

Creative Arts Therapies in Healthcare: Governance in a Flourishing Practice

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Abstract

The creative arts therapies (CATs) are becoming available to increasing numbers of patients in the Irish healthcare system. Due to a paucity of information on where permanent and long-term posts exist, this study aimed to create an initial mapping. Creative arts therapists were identified through homogenous sampling and invited to participate in an online survey. A total of 37 respondents identified 39 posts, 63% (25/39) of which, were in adult services and 37% (14/39) in child and adolescent services. Art therapy accounted for 70% (12/17) of mental health posts, while music therapy posts were more prevalent in older person's (83% 5/6), child and adolescent services (71%, 10/14) and palliative care (4/4). Geographical and clinical gaps in service provision were identified. Disparities in contracting, line management and remuneration highlight the need for formal recognition to support effective clinical governance and provide a clear framework within which creative arts therapists can practice.

Introduction

*"The physician attends the patient; the artist attends nature...If we are attentive in looking, in listening and in waiting, then sooner or later something in the depths of ourselves will respond. Art, like medicine, is not an arrival; it's a search. This is why, perhaps, we call medicine itself an art"*¹
Marie Therese Southgate.

There is a substantial body of evidence on the role of the arts in promoting health and in addressing and or preventing a range of acute and chronic conditions across the lifespan². The arts can help us to "understand, communicate and cope with various experiences of human illness"³ and incorporating them in our healthcare strategies improves the "well-being and experience of both the patient and physician"⁴.

CATs (Art, drama, dance-movement, music and expressive arts therapies) use creative and expressive processes to improve physiological, psychosocial, emotional social and spiritual well-being in people of all ages⁵. In Ireland, an ever-broadening use of these health professions is underpinned by evidence-based practice and a rich traditional of research⁶. CATs offer a broad lens from which to view the patient and support a 'whole-person' approach,⁷ widely recognised as vital in managing global health-care challenges⁷. They often "evoke responses more directly and more immediately than verbal therapies"⁸ and offer alternate avenues of communication for patients who find it difficult to verbally process their experience or for people with cognitive impairment. Clinical practice is far-reaching but often focuses on the more complex areas such as: dual diagnosis and severe mental health difficulties, social challenges, stress and trauma⁹. While a range of health goals can be addressed, it is important that arts "engagement, in whatever form, is clinically indicated and welcomed by the person receiving care"^{10 (p.2)}.

The Irish Association of Creative Arts Therapists (IACAT) has over 340 professional members who work with populations across the lifespan. Emerging clinical areas include: patients with disorders of consciousness, chronic pain, substance misuse and neonatal intensive care¹⁰. While most creative arts therapists are self-employed (75%) and many provide private practice (43%)¹¹, a small but growing number are employed within the health system. While there is a strong desire for increased posts in a variety of healthcare contexts¹², a stumbling block in developing these services is the lack of a designated grade structure within the Health Service Executive (HSE) and statutory recognition with CORU. These barriers hinder progression, integration and governance and consequently many therapists feel undervalued and misunderstood¹². Nevertheless, many permanent and long-term posts in the health system have been developed with a range of clinical populations. To date, these services have not yet been mapped.

Method

Following a large-scale workforce survey in 2019¹², a focused survey was designed to map permanent and long-term creative arts therapy posts within the health system. Homogenous sampling was used to identify and select respondents and achieve a breadth of understanding in relation to discipline, service type, and employment information (contract type and duration, service provision, line management and grade). Respondents were individually contacted by email and invited to complete a short online survey.

Results

Thirty-seven respondents, revealed 39 posts, of which 54% (21/39) were music therapy, 41% (16/39) art therapy and 5% (2/39) dramatherapy. Eleven posts were based in services directly funded by the HSE and were identified in 4/9 community health organisation (CHO) areas 3, 4, 7 and 9.

While, 26 posts were based in section 38 agencies, 1 in a 'section 39' agency and 1 in a private hospital. Geographically, 92% (36/39) of posts were located in the urban areas of Dublin (27/39), Cork (6/39) and Limerick (4/39), while there was 1 in Co. Kilkenny and 1 in Co. Clare.

Respondents worked with a range of clinical populations (Table 1). Adult services accounted for 64% (25/39) of posts and included: mental health (15), older person's (6), palliative (2) and rehabilitation (2). Child and adolescent services accounted for 36% (14/39) of posts and included: paediatric (6), disabilities (3), CAMHS (2), palliative care (2) and rehabilitation (1).

Child & Adolescent Services (n=14)	Clinical Area	Posts
CAMHS, North Dublin (CHO9)	Mental Health	Art Therapy
CAMHS, Linn Dara, Dublin (CHO9)	Mental Health	Art Therapy
Cope Foundation Cork	Disabilities	Music Therapy (2 posts)
Enable Ireland, Clare	Disabilities	Music Therapy
CHI, Crumlin, Dublin	Paediatric	Art Therapy
CHI, Crumlin, Dublin	Neurology, Haematology,	Music Therapy (2 posts)
CHI, Temple St, Dublin	Neuroscience, Palliative	Music Therapy (2 posts)
St. Luke's Hospital, Kilkenny (CHO5)	Paediatric	Art Therapy
National Rehabilitation Centre	Rehabilitation, ABI	Music Therapy
Laura Lynn Children's Hospice	Palliative Care	Music Therapy (2 posts)
Adult Services (N=24)	Clinical Area	Posts
Cheeverstown, Dublin	Mental Health	Music Therapy
First Fortnight, Homeless Services	Mental Health	Art Therapy, Dramatherapy
Highfield Healthcare, Dublin	Mental Health	Music Therapy
North Lee Mental Health Services (CHO4)	Mental Health	Art Therapy (2 posts)
Novas, Homeless Services, Dublin	Mental Health	Dramatherapy
Services for Older Persons (CH03)	Mental Health	Dramatherapy
South Lee Mental Health Services (CHO4)	Mental Health	Art Therapy (2 posts)
St. Loman's Hospital, Dublin (CH07)	Mental Health	Art Therapy
St. John of God, Stillorgan	Mental Health	Art Therapy (2 posts)
St. Patrick's Mental Health Service	Mental Health	Art Therapy
St. Vincent's Hospital, Dublin	Mental Health	Art Therapy
National Rehabilitation Hospital	Rehabilitation, ABI	Art Therapy, Music Therapy
Cherry Orchard Hospital (CHO7)	Older Person's Services	Music Therapy
Meath Community Unit, Dublin (CHO7)	Older Person's Services	Music Therapy
Milford Care Centre, Limerick	Older Person's Services	Music Therapy
Our Lady's Hospice, Harold's Cross	Older Person's Services	Music Therapy
Tallaght University Hospital	Older Person's Services	Art Therapy, Music Therapy
Milford Care Centre, Limerick	Palliative Care	Music Therapy (2 posts)

Table 1. Permanent & long-term creative arts therapy posts (n=39)

Mental health services (including 2 posts in CAMHS) accounted for 43% (17/39) of posts and art therapy was the most prevalent discipline (70%, 12/17), with just 3 music therapy posts. Both dramatherapy posts were in mental health, 1 in homeless and 1 in older person's services. In contrast, music therapy posts were considerably more prevalent in older persons' services (83% (5/6), which included residential (4) and acute hospital (1). They were also more dominant in child and adolescent services (71%, 10/14) and accounted for all posts in child and adult palliative care (4).

Almost 40% (15/39) of posts were created 10–15 years ago, while one fifth (8/39) were created 5–9 years ago. In the last 4 years, 16 posts were established, the most recent, a senior music therapy post in Children's Health Ireland at Temple Street. The majority (87%) of recent posts were based in section 38 services, while only 2 (13%) were based in services directly provided by the HSE.

Less than two-fifths (38%, 15/39) of posts were for 0.7–1.0 whole time equivalent (WTE) and just one quarter of respondents (10/39) worked full-time. Almost two-thirds of posts ranged between 0.1–0.6 WTE and half of these were less than 2 days or less a week.

Respondents reported a range of line managers: nursing administration (14/39), occupational therapy (7/39), head of clinical services (7/39) and head of operational services (3). In services directly provided by the HSE, 73% (8/11) of respondents were line managed by nursing administration, in contrast to just 21% (6/28) of those in other services.

Respondents had extensive experience and worked in the capacity of a senior therapist and in some cases, therapy manager. However, they were contracted on a range of different grades: including: senior (8) and basic (7) occupational therapist, senior (5) and basic (1) physiotherapist, play therapist (3), clinical psychologist (1), staff nurse, (1), social worker (2), care attendant (1), counsellor (1) and social care leader (1). No respondents in services directly provided by the HSE were on a senior therapy grade.

Discussion

There is a growing number of creative arts therapy posts in Ireland and in recent years, 83% were based in section 38 and 39 agencies. These services lead the way in establishing posts, perhaps due to having more recruitment autonomy. The fact that just 13% of newer posts were directly funded by the HSE, emphasises the lacunae in provision within community healthcare. While it is heartening to see an increase in posts, the actual amount of resources within services is scarce with just one-quarter of all posts being full-time. There was a clear geographical disparity and 95% (37/39) of posts were based in the urban areas of Dublin, Cork and Limerick, highlighting the limited public access to CATs in other urban areas and in most counties.

The majority of posts were based in mental health, older person's and paediatric services, while rehabilitation, palliative care, disabilities and CAMHS were growing areas for service provision. In many countries, CATs provide an adjunct therapy in neo-natal care and obstetrics, cancer and cardiac care, pre and post-op surgery, chronic pain and ICU^{13,14}. In Ireland, for patients and families receiving these services, there exists an obvious gap which could support positive health outcomes. Continued research initiatives in these areas may support the development of new clinical services.

The lack of formal recognition of CATs is the biggest barrier to the appropriate integration of these professions into the health system. For too long, CATs have been side stepped and creative arts therapists overwhelmingly support the establishment of a designated grade structure within the HSE and statutory recognition^{11,12}. The disparities this survey revealed in relation to line management, grading and remuneration, highlight the urgent need for a HSE grading structure, intended to allow for service planning, delivery, performance and accountability. This will enable creative arts therapists to become part of the Health and Social Care Professions, support effective clinical governance, and provide a clear framework, within which creative arts therapists can achieve and maintain professional competencies and provide high-quality, patient-centred care. This validation and future registration with CORU will contribute to professional recognition and credibility through the protection of titles and foster the establishment of sustainable and integrated posts.

With the growing evidence of how CATs can "improve clinical skills, patient outcomes, quality of life, and health care experience," greater advocacy for the arts in medicine is needed" ^{15(p.E2)}. CATs are high-value, patient-centred interventions that are easy to implement into clinical practice. They are adaptive and integrative by nature and can play a vital role in multidisciplinary strategies in addressing complex health challenges. They promote insight and illuminate the patient's experience, helping them to "express themselves, cope and make meaning out of serious illness" ^{10(p.2)}. CATs have potential for broad implementation in the Irish healthcare system, but formal recognition is essential to governance in a flourishing practice.

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The corresponding author states that there are no conflicts of interest

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References:

1. Southgate MT, Quoted in Downie RS (ed). The healing arts. Oxford: Oxford University Press; 1994: xvii.
2. Fancourt, D. and Finn, S. What is the evidence on the role of the arts in improving health and well-being? A scoping review. Copenhagen: WHO Regional Office for Europe (Health Evidence Network (HEN) synthesis report 67) 2019.
<https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf>
3. Moss H. Arts and health: a new paradigm. *Voices: A World Forum for Music Therapy*, 2016;16(3). <https://doi.org/10.15845/voices.v16i3.863>.
4. Hajar R. Art and healing. *Heart Views*, 2015; 16(3):116-117.
<https://www.heartviews.org/text.asp?2015/16/3/116/164456>
5. Shafir T, Orkibi H, Baker, FA, Gussak D, Kaimal G. Editorial: The state of the art in creative arts therapies. *Frontiers in Psychology*, 2020;11. <https://doi.org/10.3389/fpsyg.2020.00068>
6. Ahessy, B., McCaffrey, T., & O'Connor, B. (2021). Music therapy: What psychologists need to know. *Irish Psychologist*, 47(3), 62-69. https://www.researchgate.net/profile/Bill-Ahessy/publication/353347162_Music_Therapy_What_Psychologists_Need_to_Know/links/60f6a203fb568a7098c051e4/Music-Therapy-What-Psychologists-Need-to-Know.pdf
7. Thomas H, Mitchell G, Rich J, Best M. Definition of whole person care in general practice in the English language literature: a systematic review. *British Medical Journal Open*, 2018; e023758.
<http://dx.doi.org/10.1136/bmjopen-2018-023758>
8. Zwerling I. The creative arts therapies as “real therapies.” *Hospital Community Psychiatry*, 1979; 30:841–844. <https://doi.org/10.1176/ps.30.12.841>
9. Edwards J. The therapist’s use of the self in creative arts therapy practice. *The Arts in Psychotherapy* 2017; 55:A1-A2.
10. Moss H. Music and creativity in healthcare settings: does music matter? Oxford: Routledge; 2021.
11. Ahessy B. Creative arts therapists: practice, professional engagement and employment. *Polyphony: The Journal of the Irish Association of Creative Arts Therapists*, 2020b.
[http://polyphony.iacat.me/uploads/ed/january2020/Ahessy%20\(2020\)%20CATs%20in%20Ireland.%20Practice%2C%20Professional%20Engagement%20%26%20Employment%20Survey%20Report.pdf](http://polyphony.iacat.me/uploads/ed/january2020/Ahessy%20(2020)%20CATs%20in%20Ireland.%20Practice%2C%20Professional%20Engagement%20%26%20Employment%20Survey%20Report.pdf)
12. Ahessy B. Growing pains: creative arts therapies in Ireland. *Polyphony: The Journal of the Irish Association of Creative Arts Therapists*, 2020a. <http://polyphony.iacat.me/features/growing-pains-the-creative-arts-therapies-in-ireland>
13. Kern P, Tague DB. Music therapy practice status and trends worldwide: an international survey. *Journal of Music Therapy*, 2017; 54(3):225-286. <https://doi.org/10.1093/jmt/thx011>
14. Regev D, Cohen-Yatziv, L. Effectiveness of art therapy with adult clients in 2018—what progress has been made? *Frontiers in Psychology*, 2018; 9. 1531.
<https://doi.org/10.3389/fpsyg.2018.01531>
15. Khan WU, Moss H. Increasing public health awareness of and capacity for arts-based therapy in medicine, *JAMA Neurology*, 2017; 74(9):1029-1030. DOI: [10.1001/jamaneurol.2017.1639](https://doi.org/10.1001/jamaneurol.2017.1639)