



Allied Health Professional case studies: Art Therapist

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Arts therapy leadership activates creative resources which promote individual, team, and community growth in mental health settings

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Introduction

The arts therapies include art, dance-movement, drama and music therapy. These four creative professions use non-verbal psychological therapy to support people to make changes in their lives, which can improve both mental and physical wellbeing. The active ingredient in the arts therapies is the art form. Using play and experimentation, the person accessing arts therapies can: explore choices through artwork, trial a different version of themselves in role-play, find their voice with musical improvisation and learn to listen to their physical needs through movement.

While the arts therapies are a specialist and complex intervention¹ in clinical settings, as an allied health profession, arts therapists have a range of transferrable skills which can be activated in leadership roles to support the equally complex agenda of public health.

Alongside ensuring that the team deliver effective and timely clinical services in secondary mental health settings, my role as Head of Arts Therapies requires more to reduce local health inequalities in Bedfordshire and to focus on preventative rather than reactionary healthcare. As a leader, I modelled my creative values in action to empower the arts therapies team to do the same. Through collaborative working, we not only maximised our small arts-based resource but built capacity and confidence in other parts of the system with healthcare professionals, experts by experience and local cultural assets.

Context

Bedfordshire has a population of 670,000. As a county it is predominantly rural, with some of the most affluent communities living alongside some of the most deprived areas in the UK. For example, 43% of Luton Borough lies within the top 30% of the most multiply deprived areas in England². Additionally, there is great cultural variety across Bedfordshire, with Luton being one of the most culturally diverse parts of the UK³. These geographic and socio-economic factors pose significant challenges for healthcare delivery, but also potential opportunities for celebrating cultural diversity.

The arts therapies team in Bedfordshire and Luton delivers a county-wide service across adult mental health, specialist learning disability and community health services provided by East London NHS Foundation Trust (ELFT). Each of the four arts modalities are represented in our team. However,

the arts therapies resource is limited, with the equivalent of four whole time posts serving the entire county.

Under ELFT's Trust-wide arts therapies strategy, clinical interventions are provided across a broad range of services, both inpatient and community, to a varied adult population (figure 1). Locally, we have also included support for NHS staff, both clinical and non-clinical, as an essential part of this arts-based strategy.

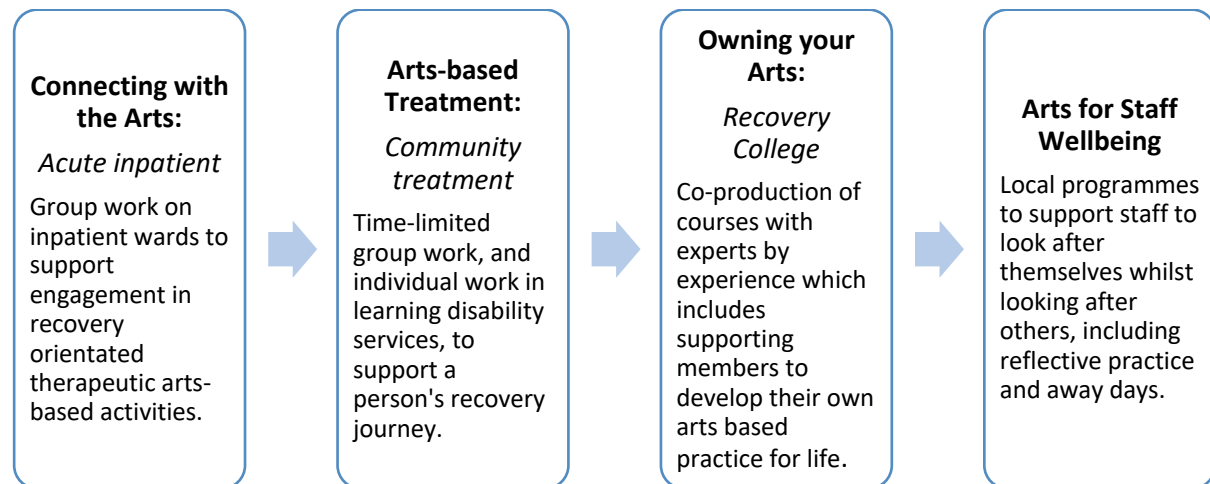


Figure 1: Arts Therapies Service provision in Bedfordshire & Luton, ELFT

This system-wide vision recognises “the benefits that the arts can bring to health and wellbeing”⁴ as a recovery tool and in promoting psychological resilience beyond NHS service use. In parallel, our team has sought to provide continuity of care across mental health services so that people can access the arts at any stage of their recovery. To achieve this level of impact several factors drive our work, these are:

- Collaborative working maximises the use of our arts therapies resource which includes transdisciplinary inpatient working and coaching experts by experience to deliver their own recovery college courses.
- Building capacity and confidence in other parts of the system through using arts-based interventions with a strengths-focussed recovery approach for staff, service users and the public creates better outcomes for everyone.
- Clinical service delivery built on quality improvement principles enables a nimble response when providing county-wide services, increasing equity and accessibility, meeting demand in a timely and context sensitive manner. This includes piloting novel interventions in wider teams and introducing group-based delivery in learning disability services.

Arts Therapies working across traditional healthcare barriers

My leadership style is participative, I know that I cannot implement large-scale transformation without my team being active change agents. As a quiet leader⁵, listening is essential, in my silence I can hear opportunities for future collaborations and lean-in to difficult conversations, averting potential resistance. To successfully deliver the arts therapies strategy, in line with ELFT's public health priorities, I have prioritised the following:

1. Developing clinical leadership in the arts therapies team

Each member of the team has unique skills and valuable experience, together our creative voice can empower others. Building individual confidence and competence involves working across levels of capability through coaching and supervision, given as part of my leadership role. This included investment in talent through supporting autonomous professional practice and academic development which benefits the team and wider arts therapies. Creative experimentation through solution-focussed learning and working with uncertainty models authentic leadership for the team.

2. Strengthening the current clinical service provision through evidence-based practice

Communication, both verbal and non-verbal, lies at the heart of the arts therapies. Similarly, communication within an organisation is essential in understanding the multifaceted role of the allied health professions.

In our team, we began by holding our service accountable, through producing quarterly reports which included contact data with service users and staff, outcome measures and experience data. This enabled us to meet key targets and to celebrate successes. Additionally, we reduced barriers to accessing the arts therapies through strengthening referral pathways and widening participation across different client groups.

Each arts-based intervention is underpinned by quality improvement methodology, fostering a growth-orientated team culture. Increased visibility for the arts therapies has confirmed our role as valid contributors to multi-disciplinary mental healthcare.

3. Adopting a flexible approach to arts-based interventions to engage a range of stakeholders

Employing our therapeutic and arts-based skills flexibly enables the arts therapies to operate beyond the traditional confines of the clinical therapy room. The arts work across many levels. For example, we can facilitate challenging conversations through metaphor or role play. We can enable diverse groups of professionals and service users to each find a voice and feel heard through creative play. These skills not only provide psychological safety when exploring complex or controversial issues but foster more holistic solutions to issues of organisational change.

Some examples of specific work programmes that the arts therapies team have collaborated on are:

- Service Design

A transdisciplinary steering group was set up, to develop a radical vision of barrier-free healthcare, for people with persistent physical symptoms and functional syndromes. This necessitated engagement across organisational levels, from borough director to service user. Additionally, we reached across geographic and traditional service barriers to include primary care and other provider organisations across the whole of Bedford Luton Milton Keynes (BLMK) Sustainability and Transformation Partnership (STP).

An art therapist used a model of visual mapping (figure 2), which enabled all voices to be heard, to distil the strengths in the current system and identify areas for improvement. Through this process discussion of complex areas such as discriminatory language and the psychological impact on clinicians of this work were explored. Visual system mapping accelerated the journey towards personalised care for this client group, through recognition of the strengths in the system and collaboratively designing a better vision.

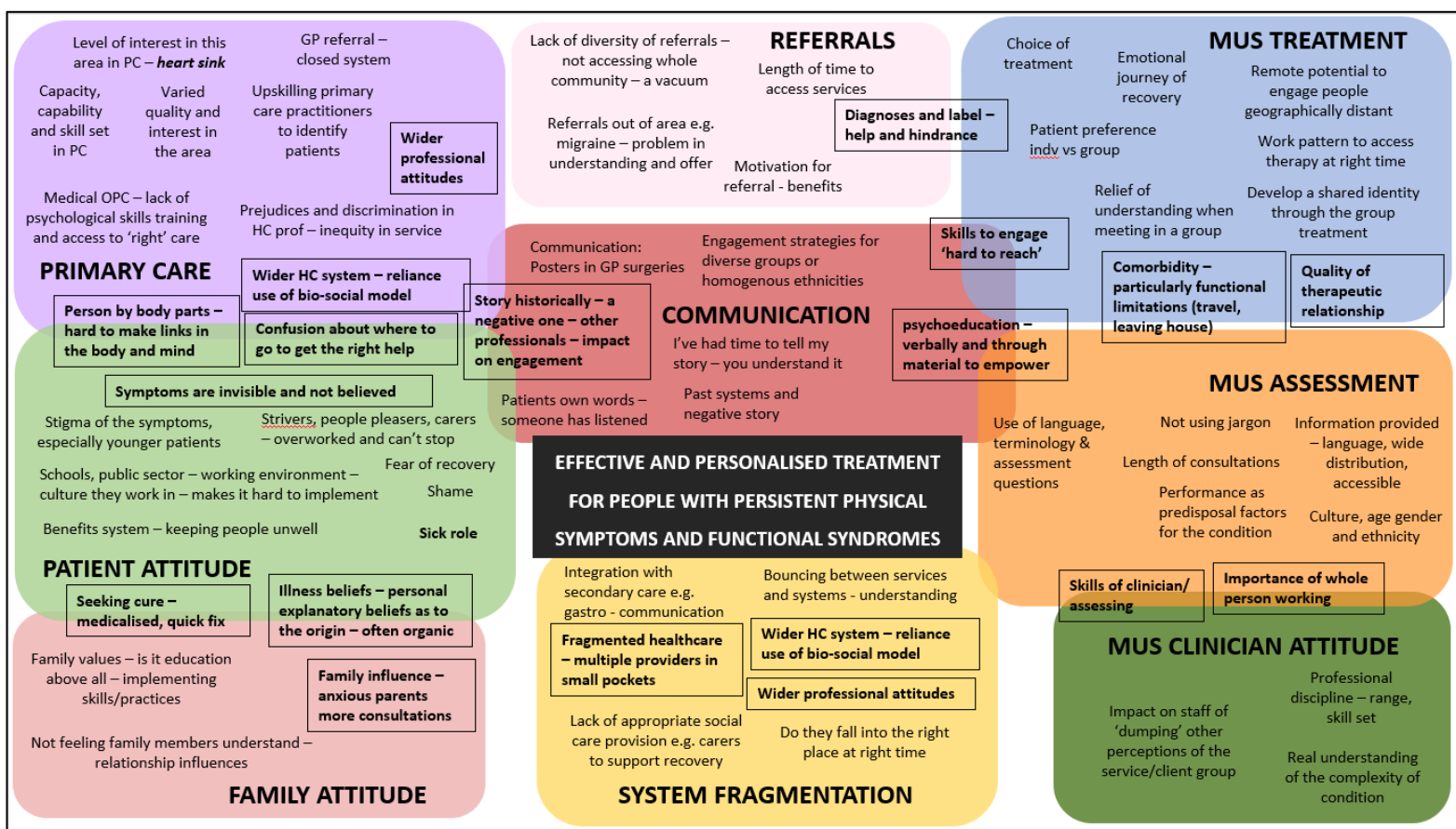


Figure 2: Thematic map of the barriers and facilitators in service access and use
(please note MUS stands for Medically Unexplained Symptoms, this is one term used to describe people who experience persistent physical symptoms and functional syndromes such as Fibromyalgia, Chronic Fatigue or some Musculoskeletal conditions)

- Staff Support

It is widely known that staff experience is an antecedent to patient experience in healthcare. Teams which are well structured in organisations with a supportive culture, not only achieve higher staff retention and fewer sickness absences but demonstrate reduced patient mortality and readmission rates with increased patient satisfaction⁶.

The arts therapies draw on this evidence when caring for the person in the professional. We recognise the emotional impact of caring work in mental health services. We offer a multi-intervention approach which includes: structured debriefing after critical incidents; contracted arts-based team reflective practice; and during the pandemic tri-weekly creative breakout sessions. Using the arts enables difficult conversations to occur without blame and facilitates a team's own recovery resources through creative expression.

- Strengths-focussed Psychological Support

People with a learning disability face a range of complexities when seeking support for their physical and mental health. There is a greater likelihood of comorbid diagnoses⁷ and communication challenges, alongside referrals originating from support staff not the person themselves⁸.

We developed a 4-session arts therapies assessment group⁹ to activate service users' personal resources, support them to advocate for their needs and to make an informed choice about accessing psychological therapy. For some, this is all they needed, others enter non-verbal psychological therapy with a greater awareness and motivation to change. In parallel we engage the person's support team to maximise therapeutic success and understanding.

- Recovery College

The arts therapies wing of the recovery college has seen co-production partnerships between experts by experience, that is, people with lived experience of mental health conditions and arts therapists, grow in unprecedented ways. Following a successful pilot programme with dramatherapy¹⁰, psychoeducational courses are now part of our routine practice. Group members have produced a recovery-focussed book, delivered training within the Trust and presented at national conferences alongside arts therapists. In partnership, the arts therapies and experts by experience have supported local community resources to reduce stigma around mental health, widen access and foster inclusive public environments which promote life-long recovery.

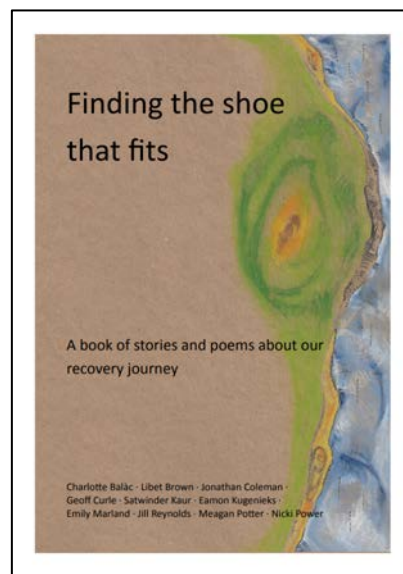


Figure 3: 'Finding the Shoe that Fits' a book about recovery made by experts with experience

Measuring success

There is no single measure of change which can accurately capture the range of interventions which we offer and continue to develop as a team. However, we use triangulation of data from a range of sources to help us build a picture of effectiveness, to identify where the arts therapies add value and to point towards future areas for development. We collect formal outcome measures, experience data and improvement suggestions from service users, staff and carers. Here are some selected outcomes from those who have accessed the arts therapies:

- Arts Therapies Team

As well as providing direct clinical intervention, members of the team have been supported to write academic papers¹¹ building the evidence base for arts therapies and to develop leadership skills, for example, becoming a quality improvement coach.

- People who use mental health services

One person who attended an inpatient group said:

“Do you see how connected people seem now...before the group everyone seemed so isolated and tired...that was such a therapeutic experience”.

Another person, who attended a recovery college course said:

*“Gives you self-confidence to just sing and...
to go and speak to people with similar health issues”.*

A person with a learning disability who attended individual therapy said:

*“I was quite poorly with anxiety and depression... as my therapy progressed,
I started to feel better in myself, and...I’ve really enjoyed ...my [arts] therapy sessions.
They’ve really helped me a lot....I have the tools to help me keep the work up”.*

- Staff in ELFT Services across Bedfordshire & Luton

During the first national lockdown in 2020 the arts therapies team provided arts-based break spaces for 108 staff per month (March to July inclusive). This was a 200% increase in staff support provision. One staff member said they appreciated:

“Having time away from direct clinical responsibility to share ...and reconnect”.

- Wider Community in Bedfordshire

We have created sustainable partnerships with cultural organisations such as the Higgins Museum, The Place Theatre in Bedford and The Hat Factory in Luton. This has enabled people who face stigma to access these cultural settings as equal citizens, and staff beyond mental health care have benefited from mental health first aid workshops.

Following a film showcase, which was co-produced with young people from CAMHS services (another pilot project we supported), a member of the public who had been in the audience said:

“It was a very unique and special experience ...exceedingly informative and deeply moving...immensely powerful voices, speaking and singing of strength and redemption, of emergence and new beginnings. Thank you ...for convincing us that a better day is always possible”.

Key learning points

- Creativity is an essential tool in service transformation. The creative process familiar to arts therapists, combined with therapeutic skills of engagement and group facilitation, make us ideal collaborators in complex change programmes.
- Just as arts therapies provide a space apart from everyday life for service users to make changes possible in their lives, this capacity can be harnessed to support staff wellbeing and team building.
- The value of systems approaches in the design and delivery of mental healthcare cannot be underestimated. Interdisciplinary work enables professions with limited resources to reach

further and maximise impact. Inclusive mental health services place the lived experience of the people accessing services firmly at the core of practice. Together, we can draw on a range of expertise and build a board skill base to strengthen our whole community's mental health approach.

- True co-production requires professionals to be led by our experts by experience. This takes time and involves learning for all. In any developing therapeutic programme, allied health professionals need to be mindful of the time and energy involved in genuinely collaborative and inclusive working.
- The arts are a vehicle to access the creative potential in the everyday. There is some need for caution when implementing arts-based interventions as part of change programmes. The potential uses of creativity are boundless, this poses a risk that we may over-stretch. Pacing and good project planning can mitigate this risk.

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The added value of art therapy practice within maternity and perinatal parent-infant mental health

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Practice description

Art therapy within maternity and perinatal parent-infant mental health (PPIMH) is a developing area of practice in the UK (Hogan et. al, 2017). This therapy uses artmaking to explore emotional difficulties such as anxiety in pregnancy or postnatal depression. It focuses on improving relationships between parents and their babies up to twenty-four months. A systemic and psychologically dynamic approach ensures a broad therapeutic space for exploring family environments and the deeper transgenerational relationships between parents and their baby's developing personality (Jones, 2019). This model reflects the philosophy of the department where this study was conducted.

Arts in PPIMH features in government reports, such as the Creative Health Inquiry Report (2017) and Arts in Health Evidence-based Interventions (WHO, 2019). The vitality featured in art therapy complements the cultural, socio-economic, and neurological diversity of this demographic. The physical and mental changes that come with pregnancy invite a holistic approach including the arts, mindfulness, and yoga. All have been found to have good economic outcomes for perinatal mental health (Bauer et. al., 2016). The kinesthetic qualities of artmaking (see Elbrecht, 2013) can help subdue emotional and psychological distress resulting from deeply traumatic perinatal experiences. Its sensory methodology helps to regulate attachment transmissions by providing a bi-directional space that encourages bonding and reflective function (Bruce, 2020).

Pandemic context

One in five mothers experience a spectrum of anxiety and depression during the perinatal period (Creative Health Inquiry Report, 2017). A post-pandemic report suggests this figure is now higher (Babiesinlockdown, 2021). The pandemic has also impacted fathers/partners. Women from disadvantaged socio-economic backgrounds are three times more likely to suffer perinatal illness than others in the UK. Black minorities and Asian populations have been most severely affected by the pandemic (Papworth et al., 2021). In 2017, perinatal depression was estimated to represent a long-term cost to UK society of £8.1 billion per annum (Creative Health Inquiry Report, 2017). There has since been an increase in the availability of perinatal services across some parts of the UK, but isolating effects of lockdowns have been particularly stressful for vulnerable women with babies (Papworth et al., 2021). Stigma is a significant barrier to seeking help. It is therefore likely that many perinatal illnesses remain untreated (Broadhurst et al., 2017). Some women are afraid to accept help

fearing their baby may be removed from their care or they will be judged as not *good enough* parents (Papworth et al., 2021). Jones aptly uses the phrase '*illness of trust*' (Jones, 2021).

Study context

A six-month art therapy service review was completed within the author's PPIMH department in 2017. The aim was to help commissioners and professionals understand the benefits of art therapy in this field. Service user feedback was analysed. The findings were later published (Bruce & Hackett, 2020). It is summarised here with a focus on wider determinates and health improvements from including art therapy within perinatal mental health services.

Referrals to the department came from professionals working within the field. The annual referral rate was 1100 at the time of the review. Art therapy was a one-day-per-week service. Referrals were discussed at weekly multi-disciplinary team meetings. Twelve referrals were accepted for art therapy during the review period. Nine led to face-to-face assessments. Presentations included symptoms of anxiety, perinatal depression, posttraumatic stress disorder and self-harming behaviours. Parent-infant bonding issues were predominant. Some women were pregnant, others had babies up to ten months old. Five were from ethnic minorities, four were white British. English was a second language for four women. One used an interpreter. Three families received social care. Five were from low-income, temporary, or overcrowded households. Therapeutic support was offered to fathers. One requested it. Partners were encouraged to attend a father's group run by the department. Five women received psychiatric services. Seven attended community groups with their babies whilst pursuing art therapy.

Method

Interventions for the nine women and babies took place in the department's creative therapy room. This was made to feel bright and cheerful. The windows looked out onto green shrubbery. The service also arranged home appointments. Parent-infants were offered weekly ninety-minute sessions. Forty-eight of sixty-eight sessions were attended. This was above average for the department at the time of the review. Intervention length ranged from six-weeks to beyond twelve months. Sessions began with yoga or mindfulness exercises followed by time for artmaking. Art materials were available and could be used freely within the space. The floor was the most common place for activity. This invited mother-baby interaction when a baby was present.

The process of artmaking sometimes aroused memories that reminded women of their own adverse experiences of being parented. This could be a concern, but often generated opportunities for the therapist to help the parent unpack what was recalled, encouraging inter-relational repair and positive moments of mother-baby connection. Session-by-session risk management was paramount in treatment planning. Mothers' own words were used to describe desired intervention outcomes. Six-weekly reviews helped parents recognise how well they were progressing. This promoted resilience in parenting ability. Interventions were delivered by a fully qualified art therapist with post-graduate qualifications in infant mental health.

Service-user experiences

Two questionnaires were designed to facilitate the service review. These were self-reporting and used to gather views and experiences of the nine women. The British Association of Art Therapists' research officer was consulted in developing the questionnaires. PPIMHS Strategic & Clinical Lead guided the sensitive quality of the questions for this population. The first included twelve closed questions asking about general experiences of the art therapy service. Answer choices included *very*

true, partly true, or not true. The second included ten questions about the women's therapeutic experiences. This aimed to capture moods and feelings recalled from the intervention. A selection of twenty *feeling words* such as *afraid, worried, anxious, relaxed, comfortable, and calm* appeared on the sheet. Women could circle words that most accurately matched their feelings before and after the intervention. Room was left for additional comments on each sheet. Eight of nine mothers returned completed questionnaires.

Table 1 highlights the proportion of women who measured *very true* in relation to aspects of their general experience (questionnaire 1). Table 2 highlights the proportion who measured *very true* in relation to aspects of their therapeutic experience. Table 3 highlights the women's most circled *feeling words* in relation to *their* therapeutic experience (questionnaire 2).

No. of mothers	Statements in relation to mothers' general experience of the art therapy service
7/8	I feel that the person who saw me / me and my baby listened to me
7/8	It was easy to talk to the person who saw me / me and my baby
5/8	I have been given enough explanation about how art psychotherapy can help
7/8	The creative art therapy room is comfortable
7/8	The art materials were appropriate
2/8	It is quite easy to get to the place where the appointments are held

Table 1.

No. of mothers	Statements in relation to mothers' therapeutic experience
4/8	Art therapy provides or provided me with an alternative way of communicating.
4/8	During art therapy I felt my mood change for the better following session 1.
3/8	During art therapy I felt my mood change for the better following session 3.
5/8	During art therapy I felt my mood change for the better following session 6.
4/8	The review(s) during the art therapy intervention was/were useful.
6/8	Art therapy is helping or has helped me to understand myself and my problem(s) better.
3/8	Art therapy is helping or has helped me to understand my baby's needs and improve my relationship with my baby.
7/8	The room/environment is helping or has helped me to feel comfortable about sharing my thoughts and feelings.
6/8	The art materials are helping or have helped me to express how I feel.

Table 2.

No. of mothers	Most circled feeling words from questionnaire 2
6/8	Before: <i>worried, anxious, and afraid</i>
5/6	After: <i>stable, relaxed, comfortable, and calm</i>

Table 3.

The results demonstrated that women felt their views and anxieties were considered. Six of eight thought art therapy helped them grasp an understanding of their problems. This ratio suggests that art therapy may offer a generous section of the public a more relaxed way of speaking about their troubles. Half of the women said they appreciated being offered an *alternate way of communicating*. This suggests that art therapy may offer marginalised sectors of the population diverse and inclusive ways to feel valued and understood, particularly if English is not their first language. Feeling understood increases resilience and confidence. This has potential to impact on other aspects of women's lives, for instance in developing creative abilities or pursuing new ways of developing careers balanced with parenting. Half the women experienced positive mood changes following initial sessions. Mood changes may have been influenced by prescribed medication. Three women claimed that art therapy helped them understand their baby's needs. Whilst women didn't always perceive bonding and attachment as a central issue, some said that they did not want to parent their babies in the way that they had been parented. Their drawings reflected this and helped them to see things from their baby's perspective. This can also be substantiated by the women's written feedback. Empathy and compassion for others is impactful for society. It can positively affect the health and well-being of future generations. Attendance at parent-infant groups and/or other treatments received concurrent to art therapy could have prejudiced these views. Circumstantial and broader environmental factors may also have influenced change. Samples of women's feedback included:

"drawing gives me memories to put right [in the mother's mind] and help[ed]...me and my baby...it helps me think about my baby's feelings"

"making things relaxes my anxiety"

"It [art therapy] jogged me back into thinking 'I can cope without a service'."

"I looked forward to...art therapy."

These examples suggest women found the art therapy space relaxing. A place where feelings could be held, and anxiety reduced, promoting trust, positivity, and resilience. Women said they felt inspired to find alternative ways to combat anxiety, such as joining craft groups, or spending more time walking in nature. These healthy life-style choices helped one woman become less reliant on services, thus providing an example of reducing wider socio-economic costs.

One woman attended weekly art therapy sessions with her baby over a six-month period. She willingly granted permission to publish her personal story, keen for others to benefit from this approach. Vignette one describes the woman's perception of her background and how this influenced her current mood relating to her baby. The second summarises positive changes gained from the therapy. The final vignette features her responses to a third questionnaire developed to guide an interview approximately six months after the intervention. Vignettes capture her views and

experiences of art therapy and the effect this had on her relationship with him. A pseudonym is used here.

Vignette one

In the first months of art therapy, Sandra used drawings to describe how her parents suffered from addiction to alcohol. She was often shut in a bedroom for hours at a time and spoken to in a humiliating and derogatory way. She said, this made her childhood feel frightening and confusing. She described suffering from depression. As a teenager she attempted suicide. Sandra accepted this art therapy intervention shortly after the birth of her fifth baby. She also admitted to suffering depression during previous pregnancies.

The therapist noticed that Sandra hardly looked at her baby during session one. Baby lay quiet and still whilst Sandra spoke of feeling *“lost, isolated and worse than ever before”*. She said how hard it was to feel positive about her baby. Sandra used clay to create the image of a baby (Figure 1).



Figure 1.

Pushing her efforts aside, she said she felt *“useless”*. In a different session she scratched an image of herself hidden in a box. The box lay beneath her *“overpowering”* father whose face she *“couldn’t think about”*. Sandra appeared unaware of how these memories affected her feelings and prevented her from encouraging her baby to thrive. The therapy enabled her to discuss how she may have unknowingly wanted her baby to feel robbed of affection, like she had felt robbed.

Vignette two

During month three, Sandra began making connections between her images and her childhood suffering. She grew more trusting of the art therapy process. Her confidence increased. She began using whole arm movements to draw across an expanse of paper on the therapy room wall. Sandra created a cohesive visual story of the *“rubbish”* she said was *“suffocating her mind”*. She exercised her imagination, creating space to think of how her baby could be stimulated. Their relationship became increasingly animated. She began prioritising his needs. He gradually reached for toys, like Sandra reached to draw with her hands.

Vignette three

During the subsequent interview, Sandra said “*having someone listen and witness my story in a non-judgmental way helped me learn to trust*”. She reflected on images made during the intervention and described how her self-understanding had helped her feel more able to meet her baby’s emotional needs. She said this shift came through her hands [kinaesthetic] and through the space available to “*sick out her feelings in art therapy*”. She spoke of the “joy” she now sought internally and the hope she held for her baby’s future.

Outcomes and learning

Research into perinatal parent-infant art therapy is limited (Bruce & Hackett 2020, Hogan et al, 2016). However, this study offers an example of how the cost of perinatal depression to UK society could be reduced. Bauer et al. suggest that increased access to treatment for common maternal mental health problems could provide a net benefit of half a billion pounds (2022). Further studies are needed to examine the reliability and validity of art therapy within this field. Nevertheless, these findings reveal the importance of considering the mental health and well-being of parents and their immediate environment in developing their baby’s personality. This innovative approach forms a creative space for parents and babies to thrive together while considering inter-relational repair. This inclusive and diverse approach may also positively contribute to intergenerational health improvements in individuals, communities, and wider society.

As part of the NHS Long Term Plan for perinatal services, the Trust where the review was conducted successfully bid to develop a community maternal mental health service to reach women suffering from posttraumatic stress disorders and perinatal traumas such as sub-fertility, miscarriage, still birth, traumatic birth and loss of a baby through removal by social care (<https://www.england.nhs.uk/2021/04/dedicated-mh-services/>). Art therapy is being integrated into its forward-looking strategy. This is also reflected in the development of other community teams across England.

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Art Psychotherapy in the community. Addressing health inequalities through Social Prescribing - an Asset Based Community Development (ABCD) approach

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Description

The Art Room @ is an art psychotherapy practice run by the third sector charity LS14 Trust. It is designed to support people within their community addressing the impact their lived experiences brings to bare on their mental and physical wellbeing. Working in partnership with local community members, and strategic partners to form a range of locally driven initiatives including creative arts in health projects, addressing the wider determinants of health inequalities. Combining the Social Prescribing model and Asset Based Community Development (ABCD) approach as part of this psychotherapeutic intervention, supports clients to bring about sustainable behavioural change in addressing health inequalities for themselves and the local area.

Context

The Art Room @ is situated in the Killingbeck and Seacroft ward in Leeds.

The health profile (2019) for this ward indicates it has a GP registered population of 27,175 and ranked the fourth most deprived area in Leeds. GP recorded conditions for 2019 indicates a significant number of the local population have a diagnosis of obesity, COPD, diabetes, as well as both common and severe mental health conditions (Observatory Leeds, 2019) such as depression, anxiety, psychosis, personality disorders and trauma, including managing and maintaining physical wellbeing of diagnosed conditions.

The Art Room @ is a free service providing local and accessible psychotherapeutic support to adults aged 18+ living in Leeds who experience high levels of health inequalities. This service offers a 12 week course of group or 1-1 sessions for clients to explore, come to terms with, draw conclusions from and learn to find new ways of coping with their mental and physical health and overall wellbeing.

Art psychotherapy uses art materials as its focus for expression and communication, enabling individuals to use art to creatively express themselves. Art therapy is a part of therapy in many psychiatric conditions. Art psychotherapists are registered with the Health Care and Professional

Council (HCPC) and are one of the 14 Allied Health Professionals who provide a range of services in connection with healthcare both in the NHS and community settings.

Method

The Art Room @ adopts an Asset Based Community (ABCD) approach to community development (Nesta, 2020). Initially the service was set up as a pilot project in 2015 delivered by a trainee Art Psychotherapist who was also an LS14 Trust volunteer, funded by the local Council Housing Advisory Panel (HAP). The success of the service has grown year on year and is now contracted by Leeds City Council through Live Well Leeds (LWL) to deliver this programme over a 5-year contract ending in 2023.

The referral process is predominantly based on social prescribing from a range of different pathways, i.e. GP social prescribers, LWL, statutory and third sector, personal recommendations from community members and self-referrals. Social prescribing aims to holistically address the needs of an individual enabling them to take greater control of their own health.



Figure from: Public Health England (2018). *Health matters: community-centred approaches for health and wellbeing*

In excess of 50 referrals are received in any one year and approximately 40 clients a year engage in the programme. Average attendance is approximately 74% over the course of a 12-week programme. The project currently employs one art psychotherapist for 3 days per week.

The service is based in a community building with a café space offering a range of engagement opportunities in creative arts in health activities, community development, volunteering, training programmes, access to digital inclusion and agencies addressing social and economic need. People receive support holistically and seamlessly across their life course, enabling therapy to become an inclusive option for all at any point during their lives.

Evidence suggests that psychosocial pathways are integral to health inequalities and as such should be the focus of consideration in contributing to the reduction of inequalities, including addressing

social determinants of health, early intervention, and developing a comprehensive pathway across the life course as a whole (Public Health England, 2017).

The symbiotic relationship between art therapy and arts in health programmes, in particular, and social prescribing, allows people to engage in community life, balance access to support services when needed and take part in social activities for enjoyment and pleasure. Social prescribing allows a two-way flow both in and out of the therapy, allowing clients to go beyond the therapy space and continue to further develop behavioural change.

Outcomes

To date a range of improvements have been recorded ranging from:

- Maintaining work life balance,
- Strengthening family relationships and widening social networks,
- A reduction in: substance dependency, prescribed medication, self-harm, suicidal thoughts and ideations, social isolation,
- An increase in: volunteering and employment, engagement in wellbeing activities, referrals to financial support services such as housing and councillor surgeries, engagement in further education opportunities.

Star Recovery is the evaluation tool and uses point score differences as a measurement of outcomes. By far the most effective illustrative evaluation, in this services experience, is personal client narratives. Greenhalgh (2016) cites narrative as “an essential tool for reporting and illuminating the cultural contexts of health” and “used appropriately, stories can complement more conventional forms of research.”

One such client, Andrea (pseudonym) 57 years old. From attending art therapy in 2015, referred through GP social prescribing experienced stress, anxiety and an underlying undiagnosed stomach complaint. Andrea was referred through her local GP social prescriber. At the end of therapy she recorded a point score increase of 3 in confidence and self-esteem, 2 in relationships, 5 in area of work. Andrea progressed from art therapy to volunteering, further education and training, has become self employed as a community aromatherapist, no longer requires medication and no longer under a hospital consultant. Andrea says her journey to recovery began in taking part in art therapy which offered opportunities beyond the therapy room in the same place, illustrating that “Community-centred ways of working are important for all aspects of public health, including health improvement, health protection and healthcare public health” (Public Health England, 2018).

Key learning points

The LS14 Trust became the host organisation for the Ward Covid Response Hub during 2020/21. The community, through the collaboration of all organisations involved, is beginning to see positive effects of this way of working.

Overtime it would be beneficial to scale-up a whole-system community-centred approach, a ‘challenge’ cited by Public Health, that many localities face (Public Health England 2018). There is the potential to develop a ward-wide wellbeing engagement strategy developed at local level encompassing a variety of support services and engagement activities including a range of therapy services, including all arts therapies modalities, such as drama, music, art, dance and movement, including environmental and talking therapies. Aiming to embed a model of therapies working

alongside arts in health and socio-economic support and health care services, developed by and with community members.

It is clear the Art Room service addresses, to some degree, health inequalities and the public health model. A healthy number of referrals continue to be maintained through social pre scribing. Approximately three quarters of those referred go on to receive a programme of support during therapy. Beyond therapy a number of clients continue to benefit as they are referred to additional services or engagement opportunities.

There are gaps in referrals that would benefit from collaborative working with other AHPs and health professionals both at local PCN and Trust levels. Referrals from Occupational Therapists, Community Mental Health Teams (CMHT), Community nurses, Therapeutic Nursing Team, Dieticians, Paramedics as examples. The aim would be to co-ordinate and design art therapy groups that encompass a psychoeducational approach, developing patient understanding of their conditions, build confidence and autonomy to elicit behavioural change. Working with groups recently diagnosed with an illness, experiencing chronic pain, recovering from surgery, living with mental health, people in the ECV category and improving better health outcomes, reducing dependency on services for non-clinical conditions as examples.

Return on investment (ROI) has not yet been undertaken. It can be seen that aspects of ROI are present. This would be an area of focus service development, strengthening future commissioning opportunities. The infographic below demonstrates the impact of the Arts on social and health determinants in addressing health in equalities.

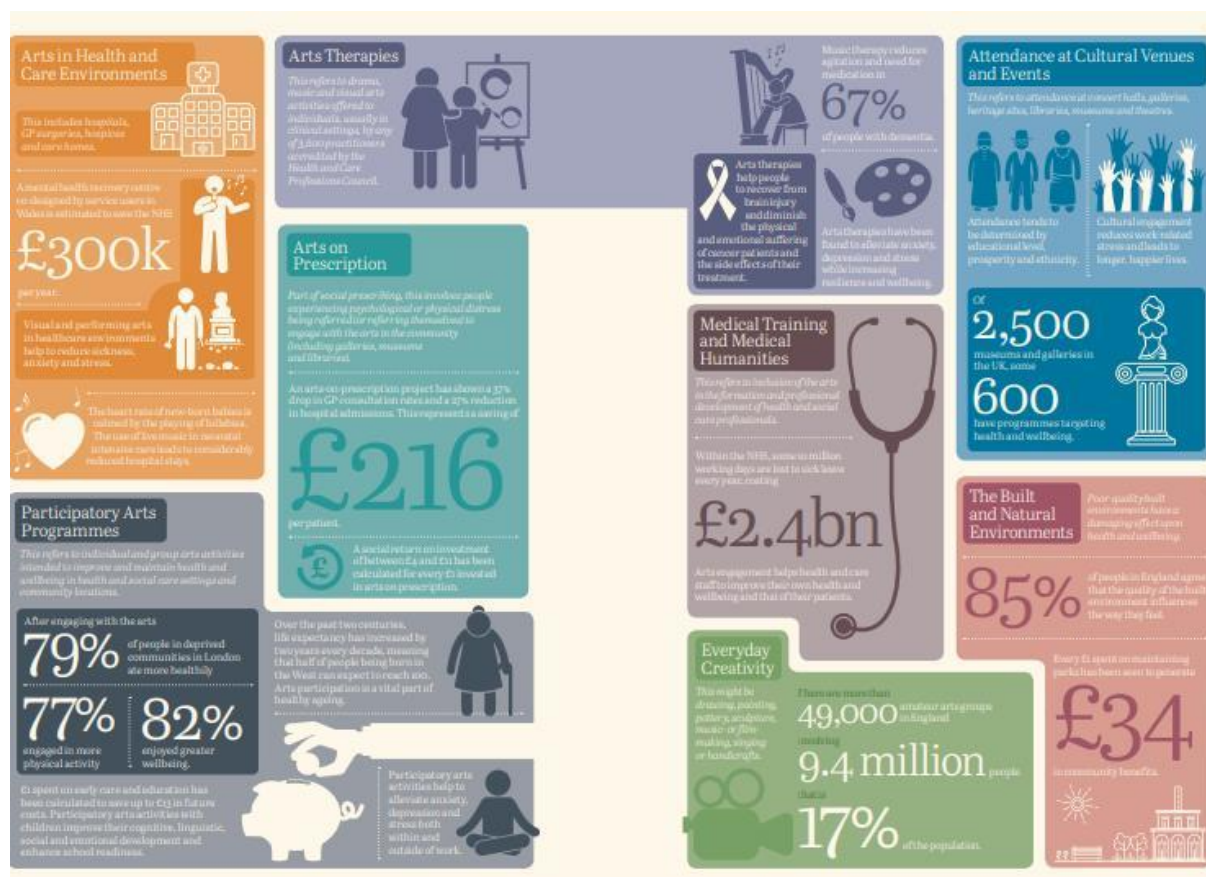


Figure from: culturehealthandwellbeing.org.uk. (2014) All-Party Parliamentary Group on Arts, Health and Wellbeing

An expansion of the service with more practitioners across all modalities of therapy would provide diversity enabling people to engage in therapy suited to their needs, addressing the NHS Long Term plan to personalise recovery pathways that bring about personal and community growth by holistic, systemic change in addressing health inequalities.

Longitudinal research would be beneficial to explore sustainability of behavioural changes made in the art therapy programme. Working with clients over a timeframe between 12 weeks to five years, using robust arts therapy based evaluation and research. Demonstrating how art therapy can contribute to addressing health inequalities through a community-based approach is, I suggest, the way forward.

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Nourishing the soul: Art therapy with EMDR for the treatment of PTSD and bulimia in an adult mental health service

Please note: this case study explores a client's experience of sexual violence and contains trauma-related imagery

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Description

This case study was written by an art therapist who works for Devon Partnership NHS Trust, in a community psychological therapies service for adults with severe and complex mental health difficulties. Most of the clients referred to this service have experienced childhood trauma, and can therefore find it difficult to access talking therapy due to elevated levels of distress and emotional reactivity. Clients must be seen by secondary mental health services and be under the care of the community mental health team in order to be referred to art therapy. Art is a helpful way for clients to begin to express and share their experiences, and the setting is designed to provide a sense of safety and containment.

Many of the people referred to the service have a diagnosis of personality disorder and the department aims to meet the National Institute of Clinical Excellence (NICE) guidelines by giving clients choices about their preferred treatment and access to longer-term interventions. The writer sometimes combines art therapy with Eye Movement Desensitisation and Reprocessing (EMDR) for a holistic trauma-focused intervention with this complex client group, especially as there are often multiple comorbidities. This can help clients to process their experiences and difficulties on a cognitive, creative and embodied level.

In this case study, the art therapist wrote about a client who asked to be called 'Ezrah' (a pseudonym) to protect her confidentiality. She was referred due to historic trauma and posttraumatic stress disorder (PTSD), emotionally unstable personality disorder (EUPD), and longstanding difficulties with bulimia and disordered eating. Her bulimia had previously led to emergency hospital admissions, concerns about damage to her heart and internal organs, and input from specialist eating disorder services. Ezrah has given full consent to use her story and images in this case study, alongside a paragraph she wrote about her experience of therapy, in order to share the service user's perspective with the reader.

Context

Unprocessed trauma can manifest as a variety of symptoms, many involving the body (van der Kolk, 2014), and can damage interoceptive skills (*interoception* is the ability to sense internal bodily states – Craig, 2015). It was therefore important for the therapist to shift the focus away from Ezra's obsessive preoccupation with food and weight loss to the difficulties and emotions underneath. Ezra was aware of professionals' duty of care to keep her safe and it was agreed that the therapist would contact her GP to share any health concerns related to her bulimia. Ongoing risk assessment and liaison with her care coordinator were an important part of the work, as was regular monitoring of the severity of her eating disorder. The eating disorder charity BEAT estimates that only 45% of people diagnosed with bulimia make a full recovery; it was therefore important to ensure Ezra did not expect art therapy to provide her with a guaranteed "fix" (as she referred to it at the start, asking if the therapist was going to "fix her"), but a space to think differently and develop new ways of coping with her difficulties.

Although she was ambivalent about therapy at first, Ezra soon settled into a reflective way of working and became increasingly curious about her own responses and thought patterns. She was aware that her eating disorder and PTSD began after a sexual assault in her early adolescence, and agreed with the art therapist that the goals for the intervention were to help her to understand and process her traumatic experiences – while using creative expression, rather than bulimia, as an outlet for strong emotions.

Method

Ezra had 50 sessions of individual art therapy, some of which were combined with EMDR. She drew images spontaneously in the sessions. Several of her powerful images are included, to demonstrate the art therapy process.



Image 1 is Ezra's 'safe place': a swing near her childhood home. She said she enjoyed the motion of being on the swing as a child and felt free and happy when she was there, often singing out loud. It was an important image which was used in therapy to help Ezra regulate her nervous system and connect with feelings of safety and joy, in order to counterbalance and soothe the distress which emerged during trauma processing. Learning to access this

sense of safety enabled Ezra to feel more settled, even when faced with overwhelming emotions.



Image 2 is a drawing of the traumatic event, made in preparation for trauma processing with EMDR. Ezra's PTSD symptoms included intrusive imagery and flashbacks of her sexual assault, as well as shame, blame and self-loathing which were expressed through the eating disorder. Using EMDR, she processed this memory so that it no longer held so much power over her. This helped her to realise that what happened was not her fault and to become more self-compassionate and less fearful.

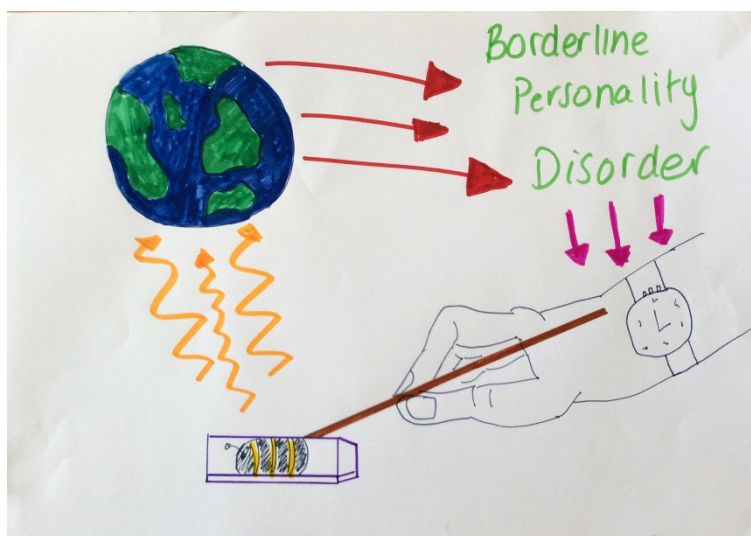


Image 3 represents Ezra's experience of living with EUPD (also referred to as borderline personality disorder, e.g. BPD): she is the bee in a box, feeling trapped and easily agitated. When things go wrong, she experiences this as being poked with a stick which leads to further agitation and tension. This is expressed through angry outbursts which go out into her world – those around her – and the guilt she feels about this reinforces a vicious cycle of shame, and of feeling overwhelmed and struggling with relationships.

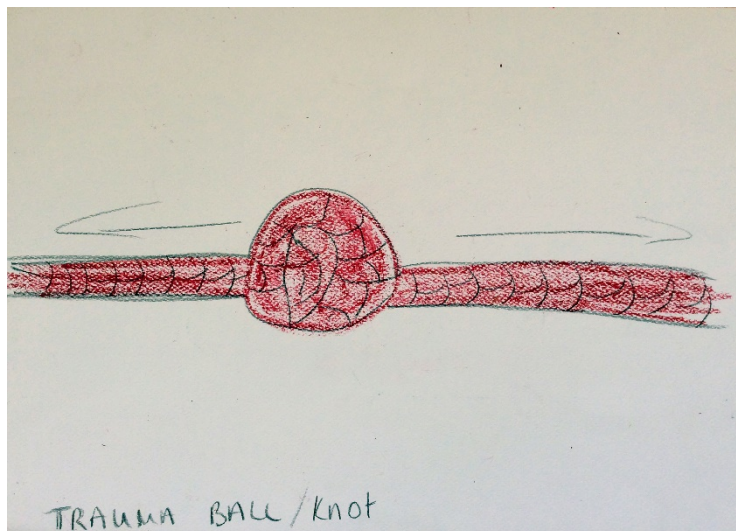


Image 4 is titled *The trauma knot/ ball*. This is an example of ‘interoceptive imagery’ (Sigal, 2021) – a visual depiction of an internal mental state which Ezra experienced as a tight, pulling, painful and raw knot in her intestine. This is where the physical sensations related to the trauma and the body memories of the event were held in her body. When these sensations became unbearable, she would binge and purge.



Image 5 is a photograph of a figurine Ezra found and brought to therapy. It resonated strongly with her and she reflected on the way it has no abdominal area – no core, no intestines, no genitals. It seemed to represent the other extreme of the ‘trauma ball’ in terms of Ezra’s way of coping with these difficult sensations: she would either overly focus on these parts of her body and hurt herself through disordered eating, or she would seek to fully control her needs and emotions by disconnecting from these parts of her body completely.

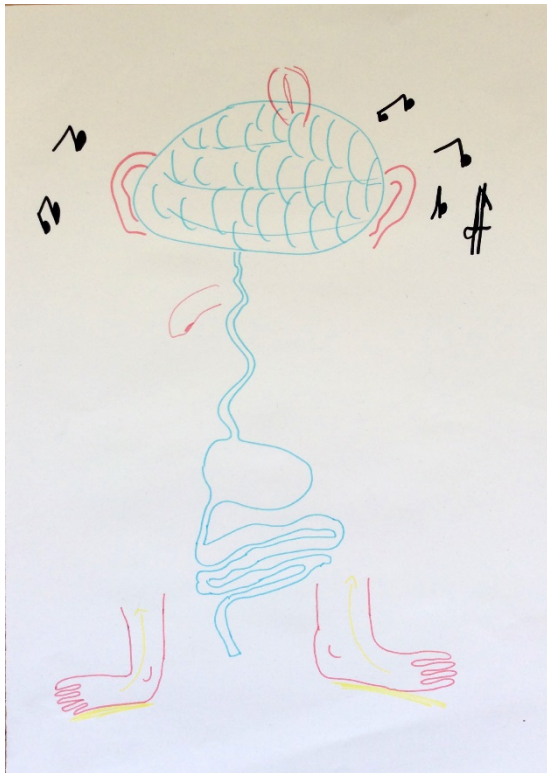


Image 6 is another interoceptive image, depicting Ezra's fragmented sense of her own body. She drew the feet and the brain, the intestine, then the nose and ears for sensory perception; she added musical notes to represent earworms she would sometimes struggle with, and a vagina (drawn above the brain) to represent the intrusive thoughts about her trauma. The rest of the body is missing and she talked in the session about feeling that she eats to soothe her mind, not to meet her physical needs. Drawing this image made her realise that she was unable to recognise physical hunger, and that her eating was led mostly by emotional drivers. This led to a stronger focus in therapy on improving her interoceptive skills, and especially her ability to notice hunger. She continued to work on being more present in her body after therapy ended.

Outcomes

According to NICE, only 30–60% of people with bulimia nervosa make a full recovery with treatment. Devon Partnership Trust's psychological services often use CORE Outcome Measure (CORE-OM) forms to monitor progress, and Ezra's overall levels of distress moved from 'moderate severe' to 'mild' by the end of the intervention. She processed her trauma and as a result her PTSD symptoms improved significantly; she also reported a reduction in symptoms related to her eating disorder and increased self-compassion. Ezra did not have any hospital admissions for her eating disorder during the intervention or since it ended, and has not been re-referred to secondary mental health or specialist services, demonstrating a reduction in her use of both physical and mental health services. She remains well despite minor relapses, and reports that her relationships have improved and that she had less time off from her work in the healthcare sector - thereby benefiting the wider community.

Ezra said that having an intervention which considered the underlying reasons for her difficulties, rather than focusing only on the eating disorder, was one of the things she found especially helpful. She said her symptoms would have potentially shifted to another type of self-harming behaviour otherwise, whereas re-framing her bulimia as a coping strategy

meant she was able to 'let go' of it when she felt safer in her body and in the world. She found that therapy made her pay attention to interoceptive processes – her physical sensations and her body – instead of wishing to be 'cut off' from them. This included hunger, a sensation she was so disconnected from that she lost the ability to *sense* it on a physical level. It is worth noting that improvements in interoceptive ability are considered predictive of improved mental health overall (Sahib et al., 2018).

Ezrah provided written feedback for this case study in March 2021:

"I utilised Art Therapy for almost two years. The idea of being able to put my mental imagery and emotions into another media was a novel experience for me; it took time for me to embellish and learn to control what I wanted to display in a visual form. The concept of 'seeing' my pain rather than just feeling it was a bizarre and overwhelming experience. I was able to create pictures that had been sat within me and manifested in awkward and upsetting ways. I think that by drawing and literally throwing shapes and words onto paper passionately and whole-heartedly, I could start to understand myself more. It triggered parts of my thinking process I had never or barely used before, a new kind of expression, one not so familiar to me.

With light conversation I was able to relax, only mention things I felt I wanted to control and only disclosed what I felt able to. I've never enjoyed art or was able to use colours in a way that described my thoughts, but by using only white paper and a pencil I could see myself and for the first time, even feel sympathy and ache for the young child's pain I had drawn. I was no longer the adult screaming for attention, but the traumatised child looking for a reason for so many unanswered questions. After a few months, I felt a yearning to want to change the way I saw the world, other people and myself. There was no longer a need to keep harming myself but to take an active interest in who I had become as a person and view my life through a different window."

Key learning points

The client reported sustained improvement over a year after therapy ended, indicating that the intervention was beneficial. As trauma is often experienced on a physical level through body memories (Rothschild, 2000), the use of interoceptive imagery and embodied processes can be an important part of the work.

Art therapy seems to be in a unique position to offer an intervention which can address difficulties across a variety of presentations; art therapists work with complex clients and with comorbidities, where trauma and distress can manifest as a range of mental and physical health conditions. Art therapy can also be helpful for clients who struggle to utilise talking therapies, either due to being too disconnected from (or overwhelmed by) their emotions to access and discuss them directly, or if they struggle to use language to describe mental states.

The focus on imagery and creativity means that self-expression is possible even if clients have no words to describe what happened to them, or how they feel about it. They can put it to paper and, as Ezrah said, learn to "see" their pain and understand themselves more fully. It can give them the opportunity to share their experiences and tell their story in their own way.

As demonstrated in this case study, art therapy can also be used with trauma-focused approaches such as EMDR to provide an effective, holistic trauma-focused intervention. As

eating disorders clearly involve both body and mind, and as some clients with eating disorders have a trauma history (and others might be traumatised by forced interventions or the health consequences of their eating disorders), it might be helpful to increase access to art therapy, embodied and trauma-informed approaches in community mental health and specialist eating disorder services.

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'Virtual Cuppa'

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Description

'Virtual Cuppa' (VC) was a daily online peer led virtual support group for Art Psychotherapists during the Covid pandemic. Evolving as a safe virtual space for connectivity to meet the needs of therapists and clients alike, following radical changes to work practices in response to Public Health Guidelines at the onset of lockdown.

The UK Allied Health Professions Public Health Strategic Framework has 5 goals one of which is "Health and well-being of the workforce: The expertise of AHPs will be used to protect and improve the health and well-being of the health and care workforce" (Hindle and Charlesworth, 2019). This project demonstrates a response that meets this goal. 'Virtual Cuppa' evolved as a safe virtual space of connectivity, learning and emotional holding for Art Psychotherapists' response to the COVID-19 pandemic.



Image by Sue Ellis

Context

The pandemic created a unique dual experience affecting both the client and therapist alike, with isolation at an unprecedented level, directly impacting on their mental health, "Nearly a third of healthcare workers reported moderate to severe levels of anxiety and depression, and the number reporting very high symptoms was more than quadruple that pre-COVID-19" (Gulleen J, 2021).

The aim of VC was to support Art Therapists on two levels; first by creating a safe environment to support their mental health, secondly to create an environment for shared learning and professional development. Capturing the learning to create a new framework of online art therapy as a credible alternative to face-to-face interventions and enhance its capabilities by widening the scope of clients who find face-to-face models of therapy problematic.

By expanding our professional knowledge and skill base, Art Therapists are meeting the objective of the Royal Society of Public Health Strategic Plan 2022-2027 "A skilled and well-trained workforce is essential for better Public Health".

Method

VC was available free of charge, accessed through an invite from Zoom video conferencing platform:

- Every weekday morning from 7.30-9.30 am
- Once a month evening sessions were offered
- Cyber Open Studio on Sundays, 4 hours of restorative creativity

VC delivered over 400 hours of support with an average of 3 people attending per session and a maximum of 12, and only a small quantity of sessions with no attendance. 12 evening session ran for 2 hours, average attendance 6 maximum 9. The Cyber Open Studio Sessions on Sundays delivered 100 hours with an average of 8 people in sessions and a maximum of 15.

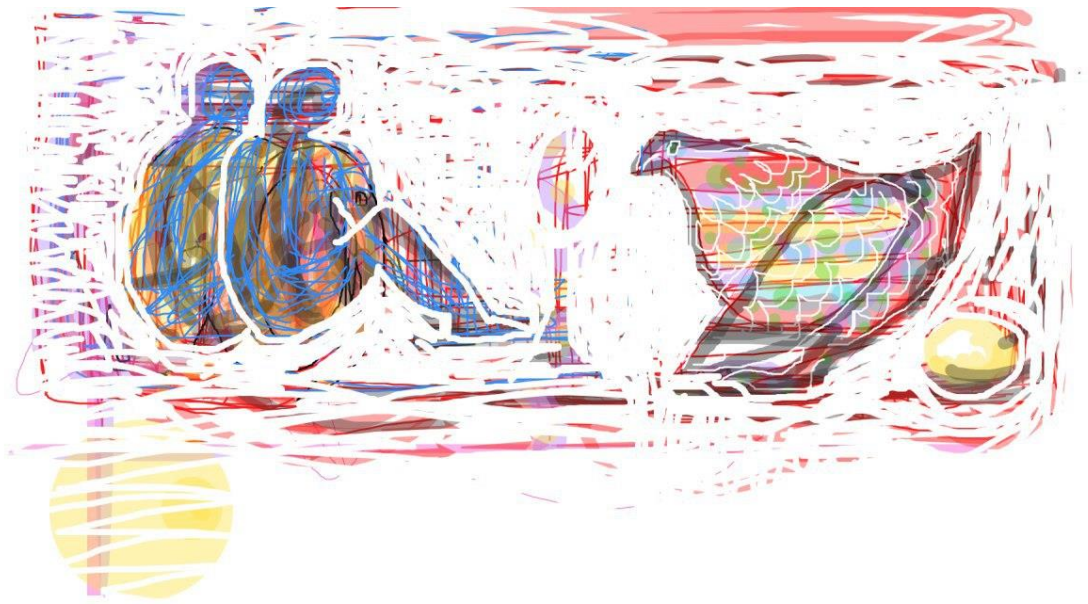


Image: by Sue Ellis in collaboration with another Art Therapist on the Zoom whiteboard

As time progressed, themes started to emerge and focused themed sessions were created to explore these further, inviting other professions/AHPs:

- Setting up our online studio space to look familiar to the art therapy space.
- Organising the technology, internet, camera, thinking about height to eye levels so the client did not feel you were looking down or up at them. Using one or two cameras, exploring lighting to create an authentic experience.
- Discussion around Arts for Health and art therapy online.
- Using Music, Drama, Movement and Poetry in therapy to support a less static and more sensory response to being in front of the screen.
- Using technology, photography, videography, VR, Minecraft and virtual games.
- Co-created Art in therapy – using the Whiteboard in Zoom creatively.
- Using a 'transitional object' to support connectivity with the client – sending letters and art projects out to clients with their name on the envelope, reinforcing their sense of self as a positive experience.
- Confidence – Imposter Syndrome.

- Going back to face-to-face working, taking forward our learning and experience of online working.

VC was Initially to support Art Therapists in the British Association of Art Therapists (BAAT) region 11 Yorkshire and Humber region. It expanded to include other BAAT regions and other Creative Therapists wanting to share their learning and experiences.

Although mainly attendees originated from Yorkshire, this grew over time to cover the length and breadth of the UK from Devon and Cornwall right up to the Orkney Islands and expanding across the globe with international colleagues from Europe, Canada, America, Australia, South Africa, South America and Israel.

Outcomes

VC showed we could successfully take art therapy online, following the early examples the USA Telehealth research, highlighted a credible option, 'a plausible best method of therapy for some clients' (Collie & Čubranić, 1999) cited in (Malchiodi, 2018). "A growing body of literature now suggests that use of telepsychiatry to provide mental health services has the potential to solve the workforce shortage problem that directly affects access to care, especially in remote and underserved areas." (Antonacci DJ, 2008) (Rees & Haythornwaite, 2004). In their study Day and Schneider compared "psychotherapy: face-to-face, real-time video conference, and 2-way audio (analogous to telephone)" and suggested that "differences in process and outcome among the 3 treatments were small" (Day & Schneider, 2020).

To support the most commonly ask questions and pull together our learning we produced E-Booklets:

- Art therapist working online
- Clients introduction to online art therapy with safety plans
- Student Art Therapist E-Booklet

Feedback:

"I so wish that I had come across the 'Virtual Cuppa' sooner I have found it invaluable and am very grateful for the new connections I have made, practice discussions and shared learning resources. Through one of our discussions around appropriate adolescent referrals to therapy Sue kindly shared her 'Venn Detective', a creative assessment tool that can help practitioners identify areas of difficulty at home and school as well as hopes and aspirations. I have been able to use this already online. My interest in working creatively, ongoing personal learning and future development of my practice has been rekindled by meeting with so many like-minded, experienced, passionate and enthusiastic professionals. Thank you so much". (Play Therapist and Creative Arts Counsellor for Children and Young People).

"How curious would Donald Winnicott be to see the use of his theory of the 'potential space' introduced to the world in 1953 being used 67 years later within cyber based therapies in 2020", (Art Therapist, 2020 in discussion in VC session).

"I've found the group to be the invaluable support I need as an early-career AT. Very inspiring conversations, with wise souls encouraging me to do my best out there! Hugely grateful" (message taken from VC Telegram page 2020).

"I like how Virtual Cuppa helps people, to work together and relate to one another using art and technology. Whilst at the same time supports learning and wider discussions, enabling people to know more about their process so partnerships can begin." (Media Psychologist)

"Virtual Cuppa was my lifeline during the pandemic. In March 2020, I was naturally preparing to end work with several adolescents in alternative provisions. I had just been informed that my mother, who lived in a distant county, was terminally ill. Lock-down happened. Everything came to an abrupt stop. No proper endings. Wherever I was, Virtual Cuppa held me each morning before I started my day" (Art Therapist).

"I wasn't always able to make sessions but knowing you were there holding the space helped me feel held during my days especially when I have times of feeling overwhelmed" (Comment made in VC discussion).

Key learning points

The key learning points were the importance of holding the professionals and looking after their health and mental health in order that clients were safely held. The COVID-19 pandemic, fast forward the learning essential to place art therapy online in doing so, showed that distance need not be an exclusion for therapy.

We supported each other in dealing with the following:

- The extreme tiredness of online working
- Hitting the brick wall of Covid
- Emotional and practical complexities of online working with clients such as:
 - Regressive behaviors experienced by both client and therapist
 - Disinhibition effect on therapy and disclosures
 - When the clients turn off the screen - holding the empty space
 - Dealing with technical issues and backup plans
 - Determining the levels of appropriate space for talking and silence
 - Dissociation and emotional dysregulation

Members worked collaboratively to create a 'heighten attuned response' across this new dual therapeutic space, developing:

- Safety plans written with clients prior to the commencement of session.
- Maximising the creative potential of Zoom by using the Whiteboard for co-created artwork.
- Dyadic Art Therapy approaches designed to hold children safe with distance working.
- The change in power dynamics with parents, helping parents through psychoeducation to have the confidence to position themselves in their child's healing, helping the parent be the hero.
- The powerful dynamic way of co-working with the clients and families became part of the new normal. That supported the transition from online working within their home back to their home as their lived environment.
- Learning to hold the chaos over distance.

Emerging themes over the course of lockdowns:

- Working in isolation, away from professional teams.

- The loss of professional voice and practiced narrative; the emerging domestic narrative taking precedence started to coincide with loss of professional confidence.
- VC reach has been wide and varied from embracing the challenges that this pandemic has brought on all levels of personal and professional identity. It has been integral in providing emotional support for therapists to sit with each other in times of darkness, despair, and sadness.
- VC became that safe space to be held, re-gather and regain perspective to gain strength and carry on. For some it was a lifeline.

The response for support needed to be swift at this most challenging of times, it is hard to see how this level of intense support would be needed as we regain our normal ways of working.

Doing things differently would be to take the essence of this learning into our new every day with a hope that it is not lost. Providing online art therapy as a credible option for our clients that was not thought possible pre-Covid.

This was a unique time in our history, the lessons we can take forward is art therapy can be done successfully online and can become part of the blended approaches to meet the needs of our clients in the future, distance is no longer an issue for clients to access mental health support.

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