

Artspace: Enabling young women's recovery through visual arts: A qualitative study

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Abstract

Issue addressed: This article reports the qualitative evaluation of "Artspace," an innovative clinical program combining creative arts with physical and mental health care for young women. The program, provided since 2004, comprises weekly visual arts sessions alongside a youth health clinic offering drop-in appointments with a nurse, GP and counsellor.

Methods: A qualitative evaluation of Artspace was conducted between 2016 and 2017.

Results: The evaluation showed that Artspace was particularly beneficial for those clients who had considerable exposure to social adversity and trauma, and were experiencing related serious health impacts. Artspace facilitated their recovery by enabling equitable access facilitation, social inclusion, creating a "holding" environment, and through the directly therapeutic benefits of artist-led arts processes.

Conclusions: Our study highlights the positive impact of artist-led programs such as Artspace. It also attests to the importance of long-term sustainability of services, to allow the time needed for young people to experience genuine and sustained recovery, and to reduce the otherwise likely disadvantages associated with mental and physical health problems, as they move into their adult lives.

So what?: Youth health researchers have been recommending arts programs at health services as a means of engaging young people in health care for over 15 years, however, it remains an underutilised approach in primary care settings. Our evaluation affirms the effectiveness of art programs for this, and also demonstrates that art programs can be a key contributor to recovery from the serious health impacts of adversity and trauma.

KEYWORDS

disadvantaged-population, mental-health, qualitative-evaluation, visual-arts, women's-health, youth-health

1 | INTRODUCTION

Extensive research demonstrates the importance of early intervention for young people who encounter significant adversity and/or

emotional trauma in their lives. These forms of trauma and adversity are associated with harmful health impacts, both now and in later life, which can be significantly reduced if young people receive appropriate care when they need it.¹⁻⁴ However, approximately 80%

of young Australians do not seek help, with distrust and experience of stigma being significant barriers.^{5,6} Utilising creative arts can be an effective strategy to engage mental health users in help-seeking and health care.^{7,8} However, most primary care practices have little knowledge of how effective such strategies can be, or about how to involve or embed creative arts approaches in the structure of a primary care practice.⁹

These questions arose slowly at the Blue Mountains Women's Health and Resource Centre (BMWHR), which was set up by volunteers in 1981. Like other women's health centres across Australia, it adopted a social definition of health, which recognises that issues related to gender, culture, sexuality, education, income and disability have a strong impact on women's health experience. The centre continues to be a thriving hub of broadly defined health activities for women in the area.¹⁰ In 2003, however, staff noted from client statistics that young women were underrepresented in the usual appointments system.

As a result, in 2004, Young Women's Clinic (YWC) was established for clients aged 12-25 years, providing youth-oriented health care: drop-in appointments with a nurse, counsellor and General Practitioner (GP, a term for family doctor), alongside a drop-in visual art creation group. "Artspace" was facilitated initially by an art therapist, and after several years, due to staff changes, by a youth worker at times supported by an art student. In Artspace, clients can paint, draw, collage and craft, whilst connecting with other young women in the community. Ten to twenty young women attend Artspace each week. The BMWHR is located in an area of significant social disadvantage: 33% of households are on low incomes, and the community faces similar challenges to other disadvantaged regions in Australia.¹¹ All YWC services including Artspace are provided at no cost to the young women, funded in partnership with other community youth programs and with government subsidies.

After 13 years, BMWHR set out to evaluate its services for young women and to what extent their needs were met. While YWC evolved iteratively in response to various forms of client feedback, formal evaluation was previously precluded by lack of staff and resources. Indeed, evaluation was only enabled by a partnership with a University via one GP staff member.

Many Artspace clients have encountered significant adversity and emotional trauma such as death of a primary carer, childhood abuse, having a family member with severe mental illness, intimate partner violence, chronic illness and racism. This is a client group that encounters many challenges in seeking and accessing help, including primary care for mental and sexual health concerns. The initial intention of Artspace was facilitating access for this client group who may otherwise have been hard to reach. Staff anticipated that it would be a waiting room activity, with a goal of attracting young women to physically visit the centre.

The evaluation of the YWC aimed to explore the extent to which client needs were being met, to better understand the client and provider experience of the service, and to explore the role of Artspace in the YWC, including whether it met its initial intention

of increasing young women's engagement with YWC and with help-seeking.

2 | METHODS

In Bowen's guide to evaluating community health services (Bowen 2012), she recommends that evaluations be designed and implemented by steering committees of key stakeholders. In this project, the steering committee was comprised of BMWHR staff and two university researchers. After the steering committee is formed, Bowen recommends they construct an evaluation framework that articulates the aims of the service and how the researchers intend to measure these aims. The framework for this evaluation incorporated recommendations of the Australian Women's Health Network, New South Wales (NSW) Centre for Advancement of Adolescent Health on youth-friendly services, and the WHO report on People-Centred and Integrated Health care.¹²⁻¹⁶

The evaluation framework, based on these recommendations, was seen by staff as articulating the aims of the service, as well as providing indicators that can be utilised to evaluate whether these aims are being met.¹⁷ For example, youth-friendly indicators include availability of drop-in appointments, no cost to client for services, access facilitation, staff are approachable and assist clients in navigating the centre without parental support. For a gendered approach to health, the Australian Women's Health Network recommends indicators such as availability of childcare and women practitioners, linking of women's individual experience and health needs with the social and cultural context of their lives, that services actively work to assure equity, diversity and inclusion, and that staff are well supported. People-centred care, according to the World Health organisation, should also build community, connection and collaboration, in this context by increasing client social inclusion and by forging effective partnerships with community organisations supporting young people.¹

A qualitative approach was considered most appropriate to explore if, how, and in what ways, the kinds of services provided assisted young women with complex health needs to recover from adversity and its related health impacts, and whether they were satisfied with their care.^{18,19} While the purpose of the evaluation was to assess client experience, also including staff perspectives is crucial for those who undertake community care work (in an adverse funding climate) and was a recommendation adopted in developing the evaluation framework. Open-ended interviews were considered to best invite both clients and staff to comment and reflect on salient aspects of their experience, and were planned with principles of feminist qualitative research in mind.²⁰

The steering committee considered ethical implications of the research at length. Young women's perspectives on Artspace and YWC were essential to the evaluation. Many Artspace clients had experienced distress, vulnerability and social disadvantage, therefore, ensuring their safety, wellbeing and confidentiality was a guiding principle throughout the evaluation. Ethics approval was obtained from the Human Research Ethics Committee of Sydney

University, and young women were given a gift voucher for a local art store to thank them for their participation. Despite staff concern, many of the young women involved in the service expressed great enthusiasm to participate in the research. They were active in recruiting others in their network, and a number of them donated their art vouchers to the ongoing art group.

2.1 | Recruitment and participants

Thirteen young women were recruited through flyers, Facebook and friend recommendation. In keeping with the evaluation framework recommendations of the Australian Women's Health Network, an actively inclusive approach to recruitment was taken to seek the perspectives of young women with diverse experiences and backgrounds on how well attuned YWC was to meet their specific needs. The client sample (also reflective of typical Centre clients) consisted of one young Aboriginal woman, two clients from a self-identified culturally and linguistically diverse (CALD) background, 10 young Anglo-Australian women, one young woman living in a wheelchair, and one young woman identifying as same-sex attracted. Staff were recruited by email and phone invitation. The majority of current and past YWC staff took part, including initial Artspace facilitator, an artist and art therapist, Artspace youth worker, Artspace assistant, two YWC reception workers, an artist now studying social work on university placement at BMWHRC for 9 months, two GPs, two nurses, two counsellors and the former manager of BMWHRC. Staff from local high schools and community organisations supporting young people with housing, parenting, mental health, and crisis accommodation also participated, speaking on behalf of their clients who have attended Artspace/YWC.

These community partner organisations work with young people who are often living in very vulnerable and transient situations, making it difficult for them to participate in this research. Their voices were thought important also, as the service intends to meet the needs of all young women in the community, especially those who are financially disadvantaged, marginalised or homeless. These staff were able to share what stories clients had told them, or what they observed when they attended centre appointments to support their clients. We note here that underfunded services such as the BMWHRC survive almost entirely on the commitment of staff and dedication to client wellbeing.

Client perspectives were seen as essential to this evaluation, as well as staff perspectives on what enables such a service to continue.

2.2 | Data collection and analysis

The aims of the evaluation were explained, and consent processes were followed. Focus groups and interviews were audio-recorded and transcribed. A thematic analysis of this data was conducted.^{19,21}

An initial line-by-line coding process conducted by the first author (MB) was followed by inductive development of initial classifications and themes. These were triangulated with coding checks performed

by both co-authors (CH and LB) and themes were further developed. These results were then fitted with the results of a deductive analysis in which data relevant to the categories specified in the evaluation framework was sought. Pseudonyms are used for all clients, with age at the time of interview. Staff gave permission for their actual names and job titles to be used.

3 | RESULTS

The following five themes were identified in the evaluation.

3.1 | Encouraging engagement and accessing care

When first conceived in 2004, the intention of Artspace was to facilitate young women accessing health services at the centre. A local high school Learning Support Officer for Aboriginal students relayed that many young people in her care are overwhelmed by social stressors and high levels of anxiety, which creates significant barriers to accessing health care: "Anxiety in young women, I see it so much... getting them to go to that place [health centres] and ask for help can be really terrifying" (High school Aboriginal Learning Support Officer).

The Artspace youth worker staff conducted regular outreach visits to the local high-school, with the intention of building trust, connection and sense of safety, in order to address this barrier. These staff relayed that many Artspace clients were engaged in this way, and brought friends with them, like Elise. Elise's mother passed away early in her life, and at age 12 she was suffering high levels of stress and anxiety. An Artspace facilitator introduced her to the counsellor, enabling her to access mental health support and care. Elise explained the difference Artspace made for her:

"Artspace is very friendly, very welcoming, it's a safe place. I wouldn't have gone to the counsellor by myself... If you just walk in [to a health centre] and say, 'I need to see a counsellor,' it's more intimidating, especially if you are by yourself." (Elise, 16)

Fiona was involved in Artspace for 13 years, in her early 20s as a participant, and later as an assistant facilitator. Fiona recalled that Artspace assisted young women living in home situations of adversity to access care that their parents would not have supported:

"If people are in a difficult situation, they can come to the Art Space and be funnelled into health care, it's like a sidestep. If they go home and get asked 'where were you today', it's 'I went to Art Space', instead of saying I went and saw a doctor." (Fiona, 33)

Artspace was successful in engaging many young women in both physical and mental health care, who may otherwise have not attended due to anxiety or lack of parental support.

3.2 | Equity of access

From the beginning of YWC, BMWHRC staff made decisions about allocating funds to engage young women from families on low incomes, by establishing and running Artspace, as well as clinician and counselling services, at no cost to clients. Staff from BMWHRC and community youth organisations in the area consider affordability as essential to inclusion: "The young women we most want to see are the ones whose families are under-resourced, where the parents don't have an income or have a very low income" (BMWHRC manager). As Ashley recalled: "I wanted to be creative but I didn't know how and I didn't have the materials, you can do art classes but it's expensive and so are art supplies. Artspace was free." (Ashley, 33). For young mothers, the provision of childcare was also essential to their participation. Kylie had always loved art, however as a single mother in her early 20s, on a low income and with no family support, she had never been able to attend activities focused on her own wellbeing: "Because childcare was provided during Artspace, it meant I could come. I had no-one, and that was the first time I'd ever had a break from them" (Kylie, 36).

Whilst Artspace has been very successful as a means of engaging young women in health care, overcoming barriers such as anxiety, low incomes, and lack of family support, over time it became evident that much more was going on within Artspace.

3.3 | Social inclusion

Many Artspace clients were isolated in the community; they saw the social connectedness they developed at Artspace as central to their recovery from adversity. Skye (33) was one of the first members of Artspace. When she joined, she was in her early 20s and mother of two children: "I was feeling socially isolated, having the kids and not working. I wanted more of a social and creative outlet... BMWHRC just always felt like my second home." Kylie was also isolated by domestic violence. As she explains, social inclusion provided by Artspace enabled her to rebuild her confidence:

"You know, I really kept to myself. Being in an abusive relationship, he isolated me, he wouldn't let me have friends. So when he went to gaol, I got out of my shell a bit, and Artspace made it easier... they were nice, it gave me confidence. It really helped with socialising, getting out and about again." (Kylie, 36)

Elise attended Artspace weekly from ages 12 to 16 years. She describes her experience of social inclusion over 4 years of her adolescence, supporting her emotional development and building confidence in her ability to engage in the world.

"I've never felt like I don't belong here. It's always very inclusive and full of kind people... In a school environment, everyone is very judging. But here I can just be

myself... Here I can breathe, I can talk the way I want, I can express myself. I feel a lot more comfortable in my own skin now. I'm still not the most confident person and I still get socially anxious, but if I compare to what I was like, I would not be able to speak, or...only speak when spoken to, [to] involve the least amount of interaction..." (Elise, 16)

Alannah attended from age 23 to 25 years. She saw social inclusion and support from other members of the group as central to her gradual recovery from mental illness:

"The first day I was there, I was nervous. But the girls made me feel very, very at home. Before I would do art in my room, I never knew there were groups where I could go and meet people and do art work together...We were a group who could talk to each other and support each other through." (Alannah, 27)

Whilst clients expressed appreciation for the assistance they received from counselling and clinical staff, a number commented that Artspace was in fact the main contributor to their recovery.

"I have gotten through bullying because of it [Artspace], sexual harassment because of it, and depression because of it. The kindness and help I was able to get, the support. Seeing the counsellor and the doctor at the centre helped too, but I would say 90% of my recovery I owe to Artspace." (Elise, 16)

3.4 | "Holding" and recovery: trauma-sensitive care

Staff involved in the running of Artspace, as well as YWC clinicians, are trained in trauma-sensitive approaches to care.²² An art therapist facilitated Artspace for the first 7 years. While Artspace was never conceived as a program of art therapy, she was aware of therapeutic benefits that arise from arts engagement,^{9,23-25} and when reflecting on Artspace, she evoked the therapeutic notion of 'holding'²⁶ to discuss its value. She perceived Artspace as a safe, empathic container for young women experiencing vulnerability, distress and adversity: "Part of the aim is that you create that holistic net and for a lot of the young women, it 'holds' them, emotionally, physically and in all kinds of other ways." (Artspace art therapist).

There are social and developmental reasons which make a "holding" approach particularly appropriate for adolescents who have been exposed to trauma. As a YWC General Practitioner noted, many adolescents are still living in adverse home situations and this ongoing stress needs to be cared for. Other young people have moved on from their traumatic exposures but are not yet developmentally ready to embark on trauma-specific therapy. In these situations, her focus was on support, advocacy and harm minimisation:

"A lot of the time... it is about keeping them safe, reduction of harm, and minimising other outside impacts on their lives until they get to a stage where they are able to move on. So that holding is a very important part of it."

One of the key features of Artspace that has facilitated client trauma recovery is its long-serving presence in the community. Over 14 years, Artspace and YWC have enabled the development of long term, safe and respectful relationships between staff and many clients, a key feature of trauma-sensitive care.²² A worker from a nearby youth service commented: "It's that feeling of being welcomed, supported, not judged, and treated with respect, and it being a safe place; that is always the feedback that I get from young women who come here." (Platform Youth Services). Long-term presence is often also required to establish enough sense of safety for clients to identify their health issues and to access care. The Art therapist relayed that on many occasions, months were required for young women to move from the art room to seeing a nurse, counsellor or doctor.

"Young women may come for nine months or however long before they felt able to go and see somebody, but because they felt safe then they could move out of the room and go and see another practitioner."
(Artspace Art Therapist)

Alannah²⁷ saw her long-term relationships with BMWHRC staff as integral to her recovery from mental health difficulties stemming from childhood abuse and intimate partner violence:

"I was really dark and depressed. I didn't trust anyone. And, now I'm able to get out there and actually even help people who have gone through what I've gone through and be more independent. The core of it was having the support network, because I didn't have it in my family. I didn't really have many friends either. I felt very isolated... I knew I could always turn to BMWHRC and tell them what's going on... that they're going to empathize with it and.... provide that help and stability that I need to find within myself... You feel comfortable as soon as you walk in that door and know that you're being heard. Your voice matters as soon as you walk in."

With her two young children, Kylie began attending Artspace as she was emerging from a domestic violence relationship. Thirteen years later, Kylie's daughter Hannah, now a teenager, began attending Artspace regularly with her friends. Long-term presence in the community of services like Artspace help to interrupt the trajectory of intergenerational trauma that may otherwise occur.

Artspace staff also required trauma-sensitive group facilitation skills. Clients recalled that in each new school term, the Artspace members were asked to choose group rules, setting boundaries that would keep everyone feeling safe. At times conflict arose between

group members that required skilled staff management. Staff also needed skills in managing different group members' needs when trauma stories surfaced through art-making. One young woman recalled how sensitively staff managed this:

"You really need someone equipped to deal with what comes up. Gina (art therapist) was good with that, she would gently take people aside to just talk things out and refer to the counsellor."
(Skye, 33)

Clients also saw the physical environment in which Artspace takes place as supporting recovery. BMWHRC is located in an older house in the community, see Figure 1. Furniture is comfortable, and many forms of client art and posters affirming women's rights are displayed throughout the centre. This was seen by clients as therapeutic in itself.

"From walking into the building, there's a warmth, not temperature warmth, emotional warmth. It's not clinical, it's welcoming, which makes it feel... more like having a chat with a friend. It's breaking down those barriers to make it feel less formal so that you can talk about those awkward things without feeling awkward." (Sienna, 33)

3.5 | Creativity as therapy: artistic process and shift in identity

Young women and staff valued aspects of the Artspace program that were directly related to artistic process. The art therapist relayed:

"A lot of the young women came with various kinds of difficulties and some quite traumatic situations and backgrounds...There were young women who through the process of art making and getting connected with you, as the barriers break down, might tell you something and then you could gently suggest seeing a counsellor or seeing a doctor..."

Clients like Grace and Alannah, who were recovering from intimate partner violence, noted the specific therapeutic benefits of artistic and creative processes:

"That's a big way I work through stressors, is putting that into creativity, it's a healthy way of getting that out of your body."
(Grace, 28)

"You could paint, you could draw. You could experiment... I just kept going every single week. That was my stress relief. I think it helps with tension, with anger, that frustration and not knowing why it's there, or this underlying sadness. You start a drawing, and after you look at it and think 'I feel so much better and I don't

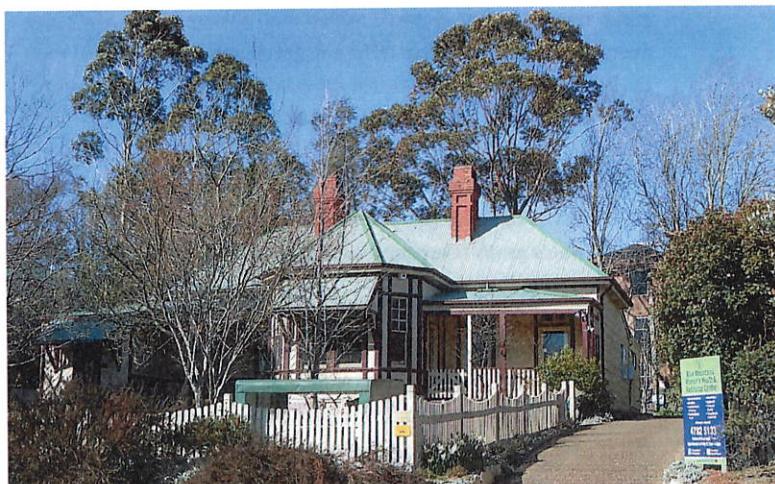


FIGURE 1 The BMWHRC building

know why'... It's a calming, self-soothing mechanism that I think is absolutely valuable, for anyone suffering from depression, stress, anxiety, any form of abuse."
(Alannah, 27)

Many young women appreciated uncovering and developing their own creative skills in an emotionally safe atmosphere.

"Gina (YWC art therapist) really helped me, not quite knowing how to be creative then being shown how to, and then coming each week and building on that, being able to experiment without any judgment."
(Ashleigh, 31)

Participants also valued their artistic learning as part of a group with other young women, experiencing the possibilities of artistic expression and building artistic confidence.

"Other people would see things in my work, and I would see things in theirs too, we would discuss that. We were all just fascinated because we were seeing what everyone was capable of, and not really expecting any of it."
(Alannah, 27)

For some young women, developing artistic skills provided them with an alternative sense of self, from seeing themselves as someone who has been damaged by life whether through illness or trauma, to a sense of identity as an artist:

"There was an art exhibit, and I was in the paper! Yeah! (laughing) I sold my first painting at that exhibition. It was like, 'Oh Wow! I sold a painting!' That gave me confidence, you know someone actually bought something I made."
(Kylie, 36)

As a result of long-term involvement in Artspace, some young women also experienced a shift in their sense of self, from a

person struggling to survive adversity, to someone who can care for others and be a leader. When Skye joined Artspace in 2004, she was a young mother in her early 20s. After attending weekly sessions for 2 years, BMWHRC offered her training and employed her as a receptionist over the next 6 years. Skye now works at a women's refuge. Fiona attended Artspace weekly for a number of years. When she turned 25 she became assistant facilitator, whilst embarking on university studies. Kylie joined Artspace as a young mother leaving domestic violence. She later trained in childcare and became a community childcare worker. Alannah is now a social justice activist, speaking publicly at local community events. The YWC counsellor observed: "Artspace has been a platform for many young women to find their voice, to feel empowered not only to deal with their own personal situation but then to engage in the broader community."

We note here the importance and impact of using artist facilitators in programs such as Artspace. In the years that Artspace was facilitated by the art therapist, her combined artistic and therapeutic expertise was particularly valued by clients. In periods in which youth workers alone facilitated, the absence of artistic expertise was missed by some clients, although they very much appreciated the therapeutic rapport and social inclusion provided by the youth workers. When asked how YWC could be improved, several client respondents identified that they would like more specialised and technical training in visual arts, as a core contributor to their recovery (Figure 2).

4 | DISCUSSION

4.1 | Access facilitation: engaging clients

Twenty-two percent of young Australians report major health problems and 49% of these are mental health difficulties.²⁷⁻²⁹ In both international and Australian research, there is an average 8-year delay between onset of mental health symptoms and accessing care in urban communities,³⁰⁻³² and 18 years in regional and rural



FIGURE 2 Artspace Art was displayed in the Artstreet exhibit at the 2016 Winter Magic Festival. The young women were very proud to have their work in this exhibition

Australia.³³ Delayed access to care is associated with worsening of mental illness, increased likelihood of recurrence and interruption to young people's education and vocational opportunities.³⁴ 75% of adult mental health conditions arise before the age of 25 years.^{30,35,36} Many young people express uncertainty about how and where to seek help with these issues.²⁷ Accessing health care is particularly difficult for young people who are marginalised as a result of low incomes, lack of family support, or structural violence, experiencing discrimination due to disability, homophobia or racism.^{14,37}

In literature on youth-friendly services, offering creative activities is recommended as a means of engaging young people in health care.^{12,14,38} Like other youth arts and health programs, Artspace enables young women to feel comfortable in a health care setting through familiarity and the cultivating of safe relationships with staff. Over time, participants were more likely to be able to identify that they had a health issue such as a mental illness or unhealthy relationships. Artspace also provided access for young women who felt unable to ask for adult support in seeking health care, for example, in the event of unplanned pregnancy.

4.2 | Social inclusion- and belonging

Social isolation is a well-documented risk for poor health in the literature.³⁹ A unique benefit of arts and health programs is their ability to successfully engage those who may be "hard to reach" or marginalised.³⁹⁻⁴¹ Young women who attended Artspace regularly saw their experiences of social connectedness with other young women in the group and with staff as integral to their recovery from health difficulties.

Social inclusion is also about ensuring equitable access. WHO literature on youth-friendly services emphasises the need for equity and upholds that all adolescents, not just those with financial support, must be able to participate in available health programs.³⁸ Arts and health literature notes that cost can be a barrier to client program participation.²³ Many young women with mental health issues are also mothers. Adversity early in life is a well-recognised risk for social, physical and mental health difficulties, both in childhood and in later life.^{1,2} International researchers on childhood adversity and health disparities observe:

"Despite increasing evidence of the long-term effects of early adversity on lifelong health, little attention has been paid to the development of health promotion and disease prevention strategies based on the reduction of significant stressors affecting everyday life for vulnerable young children and their parents." (42, p. 2255)

Women's Health NSW and BMWHRC consider childcare an essential aspect of services caring for women, recognising that women with young children would not be able to attend otherwise.¹⁶ The positive outcomes for the young mothers in the Artspace program attest to the value of investing program funding in childcare provision, as well as in providing Artspace at no cost to clients.

4.3 | "Holding" and recovery: trauma-sensitive care

The therapeutic notion of 'holding' refers to the development of trusting relationship with staff, which enables clients to access care for the difficulties in their lives, in their own time. As Kahn explains:

"Individuals, across their lives, will at times require places in which they can safely... work through difficulties... Caregivers create holding environments through three kinds of behaviour: containment, empathic acknowledgement, and enabling perspective" (26, p. 10).

Artspace clients were explicit and unequivocal in identifying Artspace as central, not only to accessing health care, but to their recovery. This fits a growing body of international research on the neurobiology of trauma-sensitive care and the role of creative practices for trauma recovery.^{24,25} Australian and international guidelines on trauma-informed service delivery identify these key principles: safety (physical and emotional), trustworthiness, choice, collaboration and empowerment and cultural humility.^{22,43-45} Trauma researcher Judith Herman conceived of three treatment phases for trauma recovery: safety, remembrance and mourning, reconnection.⁴⁶ Herman highlights that every person must be treated in their unique context taking into account their specific injury. Recovery is characterised by "healing in relationship," safety is incrementally gained first with practitioners or within a group. Supported by more recent neurobiological research, in this recovery process, trauma therapy enables survivors to process their trauma, restoring emotional regulation, re-integrating the limbic system and prefrontal cortex,⁴⁷ redeveloping a sense of empowerment and connection, both to themselves and to those around them, recreating a sense of self, and re-engaging in their world.⁴⁶

Artspace creates a holding environment in which young women can establish a sense of emotional safety, experience social inclusion, develop trust in staff, make choices within artistic activities, identify physical or mental health difficulties they may need assistance with,

and access trauma-focussed counselling or GP care when they feel ready. In Macpherson et al's research on art activities for young people with mental health issues, participants in visual arts programs experienced enhanced sense of belonging, improved distress tolerance and reduced self-harm.⁴⁸ As clients in this study affirmed, the physical aspects of health centre buildings can also contribute to a therapeutic "holding" environment. In her work on healing environments, Sternberg explores the impacts of physical space on recovery from illness, contending that natural light and comforting environments support positive brain responses, boost immunity and encourage healing.⁴⁹ BMWHRC also facilitates empowerment by offering training and employment to longer term Artspace participants, building skills and confidence whilst supporting financial independence.

4.4 | Artistic process

The specific benefits of artistic and creative processes (in addition to facilitating access) that were identified in this research were the importance of inspiration and play, increasing confidence through developing artistic skills; and positive shifts in identity from someone who has experienced illness or adversity, to sense of self as artist. None of these benefits was anticipated by staff at BMWHRC prior to evaluation research commencing.

Secker et al⁵⁰ describe artistic process as entailing playful experimentation and inspiration. Both of these are directly linked with enhanced emotional wellbeing. The process of developing artistic skills was also associated with increased self-confidence. In Margrove et al's research,⁵¹ artists facilitators also noted improved self-care, self-worth and communication between participants. Macpherson et al⁴⁸ observe that learning a new artistic skillset also improves resilience.

Art programs can offer direct therapeutic benefits for people who have experienced the health impacts of trauma and adversity. The art therapist's role is central and may encompass several facets: compassionate witness to the art made, therapeutically, and artistic facilitator assisting when clients struggle to express themselves.⁵² Encouraging client-directed art-making can also increase sense of control, thereby significantly reducing "feelings of helplessness, passivity, and annihilation experienced during the trauma".⁵³ Neurobiological research suggests that trauma particularly affects the non-verbal areas of the brain, causing suppression of the hippocampus memory centre and activation of the amygdala, which triggers fight/flight/freeze neuroendocrine pathways. This may explain why survivors struggle to verbalise trauma symptoms or related dissociative memories.⁵³⁻⁵⁶ Art-making utilises both perceptual and sensorimotor areas of the brain, enabling nonverbal expression of trauma impacts.⁵³ Davies et al (2014) highlight the distinction between art therapy as a specific therapeutic modality, and arts engagement, which may be provided by an artist without therapeutic training. Arts engagement, or participatory arts, has demonstrated benefits for social inclusion and mental health.^{9,57} For groups like Artspace to be particularly supportive of trauma recovery, our

findings suggest that staff facilitators ideally have both arts and mental health expertise, such as an art therapist or co-facilitation by artist and mental health practitioners.

Arts and health programs can also offer clients a new positive sense of identity. Where adversity and mental illness may create a sense of "damaged self",⁵⁸ cultivating artistic skills provides an opportunity to see oneself as an artist,³⁹ shifting to a "healthy and empowering identity".⁵³ Stickley and Eades⁵⁹ also note that some participants in arts and health programs move from sense of self as someone needing to be cared for, to someone who can care for others or be a leader in their community.

4.5 | Study limitations

Our main learning from this project was that such evaluation research would be best co-designed with clients represented in the steering committee from the outset. Initially, staff were very concerned about burdening clients who are already managing significant challenges in their lives, and about ensuring client safety and confidentiality. The evaluation was also conducted in a context of extremely limited resources, with very little formal funding. Notwithstanding these challenges, the benefits of engaging clients as key stakeholders in the research design as well as in the gathering of data would better inform the kinds of questions asked and the richness of data gathered. We were also surprised by how enthusiastic young women clients were in their participation and advocacy for the project, and in fact we were only able to recruit many of the participants because of their support. Being involved in steering a research project about a service within which one has participated, if sensitively conducted, could be an empowering experience and would align well with principles of trauma-informed care.²²

5 | CONCLUSIONS

Youth-friendly literature recommends arts programs at health services as a means of engaging young people in health care, and whilst our study demonstrates the efficacy of this, art programs can offer so much more. By providing social inclusion, trauma-sensitive care, long-term safe relationships with staff, and through the therapeutic benefits of art-making itself, Artspace was a key contributor to young women's recovery from the health impacts of adversity and trauma. Marginalised young people are also at increased risk of health difficulties, enabling equal access to the benefits of creative arts by funding such programs helps to redress this inequity. By affirming specific health benefits of artistic process, this study highlights the importance of funding an art therapist or trained artist staff position, rather than just providing art supplies and a friendly environment. This research also attests to the importance of long-term sustainability of services, to allow the time needed for young

people to experience genuine and sustained recovery from trauma and adversity.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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ENDNOTE

¹ A table outlining the full evaluation framework with program aims, their source, indicators, and data utilised to assess these can be obtained by contacting the authors of this paper.

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