base
- Developing meaningful and effective practices
- Improving professional confidence
- Reduced feelings of being isolated from the mainstream care network
- Increased collaboration between the four professional disciplines
- More employment opportunities for Arts Therapists
- Building enhanced career structures
- More Arts Therapists in governance and management positions leading to the ability to influence policy, for example, the creation of Arts Therapies units in new hospitals



7. Taking Action

7.1 Ringing the Changes

Arts Therapies are aware of the challenges faced by them as they make their service more accessible for both the NHS and Primary Care referrers.

To this end they have made a commitment to undertake a range of actions to help with the promotion and development of the service.

These actions have been grouped into the key areas of:

- Education and awareness building
- Resource availability
- Career development
- Attitudinal and cultural changes

The actions under each heading can be very direct and operational and others are more strategic in their implementation and are, therefore, more long term.

Because the range of actions, goals and plans are so wide ranging some will be completed as local pilots with a report back scheduled in six months time to share the learning from the test projects, the impact they have made and then to share best practice with a view rolling out the actions across wider geographic areas.

The full list of actions that are to be taken are included in Appendix 6.

If you wish to be involved in a project, or indeed, would like to know more about it we would encourage you to contact the arts therapist associated with this action or contact the author of this report (VKarkou@qmu.ac.uk).

7.2 The Effect on HEAT Targets

The two day event included a key focus on aligning the aspirations of the arts therapists with the Health Boards' strategic focus on delivering HEAT Targets. These discussions concluded with some very specific actions that Arts Therapists will undertake to influence HEAT Targets directly in addition to agreed actions referred to above.

These actions include:

- Target 1: Contribution to the course curricula or training programmes in Medicine, Pharmacy, Nursing and Allied Health Professions; Arts Therapies can be added as alternatives or augmentations to the prescription of drugs in cases of mental illness

- Target 2: Exploration of prevention of mental illness and suicide and engagement in mental health promotion programmes through development and dissemination of relevant Arts Therapies curricula and brief interventions in schools in particular.
- Target 3: Promotion to Secondary Care professionals working in the mental health arena outlining the benefits of Arts Therapies and the fact that they are often delivered in the community, for example, in community and leisure centres.
- Target 4: Arts Therapies will link to the Dementia Centre offering workshops and information sessions at conferences. This is particularly important given the increasing evidence of the positive effects of Arts Therapies on early stage dementia sufferers.

7.3 A Vision of the Future

Arts Therapies are deeply rooted at the fundamental level in humankind and the way we have always made sense of the world around us. It is no surprise, then, that over the past sixty years, Arts Therapies have, via the four professional disciplines, developed evidence of effectiveness, working practices and a body of research outlining the positive benefits for stakeholders in the mental health arena.

And yet, somehow, Arts Therapies are somewhat under represented in terms of referrals from Primary Care referrers. Participants in the event reported here regarded this as current reality.

However, Arts Therapists have developed a vision of the future which includes each of the four disciplines as equal partners with the other Allied Health Professions in terms of referrals from the Primary Care gateway.

In order to achieve this, Primary Care professionals will have to have an in-depth understanding of how early referral to Arts Therapies can benefit their patients in terms of the delivery of the service, the need to prescribe less medication, achieve recovery rates and contribute towards early diagnosis of dementia. They can also play a role in reducing waiting times for specialised CAMHS services and contribute towards the development of new multidisciplinary psychological interventions. In other words, Arts Therapies can support Primary Care professionals to achieve against the HEAT Targets.

Arts Therapists participating in the event reported here recognised that their services were not appropriate for everyone. But they did believe that Arts Therapies have a larger contribution to make than they are currently being given the opportunity to do. This report, along with the actions identified during the event, were seen as steps towards this direction.

7.4 What You Can do for Arts Therapies

If you would like to find out more about Arts Therapies, want to get involved in any of the projects mentioned in this report, simply wish to discuss how best to refer patients to Arts Therapies services then you should be in touch, in the first instance with:

Scottish Arts Therapies Forum (SATF)

Web: www.satf.org.uk

Email: scottishartstherapies@googlemail.com



Other Arts Therapies bodies that can offer information about Arts Therapies are:

Association of Dance Movement Psychotherapy (ADMP UK)

Web: www.admt.org.uk

Email: queries@admt.org.uk



Association of Professional Music Therapists (APMT)

Web: www.apmt.org

Email: APMToffice@aol.com



British Association of Art Therapists (BAAT)

Web: www.baath.org

Email: info@baath.org



British Association of Dramatherapists (BADth)

Web: www.badth.org.uk

Email: enquiries@badth.org.uk



The registration status of individual practitioners in the registered Arts Therapies (art, music and drama) may be checked on the HPC website or with the relevant professional body.

References

BAAT (2009) Arts Therapies within Adult Mental Health Service. Online. Retrieved: 25 June 2009. Available from: www.baat.org/survey.html

Dudley, J (2006) Service Users and Carers: Arts Therapies Available in the Trust; South West London and St George's Mental Health NHS Trust. Online. Retrieved 25 06 09. Available: http://www.swlstg-tr.nhs.uk/service_users/arts_therapies_available_in_the_trust.asp

Karkou V and Sanderson P. (2006) Arts Therapies: A Research-Based Map of the Field. Edinburgh: Elsevier

Odell-Miller, H., Learmonth, M. and Pembroke, C. The Arts and Arts Therapists. Scoping Paper Commissioned by Nuffield Foundation, 2003.

Quality Assurance Agency (QAA). Benchmark statements: healthcare programme - Arts Therapies. Gloucester: QAA, 2004.

Williams J and Scott S (2009) Service Responses to Women with Mental Health Needs, Mental Health Review Journal, 7, 1, 6-14.

Information Services Division (ISD) (2009) Latest Statistics. Retrieved: March 2009 from: http://www.isdscotland.org/isd/CCC_FirstPage.jsp

Author of Report

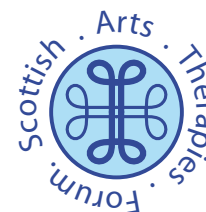
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For the Scottish Arts Therapies Forum (SATF)

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Email: scottishartstherapies@googlemail.com



Supported by the Arts Therapies Associations



Appendices

Appendix 1: Participants in Day 1 of the Event (Seminar)

Dr Vicky Karkou, Senior Lecturer, Queen Margaret University, Edinburgh, Scotland, dance movement psychotherapist, Scottish Arts Therapies Forum (SATF)

Madeline Andersen-Warren, Chair of the British Association of Dramatherapists (BADth), dramatherapist

Stephen Sandford, Chair of the Association of Professional Music Therapists (APMT), music therapist

Geoffery Unkovich, Chair of the Association for Dance Movement Psychotherapy UK (ADMP UK), dance movement psychotherapist (now replaced by Shirley Mawer)

Tony Chenery, Council member of the British Association of for Art Therapy (BAAT), art therapist

Claire Fillingham, APMT Scottish Rep, music therapist

Genevieve Smyth, BADth Scottish Rep, dramatherapist

Susan Scarth, ADMP UK Scottish Rep, dance movement psychotherapist

Kirsty Frankland, Regional Co-ordinator for BAAT, art therapist

Simon Hill, Regional Co-ordinator for BAAT, art therapist

Michelle Gunn, Chair of the Scottish Arts Therapies Forum (SATF), art therapist

Janet Halton, Secretary of the Scottish Forum for Arts Therapies (SATF), music therapist

Simon Willoughby-Booth, Chair of the Managers and Leads Group in the Arts Therapies, NHS Scotland, art therapist

Helen McFarlane, AHP Director at NHS Education for Scotland (NES)

Susan Shandley, AHP Practice Education Officer, NHS Education Scotland (NES)

Jim Cannon, Regional Workforce Planner

Facilitators: Derigo Consulting

Appendix 2: Participants and Abstracts from Day 2 of the Event (Conference on Evaluation in Arts Therapies: Best Practice)

Here are some key abstracts from the conference held on Saturday 14th March, 2009 covering the subject of Evaluation in Arts Therapies: Best Practice.

Evaluation in Arts Therapies: Best Practice
14 March 2009, 9.30-4.00

Abstracts and Biographical Details of Key Note Speakers

Professor Helen Odell-Miller

Title:

Arts Therapies Evaluation and Evidence: What Counts?

Abstract:

The paper will summarise different types of evidence and evaluation across the Arts Therapies, and focus in more detail upon examples from music therapy literature and clinical practice. The 'gold standard' approach to evidence and outcome research evaluation, where national resources are focussed upon randomised controlled trials, will be discussed and some questions asked about 'what counts?' Both quantitative and qualitative studies will be discussed, and the paper will give examples of some different types of artistic (mainly musical) evidence and methods of evaluation. The paper will include some examples from the author's research linking technique and method to diagnosis.

In the music therapy field there have been enormous efforts by international researchers to participate in meta-analyses, and most particularly in Cochrane reviews. In the Cochrane library there are studies reviewing evidence for music therapy with schizophrenia, dementia, depression and autism. Despite this focus upon evidence and the importance of it, on the 'ground' clinical evaluation and user feedback is highly crucial. It is interesting for example that music therapy is prioritised within the profession, and by employers, for older people with dementia and for people with anti-social personality disorders in the forensic field, yet there is no Cochrane review in this field yet, and the Cochrane review for dementia is inconclusive.

The paper concludes that robust research outcome studies need to be supported by confident work at a clinical level. Service providers will be driven not only by NICE Guidelines and Cochrane reviews, but by what users and multi-disciplinary

teams at a local level report as making a difference. What counts is a broad range of evidence and evaluation that is culturally and contextually relevant.

Biography:

Prof Helen Odell-Miller has worked as a music therapist for over 30 years, and was co-founder of the MA Music Therapy course at Anglia Ruskin University, and a co-instigator of the NHS career structure in the UK for music therapists. She works in adult mental health as a music therapist in addition to teaching and undertaking research. Helen has published and lectured widely.

Dr Bonnie Meekums

Title:

Robin Hood in dialogue with the King: evidencing Dance Movement Psychotherapy in the 21st Century

Abstract:

This talk will take the mythical character of Robin Hood as its starting point in addressing the difficulties inherent in evidencing Dance Movement Psychotherapy (DMP) in the 21st century.

Using this myth, Dr Meekums will explore possible socially constructed attitudes to DMP within the wider health practice and policy communities. Crucially, she will also highlight possible dynamic and structural issues for DMP practitioners in getting to grips with evidencing their work.

The essential challenge for DMP practitioners in the twenty-first century is: how might we address the need for evidence, whilst maintaining and working from our strengths? What other skills and attitudes do we need to develop?

Dr Meekums (University of Leeds) and Dr Vicky Karkou (Queen Margaret University) have taken up this challenge to evidence DMP, building on each of their existing strengths and experience as DMP researcher-practitioners. This presentation will end with a brief overview of progress so far and plans for the future.

Biography:

Dr Bonnie Meekums is one of the pioneers of Dance Movement Psychotherapy in the UK. Bonnie has taught in the UK and abroad and has written extensively. She is currently part of a University of Leeds research group funded by BACP to investigate sexual boundary violations in therapy. Along with Vicky Karkou, she is coordinating systematic reviews of dance movement psychotherapy evidence and supports the development of practice-based evidence.

Dr Ditty Dokter

Title:

Practice based evidence in dramatherapy

Abstract:

The British Association of Dramatherapists commissioned research into dramatherapy EBP/PBE in 2008. I will present some outcomes of the research in this paper. Firstly the survey findings of outcome measures used by dramatherapists. Secondly, the preliminary outcomes of a systematic review of dramatherapy research and case studies will be discussed. The client group topics were diagnosis led, in line with Parry 2001. The method of the review was based on guidelines developed by art therapy (Gilroy 2005). Adaptations to both topics and methods were influenced by the professional membership. I will summarise the strength of evidence for the use of dramatherapy with certain clients, as well as the need to develop evidence in other areas. Recommendations for good evaluative practice will conclude the paper.

Biography:

Dr Ditty Dokter is professional lead and head of Arts Therapies at the Hertfordshire Partnership Foundation trust. She works as senior lecturer dramatherapy at Roehampton University and dance movement therapy at CODARTS, Rotterdam, the Netherlands. She has co-coordinated the BADth systematic review of dramatherapy evidence and has published extensively, both nationally and internationally.

Jacky Mahony

Title:

An Art Psychotherapy Service Review of Activity and Developments

Abstract:

This presentation will describe an approach to carrying out an NHS Trust Art Psychotherapy Service review of activity and developments that took place in 2003. The provision of a small but wide spectrum of Art Psychotherapy services in all inpatient and outpatient areas in the Trust (Adult and Older Adult Mental Health; Specialist and Forensic Services; Child and Adolescent Mental Health Services and Learning Disability Services) was examined. The strategic aim was to establish what levels of access there were for people who fell within the service's clinical priorities of interventions based on greatest impact and most severe need.

The aims and characteristics of the Service at that time will be outlined including the structures and developments supporting clinical governance and clinical effectiveness. The method that was used for collecting data relating to the Service's activity will also be described including limitations.

Compared with other disciplines, a typical sample of Art Psychotherapy caseloads showed high levels of severity of problems experienced by clients and also indicated where access to the Service was limited. The Service's position was also strengthened by increasing evidence of the importance of psychological therapies that emphasised choice and equal access for clients; as well as the significant improvements in health provided by creative activities.

Biography:

Jacky Mahony was Professional Head of Art Psychotherapy for Oxleas Foundation Trust where she initiated an evidence-based clinical practice guideline. She has taught on various art psychotherapy courses at Goldsmiths, London University since 1984 where she is completing PhD research using visual arts practice to examine the significance of the therapist's art to an art psychotherapy group.

Biographical Details of Chairs of Associations and Council Reps

Madeline Andersen-Warren

Madeline Andersen-Warren is Chair of the British Association of Dramatherapist (BADth). She has worked in the NHS as a member of a Psychological Therapies Team and for the Independent Sector in addition to being a trainer and supervisor. She is also a visiting lecturer at several universities, an External Examiner and has written and published extensively.

Stephen Sandford

Stephen Sandford has been Chair of the Association of Professional Music Therapists (APMT) since March 2007. He works full-time in the NHS as Consultant Music Therapist at South West London and St. George's Mental Health NHS Trust and Head of Paediatric Music Therapy at Chelsea and Westminster Hospital NHS Foundation Trust.

Geoffery Unkovich

Geoffery Unkovich is Chair of the Association for Dance Movement Psychotherapy UK (ADMP UK) with experience of working within adult mental health, children with special needs, gay men, elders, and adults with profound and multiple disabilities. He is also an associate tutor at Goldsmith's University London, and as a visiting lecturer at Roehampton University London.

Tony Chenery

Tony Chenery is Head of Arts Therapies in NHS Forth Valley and is a co-opted member of the British Association for Art Therapy (BAAT) Council representing Scotland. He is also vice chair of Arts Therapies NHS Managers and Leads Network.

Abstracts and Biographical Details of Scottish-Based Arts Therapists

Simon Willoughby-Booth

Title:

A Broad Spectrum Approach: Evaluation of art therapy in a learning disabilities service

Abstract:

In the learning disability service where I work, "evaluation" covers a broad spectrum of activities and approaches, all of which are able to offer different perspectives on the work of the service. This spectrum ranges from the audit of service standards to the measurement of the outcomes of therapeutic interventions. In this short presentation I will describe these different approaches and link them to some of my current research interests into outcome measures for this population. In evaluating their work, Arts Therapists may need to meet the demands of different audiences and stakeholders and employ a range of different but complementary tools to satisfy the demands for 'evidence'.

Biography:

Simon Willoughby-Booth is Lead Art Therapist in the Learning Disabilities Service of NHS Lothian and professional lead for the Arts Therapies in Lothian. He has been an NHS clinician for over 30 years and an active researcher.

Judy Wilkinson

Title:

Evaluating an Art Therapy service: client change

Abstract:

This short presentation will cover how one art therapist collected information in a variety of ways as part of a funding dependent evaluation of having an art therapist in an NHS multi-disciplinary team. It includes an excursion into simple graphic display of outcome measures used in a study of Art Therapy as a first line intervention for adults with Type 1 PTSD.

Biography:

Judy Wilkinson has worked in a variety of settings with a variety of client groups since qualifying as an Art Therapist in 1996. She currently works part time for two NHS specialist psychotherapy services.

Genevieve Smyth

Title:

Sampling Dramatherapy Evaluation Tools in Child & Adolescent Mental Health

Abstract:

This paper invites audience members to consider the impact of combining a standardised external tool with adapted creative-expressive tools for the purpose of retrospective evaluation. The result is multi-perspective reporting from the client, relatives, other professionals and from dramatherapeutic media. How these tools are utilised will be demonstrated through a case example of summative evaluation. The case is based on work within child & adolescent community mental health. It focuses on identifying and understanding change that can occur in the direction of health as a result of Dramatherapy and the therapeutic relationship. Case information will be presented verbally, visually and physically through a range of materials used in the process of reflecting on the therapy experience. Handouts of sample tools will be available.

Biography:

Genevieve Smyth has worked and published as a Dramatherapy clinician, manager, supervisor and trainer in the UK, Europe, N.America and Asia. Currently employed in the NHS, she contributes to SATF, Dramatherapy Scotland, BADth and Scotland's Arts Therapies Practice Development Network.

Susan Scarth

Title:

Exploring Laban Movement Analysis (LMA) as an evaluation tool: Observing and notating movement profiles, psychological change and emotional integration in human action and interaction.

Abstract:

Laban Movement Analysis (LMA) is a complex movement observation framework that is based on nearly 80 years of research and refinement that started with Rudolf Laban (1879 - 1958) a dancer, choreographer and movement theoretician. The LMA framework offers distinct systems for the observation of Body Action and Shape in Space and in relationship. Through rigorous training and much practice movement analysts are able to reach a consensus of what is observed, and thus the system offers a rich tool for evaluation of change. This workshop/seminar will explore some basic LMA tools for observation and explore how and where change and integration might be observed. The presenter will offer a basic framework within which we can

observe movement. This will be followed by a request that participants enter into a simple exploration of their own and other's ways of interacting in movement through a movement sequence offered by the presenter. This will be followed by a sequence that allows for change and integration and these moments will be identified and emphasised by the presenter. A preparedness to engage in movement and group work is required for participation in this workshop/seminar.

Biography:

Susan Scarth is a senior Dance Movement Psychotherapist having worked with a range of different client groups in the UK. Currently she lectures at Queen Margaret University on the MSc. and Foundation programmes in DMP and is completing her training as a movement analyst.

Emma Pethybridge

Title:

Evaluating time-limited music therapy group work projects in schools

Abstract:

This presentation will be based on the evaluation of five time-limited projects of music therapy group work in two different schools, which were funded by Youth Music Initiative (Scottish Arts Council) and facilitated by the Music Therapy Children's Service, a partnership between East Lothian Council and NHS East Lothian Community Health Partnership (ELCHP). The remit was to develop new and innovative time-limited projects to meet some of the needs of youngsters with less severe additional support needs and to integrate professional approaches in new and imaginative ways.

The projects were evaluated through the use of a number of different tools: ongoing music therapy work was filmed at regular intervals and clips were selected to create a DVD to be used for training purposes (East Lothian Council, NHS Lothian and Scottish Arts Council Youth Music Initiative 2007), which also provided a physical artefact to be reviewed. Evaluation data was also collected through direct observation, parent/teacher completion of checklists with regard to children's behaviours before and after each project, interviews of educational staff directly involved in the groups and open discussion and questionnaires completed by music specialists and instrumental instructors in response to viewing the DVD.

Some of the findings have been discussed in a chapter 'Educational Music Therapy: Theoretical Foundations Explored in Time-Limited Group Work Projects with Children', written in collaboration with James Robertson for *Research and Practice in the Arts Therapies*, Vicky Karkou (Ed.), Jessica Kingsley Publishers.

Biography:

Emma Pethybridge has worked for NHS Lothian as a music therapist in the Children's Service since 2004. In 2005 she received funding from Youth Music Initiative to extend the service and to develop group work projects in schools in East Lothian. An exploration of some of these group work projects, within the theoretical framework of educational music therapy in collaboration with James Robertson, will be published later this year.

Appendix 3: Cochrane Reviews on Arts Therapies

ID: CD007103

AU: Bradt Joke

AU: Dileo Cheryl

TI: Dance movement therapy for improving psychological and physical outcomes in cancer patients

SO: Bradt Joke, Dileo Cheryl. Dance movement therapy for improving psychological and physical outcomes in cancer patients. Cochrane Database of Systematic Reviews: Protocols 2008 Issue 2 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858.CD007103

YR: 2008

NO: 2

PB: John Wiley & Sons, Ltd

US: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD007103/frame.html>

CC: HM-GYNAECA

DOI: 10.1002/14651858.CD007103

ID: CD006868

AU: Xia Jun

AU: Grant Tessa Jane

TI: Dance therapy for schizophrenia

SO: Xia Jun, Grant Tessa Jane. Dance therapy for schizophrenia. Cochrane Database of Systematic Reviews: Reviews 2009 Issue 1 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858.CD006868.pub2

YR: 2009

NO: 1

PB: John Wiley & Sons, Ltd

US: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD006868/frame.html>

CC: HM-SCHIZ

DOI: 10.1002/14651858.CD006868.pub2

ID: CD005378

AU: Ruddy Rachel

AU: Dent-Brown Kim

TI: Drama therapy for schizophrenia or schizophrenia-like illnesses

SO: Ruddy Rachel, Dent-Brown Kim. Drama therapy for schizophrenia or schizophrenia-like illnesses. Cochrane Database of Systematic Reviews: Reviews 2007 Issue 1 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858.CD005378.pub2

YR: 2007

NO: 1

PB: John Wiley & Sons, Ltd

US: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD005378/>

frame.html

KY: Humans [checkword]; Antipsychotic Agents [therapeutic use]; Drama; Hospitalization; Psychodrama [methods]; Psychotherapy; Randomized Controlled Trials as Topic; Schizophrenia [therapy]; Schizophrenic Psychology

CC: HM-SCHIZ

DOI: 10.1002/14651858.CD005378.pub2

ID: CD003728

AU: Ruddy Rachel

AU: Milnes David

TI: Art therapy for schizophrenia or schizophrenia-like illnesses

SO: Ruddy Rachel, Milnes David. Art therapy for schizophrenia or schizophrenia-like illnesses. Cochrane Database of Systematic Reviews: Reviews 2005 Issue 4 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858.CD003728.pub2

YR: 2005

NO: 4

PB: John Wiley & Sons, Ltd

US: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD003728/frame.html>

KY: Humans [checkword]; Art Therapy [methods]; Randomized Controlled Trials as Topic; Schizophrenia [therapy]

CC: HM-SCHIZ

DOI: 10.1002/14651858.CD003728.pub2

ID: CD004517

AU: Maratos Anna

AU: Gold Christian

AU: Wang Xu

AU: Crawford Mike

TI: Music therapy for depression

SO: Maratos Anna, Gold Christian, Wang Xu, Crawford Mike. Music therapy for depression. Cochrane Database of Systematic Reviews: Reviews 2008 Issue 1 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858.CD004517.pub2

YR: 2008

NO: 1

PB: John Wiley & Sons, Ltd

US: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004517/frame.html>

KY: Humans [checkword]; Depression [therapy]; Music Therapy [methods]; Randomized Controlled Trials as Topic

CC: HM-DEPRESSN

DOI: 10.1002/14651858.CD004517.pub2

ID: CD006787

AU: Bradt Joke

AU: Magee Wendy L

AU: Dileo Cheryl

AU: Wheeler Barbara L

AU: McGilloway Emer

TI: Music therapy for acquired brain injury

SO: Bradt Joke, Magee Wendy L, Dileo Cheryl, Wheeler Barbara L, McGilloway Emer. Music therapy for acquired brain injury. Cochrane Database of Systematic Reviews: Protocols 2007 Issue 4 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858.CD006787

YR: 2007

NO: 4

PB: John Wiley & Sons, Ltd

US: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD006787/frame.html>

CC: HM-STROKE

DOI: 10.1002/14651858.CD006787

ID: CD004381

AU: Gold Christian

AU: Wigram Tony

AU: Elefant Cochavit

TI: Music therapy for autistic spectrum disorder

SO: Gold Christian, Wigram Tony, Elefant Cochavit. Music therapy for autistic spectrum disorder. Cochrane Database of Systematic Reviews: Reviews 2006 Issue 2 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858.CD004381.pub2

YR: 2006

NO: 2

PB: John Wiley & Sons, Ltd

US: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004381/frame.html>

KY: Child [checkword]; Humans [checkword]; Autistic Disorder [rehabilitation]; Child Development Disorders, Pervasive [rehabilitation]; Communication; Music Therapy [methods]; Randomized Controlled Trials as Topic

CC: HM-BEHAV

DOI: 10.1002/14651858.CD004381.pub2

ID: CD007169

AU: Dileo Cheryl

AU: Bradt Joke

TI: Music therapy for end-of-life care

SO: Dileo Cheryl, Bradt Joke. Music therapy for end-of-life care. Cochrane Database of Systematic Reviews: Protocols 2008 Issue 2 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858.CD007169

YR: 2008

NO: 2
PB: John Wiley & Sons, Ltd
US: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD007169/frame.html>
CC: HM-SYMPT
DOI: 10.1002/14651858.CD007169

ID: CD003477
AU: Vink Annemiek C
AU: Birks Jacqueline
AU: Bruinsma Manon S
AU: Scholten Rob JPM
TI: Music therapy for people with dementia
SO: Vink Annemiek C, Birks Jacqueline, Bruinsma Manon S, Scholten Rob JPM. Music therapy for people with dementia. Cochrane Database of Systematic Reviews: Reviews 2003 Issue 4 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858.CD003477.pub2
YR: 2003
NO: 4

PB: John Wiley & Sons, Ltd
US: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD003477/frame.html>
KY: Aged [checkword]; Humans [checkword]; Dementia [rehabilitation] [therapy]; Mental Disorders [therapy]; Music Therapy; Randomized Controlled Trials as Topic
CC: HM-DEMENTIA
DOI: 10.1002/14651858.CD003477.pub2

ID: CD004025
AU: Gold Christian
AU: Haldal Tor Olav
AU: Dahle Trond
AU: Wigram Tony
TI: Music therapy for schizophrenia or schizophrenia-like illnesses
SO: Gold Christian, Haldal Tor Olav, Dahle Trond, Wigram Tony. Music therapy for schizophrenia or schizophrenia-like illnesses. Cochrane Database of Systematic Reviews: Reviews 2005 Issue 2 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858.CD004025.pub2
YR: 2005

NO: 2
PB: John Wiley & Sons, Ltd
US: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004025/frame.html>
KY: Humans [checkword]; Music Therapy; Randomized Controlled Trials as Topic; Schizophrenia [therapy]
CC: HM-SCHIZ
DOI: 10.1002/14651858.CD004025.pub2

Appendix 4: Examples of Research Studies from the Scottish Research Register

The Scottish Research Register can be found on:
<http://www.nhshealthquality.org/nhsqis/2636.html>.

The following are some examples included in this register.

1. THE LABYRINTH PROJECT: A Mental Health Promotion Programme in Schools (2001-2008)

Dr Vassiliki (Vicky) Karkou, Senior Lecturer at Queen Margaret University and Programme Leader for the M.Sc. in Dance Movement Psychotherapy
Also: Susan Scarth, Ailsa Fullarton

Funded by Calouste Gulbenkian Foundation

The overall aim of this project was to promote mental health in secondary schools in Edinburgh, Scotland through delivering and evaluating a flexible arts therapies programme that covered: (A) an educational seminar/workshop for teaching staff to 3 secondary schools that covered issues of mental health pertinent to young people and an introduction to arts therapies, (B) An arts therapies short group (10 sessions of dance movement psychotherapy) for young people 'at risk' of developing mental health problems in one of these schools. The project was evaluated using a combined methodology. Post and pre-post evaluative tools were used for the first part of the programme (N=20), while a Randomised Controlled Trial design was adopted for the second (N=12). Quantitative information was collected before and after the dance movement psychotherapy intervention from students and teachers. Results were compared with students in a waiting list in order to examine any significant differences between the two groups. Qualitative data was also collected in order to acquire further understanding regarding perceived quality and relevant experiences of participating in the arts therapies group. Descriptive statistics and parametric tests were used to analyse quantitative data, while thematic analysis was performed for qualitative data. Quantitative findings suggest that there were statistically significant changes after the intervention particularly regarding a reduction of internalising problems for the students participating in the dance movement psychotherapy group. Qualitative findings highlight the value of engaging in non-verbal dance/movement activities and the significance of sharing difficulties with others in the group.

Reports and further information are available from V Karkou VKarkou@qmu.ac.uk
Publications:

Karkou V, Fullarton, A. and Scarth S (2010) The Labyrinth Project: A Mental Health Promotion Programme in Secondary Schools in the UK, in V Karkou (ed.) Arts Therapies in Schools: Research and Practice. London: Jessica Kingsley.

Karkou V and Glasman J (2004) Arts, education and society: the role of the arts in promoting the emotional well-being and social inclusion of young people, *Support for Learning*, 19, 2, 56-64.

Karkou V and Jones (2003) The Beginnings of the Labyrinth Project in Secondary Schools, in N. Govas (ed.) *Proceedings of the 3rd International Theatre and Drama Education Conference: Building Bridges*. Athens, Greece. (in English and Greek)

2. ARTS, CREATIVITY AND MENTAL HEALTH INITIATIVE: Report on the findings of four arts therapies trial services (2003-2005)

Liz Glencorse, Laura Litser, Julia McNeil, Helen Scott-Danter, Cathy Wilson

Funded by the Mental Health Foundation

The aim of the study was to explore the potential of the arts therapies (art, dance movement, drama and music therapy) to work within and alongside communities as a mental health resource, and to provide sufficient evidence to underpin an in-depth action research proposal which would help explain the health benefits of participation in the arts. Both adults and children participated in the study. Interventions were evaluated through the use of the General Health Questionnaire before and after the interventions alongside interviews with participants. Trial services took place in Argyll, Midlothian and Midlothian. Overall participants experienced significant improvement in their mental health and social functioning, in particular improved self-esteem, communication skills and social interaction; art therapy was found to be a non-threatening and accessible medium without the stigma that often attaches to mental health provision; dramatherapy demonstrably improved children's social interaction; existing mental health services (e.g. Community Mental health Teams, schools) valued and welcomed their potential as added treatment options. On the whole arts therapies were seen as a holistic approach to mental health service provision, which builds on the inherent strengths of individuals and acknowledges their inner resources. Another important finding was the potential of the arts therapies to work with and alongside communities, to develop an accessible and meaningful service response. Included in the report are the key findings of the 4 arts therapies trial services who participated in this project.

The report is available from the Mental Health Foundation (2006):

www.mentalhealthfoundation.org

Further information about the project can be obtained from Cathy Wilson

catherine@cathwil.plus.com

3. An interpretive description of the patterns of practice of arts therapists working with older people who have dementia in the UK: PhD research, Queen Margaret University (2009)

Dr. Jane Burns, Lecturer in Art Therapy, Queen Margaret University

In recent years there has been growing interest in the arts therapies with older people who have dementia. This has happened despite a paucity of UK research and writing on the aims of practice. Furthermore, there is little knowledge about the professional background of the arts therapists, the issues that bring people with dementia into the arts therapy session, the care settings, theories and methods underpinning their work.

This qualitative mapping study employed a methodology from nursing called interpretive description (Thorne et al. 2004). Interpretive description advocates a pluralistic approach for understanding the complex dialogue between clinical and research knowledge. The research design involved thirty-one semi-structured interviews with arts therapists from art therapy, music therapy, dramatherapy and dance movement therapy, participant observations of thirteen care settings and formal and informal interviews with ten medical/care staff who worked with the arts therapists. The descriptive map was analysed using template analysis (King, 1998) and was interpreted using an integrative interpretive analysis (Heidegger, 1927; Smith et al. 1999)

The findings suggested that many arts therapists were pioneers in terms of being the first from their profession to work in the care setting. The study found that for people who have dementia participating in the arts therapies could help to connect them to a sense of self, other people and the environment in which they live. The therapeutic relationship provided a secure, supportive and validating relationship. The art form acted as a purposeful and structuring activity that facilitated the person's verbal and non-verbal expressions.

Art therapists adapted practice in order to accommodate the particular needs of people who have dementia (e.g. working within a temporal sessions structure). Despite disciplinary distinctions the study found that there was reciprocity of experience in terms of the arts therapists' feelings about the work and some in-session practices.

Further information about this study can be obtained from Jane Burns
jburns@qmu.ac.uk

4. SEEING A WAY THROUGH Independent Evaluation Report on Art Therapy Trial Services in Argyll & Bute (2006-2007)

Williamson Lee, Psychology Researcher, Queen Margaret University.

The study aimed to assess the impact of the provision of art therapy with clients in different community mental health settings, and the value of art therapy as an added treatment option in community mental health. It involved adults with mental health problems living in the community and/or in hospital settings. Art Therapy interventions. Art therapy was offered on a one-to-one basis to individuals with mental health difficulties in two sites in Argyll and Bute - Lochgilphead and Bute. Therapy outcomes were evaluated using both quantitative and qualitative measures. The General Health Questionnaire 12 demonstrates a highly significant increase in general health for 77.7% of participants. Qualitative analysis was overwhelmingly positive, revealing that all participants found art therapy to be a highly valuable and effective intervention in terms of therapeutic process and outcome.

The report is available from: David Bertin (NHS HIGHLAND mental health):david.bertin@nhs.net

Further info can be obtained from Cathy Wilson, catherine@cathwil.plus.com

5. THE PROVISION OF ART THERAPY IN A GP PRACTICE IN EDINBURGH (2000)

Dunkerd-Turnbull, Jane, Head of Department Psychology Queen Margaret University College, now retired

Also: Fiona O'May; Lee Williamson

The study aimed to collect data for a retrospective evaluation of art therapy at a GP practice. It involved adults with mental health problems referred by doctors at the GP practice. Art therapy was evaluated using a mix of quantitative measures: Self-esteem scale (Rosenberg 1956); Present Quality of Life; General Health Questionnaire (GHQ 12); Hospital Anxiety and Depression Scale (HADS); Social Activity and Distress Scale (SAI). Also qualitative semi-structured interviews were used before and after each intervention. The outcome of the therapy was viewed positively by all respondents, both in the short term, and for some the longer term. The process allowed thoughts and feelings to be expressed which previously had been 'buried' and also equipped clients with skills and strategies to help deal with issues and emotions which they had hitherto found problematic.

Further information about the project can be obtained via Cathy Wilson
catherine@cathwil.plus.com

Publications:

Dunkeld-Yurnbull J and O'May F (2002) GP's and Client's Views of Art Therapy in an Edinburgh Practice, Inscape Vo 7: 2.

6. CHALLENGES OF LEARNING DISABLED USER INVOLVEMENT IN THE EVALUATION OF ART THERAPY SERVICES (2004-2005)

McCulloch John, Art Therapist practitioner/researcher, Art Therapy Service, Craigmill Skill Centre, Strathmartine Hospital, Dundee

This study aimed to evaluate whether art therapy provision met the needs of people with learning disabilities who have in the past used art therapy services and to recommend changes to improve services. In order to find out more about whether art therapy provision was meeting the needs of people with learning disabilities, the study gathered information from former service users regarding their experience of art therapy service provision. The study involved users of services at an early stage as collaborators in their own treatment. Education in participative research methodologies was considered as being important in allowing people with learning disabilities the necessary skills and opportunities for enhancing their involvement in decision-making processes in art therapy evaluation and treatment.

For further information contact John McCulloch: john.mcculloch@nhs.net

Publications:

McCulloch J (2006/07) Challenges Of Learning Disabled User Involvement In The Evaluation Of Art Therapy Services International Arts Therapies Journal (Online) Vol 6. Available from:

<http://www2.derby.ac.uk/v-art/vol-6-200607-international-arts-therapies-journal>

7. REGARDING 'THE TEA-HOUSE OF THE AUGUST MOON': Therapeutic work with a client with a severe mental illness (2007-2008)

Parkins April, Music Therapist, Music Therapy Department, Herdmanflat Hospital, Haddington EH41 3BU.

Explorative therapeutic work is not currently regarded as the 'treatment of choice' for people who have a severe and enduring mental illness. This case study presents a description of music therapy work with a client who has a longstanding diagnosis of schizophrenia, who would not normally have been considered 'appropriate' for a psychologically-based intervention. The study aimed to explore the connections between creativity, identity, relationship, and overall wellbeing. It also aimed to offer the investigator a deeper understanding of her own clinical practice, and to enhance and extend our understanding of psychoanalytic theory through the presentation of an individual, atypical case study. The study followed a case study design. Case notes and transcripts of audio recordings from music therapy sessions were collected and analysed. The findings of the study included: (i) an exploration of the relationship between psychological development and mental illness. (ii) it

supported the relevance of case study research (with a focus on 'process' rather than 'outcome') to therapeutic practice. (iii) It provided a theoretically-grounded interpretation of unusual case material. (iv) it contributed to the debate on whether psychologically-based treatments can be useful for people with a severe and enduring mental illness and (v) it posed questions about the accuracy of prescribing (or denying) treatments to individuals on the basis of their diagnostic label.

For further information Contact: April Parkins April.Parkins@nhslothian.scot.nhs.uk

8. HOW DOES CALMING BACKGROUND MUSIC AFFECT THE MEALTIME AGITATION OF ADULTS WITH AN INTELLECTUAL DISABILITY? (2002-2010)

Hooper Jeff, Music Therapist, Craigmill Skill Centre, Strathmartine Hospital, Dundee DD3 0PG

Although there is evidence that calming music reduces the mealtime agitation of the elderly, and people with mental health problems, a similar investigation has not been carried out with adults who have an intellectual disability even though the literature suggests that they are often susceptible to agitation during this activity. The researcher has already demonstrated that calming music can help reduce the bed time agitation of the intellectual disability population, and wishes to discover whether it can also influence their behaviour during another daily living activity. The study therefore, aimed to identify whether background music helps manage any mealtime agitation displayed by people who have an intellectual disability, and to put forward a case for adding it to the mealtime environment of this clinical group. The research question formulated was: Does a selection of calming music reduce incidences of mealtime agitation? The sample involved adults with an intellectual disability. A reversal design was followed that involved observation and video analysis. The results suggest that mealtime agitation is not very common among the intellectual disability population, however, whenever it does occur, it is reduced by calming music.

For further information contact Jeff Hooper: jeffhooper@nhs.net

Publications:

Hooper, J., Wigram, T., Carson, D., Lindsay, B. (2008) A review of the music and intellectual disability literature (1943-2006) Part One: descriptive and philosophical writing, *Music Therapy Perspectives*, 26(2):66-79.

Hooper, J., Wigram, T., Carson, D., Lindsay, B. (2008) A review of the music and intellectual disability literature (1943-2006) Part Two: experimental writing. *Music Therapy Perspectives*, 26(2):80-96.

9. KEY DECISIONS AFFECTING OPERATIONAL MANAGEMENT PLANNING FOR DRAMATHERAPY AS A COMMUNITY MENTAL HEALTH TREATMENT (2001-2003)

Smyth Genevieve, Dramatherapist, NHS Community Mental Health, Borders

This research explores for the first time key decisions affecting planning for dramatherapy. It focuses on the case study of Dundee Repertory Theatre's Specialist Dramatherapy Service (SDS) work in partnership with a local Community Mental Health Team (CMHT) during the period April to August 2000. Here a programme of treatment is planned as part of an Integrated Care Pathway and I seek to discover what constitutes key decision-making affecting programme planning and how this compares with the experience of other Arts Therapist managers in Scotland. Therefore I gather historical and contemporary data on SDS-related planning and employ a qualitative method of research to provide a descriptive analysis. Later, I use questionnaire and interview tools to gather information from related services and review SDS planning changes on the basis of data analysis outcomes. These reveal that arts therapist managers use intuitive business negotiation skills to achieve planning objectives (Fox 1987 241). However, they report some National Health Service (NHS) resistance to developing Arts Therapies, exemplified by challenges to partnership working and a medical model of treatment choice being prioritised. Consequently these managers call for consistent and objective NHS management decision-making on issues affecting programme planning. In response, many Dramatherapy decisions result in complete changes to programme planning, such as client reports submission to medical files. Developing this 'inclusion' theme, other arts therapist managers have established a generic as well as specialised role within a CMHT. However, they continue to seek recognition for Arts Therapies programmes as unique and valued in their own right. For the profession's further development, research is now required on key decisions affecting Dramatherapy treatment outcomes, as well as on how organisational dynamics influence Dramatherapy planning at a strategic management level.

For further information contact Smyth Genevieve, gnsmyth@yahoo.co.uk

Appendix 5: Skills Maximisation Toolkit

The foundation of the one-day workshop was the Skills Maximisation Toolkit.

The workshop followed a process laid down in the toolkit in way that allowed participants to explore the journeys taken by patients in this case, with mental health issues, as they enter the system via the Primary Care gateway.

The toolkit provided an effective structure and a guided process to explore some of the key issues faced by Arts Therapies.

More information about the Skills Maximisation Toolkit can be found at www.nes.scot.nhs.uk.



Appendix 6: Action Points from the Event

Actions discussed during the first day of the event were grouped under

- (i) Education and Awareness Building
- (ii) Resource Availability
- (iii) Career Development and
- (iv) Attitudinal and Cultural Changes

as presented in the following table:

Education and Awareness Building

- Further develop the research database and create a central collection point for all Arts Therapies related data evidence
- Collate the Patient Experience Questionnaire ready for distribution
- Work with those who organise and deliver GP and consultant training to include Arts Therapies in their curricula
- Develop a strategy for delivery of presentations to potential referrers in the Primary Care arena. Create before and after questionnaires to evaluate the effectiveness of presentations
- Target local GP or surgery to implement a pilot operation to specifically test a number of interventions such as:
 - (i) depression: mild to moderate plus anxiety with eating disorders
 - (ii) choose a specific therapy to refer
 - (iii) compare pre and post pilot referral rates
 - (iv) compare pre and post pilot prescribing rates
 - (v) compare pre and post pilot patient outcomes
- Providing information to GPs and Community Mental Health Teams about Arts Therapies, specifically creating a mechanism to provide feedback on referrals
- Once these links with GPs and other Primary Care referrers have been creative they are to be proactively maintained with ongoing engagement
- Integrate with Allied Health Professional Agenda Boards
- Arts Therapies to engage actively with senior management to help them understand more about Arts Therapies and for Arts Therapies to develop understanding of other health professionals
- Arts Therapists to develop promotional material, both written and visual, to continue the education process
- Production of a film to be premiered in Mental Health week, held in October every year. The film will feature patients and their experiences, focussing on reduced medication, a suicide survivor, an example where Arts Therapies have contributed to helping the person back to employment and a patient who did not require readmission after an intervention from Arts Therapies
- Create closer links with Health Scotland in terms of the mental health provision

Resource Availability

- Showcase through a register of where resources actually do exist in the corporate, local and national context
- Utilise all suitable and available rooms for Arts Therapies sessions, for example, local dance studio, arts community centre or leisure centre when not in use

Career Development

- Research to be undertaken about the profile of Arts Therapies posts in comparison to other Allied Health Professions
- Undertake a succession planning exercise
- Implement mentoring and preceptorship into high and junior levels
- Showcase senior posts more prominently
- An Arts Therapist to put themselves forward to become actively involved in Allied Health Professions Fora in Scotland.

Attitudinal and Cultural Changes

- Arts Therapists to be more positive in their perception of their own achievements, which are not inconsiderable. There is the opportunity to develop a more positive and constructive thinking pattern about their own professionalism
- Arts Therapies as a function of the four professional disciplines to be promoted jointly using vehicles such as Allied Health Professions Forum Scotland (AHP FS) and the Scottish Arts Therapies Forum (SATF)
- It is important for Arts Therapies to influence at all levels, from Primary Care through to Government. To be able to influence at a strategic level Arts Therapies have to answer the continuing need for more and more evidence by building a researcher culture
- Build credibility of each of the distinct disciplines, for example, by writing to MSPs to ensure that the HPC has the parliamentary time needed for Dance Movement Psychotherapy to be regulated
- In the same vein, seek support from Unite Trade Unions and its political officers to lobby Write a motion for the National Health Sector Industrial Committee to be raised by the Allied Health Professions rep calling for political support for regulation
- Creation of an Arts Therapies support network linking to the NES advisory forum and the QIS Practice Development Network

The following actions were agreed amongst delegates as priorities:

Project/Pilot	Arts Therapist	Contact Details
Creating a film for the Mental Health Week including information about all four arts therapies	Simon Hill Scottish Rep for Lothian BAAT Region	simonhill2008@live.co.uk
Customising and enhancing the SATF website	Michele Gunn Chair of SATF	michelegkeir@hotmail.com
Letter from Helen MacFarlane to Unite	Susan Scarth Scottish Rep for ADMP UK	sbscarth@hotmail.com
Increasing the amount of information available to the public on the Dramatherapy website	Madeleine Andersen-Warren Chair of the BADth	chair@badth.co.uk
Sharing ideas with other professional bodies re: examples of posts in terms of workforce planning	Stephen Sandford Chair of APMT	Stephen.Sandford@chelwest.nhs.uk
Circulate survey results about where Art Therapists are located across Scotland	Tony Chenery Scottish Rep for BAAT	Tony.Chenery@nhs.net
Create a central database for the collection of information and research relating to Arts Therapies and to develop the search and research functionality of that database	Dr Vicky Karkou Senior Lecturer at Queen Margaret University	VKarkou@qmu.ac.uk
Awareness raising about Nordoff Robbins Music Therapy work by directly approaching GPs and running specific events	Janet Halton Scottish Rep for APMT	JanetHalton@nrscot.org.uk

