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The arts and mental wellbeing: opportunities and challenges

BY ELIJAH MARANGU

Strategies to combat the many effects of mental illness on individuals and families need to go beyond psychopharmacology and institutional care. Evidence has been mounting for the healing and treatment role of art in clinical and health care settings (Putland 2008). Art, in its many forms, has also been suggested as one valuable tool in addressing social exclusion in people with many forms of disability including mental illness (Matarasso 1997).

This paper draws on Masters Research findings to present a discussion of the historical and current landscape of Art for Health Programs with special emphasis on art programs targeting people with chronic mental illness. Recent studies in the UK and Scotland (Parr 2006) indicate that participation in the arts can enhance recovery, social connectedness and cultural inclusivity. According to Hester (Parr 2006) engaging in the arts allows people to:

- Counter isolation, loneliness and feelings of exclusion.
- Break down barriers and build bridges.
- Create positive thinking.
- Enable achievement and raise confidence and skills levels.
- Raise and promote health awareness.

Ultimately, participation in the arts might impact on participants' health via increase in three forms of capital (Parr 2006):

- human capital (Weinstein 1998);
- social capital (trust, reciprocity, networks, interdependency); and
- identity capital (positive self image, assertiveness and confidence).

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One of the key challenges in arts and health programs is evaluation; most programs are required to prove their effectiveness using scientific methods like case control studies and randomised control trials. In evaluating art programs in mental health the users' voice is central to a successful evaluation process. White and Angus (2003) suggest a sophisticated assessment of qualitative evidence rather than short analysis of cost efficiency alone will lead to a more objective evaluation of art in health programs.

REFERENCES


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