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

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Abstract

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

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

1 INTRODUCTION

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

As a practicing arts and health worker, and researcher I am frequently challenged by borderlines emergent in my practice associated with the way that people entangle interpretations of art, therapy and health. As a visual artist I have facilitated and managed a range of projects that engaged art as a potential for individual health and wellbeing and more broadly as a mechanism for social and community change. I am not an art therapist, but the work I do is often referred to as art therapy by participants and health workers. My practice is oriented towards creative activism, yet rarely are activist approaches considered healing or beneficial for health, though nascent literature suggests social activism is a necessary goal for art therapy (Kaplan, 2007). My view of the art, therapy and health nexus is embedded in a developmental ecological perspective (Bronfenbrenner, 1977). My professional and scholarly practice is underpinned by cultural sociology emergent in symbolic interactionism (Stryker, 2001; Bourdieu, 1984) and institutionalisation and alterity (Foucault, 1965; Goffman, 1961; Freire, 1970).

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

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

1.1 Health and creative wellbeing

The arts, therapy and health nexus, in the first instance, characterises multidisciplinary perspectives and collaborative approaches crucial to holistic understandings of health and solving complex ill-health determinants. How we understand health and

health care is of central concern when considering the arts, therapy and health nexus. The full depth and breadth of health and health care in Australia is beyond the scope of this article hence, here I focus on current frameworks related to young peoples' mental health and care in Australia.

1.2 Young peoples mental health and health care in Australia

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

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

1.2.13 Investment in youth-specific mental health services: Recent directions

In 2006, *headspace* National Youth Mental Health Foundation was established as a youth-specific response to promote and facilitate improvements in the mental health, social wellbeing and economic participation of young people aged 12–25. *headspace* National Youth Mental Health Foundation is currently the Australian government's most targeted investment and response to the burden of youth mental health problems (Rickwood, Van Dyke & Telford, 2015). Since founding the first communities of youth mental health service in 2007, 55 Centres have opened nationally (Rickwood et al., 2015). Essential elements of a *headspace* centre include creating a youth friendly environment and engaging high youth participation. This newly established youth service is an important and evolving investment for youth mental health and wellbeing. In an evaluation of the service activities of the established *headspace* centres, displaying art by young people was the most typical reported activity intended to maintain or increase youth friendliness and achieve a youth friendly environment (Rickwood et al., 2015). How the display of art by young people achieved youth friendliness in the centres has not specifically been described or examined. Therefore, a goal of the research reported in this paper was to expand knowledge of art participation for young people aged 16–25 in two *headspace* centres.

1.34 The arts, therapy and health nexus in Australia

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

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

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

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

are elucidating dimensions of art, therapy and health in ways that further augment our understanding. Varied literature describes art initiatives targeting mental health across a range of settings (George & Kasinathan, 2015; Hellyer, 2015; Singer, 2010; Southwell, 2014; Roberts, 2012; Thiele & Marsden, 2003). Essentially, this discourse offers significant underpinnings of contemporary praxis as active and influential across a wide range of creative, individual and social health continuums. For example, Thiele and Marsden (2003) describe a theoretical model that delivers broad social change outcomes for marginalised young people in which artist practitioners promote cultural connectedness and mainstream social emancipation using a combination of what they term as horizontal and vertical practice. Spence and Gwinner (2014) draw on a personal narrative about art and mental illness attentive to the use of art to enhance connections to self. This account challenges conventional ways of thinking about art and mental illness beyond illness as the singular emphasis of art making and central subject of the artwork produced. The benefits of artmaking in community health settings are further described by van Lith, Schofield, and Fenner (2013) as enhancing overall general health through strengthening self-esteem and self-worth, contributing to a feeling of being valued, facilitating development of interpersonal relationships, and widening social networks.

1.3.1 National Framework

Artists, health workers and art therapists use of art to work with young people in Australia has been documented in all kinds of setting and in all kinds of ways making it difficult to synthesise a singular theory, approach or role of the arts in healthcare related to young people's mental health and wellbeing. In a move to advance arts and health practice nationally, in 2014 the National Arts and Health Framework was released (Health Ministers & Cultural Ministers, 2014). Both the Standing Council on Health and the Meeting of Cultural Ministers endorsed the value of the Framework and agreed to champion a nationwide approach. The framework reflects and describes the great variety of arts delivered within health, social and community service organisations and initiatives that improve people's health and wellbeing. By discerning different features across a multitude of settings, different spheres and largely implicit possibilities within existing practices, it also foregrounds key distinctions and assumptions, thus pointing to combinations and practices that have possibly, not yet, been realised across the art, therapy and health nexus.

Whilst the National Framework holds important implications in an Australian context, there remains a considerable level of ambiguity about the interconnections of art, therapy and health across both national and international jurisdictions. A growing number of writers have raised critical attention to the interconnections of art, therapy and health with a focus on elucidating professional definitions. In Australia, Kelly (2015) indicated there is a lack of understanding about what art therapy is, not only from the community-at-large, but also from health professionals and educators. Dileo and Bradt (2009) suggest there is a need to distinguish the disciplines of art therapy and arts and health from themselves and from other related disciplines (p. 177). Sonn and Quayle (2013), highlight the need to engage critical theorising in order to capitalise on the transformative potential of arts practice and community cultural development, and to make visible the ways in which oppression is maintained through discourse, ideology, and cultural practices.

Others have called attention to increasing the evidence-base of art initiatives in health. A strong focus on building evidence to enhance clinical goals rather than ecological models that enhance health promotion and prevention has drawn criticism from Varney, Rumbold, and Sampson (2014), who suggest that arts practitioners are often marginalised within health care agencies as a result. Rossetto (2012) called for further evidence to elucidate the experiences of young people participating in art-based community health initiatives. While, others have suggested we need to ask what arts practices might mean for the artist, patient/client and healthcare professional to reveal expanded perspectives (Broderick, 2011).

This paper responds to the necessity to build on and expand ways of thinking about the interconnections of art, therapy and health. The findings reported here present the artists, health workers and young people's viewpoints to offer critical opportunity to expand understanding and thus add to and conceive varied combinations, practices and further research pertaining to the role of the arts in youth-specific mental health services.

1.46 Inside a youth arts and mental health project

The youth arts project received funding from The Australia Council for the Arts to develop a program of arts-based workshops and exhibitions inclusive of mental health literacy for young people who access services at two Queensland based **headspace** **headspace** centres. The project involved a partnership with professional artists, healthcare professionals from two **headspace** **headspace** centres and myself as the researcher. The project ran over ten weeks at both centres incorporating themed activities such as *unleashing inner selfie* (sketching, photography and digital manipulation); *creating dioramas* (found object, three-dimensional modelling); *creating avatars* (sculptural and digital animation); and *digital narrating and poster creation* (visual, written and spoken texts). Two professional artists facilitated the project, one in each site and health workers joined the weekly workshops. Each artist had a Bachelor of Arts degree, extensive experience in the community and health sectors, and conveyed a range of theoretical strength-based perspectives emanating from trauma therapies and lived experience lenses. At the end of the ten week program an exhibition was held at each centre during Mental Health Week 2015.

A research component explored appreciation of how arts-based workshops can be used alongside more traditional responses in youth-specific mental health services. Both **headspace** **headspace** centres had previously provided unstructured art activities as a way to showcase their services to young people, increase access, and to create a welcoming 'safe' youth friendly environment. However, these activities were generally extemporaneous and not specifically evaluated.

1.57 The research

The research investigated participant's perceptions of potential benefits and other considerations of arts-based activities as an adjunct to the youth-specific mental health services. The qualitative approach was underpinned by symbolic interactionist perspective with emphasis on the communicative action of individuals in an intersubjective world (Fultner, 2014). Investigation of the extent to which creative arts and mental health frameworks can enhance understanding of mental health for young people required consideration of normative claims and the culturally, socially mediated implications. The methodology was informed by a social constructionist approach that purposes knowing is a process, that is, meaning is interactive, co-constructed and negotiated

within situational and ever changing cultural and routine practices (Koro-Ljungberg, 2008). The methodology held the potential for fresh, complex descriptions constructed, sustained and reproduced through shared subjective interconnections between the researcher and the researched. This was achieved through conversations, dialogue and observation within the collaborative partnership and shared interactions with the stakeholders during the project.

1.5-18 Participants and recruitment

Ethics approval for the research was granted by The University Human Research Ethics Committee. Participants involved in the project included included mental health workers encompassing a range of discipline-specific skills working at **headspace** **headspace** during the project, young people aged 16–25 who were facing mental health challenges and who participated in the workshops and professional artists who facilitated the workshops at each **headspace** **headspace**. At the end of the project participants from each stakeholder group were interviewed for the research including mental health workers (n = 5), young people (n = 7) and professional artists (n = 2). As the researcher, I attended workshops and explained the research component of the project and provided information about the voluntary nature of participation and consent to the young people and health workers. Those who wanted to participate in the interviews contacted me via email to arrange a time and place to participate in an interview.

2 Method

Investigations into arts-based activities and youth-specific mental health have largely been carried out in disciplinary isolation. While this work has been valuable, methods adapted within a singular disciplinary focus may lose sight of the connections and intersections. Therefore, a synthesis of arts research methods [e.g. inquiry into creative and reflective outcomes and experience (Hannula, Suoranta, Vadén, Griffiths, & Köhli, 2005)], and health research methods [e.g. to unpack behaviours, attitudes, and perceptions of health in context (Green & Thorogood, 2013)] aimed at understanding the real-world conditions and relationships, and to draw attention to normative, cultural and intersubjective understandings. Hannula et al. (2005) describe the artistic process as the starting point, offering a motor and motive which both summarises the totality and separates the detail (p. 20). Whilst, Green and Thorogood (2013) identify the contribution of qualitative research in health as that of providing contextual, indepth understanding of the perspectives of participants (p. 3). The research design therefore followed several key methods for investigating arts and health synthesising the strengths of each.

In the first instance, as the researcher I worked closely with the artists and health workers to develop the program of arts-based workshops. This collaborative approach engaged informal discussions in which purposes and rationale for the project and research were shared, shaped and framed. As a method to clarify and understand contextuality I attended weekly art workshops at both sites and participated in artmaking practices alongside the art project participants. Partaking in the workshops established the artistic process as the starting point. My involvement provided the opportunity to explain the research component of the project to the young people participating in the workshops and to observe the interaction of relationships and meaning making as a reflexive, complex, and continuous process. Observations were noted in a researcher diary. Each week participants were asked to complete a paper based survey adapted from the General Help Seeking Questionnaire (Wilson, Deane, Ciarrochi & Rickwood, 2005) and the Youth Quality of Life Instrument (Ayala, Edwards, & Patrick, 2014). The survey assisted a health perspective assessment of young people's mental health literacy and mental health help seeking behaviour. Additionally a final digital art exhibition (<http://eprints.qut.edu.au/93454/>) provided creative and reflective data for the research in that it combined the individual artworks into a collaborative whole and exemplified the outcomes and experiences of the young people.

Following the workshops and exhibitions 14 people consented to participate in semi-structured interviews. Interview guides for each participant group were developed based on (a) my previous experience as a practicing artist, health worker and researcher; and (b) dialogue and general observations of what seemed to be important and/or of interest to stakeholders during the course of the project. Interviewees generally led the conversation, which ran from 30 minutes to over an hour depending on the experience and meanings that participants wanted to share. The interviews were audio recorded and transcribed.

2.0-21 Analysis

The findings presented in this paper are derived from a thematic analysis of the interview data through an inductive approach. The benefit of thematic analysis is the flexibility with which themes play out across the data and how these speak to, or expand on more detailed interpretations of the interconnections related to art, therapy and health. Initial coding highlighted stakeholder's descriptions of the underpinning purposes of art participation by young people in a mental health setting. To enhance analytical insight of these underlying ideas, patterns, and normative claims two questions were asked of the data. *What is the role of the arts in healthcare related to young people's mental health and wellbeing?, and how do stakeholders understand and describe the interconnections of art, therapy and health for young people's mental health and wellbeing?* Coding then involved investigation of how data answered each question and reflection on the situated perspectives of the stakeholders and myself as an artist and the researcher. Triangulation of data from observations and the digital exhibition were used to validate the findings, and deepen understanding of fluctuating ideas related to the role of art and descriptions of the interconnections. The emerging story and validity of the themes was then explored against theory and relevant literature to augment concepts and to explore how these connect with key understandings in the literature. The thematic inductive approach emphasised multiple versions of knowledge as legitimate and contingent, and located in a socially constructed setting from situated perspectives ((Koro-Ljungberg, 2008), 2-1).

2.2 Findings

When studying the data alongside the questions *What is the role of the arts in healthcare related to young people's mental health and wellbeing?, and how do stakeholders understand and describe the interconnections of art, therapy and health for young people's mental health and wellbeing?*, several concepts were found to cluster broadly around three overarching domains. These being (1) *Weaving together values and practices in which the arts, therapy and health interconnect;* (2) *A balanced approach to meet needs and expedite improvements in young people's mental health and wellbeing;* and (3) *Art participation for young people in health settings offers an intersection that young people can engage in at various levels.*

2.3 Weaving together values and practices in which the arts, therapy and health interconnect

The stakeholder descriptions of the youth-arts project experience reflect the extent to which conceptual boundaries describing art, therapy and health may be blurred or even nonexistent to workers and clients in broader health spheres. Rather than demonstrating a lack of understanding relating to discipline characteristics and definitions of art, therapy and health, the stakeholders beliefs about the nature of, and outcomes from the arts-based workshops for young people in the program highlighted how concepts are woven together from varied discipline lens and experiences. Their descriptions provided insight into the function of art for individual psychoanalytic or psychodynamic experience and outcomes and increased social capital and cultural democracy.

Health workers identified the educational value of the youth arts project, stating it was conducive to *teaching young people some fantastic skills for how they can work with and understand their mental health (HW009)*.

Testifying to the psychodynamic affect on the individual and the value of art to transform emotional difficulties one of the artists described the role of art as way of opening up a space for learning self help strategies. She stated,

It's a form of working your stuff out. When you're in a space of not understanding or just learning about your own either disability or illness, or even just situation, if it's a difficult time for you during your life, the arts help you work it out. Whether it's writing, drawing or playing music, it's an active thing that your body can do, that either distracts you from your situation that is difficult at the time for you to deal with. Or it allows... both a distraction, and it also allows a certain amount of healing for that person during that tough situation. Once somebody has experienced that, either during their recovery or during a state of distress, it becomes a very positive tool for somebody to use [to tackle] their health issues (AW002).

This artist subsequently, explained the significance of image making as a way to convey meaning, prompt reconciliation of emotional conflicts, and foster self-awareness and thus awareness in others.

The fact that, even though they couldn't really particularly articulate what they're going through or how they feel... I just remember one [young person] trying to explain his diorama. He couldn't really articulate it succinctly, and yet his diorama spoke of polarities and inner conflict and of the fact that one day he feels good and another day he feels bad. So yeah, I think it's about making sense visually and tangibly, that they can communicate to people that that's how they feel on the inside (AW002).

A young person also validated the role of art as therapy in that it offered a psychodynamic approach with a focus on supporting the release and integration of emotional anxieties and a way to express past disturbing experiences in doing art. She said,

What a lot of people get out of art work is, like, if something is disturbing them like, lets just say they got assaulted once and it was traumatising for them, and they don't want to tell anyone about it cause it is their secret. They put it into artwork it helps them get it out (YP015).

Art was also nuanced as a method for expanding self-awareness, a concept often linked to healing practices in art therapy. A young person explained,

[I] saw it more as, like a, I suppose mindfulness exercise. I like thinking, so thinking and introspection is always a big theme for me, so that's why I enjoyed it (YP011).

Whereas, another young participant described the project as humanising mental health in a larger scheme of life goals. She described principles that uphold development goals and also challenge prejudice and discrimination which clearly underpins a social activist position often espoused as art and health initiatives conceptualised in CCD practices. She said,

...it helps to de-stigmatise mental health in general. If you've got a facility that's not just treating mentally ill people, but they're offering all these preventative different things that they run to help people in general. It makes it, makes headspace at least, seem like a just a hub full of different kinds of support than just a therapy counselling (YP010).

This domain exemplified how participants' allegories wove together practices and notions of art, therapy and health, often conceptualised as distinct discipline theories and practice of art therapy, arts and health and arts in medicine. The picture, which emerged in the stakeholder descriptions of art, therapy and health point to combinations and practices in which the arts, therapy and health interconnect.

A-b2.4 Balanced approach to meet needs and expedite improvements in young peoples' mental health and wellbeing

A number of questions in the interview guide were structured around the type of art model or approach that might be best suited to youth-specific mental health services such as *headspace*. These were aimed at drawing out discussions with the stakeholders to explore their perceptions and meanings and included; What aspects of the art-based workshops do you think *were* were valuable as an adjunct to health services at *headspace*?; How important is an arts model in the work that happens at *headspace*?

Highlighting the role of the research interview process itself as a site for developing dynamic discourse (Koro-Ljungberg, 2008), a health worker asked *When you say arts in health are you talking – what do you mean?* (HW008). The exchange that followed explored meanings we each held pertaining to context and modalities; art as a process for individual reflexive practice and a social space of sharing; different approaches to incorporating activities based on different theoretical foundations; and ways to discern youth specific interests and context. A noteworthy point in the discussion occurred when the health worker spoke about how an art initiative might, not only foster greater communication in the therapeutic relationship, but also, appreciation of a person's abilities beyond boundaries imposed by mental health challenges. She said,

You get to see some of their talents that they might not have revealed or some of the stuff they're trying to communicate but haven't been able to (HW008).

The artists also conveyed similar considerations raised by the health worker related to the potential to appreciate a young person's talents. In a conversation about the differences between an arts program and conceptualising an arts and health program, one of the artist facilitators explained,

...art already knows that it's about giving life and voice to people and it extends on that [in health settings]. It actually is more powerful, because it doesn't assume unwellness or it doesn't assume unwellness or it doesn't assume that it is set aside from your natural journey of life, where you all are just coming here to get better... It values the person, where they're at, and it's not focused on them needing to get better. It's focused on creating art (AW001).

This perspective illustrates the significance of agency for young people and provokes a distinct whole of life position. Another health worker, also stressed a life course perspective and underlined the importance of embracing creative processes in respect of socially and culturally linked lives. She also specified a developmental approach in which collective action and generative solutions are embedded in the process with an intention of being transformative, and to have an impact on a situation.

I believe wholeheartedly that those creative processes are vital on so many levels. They're everything that we want for health. They're resilience focused. They're strengths focused. They're resilience focused. They're strengths focused. They're engaging. They are a soft point of entry. They pretty much I think tick any and every box, and anyone from any culture. And depending on their gender or their preferences around what they like, we can choose a medium that people will be able to relate to... Art therapy is about the process. It's almost more like mindfulness. Whereas, I think, when you really think about what's important to a community, what's important is the developmental process. That process I think needs to involve including people from the beginning and then actually having a process that comes about that's really meeting the needs of that community and it can evolve (HW011).

Young people spoke to the importance of the creative artistic process as a way to expedite improvements in their mental health. Nevertheless, one young person cautioned against engaging a strong medical perspective in activities. She said,

I think it is always good to have a balance of an arts and a health model. But its just creating that balance cause sometimes I thought it almost took a clinical path - within speaking of, more of the theory side. - which can become more clinical in itself (YP014).

While health workers also identified an arts and health balance as a way to shift attention away from a perceived absoluteness of medical interventions associated with mental illness, another young participant explained she felt a sense of safety and security to engage, shape and challenge thinking about mental health challenges through art activities. She explained the specific mental health benefits she gained would not be available to her in programs outside of the health setting. She said,

I wouldn't have gotten this result out of just a normal arts group. I probably, I wouldn't have even approached a normal arts group to do any form of art. So it's only because it was in a health setting that I felt comfortable in actually going about doing art that way (YP010).

Further insight of engaging a balanced approach was given by another young person who suggested that disregarding the breadth and depth of an arts perspective in developing arts and health initiatives would lead to insubstantial approaches and outcomes. Comparing teaching in schools to the delivery of art and health initiatives she explained,

Not having them be just superficial for the sake of saying well look we're doing art therapy or music therapy or anything like that, just - it's like when they teach Aboriginal studies in school. It's always really superficial because the teachers haven't been given proper information. They don't have the resources to find real information, so they just do what they can and the students can tell that, well, the teacher doesn't really push this. They don't really know what they're really know what they're doing (YP011).

The data clustered in this domain highlighted appreciation of engaging young people as agents in socially and culturally linked lives. The interconnections of art, therapy and health, if balanced, were understood to provide possibilities for collective action and grasping of purpose with an orientation towards young people's *natural journey of life*.

2.5 Art participation for young people in health settings offers an intersection that young people can engage in at various levels

The last domain describes interpretations of the arts, therapy and health nexus in which the arts were considered to be *especially important because, again, it's even more of an intersection*. (HW011).

Findings revolve around art as, not so much an intervention but, more so a phenomenon that communities can engage in at various levels. The stakeholders stipulated various aspects of this intersection such as, to learn, to create shared understanding, to improve access to help and knowledge; and to convey a story. The intersections, though, required commitment to an alliance that enhances coexisting intentions. An artist stated,

Partnership's really important because I think what happens with the arts is it's seen as diversionary all the time. So workers will think, oh, I don't have to be there, I't have to be there. I'll just do my paperwork, they're just keeping the young people busy, because they're busy and it just becomes one of those things that people don't have to participate in. But [art is] really powerful. But you have to be in the experience, sometimes, to understand it (AW001).

Commitment to multidiscipline partnerships that enrich life course intersections in youth-specific approaches was important to health workers, expressly with an emphasis on creativity as a way to engage whole-person approaches. A health worker said,

I think it is really important to have that holistic approach. I think gone are the days when agencies can work in isolation...we have a massive commitment to collaboration with other organisations...we want creative partnerships we want programs that are going to engage young people, that are not going to be... they are not going to be preached too (HW012).

For one young participant a stated value of the youth arts workshop was discussed around an intersection in which everyone, including the health workers were equal and connected with each other to work on mutual goals. This was described

...in terms of, it is sitting down in a space –we are all people, we are all equal, and it does not necessarily matter what your background is, what your mental health background is, what you do or don't struggle with. We are all people, we are all connected, we are all united in this space to do a,b,c (YP014).

Another young person discussed the exhibition activities aligned to Mental Health Week. Displaying the artwork in the exhibition prompted him to move beyond art as a process of self-examination and to consider the meanings he might share and how he might interact with meanings others developed. He explained

Knowing that when it was going to be on show, for other people to see that I had to think deeper into my processes, and be able to verbalise them as well. And not just understand the process in my head but, actually be able to think I know what it is. How do I now explain this to someone else if I was asked what is this? –What have you have you created, what does this represent? (YP016)

Art as an opportunity to promote mental health and awareness of mental health issues to a broader youth audience was considered by another young person who spoke about the importance of accessing knowledge about mental health and demonstrating these concerns to others via the artwork. She said,

I think it is important to talk about mental health issues and stuff like that. I mean not like making people tell their story, but talking about mental health issues in general. Yeah I think that is important. What's important about talking about it? –? making people aware of mental health and what the issues are. Cause a lot of people have mental health problems, but they don't know that they do. Cause they are not aware and when you make them aware they can begin to help themselves...put it into artwork (YP015).

The combined viewpoints of the artists, health workers and young people offer expanded explanations and interactions of praxis in youth-specific mental health services in an Australian context. The stakeholders in this study understood and described the interconnections of art, therapy and health for young people's mental health and wellbeing as an *exciting space for young people to feel that they can engage, access and grow (HW011)*.

3 Discussion

The accounts shared in this article demonstrate ways of thinking about art and young people's mental health that occur across and within art, therapy and health frames of knowledge. Beliefs about the practices and outcomes of the art, therapy and health nexus were woven together into a tapestry of intentions. The theme *Weaving together values and practices in which the arts, therapy and health interconnect* exemplified how the stakeholders discerned outcomes and implicit possibilities of the art, therapy and health nexus that are often distinguished as critical aspects of healthcare that meet the psychosocial, self-help and the mental health educational needs of young people accessing youth-specific mental health care (McGorry et al., 2014).

Rather than displaying a lack of understanding of the art, therapy and health nexus (Kelly, 2015), the stakeholder descriptions wove together a spectrum of experiences and outcomes unequivocally highlighting the role of arts in youth-specific mental healthcare as part of life's rich tapestry. They accentuated conceptual and ideological intersections that transcend neat professional definitions and boundaries. Accordingly, Dileo and Bradt's (2009) advice to distinguish discipline boundaries would not attend to the specific requirements of young people as depicted in the data nor translate well into Australia's ontological framework of young peoples' mental health and well-being (AIHW, 2014). Classifying art, therapy and health praxis into distinct professional boundaries risks further orienting approaches and the development of evidence-based practice toward clinical goals rather than ecological models (Perruzza and Kinsella, 2010; Varney et al., 2014) and, thus marginalising the intrinsic value of inter-relational praxis. The perceptions shared in this paper particularly underline the possibilities of inter-relational practice for example, offering non-medicalised approaches, establishing a sense of safety and security, and more broadly attending to the individual, social and cultural challenges young people face in their *natural journey of life*.

The data that clustered around the theme *A balanced approach to meet needs and expedite improvements in young people's mental health and well being* highlighted the role of the arts in healthcare as providing an opportunity to negotiate ideas, concepts and relationships in the broader sphere of a young person's whole life experiences. Creating a balanced approach meant appreciating a young person's talents, establishing their agency within social and culturally linked lives and providing transformative experiences through multiple creative arts and health modalities. These offer valuable understandings of the potential role of art in youth specific-health services such as *headspace*.

Finding a balanced approach required, in many ways, balancing discipline perspectives relative to broader, experiences, interests and the contexts associated with whole of health qualities in a young person's life. Westwood and Linnell (2011) describe a position of 'hybridisation' for art, therapy and health initiatives in Australian, which involves taking a pragmatic approach on an edge between CCD and art therapy. They suggest this position may enrich explorations and development of theory and practice. However, a position of 'hybridisation' requires recognition and acknowledgment of the training, experience and expertise involved in art practices underpinned by CCD and social justice principles as well as art therapy. In consideration of professional roles in the delivery of arts and health initiatives Bucciarelli (2015) emphasised the benefits of mutual collaborations and partnerships between art therapists and artists to extend the advocacy of the arts in clinical settings. The artists and health workers in this study clearly acknowledged the importance of partnerships and professional commitment, a viewpoint further reinforced in literature as necessary to create links in the discourse of health and the arts (Cameron, Ings & Crane, & Crane, 2015).

The collective stakeholder's perspectives were cognisant of art, therapy and health offering an intersection more so than commutual approaches in youth-specific mental health services. In the final domain participant descriptions highlighted a range of intersections in which art, therapy and health converge, for example to reshape hierarchical structures, and to promote awareness and intersubjective appreciation of young people's health and wellbeing. As such art offered

opportunities to engage young people in conversations about mental health at variety of levels. The stakeholders asserted the value of the art, therapy and health nexus to disrupt normative health/illness interactions. Art as a mechanism to help increase young people's participation in awareness programs and better understanding of the nature of mental health difficulties or distress was a significant benefit identified by the stakeholders. Art, therapy and health seen as an inter-relational practice reinforced approaches that recognise the subjective experiences, or voice of young people in mental health care settings. Such approaches and experiences are considered critical to improve young people's help-seeking and engagement in mental health education and early interventions strategies (Cohen, Medlow, Kelk & Hickie, & Hickie, 2009).

Foreground in the collective descriptions of the three stakeholders, art was understood as a phenomenon that individuals and communities can engage in at various levels alongside more traditional responses in mental health services.

4 Conclusion

The perspectives, shared in this paper offer appreciation of the inter-relational intersections of art, therapy and health accentuating conceptual and ideological junctions that go beyond distinct professional boundaries and nomenclature such as art therapy, arts in medicine or arts and health. The artists, health workers and young people's perspectives offer valuable understandings of the potential role of art in youth specific health services such as *headspace*, and suggest young people's participation in art activities offers much more than maintaining or increasing youth friendly environments.

Conceivably the limitations inherent in this research, will not lead to a unifying definition, theory or framework of art, therapy and health. Nevertheless, the stakeholders elucidate the potential impact of arts and health practices to address young people's mental health issues by facilitating socially and intersubjective responses. There is much scope and potential to conduct further research into more critically aware inter-relational practices, and interdisciplinary alliances that support young people facing mental health challenges. This research builds on the work of the National Arts and Health Framework by providing critical attention to the interconnections of art, therapy and health as perceived by artists, health workers and young people. The stakeholder's descriptions imply, we cannot ignore the degree of ideological overlap if we are to truly understand the intrinsic relationship of art and creativity to our health and wellbeing.

Uncited references

Gareth (2010), Patton (2002), Van Lith (2016) and Wilson et al. (2010).

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Footnotes

¹The horizontal practice is designed to cultivate connectedness and belonging, while vertical practice promotes collaboration, negotiation, discipline and completion. The artist practitioner's role in this instance is to assist participants to communicate and negotiate their ideas and concepts within a group context. The artist practitioner actively works to maintain individual and group focus and to develop a sense of trust in the collective process, engendering faith that quality artistic outcomes are achievable. (Thiele and Marsden, 2003 p.35); (Thiele & Marsden, 2003, p. 35).

Graphical abstract



Highlights

- Art, therapy and health are seen as an inter-relational practice.
 - Expanded perspectives on scope of practice, discipline boundaries and research gaps.
 - Art is an important mechanism to provoke a distinct whole of life position.
-

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